

Arizona Administrative CODE

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 2

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 2. ADMINISTRATION

CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

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Questions about these rules? Contact:

Name: Jessica A.R. Thomas, Rules Writer
Address: Arizona State Retirement System
3300 N. Central Ave., Suite 1400
Phoenix, AZ 85012-0250
Telephone: (602) 240-2039
E-mail: JessicaT@azasrs.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 19-1, 1-44 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 2. ADMINISTRATION**CHAPTER 8. STATE RETIREMENT SYSTEM BOARD**

Authority: A.R.S. § 38-701 et seq.

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CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

ARTICLE 1. RETIREMENT SYSTEM**R2-8-101. Repealed****Historical Note**

Former Rule, Social Security Regulation 1; Former Section R2-8-01 renumbered as Section R2-8-101 without change effective May 21, 1982 (Supp. 82-3). Amended subsections (A) and (C) effective April 12, 1984 (Supp. 84-2). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1).

R2-8-102. Repealed**Historical Note**

Former Rule, Social Security Regulation 2; Amended effective April 15, 1980 (Supp. 80-2). Former Section R2-8-02 renumbered as Section R2-8-102 without change effective May 21, 1982 (Supp. 82-3). Amended as an emergency by adding subsection (E) effective January 1, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Permanent rule, subsections (A), (B), and (D), amended effective April 12, 1984 (Supp. 84-2). Correction, subsection (B), as amended effective April 12, 1984 (Supp. 84-3). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1).

R2-8-103. Repealed**Historical Note**

Former Rule, Social Security Regulation 3; Amended effective April 15, 1980 (Supp. 80-2). Former Section R2-8-03 renumbered as Section R2-8-103 without change effective May 21, 1982 (Supp. 82-3). Amended as an emergency by adding subsection (E) effective January 1, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Permanent rule, subsections (A) thru (C), amended effective April 12, 1984 (Supp. 84-2). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1).

R2-8-104. Definitions

- A. The definitions in A.R.S. § 38-711 apply to this Chapter.
- B. Unless otherwise specified, in this Chapter:
 1. “Actuarial assumption” means an estimate of an uncertain future event that affects pension liabilities, or assets, or both.
 2. “Assumed actuarial investment earnings rate” means the assumed rate of investment return approved by the Board and contained in R2-8-118(A).
 3. “Authorized employer representative” means an individual specified by the ASRS employer to provide the ASRS with information about a member who previously worked for the ASRS employer.
 4. “Contribution” means:
 - a. Amounts required by A.R.S. Title 38, Chapter 5, Articles 2 and 2.1 to be paid to the ASRS by a member or an employer on behalf of a member;
 - b. Any voluntary amounts paid to the ASRS by a member to be placed in the member’s account; and
 - c. Amounts credited by transfer under A.R.S. § 38-924.
 5. “Day” means a calendar day, and excludes the:
 - a. Day of the act or event from which a designated period of time begins to run; and
 - b. Last day of the period if a Saturday, Sunday, or official state holiday.

6. “Designated beneficiary” means the same as in A.R.S. § 38-762(G).
7. “Director” means the Director appointed by the Board as provided in A.R.S. § 38-715.
8. “Individual retirement account” or “IRA” means the types of eligible retirement plans specified in A.R.S. § 38-770(D)(3)(a) and (b).
9. “Party” means the same as in A.R.S. § 41-1001(14).
10. “Person” means the same as in A.R.S. § 41-1001(15).
11. “Plan” means the same as “defined benefit plan” in A.R.S. § 38-712(B), and as administered by the ASRS.
12. “Retirement account” means the same as in A.R.S. § 38-771(J)(2).
13. “Rollover” means a contribution to the ASRS by an eligible member of an eligible rollover distribution from one or more of the retirement plans listed in A.R.S. § 38-747(H)(2) and (H)(3).
14. “Terminate employment” means to end the employment relationship between a member and an ASRS employer with the intent that the member does not return to employment with an ASRS employer.
15. “United States” means the same as in A.R.S. § 1-215(39).

Historical Note

Former Rule, Social Security Regulation 4; Former Section R2-8-04 renumbered as Section R2-8-104 without change effective May 21, 1982 (Supp. 82-3). Amended subsections (G), (J), and (K) effective April 12, 1984 (Supp. 84-2). Typographical error corrected in subsection (5)(c) “required” corrected to “required” (Supp. 97-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2).

R2-8-105. Repealed**Historical Note**

Former Rule, Social Security Regulation 5; Amended effective April 15, 1980 (Supp. 80-2). Former Section R2-8-05 renumbered as Section R2-8-105 without change effective May 21, 1982 (Supp. 82-3). Amended as an emergency by adding subsection (E) effective January 1, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Permanent rule amended effective April 12, 1984 (Supp. 84-2). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1).

R2-8-106. Reserved**R2-8-107. Reserved****R2-8-108. Reserved****R2-8-109. Reserved****R2-8-110. Reserved****R2-8-111. Reserved****R2-8-112. Reserved****R2-8-113. Emergency Expired****Historical Note**

New Section made by emergency rulemaking at 11 A.A.R. 579, effective January 4, 2005 (05-1). Emergency rule expired (Supp. 05-2).

R2-8-114. Emergency Expired

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Historical Note

New Section made by emergency rulemaking at 11
A.A.R. 579, effective January 4, 2005 (05-1). Emergency
rule expired (Supp. 05-2).

R2-8-115. Return of Contributions Upon Termination of Membership by Separation from All ASRS Employment by Other Than Retirement or Death; Payment of Survivor Benefits Upon the Death of a Member

- A.** The following definitions apply to this Section unless otherwise specified:
1. "Acceptable documentation" means any ASRS form request containing all the accurate, required information, dates, and signatures necessary to process the form request.
 2. "Eligible retirement plan" means the same as in A.R.S. § 38-770(D)(3).
 3. "Employer number" means a unique identifier the ASRS assigns to a member employer.
 4. "Employer plan" means the types of eligible retirement plans specified in A.R.S. § 38-770(D)(3)(c), (d), (e), and (f).
 5. "Process date" means the calendar day the ASRS generates contribution withdrawal documents to be sent to a member.
 6. "Warrant" means a voucher authorizing payment of funds due to a member.
- B.** A member who terminates from all ASRS employment by other than retirement or death and desires a return of the member's contributions, including amounts received for the purchase of service, any employer contributions authorized under A.R.S. § 38-740, and interest on the contributions, shall request from the ASRS, in writing or verbally, the documents necessary to apply for the withdrawal of the member's contributions.
- C.** Upon request to withdraw by the member, the ASRS shall provide:
1. An Application for Withdrawal of Contributions and Termination of Membership form to the member, and
 2. An Ending Payroll Verification - Withdrawal of Contribution and Termination of Membership form to the employer.
- D.** The member shall complete and return to the ASRS the Application for Withdrawal of Contributions and Termination of Membership form that includes the following information:
1. The member's full name;
 2. The member's Social Security number;
 3. The member's current mailing address;
 4. The member's daytime telephone number, if applicable;
 5. The member's birth date;
 6. The date of termination;
 7. Dated signature of the member certifying that the member:
 - a. Is no longer employed by any ASRS employer;
 - b. Is neither under contract nor has any verbal or written agreement for future employment with an ASRS employer;
 - c. Is not currently in a leave of absence status with an ASRS employer;
 - d. Understands that each of the member's former ASRS employers will complete a payroll verification form if payroll transactions occurred with the ASRS employer within the six months before the process date;
 - e. Has read and understands the Special Tax Notice Regarding Plan Payments the member received with the application;
 - f. Understands that the member is forfeiting all future retirement rights and privileges of membership with the ASRS;
 - g. Understands that long-term disability benefits will be canceled if the member elects to withdraw contributions while receiving or electing to receive long-term disability benefits;
 - h. Understands that if the member elects to roll over all or any portion of the member's distribution to another employer plan, it is the member's responsibility to verify that the receiving employer plan will accept the rollover and, if applicable, agree to separately account for the pre-tax and post-tax amounts rolled over and the related subsequent earnings on the amounts;
 - i. Understands that if the member elects to roll over all or any portion of the member's distribution to an individual retirement account, it is the member's responsibility to separately account for pre-tax and post-tax amounts; and
 - j. Understands that if the member elects a rollover to another employer plan or individual retirement account, any portion of the distribution not designated for rollover will be paid directly to the member and any taxable amounts will be subject to 20% federal income tax withholding and 5% state tax withholding;
- 8.** Specify that:
- a. The entire amount of the distribution be paid directly to the member,
 - b. The entire amount of the distribution be transferred to an eligible retirement plan, or
 - c. An identified amount of the distribution be transferred to an eligible retirement plan and the remaining amount be paid directly to the member; and
- 9.** If the member selects all or a portion of the withdrawal be paid to an eligible retirement plan, specify:
- a. The type of eligible retirement plan;
 - b. The eligible retirement plan account number, if applicable; and
 - c. The name and mailing address of the eligible retirement plan.
- E.** If the member requesting the withdrawal has been inactive for five years or more, and if the member's account balance is \$1,000 or more, the member requesting the withdrawal shall provide a copy of a driver license or a form of other government issued identification to the ASRS.
- F.** If a payroll transaction for the member occurred with any ASRS employer within six months before the process date each ASRS employer shall complete an Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership form electronically that includes the following information:
1. The member's full name;
 2. The member's Social Security number;
 3. The member's termination date;
 4. The member's final pay period ending date;
 5. The final amount of contributions, including any adjustments or corrections, but not including any long-term disability contributions;
 6. The ASRS employer's name and telephone number;
 7. The employer number;
 8. The name and title of the authorized employer representative;
 9. Certification by the authorized employer representative that:

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- a. The member terminated employment and is neither under contract nor bound by any verbal or written agreement for employment with the employer;
 - b. There is no agreement to re-employ the member; and
 - c. The authorized employer representative has the legal power to bind the employer in transactions with the ASRS; and
10. The signature of the authorized employer representative and date of signature.
- G.** If the member requests a return of contributions and a warrant is distributed during the fiscal year that the member began membership in the ASRS, no interest is paid to the account of the member.
- H.** If the member requests a return of contributions after the first fiscal year of membership, the ASRS shall credit interest at the rate specified in Column 3 of the table in R2-8-118(A) to the account of the member as of June 30 of each year, on the basis of the balance in the account of the member as of the previous June 30. The ASRS shall credit interest for a partial fiscal year of membership in the ASRS on the previous June 30 balance based on the number of days of membership up to and including the day the ASRS issues the warrant divided by the total number days in the fiscal year. Contributions made after the previous June 30 are returned without interest.
- I.** Upon submitting to the ASRS the completed and accurate Application for Withdrawal of Contributions and Termination of Membership form and, if applicable, after the ASRS has received any Ending Payroll Verification - Withdrawal of Contributions and Termination of Membership forms, a member is entitled to payment of the amount due to the member as specified in subsection (G) or (H) unless a present or former spouse submits to the ASRS a domestic relations order that specifies entitlement to all or part of the return of contributions under A.R.S. § 38-773 before the ASRS returns the contributions as specified by the member.
- J.** Upon the death of a member, the ASRS shall distribute the survivor benefits according to the most recent, acceptable documentation that is on file with the ASRS that was received prior to the date of the member's death, unless otherwise provided by law.
- K.** If there is no designation of beneficiary or if the designated beneficiary predeceases the member, the survivor benefit is paid as specified in A.R.S. § 38-762(E). The designated beneficiary or other person specified in A.R.S. § 38-762(E) shall:
- 1. Provide a certified copy of a death certificate or a certified copy of a court order that establishes the member's death;
 - 2. Provide a certified copy of the court order of appointment as administrator, if applicable; and
 - 3. Except if the deceased member was retired and elected the joint and survivor option, complete and have notarized an application for survivor benefits, provided by the ASRS, that includes:
 - a. The deceased member's full name,
 - b. The deceased member's Social Security number,
 - c. The following, as it pertains to the designated beneficiary or other person specified in A.R.S. § 38-762(F):
 - i. Full name;
 - ii. Mailing address;
 - iii. Contact telephone number;
 - iv. Date of birth, if applicable; and
 - v. Social Security number or Tax ID number, if applicable.

Historical Note

Former Rule, Social Security Regulation 1; Amended effective Dec. 20, 1979 (Supp. 79-6). Former Section R2-8-15 renumbered as Section R2-8-115 without change effective May 21, 1982 (Supp. 82-3). Amended by final rulemaking at 11 A.A.R. 1416, effective April 5, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 644, effective February 7, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1).

R2-8-116. Alternate Contribution Rate

- A.** For purposes of this Section, the following definitions apply:
- 1. "ACR" means an alternate contribution rate pursuant to A.R.S. § 38-766.02, the resulting amount of which is not deducted from the employee's compensation.
 - 2. "Class of positions" means all employment positions of the employer that perform the same, or substantially similar, function or duties, for the employer as determined by the ASRS in subsection (B).
 - 3. "Compensation" has the same meaning as A.R.S. § 38-711(7) and does not include ACR amounts.
 - 4. "Leased from a third party" means:
 - a. The employee is not employed by an employer; and
 - b. A co-employment relationship, as defined in A.R.S. § 23-561(4), does not exist.
- B.** An employer that employs a retired member shall pay an ACR to the ASRS, unless the employer provides proof that:
- 1. The retired member is leased from a third party; and
 - 2. All employees in the entire class of positions, to which the retired member's position belongs, have been leased from a third party; and
 - 3. No employee who has not been leased is performing the same, or substantially similar, function or duties, as the retired member.
- C.** In order to determine whether an employer satisfies the criteria in subsection (B), the employer shall submit information and documentation, pursuant to A.R.S. § 38-766.02(E), within 14 days of written request by the ASRS.
- D.** The employer shall directly remit payment of an ACR to the ASRS from the employer's funds, through the employer's secure ASRS account within 14 days of the first pay period end date after the hire of the retired member.
- E.** If the employer does not remit the ACR by the date it is due pursuant to subsection (D), the ASRS shall charge interest on the ACR amount from the date it was due to the date the ACR payment is remitted to the ASRS at the assumed actuarial investment earnings rate listed in R2-8-118(A).
- F.** A payment of an ACR on behalf of a retired member pursuant to A.R.S. § 38-766.02, shall not entitle a retired member to a refund of an ACR payment or any additional ASRS benefit as described in A.R.S. § 38-766.01(E).

Historical Note

Former Rule, Retirement System Regulation 2; Former Section R2-8-16 renumbered as Section R2-8-116 without change effective May 21, 1982 (Supp. 82-3). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 22 A.A.R. 1341, effective July 4, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2).

R2-8-117. Return to Work After Retirement

- A.** Unless otherwise specified, in this Section:
- 1. "Commencing employment" means the date a retired member who is not independently contracted or leased

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from a third party pursuant to R2-8-116(A)(4) renders services directly to an Employer for which the retired member is entitled to be paid.

2. "Returns to work" means the member retired from the ASRS prior to commencing employment with an Employer.
- B. Pursuant to A.R.S. § 38-766.01(C), a retired member who returns to work directly with an Employer shall submit a Working After Retirement form to each of the retired member's current Employers through the retired member's secure website account within 30 days of the retired member commencing employment with an Employer.
- C. Pursuant to A.R.S. § 38-766.02(E), within 14 days of receipt of a Working After Retirement form, an Employer shall verify the retired member's employment information and submit the verified Working After Retirement form to the ASRS through the Employer's secure website account for each retired member who returns to work with the Employer.
- D. After a retired member returns to work, the Employer shall submit a verified Working After Retirement form to the ASRS through the Employer's secure website account within 30 days of a change in the intent of each retired member's employment that results in:
 1. The member's number of hours worked per week increasing from less than 20 hours per week to 20 or more hours per week; or
 2. The member's number of weeks worked in a fiscal year increasing from less than 20 weeks per fiscal year to 20 or more weeks per fiscal year.
- E. The Working After Retirement form shall contain the following information:
 1. The retired member's social security number;
 2. The retired member's full name;
 3. The date the member retired;
 4. Whether the retired member terminated employment, and if so, the date the retired member terminated employment;
 5. The first date of commencing employment upon the retired member's return to work;
 6. The intent of the retired member's employment reflected as:
 - a. The anticipated number of hours the retired member is engaged to work per week and the anticipated number of weeks the retired member is engaged to work per fiscal year; or
 - b. The actual number of hours the retired member works for an Employer per week and the actual number of weeks the retired member works for an Employer in a fiscal year.
 7. Acknowledgement by the retired member that the retired member has read the Return to Work information on the ASRS website and intends to continue submitting the Working After Retirement form to the retired member's Employer.
- F. Upon discovering that the retired member's employment violates A.R.S. §§ 38-766 or 38-766.01, the ASRS shall send the retired member a Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form.
- G. By the due date specified on the Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form, the retired member shall return the completed form and any supporting documentation to the ASRS indicating the action the retired member will take to correct the violation of A.R.S. §§ 38-766 or 38-766.01.
- H. If the member does not submit the Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form pursuant

to subsection (G), the ASRS shall suspend the retired member's retirement benefits from the date on the Retiree Return to Work Notice of Non-Compliance with ASRS Statutes form.

- I. If the ASRS suspends the retired member's retirement benefits pursuant to subsection (H), the ASRS shall reinstate the retired member's retirement benefits upon notice from the Employer that all violations pursuant to subsection (F) have been corrected.

Historical Note

Former Rule, Retirement System Regulation 3; Former Section R2-8-17 renumbered as Section R2-8-117 without change effective May 21, 1982 (Supp. 82-3). Section repealed by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). New Section made by final rulemaking at 23 A.A.R. 209, effective March 5, 2017 (Supp. 17-1).

R2-8-118. Application of Interest Rates

- A. Application of interest from inception of the ASRS Plan through the present is as follows:

Effective Date of Interest Rate Change	Assumed Actuarial Investment Earnings Rate	Interest Rate Used to Determine Return of Contributions Upon Termination of Membership by Separation from Service by Other Than Retirement or Death
7-1-1953	2.50%	2.50%
7-1-1959	3.00%	3.00%
7-1-1966	3.75%	3.75%
7-1-1969	4.25%	4.25%
7-1-1971	4.75%	4.75%
7-1-1975	5.50%	5.50%
7-1-1976	6.00%	5.50%
7-1-1981	7.00%	5.50%
7-1-1982	7.00%	7.00%
7-1-1984	8.00%	8.00%
7-1-2005	8.00%	4.00%
7-1-2013	8.00%	2.00%
7-1-2018	7.50%	2.00%

- B. At the beginning of each fiscal year, interest is credited to the retirement account of each member on the June 30 that marks the end of the fiscal year based on the balance in the member's account as of the previous June 30. The balance on which interest is credited includes:
 1. Employer and employee contributions;
 2. Voluntary additional contributions made by members pursuant to A.R.S. §§ 38-742, 38-743, 38-744, and 38-745, if applicable;
 3. Amounts credited by transfer under A.R.S. § 38-922; and
 4. Interest credited in previous years.
- C. Notwithstanding subsection (B), the retirement account of each member stops accruing interest the last full month prior to the retirement date.

Historical Note

Former Rule, Retirement System Regulation 4; Amended effective July 1, 1975 (Supp. 75-1). Amended effective June 23, 1976 (Supp. 76-3). Former Section R2-8-18 renumbered and amended as Section R2-8-118 effective May 21, 1982 (Supp. 82-3). Amended by final rulemaking at 11 A.A.R. 1416, effective April 5, 2005 (Supp. 05-2). Amended by final rulemaking at 19 A.A.R. 764, effective June 1, 2013 (Supp. 13-2). Amended by final

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rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2).

R2-8-119. Expired**Historical Note**

Former Rule, Retirement System Regulation 5; Amended effective July 1, 1975 (Supp. 75-1). Amended effective June 23, 1976 (Supp. 76-3). Former Section R2-8-19 renumbered and amended as Section R2-8-119 effective May 21, 1982 (Supp. 82-3). Section R2-8-119 and Appendix A and B expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

R2-8-120. Designating a Beneficiary; Spousal Consent to Designation

- A.** The following definitions apply to this Section unless otherwise specified:
1. “DRO” means the same as “domestic relations order” in A.R.S. § 38-773(H)(1).
 2. “Joint and survivor annuity” means an optional form of retirement benefits described in A.R.S. § 38-760(B)(1).
 3. “Period certain and life annuity” means an optional form of retirement benefits described in A.R.S. § 38-760(B)(2).
 4. “Spouse” means the individual to whom a member is married under Arizona law.
- B.** Effective July 1, 2013, a married member:
1. Who is not retired shall name and maintain the member’s current spouse as primary beneficiary of at least 50 percent of the member’s retirement account unless:
 - a. Naming or maintaining the current spouse as beneficiary violates another law, existing contract, or court order; or
 - b. The spouse consents to an alternate beneficiary; and
 2. Who retires shall choose a joint and survivor annuity and name the member’s current spouse as contingent annuitant of at least 50 percent of the member’s retirement benefit unless the spouse consents to an alternative.
- C.** Application of subsection (B).
1. The ASRS shall honor a beneficiary designation last made or a retirement election submitted before July 1, 2013, even if the beneficiary designation or retirement election fails to comply with subsection (B).
 2. The ASRS shall not apply subsection (B) to a lump-sum retirement authorized under A.R.S. § 38-764.
 3. The ASRS shall not apply subsection (B) if a member submits a letter to the ASRS in which the member affirms under penalty of perjury that spousal consent is not required because of one of the reasons specified in A.R.S. § 38-776(C).
- D.** Changing a beneficiary designation:
1. If a married member changes a beneficiary designation on or after July 1, 2013, the member shall ensure that the new beneficiary designation is consistent with the requirements specified in subsection (B);
 2. If a married member who retired before July 1, 2013, and:
 - a. Chose a straight-life annuity wishes to change the member’s beneficiary, the member shall ensure that the new beneficiary designation is consistent with subsection (B); or
 - b. Chose a period certain and life annuity or joint and survivor annuity wishes to change either the annuity option or the contingent annuitant, the member shall ensure that the new beneficiary designation is consistent with subsection (B).
- E.** Re-retirement. A married member who re-retires, as described in A.R.S. § 38-766:
1. Within 60 months of the member’s previous retirement date, shall elect the same annuity option and beneficiary as the member made at the time of the previous retirement; or
 2. More than 60 months after the member’s previous retirement date, shall comply with subsection (B).
- F.** Involuntary cancellation of retirement. If a married member retires on or after July 1, 2013, and is issued one or more estimate checks but fails to comply with subsection (B) within 30 days after the member’s effective retirement date, the member shall submit a signed letter to ASRS stating that the member’s spouse refuses to consent to the chosen alternative and asking that the retirement be cancelled. The member may submit another retirement application that complies with subsection (B). The member’s new effective retirement date is the date ASRS receives the new application. ASRS shall not issue additional estimate checks to a member whose retirement was involuntarily cancelled.
- G.** Survivor benefits:
1. If a married member last made a beneficiary designation before July 1, 2013, the ASRS shall, at the time of the member’s death, honor the beneficiary designation even if the beneficiary designation is not consistent with the requirements specified in subsection (B); and
 2. If a married member made a beneficiary designation on or after July 1, 2013, that is not consistent with the requirements specified in subsection (B), the ASRS shall, at the time of the member’s death:
 - a. Notify both the spouse and designated beneficiary and:
 - i. Provide the spouse with an opportunity to waive the right under subsection (B); and
 - ii. Provide the designated beneficiary with an opportunity to provide documentation that revokes the spouse’s right under subsection (B); and
 - b. Designate 50 percent of the member’s retirement benefit to the spouse if neither the spouse nor designated beneficiary respond under subsection (G)(2)(a) within 30 days after notification.
- H.** Effect of legal documents. In general, a legal document such as a QDRO or prenuptial agreement will supersede the requirements in subsection (B). The ASRS shall ask the Office of the Attorney General to review the legal document before the ASRS decides how to disburse the retirement benefit.
- I.** Spousal waiver and consent; consent revocation
1. The current spouse of a member has a right to:
 - a. Be designated as primary beneficiary of at least 50 percent of the member’s retirement account, and
 - b. Have the member choose a joint and survivor annuity with the spouse as contingent annuitant of at least 50 percent of the retirement benefit.
 2. To waive the right described in subsection (I)(1) and consent to an alternative, the current spouse shall complete and have notarized a spousal consent form, which is available from the ASRS. If the current spouse is not capable of completing the spousal consent form because of a documented incapacitating mental or physical condition, a person with power of attorney or a conservator may complete the spousal consent form on behalf of the current spouse.

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3. A spouse may revoke a waiver and consent by sending written notice to ASRS and ensuring the written notice is received no later than the earlier of one day before the member dies or ASRS disburses a retirement benefit to the member.

Historical Note

Former Rule, Social Security Regulation 6; Amended effective June 19, 1975 (Supp. 75-1). Amended effective July 13, 1979 (Supp. 79-4). Former Section R2-8-20 renumbered and amended as Section R2-8-120 effective May 21, 1982 (Supp. 82-3). Repealed effective July 24, 1985 (Supp. 85-4). New Section made by final rulemaking at 20 A.A.R. 2236, effective October 4, 2014 (Supp. 14-3). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4).

R2-8-121. Repealed**Historical Note**

Former Rule, Retirement System Regulation 7; Amended effective April 15, 1980 (Supp. 80-2). Former Section R2-8-21 renumbered as Section R2-8-121 without change effective May 21, 1982 (Supp. 82-3). Amended subsection (A) effective May 30, 1985 (Supp. 85-3). Section repealed by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (05-1).

R2-8-122. Remittance of Contributions

- A. Each Employer shall certify on each payroll the amount to be contributed by each one of their employee members of the ASRS and shall remit the amount of employee member contributions to the ASRS not later than 14 days after the last day of each payroll period. Payments of employee member contributions not received in the offices of the ASRS by the 14th day after the last day of the applicable payroll period shall become delinquent after that date and shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A) per annum from and after the date of delinquency until payment is received by the ASRS.
- B. Each Employer shall remit the amount of employer contributions to the ASRS not later than 14 days after the last day of each payroll period. Payments of employer contributions not received in the offices of the ASRS by the 14th day after the last day of the applicable payroll period shall become delinquent after that date and shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A) per annum from and after the date of delinquency until payment is received by the ASRS.

Historical Note

Former Rule, Retirement System Regulation 8; Amended effective Dec. 8, 1978 (Supp. 78-6). Former Section R2-8-22 renumbered as Section R2-8-122 without change effective May 21, 1982 (Supp. 82-3). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2).

R2-8-123. Actuarial Assumptions and Actuarial Value of Assets

- A. For the purposes of this Section, "market value" means an estimated monetary worth of an asset based on the current demand for the asset and the amount of that type of asset available for sale.
- B. The Board adopts the following actuarial assumptions and asset valuation method:
 1. The interest and investment return rate assumptions are determined by the Board.

2. The actuarial value of assets equals the market value of assets:
 - a. Minus a 10-year phase-in of the excess for years in which actual investment return exceeds expected investment return; and
 - b. Plus a 10-year phase-in of the shortfall for years in which actual investment return falls short of expected investment return.

Historical Note

Adopted effective July 1, 1975 (Supp. 75-1). Amended effective June 23, 1976 (Supp. 76-3). Amended effective December 20, 1977 (Supp. 77-6). Former Section R2-8-23 renumbered and amended as Section R2-8-123 effective May 21, 1982 (Supp. 82-3). Emergency amendments effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency amendments adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent amendments adopted effective December 22, 1993 (Supp. 93-4). Emergency amendments adopted effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Permanent amendments adopted effective September 12, 1997 (Supp. 97-3). Amended by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 1006, effective February 24, 2003 for a period of 180 days (Supp. 03-1). Emergency rulemaking renewed at 9 A.A.R. 3963, effective August 21, 2003 for a period of 180 days (Supp. 03-3). Amended by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Amended by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 20 A.A.R. 3043, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4).

Table 1. Expired**Historical Note**

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Emergency amendments to Table 1 adopted effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Permanent amendments adopted effective September 12, 1997 (Supp. 97-3). Amended by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 2. Expired**Historical Note**

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90

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days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Emergency amendments to Table 2 adopted effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Permanent amendments adopted effective September 12, 1997 (Supp. 97-3). Amended by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 3. Repealed**Historical Note**

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Emergency amendments to Table 3 adopted effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Permanent amendments adopted effective September 12, 1997 (Supp. 97-3). Table 3 repealed; new Table 3 renumbered from Table 4 by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Table repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Table 3A. Expired**Historical Note**

New Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). New Table made by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 3B. Expired**Historical Note**

New Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). New Table made by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 4. Expired**Historical Note**

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Table 4 renumbered as Table 3 by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). New Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). New Table made by final rulemaking at 10

A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 4A. Repealed**Historical Note**

New Table made by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Table repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Table 4B. Repealed**Historical Note**

New Table made by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Table repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Table 4C. Repealed**Historical Note**

New Table made by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Table repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Table 5. Expired**Historical Note**

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Table 5 repealed, new Table 5 adopted by emergency action effective January 30, 1997, pursuant to A.R.S. § 41-1026 for a maximum of 180 days (Supp. 97-1). Emergency expired. Table 5 repealed, new Table 5 adopted by regular rulemaking action effective September 12, 1997 (Supp. 97-3). Table 5 repealed; new Table 5 renumbered from Table 6 and amended by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed; new Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Former Table 5 renumbered to Table 6; new Table 5 made by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 6. Expired**Historical Note**

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Table repealed, new Table adopted effective September 12, 1997 (Supp. 97-3). Former Table 6 renumbered to Table 5; new Table 6 renumbered from Table 7 and amended by final rulemak-

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ing at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). Table repealed; new Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Former Table 6 renumbered to Table 7; new Table 6 renumbered from Table 5 and amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

Table 7. Expired**Historical Note**

Emergency adoption effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Table repealed, new Table adopted effective September 12, 1997 (Supp. 97-3). Renumbered to Table 6 by final rulemaking at 9 A.A.R. 4614, effective December 6, 2003 (Supp. 03-4). New Table made by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Table 7 renumbered from Table 6 and amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Table expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3).

R2-8-124. Termination Incentive Program by Agreement; Unfunded Liability Calculations

- A. The following definitions apply to this Section unless otherwise specified:
1. "Compensation" means the same as in A.R.S. § 38-711(7).
 2. "Termination Incentive Program" means the same as in A.R.S. § 38-749(D)(2).
- B. An Employer that intends to implement a Termination Incentive Program shall provide the following information to the ASRS through the Employer's secure ASRS account:
1. Within 90 days before implementation of the program, a complete description of the program terms and conditions, including the program contract, understanding, or agreement; and
 2. Within 90 days before implementation of the program, the following information for each member who may be eligible to participate in the program:
 - a. The member's full name;
 - b. The member's date of birth; and
 - c. The member's current Compensation;
- C. The ASRS may use the information provided by the Employer pursuant to subsection (B) and the information on file with the ASRS to determine an estimated unfunded liability amount in consultation with the ASRS actuary, which may result from the implementation of the Employer's Termination Incentive Program.
- D. If the ASRS determines an estimated unfunded liability amount pursuant to subsection (C), the ASRS may send a Notice of Estimated Liability to the Employer through the Employer's secure ASRS account, in order to notify the Employer of the estimated unfunded liability amount the Employer may owe to the ASRS as a result of implementing the Termination Incentive Program identified under subsection (B). An Employer may owe the ASRS more or less than the estimated unfunded liability amount based on actual employee participation in the Employer's Termination Incentive Program pursuant to subsection (F).

- E. Within 30 days of termination of employment of each member who participated in a Termination Incentive Program identified under subsection (B), the Employer shall provide the following information to the ASRS through the Employer's secure ASRS account:
1. The member's full name;
 2. The member's date of birth;
 3. The member's Compensation at termination;
 4. The date the member terminated employment; and
 5. The amount and type of any additional pay the member received, or was entitled to receive, from the Employer as a result of participating in the Employer's Termination Incentive Program.
- F. Upon receipt of all the information identified in subsection (E) and in consultation with the ASRS actuary, the ASRS shall calculate the actual unfunded liability amount which resulted from the implementation of the Employer's Termination Incentive Program.
- G. If the ASRS calculates an unfunded liability of less than \$0.00 for any member who participated in the Employer's Termination Incentive Program, the amount will be applied against the aggregate unfunded liability of the Employer.
- H. Upon calculating the unfunded liability pursuant to subsections (F) and (G), the ASRS shall send the Employer a Termination Incentive Program Liability Invoice through the Employer's secure ASRS account.
- I. An Employer that owes an unfunded liability amount to the ASRS pursuant to A.R.S. § 38-749, shall remit full payment of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice.
- J. Pursuant to A.R.S. § 38-735(C), if the ASRS does not receive full payment from the Employer of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice, the unpaid portion of the unfunded liability amount shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A).
- K. The ASRS may collect any unfunded liability amount pursuant to A.R.S. §§ 38-723 and 38-735(C).

Historical Note

Adopted as an emergency effective August 25, 1975 (Supp. 75-1). Former Section R2-8-24 renumbered as Section R2-8-124 without change effective May 21, 1982 (Supp. 82-3). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 23 A.A.R. 2743, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2).

R2-8-125. Termination Incentive Program by 30% Salary Increase; Unfunded Liability Calculations

- A. The following definitions apply to this Section unless otherwise specified:
1. "Average monthly compensation" means the same as in A.R.S. § 38-711(5).
 2. "Baseline salary" means a member's Average Monthly Compensation during the 12 consecutive months in which the member received Compensation immediately preceding the first month of Compensation used to calculate the member's retirement benefit. The Baseline Salary shall include only Compensation from the Same Employer that paid the Compensation used in the calculation of a member's retirement benefit. If the member has less than 12 consecutive months in which the member received Compensation immediately preceding the first month of Compensation used to calculate the member's

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retirement benefit, then the ASRS will calculate the member's Baseline Salary as the total of the 12 months of Compensation the member received:

- a. Starting with the first month of Compensation the member received in the 12 months immediately preceding the member's Average Monthly Compensation, or within the Average Monthly Compensation; and
 - b. Ending with the 12th month of Compensation the member received after the first month of Compensation used in subsection (A)(2)(a).
3. "Compensation" means the same as in A.R.S. § 38-711(7).
 4. "Job reclassification" means a change in the classification of an employment position made by the Employer when it finds the duties and responsibilities of the position have changed significantly, materially, and permanently from when the position was last classified.
 5. "Promotion" means, excluding a Salary Regrade or Job Reclassification, the act of advancing an employee to a higher salary or higher rank within the organization, which is characterized by:
 - a. A change in the employee's primary job responsibilities; and
 - b. A pay increase that is supported by a standard salary administration practice that is documented by the Employer; and
 - c. A competitive selection process or a noncompetitive selection process supported by a standard hiring practice that is documented by the Employer.
 6. "Salary regrade" means a change in the salary scale of an employment position made by the Employer in order to align the position's salary scale with market factors and/or the Employer's current salary practices.
 7. "Same employer" means the Employer has the same ownership as another Employer, except that for purposes of this Section, each agency, board, commission, and department of the State of Arizona shall be considered a separate Employer.
 8. "Termination Incentive Program" means the same as in A.R.S. § 38-749(D)(1).
- B. Upon a member's retirement on or after January 1, 2018, the ASRS shall compare the member's Baseline Salary to the Average Monthly Compensation for each consecutive 12 months of Compensation used to calculate the member's retirement benefit in order to determine whether an Employer utilized a Termination Incentive Program as defined in A.R.S. § 38-749(D)(1). This subsection only applies to members who earned the Compensation used to calculate the member's Baseline Salary, on or after July 1, 2005.
 - C. Upon determining that a Termination Incentive Program exists under subsection (B), the ASRS shall send a Request for Documentation to the Employer through the Employer's secure ASRS account, in order to notify the Employer that the ASRS has identified a Termination Incentive Program for a particular member and the Employer may be required to pay the ASRS for the unfunded liability resulting from the Termination Incentive Program, unless the Employer can prove the increase in the member's salary was the result of a Promotion.
 - D. Within 90 days of the date on the Request for Documentation, the Employer shall respond to the Request for Documentation by:
 1. Submitting documentation through the Employer's secure ASRS account that shows the member's increase in Compensation was the result of a Promotion; or
 2. Acknowledging in writing that the increase in the member's salary was not the result of a Promotion.
 - E. Pursuant to subsection (D), the Employer bears the burden of producing evidence that a Promotion has occurred as defined in subsection (A)(5).
 - F. The ASRS shall use any evidence the Employer submits to the ASRS pursuant to subsection (D) to determine whether a Promotion occurred.
 - G. If the Employer does not respond to the Request for Documentation within 90 days of the date on the Request for Documentation, the ASRS shall determine that the increase in the member's salary was not the result of a Promotion.
 - H. If the ASRS determines that the increase in the member's salary was not the result of a Promotion pursuant to subsections (F) or (G), the ASRS shall calculate the unfunded liability amount pursuant to subsection (I).
 - I. In consultation with the ASRS actuary, the ASRS shall use a determination under subsection (B) to calculate the unfunded liability resulting from the implementation of the Employer's Termination Incentive Program.
 - J. Upon calculating an unfunded liability amount pursuant to subsection (I), the ASRS shall send a Termination Incentive Program Liability Invoice to the Employer through the Employer's secure ASRS account, in order to notify the Employer of the unfunded liability amount the Employer shall owe to the ASRS as a result of implementing the Termination Incentive Program identified under subsection (B).
 - K. An Employer that owes an unfunded liability amount to the ASRS pursuant to A.R.S. § 38-749, shall remit full payment of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice.
 - L. Pursuant to A.R.S. § 38-735(C), if the ASRS does not receive full payment from the Employer of the unfunded liability amount by the due date specified in the Termination Incentive Program Liability Invoice, the unpaid portion of the unfunded liability amount shall accrue interest at the assumed actuarial investment earnings rate listed in R2-8-118(A).
 - M. The ASRS may collect any unfunded liability amount pursuant to A.R.S. §§ 38-723 and 38-735(C).

Historical Note

Adopted as an emergency effective July 30, 1975 (Supp. 75-1). Former Section R2-8-25 renumbered as Section R2-8-125 without change effective May 21, 1982 (Supp. 82-3). Section repealed by final rulemaking at 10 A.A.R. 669, effective February 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 23 A.A.R. 2743, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 1861, effective June 11, 2018 (Supp. 18-2).

R2-8-126. Calculating Optional Forms of Benefits

- A. For the purposes of this Section, the following definitions apply, unless stated otherwise:
 1. "Prior service credit" means a "service credit" listed in R2-8-501(24), credited service that is earned pursuant to A.R.S. § 38-739, or a service credit that is transferred or redeemed pursuant to A.R.S. §§ 38-730, 38-771, or 38-921 et seq.
 2. "Original retirement date" means:
 - a. The date a member retires from the ASRS for the first time; or
 - b. The date a member retires from the ASRS after returning to active membership for 60 consecutive months or more pursuant to A.R.S. § 38-766(C).

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- B. An individual who is 104 years of age or older at the time of retirement is not eligible to elect an option of life annuity with a term certain.
- C. An individual who is 93 years of age or older at the time of retirement is not eligible to elect the options of life annuity with ten years certain or life annuity with 15 years certain.
- D. An individual who is 85 years of age or older at the time of retirement is not eligible to elect the option of life annuity with 15 years certain.
- E. As authorized under A.R.S. § 38-764(F), if the life annuity of any member is less than a monthly amount determined by the Board, the ASRS shall not pay the annuity. Instead, the ASRS shall make a lump sum payment in the amount determined by using appropriate actuarial assumptions.
- F. The ASRS shall calculate a member's or beneficiary's benefits, based on the attained age of the member or beneficiary, determined in years and full months, as of:
 1. The date of the member's retirement; or
 2. The date of the member's death, if the beneficiary is eligible to elect the survivor benefit as monthly income for life pursuant to A.R.S. § 38-762(C).
- G. Before the ASRS applies the calculation for an optional form of retirement benefit provided in A.R.S. § 38-760, the ASRS shall include any prior service credit benefit that is applicable to the life annuity of the member.
- H. A member who is ten years and one day, or more, older than the member's non-spousal contingent annuitant is not eligible to participate in a 100% joint-and-survivor option. A member who is 24 years and one day, or more, older than the member's non-spousal contingent annuitant is not eligible to participate in a 66 2/3% joint-and-survivor option.
- I. For members whose original retirement date is on or after March 6, 2016, notwithstanding subsection (H), a member who is ten years and one day, or more, older than the member's ex-spouse contingent annuitant is eligible to participate in a 100% joint-and-survivor option, if:
 1. The member elected the ex-spouse as the contingent annuitant prior to divorce from the ex-spouse; and
 2. The member submits a DRO to the ASRS which requires the ex-spouse to be the contingent annuitant on the member's account.
- J. For members whose original retirement date is on or after March 6, 2016, notwithstanding subsection (H), a member who is 24 years and one day, or more, older than the member's ex-spouse contingent annuitant is eligible to participate in a 66 2/3% joint-and-survivor option, if:
 1. The member elected the ex-spouse as the contingent annuitant prior to divorce from the ex-spouse; and
 2. The member submits a DRO to the ASRS which requires the ex-spouse to be the contingent annuitant on the member's account.
- K. Notwithstanding subsection (F), for purposes of determining whether a member is eligible to participate in a joint-and-survivor option, the ASRS shall calculate the difference in a member's age and the contingent annuitant's age based on the birthdates of the member and the contingent annuitant.

Historical Note

Adopted effective September 12, 1977 (Supp. 77-5). Amended effective July 13, 1979 (Supp. 79-4). Former Section R2-8-26 renumbered and amended as Section R2-8-126 effective May 21, 1982 (Supp. 82-3). Amended subsections (A) through (D) effective October 18, 1984 (Supp. 84-5). Amended subsections (A) through (D) effective July 24, 1985 (Supp. 85-4). Amended by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency

amendments adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21, 2001 (Supp. 01-1). Amended by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Amended by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3). Amended by final rulemaking at 19 A.A.R. 332, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 79, effective March 6, 2016 (Supp. 16-1). Amended by final rulemaking at 22 A.A.R. 3081, effective December 3, 2016 (Supp. 16-4).

Table 1. Repealed**Historical Note**

Adopted effective September 12, 1977 (Supp. 77-5). Table 1 repealed, new Table 1 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 2. Repealed**Historical Note**

Adopted effective September 12, 1977 (Supp. 77-5). Table 2 repealed, new Table 2 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 3. Repealed**Historical Note**

Adopted effective September 12, 1977 (Supp. 77-5). Table 3 repealed, new Table 3 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 4. Repealed**Historical Note**

Adopted effective September 12, 1977 (Supp. 77-5). Table 4 repealed, new Table 4 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 5. Repealed**Historical Note**

Adopted effective September 12, 1977 (Supp. 77-5). Table 5 repealed, new Table 5 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July

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6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 6. Repealed**Historical Note**

Adopted effective September 12, 1977 (Supp. 77-5). Table 6 repealed, new Table 6 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 7. Repealed**Historical Note**

Adopted effective September 12, 1977 (Supp. 77-5). Table 7 repealed, new Table 7 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 8. Repealed**Historical Note**

Adopted effective September 12, 1977 (Supp. 77-5). Table 8 repealed, new Table 8 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 9. Repealed**Historical Note**

Adopted effective September 12, 1977 (Supp. 77-5). Table 9 repealed, new Table 9 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 10. Repealed**Historical Note**

Adopted effective October 18, 1984 (Supp. 84-5). Table 10 repealed, new Table 10 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Table 11. Repealed**Historical Note**

Adopted effective October 18, 1984 (Supp. 84-5). Table 11 repealed, new Table 11 adopted effective July 24, 1985 (Supp. 85-4). Repealed by emergency effective July 6,

1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed again by emergency effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Repealed effective December 22, 1993 (Supp. 93-4).

Exhibit A. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit B, Table 1. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit B, Table 2. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit B, Table 3. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit C. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by

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Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit L, Table 7. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Amended by emergency rulemaking at 7 A.A.R. 1621, effective March 21, 2001 (Supp. 01-1). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 1. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 2. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 3. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 4. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10

A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 5. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

Exhibit M, Table 6. Repealed**Historical Note**

Adopted by emergency effective July 6, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency rule adopted again effective September 29, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Permanent rule adopted effective December 22, 1993 (Supp. 93-4). Repealed by emergency rulemaking under A.R.S. § 41-1026 at 10 A.A.R. 2496, effective August 2, 2004 for 180 days (Supp. 04-2). Repealed by final rulemaking at 10 A.A.R. 4012, effective November 13, 2004 (Supp. 04-3).

ARTICLE 2. HEALTH INSURANCE PREMIUM BENEFIT**R2-8-201. Definitions**

The following definitions apply to this Article unless otherwise specified:

1. "Coverage" means a medical and/or dental insurance plan a retired member, Disabled member, or contingent annuitant obtains through the ASRS or an Employer.
2. "Contingent annuitant" means the same as in A.R.S. § 38-711(8) and the person is eligible for Coverage.
3. "Disabled" means the member has a disability and is receiving long-term disability benefits pursuant to A.R.S. § 38-797 et seq.
4. "Family calculation" means the family Coverage premium described in A.R.S. § 38-783(B).
5. "Joint & survivor" means the annuity option described in A.R.S. § 38-760(B)(1).
6. "Net premium" means the amount of the Coverage premium reduced by the amount of the Premium Benefit provided by the ASRS.
7. "Original retirement date" means the same as in R2-8-126.
8. "Optional premium benefit" means the election, upon retirement, to have the Premium Benefit paid on behalf of the member's Contingent Annuitant upon death of the member pursuant to A.R.S. § 38-783.
9. "Period-certain" means the annuity option described in A.R.S. § 38-760(B)(2).
10. "Premium benefit" means the amount the ASRS provides on behalf of a retired member or Disabled member in order to offset the Coverage premium of the retired or Disabled member pursuant to A.R.S. § 38-783.
11. "Single calculation" means the single Coverage premium calculation described in A.R.S. § 38-783(A).
12. "Subsidized" means the same as in A.R.S. § 38-783(M)(4).

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Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective May 31, 2015 (Supp. 16-4). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2).

R2-8-202. Premium Benefit Eligibility and Benefit Determination

- A.** A retired member or Disabled member who has five or more years of service and who elects to maintain Coverage is eligible for a Premium Benefit as follows:
1. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member only, is eligible for a Single Calculation of the Premium Benefit as described in R2-8-204(A);
 2. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member and a dependent who is not a retired member or Disabled member is eligible for a Family Calculation of the Premium Benefit as described in R2-8-204(B).
 3. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member and a dependent who is a retired member or Disabled member is eligible for the greater of:
 - a. Two Single Calculations of the Premium Benefit described in R2-8-204(A); or
 - b. One Family Calculation of the Premium Benefit described in R2-8-204(B).
 4. A retired member or Disabled member who is enrolled as a dependent on an active member's insurance plan is eligible for a Single Calculation of the Premium Benefit described in R2-8-204(A) if:
 - a. The retired member has an Original Retirement Date prior to August 2, 2012; or
 - b. The Disabled member became Disabled prior to August 2, 2012;
 5. A retired member or Disabled member who elects to maintain Coverage for the retired member or Disabled member and multiple dependents, some of whom are retired members or Disabled members, is eligible for the greater of:
 - a. Two Single Calculations of the Premium Benefit described in R2-8-204(A); or
 - b. One Family Calculation of the Premium Benefit described in R2-8-204(B).
- B.** Pursuant to A.R.S. § 38-783(E), a retired member who returns to work as an active member with an Employer and elects to maintain Coverage is eligible to receive a Premium Benefit if the member has an Original Retirement Date prior to August 2, 2012.
- C.** Pursuant to A.R.S. § 38-783(E), a Disabled member who elects to maintain Coverage is eligible to receive a Premium Benefit if the Disabled member became Disabled prior to August 2, 2012.
- D.** A member who receives a lump sum distribution from the ASRS upon retirement is eligible to receive a Premium Benefit pursuant to this Article.
- E.** Notwithstanding any other Section, a retired member who has an Original Retirement Date on or after August 2, 2012, or a Disabled member who became Disabled on or after August 2, 2012 is eligible to receive a Premium Benefit pursuant to this Article, only if Coverage is not Subsidized.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Amended by emergency rulemaking at 10 A.A.R. 4259, effective September 30, 2004 (Supp. 04-3). Amended by final rulemaking at 10 A.A.R. 4346, effective October 5, 2004 (Supp. 04-3). Section amended and Table 1 repealed by final rulemaking at 13 A.A.R. 4581, effective February 2, 2008 (Supp. 07-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2).

R2-8-203. Payment of Premium Benefit

- A.** Every month, the ASRS shall provide a Premium Benefit to the Employer on behalf of a retired member, Disabled member, or Contingent Annuitant who maintains Coverage and is eligible to receive a Premium Benefit pursuant to R2-8-202.
- B.** Notwithstanding subsection (A), if a retired member who is eligible to receive a Premium Benefit pursuant to R2-8-202 elects to maintain Coverage with the Arizona Department of Administration or the ASRS, the ASRS shall reduce the retired member's pension amount by the amount of the retired member's Net Premium for Coverage pursuant to this Article, unless the Net Premium exceeds the pension amount.
- C.** Notwithstanding subsection (A), if a retired member who is eligible to receive a Premium Benefit pursuant to R2-8-202 elects to maintain Coverage with the ASRS and the Net Premium exceeds the retired member's pension amount, the retired member shall be responsible for remitting the Net Premium to the retired member's insurance company and the ASRS shall:
 1. Not reduce the retired member's pension amount; and
 2. Remit payment of the Premium Benefit to the retired member's insurance company.
- D.** Notwithstanding subsection (A), if a retired member who is eligible to receive a Premium Benefit pursuant to R2-8-202 elects to maintain Coverage with the Arizona Department of Administration and the Net Premium exceeds the retired member's pension amount, the retired member shall be responsible for remitting the Net Premium to the Arizona Department of Administration and the ASRS shall:
 1. Not reduce the retired member's pension amount; and
 2. Remit payment of the Premium Benefit to the Arizona Department of Administration.
- E.** If a Disabled member who is eligible to receive a Premium benefit pursuant to R2-8-202 maintains Coverage with the Arizona Department of Administration, the ASRS shall remit the Premium Benefit to the Arizona Department of Administration, unless the Disabled member is participating in the Six-Month Reimbursement Program pursuant to R2-8-206.
- F.** If a Disabled member who is eligible to receive a Premium Benefit pursuant to R2-8-202 maintains Coverage with the ASRS, the ASRS shall remit the Premium Benefit to the Disabled member's insurance company and the Disabled member shall be responsible for remitting the Net Premium to the Disabled member's insurance company.
- G.** If a retired member or Disabled member who is eligible to receive a Premium Benefit pursuant to R2-8-202 maintains Coverage with an Employer other than the ASRS or the Arizona Department of Administration, the ASRS shall remit the Premium Benefit to the retired member's or Disabled member's Employer, unless the retired member or Disabled member is participating in the Six-Month Reimbursement Program pursuant to R2-8-206.
- H.** If a retired member or Disabled member is eligible to receive a Premium Benefit pursuant to R2-8-202, the ASRS shall pro-

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vide the lesser of the following for any one retired member or Disabled member:

1. The actual cost of the Coverage premium; or
2. The greatest Premium Benefit calculation for which the retired member or Disabled member is eligible pursuant to R2-8-202.

- I.** If a retired member is eligible to receive a Premium Benefit pursuant to R2-8-202 and the member retires from the ASRS in addition to retiring from another State retirement system or plan described in A.R.S. § 38-921, each month, the ASRS shall remit any Premium Benefit for which the retired member is eligible under this Article to the other State retirement system or plan from which the member retired.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2).

R2-8-204. Premium Benefit Calculation

- A.** A Single Calculation for a Premium Benefit is based on the retired member's or Disabled member's Coverage election, years of service, and Medicare or non-Medicare status.
- B.** A Family Calculation for a Premium Benefit is based on the retired member's or Disabled member's Coverage election, years of service, and Medicare or Non-Medicare status, and the Medicare or Non-Medicare status of any dependents for which the retired member or disabled member has obtained Coverage.
- C.** A Contingent Annuitant who is eligible to receive an Optional Premium Benefit pursuant to R2-8-207 shall receive an Optional Premium Benefit amount based on:
1. The retired member's years of service and optional retirement benefit election pursuant to A.R.S. § 38-760; and
 2. The Contingent Annuitant's Coverage and Medicare or non-Medicare status.
- D.** Notwithstanding R2-8-203(H), if a Contingent Annuitant is a retired member, the Contingent Annuitant may be entitled to receive more than one Premium Benefit.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2).

R2-8-205. Premium Benefit Documentation

- A.** Every year, prior to the effective date of Coverage, an Employer shall report to the ASRS all the Coverage plans and premium rates the Employer offers to its retired or Disabled employees.
- B.** An Employer shall inform the ASRS of any changes to the retired member's, Disabled member's, or Contingent Annuitant's Coverage, including enrollment in Coverage, maintained through the Employer within 30 days of the changes taking effect.
- C.** Using the Employer's secure ASRS website account, or another ASRS approved method, an Employer shall submit the following health insurance enrollment, change, and/or deletion information pursuant to subsection (B):
1. The retired member's, Disabled member's, or Contingent Annuitant's social security number;

2. The retired member's, Disabled member's, or Contingent Annuitant's full name;
3. The retired member's, Disabled member's, or Contingent Annuitant's residential mailing address and telephone number;
4. The retired member's, Disabled member's, or Contingent Annuitant's date of birth;
5. The Coverage in which the retired member, Disabled member, or Contingent Annuitant is enrolling;
6. The type of change that is being made to the Coverage;
7. The following information for each dependent enrolled in, or to be enrolled in, Coverage:
 - a. First and last name;
 - b. Social security number;
 - c. Date of birth; and
 - d. Medicare number, if applicable.
8. The old and new premium amounts for Coverage;
9. The effective date of the change, deletion, and/or enrollment;
10. The Employer's name and telephone number;
11. A certification by the Employer representative's dated signature that the information is current and correct.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2).

R2-8-206. Six-Month Reimbursement Program

- A.** For a retired member or Disabled member who is eligible for a Premium Benefit pursuant to R2-8-202(A)(4) or (B), the ASRS shall remit the Premium Benefit to the retired member or Disabled member pursuant to subsection (B).
- B.** Pursuant to subsection (A), the ASRS shall remit the Premium Benefit to the retired member or Disabled member every six months, payable in July and January. For purposes of this Section, the Premium Benefit shall be the aggregate amounts of the Premium Benefit the retired member or Disabled member is entitled to receive during the previous six months.
- C.** In order to receive a Premium Benefit payment pursuant to subsection (B), a retired member or Disabled member shall submit to the ASRS the Reimbursement of Medical and/or Dental Cost (Six-Month Reimbursement Program) form after the last day of the last month for which the retired member or Disabled member is seeking reimbursement.
- D.** The Reimbursement of Medical and/or Dental Cost (Six-Month Reimbursement Program) form that a retired member or Disabled member submits pursuant to subsection (C) shall include the following information:
1. The retired member's or Disabled member's social security number;
 2. The retired member's or Disabled member's full name;
 3. The retired member's or Disabled member's mailing address and phone number;
 4. The retired member's or Disabled member's date of birth;
 5. The retired member's or Disabled member's status with the ASRS
 6. The retired member's or Disabled member's status with the retired member's or Disabled member's Employer.
 7. The following Coverage information for the Coverage policy holder:
 - a. First and last names;
 - b. Social security number;
 - c. Date of birth;

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- d. Effective date of Coverage;
8. The following information for each dependent enrolled in, or to be enrolled in, Coverage:
 - a. First and last name;
 - b. Social security number;
 - c. Date of birth;
 - d. Effective date of Coverage;
9. Six-month reimbursement totals identified by:
 - a. The month and year the premium is due for Coverage;
 - b. The total medical plan premium per month;
 - c. The total dental plan premium per month;
 - d. The employee's out-of-pocket payroll deduction for a medical premium per month;
 - e. The employee's out-of-pocket payroll deduction for a dental premium per month;
 - f. The employee's total out-of-pocket payroll deduction for medical and dental premiums per month;
10. The Employer's name;
11. The Employer's phone number;
12. The Employer's email address;
13. The name of the Employer's representative; and
14. The dated signature of the Employer's representative.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 1765, effective July 14, 2010 (Supp. 10-3). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2).

R2-8-207. Optional Premium Benefit

- A. A member who retires on or after January 1, 2004 is eligible to elect the Optional Premium Benefit to be effective on the date of the retired member's retirement and may designate a Contingent Annuitant to receive the Optional Premium Benefit upon the death of the retired member if:
 1. The retired member elects a retirement option under A.R.S. § 38-760; and
 2. The retired member elects to maintain Coverage.
- B. A retired member who returns to active membership for 60 consecutive months or more before retiring again, may elect or re-elect the Optional Premium Benefit pursuant to subsection (A).
- C. A retired member who does not return to active membership for 60 consecutive months or more before retiring again is not eligible to elect the Optional Premium Benefit pursuant to subsection (A) unless the retired member elected the Optional Premium Benefit to be effective on the date of the retired member's Original Retirement Date.
- D. In order to elect, re-elect, or terminate the Optional Premium Benefit pursuant to subsection (A), the retired member shall submit to the ASRS the Optional Premium Benefit Program Election or Termination form containing the following information:
 1. The retired member's Social Security Number;
 2. The retired member's full name and gender;
 3. The retired member's current mailing address;
 4. The retired member's date of birth;
 5. The retired member's email address;
 6. The retired member's phone number;
 7. Whether the retired member is electing, declining, or terminating the Optional Premium Benefit;
 8. The following information for the Contingent Annuitant if the retired member is electing or re-electing the Optional Premium Benefit:
 - a. The Social Security Number;
 - b. The full name;
 - c. The mailing address;
 - d. The phone number;
 - e. The date of birth; and
 - f. The gender and relationship to the retired member; and
9. Certification of understanding by the retired member's dated signature of the following statements:
 - a. I have a one-time election at the time of retirement for this benefit, and have a retirement date on or after January 1, 2004;
 - b. I must elect a Joint & Survivor or Period-Certain annuity option;
 - c. If I elect to participate, my Contingent Annuitant must either be participating or eligible to participate in my retiree health care plan at the time of my death;
 - d. I must provide a Social Security Number and proof of birth date for my Contingent Annuitant;
 - e. The Premium Benefit will be actuarially reduced for the remainder of my benefit and my Contingent Annuitant's benefit as long as the Optional Premium Benefit is elected; and
 - f. I may rescind the election at any time and be eligible for the unreduced Premium Benefit payable as provided by law.
- E. In order to elect or re-elect the Optional Premium Benefit, a member shall submit the Optional Premium Benefit Program Election or Termination form to the ASRS prior to the member's retirement date.
- F. A Contingent Annuitant the retired member designates to receive the Optional Premium Benefit upon the retired member's death is eligible to receive a Premium Benefit if:
 1. The retired member designates the Contingent Annuitant as the primary beneficiary on the member's retirement account;
 2. The Contingent Annuitant is enrolled in a Coverage plan at the time of the member's death or the Contingent Annuitant enrolls in a Coverage plan within six months of the retired member's death pursuant to A.R.S. § 38-782(A); and
 3. The Contingent Annuitant is eligible to receive at least one monthly payment.
- G. Upon the death of a retired member who elected the Optional Premium Benefit pursuant to subsection (A), the ASRS shall provide the Optional Premium Benefit on behalf of the retired member's Contingent Annuitant who is eligible to receive the Optional Premium Benefit pursuant to subsection (F).
- H. Notwithstanding subsection (G), the amount of the Optional Premium Benefit the ASRS provides on behalf of a Contingent Annuitant shall not exceed the actual amount of the Coverage premium.
- I. Unless otherwise indicated by law, the Optional Premium Benefit shall not terminate upon the death of the retired member if a Contingent Annuitant is eligible for the Optional Premium Benefit pursuant to subsection (F).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1962, effective May 4, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective May 31, 2015 (Supp. 16-4). New Section made by final rulemaking at 23 A.A.R. 1414, effective July 3, 2017 (Supp. 17-2).

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ARTICLE 3. LONG-TERM DISABILITY**R2-8-301. Definitions**

The following definitions apply to this Article unless otherwise specified:

1. "Attending Physician" means a provider:
 - a. Who is a qualified medical provider or other legally qualified practitioner of a healing art that the claims administrator recognizes or is required by law to recognize;
 - b. Whose medical training and clinical experience are qualified to treat the member's disabling condition;
 - c. Whose diagnosis and treatment is consistent with the diagnosis of the disabling condition, according to guidelines established by medical, research, and rehabilitative organizations;
 - d. Who is licensed to practice in the jurisdiction where care is being given;
 - e. Who is practicing within the scope of the license; and
 - f. Who is not related to the member by blood or marriage.
2. "Direct Care" means the member is actively receiving treatment from a provider for the member's disability at least once per calendar year.
2. "Estimated Social Security disability income amount" means the same as in R2-8-801(2).
3. "Legal proceeding" means an appeal of an appealable agency decision at the Office of Administrative Hearings pursuant to A.R.S. § 41-1092 et seq. or an appeal of a Social Security determination at the Social Security Administration, or any other review by a formal body, which determines the rights and responsibilities of the member or survivor.
4. "LTD" means the Long-Term Disability program described in A.R.S. § 38-797 et seq.
5. "LTD benefit" means the amount of funds the member receives from the ASRS or the ASRS contracted LTD claims administrator, for the period of time a member has an eligible disability as described in A.R.S. § 38-797.07(A)(11).
6. "LTD contribution" means the amount of funds the member remits to the ASRS from the member's compensation as payment for the LTD program.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3).

R2-8-302. Application for Long-Term Disability Benefit

- A. In order to claim an LTD benefit, a disabled member shall submit to the disabled member's Employer all the completed forms prescribed by the ASRS contracted LTD claims administrator within 12 months of the date the disabled member became disabled.
- B. Pursuant to A.R.S. § 38-797.07(D), in order to continue receiving an LTD benefit, a disabled member shall submit documentation regarding the disabled member's ongoing disability and occupation as required by the ASRS contracted LTD claims administrator to determine the disabled member's continuing eligibility for an LTD benefit.
- C. Pursuant to A.R.S. § 38-797.07(11), in order to submit an application for an LTD benefit, a member must provide objective medical evidence from an Attending Physician.

- D. Pursuant to A.R.S. § 38-797.07(7)(b)(i), in order to continue receiving an LTD benefit, the disabled member must be under the Direct Care of a doctor.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3).

R2-8-303. Long-Term Disability Calculation

- A. The ASRS contracted LTD claims administrator shall calculate an LTD benefit for a member using the member's monthly compensation as described in A.R.S. § 38-797(11).
- B. For a member whose monthly compensation is \$0 as of the date of disability, the ASRS shall pay a monthly benefit of \$50 unless the benefit is reduced pursuant to R2-8-807 or required to be reduced pursuant to A.R.S. § 38-797.07(A)(2).
- C. The ASRS shall reduce a member's LTD benefit in accordance with A.R.S. § 38-797.07(A).

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3).

R2-8-304. Payment of Long-Term Disability Benefit

- A. The ASRS contracted LTD claims administrator shall begin providing an LTD benefit to an eligible disabled member no sooner than six months after the date the disabled member became disabled.
- B. Notwithstanding subsection (A), the ASRS contracted LTD claims administrator may begin providing an LTD benefit to an eligible disabled member sooner than six months if the disability is related to the member's disability that occurred within six months immediately preceding the disability.
- C. The ASRS contracted LTD claims administrator may provide an eligible disabled member's LTD benefit to a third party pursuant to A.R.S. § 38-797.09.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3).

R2-8-305. Social Security Disability Appeal

- A. Upon request by the ASRS contracted LTD claims administrator, a member who claims an LTD benefit pursuant to R2-8-302(A) shall submit a Social Security disability income application as prescribed by the ASRS contracted LTD claims administrator.
- B. In order to continue receiving an LTD benefit, a member whose application for Social Security disability income has been denied or terminated must appeal the most recent determination of denial or termination through a hearing before an administrative law judge pursuant to A.R.S. § 38-797.07(A)(10)(a) until the ASRS contracted LTD claims administrator or the Social Security Claims Administrator determines the member is not eligible for a Social Security benefit.
- C. Within 10 days after a member receives notice of the status of the member's Social Security disability income application, the member shall notify:
 1. The ASRS of the member's application status by submitting a copy of the notice identifying the status of the member's Social Security disability income application

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to the ASRS, if the member is not receiving an LTD benefit; or

2. The ASRS contracted LTD claims administrator of the member's application status by submitting a copy of the notice identifying the status of the member's Social Security disability income application to the ASRS contracted LTD claims administrator, if the member is not receiving an LTD benefit.

- D. A member who disagrees with an LTD determination by the ASRS contracted LTD claims administrator may submit an appeal pursuant to 2 A.A.C. 8, Article 4.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).

R2-8-306. Approval of Social Security Disability

Upon receipt of a Social Security disability income benefit, a member shall immediately remit to:

1. The ASRS the amount of the Social Security disability income benefit necessary to offset the LTD benefit; or
2. The ASRS contracted LTD claims administrator the amount of the Social Security disability income benefit necessary to offset the LTD benefit.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2746, effective November 13, 2017 (Supp. 17-3).

ARTICLE 4. PRACTICE AND PROCEDURE BEFORE THE BOARD**R2-8-401. Definitions**

The following definitions apply to this Article, unless otherwise specified:

1. "Appealable agency action" has the same meaning as in A.R.S. § 41-1092.
2. "Board" means, if established, a Committee designated by the Board to take action on appeals as described in A.R.S. § 38-714(E)(1) or, if a Committee is not established, the same as in A.R.S. § 38-711(6).
3. "Final administrative action" has the same meaning as in A.R.S. § 41-1092 and is rendered by the Board.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 487, effective April 8, 2017 (Supp. 17-1). Amended by final rulemaking at 23 A.A.R. 2749, effective November 13, 2017 (Supp. 17-3).

R2-8-402. General Procedures

In computing any time period, parties shall exclude the day from which the designated time period begins to run. Parties shall include the last day of the period unless it falls on a Saturday, Sunday, or legal holiday. When the time period is 10 days or less, parties shall exclude Saturdays, Sundays, and legal holidays.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1).

R2-8-403. Letters of Appeal; Request for a Hearing of an Appealable Agency Action

- A. After receipt of an agency decision, a person who is not satisfied with the agency decision, may submit a letter of appeal:
 1. To the ASRS's vendor for long-term disability benefits, if the appeal relates to a long-term disability decision; or

2. To the ASRS Member Services Division Assistant Director, or such director's designee, if the appeal relates to an agency decision other than a long-term disability decision.

- B. Upon receipt of a letter of appeal, the long-term disability vendor, or the Member Services Division Assistant Director, or such director's designee, shall send a response letter to the person requesting the appeal notifying the person of:
 1. The decision the agency is making in response to the letter of appeal; and
 2. The person's right to appeal the agency response by submitting a letter of appeal to the ASRS Director or such director's designee.

- C. A person who is not satisfied with the agency response pursuant to subsection (B) may submit a letter of appeal to the ASRS Director or such director's designee within 60 days of the date on the agency response letter.

- D. Within 30 days of the date the ASRS receives a letter of appeal pursuant to subsection (C), the ASRS director or such director's designee shall send a response letter by certified mail to the person requesting the appeal that includes:
 1. The agency action the ASRS is taking in response to the letter of appeal; and
 2. Notice of Appealable Agency Action, as required pursuant to A.R.S. § 41-1092.03 informing the person requesting the appeal, that the person has a right to appeal the agency action by submitting a Request for Hearing pursuant to subsections (E) and (F).

- E. For an appealable agency action, a person who is not satisfied with an agency action pursuant to subsection (D) may file a Request for a Hearing, in writing, with the ASRS. The date the Request is filed is established by the ASRS date stamp on the face of the first page of the Request. The Request shall include the following:
 1. The name and mailing address of the member, employer, or other person filing the Request;
 2. The name and mailing address of the attorney for the person filing the Request, if applicable;
 3. A concise statement of the reasons for the appeal.

- F. The person requesting a hearing shall file the Request for a Hearing with the ASRS within 30 days after receiving a response letter including a Notice of an Appealable Agency Action, pursuant to subsection (E).
- G. Upon receipt of the Request for a Hearing, the ASRS shall notify the Office of Administrative Hearings as required in A.R.S. § 41-1092.03(B).
- H. Pursuant to subsection (B):
 1. The long-term disability vendor shall send a response letter to the person requesting the appeal within 120 days of the date the long-term disability vendor receives the letter of appeal; and
 2. The Member Services Division Assistant Director, or such director's designee, shall send a response letter to the person requesting the appeal within 30 days of the date the ASRS receives the letter of appeal.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 23 A.A.R. 487, effective April 8, 2017 (Supp. 17-1).

R2-8-404. Board Decisions on Hearings before the Office of Administrative Hearings

A recommended decision from the Office of Administrative Hearings that is sent to ASRS at least 30 days before the Board's next regular monthly meeting, shall be reviewed by the Board at that

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monthly meeting. At the monthly meeting, the Board shall render a decision to accept, reject, or modify the findings of fact, conclusions of law and recommendations in whole or in part. If the Board modifies or rejects a recommended decision, the Board shall state the reasons for the modification or rejection. The Board shall deliver the Board's final decision to the Office of Administrative Hearings within five days after the monthly meeting at which the Board made the final decision.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1).

R2-8-405. Motion for Rehearing Before the Board; Motion for Review of a Final Decision

- A. Except as provided in subsection (H), within 30 days after service of the final administrative decision, any aggrieved party in an appealable agency action may file with the Board a Motion for Rehearing Before the Board, in writing, specifying the particular grounds for rehearing before the Board.
- B. Except as provided in subsection (H), within 30 days after service of the final administrative decision, any aggrieved party of an appealable agency action may file with the Board a Motion for Review of a Final Decision, in writing, specifying the particular grounds for reviewing the Board's final administrative decision.
- C. A party may amend a Motion for Rehearing Before the Board or a Motion for Review of a Final Decision at any time before the Board rules on the motion. A party may file a response within 15 days after the motion or the amended motion is filed. The Board may require the filing of written briefs upon the issues raised in the motion or the amended motion, and may provide for oral argument.
- D. The Board may grant a Motion for Rehearing Before the Board or a Motion for Review of a Final Decision for any of the following causes that materially affects the moving party's rights:
 1. Irregularity in the administrative proceedings of the agency or the hearing officer, or any order or abuse of discretion that deprives the moving party of a fair hearing;
 2. Misconduct of the Board, the hearing officer, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the process of the action; or
 7. That the decision, or findings of fact, is not justified by the evidence or is contrary to law.
- E. The Board may affirm or modify the final administrative decision or grant a rehearing before the Board or review of final administrative decision to all or any of the parties on all or part of the issues for any of the reasons in subsection (C). An order granting a rehearing or review shall specify with particularity the grounds for the order.
- F. Not later than 10 days after the final administrative decision, the Board may, after giving each party notice and an opportunity to be heard, order a rehearing or review of its final administrative decision for any reason for which it might have granted a rehearing or review on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehear-

ing or review for a reason not stated in the motion. In either case, the order granting a rehearing or review shall specify the grounds on which it is granted.

- G. When a motion for rehearing or review is based upon an affidavit, the affidavit shall be filed with the motion. An opposing party may, within 15 days after filing, file an opposing affidavit. The Board may extend the period for filing an opposing affidavit for not more than 20 days for good cause shown or by written stipulation of the parties. The Board may permit a reply affidavit.
- H. The Board shall rule on the motion within 15 days after the response to the motion is filed or if a response is not filed, within five days of the expiration of the response period.
- I. If the Board makes a specific finding that the immediate effectiveness of a particular decision is necessary for the preservation of the public peace, health, and safety and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing or review, an application for judicial review of the decision may be made within the time limits permitted for applications for judicial review of the Board's final decisions.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 444, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 23 A.A.R. 487, effective April 8, 2017 (Supp. 17-1).

ARTICLE 5. PURCHASING SERVICE CREDIT**R2-8-501. Definitions**

The following definitions apply to this Article unless otherwise specified:

1. "Active duty" means full-time duty in a branch of the United States uniformed service, other than Active Reserve Duty.
2. "Active reserve duty" means participating in required meetings and annual training in a Reserve or National Guard branch of the United States uniformed service.
3. "Actuarial present value" means an amount in today's dollars of a member's future retirement benefit calculated using appropriate actuarial assumptions and the:
 - a. Eligible Member's Current Years of Credited Service;
 - b. Eligible Member's age as of the date the Eligible Member submits to the ASRS a request to purchase service pursuant to this Article;
 - c. Amount of Service Credit the member wishes to purchase; and
 - d. Member's current annual compensation.
4. "Authorized representative" means an individual who has been delegated the authority to act on behalf of a Custodian, Trustee, Plan Administrator, or a member, if the member's IRA or 403(b) is not maintained by the member's Employer.
5. "Current years of credited service" means the amount of credited service a member has earned or purchased, and the amount of Service Credit for which an Irrevocable PDA is in effect for which the member has not yet completed payment, but does not include any current requests to purchase Service Credit for which the member has not yet paid.
6. "Custodian" means a financial institution that holds financial assets for guaranteed safekeeping.

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7. "Direct rollover" means distribution of Eligible Funds made payable to the ASRS as a contribution for the benefit of an eligible member from a retirement plan listed in A.R.S. § 38-747(H)(2) or (H)(3).
8. "Eligible funds" means payments listed in A.R.S. § 38-747(H)(2) and (H)(3).
9. "Eligible member" means a member who is eligible to purchase service pursuant to A.R.S. §§ 38-742, 38-743, 38-744, or 38-745.
10. "Forfeited service" means credited service for which the ASRS has returned retirement contributions to the member under A.R.S. § 38-740.
11. "IRC" means the same as "Internal Revenue Code" in A.R.S. § 38-711(18).
12. "Irrevocable PDA" means an irrevocable "Payroll Deduction Authorization" contract between an Eligible Member, an Employer, and the ASRS that requires the Employer to withhold payments from an Eligible Member's pay for a specified amount and for a specified number of payments, as provided in A.R.S. § 38-747.
13. "Leave of absence service" means an approved leave of absence without pay as specified in A.R.S. § 38-744.
14. "LTD" means the same as in R2-8-301.
15. "Military Call-up service" means a member is called to Active Duty in a branch of the United States Uniformed Services.
16. "Military service" means Active Duty or Active Reserve Duty with any branch of the United States Uniformed Services or the Commissioned Corps of the National Oceanic and Atmospheric Administration.
17. "Military service record" means a United States Uniformed Services or National Oceanic and Atmospheric Administration document that provides the following information:
 - a. The member's full name;
 - b. The member's Social Security number;
 - c. Type of discharge the member received; and
 - d. Active Duty dates, if applicable; or
 - e. Active Reserve Duty dates, if applicable; and
 - f. Point history for Active Reserve Duty dates, if applicable.
18. "Other public service" means previous employment listed in A.R.S. § 38-743(A).
19. "PDA pay-off invoice" means written correspondence from the ASRS to an Eligible Member that specifies the amount necessary to be paid by the Eligible Member to complete an Irrevocable PDA to receive the total credited service specified in the Irrevocable PDA.
20. "Plan administrator" means the person authorized to represent a specific eligible plan as addressed in IRC § 414(g).
21. "Service credit" means Forfeited Service, Leave of Absence Service, Military Service and Military Call-up Service under A.R.S. § 38-745, and Other Public Service that an Eligible Member may purchase.
22. "SP invoice" means a written correspondence from the ASRS informing an Eligible Member of the amount of money required to purchase a specified amount of Service Credit.
23. "Termination pay" means an Employer's payment to the ASRS of an Eligible Member's pay received as a result of terminating employment to purchase Service Credit as specified in A.R.S. § 38-747(B)(2).
24. "Three full calendar months" means the first day of the first full month through the last day of the third consecutive full month.
25. "Transfer employment" means to terminate employment with one Employer with which an Eligible Member has an Irrevocable PDA:
 - a. After accepting an offer to work for a new Employer;
 - b. While working as an active member for a different Employer; or
 - c. Before returning to work with any Employer within 120 days of terminating employment.
26. "Trustee-to-Trustee transfer" means a transfer of assets to the ASRS as authorized in A.R.S. § 38-747(I), from a retirement program from which, at the time of the transfer, a member is not eligible to receive a distribution.
27. "Uniformed services" means the United States Army, Army Reserve, Army National Guard, Navy, Navy Reserve, Air Force, Air Force Reserve, Air Force National Guard, Marine Corps, Marine Corps Reserve, Coast Guard, Coast Guard Reserve, and the Commissioned Corps of the Public Health Service.
28. "Window credit" means overpayments made on previously purchased Service Credit by members of the ASRS as provided by Laws 1997, Ch. 280, § 21, and Laws 2003, Ch. 164, § 3.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 764, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-502. Request to Purchase Service Credit and Notification of Cost

- A. An Eligible Member may request to purchase Service Credit electronically. The Eligible Member shall verify at the time of request, the following information for the Eligible Member:
 1. Name;
 2. Mailing address;
 3. Date of birth;
 4. Marital status;
 5. Gender;
 6. Primary email address;
 7. Primary phone number; and
 8. Which category of Service Credit the Eligible Member is requesting to purchase.
- B. An Eligible Member who requests to purchase Service Credit pursuant to subsection (A) shall acknowledge the following statements of understanding:
 1. Any person who knowingly makes any false statement or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a class 6 felony per Arizona Revised Statutes Section 38-793; and
 2. This transaction is subject to audit. If any errors or misrepresentations are discovered as a result of an audit, the Eligible Member's total credited service with the ASRS will be adjusted as necessary and if the Eligible Member is retired, the Eligible Member's retirement benefit will also be adjusted. Any overpayment(s) will be refunded. However, if a payment made with a rollover or pre-tax dollars is returned to the Eligible Member, there may be tax consequences as a result of this refund.

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- C. Upon receipt of the documentation required by this Article from the Eligible Member and if the Eligible Member's request to purchase Service Credit meets the requirements of this Article, the ASRS shall provide the following to the Eligible Member:
1. A SP Invoice stating the cost to purchase the amount of Service Credit the member is eligible to purchase;
 2. Instructions for electing method of payment; and
 3. The date payment election is due.
- D. An Eligible Member who requests to purchase Service Credit pursuant to this section shall elect one or more methods of payment and submit the election to the ASRS by the date payment election is due.
- E. An Eligible Member who elects to purchase Service Credit using after-tax payments shall acknowledge the following information:
1. After-tax payments must be from the Eligible Member and remitted to the ASRS by the Eligible Member;
 2. After-tax payments cannot be used to purchase political subdivision employment with a United States territory, commonwealth, overseas possession, or insular area; and
 3. If the Eligible Member joined the ASRS on or after July 1, 1999, §§ 415(b) and 415(c) of the IRC limit the after-tax money the Eligible Member can use to purchase Service Credit.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-503. Requirements Applicable to All Service Credit Purchases

- A. To purchase Service Credit at the amount provided in an SP Invoice, an Eligible Member shall purchase the Service Credit by check or money order, or request an Irrevocable PDA, Direct Rollover, Trustee-to-Trustee Transfer, or Termination Pay as specified in this Article, by the due date specified by the method of payment the Eligible Member elected.
- B. An Eligible Member may purchase all of the Service Credit or a portion of the Service Credit. If the Eligible Member wishes to purchase only a portion of the Service Credit, the Eligible Member shall specify:
1. Either the number of years or partial years of Service Credit the Eligible Member wishes to purchase; or
 2. The cost for the number of years or partial years of Service Credit the Eligible Member wishes to purchase, not exceeding the years or partial years and cost specified on the SP Invoice.
- C. The ASRS shall not consider more than one active request at a time from a member to purchase Service Credit in a single category. The categories are:
1. Leave of Absence Service;
 2. Military Service;
 3. Forfeited Service; and
 4. Other Public Service.
- D. An Eligible Member may cancel an active request by notifying the ASRS in writing.
- E. If an Eligible Member is entitled to a Window Credit, the Eligible Member may apply the Window Credit to purchase Service Credit. To apply a Window Credit to a purchase of Service Credit, the Eligible Member shall make a request to the ASRS in writing by the date payment election is due as

specified on the SP Invoice and include the following information:

1. The amount the Eligible Member wants to apply, and
 2. The Eligible Member's dated signature.
- F. On or before the due date specified on the SP Invoice, an Eligible Member may request an extension of a due date for purchasing Service Credit.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-504. Service Credit Calculation for Purchasing Service Credit

- A. An Eligible Member who purchases Service Credit shall receive one month of credited service for one or more days of service in a calendar month.
- B. Pursuant to A.R.S. 38-739(B), an Eligible Member who purchases Service Credit shall receive a proportionate amount of credited service based on the length of the Eligible Member's service year.
- C. Notwithstanding any other provision, an Eligible Member whose membership date is on or after July 20, 2011, cannot purchase more than five years of Service Credit for each of the following based on the length of the Eligible Member's service year:
1. Leave of Absence Service;
 2. Military Service; and
 3. Other Public Service.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-505. Restrictions on Purchasing Overlapping Service Credit

The ASRS shall not permit an Eligible Member to purchase Service Credit that, when added to credited service earned in any plan year, results in more than:

1. One year of credited service in any plan year, or
2. One month of credited service in any one calendar month.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-506. Cost Calculation for Purchasing Service Credit

- A. For Service Credit for Leave of Absence Service, Military Service, and Other Public Service, the ASRS shall calculate, as of the date of the request to purchase Service Credit:
1. The Actuarial Present Value of the future retirement benefit for the Eligible Member including the Service Credit that the Eligible Member requests to purchase, and
 2. The Actuarial Present Value of the future retirement benefit for the Eligible Member without the Service Credit that the Eligible Member requests to purchase.
- B. The cost for purchasing the Service Credit that the Eligible Member requests to purchase is the difference between the

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Actuarial Present Value in subsection (A)(1) and the Actuarial Present Value in subsection (A)(2).

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-507. Required Documentation and Calculations for Forfeited Service Credit

- A. An Eligible Member who requests to purchase Service Credit for Forfeited Service under A.R.S. § 38-742 shall provide the ASRS:
 1. The name of an Employer, if known, for which the Eligible Member is requesting to purchase Service Credit for Forfeited Service; and
 2. The year and month the Eligible Member believes the ASRS returned retirement contributions.
- B. Upon receipt of payment as specified in subsection (D), the ASRS shall apply the Service Credit to the Eligible Member's account based on the most recent Forfeited Service available for purchase.
- C. Notwithstanding subsection (B), if an Eligible Member has more than one return of contributions pursuant to A.R.S. § 38-740, the Eligible Member may elect to purchase Forfeited Service for any of the return of contributions and the ASRS shall apply the Service Credit to the Eligible Member's account based on the most recent Forfeited Service available for purchase.
- D. The amount the Eligible Member shall pay to purchase Service Credit for previously Forfeited Service is the amount of retirement contributions that the ASRS returned, plus interest on that amount from the date on the return of retirement contributions check to the date of redeposit at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A).

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-508. Required Documentation and Calculations for Leave of Absence Service Credit

- A. An Eligible Member who requests to purchase Service Credit for Leave of Absence Service under A.R.S. § 38-744 shall provide to the ASRS an Approved Leave of Absence form that includes:
 1. The following information completed by the Eligible Member:
 - a. The start date and end date of the approved leave of absence;
 - b. The date the Eligible Member returned to work or a statement of why employment was not resumed;
 - c. The name of the Employer;
 - d. Whether the Eligible Member participated in another public retirement system during this leave of absence; and
 - e. If the Eligible Member participated in another public retirement system during the leave of absence, whether the Eligible Member is receiving a benefit or is eligible to receive a benefit, from the other public retirement system; and
 2. Acknowledgement of the following statements of understanding:

- a. The Eligible Member understands that up to one year of Service Credit may be purchased for each approved leave of absence, if the Eligible Member returns to work for the Employer that approved the leave of absence unless employment could not be resumed because of disability or nonavailability of a position;
- b. The Eligible Member authorizes the Employer to provide any necessary personal information to ASRS in order to process this request; and
- c. The Eligible Member certifies that if the Eligible Member participated in another public retirement system during the approved leave of absence, the Eligible Member is not receiving, and is not eligible to receive, a benefit from the other public retirement system for the time during the approved leave of absence; and
3. The Eligible Member's dated signature.

- B. Pursuant to A.R.S. § 38-744, a member who participated in another public retirement system during the leave of absence, and is receiving a benefit or is eligible to receive a benefit from the other public retirement system, is not an Eligible Member for purposes of this section.
- C. If the information provided by the Eligible Member pursuant to subsection (A) is correct, the Employer shall validate the information and submit the information to the ASRS through the Employer's secure ASRS account. If the information provided by the Eligible Member pursuant to subsection (A) is incorrect, the Employer shall correct the information and submit the information to the ASRS through the Employer's secure ASRS account.
- D. Upon submitting the information specified in subsection (B), the Employer shall acknowledge the following statements of understanding:
 1. The Employer has verified all the dates for the approved leave of absence period are correct; and
 2. The contact individual has the legal power to bind the Employer in transactions with the ASRS.
- E. The amount the Eligible Member shall pay to purchase Service Credit for an approved leave of absence is determined as provided in R2-8-506.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-509. Required Documentation and Calculations for Military Service Credit

- A. An Eligible Member who requests to purchase Service Credit for Military Service under A.R.S. § 38-745(A) and (B) shall provide to the ASRS:
 1. A copy of the Eligible Member's Military Service Record within 30 days of the Eligible Member's request to purchase Service Credit; and
 2. A Military Service form that contains:
 - a. Whether the Eligible Member is receiving a benefit or is eligible to receive a benefit, from the military.
 - b. The branch of the Uniformed Services the Eligible Member was in;
 - c. Whether the Eligible Member was on Active Duty or Active Reserve Duty;
 - d. The start date and end date of the Eligible Member's Military Service for which the Eligible Member is requesting to purchase Service Credit;

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- e. Acknowledgement that the Eligible Member will submit to the ASRS:
 - i. Proof of honorable separation for each type of Military Service listed on the form; and
 - ii. The Eligible Member's Military Service Record that supports all of the service listed on the form;
 - f. Acknowledgement of the following statements of understanding:
 - i. The Eligible Member understands that the service listed on this form does not include time that the Eligible Member either volunteered or was ordered into Active Duty service as part of a military call-up while employed by an Employer. This service is purchased under Military Call-up Service and requires a Military Call-up form to be completed by the Eligible Member's Employer; and
 - ii. The Eligible Member understands that any time the Eligible Member has listed on this form for Reserve or National Guard time reflects the months that the Eligible Member attended at least one drill or assembly for each month listed.
- B.** The amount the Eligible Member pays to purchase Service Credit for Military Service is determined as provided in R2-8-506.
- C.** The ASRS determines the amount of Service Credit an Eligible Member receives for Active Duty and Active Reserve Duty time by the time listed on the Military Service form, if the service listed is supported by the information contained in the Eligible Member's Military Service Record.
- D.** If the ASRS has not received complete and correct documents pursuant to this section within 30 days of the request to purchase Service Credit, the ASRS shall cancel the Eligible Member's request to purchase Service Credit.
- Historical Note**
- New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).
- R2-8-510. Required Documentation and Calculations for Military Call-up Service Credit**
- A.** An Eligible Member who meets the requirements under A.R.S. § 38-745(D) shall receive up to 60 months of Service Credit, not to exceed 5 years of Service Credit for Military Call-up Service under A.R.S. § 38-745(D) through (K). In order to determine the amount of contributions the Employer owes to purchase Service Credit for Military Call-up Service, the Eligible Member's Employer shall provide to the ASRS a copy of the Eligible Member's Military Service Record and a completed Military Call-up form that includes the following:
- 1. The Eligible Member's full name;
 - 2. The Eligible Member's Social Security number;
 - 3. The start date of Military Call-up Service;
 - 4. The end date of Military Call-up Service;
 - 5. The date the Eligible Member returned to work for the Employer;
 - 6. The salary for each pay period in each fiscal year while the Eligible Member was on military call-up, including any salary increases the Eligible Member would have received had the Eligible Member not left work due to military call-up;
 - 7. The name of a contact individual for the Employer, and that individual's business telephone number;
 - 8. The contact individual's dated signature;
 - 9. If applicable, the dates that the Eligible Member was hospitalized and released from the hospital as a result of participating in a military call-up.
 - 10. If applicable, the date the Eligible Member became disabled during or as a result of participating in a military call-up;
 - 11. If applicable, the date of the Eligible Member's death during or as a result of participating in a military call-up; and
 - 12. Acknowledgement of the following statements of understanding:
 - a. All the dates and payroll information for the Military Call-up Service are correct;
 - b. The Eligible Member:
 - i. Was honorably separated from Active Duty and returned to the same Employer within 90 days of either discharge from Active Duty or release from service-related hospitalization; or
 - ii. Was disabled and unable to return to work; or
 - iii. Died during or as a result of Active Duty.
 - c. The Employer must pay both the employee and Employer contributions in a lump sum upon the Eligible Member returning to employment, receipt of a declaration of disability, or receipt of a death certificate. These contributions are based on the salary the Eligible Member would have earned if the Eligible Member had not volunteered or been ordered into Active Duty;
 - d. The Eligible Member may receive a maximum of 60 months of Service Credit for Military Call-up Service pursuant to A.R.S. § 38-745; and
 - e. The contact individual has the legal power to bind the Employer in transactions with the ASRS.
- B.** An Employer shall make the request to purchase Service Credit for Military Call-up Service within 30 days after the earlier of the dates listed in A.R.S. § 38-745(E).
- C.** The ASRS calculates the amount the Employer pays to purchase Military Call-up Service pursuant to A.R.S. § 38-745(G) by multiplying the Eligible Member's salary per pay period at the time Active Duty commences, by the contribution rate in effect for the period of Active Duty. Included in the calculation are any salary increases the Eligible Member would have received if the Eligible Member had not left work to participate in a military call-up.
- D.** The ASRS shall send the Employer a statement of cost for purchase of the Service Credit for Military Call-up Service based on the calculation in subsection (C). Within 90 days from the date on the ASRS statement of cost, the Employer shall pay to the ASRS the amount on the statement. If the Employer fails to make full payment within 90 days, interest shall accrue on the unpaid balance at the Assumed Actuarial Investment Earnings Rate in effect on the date of the statement of cost as specified in R2-8-118(A). The ASRS may collect the unpaid balance plus interest pursuant to A.R.S. § 38-735(C).
- E.** If an Employer remits retirement or long-term disability contributions on behalf of an Eligible Member while the Eligible Member is on military call-up, the Employer shall reverse the contributions after the ASRS receives the information in subsection (A).
- F.** If an Employer remits retirement contributions on behalf of an Eligible Member while the Eligible Member is on military call-up, and the Eligible Member does not return to the Employer after separation from active Military Service, the

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ASRS shall apply the retirement contributions to the Eligible Member's credited service.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-511. Required Documentation and Calculations for Other Public Service Credit

- A.** An Eligible Member who requests to purchase Service Credit for Other Public Service under A.R.S. § 38-743 shall provide to the ASRS a completed Other Public Service form, signed and dated by the Eligible Member, that includes the following:
1. The name and mailing address of the Other Public Service employer;
 2. The position the Eligible Member held while working for the Other Public Service employer;
 3. The start date and end date of the Eligible Member's employment with the Other Public Service employer;
 4. The actual months and years the Eligible Member was employed with the Other Public Service employer;
 5. A statement of whether the Eligible Member participated in the Other Public Service employer's retirement plan;
 6. If the Eligible Member participated in the Other Public Service employer's retirement plan, the name of the retirement plan, identifying whichever one of the following applies:
 - a. The approximate date the Eligible Member took a return of retirement contributions;
 - b. The plan is non-contributory and the Eligible Member is not eligible for benefits from the plan; or
 - c. That, if not using all of the retirement contributions as a rollover, the Eligible Member will request a return of retirement contributions and forfeit all rights to any benefits from the plan and provide the ASRS with documentation that the Eligible Member has forfeited all rights to benefits from the plan no later than the due date specified on the SP Invoice; and
 7. Acknowledgement that if an audit determines that the Eligible Member is eligible for a benefit from the Other Public Service employer's retirement plan, the Eligible Member is required to take necessary steps to forfeit the benefit, and if the forfeiture is not completed within 90 days of being notified of the audit results, the Service Credit purchase listed on this application will be revoked and any funds paid to purchase the Service Credit will be refunded to the member.
- B.** The amount the Eligible Member shall pay to purchase Service Credit for Other Public Service is determined as provided in R2-8-506.
- C.** Notwithstanding R2-8-512, the ASRS shall not accept after-tax monies for the purchase of Service Credit for Other Public Service with a territory, commonwealth, overseas possession or insular area pursuant to A.R.S. § 38-743.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-512. Purchasing Service Credit by Check, Cashier's Check, or Money Order

- A.** An Eligible Member may purchase Service Credit by personal check in the Eligible Member's name, cashier's check, or money order remitted by the Eligible Member.
- B.** By the due date specified by the method of payment the Eligible Member elected, the Eligible Member shall ensure that the ASRS receives a check, cashier's check, or money order made payable to the ASRS in the amount to purchase the requested Service Credit.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-513. Purchasing Service Credit by Irrevocable PDA

- A.** An Eligible Member may purchase Service Credit by Irrevocable PDA.
- B.** If the Eligible Member elects to pay for Service Credit by Irrevocable PDA, the Eligible Member shall elect the terms of the Irrevocable PDA and submit the Irrevocable PDA to the ASRS and the Employer with the following:
1. Acknowledgements:
 - a. This Irrevocable PDA is binding and irrevocable;
 - b. This Irrevocable PDA shall remain in effect until the earlier of:
 - i. The authorized payroll deductions are completed; or
 - ii. The Eligible Member terminates employment.
 - c. The ASRS cannot terminate the Irrevocable PDA due to financial hardship;
 - d. The amount of Irrevocable PDA payments the Eligible Member makes is subject to federal laws;
 - e. The cost to purchase Service Credit by Irrevocable PDA includes an administrative interest charge at the Assumed Actuarial Investment Earnings Rate in effect at the time of the authorization as specified in R2-8-118(A);
 - f. Payments specified in this Irrevocable PDA are in addition to the regular contributions required pursuant to A.R.S. §§ 38-736 and 38-797.05;
 - g. The ASRS shall apply credited service to the Eligible Member's account upon receipt of payments authorized by the Eligible Member under this Irrevocable PDA; and
 - h. The ASRS shall not transfer, refund, or disburse the administrative interest that the ASRS charges pursuant to subsection (B)(1)(e); and
 2. Statements of Understanding:
 - a. It is the Eligible Member's responsibility to ensure the Eligible Member's Employer properly deducts payments and submits contributions as provided by the terms of the Irrevocable PDA;
 - b. Payments specified by the terms of this Irrevocable PDA shall be made directly to the ASRS from the Eligible Member's Employer and the Eligible Member does not have the option of receiving such payments directly from the Employer;
 - c. The Eligible Member's Employer shall make payments pursuant to this Irrevocable PDA after other mandatory deductions are made;
 - d. The Eligible Member's Employer cannot accept an election to change this Irrevocable PDA;
 - e. The Eligible Member has up to 14 days to request the ASRS calculate the remaining balance of this Irrevocable PDA after the earlier of:

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- i. Terminating employment;
 - ii. Terminating LTD without returning to work with an Employer; or
 - iii. The effective ASRS retirement date;
 - f. The Eligible Member must complete a purchase of the remaining balance on this Irrevocable PDA by the due date specified on the PDA Pay-off Invoice;
 - g. It is the Eligible Member's responsibility to notify the ASRS of any changes in the Eligible Member's employment that may affect the status of this Irrevocable PDA;
 - h. If the Eligible Member terminates employment and returns to work with an Employer within 120 days of terminating employment, this Irrevocable PDA must continue with the new Employer pursuant to R2-8-513.01; and
 - i. If the Eligible member terminates employment and does not return to work with an Employer within 120 days of terminating employment, the ASRS shall terminate this Irrevocable PDA pursuant to R2-8-513.01.
- C.** By submitting the Irrevocable PDA to the ASRS, the Irrevocable PDA is deemed to be signed by the Eligible Member.
- D.** At the time the Eligible Member elects the Irrevocable PDA, the Eligible Member may elect to use Termination Pay towards the balance of the Irrevocable PDA if the Eligible Member terminates employment. If the Eligible Member elects to use Termination Pay, the Eligible Member shall submit the Irrevocable PDA to the ASRS with the following information:
- 1. A statement that the Eligible Member:
 - a. Understands and agrees that the Eligible Member must continue working at least Three Full Calendar Months after the date of submission of the form before Termination Pay may be used on a pre-tax basis;
 - b. Understands that if the Termination Pay exceeds the balance owed on the Irrevocable PDA, the overage will be returned to the Employer to be distributed to the Eligible Member;
 - c. Understands that the election to use Termination Pay is binding and irrevocable;
 - d. The Eligible Member's Termination Pay must be received and processed before the ASRS will accept any other form of payment;
 - e. The Eligible Member's Employer is required to make payment directly to the ASRS after mandatory deductions are made, and the Eligible Member does not have the option of receiving the funds directly from the Employer;
 - f. It is the Eligible Member's responsibility to ensure that the Eligible Member's Employer properly deducts Termination Pay;
 - g. The amount of Termination Pay the Eligible Member elects is irrevocable pursuant to § 414(h)(2) of the IRC;
 - h. If the Eligible Member terminates employment and immediately retires, the Eligible Member's retirement processing may be delayed; and
 - 2. Whether the Eligible Member is electing either all Termination Pay or a specified amount of Termination Pay to be applied to the balance of the Irrevocable PDA.
- E.** The ASRS shall:
- 1. Charge interest on the unpaid balance at the Assumed Actuarial Investment Earnings Rate in effect at the time the Eligible Member submitted the request to purchase service as specified in R2-8-118(A);
 - 2. Limit the payroll deduction time period to a maximum of 520 payments; and
 - 3. Require a minimum payment of \$10.00 per payroll period, or payment in an amount to purchase at least .001 years of Service Credit per payroll period, whichever is greater.
- F.** The Employer shall implement the payroll deduction on the first pay period after receiving the Irrevocable PDA.
- G.** If a deduction is not made under an Irrevocable PDA within six months after the Eligible Member submits the authorization, the authorization lapses and the Eligible Member may make another request, which is recalculated based on the new request date unless the failure to begin deductions is due to an ASRS error.
- H.** A period of leave of absence, LTD, or military call-up shall not cancel the Irrevocable PDA. The Employer shall resume deductions immediately upon the Eligible Member's return to that Employer. The period during which the Eligible Member is on leave of absence, on LTD, or leaves work because of a military call-up is not included in the payment time limitation under subsection (D)(2). If the Eligible Member does not return to active working status, whether due to termination of employment or retirement, the Eligible Member may elect to purchase the balance of unpaid service under the Irrevocable PDA at the time of termination or retirement as specified in this Section.
- I.** Deductions made pursuant to an Irrevocable PDA continue until the:
- 1. Irrevocable PDA is completed;
 - 2. Eligible Member retires, whether or not the Eligible Member continues employment as allowed in A.R.S. §§ 38-766.01 and 38-764(I);
 - 3. Eligible Member terminates all ASRS employment without transferring employment; or
 - 4. Date of the Eligible Member's death.
- J.** If an Eligible Member retires or terminates employment from all Employers without transferring employment as stated in R2-8-513.01 before all deductions are made as authorized by the Irrevocable PDA, the ASRS shall cancel the Eligible Member's Irrevocable PDA unless the Eligible Member notifies the ASRS of the Eligible Member's intent to purchase the remaining amount within 14 days after the earlier of either termination or retirement.
- K.** When the Eligible Member notifies the ASRS of retirement or termination from all ASRS employment and requests to pay off the Irrevocable PDA, the ASRS shall send the Eligible Member a PDA Pay-off Invoice through the Eligible Member's secure ASRS account. The ASRS shall calculate the amount owed by the Eligible Member.
- L.** By the date payment election is due, the Eligible Member shall ensure that the ASRS receives the information specified in R2-8-502(C).
- M.** The Eligible Member may purchase the remaining Service Credit by one or more of the following methods by the due date specified on the PDA Pay-off Invoice:
- 1. By any method specified in R2-8-512;
 - 2. By making a request to the ASRS for a rollover or transfer under R2-8-514 and completing the rollover or transfer by the due date specified on the PDA Pay-off Invoice; or
 - 3. By Termination Pay under R2-8-519, if the Eligible Member authorized this option at the time the Eligible Member signed the Irrevocable PDA.

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Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-513.01. Irrevocable PDA and Transfer of Employment to a Different Employer

- A. If an Eligible Member Transfers Employment, the Eligible Member's new Employer shall continue to make deductions pursuant to an Irrevocable PDA.
- B. If an Eligible Member terminates employment without having accepted an offer to work with an Employer, the ASRS shall terminate an Irrevocable PDA.
- C. Notwithstanding subsection (B), if a retirement contribution is due from a new Employer within 120 days from the Eligible Member's termination date with the previous Employer, the ASRS shall determine that the Eligible Member Transferred Employment, unless the Eligible Member notified the ASRS of the termination of employment.
- D. If an Eligible Member who has elected Termination Pay pursuant to R2-8-513(D) Transfers Employment, the ASRS shall not accept any Termination Pay that the ASRS receives from the Eligible Member's previous Employer.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-513.02. Termination Date

For the purpose of an Irrevocable PDA, the date an Eligible Member is considered terminated from an Employer is:

1. For an Eligible Member terminating employment, the Eligible Member's last pay period end date with that Employer;
2. For an Eligible Member on military call-up who does not return to the same Employer:
 - a. 90 days from the date of separation from military call-up;
 - b. 90 days from the date released from the hospital, if injured while on military call-up; or
 - c. The date the Eligible Member has been hospitalized for two years for injuries sustained as a result of participating in a military call-up.
3. For an Eligible Member on leave of absence without pay who does not return to the same Employer, the date the Employer required the Eligible Member to return to work;
4. For an Eligible Member who is unable to work because of a disability, the later of:
 - a. The date the Eligible Member's request for long-term disability benefits are denied;
 - b. The date the Eligible Member no longer has leave with pay available; or
 - c. For an Eligible Member on long-term disability who does not return to the same Employer or Transfer Employment, the date long-term disability benefits are terminated.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4).

Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-514. Purchasing Service Credit by Direct Rollover or Trustee-to-Trustee Transfer

- A. An Eligible Member may purchase Service Credit by Direct Rollover or Trustee-to-Trustee Transfer pursuant to this Article.
- B. By the due date specified by the method of payment the Eligible Member elected, the Eligible Member shall ensure that the ASRS receives the payment for the service purchase and a completed Direct Rollover/Transfer Certification to Purchase Service Credit form.
- C. An Eligible Member who chooses to purchase Service Credit shall provide the following to the ASRS:
 1. The name of the financial institution or plan;
 2. Whether the Eligible Member is choosing to rollover/transfer the entire balance of their account and if not, the amount of the rollover/transfer;
 3. Acknowledgement of the following information:
 - a. After-tax funds are only acceptable from 401(a) and 403(b) plans and must be listed separately from the portion that is pre-tax on the payment as after-tax amounts. This information must be provided to the ASRS with the payment.
 - b. The only fund types that the ASRS accepts are:
 - i. 401(a);
 - ii. 401(k) pre-tax only;
 - iii. 403(b);
 - iv. Governmental 457 pre-tax only;
 - v. 403(a) pre-tax only;
 - vi. 408 Traditional IRA pre-tax only;
 - vii. 408(k) SEP IRA pre-tax only;
 - viii. 408(p) Simple IRA pre-tax only and only if the Eligible Member participated for at least 2 years in this plan;
 - c. The ASRS shall not accept the following fund types:
 - i. Roth funds;
 - ii. Funds already distributed to the Eligible Member from a retirement plan listed in subsection (3)(b);
 - iii. Inherited IRA;
 - iv. Coverdale Education Savings Account funds;
 - v. Hardship distributions;
 - vi. Funds not includable in gross income;
 - vii. Funds required under § 401(a)(9) of the IRC because the Eligible Member have attained age 70½;
 - viii. One of a series of substantially equal periodic payments made at least annually for the Eligible Member's life;
 - ix. One of a series of substantially equal periodic payments made for 10 years or more;
 - x. After-tax contributions from any plan other than a 401(a) or 403(b) qualified plan;
 - d. The funds must be sent as a Direct Rollover from a plan listed in subsection (3)(b) and issued to the ASRS for the benefit of the Eligible Member. If the payment is issued to anyone other than the ASRS, including the Eligible Member, then within 60 days of the plan issuing the payment, the Eligible Member must place the payment into a plan specified in subsection (3)(b) to be reissued directly to the ASRS.
 - e. It is the Eligible Member's responsibility to contact the administrator of the plan from which the Direct Rollover will be made and have it initiated. The Eli-

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- gible Member must also ensure all rollovers are completed by the due date. If the ASRS does not receive payment by the due date, the invoice will expire and the payment will be returned to the Eligible Member.
- f. If the ASRS accepts a rollover and later determines that it was not eligible, the ASRS will distribute the invalid payment directly to the Eligible Member. Any taxes, penalties, and interest that the IRS, any taxing authority, or financial institution may assess against the Eligible Member due to an invalid payment are solely the Eligible Member's responsibility.
 - g. The plan from which the Eligible Member is rolling over funds must be solely in the Eligible Member's name. The Eligible Member may be a spousal beneficiary of a deceased person or an alternate payee on the plan from which the Eligible Member is rolling over funds.
- D.** An Eligible Member who chooses to purchase Service Credit pursuant to this section shall submit a Direct Rollover/Transfer Certification to Purchase Service Credit form that includes:
1. The Eligible Member's full name;
 2. The last 4 digits of the Eligible Member's Social Security number;
 3. The Eligible Member's signature certifying that the Eligible Member understands the requirements, limitations, and entitlements for the rollover/transfer that is being used to purchase Service Credit, and has read and understands the Direct Rollover/Transfer Certification to Purchase Service Credit form and any accompanying instructions and information;
 4. The Authorized Representative's name and title;
 5. The Authorized Representative's telephone number; and
 6. Certification by the Authorized Representative's dated signature that:
 - a. The plan is either:
 - i. A qualified pension, profit sharing, or 401(k) plan described in IRC § 401(a), or a qualified annuity plan described in IRC § 403(a);
 - ii. A deferred compensation plan described in IRC § 457(b) maintained by a state of the United States, a political subdivision of a state of the United States, or an agency or instrumentality of a state of the United States;
 - iii. An annuity contract described in IRC § 403(b); or
 - iv. An IRA described in A.R.S. § 38-747(H)(3);
 - b. The rollover/transfer specified on the form from which the pre-tax funds are being rolled over or transferred is intended to satisfy the requirements of the applicable section of the IRC;
 - c. The Authorized Representative is not aware of any plan provision or any other reason that would cause the plan/IRA not to satisfy the applicable section of the IRC; and
 - d. The funds will be sent to the ASRS as a direct plan rollover, IRA rollover, or a Trustee-to-Trustee Transfer.
- E.** The Eligible Member shall contact the Plan Administrator to have the funds distributed and transferred to the ASRS. Unless the ASRS receives a check for the correct amount from the plan and all documents required by this Article by the due date specified by the method of payment the Eligible Member elected, the ASRS shall cancel the request to purchase Service Credit.
- F.** The Eligible Member shall ensure that the ASRS receives a check from the plan, made payable to the ASRS, for an amount that does not exceed the amount specified on the SP Invoice.
- G.** If the payment from the eligible plan exceeds the amount specified on the SP Invoice, the ASRS shall return the entire payment to the Eligible Member.
- Historical Note**
- New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).
- R2-8-515. Repealed**
- Historical Note**
- New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Repealed by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).
- R2-8-516. Expired**
- Historical Note**
- New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3195, effective October 11, 2016 (Supp. 16-3).
- R2-8-517. Expired**
- Historical Note**
- New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3195, effective October 11, 2016 (Supp. 16-3).
- R2-8-518. Repealed**
- Historical Note**
- New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Repealed by final rulemaking at 18 A.A.R. 3130, effective January 6, 2013 (Supp. 12-4).
- R2-8-519. Purchasing Service Credit by Termination Pay**
- A.** To purchase Service Credit using Termination Pay, an Eligible Member shall elect to use Termination Pay by the date payment election is due.
- B.** An Eligible Member who elects to use Termination Pay pursuant to this section, shall provide the ASRS with the Eligible Member's anticipated termination date which cannot be more than six months from the date the ASRS issues the SP Invoice and must be at least Three Full Calendar Months after the date the Eligible Member elects and submits Termination Pay as a method of payment.
- C.** An Eligible Member who elects to use Termination Pay pursuant to this section, shall provide the ASRS with a Termination Pay Authorization for the Purchase of Service Credit form with the following information:
1. The name of the Employer that will be submitting the Termination Pay to the ASRS;

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2. Whether the Eligible Member elects to use all Termination Pay or a specific amount of Termination Pay;
3. Signature of the Eligible Member, certifying that the Eligible Member understands that:
 - a. The Eligible Member is required to continue working at least Three Full Calendar Months after the date the Eligible Member submits the Termination Pay Authorization for the Purchase of Service Credit form before Termination Pay may be used on a pre-tax basis;
 - b. If the Eligible Member terminates employment more than six months after the date on the SP Invoice, the Eligible Member may purchase the Service Credit at a newly calculated rate and possibly at a higher cost;
 - c. The terms elected in the Termination Pay Authorization for the Purchase of Service Credit form are binding and irrevocable;
 - d. The Eligible Member's Employer is required to make payment directly to the ASRS after mandatory deductions are made, and the Eligible Member does not have the option of receiving the funds directly from the Employer;
 - e. The Eligible Member's Termination Pay must be received and processed before the ASRS will accept any other form of payment;
 - f. It is the Eligible Member's responsibility to ensure that the Eligible Member's Employer properly deducts Termination Pay, as provided in the Termination Pay Authorization for the Purchase of Service Credit form; and
 - g. The amount of Termination Pay the Eligible Member elects is irrevocable pursuant to § 414(h)(2) of the IRC;
 - h. If the Termination Pay exceeds the balance due on the SP Invoice, the ASRS will return the difference to the Eligible Member's Employer to be distributed to the Eligible Member;
 - i. If the Eligible Member terminates employment and immediately retires, the Eligible Member's retirement processing may be delayed; and
 - j. The ASRS will send a notification to the Eligible Member's Employer two weeks prior to the Eligible Member's termination date, as indicated on the Termination Pay Authorization form, to notify the Employer that the Eligible Member's Termination Pay must be sent directly to the ASRS.
- D. The ASRS shall not apply Termination Pay to an SP Invoice covered by an Irrevocable PDA in effect at the time of termination, unless the Eligible Member elected the Termination Pay pursuant to R2-8-513(D) at the time the member authorized the Irrevocable PDA.
- E. If an Eligible Member elects to use Termination Pay to purchase Service Credit, the ASRS shall not apply any other form of payment to the Service Credit purchase until the ASRS receives the Termination Pay.
- F. Notwithstanding any other section, if an Eligible Member dies prior to terminating employment, the ASRS shall not accept Termination Pay.
- G. If an Eligible Member Transfers Employment, the ASRS shall not accept Termination Pay from the Eligible Member's previous Employer.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December

5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-520. Termination of Employment and Request Return of Retirement Contributions or Death of Member While Purchasing Service Credit by an Irrevocable PDA

- A. If an Eligible Member terminates employment without transferring employment as specified in R2-8-513.01 while purchasing Service Credit by an Irrevocable PDA and requests return of retirement contributions pursuant to A.R.S. § 38-740, the ASRS shall return any principal payments made for the purchase of Service Credit including interest earned on those principal payments at the interest rate specified in R2-8-118(A), column 3.
- B. If an Eligible Member dies while purchasing Service Credit, the ASRS shall credit the Eligible Member's account with:
 1. The Service Credit for which the ASRS received payment pursuant to a PDA before the Eligible Member's death;
 2. The principal payments made by the Eligible Member; and
 3. Interest earned on payment through the date of distribution at the Assumed Actuarial Investment Earnings Rate specified in R2-8-118(A).
- C. If an Eligible Member dies while purchasing Service Credit, the ASRS shall not permit the survivor or an estate to purchase the remaining balance.
- D. The ASRS shall not transfer, disburse, or refund the administrative interest the ASRS charged as part of an Irrevocable PDA as specified in R2-8-513.
- E. The ASRS shall not credit a member's account with the administrative interest the ASRS charged as part of an Irrevocable PDA as specified in R2-8-513.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 4667, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-521. Adjustment of Errors

- A. If the ASRS determines an error has been made in the information provided by the member or in the calculations made by the ASRS, the ASRS shall make an adjustment to the member's account and return ineligible payments, if any.
- B. The ASRS shall notify the member in writing of any adjustments.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 2640, effective June 30, 2005 (Supp. 05-2). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

ARTICLE 6. PUBLIC PARTICIPATION IN RULEMAKING**R2-8-601. Definitions**

The following definitions apply to this Article unless otherwise specified:

1. "Rulemaking record" means a file the ASRS maintains as specified in A.R.S. § 41-1029.
2. "Oral proceeding" means a public gathering the ASRS holds for the purpose of receiving comment and answering questions about a proposed rule as specified in A.R.S. § 41-1023.
3. "Presiding officer" means an individual selected by the ASRS Director to oversee oral proceedings.
4. "Substantive policy statement" means the same as in A.R.S. § 41-1001(22).

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Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4).

R2-8-602. Reviewing Agency Rulemaking Record and Directory of Substantive Policy Statements

Except on a state holiday, a person may review a rulemaking record or the directory of substantive policy statements at the Phoenix office of the ASRS, Monday through Friday, from 8:00 a.m. until 5:00 p.m.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

R2-8-603. Petition for Rulemaking

- A. A person submitting a petition to the ASRS to make or amend a rule under A.R.S. § 41-1033 shall include the following in the petition:
1. The name and current address of the person submitting the petition;
 2. An identification of the rule to be made or amended;
 3. The suggested language of the rule;
 4. The reason why a new rule should be made or a current rule should be amended with supporting information, including:
 - a. An identification of the persons who would be affected by the rule and how the persons would be affected; and
 - b. If applicable, statistical data with references to attached exhibits;
 5. The signature of the person submitting the petition; and
 6. The date the person signs the petition.
- B. The ASRS shall send a written notice of the ASRS's decision regarding the Petition for Rulemaking to the person within 60 days of receipt of the petition.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

R2-8-604. Review of a Rule, Agency Practice, or Substantive Policy Statement

- A. A person submitting a petition to the ASRS under A.R.S. § 41-1033 requesting that the ASRS review an agency practice or substantive policy statement that the person alleges constitutes a rule shall include the following in the petition:
1. The name and current address of the person submitting the petition,
 2. The reason the person alleges that the agency practice or substantive policy statement constitutes a rule,
 3. The signature of the person submitting the petition, and
 4. The date the person signs the petition.
- B. The person who submits a petition under subsection (A) shall attach a copy of the substantive policy statement or a description of the agency practice to the petition.
- C. The ASRS shall send a written notice of the ASRS's decision regarding the petition to the person within 60 days of receipt of the petition.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended

by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

R2-8-605. Objection to Rule Based Upon Economic, Small Business and Consumer Impact

- A. A person submitting an objection to a rule based upon the economic, small business and consumer impact under A.R.S. § 41-1056.01 shall include the following in the objection:
1. The name and current address of the person submitting the objection;
 2. Identification of the rule;
 3. Either evidence that the actual economic, small business and consumer impact:
 - a. Significantly exceeded the impact estimated in the economic, small business and consumer impact statement submitted during the making of the rule with supporting information attached as exhibits; or
 - b. Was not estimated in the economic, small business and consumer impact statement submitted during the making of the rule and that actual impact imposes a significant burden on persons subject to the rule with supporting information attached as exhibits; or
 - c. Reflects that the ASRS did not select the alternative that imposes the least burden and costs to persons regulated by the rule, including paperwork and other compliance costs, necessary to achieve the underlying regulatory objective.
 4. The signature of the person submitting the objection; and
 5. The date the person signs the objection.
- B. The ASRS shall respond to the objection as specified in A.R.S. § 41-1056.01(C).

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

R2-8-606. Oral Proceedings

- A. A person requesting an oral proceeding under A.R.S. § 41-1023(C) shall submit a written request to the ASRS that includes:
1. The name and current address of the person making the request;
 2. If applicable, the name of the public or private organization, partnership, corporation or association, or the name of the governmental entity the person represents; and
 3. Reference to the proposed rule including, if known, the date and issue of the Arizona Administrative Register in which the Notice of Proposed Rulemaking was published.
- B. The ASRS shall record an oral proceeding by either electronic or stenographic means and any CDs, cassette tapes, transcripts, lists, speaker slips, and written comments received shall become part of the official record.
- C. A presiding officer shall perform the following acts on behalf of the ASRS when conducting an oral proceeding as prescribed under A.R.S. § 41-1023:
1. Provide a method for a person who attends the oral proceeding to voluntarily note the person's attendance;
 2. Provide a Request to Present Oral Comment form that includes space for:
 - a. The name of the person submitting the Request to Present Oral Comment form,
 - b. The entity the person represents, if applicable, and
 - c. The rule on which the person wishes to comment or about which the person has a question;

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3. Open the proceeding by identifying the rules to be considered, the location, date, time, purpose of the proceeding, and the agenda;
 4. Explain the background and general content of the proposed rulemaking;
 5. Provide for public comment as specified in A.R.S. § 41-1023(D); and
 6. Close the oral proceeding by announcing the location where written public comments are to be sent and specifying the close of record date and time.
- D.** A presiding officer may limit comments to a reasonable time period, as determined by the presiding officer. Oral comments may be limited to prevent undue repetition.
- c. The amount and type of compensation earned by the member within each pay period.
 3. “Eligible service” means employment with an Employer:
 - a. That is no more than 15 years before the date the ASRS receives written credible evidence that less than the correct amount of contributions were paid into the ASRS or the ASRS otherwise determines that less than the correct amount of contributions were made as specified in A.R.S. § 38-738(C); and
 - b. In which the member was Engaged to Work for an Employer.
 4. “Engaged to Work” means the same as in R2-8-1001.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

R2-8-607. Petition for Delayed Effective Date

- A.** A person who wishes to delay the effective date of a rule under A.R.S. § 41-1032 shall file a petition with the ASRS prior to the proposed rule’s close of record date. The petition shall contain the:
1. Name and current address of the person submitting the petition;
 2. Identification of the proposed rule;
 3. Need for the delay, specifying the undue hardship or other adverse impact that may result if the request for a delayed effective date is not granted;
 4. Reason why the public interest will not be harmed by the delayed effective date;
 5. Signature of the person submitting the petition; and
 6. Date the person signs the petition.
- B.** The ASRS shall send a written notice of the ASRS’s decision to the person within 30 days of receipt of the Petition for Delayed Effective Date.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 964, effective March 7, 2006 (Supp. 06-1). Section amended by final rulemaking at 22 A.A.R. 3323, effective January 1, 2017 (Supp. 16-4).

ARTICLE 7. CONTRIBUTIONS NOT WITHHELD**R2-8-701. Definitions**

The following definitions apply to this Article unless otherwise specified:

1. “218 agreement” means a written agreement between the state, political subdivision, or political subdivision entity and the Social Security Administration, under the provisions of § 218 of the Social Security Act, to provide Social Security and Medicare or Medicare-only coverage to employees of the state, political subdivision, or political subdivision entity.
2. “Documentation” means a pay stub, completed W-2 form, completed Verification of Contributions Not Withheld form, Employer letter or spreadsheet, completed State Personnel Action Request Form, Social Security Earnings Report, employment contract, payroll record, timesheet, or other Employer-provided form that includes:
 - a. Whether the employee was covered under the Employer’s 218 Agreement prior to July 24, 2014,
 - b. The number of hours the member worked for the Employer per pay period, and

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 21 A.A.R. 2515, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-702. General Information

- A.** The Employer shall pay the Employer’s portion of the contributions the ASRS determines is owed under R2-8-706 whether or not the member pays the member’s portion of the contributions.
- B.** The person who initiates the claim that contributions were not withheld for Eligible Service has the burden to prove a contribution error was made.
- C.** The ASRS shall not waive payment of contributions or interest owed under this Article.
- D.** If a member is not able to establish eligibility for purchasing service credit pursuant to this Article, the member may be eligible to purchase service pursuant to A.R.S. § 38-743 and Article 5 of this Chapter.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-703. Employer’s Discovery of Error

If an Employer determines that any amount of contributions have not been withheld for a member for a period of Eligible Service, the Employer shall notify the ASRS by submitting through the Employer’s secure ASRS account a Verification of Contributions Not Withheld form with the following information:

1. The member’s full name;
2. The member’s Social Security number;
3. The range of dates that any contribution was not withheld;
4. The member’s position title during the date range listed in subsection (3);
5. The amount and type of compensation the member was entitled to receive, and the number of hours the member worked for the Employer per pay period for each fiscal year;
6. The member’s hire date;
7. Whether the member was Engaged to Work for the Employer;
8. Whether the position was covered under the Employer’s 218 Agreement for periods prior to July 24, 2014; and
9. The dated signature of the Employer’s authorized agent certifying:
 - a. All the dates and salary information is correct;
 - b. The person submitting this form has the legal power to enter into binding transactions with the ASRS;

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- c. Acknowledgement the Employer will receive an invoice for the contributions owed for Eligible Service only, as well as the accumulated interest on the contributions that were not withheld for both the member and Employer contributions; and
- d. Acknowledgement the member will receive an invoice for their contributions owed.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-704. Member's Discovery of Error

- A. If a member believes that an Employer has not withheld contributions for the member for a period of Eligible Service, the member shall:
 - 1. Notify the member's Employer that the Employer has not withheld contributions correctly by contacting the Employer directly; or
 - 2. Submit to the ASRS a Contributions Not Withheld Request form through the member's secure ASRS account with the following:
 - a. The name of the Employer that should have remitted contributions;
 - b. The range of dates that any contribution was not withheld;
 - c. The member's position title during the date range listed in subsection (b);
 - d. Whether the member was Engaged to Work for the Employer; and
 - e. Dated signature of the member certifying the member understands:
 - i. The ASRS will be providing the member's Social Security number to the Employer for verification; and
 - ii. If the member's Employer cannot verify this request, it is the member's responsibility to provide Documentation of Eligible Service.
- B. If the information provided by the eligible member pursuant to subsection (A) is correct, the Employer shall validate the information and submit the information to the ASRS through the Employer's secure ASRS account. If the information provided by the eligible member pursuant to subsection (A) is incorrect, the Employer shall correct the information and submit the information to the ASRS through the Employer's secure ASRS account, along with the information identified in R2-8-703.
- C. If the Employer refuses to fill out the Verification of Contributions Not Withheld form, or if the member disputes the information the Employer completes on the form, the member shall provide the ASRS with the Documentation the member believes supports the allegation that contributions should have been withheld.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Section amended by final rulemaking at 22 A.A.R. 3326, effective January 1, 2017 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-705. ASRS' Discovery of Error

If the ASRS determines, as specified in A.R.S. § 38-738(B)(7), that all contributions have not been withheld for a member for a period of Eligible Service, the ASRS shall notify the Employer in writing

and shall request the Employer submit through the Employer's secure ASRS account a Verification of Contributions Not Withheld form pursuant to R2-8-703.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-706. Determination of Contributions Not Withheld

- A. Upon receipt of the information listed in R2-8-703, R2-8-704, or R2-8-705, the ASRS shall review the information to determine whether or not member contributions should have been withheld by the Employer, the length of time those contributions should have been withheld, and the amount of contributions that should have been withheld.
- B. Except for a member who met the requirements to be an active member while simultaneously contributing to another retirement plan listed in subsection (B)(2), for purposes of this Article, the ASRS shall determine that contributions should not have been withheld for the period of service in question if:
 - 1. An Employer remits an accurate ACR amount pursuant to R2-8-116; or
 - 2. The employee participates in:
 - a. Another Arizona retirement plan listed in A.R.S. Title 38, Chapter 5, Articles 3, 4, or 6; or
 - b. In an optional retirement plan listed in A.R.S. Title 15, Chapter 12, Article 3 or A.R.S. Title 15, Chapter 13, Article 2.
- C. Except for returning to work under A.R.S. § 38-766.01, the presence of a contract between a member and the Employer does not alter the contribution requirements of A.R.S. §§ 38-736 and 38-737.
- D. If there is any discrepancy between the Documentation provided by the Employer and the Documentation provided by the member, a document used in the usual course of business prepared at the time in question is controlling.
- E. The ASRS shall provide to each, the Employer and the member, an invoice with the following:
 - 1. The amount of Eligible Service for which contributions were not withheld,
 - 2. The dollar amount of the contributions to be paid to the ASRS by the Employer,
 - 3. The interest on the Employer contributions and member contributions to be paid to the ASRS by the Employer pursuant to A.R.S. § 38-738,
 - 4. The amount of the delinquent interest late charge to be paid to the ASRS by the Employer pursuant to A.R.S. § 38-735, and
 - 5. The dollar amount of contributions to be paid to the ASRS by the member.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Section amended by final rulemaking at 22 A.A.R. 3326, effective January 1, 2017 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-707. Submission of Payment

- A. Within 90 days from the date on the statement identified in R2-8-706(E), the Employer shall pay to the ASRS the amount due to be paid by the Employer. An Employer who makes payment under A.R.S. § 38-738(B)(3) is not liable for additional interest that may accrue as a result of a member's failure to remit payment required by A.R.S. § 38-738(B)(1). If the

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ASRS does not receive full payment of the Employer's amount due within 90 days after the ASRS notifies the Employer of the amount due, the full amount due will accrue interest as provided in A.R.S. § 38-738. The ASRS may collect the unpaid balance plus interest pursuant to A.R.S. § 38-735(C).

- B. The member shall make payment to the ASRS pursuant to A.R.S. § 38-738 by the due date specified on the member's invoice identified in R2-8-706(E).
- C. If the ASRS does not receive full payment of the member's amount due by the due date specified on the member's invoice identified in R2-8-706(E), the full amount due will accrue interest, as provided in A.R.S. § 38-738.
- D. A member does not receive service credit or credit for salary until both the Employer and member portions of the contributions and all interest has been paid pursuant to A.R.S. § 38-738.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4).
Amended by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-708. Expired**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2982, effective September 15, 2016 (Supp. 16-3).

R2-8-709. Repealed**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 4793, effective December 5, 2006 (Supp. 06-4). Repealed by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

ARTICLE 8. RECOVERY OF OVERPAYMENTS**R2-8-801. Definitions**

For purposes of this article, the following definitions apply, unless specified otherwise:

1. "DRO" means the same as in R2-8-120.
2. "Estimated Social Security disability income amount" and "Revised Social Security disability income amount" mean the amount of funds the ASRS is entitled to collect pursuant to R2-8-802.
3. "LTD" means long-term disability program as described in A.R.S. § 38-797 et seq.
4. "LTD benefit" means the same as in R2-8-301
5. "Overpayment" means:
 - a. Any funds the ASRS distributes in excess of the amount to which the recipient is legally entitled; and
 - b. Any estimated social security disability income amount or revised social security disability income amount the ASRS is entitled to collect pursuant to A.R.S. § 38-765.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-802. Estimated Social Security Disability Income Amount and Revised Social Security Disability Income Amount

- A. The ASRS contracted LTD claims administrator shall determine a member's estimated Social Security disability income amount as follows:

1. Prior to the death, retirement, or forfeiture of a member, the estimated Social Security disability income amount shall be equal to the member's full monthly LTD benefit reduced by \$50 per month pursuant to A.R.S. § 38-797.07(A)(9); and
2. Upon the member's death, retirement, or forfeiture, the estimated Social Security disability income amount shall be equal to the total amount of the member's LTD benefit, reduced by \$50 per month pursuant to A.R.S. § 38-797.07(A)(9).

- B. A member or survivor who disputes the estimated Social Security disability income amount based on the conclusions of a legal proceeding may request a revised Social Security disability income amount by submitting supporting documentation from the legal proceeding to the ASRS contracted LTD claims administrator within 30 days of the date of conclusion of the legal proceeding.

- C. Pursuant to subsection (B), the ASRS or the ASRS contracted LTD claims administrator shall determine whether the estimated Social Security disability income amount needs to be revised based on the conclusions of the legal proceeding.

- D. If the ASRS or the ASRS contracted LTD claims administrator determines the estimated Social Security disability income amount was inaccurate, the ASRS or the ASRS contracted LTD claims administrator shall calculate a revised Social Security disability income amount based on the supporting documentation provided by the member or survivor pursuant to subsection (B).

- E. Pursuant to subsection (B), if the revised Social Security disability amount is less than the amount of the estimated Social Security disability benefit, the ASRS or the ASRS contracted LTD claims administrator shall:

1. Refund a portion of the amount of the estimated Social Security disability benefit that the ASRS retained upon forfeiture of the member in order to offset the difference between the estimated Social Security disability income amount and the revised Social Security disability income amount, or
2. Adjust the member's retirement benefits or the survivor's benefits to offset the difference between the estimated Social Security disability income amount and the revised Social Security disability income amount.

- F. If a member or survivor is not satisfied with the determination on the request for a revised Social Security disability income amount, the member or survivor may appeal the determination pursuant to 2 A.A.C. 8, Article 4.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-803. Reimbursement of Overpayments

- A. Upon the ASRS discovering that it has made an overpayment to a member, survivor, or alternate payee, the ASRS shall send a letter to notify the necessary person that an overpayment was provided and the person shall reimburse the ASRS in the amount of the overpayment.

- B. A person who reimburses the ASRS for an overpayment shall do so by remitting a check, made payable to the ASRS, by the due date specified in the letter providing notice of the overpayment.

- C. If the ASRS is unable to collect the amount of an overpayment by reducing future payments to members, survivors, or alternate payees as provided in this Article, the ASRS shall allow

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the appropriate person to reimburse the ASRS for the amount of the overpayment by making payments over the course of as many months as the number of months in which an overpayment was made by the ASRS, not to exceed 36 months.

- D. A person may request to reimburse the amount of the overpayment to the ASRS sooner than provided in this Article.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-804. Collection of Overpayments from Forfeiture

- A. Unless a member cancels a forfeiture request by submitting written notice to the ASRS within 30 days of the request to forfeit, the ASRS shall reduce a member's refund amount in order to offset the member's overpayment amount pursuant to subsection (B).
- B. The ASRS shall reduce the member's refund amount by the amount of any overpayment and the ASRS shall:
1. Pursue collection of any remaining overpayment amount pursuant to this Article; and
 2. Distribute the remaining refund amount to the member pursuant to R2-8-115.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-805. Collection of Overpayments from Retirement Benefit

- A. Notwithstanding A.R.S. § 38-768, the ASRS may reduce a person's benefit pursuant to this Section.
- B. Upon retirement, the ASRS shall reduce the amount of a member's retirement benefit by the amount of any overpayments that have not been reimbursed to the ASRS, pursuant to R2-8-803 as follows:
1. If the member elects to receive a lump sum or partial lump sum benefit, the amount of the lump sum or partial lump sum shall be reduced by the amount of the overpayment to no less than \$5.00 and the ASRS shall pursue overpayment collections for any remaining overpayment amount pursuant to this Article;
 2. If the member elects to receive retirement benefits as a monthly annuity and the amount of the overpayment is equal to or less than the amount of the member's first annuity disbursement minus \$5.00, the ASRS shall reduce the amount of the first annuity disbursement by the amount of any overpayment to no less than \$5.00;
 3. If the member elects to receive retirement benefits as a monthly annuity and the amount of the overpayment exceeds the amount of the member's first annuity disbursement plus \$5.00, the ASRS shall reduce the amount of the first annuity disbursement by the amount of the overpayment to no less than \$5.00 and pursue collection pursuant to subsection (C).
- C. The ASRS shall reduce a member's or alternate payee's monthly annuity as follows in order to offset any overpayments which have not been reimbursed or collected pursuant to this Article:
1. The ASRS shall reduce the member's monthly annuity by up to 10% for 36 months, if the amount of the overpayment can be collected by the ASRS within that time.
 2. If the amount of the overpayment cannot be collected pursuant to subsection (C)(1), the ASRS will notify the member that the member must make payment arrangements within 60 days of the date on the notice. If the member does not make payment arrangements within 60

days of the date on the notice, the ASRS shall actuarially reduce the amount of the member's monthly annuity.

- D. Notwithstanding subsection (B), the ASRS shall not reduce a member's or alternate payee's monthly annuity by an estimated Social Security disability income amount while the member is pursuing a Social Security disability income determination pursuant to R2-8-305, if the member submits documentation to the ASRS every six months informing the ASRS of the status of the member's Social Security disability income request until a determination is made regarding the amount of Social Security disability income.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-806. Collection of Overpayments from Survivor Benefit

- A. Notwithstanding A.R.S. § 38-768, the ASRS may reduce a person's benefit pursuant to this Section.
- B. If a member, survivor, or alternate payee does not repay the amount of an overpayment pursuant to this Article, the ASRS shall reduce the necessary person's amount of benefits pursuant to subsection (C).
- C. The ASRS shall collect the amount of any remaining overpayment by reducing the necessary person's monthly annuity over the same number of months in which the overpayment was made, up to 3 months for each month an overpayment was made by the ASRS.
- D. If the ASRS is unable to collect the amount of any overpayment pursuant to subsection (C), the ASRS shall pursue collection of any remaining overpayment amount pursuant to this Article.
- E. Notwithstanding subsection (C), the ASRS shall not reduce a survivor's monthly annuity by an estimated Social Security disability income amount while the survivor is pursuing a Social Security disability income determination on behalf of the member pursuant to R2-8-305, if the survivor submits documentation to the ASRS every six months informing the ASRS of the status of the member's Social Security disability income request until a determination is made regarding the amount of Social Security disability income to which the member was entitled.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-807. Collection of Overpayments from LTD Benefit

Upon disability of the member, the ASRS shall reduce the amount of the disabled member's LTD benefit by the amount of any overpayment the member received from the ASRS and has not reimbursed pursuant to this Section.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).
Amended by final rulemaking at 25 A.A.R. 2471, effective November 3, 2019 (Supp. 19-3).

R2-8-808. Collection of Overpayments by the Attorney General

If a member does not reimburse the ASRS for an overpayment pursuant to R2-8-802, the ASRS may submit the overpayment amount for collection by the Arizona Attorney General's Office.

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Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-809. Collection of Overpayments by the Arizona Department of Revenue

If a member does not reimburse the ASRS for an overpayment pursuant to R2-8-802, the ASRS may submit the overpayment amount for collection by the Arizona Department of Revenue.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

R2-8-810. Collection of Overpayments by Garnishment or Levy

Pursuant to A.R.S. § 38-723, the ASRS may collect the amount of any overpayment that has not been reimbursed or collected pursuant to this article by garnishing wages and/or placing a levy on the appropriate person's bank account.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 2750, effective November 13, 2017 (Supp. 17-3).

ARTICLE 9. EXPIRED**R2-8-901. Expired****Historical Note**

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2).

R2-8-902. Expired**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2).

R2-8-903. Expired**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2).

R2-8-904. Expired**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2).

R2-8-905. Expired**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 2754, effective January 1, 2018 (Supp. 17-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 1872, effective June 12, 2018 (Supp. 18-2).

ARTICLE 10. MEMBERSHIP**R2-8-1001. Definitions**

The following definitions apply to this Article unless otherwise specified:

1. "218 Agreement" means the same as in R2-8-701.
2. "218 Resolution" means written authorization for a potential Employer to provide Social Security and Medi-

care or Medicare-only coverage to employees under the provisions of § 218 of the Social Security Act.

3. "Acceptable Documentation" means the same as in R2-8-115.
4. "Designated Employer Administrator" means an individual designated by the Employer and who has authorized access to the Employer's secure ASRS account in order to fulfill the Employer's responsibilities.
5. "Engaged To Work" means the earlier of:
 - a. The date the employee begins rendering services for the Employer and the Employer intends the employee to work for at least 20 hours a week for at least 20 weeks in a fiscal year or;
 - b. The week an employee renders services to an Employer for at least 20 hours a week for at least 20 weeks in a fiscal year.
6. "Leasing An Employee From A Third Party" means the same as "Leased from a third party" in R2-8-116.
7. "State Social Security Administrator" means the ASRS staff designated by the Board to approve 218 Agreements.
8. "Week" means 12:00 a.m. on Sunday through 11:59 p.m. on the following Saturday.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4).

R2-8-1002. Employee Membership

- A. For purposes of active member eligibility, an employee of an Employer becomes a member of the ASRS pursuant to A.R.S. § 38-711(23) when the employee is Engaged To Work for the Employer.
- B. If the Employer does not provide an accurate date for which an employee was Engaged To Work pursuant to subsection (A), the ASRS shall determine that an employee's membership effective date will be the member's hire date, if provided by the Employer and within 30 days of the first pay period end date after the hire date, for which the Employer was required to submit contributions.
- C. If the Employer does not provide a hire date pursuant to subsection (B), the effective date is the first pay period end date of contributions received for that member.
- D. Unless a member terminates employment or retires from the ASRS, for purposes of determining active member eligibility, a member will continue to be an active member for the remainder of a fiscal year in which the employee met the requirements to be an active member in the ASRS with that Employer pursuant to A.R.S. § 38-711.
- E. Within 30 days of employment, an employee who is eligible for ASRS membership pursuant to A.R.S. § 38-711(23) shall create a secure ASRS account and submit to the ASRS through the employee's secure ASRS account the following information:
 1. The Employee's full name;
 2. The Employee's Social Security number;
 3. The Employee's date of birth;
 4. The Employee's gender;
 5. The Employee's marital status;
 6. The Employee's primary phone number;
 7. The Employee's personal email address;
 8. The Employee's current mailing address; and
 9. The Employee's designated beneficiary.
- F. Within 30 days of a change in the member's name, the member shall submit to the ASRS through the member's secure ASRS account a Change of Name form that contains:

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1. The member's full name that is on file with the ASRS;
 2. The member's Social Security number;
 3. The member's current mailing address;
 4. The member's date of birth;
 5. The member's personal email address;
 6. The member's primary phone number;
 7. The member's gender;
 8. The member's marital status;
 9. The member's retired, active, inactive, or LTD status with the ASRS;
 10. The member's new full name;
 11. The type of legal document establishing the member's new name;
 12. A copy of the legal document establishing the member's new name; and
 13. The member's dated signature.
- G.** Within 30 days of a change in the member's contact information, the member shall notify the ASRS of the change.
- H.** If an employee of an Employer meets the requirements of A.R.S. § 38-727(A)(8), the employee may elect to not participate in the ASRS.
- I.** Within 30 days after employment, an Employer whose employee is 65 years of age or older as of the date of employment and who has elected not to participate in the ASRS pursuant to subsection (H), shall submit to the ASRS through the Employer's secure ASRS account a 65+ Membership Waiver form that contains:
1. The employee's full name;
 2. The employee's Social Security number;
 3. The employee's current mailing address;
 4. The employee's date of birth;
 5. The employee's dated signature acknowledging the following statements:
 - a. The employee is electing to waive any rights to ASRS membership and the employee will not be eligible for any retirement, disability, or health insurance benefits offered by the ASRS;
 - b. The employee is not a member of the ASRS as of the date of employment; and
 - c. The employee understands that this election is irrevocable for the remainder of the employee's employment with that Employer and the time the employee works under this election is not eligible for purchase in the ASRS;
 6. The Employer's name;
 7. The date employee's employment began; and
 8. The name and dated signature of the Employer's representative.
- J.** A corrected and completed 65+ Membership Waiver form must be resubmitted to the ASRS pursuant to subsection (I) within 14 days of the date the ASRS notifies the employee that the 65+ Membership Waiver form is incorrect or incomplete.
- Historical Note**
New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4).
- R2-8-1003. Charter School Employer Membership**
- A.** Pursuant to A.R.S. § 15-187(C), a charter school in Arizona is considered a political subdivision that is eligible to participate in the ASRS if the charter school is sponsored by:
1. A state university;
 2. A community college district;
 3. A group of community college districts;
 4. The state board of education; or
 5. The state board for charter schools.
- B.** In order to participate as an Employer in the ASRS, a charter school shall notify the ASRS in writing of the charter school's intent to join the ASRS and provide:
1. A copy of the current and active Charter Contract, including any amendments, which is approved by the entity sponsoring the charter school pursuant to subsection (A);
 2. Documentation showing the name and location of all schools authorized by the Charter Contract identified in subsection (B)(1); and
 3. Documentation showing the charter school board's approval to pursue ASRS membership and complete ASRS requirements for membership.
- C.** Upon receipt of the information contained in subsection (B), the ASRS shall determine if the charter school is eligible to participate in the ASRS. If the charter school is not eligible to participate in the ASRS, the ASRS shall send the charter school a notice of ineligibility. If the charter school is eligible to participate, the ASRS shall provide the charter school a Potential New Employer Letter.
- D.** In order to participate as an Employer in the ASRS, an eligible charter school shall submit to the ASRS the following original documents by the due date listed on the Potential New Employer Letter:
1. The current retirement plan or a statement signed by the designated authorized agent for the charter school acknowledging there is no current retirement plan.
 2. Two ASRS Agreements showing:
 - a. The legal name and current mailing address of the charter school as sponsored pursuant to subsection (A);
 - b. What amount of prior service the charter school shall purchase for employees pursuant to R2-8-1006;
 - c. The approximate number of employees that will become members upon the effective date of the ASRS Agreement;
 - d. The name, title, email address, and telephone number of the designated authorized agent for the charter school;
 - e. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental ASRS retirement plan pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and
 - f. The ASRS Agreement is binding and irrevocable;
 - g. The effective date of the ASRS Agreement;
 - h. The charter school agrees to be bound by the provisions of A.R.S. Title 38, Chapter 5, Article 2 and Article 2.1 unless otherwise indicated by law; and
 - i. The dated signature of the designated authorized agent for the charter school.
 3. Two ASRS Resolutions showing:
 - a. The legal name of the charter school as sponsored pursuant to subsection (A);
 - b. The charter school is adopting a supplemental ASRS retirement plan pursuant to A.R.S. § 38-729;
 - c. The charter school agrees to be bound by the provisions of A.R.S. Title 38, Chapter 5, Article 2 and Article 2.1 unless otherwise indicated by law;
 - d. The designated authorized agent for the charter school;
 - e. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental ASRS retirement plan

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- pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and
- f. The dated and notarized signature of the designated authorized agent.
4. Two 218 Agreements either electing or declining coverage. If the charter school is electing coverage pursuant to a 218 Agreement, the 218 Agreement must be completed and approved by the Social Security Administration prior to joining the ASRS.
 5. Two 218 Resolutions, if the charter school is electing coverage pursuant to subsection (D)(4). The 218 Resolutions must be completed and approved by the Social Security Administration prior to joining the ASRS.
- E.** Upon receipt of Acceptable Documentation identified in subsection (D), the ASRS may approve the charter school's request for membership pursuant to A.R.S. § 38-729. If the request to join the ASRS is approved, the state Social Security administrator shall sign the 218 Agreements and the ASRS Director shall sign the ASRS Agreements before the ASRS shall send one of each of the original documents identified in subsection (D) to the charter school.
- F.** Any charter school that is established under the charter contract of a participating charter school shall participate in the ASRS.

Historical Note

New Section made by final rulemaking at 24 A.A.R.
3407, effective February 4, 2019 (Supp. 18-4).

R2-8-1004. Other Political Subdivision and Political Subdivision Entity Employer Membership

- A.** A political subdivision or political subdivision entity, other than a charter school, may be eligible to participate in the ASRS pursuant to A.R.S. §§ 38-711 and 38-729 if it notifies the ASRS in writing of the political subdivision's or political subdivision entity's intent to join the ASRS and provides to the ASRS:
1. A copy of the current legal authority establishing the political subdivision or political subdivision entity;
 2. Documentation showing the name and location of the political subdivision or political subdivision entity; and
 3. Documentation showing the political subdivision or political subdivision entity has taken the necessary legal action to be eligible to participate pursuant to A.R.S. § 38-729.
- B.** Upon receipt of the information contained in subsection (C), the ASRS shall determine if the political subdivision or political subdivision entity is eligible to participate in the ASRS. If the political subdivision or political subdivision entity is not eligible to participate in the ASRS, the ASRS shall send the political subdivision or political subdivision entity a notice of ineligibility. If the political subdivision or political subdivision entity is eligible to participate, the ASRS shall provide the political subdivision or political subdivision entity a Potential New Employer Letter.
- C.** In order to participate as an Employer in the ASRS, an eligible political subdivision or political subdivision entity shall submit to the ASRS the following original documents by the due date listed on the Potential New Employer Letter:
1. The current retirement plan or a statement signed by the designated authorized agent for the political subdivision or political subdivision entity acknowledging there is no current retirement plan.
 2. Two ASRS Agreements showing:
 - a. The legal name and current mailing address of the political subdivision or political subdivision entity;
 - b. What amount of prior service the political subdivision or political subdivision entity shall purchase for employees pursuant to R2-8-1006;
 - c. The approximate number of employees that will become members upon the effective date of the ASRS Agreement;
 - d. The name, title, email address, and telephone number of the designated authorized agent for the political subdivision or political subdivision entity;
 - e. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental ASRS retirement plan pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and
 - f. The ASRS Agreement is binding and irrevocable;
 - g. The effective date of the ASRS Agreement;
 - h. The political subdivision or political subdivision entity agrees to be bound by the provisions of A.R.S. Title 38, Chapter 5, Article 2 and Article 2.1 unless otherwise indicated by law; and
 - i. The dated signature of the designated authorized agent for the political subdivision or political subdivision entity.
- 3.** Two ASRS Resolutions showing:
- a. The legal name of the political subdivision or political subdivision entity;
 - b. The political subdivision or political subdivision entity is adopting a supplemental ASRS retirement plan pursuant to A.R.S. § 38-729;
 - c. The political subdivision or political subdivision entity agrees to be bound by the provisions of A.R.S. Title 38, Chapter 5, Article 2 and Article 2.1 unless otherwise indicated by law;
 - d. The designated authorized agent for the political subdivision or political subdivision entity;
 - e. The designated authorized agent is authorized and directed to conduct all negotiations, conclude all arrangements, and sign all documents necessary to administer the supplemental ASRS retirement plan pursuant to A.R.S. Title 38, Chapter 5, Articles 2 and 2.1; and
 - f. The dated and notarized signature of the designated authorized agent.
- 4.** Two 218 Agreements either electing or declining coverage. If the political subdivision or political subdivision entity is electing coverage pursuant to a 218 Agreement, the 218 Agreement must be completed and approved by the Social Security Administration prior to joining the ASRS.
- 5.** Two 218 Resolutions, if the political subdivision or political subdivision entity is electing coverage pursuant to subsection (C)(4). The 218 Resolutions must be completed and approved by the Social Security Administration prior to joining the ASRS.
- D.** Upon receipt of Acceptable Documentation identified in subsection (B), the ASRS may approve the political subdivision's or political subdivision entity's request for membership pursuant to A.R.S. § 38-729. If the request to join the ASRS is approved, the state Social Security administrator shall sign the 218 Agreements and the ASRS Director shall sign the ASRS Agreements before the ASRS shall send one of each of the original documents identified in subsection (B) to the political subdivision or political subdivision entity.

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Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4).

R2-8-1005. Employer Reporting

- A.** An Employer shall submit contribution information and contribution payments pursuant to A.R.S. § 38-735, through the Employer's secure ASRS account.
- B.** Within 14 days of receiving the information contained in subsection R2-8-1002(E)(1) through (E)(3), the Employer shall:
 - 1. Verify the information the employee provided;
 - 2. Confirm the employee meets membership requirements pursuant to A.R.S. § 38-711; and
 - 3. Submit the verified information to the ASRS through the Employer's secure ASRS account.
- C.** For an Employer whose employee elects to participate in an Optional Retirement Plan in lieu of the ASRS pursuant to A.R.S. §15-1628, within 30 days of electing to participate in an Optional Retirement Plan, the Employer shall submit to the ASRS through the Employer's secure ASRS account the:
 - 1. Employee's full name;
 - 2. Employee's Social Security number;
 - 3. Date of the employee's employment; and
 - 4. Date of the employee's Optional Retirement Plan election.
- D.** For an Employer who has submitted information pursuant to subsection (C), within 30 days of that employee terminating employment with that Employer, the Employer shall notify the ASRS through the Employer's secure ASRS account of the employee's termination date.
- E.** Within 14 days before the effective date of joining the ASRS, an Employer shall submit an initial online authorization and designation form in writing to the ASRS with the following information:
 - 1. The Employer's name;
 - 2. The following information for the person authorized by the Employer to approve the Employer's Designated Employer Administrator:
 - a. The person's full name;
 - b. The person's title;
 - c. The person's phone number;
 - d. The person's email address;
 - e. The person's dated signature affirming that person has the authority to approve the Employer's Designated Employer Administrator;
 - 3. The full name of the individual the Employer is designating as the Employer's Designated Employer Administrator;
 - 4. The title of the individual the Employer is designating as the Employer's Designated Employer Administrator;
 - 5. The phone number of the individual the Employer is designating as the Employer's Designated Employer Administrator;
 - 6. The email address of the individual the Employer is designating as the Employer's Designated Employer Administrator;
 - 7. The dated signature of the individual the Employer is designating as the Employer's Designated Employer Administrator.
- F.** An Employer's Designated Employer Administrator shall establish a new Employer's Designated Employer Administrator as needed through the Employer's secure ASRS account.
- G.** Within 30 days of an Employer no longer having an Employer's Designated Employer Administrator, the Employer shall submit in writing an initial online authorization and designation form pursuant to subsection (E).

- H.** Within 30 days of change in the Employer's address, the Employer shall notify the ASRS of the change through the Employer's secure ASRS account.
- I.** Within 10 days of any change in the name or ownership of the Employer, the Employer shall provide written notice of the change to the ASRS through the Employer's secure ASRS account by providing the Employer's previous account information and the changes to that information.
- J.** Within 30 days of any change in the character of an Employer's organizational structure, the Employer shall send to the ASRS through the Employer's secure ASRS account, written notice of the previous organizational structure and the effective changes to the Employer's organizational structure.
- K.** Within 30 days of Leasing An Employee From A Third Party, an Employer shall submit the following information:
 - 1. The employee's full name;
 - 2. The number of hours per week the employee works for the Employer;
 - 3. The title of the employee's position;
 - 4. A copy of the agreement showing the Employer Leasing An Employee From A Third Party; and
 - 5. Whether the employee is retired from the ASRS.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4).

R2-8-1006. Prior Service Purchase Cost for New Employers

- A.** Pursuant to A.R.S. § 38-729, upon the effective date of joining the ASRS, an Employer may elect to purchase service credit for a period of employment prior to the effective date of joining the ASRS for employees Engaged To Work for the Employer on the effective date of joining the ASRS who are members of the ASRS as of the effective date of joining the ASRS.
- B.** The ASRS may provide to a potential Employer an estimated cost to purchase service credit pursuant to this Section. In order for the ASRS to estimate the cost to purchase service pursuant to this Section, a potential Employer shall provide the following information to the ASRS for each employee of the potential Employer who is Engaged To Work for the potential Employer and for whom the potential Employer intends to purchase service credit pursuant to this Section:
 - 1. The employee's full name;
 - 2. The employee's date of birth;
 - 3. The employee's Social Security number;
 - 4. The employee's current salary; and
 - 5. The date the employee began employment with the potential Employer.
- C.** An Employer who elects to purchase service credit pursuant to this Section shall submit the following information for each member for which the Employer is purchasing service credit:
 - 1. Member's full name;
 - 2. Member's date of birth;
 - 3. Member's Social Security number;
 - 4. Member's date of employment;
 - 5. Documentation showing the Member is Engaged To Work for the Employer as of the effective date of joining the ASRS;
 - 6. Member's current salary as of the effective date of joining the ASRS; and
 - 7. The number of years the Employer is electing to purchase for the member pursuant to this Section or the dollar amount the Employer is electing to pay to purchase service for the member pursuant to this Section.

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- D. The cost to purchase service credit pursuant to this Section shall be determined using an actuarial present value calculation.
- E. An Employer who elects to purchase service credit pursuant to this Section shall submit payment for the full cost of the service purchase to the ASRS within 90 days of the date of notification by the ASRS.
- F. If an Employer who elects to purchase service credit pursuant to this Section does not submit payment for the full cost of the service purchase within 90 days of the date of notification, the Employer is not eligible to purchase service credit pursuant to this Section.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3407, effective February 4, 2019 (Supp. 18-4).

ARTICLE 11. TRANSFER OF SERVICE CREDIT**R2-8-1101. Definitions**

The following definitions apply to this Article unless otherwise specified:

1. "Actuarial present value" means an amount in today's dollars of a member's future retirement benefit calculated using appropriate actuarial assumptions and the:
 - a. Member's Current Years of Credited Service;
 - b. Member's age as of the date the Member submits to the ASRS a request to transfer service credit pursuant to this Article; and
 - c. Member's most recent annual compensation.
2. "Current years of credited service" means:
 - a. For Transfer In Service, the amount of credited service a member has earned or purchased, and the amount of service credit for which an Irrevocable PDA is in effect for which the member has not yet completed payment, but does not include any current requests to purchase service credit for which the member has not yet paid; and
 - b. For transferring service credit to the Other Retirement Plan, the amount of credited service a member has earned or purchased, but does not include service credit for which the member has not yet paid.
3. "Irrevocable PDA" means the same as in R2-8-501.
4. "Funded Actuarial Present Value" means the Actuarial Present Value reduced to the extent funded on market value basis as of the most recent actuarial evaluation of the ASRS.
5. "Member's accumulated contribution account balance" means the sum of all the member's retirement contributions and any principal payments made for:
 - a. The purchase of service credit;
 - b. Contributions not withheld; and
 - c. Previous transfers of service credit.
6. "Other retirement plan" means the state retirement plans specified in A.R.S. § 38-921, other than the ASRS, or a retirement plan of a charter city as specified in A.R.S. § 38-730.
7. "Other Retirement Plan's cost" means the amount determined by the ASRS pursuant to R2-8-1102(D).
8. "Other public service" means the same as in R2-8-501.
9. "Transfer in service" means credited service with the Other Retirement Plan that a member is eligible to transfer to the ASRS pursuant to A.R.S. §§ 38-730 and 38-921.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-1102. Required Documentation and Calculations for Transfer In Service Credit

- A. A member who is eligible to Transfer In Service credit, may request to transfer service credit by providing a Transfer In form to the ASRS with the following:
 1. The name of the Other Retirement Plan;
 2. The date the member either terminated employment with an employer of the Other Retirement Plan or ceased to participate in the Other Retirement Plan;
 3. The date the member began employment with the employer through which the member was participating in the Other Retirement Plan;
 4. The number of years the member participated in the Other Retirement Plan;
 5. Acknowledgement the member agrees that:
 - a. Knowingly making a false statement or falsifying or permitting falsification of any record of the ASRS with an intent to defraud ASRS is a Class 6 felony, pursuant to A.R.S. § 38-793; and
 - b. The Transfer In Service credit transaction is subject to audit and if any errors are discovered, the ASRS shall adjust a member's account, or if the member is already retired, adjustments to the member's account may affect the member's retirement benefit.
- B. Upon receipt of the information specified in subsection (A), the ASRS shall submit the information to the Other Retirement Plan and request:
 1. The Other Retirement Plan's Funded Actuarial Present Value pursuant to A.R.S. §§ 38-730 and 38-922;
 2. The Member's Accumulated Contribution Account Balance in the Other Retirement Plan;
 3. The amount of service credit the member has accumulated in the Other Retirement Plan; and
 4. The start date and end date for the member's participation in the Other Retirement Plan.
- C. Upon receipt of the information specified in subsection (B), the ASRS shall calculate the Actuarial Present Value as specified in R2-8-506 necessary to transfer full service credit to the ASRS.
- D. The ASRS shall calculate the Other Retirement Plan's Cost as follows:
 1. If the ASRS Actuarial Present Value is greater than the Other Retirement Plan's Funded Actuarial Present Value, then the Other Retirement Plan's Cost is the greater of:
 - a. The Other Retirement Plan's Funded Actuarial Present Value; or
 - b. The Member's Accumulated Contribution Account Balance in the Other Retirement Plan;
 2. If the ASRS Actuarial Present Value is less than or equal to the Other Retirement Plan's Funded Actuarial Present Value, then the Other Retirement Plan's Cost is the greater of:
 - a. The ASRS Actuarial Present Value; or
 - b. The Member's Accumulated Contribution Account Balance in the Other Retirement Plan.
- E. The ASRS shall compare the Other Retirement Plan's Cost to the ASRS Actuarial Present Value calculated pursuant to subsection (C) and:
 1. If the Other Retirement Plan's Cost is less than the ASRS Actuarial Present Value, then the member may elect to transfer service credit to the ASRS and:

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- a. Pay the difference between the Other Retirement Plan's Cost and the ASRS Actuarial Present Value; or
- b. Accept a proportionately reduced amount of service credit;
2. If the Other Retirement Plan's Cost is greater than or equal to the ASRS Actuarial Present Value, then the member may elect to transfer the service to the ASRS pursuant to subsection (F).
- F. Upon completion of the comparison specified in subsections (D) and (E), the ASRS shall send the member a transfer in invoice notifying the member of the member's options to complete the transfer of service credit through the member's secure ASRS account.
- G. The member may elect to complete a transfer of service credit pursuant to this section by submitting the member's election by the election due date specified on the transfer in invoice.
- H. Upon receipt of the member's election to complete a transfer of service credit, the ASRS shall send the transfer in invoice to the Other Retirement Plan and the Other Retirement Plan shall make payment to the ASRS by submitting a check made payable to the ASRS for the Other Retirement Plan's Cost specified on the transfer in invoice by the payment due date specified on the transfer in invoice.
- I. If a member elects to pay the total difference between the ASRS Actuarial Present Value and the Other Retirement Plan's Cost pursuant to R2-8-1102(E), the member shall elect the method of payment by the payment due date specified on the transfer in invoice.
- J. A member may elect to pay the total difference between the ASRS Actuarial Present Value and the Other Retirement Plan's Cost pursuant to R2-8-1102(E) by any one or more methods specified in R2-8-512, R2-8-513, R2-8-514, or R2-8-519.
- K. For a member who elects to accept a proportionately reduced amount of service pursuant to subsection (E)(1)(b), the ASRS shall calculate the proportionately reduced amount of service credit based on the member's service credits in the Other Retirement Plan multiplied by the ratio of the Other Retirement Plan's Cost to the ASRS Actuarial Present Value.
- L. The member shall submit payment to transfer service credit pursuant to this section by the payment due date specified on the transfer in invoice.
- M. If the member does not submit payment for the total difference in the calculations pursuant to R2-8-1102(E) by the payment due date specified on the transfer in invoice, the member may be eligible to purchase the remaining service credit as Other Public Service, and the member is not eligible to purchase the remaining service credit based on the cost specified in the transfer in invoice.
2. The Member's Accumulated Contribution Account Balance in the ASRS.
- B. Upon completing the calculations specified in subsection (A), the ASRS shall submit the calculations and member information to the Other Retirement Plan with a due date for the Other Retirement Plan to submit a fund request to the ASRS pursuant to subsection (C).
- C. If a member elects to transfer service credit to the Other Retirement Plan, the member shall ensure that the Other Retirement Plan submits a fund request on the Other Retirement Plan's letterhead by the due date specified in subsection (B) to the ASRS with the following information:
 1. The member's full name;
 2. The last four digits of the member's Social Security number;
 3. The name of the Other Retirement Plan; and
 4. The Actuarial Present Value necessary to transfer full service credit to the Other Retirement Plan.
- D. Upon receipt of the information specified in subsection (C), the ASRS shall compare the calculations specified in subsection (A) to the Other Retirement Plan's Actuarial Present Value specified in subsection (C) and transfer funds as follows:
 1. If the Other Retirement Plan's Actuarial Present Value specified in subsection (C) is greater than the ASRS Funded Actuarial Present Value specified in subsection (A), then the ASRS shall transfer the greater of:
 - a. The ASRS Funded Actuarial Present Value specified in subsection (A); or
 - b. The Member's Accumulated Contribution Account Balance in the ASRS.
 2. If the Other Retirement Plan's Actuarial Present Value specified in subsection (C) is less than or equal to the ASRS Funded Actuarial Present Value, then the ASRS shall transfer the greater of:
 - a. The Other Retirement Plan's Actuarial Present Value specified in subsection (C); or
 - b. The Member's Accumulated Contribution Account Balance in the ASRS.
- E. Transferring service credit to the Other Retirement Plan pursuant to this section constitutes a withdrawal from ASRS membership and results in a forfeiture of all other benefits under ASRS.
- F. Notwithstanding subsection (E), pursuant to A.R.S. § 38-750, a transferred employee who continues an Irrevocable PDA after transferring service credit to the Other Retirement Plan may be eligible to:
 1. Transfer service credit associated with the remaining balance of the Irrevocable PDA for which the transferred employee paid for the purchase of service credit plus interest at the Assumed Actuarial Investment Earnings Rate pursuant to A.R.S. § 38-922, not including any administrative interest charge the transferred employee paid pursuant to an Irrevocable PDA; or
 2. Receive a return of contributions plus interest as specified in R2-8-118(A), column 3, pursuant to A.R.S. § 38-740.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

R2-8-1103. Transferring Service to Other Retirement Plans

- A. Upon receipt of a request to transfer a member's service credit from the ASRS to the Other Retirement Plan, the ASRS shall calculate:
 1. The ASRS Funded Actuarial Present Value pursuant to A.R.S. §§ 38-730 and 38-922; and

Historical Note

New Section made by final rulemaking at 25 A.A.R. 303, effective March 18, 2019 (Supp. 19-1).

Arizona Administrative CODE

2 A.A.C. 11 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 2

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 2. ADMINISTRATION

CHAPTER 11. DEPARTMENT OF ADMINISTRATION - PUBLIC BUILDINGS MAINTENANCE

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

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Questions about rules in this Chapter? Contact:

Name: Jobalena Yates
Address: Department of Administration
1110 W. Washington, Suite 155
Phoenix, AZ 85007
Telephone: (602) 542-0692
Website: www.gsd.az.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 18-3, 1-8 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

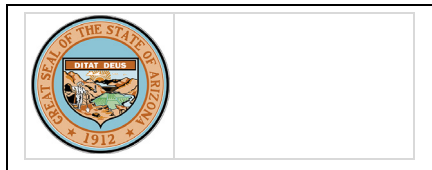
EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

This chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 2. ADMINISTRATION

CHAPTER 11. DEPARTMENT OF ADMINISTRATION - PUBLIC BUILDINGS MAINTENANCE

Editor's Note: 2 A.A.C. 11 made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003. Under A.R.S. § 41-1026(E) these rules repeal and replace the emergency rules made at 9 A.A.R. 3046 (Supp. 03-3).

Editor's Note: 2 A.A.C. 11 made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). The public buildings maintenance rules were previously in 2 A.A.C. 6, which expired under A.R.S. § 41-1056(E) at 8 A.A.R. 5017, effective September 30, 2002 (Supp. 02-4).

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ARTICLE 4. SEVERABILITY

Article 4, consisting of Sections R2-11-401 through R2-11-409 repealed; new Article 4 renumbered from Article 5, new Section R2-11-401 renumbered from R2-11-501, by final rulemaking at 25 A.A.R. 2211 (Supp. 19-3).

Section	
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R2-11-403.	Repealed
R2-11-404.	Repealed
R2-11-405.	Repealed
R2-11-406.	Repealed
R2-11-407.	Repealed
R2-11-408.	Repealed
R2-11-409.	Repealed

ARTICLE 5. RENUMBERED

Article 5, consisting of Section R2-11-501, renumbered to Article 4, R2-11-401 by final rulemaking at 25 A.A.R. 2211 (Supp. 19-3).

Section	
R2-11-501.	Renumbered

ARTICLE 2. TRAFFIC AND PARKING

Section	
R2-11-201.	Definitions
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R2-11-203.	Parking Prohibitions
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CHAPTER 11. DEPARTMENT OF ADMINISTRATION - PUBLIC BUILDINGS MAINTENANCE

ARTICLE 1. GENERAL**R2-11-101. Definitions**

The following definitions apply in this Chapter:

1. "Agency" has the meaning in A.R.S. § 41-1001.
2. "Department" means the Department of Administration.
3. "Director" means the Director of the Department of Administration or the Director's designated agent.
4. "Person" has the meaning in A.R.S. § 1-215 but includes an agency, unless the agency is listed in A.R.S. § 41-791(B)(3).
5. "State building" means a building under the jurisdiction of the Director.
6. "State property" means all real property and buildings under the jurisdiction of the Department, as prescribed by A.R.S. § 41-791.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-102. Alcoholic Beverages

A person shall not possess or consume alcoholic beverages on state property.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-103. Altering Buildings or Grounds

A person shall not alter, remodel, or redecorate state property without prior approval from the Director.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-104. Animals

A person shall not bring an animal, other than an animal guide or service animal, onto state property without prior approval from the Director.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-105. Bicycles, Rollerblades, Rollerskates, and Skateboards

A person shall not use or operate bicycles, rollerblades, rollerskates, or skateboards on state property, unless that person is an on-duty police officer on bicycle patrol or a state employee using a bicycle for transportation to and from work.

Historical Note

New Section made by emergency rulemaking under

A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-106. Electrical or Plumbing Systems

A person shall not install or modify an electrical or plumbing system on state property, or any part of such a system, without prior approval from the Director.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-107. Heating or Cooling Equipment

A person shall not tamper with or adjust heating or cooling equipment or controls on state property without prior approval from the Director.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-108. Noise

A person shall not create loud noises on state property that interfere with the work of an employee or daily business of an agency.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-109. Plants

A person shall not pick, cut, or remove flowers, shrubs, trees, or other plants or parts of plants from state property without prior approval from the Director.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-110. Roofs

A person shall not be on the roof of a state building without prior approval from the Director.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-111. Signs

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A person shall not install a sign of any type on state property without prior approval from the Director.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-112. Expired**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2563, effective June 13, 2017 (Supp. 18-3).

R2-11-113. Waste

- A. A person shall not leave garbage, litter, trash, human or animal waste, or any other kind of waste on state property unless the waste is deposited in a container the Department maintains for that kind of waste.
- B. A person shall not deposit waste collected from a private residence or commercial business on state property.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-114. Windows

A person shall not open windows in air-conditioned state buildings without prior approval from the Director.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

ARTICLE 2. TRAFFIC AND PARKING**R2-11-201. Definitions**

The following definitions apply in this Article:

1. "Citation" means a document, issued by the Department's Capitol Police under A.R.S. § 41-796, that contains a notice to appear.
2. "Decal" means a graphic designed label, placard, sticker, or tag that, when properly displayed, authorizes preferential parking privileges in state parking lots for the driver of a vehicle.
3. "Designate" means to identify with signs or markings.
4. "Employee" means any person elected, appointed, or employed by the state, either on a part-time or full-time basis, whether paid by payroll or under contract or serving as a volunteer.
5. "Loading zone" means an area that is painted yellow, designating a place for business pickups and deliveries.

6. "No-parking zone" means an area that is painted red, designating a place where parking is not permitted.
7. "Parking" means stopping or placing a vehicle in an area, regardless of whether the vehicle is attended or unattended.
8. "Parking space" means an area that the Department outlines with painted white lines, designating a place for parking a vehicle.
9. "Reserved parking space" means any parking space designated for a special purpose or a special class, such as physically disabled persons, travel reduction program participants, or visitors.
10. "Safety zone" means an area or space that is both:
 - a. Officially set apart within a roadway for the exclusive use of pedestrians; and
 - b. Protected, marked, or indicated by adequate signs as to be plainly visible at all times.
11. "Vehicle" has the meaning in A.R.S. § 28-101 and includes a "motor vehicle," a term also defined in A.R.S. § 28-101.
12. "Visitor" means any person other than an employee.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-202. General Provisions

- A. The state is not responsible for the care and protection of any vehicle or its contents at any time the vehicle is operated or parked on state property.
- B. The person to whom a parking permit is issued is responsible for all parking violations involving the person's vehicle.
- C. If parking lot or area reservation hours are altered, the Department shall post notices at the parking lot or area, and the changes are effective immediately.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-203. Parking Prohibitions

- A. A person shall not park a vehicle in a:
 1. Bicycle rack or area;
 2. Loading zone, unless the person is making a pickup or delivery and the person's vehicle has commercial license plates or is state owned. Loading zone parking is permitted during the time the person is actually engaged in loading or unloading;
 3. Location that is not designated as a parking space;
 4. No parking zone;
 5. Reserved parking space without authorization, unless the person is a visitor using parking reserved for visitors; or
 6. Safety zone.
- B. A person shall not obstruct any of the following with a vehicle:
 1. Building entrance,
 2. Driveway,
 3. Fire lane,
 4. Loading dock, or
 5. Properly parked vehicle.
- C. A person shall not drive or park a vehicle:

CHAPTER 11. DEPARTMENT OF ADMINISTRATION - PUBLIC BUILDINGS MAINTENANCE

1. On a pedestrian path or sidewalk; or
 2. In any area on state property closed by barricades, chain, tape, rope, traffic cones, or other traffic-control devices.
- D.** A person shall not park outside of the area designated by painted white lines when using a parking space.
- E.** In an emergency the Department may impose parking limitations or prohibitions required by the particular circumstances.
- F.** For special events the Department may impose parking limitations or prohibitions based on all of the following factors:
1. Previous experience with similar events, and
 2. Risk data.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-204. Parking Decals

- A.** Unless a person is a visitor using parking reserved for visitors, the person shall properly display a reserved parking space decal in the manner prescribed in this Section to be authorized to park in a reserved parking space.
- B.** To park in a parking space reserved for the physically disabled, a person shall obtain a removable windshield placard or special plates, bearing the international symbol of access, from the Department of Transportation, Motor Vehicle Division, and display the placard or plates as prescribed by rules of the Department of Transportation.
- C.** A person with a decal for any other kind of reserved parking space shall display the decal from the rearview mirror, attach the decal to the left side of the windshield, or display the decal on the left side of the dashboard. The person shall ensure that the decal is visible through the windshield so it can be read by someone standing outside the vehicle.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-205. Operation of Vehicles on State Property

- A.** On state property the Department shall enforce all state laws governing the operation of vehicles.
- B.** A person driving or parking a vehicle on state property shall obey posted traffic and parking signs.
- C.** The Department's Capitol Police shall enforce a maximum speed limit of 5 miles per hour in all state parking lots under the Department's jurisdiction.
- D.** Any person who has been in an accident involving a moving vehicle on state property shall immediately report the accident to the Department's Capitol Police.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-206. Expired**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2563, effective June 13, 2017 (Supp. 18-3).

R2-11-207. Expired**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2563, effective June 13, 2017 (Supp. 18-3).

R2-11-208. Expired**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 2563, effective June 13, 2017 (Supp. 18-3).

R2-11-209. Removal of Vehicles from State Property

The Department shall remove any vehicle on state property parked in a barricaded area, abandoned, or parked in a manner that constitutes a hazard or impediment to vehicular or pedestrian traffic or to the movement and operation of emergency equipment. The registered owner of the vehicle shall pay for all costs of removal.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

ARTICLE 3. SOLICITATION AND SPECIAL EVENT**R2-11-301. Definitions**

The following definitions apply in this Article:

1. "Department" means the Arizona Department of Administration.
2. "Director" means the Director of the Arizona Department of Administration or the Director's designee.
3. "Solicitation" means any activity for the promotion, sale, advocacy or transfer of product or products, service or services, membership or memberships, or cause or causes. In addition, distribution or posting of advertisements, circulars, flyers, handbills, leaflets, posters, or other printed information for these purposes is solicitation.
4. "Solicitation material" means advertising, circulars, flyers, handbills, leaflets, posters, or other printed information.
5. "Solicitor" means a person conducting a solicitation activity.

CHAPTER 11. DEPARTMENT OF ADMINISTRATION - PUBLIC BUILDINGS MAINTENANCE

6. "Special Event" or "Event" means an assembly, gathering, ceremony, press conference, demonstration, display, festival, parade, or rally conducted by a person excluding a ceremony, gathering, or press conference that is conducted by a person authorized by the head of a state agency using the agency's own office space.
7. "Sponsor" means the person holding an event.
8. "Work site" means any location within a state building where public employees or officers conduct the daily business of an agency including building lobby areas, cafeterias, break rooms, and areas outside of any main entrance.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Amended by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-302. Unauthorized Solicitation or Event Prohibited

A person shall not conduct a solicitation on state property or use state buildings or grounds for an event without express written permission from the Director.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Amended by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-303. Application

- A. Any person who would like to conduct a solicitation or hold an event on state property may apply for a permit by filing, in person or by mail, a Department-approved application form with the Office of Special Events.
- B. The completed application form shall be submitted at least 15 business days before the desired date of the solicitation or event. A completed application form is one that is legible and contains, at a minimum, all of the following information:
 1. The name, address, and telephone number of the solicitor or sponsor;
 2. The proposed date of the solicitation or event and the approximate starting and concluding times;
 3. The specific, proposed location for the solicitation or event;
 4. A general description of the solicitation or event, including equipment and facilities to be used;
 5. Approximate number of persons expected to be in attendance.
 6. The name, address, and telephone number of the person responsible for clean-up of the area after the activity, if different from the person in subsection (B)(1);
 7. Copies of all solicitation materials to be used. All materials must provide accurate information;
 8. The name, address, and telephone number of any chief monitor who will be designated to direct the solicitation or event;
 9. A Certificate of Insurance as required by the Department's Risk Management Division; and

10. Any use of devices that create amplified noise must be included in the permit request.

- C. The Director may accept a completed application form submitted less than 15 days before a press conference if the Director determines that enforcing the 15-day requirement would nullify the need for the press conference. In this situation, R2-11-304 does not apply.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Amended by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-304. Processing Procedure

- A. Within three days of receiving an application, the Department shall notify the applicant that the application is either complete or incomplete. If the application is incomplete, the notice shall specify what information is missing.
- B. An applicant with an incomplete application shall supply the missing information within five days after the date of the notice. If the applicant fails to do so, the Department may deny the permit.
- C. Upon receipt of all missing information within five days, as specified in subsection (B), the Department shall notify the applicant that the application is complete.
- D. The Department shall not process an application for a permit until the applicant has fully complied with R2-11-303.
- E. The Director shall render a permit decision no later than three days after receipt of a complete application. The date of receipt is the postmark date of the notice advising the applicant that the application is complete.
- F. For the purpose of A.R.S. § 41-1073, the Department establishes the following permit time-frames:
 1. Administrative completeness review time-frame: three days.
 2. Substantive review time-frame: three days.
 3. Overall time-frame: six days.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-305. Permit Issuance; Denial

- A. Before issuing a permit, the Director shall review the application.
- B. After consideration of the factors in subsection (C), the Director may issue a permit to an applicant who has complied with the application requirements in R2-11-303.
- C. The Director may deny a permit for one or more of the following reasons:
 1. The solicitation or event interferes with the work of an employee or daily business of an agency;
 2. The solicitation or event conflicts with the time, place, manner, or duration of other events or solicitations for which permits have been issued or are pending;
 3. The solicitation or event creates a risk of injury or illness to persons or risk of danger to property; or
 4. The applicant, solicitation, or event fails to comply with the requirements of this Article.

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- D. A permit shall not be issued earlier than one year before the solicitation.
- E. If the Director denies a permit, the Department shall send the applicant a written notice explaining:
1. The reason for denial, with citations to supporting statutes or rules,
 2. The applicant's right to seek a hearing to challenge the denial,
 3. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06, and
 4. The time periods for appealing the denial.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Amended by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-306. Bulletin Boards

- A. The Director shall designate at least one bulletin board for solicitation or event material in each state building.
- B. A person conducting a solicitation or event shall post solicitation or event material only on bulletin boards designated under subsection (A).
- C. All posted material must go through the application process and receive approval of the Office of Special Events prior to posting on bulletin boards.
- D. The Department has the authority to remove solicitation or event material that is outdated or improperly posted.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Amended by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-307. State Resources

A person shall not use state materials, supplies, or equipment or other resources, such as payroll stuffing or interoffice mail, to conduct a solicitation.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-308. Work Sites

Except for posting solicitation material on a bulletin board designated under R2-11-306, a person shall not conduct a solicitation at a work site.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9

A.A.R. 3781, effective August 8, 2003 (Supp. 03-3).

R2-11-309. Exemptions

This Article does not apply to the following state programs:

1. The State Deferred Compensation Program,
2. The State Employees Charitable Campaign,
3. The U.S. Savings Bond Drive,
4. The United Blood Services Blood Drive,
5. The Capitol Rideshare Commuter Club,
6. The Capitol Rideshare Clean Air Campaign,
7. Human Resources Professional Development programs,
8. The Employee Wellness Program,
9. The employee recognition programs of each agency subject to these rules, and
10. Programs as determined by the Director related to professional development or training only when sponsored or requested by the agency head.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Amended by final rulemaking at 10 A.A.R. 5184, effective December 7, 2004 under A.R.S. § 41-1052(E) (Supp. 04-4). Amended by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-310. Suspension or Revocation

- A. The Director may suspend or revoke a permit for failure to comply with this Article or other applicable laws.
- B. Before the Director suspends or revokes a permit, the Department shall send the solicitor or sponsor written notice, explaining:
1. The reason for suspension or revocation, with citations to supporting statutes or rules,
 2. The solicitor or sponsor's right to a hearing before suspension or revocation, and
 3. The time and place of the hearing concerning the suspension or revocation.
- C. If the Director finds that public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in the order, the Director may summarily suspend the permit pending proceedings for revocation or other action, based on circumstances of the emergency.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Amended by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-311. Review of Denial or Summary Suspension

- A. Under A.R.S. Title 41, Chapter 6, Article 10, an applicant, solicitor, or sponsor may obtain a hearing on a denial or summary suspension.
- B. An applicant appealing a denial shall file a notice of appeal with the Department within 30 days after receiving the notice prescribed in R2-11-305(E).
- C. If the Director summarily suspends a permit under R2-11-310(C), the Department shall promptly prepare and serve a notice of hearing under A.R.S. § 41-1092.05.

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- D. The Department shall notify the Office of Administrative Hearings, which shall schedule and conduct the hearing.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Amended by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-312. Risk Management

- A. The Director may take one or more of the following actions to the extent it is necessary and in the best interests of the state:
1. Impose conditions on the conduct of the event in the permit;
 2. Require the applicant to post a deposit against damage and clean-up expense;
 3. Require the applicant to carry liability insurance and provide the certificate of insurance; and
 4. Require the applicant to provide medical, sanitary, and security services.
- B. The Director shall consider all of the following criteria to determine whether one or more of the actions in subsection (A) is necessary and in the best interests of the state:
1. Previous experience with similar events;
 2. Deposits required for similar events in Arizona;
 3. Risk data; and
 4. Medical, sanitary, and security services required for similar events in Arizona and the cost of those services.
- C. The Department shall not provide insurance or guarantee against damage to equipment or personal property of any person using state buildings or grounds.
- D. If the Director requires insurance for a solicitation or event, the solicitor or sponsor shall list the state of Arizona and the Department as additional insured entities.
- E. The sponsor is liable to the state for any injury done to its property and for any expense arising out of the sponsor's use of state buildings or grounds.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

ARTICLE 4. SEVERABILITY**R2-11-401. Validity of Rules**

If a rule or portion of a rule contained in this Chapter is held unconstitutional or invalid, the holding does not affect the validity of the remaining rules.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Section repealed; new Section R2-11-401 renumbered from R2-11-501 by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-402. Repealed**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency

Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Repealed by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-403. Repealed**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Repealed by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-404. Repealed**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Repealed by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-405. Repealed**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Repealed by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-406. Repealed**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Repealed by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-407. Repealed**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Repealed by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-408. Repealed**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency

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Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Repealed by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

R2-11-409. Repealed**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). Repealed by final rulemaking at 25 A.A.R. 2211, effective

October 13, 2019 (Supp. 19-3).

ARTICLE 5. RENUMBERED**R2-11-501. Renumbered****Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 3046, effective June 18, 2003 for a period of 180 days (Supp. 03-2). Emergency Section repealed and replaced by new Section under A.R.S. § 41-1026(E) made by final rulemaking at 9 A.A.R. 3781, effective August 8, 2003 (Supp. 03-3). R2-11-501 renumbered to R2-11-401 by final rulemaking at 25 A.A.R. 2211, effective October 13, 2019 (Supp. 19-3).

Arizona Administrative CODE

2 A.A.C. 20 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 2

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 2. ADMINISTRATION

CHAPTER 20. CITIZENS CLEAN ELECTIONS COMMISSION

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

R2-20-113.	Candidate Statement Pamphlet	12	R2-20-704.	Repayment	26
R2-20-702.	Use of Campaign Funds	24			

Questions about these rules? Contact:

Name: Thomas Collins, Executive Director
Address: Citizens Clean Elections Commission
1616 W. Adams
Phoenix, AZ 85007
Telephone: (602) 364-3477
E-mail: ccec@azcleanelections.gov
Website: www.azcleanelections.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 17-4, 1-27 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

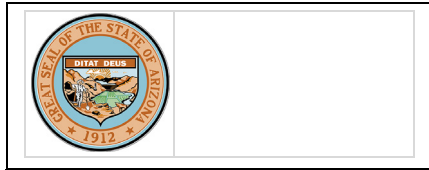
EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

This chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 2. ADMINISTRATION

CHAPTER 20. CITIZENS CLEAN ELECTIONS COMMISSION

Editor's Note: The Office of the Secretary of State, Administrative Rules Division, complied with its legal obligation to publish the Notice of Rule Expiration filed for Sections R2-20-109 and R2-20-111 under A.R.S. § 41-1011(C) and 41-1056(G) and (J)(2) in Supp. 17-2, version 2. As a courtesy to the Commission, the Office also published R2-20-109 and R2-20-111 as adopted and made by the Commission because it stated the Governor's Regulatory Review Council did not have the authority to file such a notice. On December 14, 2017, the Commission "re-adopted" rules in the disputed Sections of R2-20-109 and R2-20-111; therefore, our Division has removed the expired rule Sections as published in Supp. 17-2, version 2. The Office will not interpret the legality of any actions made by the Commission or the Council as to whether the rules in R2-20-109 and R2-20-111 were effective at 23 A.A.R. 1761 or expired at 23 A.A.R. 1757 between the dates of June 7, and December 14, 2017. Those interested in that issue should consult counsel.

Editor's Note: The Citizen's Clean Elections Commission has filed a Notice of Public Information with the Office of the Secretary of State (Office) stating the Governor's Regulatory Review Council (G.R.R.C.) "cannot effectively repeal the rules" in this Chapter. The Notice also states, "persons subject to the Act and Rules are advised that it is the Commission's position [sic] that an action of G.R.R.C.... cannot relieve them of their obligations under the Act and Rules." [published at 23 A.A.R. 1761] The Office has received a Notice of Rule Expiration from the G.R.R.C. stating R2-20-109 and R2-20-111 have automatically expired [published at 23 A.A.R. 1757]. Under A.R.S. § 41-1056(G), our Office publishes filed G.R.R.C. notices and has included the rule expiration in this Chapter. Since the Office is merely the publisher, it has not, nor will it interpret the legality of the G.R.R.C. authority to "effectively repeal rules."

Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 02-1).

Editor's Note: This Chapter contains rules that were adopted under an exemption from the rulemaking provisions of the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 16-956(D). Exemption from A.R.S. Title 41, Chapter 6 means that these rules were not certified by the Attorney General or the Governor's Regulatory Review Council. Because this Chapter contains rules that are exempt from the regular rulemaking process, the Chapter is printed on blue paper. The rules affected by this exemption appear throughout this Chapter.

ARTICLE 1. GENERAL PROVISIONS

Article 1, consisting of Sections R2-20-101 through R2-20-113, repealed by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001; new Article 1, consisting of Sections R2-20-101 through R2-20-112, made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1).

Article 1, consisting of Sections R2-20-101 through R2-20-113, adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2).

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CHAPTER 20. CITIZENS CLEAN ELECTIONS COMMISSION

ARTICLE 1. GENERAL PROVISIONS

R2-20-101. Definitions

In addition to the definitions provided in A.R.S. § 16-961, the following shall apply to the Chapter, unless the context otherwise requires:

1. "Act" means the Citizens Clean Elections Act set forth in the Arizona Revised Statutes, Title 16, Chapter 6, Article 2.
2. "Audit" means a written report pertaining to an examination of a candidate's campaign finances that is reviewed by the Commission in accordance with A.A.C. Title 2, Chapter 20, Article 4.
3. "Campaign account" means an account at a financial institution designated by a political committee that is used solely for political campaign purposes.
4. "Candidate" means a natural person who receives or gives consent for receipt of a contribution for the person's nomination for or election to any office in this state, and includes the person's campaign committee, the political committee designated and authorized by the person, or any agents or personnel of the person. When not otherwise specified by statute or these rules, "Candidate" includes a Candidate for Statewide Office or a Legislative Candidate.
5. "Candidate for Statewide Office" means: A natural person seeking the office of governor, attorney general, secretary of state, treasurer, superintendent of public instruction, or mine inspector.
6. "Current campaign account" means a campaign account used solely for election campaign purposes in the present election cycle.
7. "Direct campaign purpose" includes, but is not limited to, materials, communications, transportation, supplies and expenses used toward the election of a candidate. This does not include the candidate's personal appearance, support, or support of a candidate's family member.
8. "Early contributions" means private contributions that are permitted pursuant to A.R.S. § 16-945.
9. "Examination" means an inspection by the Commission or agent of the Commission of a candidate's books, records, accounts, receipts, disbursements, debts and obligations, bank account records, and campaign finance reports related to the candidate's campaign, which may include fieldwork, or a visit to the campaign headquarters, to ensure compliance with campaign finance laws and rules.
10. "Executive Director" means the highest ranking Commission staff member, who is appointed pursuant to A.R.S. § 16-955(J) and is responsible for directing the day-to-day operations of the Commission.
11. "Expressly advocates" means:
 - a. Conveying a communication containing a phrase such as "vote for," "elect," "re-elect," "support," "endorse," "cast your ballot for," "(name of candidate) in (year)," "(name of candidate) for (office)," "vote against," "defeat," "reject," or a campaign slogan or words that in context can have no reasonable meaning other than to advocate the election or defeat of one or more clearly identified candidates.
 - b. Making a general public communication, such as in broadcast medium, newspaper, magazine, billboard, or direct mailer referring to one or more clearly identified candidates and targeted to the electorate of that candidate(s) that in context can have no reasonable meaning other than to advocate the election or defeat of the candidate(s), as evidenced by factors such as the presentation of the candidate(s) in a favorable or unfavorable light, the targeting, placement, or timing of the communication, or the inclusion of statements of the candidate(s) or opponents.
 - c. A communication within the scope of subsection (10)(b) shall not be considered as one that "expressly advocates" merely because it presents information about the voting record or position on a campaign issue of three or more candidates, so long as it is not made in coordination with a candidate, political party, agent of the candidate or party, or a person who is coordinating with a candidate or candidate's agent.
12. "Extension of credit" means the delivery of goods or services or the promise to deliver goods or services to a candidate in exchange for a promise from the candidate to pay for such goods or services at a later date.
13. "Family member" means parent, grandparent, spouse, child, or sibling of the candidate or a parent or spouse of any of those persons.
14. "Fair market value" means the amount at which property would change hands between a willing buyer and a willing seller, neither being under any compulsion to buy or sell and both having reasonable knowledge of the relevant facts.
15. "Fixed Asset" means tangible property usable in a capacity that will benefit the candidate for a period of more than one year from the date of acquisition.
16. "Fund" means the Citizens Clean Elections Fund established pursuant to A.R.S. § 16-949(D).
17. "Future campaign account" means a campaign account that is used solely for campaign election purposes in an election that does not include the present or prior primary or general elections.
18. "Independent candidate" means a candidate who is registered as an independent or with no party preference or who is registered with a political party that is not eligible for recognition on the ballot.
19. "Legislative Candidate" means: A natural person seeking the office of state senator or state representative.
20. "Officeholder" means a person who has been elected to a statewide office or the legislature in the most recent election, as certified by the Secretary of State, or who is appointed to or otherwise fills a vacancy in such office.
21. "Person," unless stated otherwise, or having context requiring otherwise, means: A corporation, company, partnership, firm, association or society, as well as a natural person.
22. "Prior campaign account" means a campaign account used solely for campaign election purposes in a prior election.
23. "Public funds" includes all funds deposited into the Citizens Clean Elections Fund and all funds disbursed by the Commission to a participating candidate.
24. "Solicitor" means a person who is eligible to be registered to vote in this state and seeks qualifying contributions from qualified electors of this state.
25. "Unopposed" means in reference to state senate candidates and statewide candidates other than Corporation Commission, that the candidate is opposed by no candidates who will appear on the ballot. In reference to candidates for the House of Representatives and Corporation Commission, "unopposed" means that no more candidates will appear on the ballot than the number of seats available for the office sought.

CHAPTER 20. CITIZENS CLEAN ELECTIONS COMMISSION

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 19 A.A.R. 3515, effective September 27, 2013 (Supp. 13-4). Amended by final exempt rulemaking at 23 A.A.R. 113, effective December 15, 2016 (Supp. 16-4).

R2-20-102. Repealed**Historical Note**

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Repealed by exempt rulemaking at 19 A.A.R. 3518, effective September 27, 2013 (Supp. 13-4).

R2-20-103. Communications: Time and Method

- A. General rule: in computing any period of time prescribed or allowed by the Act or these rules, unless otherwise specified, days are calculated by calendar days, and the day of the act, event, or default from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, a Sunday, or a legal holiday. The term "legal holiday" includes New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day, and any other day appointed as a holiday for employees of the state.
- B. Special rule for periods less than seven days: when the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.
- C. Whenever the Commission or any person has the right or is required to do some act within a prescribed period after the service of any paper by or upon the Commission by regular mail, three calendar days shall be added to the prescribed period.
- D. Whenever the Commission or any person is required to do some act within a prescribed period after the service of paper by or upon the Commission by overnight delivery, the time period shall begin on the date the recipient signs for the overnight delivery.
- E. The Commission shall use the address of the candidate that is provided on the application for certification filed pursuant to A.R.S. § 16-947. A candidate may designate in writing for the Commission to send written correspondence to a person other than the candidate.
- F. If possible, the Commission shall furnish a copy of all communications electronically.
- G. Delivery of subpoenas, orders and notifications to a natural person may be made by handing a copy to the person, or leaving a copy at his or her office with the person in charge thereof, by leaving a copy at his or her dwelling place or usual place of abode with a person of suitable age and discretion residing therein, by mailing a copy by overnight delivery to his or her last known address, or by any other method whereby actual notice is given.
- H. When the person to be served is not an individual, delivery of subpoenas, orders and notifications may be made by mailing a

copy by overnight delivery to the person at its place of business or by handing a copy to a registered agent for service, or to any officer, director, or agent in charge of any office of such person, or by mailing a copy by overnight delivery to such representative at his or her last known address, or by any other method whereby actual notice is given.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2).

R2-20-104. Certification as a Participating Candidate

- A. A nonparticipating candidate who accepts contributions up to the limits authorized by A.R.S. § 16-941(B), but later chooses to run as a participating candidate, shall:
 1. Make the change to participating candidate status during the exploratory and qualifying periods only;
 2. Return the amount of each contribution in excess of the individual contribution limit for participating candidates;
 3. Return all Political Action Committee (PAC) monies received;
 4. Not have made expenditures exceeding the early contribution limit, or have spent any part of a contribution exceeding the early contribution limit;
 5. Comply with all provisions of A.R.S. § 16-941 and Commission rules.
 6. Return all contributions received from another candidate's candidate committee.
- B. Money from prior election. If a nonparticipating candidate has a cash balance remaining in the campaign account from the prior election cycle, the candidate may seek certification as a participating candidate in the current election after:
 1. Transferring money from the prior campaign account to the candidate's current election campaign account. The amount transferred shall not exceed the permitted personal monies, early contributions, and debt-retirement contributions, as defined in A.R.S. § 16-945(C), and shall contain contributions received from individuals only;
 2. Spending the money lawfully prior to April 30 of an election year in a way that does not constitute a direct campaign purpose and does not meet the definition of "expenditure" under A.R.S. § 16-901(24); and the event or item purchased is completed or otherwise used and depleted prior to April 30 of an election year;
 3. Remitting the money to the Fund; or
 4. Holding the money in the prior election campaign account, not to be used during the current election, except as provided pursuant to this Section.
- C. Application for certification as a participating candidate. Pursuant to A.R.S. § 16-947, a candidate seeking certification shall file with the Secretary of State a Commission-approved application and a campaign finance report reflecting all campaign activity to date. In the application, a candidate shall certify under oath that the candidate:
 1. Agrees to use all Clean Elections funding for direct campaign purposes only;
 2. Has filed a campaign finance report, showing all campaign activity to date in the current election cycle;

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3. Will comply with all requirements of the Act and Commission rules;
 4. Is subject to all enforcement actions by the Commission as authorized by the Act and Commission rules;
 5. Has the burden of proving that expenditures made by or on behalf of the candidate are for direct campaign purposes;
 6. Will keep and furnish to the Commission all documentation relating to expenditures, receipts, funding, books, records (including bank records for all accounts), and supporting documentation and other information that the Commission may request;
 7. Will permit an audit or examination by the Commission of all receipts and expenditures including those made by the candidate. The candidate shall also provide any material required in connection with an audit, investigation, or examination conducted by the Commission. The candidate shall facilitate the audit by making available in one central location, such as the Commission's office space, records and such personnel as are necessary to conduct the audit or examination, and shall pay any amounts required to be repaid;
 8. Will submit the name and mailing address of the person who is entitled to receive primary and general election funding on behalf of the candidate and the name and address of the campaign depository designated by the candidate. Changes in the information required by this subsection shall not be effective until submitted to the Commission in a letter signed or submitted electronically, by the candidate or the committee treasurer;
 9. Will pay any civil penalties included in a conciliation agreement or otherwise imposed against the candidate;
 10. Will timely file all campaign finance reports with the Secretary of State in an electronic format; and
 11. Will file an amended application for certification reporting any change in the information prescribed in the application for certification within five days after the change.
- D.** If certified as a participating candidate, the candidate shall:
1. Only accept early contributions from individuals during the exploratory and qualifying periods in accordance with A.R.S. § 16-945. No contributions may be accepted from political action committees, political parties or corporations;
 2. Not accept any private contributions, other than early contributions and a limited number of \$5 qualifying contributions;
 3. Make expenditures of personal monies of no more than the amounts prescribed in A.R.S. § 16-941(A)(2) for legislative candidates and for statewide office candidates;
 4. Conduct all campaign activity through a single campaign account. A participating candidate shall only deposit early contributions, qualifying contributions and Clean Elections funds into the candidate's current campaign account. The campaign account shall not be used for any non-direct campaign purpose as provided in Article 7 of these rules;
 5. Attend a Commission sponsored candidate training class within 60 days of being certified or within 60 days of the beginning of the qualifying period if the candidate is certified before the beginning of the qualifying period. If the candidate is unable to attend a training class, the candidate shall:
 - a. Notify the Commission that the candidate is unable to attend a training class. The Commission then will send that person the Commission training materials; and
 - b. The candidate shall sign and send to the Commission a statement certifying that he or she has received and reviewed the Commission training materials; and
 6. Limit campaign expenditures. Prior to qualifying for Clean Elections funding, a candidate shall not incur debt, or make an expenditure in excess of the amount of cash on hand. Upon approval for funding by the Secretary of State, a candidate may incur debt, or make expenditures, not to exceed the sum of the cash on hand and the applicable spending limit.
- E.** Loans. A participating candidate may accept an individual contribution as a loan or may loan his or her campaign committee personal monies during the exploratory and qualifying periods only. The total sum of the contribution received or personal funds and loans shall not exceed the expenditure limits set forth in A.R.S. § 16-941(A)(1) and (2). If the loan is to be repaid, the loans shall be repaid promptly upon receipt of Clean Elections funds if the participating candidate qualifies for Clean Elections funding. Loans from a financial institution or bank, to a candidate used for the purpose of influencing that candidate's election shall be considered personal monies and shall not exceed the personal monies expenditure limits set forth in A.R.S. § 16-941(A)(2).
- F.** A participating candidate may raise early contributions for election to one office and choose to run for election to another office.
- G.** Contributions to officeholder expense accounts are subject to the restrictions of A.R.S. § 41-1234.01, contributions prohibited during session; exceptions.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 9 A.A.R. 3506, effective April 2, 2002 (Supp. 03-3). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1420, effective April 30, 2010 (Supp. 09-3). Subsection R2-20-104(C)(8) amended by exempt rulemaking at 19 A.A.R. 1685, effective October 6, 2011; Subsection R2-20-104(D)(5) amended by exempt rulemaking at 19 A.A.R. 1685, effective May 23, 2013 (Supp. 13-2). Amended by final exempt rulemaking at 23 A.A.R. 115, effective December 15, 2016 (Supp. 16-4).

R2-20-105. Certification for Funding

- A.** After a candidate is certified as a participating candidate, pursuant to A.R.S. § 16-947, in accordance with the procedure set forth in R2-20-104, that candidate may collect qualifying contributions only during the qualifying period.
- B.** A participating candidate must submit to the Secretary of State, a list of names of persons who made qualifying contributions, an application for funding prescribed by the Secretary of State, the minimum number of original reporting slips, and an amount equal to the sum of the qualifying contributions collected pursuant to A.R.S. § 16-950 no later than one week after the end of the qualifying period. Any and all expenses associated with obtaining the qualifying contributions, including credit card processing fees must be paid for from the candi-

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date's early contributions or personal monies. A candidate may develop his or her own three-part reporting slip for qualifying contributions, or one that is photocopied or computer reproduced, if the form substantially complies with the form prescribed by the Commission. The candidate must comply with the Act and ensure that the original qualifying slip is tendered to the Secretary of State, a copy remains with the candidate, and that a copy is given to the contributor.

- C. A candidate may accept electronic \$5 qualifying contributions for the elected office sought by the candidate. The Secretary of State's secured internet portal must be used to collect electronic \$5 qualifying. A \$5 contribution must accompany every \$5 qualifying contribution form and must be submitted via the Secretary of State's portal using a private electronic payment service, specified by the Secretary of State's Office, bank account, credit or debit card. A non-refundable transaction fee may be assessed on electronic \$5 qualifying contribution transactions. The transaction fee is not a contribution to the candidate's campaign and is paid by the contributor. If excess funds are accumulated by the candidate's campaign based on the transaction fee then all excess funds must be given to the Commission and must be entered into the candidate's campaign finance report in a manner that indicates the transaction fees have been accumulated and transferred.
- D. A solicitor who seeks signatures and qualifying contributions on behalf of a participating candidate shall provide his or her residential address, typed or printed name and signature on each reporting slip. The solicitor shall also sign a sworn statement on the contribution slip avowing that the contributor signed the slip, that the contributor contributed the \$5, that based on information and belief, the contributor's name and address are correctly stated and that each contributor is a qualified elector of this state. If a contribution is received unsolicited, the candidate or contributor may sign the qualifying contribution form as the solicitor and is accountable for all of the responsibilities of a solicitor. Nothing in this rule shall prohibit the use of direct mail or the internet to obtain qualifying contributions as long as an original signature is provided on the qualifying contribution form. The candidate may sign the qualifying contribution form as the solicitor and is accountable for all of the responsibilities of a solicitor. For qualifying contributions received in accordance with subsection (C) of this Section, the residential address and signature of the solicitor is not required.
- E. The Secretary of State has the authority to approve or deny a candidate for Clean Elections funding, pursuant to A.R.S. § 16-950(C) based upon the verification of the qualifying contribution forms by the appropriate county recorder. The county recorder shall disqualify any qualifying contribution forms that are:
 - 1. Unsigned by the contributor;
 - 2. Undated; or
 - 3. That the recorder is unable to verify as matching signature of a person who is registered to vote, on the date specified inside the electoral district the candidate is seeking.
- F. The Secretary of State will notify the candidate and the Commission regarding the approval or denial of Clean Elections funds. A candidate who is denied Clean Elections funding after all of the slips are verified is eligible to submit supplemental qualifying contribution forms for one additional opportunity to be approved for funding pursuant to subsection (G) of this rule.
- G. The amount equal to the sum of the qualifying contributions collected and tendered to the Secretary of State pursuant to A.R.S. § 16-950(B) will be deposited into the fund, and the

amount tendered will not be returned to a candidate if a candidate is denied Clean Elections funding.

- H. In accordance with the procedure set forth at A.R.S. § 16-950(C), if the Secretary of State determines that the result of the five percent random sample is less than 110 percent of the slips needed to qualify for funding, then the Secretary of State shall send all of the slips for verification. If the county recorder has verified all of the candidate's signature slips and there is an insufficient number of valid qualifying contribution slips to qualify the candidate for funding, the candidate may make only one supplemental filing of additional qualifying contribution slips and qualifying contributions to the Secretary of State if all of the following apply:
 - 1. The candidate files at least the minimum number of additional slips needed to qualify for funding;
 - 2. The slips are not receipts for duplicate contributions from individuals who have previously contributed to that candidate; and
 - 3. The period for filing qualifying contributions slips has not expired.
- I. The Secretary of State shall forward facsimiles of all of the supplemental qualifying contribution slips to the appropriate county recorders for the county of the contributors' addresses as shown on the contribution slips. The county recorder shall verify all of the supplemental slips within 10 business days after receipt of the facsimiles and shall provide a report to the Secretary of State identifying as disqualified any slips that are unsigned by the contributor or undated or that the recorder is unable to verify as matching the signature of a person who is registered to vote, on the date specified on the slip, inside the electoral district of the office the candidate is seeking. On receipt of the report of the county recorder on all supplemental slips, the Secretary of State shall calculate the candidate's total number of valid qualifying contribution slips and shall approve or deny the candidate for funds.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 9 A.A.R. 3506, effective April 30, 2002 (Supp. 03-3). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 16 A.A.R. 1200, effective February 28, 2008 (Supp. 10-2). Subsection R2-20-105(C) amended by exempt rulemaking at 19 A.A.R. 1688, effective October 6, 2011; Subsection R2-20-105(J) amended by exempt rulemaking at 19 A.A.R. 1688, effective May 23, 2013 (Supp. 13-2). Amended by final exempt rulemaking at 23 A.A.R. 117, effective January 1, 2017 (Supp. 16-4).

R2-20-106. Distribution of Funds to Certified Candidates

- A. Before the initial disbursement of funds, the Commission shall review the candidate's funding application and all relevant facts and circumstances and:
 - 1. Verify that the number of signatures on the candidate's nominating petitions equals or exceeds the number required pursuant to A.R.S. § 16-322 as follows:
 - a. If the application is submitted before the March 1 voter registration list is determined, the Commission shall verify that the number of signatures on the candidate's nominating petitions equals or exceeds 115 percent of the number required pursuant to A.R.S. § 16-322 based on the prior election voter registration list as determined by the Secretary of State; or

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- b. If the application is submitted after the current year March 1 voter registration list is determined, the Commission shall verify that the number of signatures on the candidate's nominating petitions is equal to or greater than the number required pursuant to A.R.S. § 16-322.
- 2. Determine that the required number of qualifying contributions have been received and paid to the Secretary of State for deposit in the Fund; and
- 3. Determine whether the candidate is opposed in the election.
- B.** In making the determinations described in subsection (A)(3), the Commission shall consider all relevant facts and circumstances, and it shall not be bound by election formalities such as the filing of nominating petitions by others in determining whether an applicant is opposed. Among other evidence the Commission may consider is the existence of exploratory committees or filings made to organize campaign committees of opponents and other like indicia.
- C.** The Commission may review and affirm or change its determination that the candidate is or is not opposed until the ballot for the election is established.
- D.** Within seven days after a primary election and before the Secretary of State completes the canvass, the Commission shall disburse funds for general election campaigns to the participating candidates who received the greatest number of votes at each primary election, provided that the candidate with the highest number of votes out of the total number of votes, has at least two percentage points greater than the candidate with the next highest votes based on the unofficial results as of that date. In a legislative race for the Arizona House of Representatives, the Commission shall disburse funds for general election campaigns to participating candidates with the highest or second highest number of votes cast, provided such candidate received votes totaling at least two percentage points, of the total ballots cast, larger than the vote total cast for the candidate with the third highest vote total.
- E.** Promptly after the Secretary of State completes the canvass, the Commission shall disburse funds for general election campaigns to all eligible participating candidates to whom payment has not been made. If a participating candidate has received funds from the Commission pursuant to subsection (D) and the canvass or recount determines that the candidate is not eligible to appear on the general election ballot, the participating candidate shall return all unused funds to the Fund within 10 days after such determination is made. That candidate shall make no expenditures from general election funds from the date of the canvass.
- F.** The Commission may refuse to distribute funds to participating candidates in cases in which the Commission finds evidence of fraud or illegal activity committed by the participating candidate.
- G.** Pursuant to A.R.S. § 16-953, a participating candidate shall return to the Fund:
 - 1. All primary election funds not committed to expenditures (1) during the primary election period; and (2) for goods or services directed to the primary election. A candidate shall not be deemed to have violated A.R.S. § 16-953(A) or this subsection on account of failure to use all materials purchased with primary election funds prior to the primary election, provided such candidate exercises good faith and diligent efforts to comply with the requirement that goods and services purchased with primary election funds be directed to the primary election. Subject to A.R.S. § 16-953(A) and this subsection, a candidate may continue to use goods purchased with primary election funds during the general election period.
 - 2. All general funds not committed to expenditures (1) during the general election period; and (2) for goods or services directed to the general election.
- H.** All funds returned to the Commission pursuant to subsection (G) of this rule, shall be returned to the Fund by a cashier's check drawn on the candidate's campaign bank account. Any fee associated with the issuance of a cashier's check shall be deemed a direct campaign expenditure and reported on the candidate's campaign finance report.
- I.** If a participating candidate does not account for any outstanding expenditures in the amount of the funds returned to the Commission, the participating candidate must reconcile the outstanding expenditures with personal monies. Once funds have been returned to the Commission, no further reimbursements from the Clean Elections Fund shall be permitted. Participating candidates may not exceed the primary or general election spending limits.
- J.** Commission staff may waive the return of funds if:
 - 1. The Commission staff determines the amount to be returned is de minimus;
 - 2. The Commission staff determines the cost of recovery exceeds the amount of the return;
 - 3. The funds to be returned shall not exceed \$25; and
 - 4. The Commission is notified of any waiver of the return of funds.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by final exempt rulemaking at 24 A.A.R. 107, effective December 14, 2017 (Supp. 17-4).

R2-20-107. Candidate Debates

- A.** The Commission shall sponsor debates among statewide and legislative office candidates prior to the primary and general elections. Except as set forth in the subsection below, the Commission shall not be required to sponsor a debate if there is no participating candidate in the election for a particular office.
- B.** In the primary election period, the Commission shall sponsor political party primary election debates for every office in which:
 - 1. There are more candidates appearing on the ballot than there are seats available for the political party's nomination for general election candidates, and
 - 2. At least one of the candidates is a participating candidate.
- C.** The following candidates will not be invited to participate in debates as follows:
 - 1. In the primary election, write-in candidates for the primary election, independent candidates, no party affiliation or unrecognized party candidates.
 - 2. In the general election, write-in candidates.
- D.** In the event that there is no participating candidate in a primary or general election but there is an election involving candidates who are not unopposed, a candidate may request that the Commission sponsor a debate pursuant to this rule. If the requesting candidate is the sole participant in the debate the format shall be as prescribed in R2-20-107(K).
 - 1. A nonparticipating candidate who requests a debate pursuant to this rule shall complete and return the invitation form sent to the candidate by the Commission by the

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deadline identified on the form. Forms received by the Commission past the deadline may still be considered at the discretion of the Commission. Commission staff shall notify all invited candidates if a debate will be sponsored by the Commission and which candidates will participate.

2. If a candidate requests that the Commission sponsor a debate and fails or refuses to attend the debate, or a candidate agrees to participate in a debate and subsequently fails or refuses to attend the debate sponsored by the Commission, each candidate who fails or refuses to attend the debate shall reimburse the Commission for the cost of debate preparations not to exceed \$10,000 for a non-participating candidate for the legislature and \$25,000 for a non-participating candidate for statewide office. In the event that a candidate requests a general election debate or agrees to participate in a general election debate but does not advance to the general election, the candidate shall not be liable for the reimbursement.
- E. Pursuant to A.R.S. § 16-956(A)(2), all participating candidates certified pursuant to A.R.S. § 16-947 shall attend and participate in the debates sponsored by the Commission. No proxies or representatives are permitted to participate for any candidate and no statements may be read on behalf of an absent candidate.
- F. Unless exempted, if a participating candidate fails to participate in any Commission-sponsored debate, the participating candidate shall be fined \$500.00. For purposes of this Section, each primary or general election shall be considered a separate election.
- G. A participating candidate may request to be exempt from participating in a required debate by doing the following:
 1. Submit a written request to the Commission at least one week prior to the scheduled debate, and
 2. State the reasons and circumstances justifying the request for exemption.
- H. After examining the request to be exempt, the Commission will exempt a candidate from participating in a debate if at least three Commissioners determine that the circumstances are:
 1. Beyond the control of the candidate; or
 2. Of such nature that a reasonable person would find the failure to attend justifiable or excusable.
- I. A participating candidate who fails to participate in a required debate may submit a request for excused absence to the Commission.
 1. The candidate's request for excused absence shall:
 - a. State the reason the candidate failed to participate in the debate, and
 - b. State the reason the candidate failed to request an exemption in advance, and
 - c. Be submitted to the Commission no later than five business days after the date of the debate the candidate failed to attend.
 2. After examining the request for excused absence, the Commission may excuse a candidate from the penalties imposed if at least three Commissioners determine that the circumstances were:
 - a. Beyond the control of the candidate; or
 - b. Of such nature that a reasonable person would find the failure to attend justifiable or excusable.
- J. When a participating candidate is not opposed in the general election, the candidate shall be exempt from participating in a Commission-sponsored debate for the general election.
- K. In the event that a participating candidate is opposed in the primary election or general election but is the only candidate taking part in a primary election period or general election period

debate, as applicable, the debate will be held and will consist of a 30-minute question and answer session for the single participating candidate. If more than one candidate takes part in the debate, regardless of participation status, the debate will be held in accordance with the procedures established by the Commission staff.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). New Section made by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 19 A.A.R. 1690, effective October 6, 2011 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 4213, effective November 21, 2013 (Supp. 13-4). Amended by final exempt rulemaking at 21 A.A.R. 1627, effective July 23, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 119, effective December 15, 2016 (Supp. 16-4).

R2-20-108. Termination of Participating Candidate Status

- A. A candidate may voluntarily request termination of his or her participating candidate status at any time prior to notification by the Commission that such candidate has qualified for Clean Elections funding. To withdraw from participating candidate status, a candidate shall send a letter to the Commission stating the candidate's intent to withdraw and the reason for the withdrawal. The candidate shall not accept any private monies until the withdrawal is approved by the Commission. The Commission shall act on the withdrawal request within seven days. If the Commission takes no action within the seven-day time period, the withdrawal is automatic.
- B. A candidate's participating candidate status shall automatically terminate if:
 1. The candidate fails to make such submissions to the Secretary of State as prescribed in R2-20-105(B) within seven days after the end of the qualifying period, or
 2. The candidate is denied Clean Elections funding by the Secretary of State and the candidate is ineligible to make a supplemental filing with the Secretary of State in accordance with R2-20-105(G).
- C. A candidate whose participating candidate status has been terminated in accordance with this Section shall be ineligible to receive Clean Elections funding for that election cycle unless he/she reapplies for certification and is in compliance with R2-20-104(A) and (C).
- D. In the event that a candidate who has collected qualifying contributions decides not to seek certification as a participating candidate, the candidate shall return all qualifying contributions received from contributors who have not given written permission to use their qualify contributions as campaign contributions. Written permission may include a check box on the original \$5 form that authorizes a candidate to treat the qualifying contribution as a general campaign contribution if he or she decides not to participate in the Clean Elections system. If a good faith attempt to return the funds to the contributor is unsuccessful, the contributions shall be submitted to the Fund.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section

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repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 17 A.A.R. 1950, effective August 25, 2011 (Supp. 11-3).

Revised Editor's Note: The Office will not interpret the legality of any actions made by the Commission or the Governor's Regulatory Review Council as to whether the rules in R2-20-109 and R2-20-111 were effective at 23 A.A.R. 1761 or expired at 23 A.A.R. 1757 between the dates of June 7, and December 14, 2017. Those interested in that issue should consult counsel.

R2-20-109. Independent Expenditure Reporting Requirements

- A. In accordance with A.R.S. § 16-958(E), all persons obligated to file any campaign finance report under any provisions of Chapter 6, Article 2 of the Arizona Revised Statutes shall file such reports using the Secretary of State's Internet-based finance-reporting system, except if:
 1. Expressly provided otherwise by another Commission rule; or
 2. That system, or the necessary function on the system, is unavailable, in which case the executive director shall implement a suitable process.
- B. Independent Expenditure Reporting Requirements.
 1. Any person making independent expenditures cumulatively exceeding the amount prescribed in A.R.S. § 16-941(D) in an election cycle shall file campaign finance reports in accordance with A.R.S. § 16-958 and Commission rules.
 2. Any person who fails to file a timely campaign finance report pursuant to A.R.S. § 16-941(D), A.R.S. § 16-958, shall be subject to a civil penalty as prescribed in A.R.S. § 16-942(B). Subsection R2-20-109(B)(4) does not apply to reports pursuant to A.R.S. §§ 16-941(D) and -958 or this subsection. Any expenditure advocating against one or more candidates shall be considered an expenditure on behalf of any opposing candidate(s). Penalties shall be assessed as follows:
 - a. For an election involving a candidate for statewide office, the civil penalty shall be \$300 per day.
 - b. For an election involving a legislative candidate, the civil penalty shall be \$100 per day.
 - c. The penalties in (a) and (b) shall be doubled if the amount not reported for a particular election cycle exceeds ten (10%) percent of the applicable adjusted primary election spending limit or adjusted general election spending limit.
 - d. The dollar amounts in items (a) and (b), and the spending limits in item (c) are subject to adjustment of A.R.S. § 16-959.
 - e. Penalties imposed pursuant to this subsection shall not exceed twice the amount of expenditures not reported.
 3. A.R.S. § 16-942(B) applies to any entity including political committees that accepts contributions or makes expenditures on behalf of any candidate regardless of any other contributions taken or expenditures made and fails to timely file a campaign finance report under Chapter 6 of Title 16, Arizona Revised Statutes. Any expenditure advocating against one or more candidates shall be considered an expenditure on behalf of any opposing candidate(s). Penalties shall be assessed as follows:
 - a. For an election involving a candidate for statewide office, the civil penalty shall be \$300 per day.
 - b. For an election involving a legislative candidate, the civil penalty shall be \$100 per day.
 - c. The penalties in (a) and (b) shall be doubled if the amount not reported for a particular election cycle exceeds ten (10%) percent of the applicable adjusted primary election spending limit or adjusted general election spending limit.
 - d. The dollar amounts in items (a) and (b), and the spending limits in item (c) are subject to adjustment of A.R.S. § 16-959.
 - e. Penalties imposed pursuant to this subsection shall not exceed twice the amount of expenditures not reported.
 4. For purposes of A.A.C. R2-20-109(B)(3):
 - a. An entity shall not be found to have the predominant purpose of influencing elections unless, a preponderance of the evidence establishes that during a two-year legislative election cycle, the total reportable contributions made by the entity, in any combination, in a calendar year exceeds \$1,000 and is more than fifty percent (50%) of the entity's total spending during the election cycle.
 - i. For purposes of this provision, a "reportable contribution" or "reportable expenditure" shall be limited to a contribution or expenditure, as defined in title 16 of the Arizona revised statutes, that must be reported to the Arizona secretary of state, the Arizona citizens clean elections commission, or local filing officer in Arizona. A contribution or expenditure that must be reported to the federal election commission or to the election authority of any other state, but not to the Arizona secretary of state, the Arizona citizens clean elections commission or a local filing officer in Arizona, shall not be considered a reportable contribution or reportable expenditure.
 - ii. For purposes of this provision, "total spending" shall not include volunteer time or fundraising and administrative expenses but shall include all other spending by the organization.
 - iii. For purposes of this provision, grants to other organizations shall be treated as follows:
 - (1) A grant made to a political committee or an organization organized under section 527 of the internal revenue code shall be counted in total spending and as a reportable contribution or reportable expenditure, unless expressly designated for use outside Arizona or for federal elections, in which case such spending shall be counted in total spending but not as a reportable contribution or reportable expenditure.
 - (2) If the entity making a grant takes reasonable steps to ensure that the transferee does not use such funds to make a reportable contribution or reportable expenditure, such a grant shall be counted in total spending but not as a reportable contribution or reportable expenditure.
 - iv. If the entity making a grant earmarks the grant for reportable contributions or reportable expenditures, knows the grant will be used to make reportable contributions or reportable

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expenditures, knows that a recipient will likely use a portion of the grant to make reportable contributions or reportable expenditures, or responds to a solicitation for reportable contributions or reportable expenditures, the grant shall be counted in total spending and the relevant portion of the grant as set forth in subsection (v) of this section shall count as a reportable contribution or reportable expenditure.

- v. Notwithstanding subsections (iii) and (iv) the amount of a grant counted as a reportable contribution or reportable expenditure shall be limited to the lesser of the grant or the following:
 - (1) The amount that the recipient organization spends on reportable contributions and reportable expenditures, plus
 - (2) The amount that the recipient organization gives to third parties but not more than the amount that such third parties fund reportable contributions or reportable expenditures.
- b. Notwithstanding section a above, the commission may nonetheless determine that an entity is not a political committee if, taking into account all the facts and circumstances of grants made by an entity, it is not persuaded that the preponderance of the evidence establishes that the entity is a political committee as defined in title 16 of Arizona Revised Statutes.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 152, effective January 29, 2010 (Supp. 10-1). Subsections R2-20-109(A), (A)(4), and (B) through (E) amended by exempt rulemaking at 19 A.A.R. 2923, effective October 6, 2011; Subsections R2-20-109(A) and (C)(2) amended by exempt rulemaking at 19 A.A.R. 2923, effective August 29, 2013; Subsection R2-20-109(C)(3) amended by exempt rulemaking at 19 A.A.R. 2923, effective January 1, 2014 (Supp. 13-3). Amended by exempt rulemaking at 19 A.A.R. 3519, effective September 27, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1329, effective May 22, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 2804, effective September 11, 2014 (Supp. 14-3). Subsection R2-20-109(D) amended by final exempt rulemaking at 21 A.A.R. 3168 effective October 29, 2015; subsection R2-20-109(F) amended by final exempt rulemaking at 21 A.A.R. 3168 effective October 30, 2015 (Supp. 15-4). Amended by exempt rulemaking at 22 A.A.R. 2892, effective January 1, 2017 (Supp. 16-3). Amended by final exempt rulemaking at 23 A.A.R. 121, effective January 1, 2017 (Supp. 16-4). Section retained at the request of the Commission at 23 A.A.R. 1761 (Supp. 17-2, version 2). The Commission adopted and unanimously voted to reenact and republish this Section that was "currently in effect" for

the purpose of public notice and clarity at 24 A.A.R. 109, effective December 14, 2017 (Supp. 17-4).

R2-20-110. Participating Candidate Reporting Requirements

- A. All participating candidates shall file campaign finance reports that include all receipts and disbursements for their current campaign account as follows:
 - 1. Expenditures for consulting, advising, or other such services to a candidate shall include a detailed description of what is included in the service, including an allocation of services to a particular election. When appropriate, the Commission may treat such expenditures as though made during the general election period.
 - 2. If a participating candidate makes an expenditure on behalf of the campaign using personal funds, the candidate's campaign shall reimburse the candidate within seven calendar days of the expenditure. After the 7 day period has passed, the expenditure shall be deemed an in-kind contribution subject to all applicable limits.
 - 3. A candidate may authorize an agent to purchase goods or services on behalf of such candidate, provided that:
 - a. Expenditures shall be reported as of the date that the agent promises, agrees, contracts or otherwise incurs an obligation to pay for the goods or services;
 - b. The candidate shall have sufficient funds in the candidate's campaign account to pay for the amount of such expenditure at the time it is made and all other outstanding obligations of the candidate's campaign committee; and
 - c. Within seven calendar days of the date upon which the amount of the expenditure is known, the candidate shall pay such amount from the candidate's campaign account to the agent who purchases the goods or services.
 - 4. A joint expenditure is made when two or more candidates agree to share the cost of goods or services. Candidates may make a joint expenditure on behalf of one or more other campaigns, but must be authorized in advance by the other candidates involved in the expenditure, and must be reimbursed within seven days. Participating candidates may participate in joint expenditures for the cost of goods and services with one or more candidates, subject to the following:
 - a. Joint expenditures must be allocated fairly among candidates. An allocated share of a joint expenditure paid by one candidate pursuant to such an agreement must be reimbursed within seven days.
 - b. Any violator of part (a) shall be liable for a penalty pursuant to R2-20-222, in addition to penalties prescribed by any other law.
 - c. If a fairly allocated share of any joint expenditure is not reimbursed to a candidate, the unreimbursed amount of the joint expenditure fairly allocated to that candidate shall be deemed a contribution to that candidate by the campaign committee of the candidate obligated to reimburse the share.
 - d. If a fairly allocated share of any joint expenditure is not reimbursed to a participating candidate, the candidate obligated to reimburse the share shall reimburse the fund for the unreimbursed amount of the joint expenditure fairly allocated to the obligated candidate, in addition to any penalty specified by law.
 - e. A candidate's payment for an advertisement, literature, material, campaign event or other activity shall

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be considered a joint expenditure including, but not limited to, the following criteria:

- i. The activity includes express advocacy of the election or defeat of more than 2 candidates;
- ii. The purpose of the material or activity is to promote or facilitate the election of a second candidate;
- iii. The use and prominence of a second candidate or his or her name or likeness in the material or activity;
- iv. The material or activity includes an expression by a second candidate of his or her view on issues brought up during the election campaign;
- v. The timing of the material or activity in relation to the election of a second candidate;
- vi. The distribution of the material or the activity is targeted to a second candidate's electorate; or
- vii. The amount of control a second candidate has over the material or activity.

5. For the purposes of the Act and Commission rules, a candidate or campaign shall be deemed to have made an expenditure as of the date upon which the candidate or campaign promises, agrees, contracts or otherwise incurs an obligation to pay for goods or services.

B. Timing of reporting expenditures.

1. Except as set forth in subsection (A)(2) above, a participating candidate shall report a contract, promise or agreement to make an expenditure resulting in an extension of credit as an expenditure, in an amount equal to the full future payment obligation, as of the date the contract, promise or agreement is made.
2. In the alternative to reporting in accordance with subsection (A)(1) above, a participating candidate may report a contract, promise or agreement to make an expenditure resulting in an extension of credit as follows:
 - a. For a month-to-month or other such periodic contract or agreement that is terminable by a candidate at will and without any termination penalty or payment, the candidate may report an expenditure, in an amount equal to each future periodic payment, as of the date upon which the candidate's right to terminate the contract or agreement and avoid such future periodic payment elapses.
 - b. For a contract, promise or agreement to provide goods or services during the general election period that is contingent upon a candidate advancing to the general election period, the candidate may report an expenditure, in an amount equal to the general election period payment obligation, as of the date upon which such contingency is satisfied.
 - c. For a contract, promise or agreement to pay rent, utility charges or salaries payable to individuals employed by a candidate's campaign committee as staff, the candidate may report an expenditure, in an amount equal to each periodic payment, as of the date that is the sooner of (i) the date upon which payment is made; or (ii) the date upon which payment is due.

C. Reports and Refunds of Excess Monies by Participating Candidates.

1. In addition to any campaign finance report required by Chapter 6 of Title 16, Arizona Revised Statutes, participating candidates shall file the following campaign finance reports and dispose of excess monies as follows:
 - a. Prior to filing the application for funding pursuant to A.R.S. § 16-950, participating candidates shall file a

campaign finance report with the names of the persons who have made qualifying contributions to the candidate.

- b. At the end of the qualifying period, a participating candidate shall file a campaign finance report consisting of all early contributions received, including personal monies and the expenditures of such monies.
 - i. The campaign finance report shall be filed with the Secretary of State no later than five days after the last day of the qualifying period and shall include all campaign activity through the last day of the qualifying period.
 - ii. If the campaign finance report shows any amount of unspent monies, the participating candidate, within five days after filing the campaign finance report, shall remit all unspent contributions to the Fund, pursuant to A.R.S. § 16-945(B). Any unspent personal monies shall be returned to the candidate or the candidates' family member within five days.
2. Each participating candidate shall file a campaign finance report consisting of all expenditures made in connection with an election, all contributions received in the election cycle in which such election occurs, and all payments made to the Clean Elections Fund. If the campaign finance report shows any amount unspent, the participating candidate, within five days after filing the campaign finance report, shall send a check from the candidate's campaign account to the Commission in the amount of all unspent monies to be deposited in the Fund.
 - a. The campaign finance report for the primary election shall be filed within five days after the primary election day and shall reflect all activity through the primary election day.
 - b. The campaign finance report for the general election shall be filed within five days after the general election day and shall reflect all activity through the general election day.
3. In the event that a participating candidate purchases goods or services from a subcontractor or other vendor through an agent pursuant to subsection (A)(3), the candidate's campaign finance report shall include the same detail as required in A.R.S. § 16-948(C) for each such subcontractor or other vendor. Such detail is also required when petty cash funds are used for such expenditures.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 19 A.A.R. 1693, effective May 23, 2013 (Supp. 13-2). Amended by final exempt rulemaking at 21 A.A.R. 1629, effective July 23, 2015 (Supp. 15-3). Section R2-20-110 renumbered to Section R2-20-114; new Section R2-20-110 made by exempt rulemaking at 22 A.A.R. 2897, effective January 1, 2017 (Supp. 16-3). Amended by final exempt rulemaking at 23 A.A.R. 124, effective January 1, 2017 (Supp. 16-4).

Revised Editor's Note: *The Office will not interpret the legality of any actions made by the Commission or the Governor's Regulatory Review Council as to whether the rules in R2-20-109 and R2-20-111 were effective at 23 A.A.R. 1761 or expired at 23*

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A.A.R. 1757 between the dates of June 7, and December 14, 2017. Those interested in that issue should consult counsel.

R2-20-111. Non-participating Candidate Reporting Requirements and Contribution Limits

- A.** Any person may file a complaint with the Commission alleging that any non-participating candidate or that candidate's campaign committee has failed to comply with or violated A.R.S. § 16-941(B). Complaints shall be processed as prescribed in Article 2 of these rules. In addition to those penalties outlined in R2-20-222(B), a non-participating candidate or candidate's campaign committee violating A.R.S. § 16-941(B) shall be subject to penalties prescribed in A.R.S. § 16-941(B) and A.R.S. § 16-942(B) and (C) as applicable:
- B.** Penalties under A.R.S. § 16-942(B):
1. For an election involving a candidate for statewide office, the civil penalty shall be \$300 per day.
 2. For an election involving a legislative candidate, the civil penalty shall be \$100 per day.
 3. The penalties in (B)(1) and (B)(2) shall be doubled if the amount not reported for a particular election cycle exceeds ten percent (10%) of the applicable one of the adjusted primary election spending limit or adjusted general election spending limit.
 4. The dollar amounts in items (B)(1) and (B)(2), and the spending limits in item (B)(3) are subject to adjustment of A.R.S. § 16-959.
- C.** Penalties under A.R.S. § 16-942(C): Where a campaign finance report filed by a non-participating candidate or that candidate's campaign committee indicates a violation of A.R.S. § 16-941(B) that involves an amount in excess of ten percent (10%) of the sum of the adjusted primary election spending limit and the adjusted general election spending limits specified by A.R.S. § 16-961(G) and (H) as adjusted pursuant to A.R.S. § 16-959, that violation shall result in disqualification of a candidate or forfeiture of office.
- D.** Penalties under A.R.S. § 16-941(B): Regardless of whether or not there is a violation of a reporting requirement, a person who violates A.R.S. § 16-941(B) is subject to a civil penalty of three times the amount of money that has been received, expended, or promised in violation of A.R.S. § 16-941(B) or three times the value in money for an equivalent of money or other things of value that have been received, expended, or promised in violation of A.R.S. § 16-941(B).
- E.** The twenty percent reduction in A.R.S. § 16-941(B) applies to all campaign contributions limits on contributions that are permitted to be accepted by nonparticipating candidates.
- F.** Contribution limits as adjusted by A.R.S. § 16-931 shall be the base level contribution limits subject to reduction pursuant to A.R.S. § 16-941(B).

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by final exempt rulemaking at 21 A.A.R. 1631, effective July 23, 2015 (Supp. 15-3). Section R2-20-111 renumbered to R2-20-115 at 22 A.A.R. 2904; new Section R2-20-111 made by exempt rulemaking at 22 A.A.R. 2899

effective January 1, 2017 (Supp. 16-3). Amended by final exempt rulemaking at 23 A.A.R. 126, effective January 1, 2017 (Supp. 16-4). Section retained at the request of the Commission at 23 A.A.R. 1761 (Supp. 17-2, version 2). The Commission unanimously adopted and voted to reenact and republish this Section that was "currently in effect" for the purpose of public notice and clarity, with amendments at 24 A.A.R. 111, effective December 14, 2017 (Supp. 17-4).

R2-20-112. Political Party Exceptions

The provisions of A.R.S. § 16-911(B)(4) shall apply to a candidate, whether participating or nonparticipating, who becomes a nominee as defined in A.R.S. § 16-901(38).

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). New Section made by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1423, effective October 22, 2009 (Supp. 09-3). Amended by final exempt rulemaking at 23 A.A.R. 128, effective January 1, 2017 (Supp. 16-4).

R2-20-113. Candidate Statement Pamphlet

- A.** The Commission shall publish a candidate statement pamphlet in both the primary and general elections as required by A.R.S. § 16-956(A)(1). Commission staff shall send invitations for submission of a 200 word statement to every statewide and legislative candidate who has qualified for the ballot. Statements submitted for the primary candidate statement pamphlet shall be used for the general candidate statement pamphlet unless otherwise stated by the candidate.
- B.** The following candidates will not be invited to submit a statement for the candidate statement pamphlet:
1. In the primary election: write-in candidates for the primary election, independent candidates, no party affiliation or unrecognized party candidates.
 2. In the general election: write in candidates.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1423, effective October 22, 2009 (Supp. 09-3). Amended by exempt rulemaking at 15 A.A.R. 1567, effective September 2, 2009 (Supp. 09-3). Amended by exempt rulemaking at 16 A.A.R. 1200, effective January 8, 2010 (Supp. 10-2). Repealed by exempt rulemaking at 19 A.A.R. 1694, effective October 6, 2011 (Supp. 13-2). New Section made by final exempt rulemaking at 21 A.A.R. 1633, effective July 23, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 2118, effective July 29, 2019 (Supp. 19-3).

R2-20-114. Candidate Campaign Bank Account

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- A. Each participating candidate shall designate a single campaign bank account for conducting campaign financial activity. During an election cycle, each participating candidate shall conduct all campaign financial activities through a single, current election campaign bank account and any petty cash accounts as are permitted by law.
- B. A participating candidate may maintain a campaign bank account other than the current election campaign bank account described in subsection (A) if the other campaign bank account is for a campaign in a prior election cycle in which the candidate was not a participating candidate.
- C. During the exploratory period, a candidate may receive debt-retirement contributions for a campaign during a prior election cycle if the funds are deposited in the bank account for that prior campaign. A candidate shall not deposit debt-retirement contributions into the current election campaign bank account.

Historical Note

New Section R2-20-114 renumbered from R2-20-110 by exempt rulemaking at 22 A.A.R. 2897 and 22 A.A.R. 2902, effective January 1, 2017 (Supp. 16-3).

R2-20-115. Books and Records Requirements

- A. All candidates shall maintain, at a single location within the state, the books and records of financial transactions, and other information required by A.R.S. § 16-904.
- B. All candidates shall ensure that the books and records of accounts and transactions of the candidate are recorded and preserved as follows:
 - 1. The treasurer of a candidate's campaign committee is the custodian of the candidate's books and records of accounts and transactions, and shall keep a record of all of the following:
 - a. All contributions or other monies received by or on behalf of the candidate.
 - b. The identification of any individual or political committee that makes any contribution together with the date and amount of each contribution and the date of deposit into the candidate's campaign bank account.
 - c. Cumulative totals contributed by each individual or political committee.
 - d. The name and address of every person to whom any expenditure is made, and the date, amount and purpose or reason for the expenditure.
 - e. All periodic bank statements or other statements for the candidate's campaign bank account.
 - f. In the event that the campaign committee uses a petty cash account the candidate's campaign finance report shall include the same detail for each petty cash expenditure as required in A.R.S. § 16-948(C) for each vendor.
 - 2. No expenditure may be made for or on behalf of a candidate without the authorization of the treasurer or his or her designated agent.
 - 3. Unless specified by the contributor or contributors to the contrary, the treasurer shall record a contribution made by check, money order or other written instrument as a contribution by the person whose signature or name appears on the bottom of the instrument or who endorses the instrument before delivery to the candidate. If a contribution is made by more than one person in a single written instrument, the treasurer shall record the amount to be attributed to each contributor as specified.
 - 4. All contributions other than in-kind contributions and qualifying contributions must be made by a check drawn on the account of the actual contributor or by a money order or a cashier's check containing the name of the

actual contributor or must be evidenced by a written receipt with a copy of the receipt given to the contributor and a copy maintained in the records of the candidate.

- 5. The treasurer shall preserve all records set forth in subsection (B) and copies of all campaign finance reports required to be filed for three years after the filing of the campaign finance report covering the receipts and disbursements evidenced by the records.
- 6. If requested by the attorney general, the county, city or town attorney or the filing officer, the treasurer shall provide any of the records required to be kept pursuant to this Section.
- C. Any request to inspect a candidate's records under A.R.S. § 16-958(F) shall be sent to the candidate, with a copy to the Commission, 10 or more days before the proposed date of the inspection. If the request is made within two weeks before the primary or general election, the request shall be delivered at least two days before the proposed date of inspection. Every request shall state with reasonable particularity the records sought.
 - 1. The inspection shall occur at a location agreed upon by the candidate and the person making the request. If no agreement can be reached, the inspection shall occur at the Commission office. The inspection shall occur during the Commission's regular business hours and shall be limited to a two-hour time period.
 - 2. The requesting party may obtain copies of records for a reasonable fee. The Commission shall not be responsible for making copies. The person in possession of the records shall produce copies within a reasonable time of the receipt of the copying request and fees.
 - 3. The Commission will not permit public inspection of records if it determines that the inspection is for harassment purposes.
 - 4. If a person who requests to inspect a candidate's records under A.R.S. § 16-958(F) is denied such a request, the requesting party may notify the Commission. The Commission may enforce the public inspection request by issuing a subpoena pursuant to A.R.S. § 16-956(B) for the production of any books, papers, records, or other items sought in the public inspection request. The subpoena shall order the candidate to produce:
 - a. All papers, records, or other items sought in the public inspection request;
 - b. No later than two business days after the date of the subpoena; and
 - c. To the Commission's office during regular business hours.
 - 5. Any person who believes that a candidate or a candidate's campaign committee has not complied with this Section may appeal to Superior Court.

Historical Note

New Section R2-20-115 renumbered from R2-20-111 by exempt rulemaking at 22 A.A.R. 2899 and 22 A.A.R. 2904, effective January 1, 2017 (Supp. 16-3).

ARTICLE 2. COMPLIANCE AND ENFORCEMENT PROCEDURES**R2-20-201. Scope**

These rules provide procedures for processing possible violations of the Citizens Clean Elections Act.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-202. Initiation of Compliance Matters

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Compliance matters may be initiated by a complaint or on the basis of information ascertained by the Commission in the normal course of carrying out its statutory responsibilities.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-203. Complaints

- A. Any person who believes that a violation of any statute or rule over which the Commission has jurisdiction has occurred or is about to occur may file a complaint in writing to the Executive Director.
- B. A complaint shall conform to the following:
 1. Provide the full name and address of the complainant; and
 2. Contents of the complaint shall be sworn to and signed in the presence of a notary public and shall be notarized.
- C. All statements made in a complaint are subject to the statutes governing perjury. The complaint shall differentiate between statements based upon personal knowledge and statements based upon information and belief.
- D. The complaint shall conform to the following provisions:
 1. Clearly identify as a respondent each person or entity who is alleged to have committed a violation;
 2. Statements which are not based upon personal knowledge shall be accompanied by an identification of the source of information which gives rise to the complainant's belief in the truth of such statements;
 3. Contain a clear and concise recitation of the facts which describe a violation of a statute or rule over which the Commission has jurisdiction; and
 4. Be accompanied by any documentation supporting the facts alleged if such documentation is known of, or available to, the complainant.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-204. Initial Complaint Processing; Notification

- A. Upon receipt of a complaint, the Administrative Counsel shall review the complaint for substantial compliance with the technical requirements of R2-20-203, and, if it complies with those requirements, shall within five days after receipt notify each respondent that the complaint has been filed, advise each respondent of Commission compliance procedures, and provide each respondent a copy of the complaint.
- B. If a complaint does not comply with the requirements of R2-20-203, the Administrative Counsel shall so notify the complainant and any person or entity identified therein as respondent, within the five-day period specified in subsection (A), that no action should be taken on the basis of that complaint. A copy of the complaint shall be provided with the notification to each respondent.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by final exempt rulemaking at 21 A.A.R. 1634, effective July 23, 2015 (Supp. 15-3).

R2-20-205. Opportunity for No Action on Complaint-generated Matters

- A. A respondent shall be afforded an opportunity to demonstrate that no action should be taken on the basis of a complaint by submitting, within 5 days from receipt of a written copy of the complaint, a letter or memorandum setting forth reasons why the Commission should take no action.
- B. The Commission shall not take any action, or make any finding, against a respondent other than action dismissing the complaint, unless it has considered such response or unless no such response has been served upon the Commission within the 5 day period specified in subsection A.
- C. The respondent's response shall be sworn to and signed in the presence of a notary public and shall be notarized. The respondent's failure to respond in accordance with subsection A within 5 days of receiving the written copy of the complaint may be viewed as an admission to the allegations made in the complaint for purposes of the reason to believe finding pursuant to A.A.C. R2-20-206.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by final exempt rulemaking at 21 A.A.R. 1636, effective July 23, 2015 (Supp. 15-3).

R2-20-206. Executive Director's Recommendation on Complaint-generated Matters

- A. Following either the expiration of the 5 day period specified by A.A.C. R2-20-205 or the receipt of a response as specified by A.A.C. R2-20-205(A), whichever occurs first, the Executive Director:
 1. May recommend to the Commission whether it should find reason to believe that a respondent has committed or is about to commit a violation of a statute or rule over which the Commission has jurisdiction;
 2. May recommend that the Commission find that there is no reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has been committed or is about to be committed, or that the Commission otherwise dismiss a complaint without regard to the provisions of A.A.C. R2-20-205(A); or
 3. May close the complaint generated matter without a reason to believe recommendation from the Executive Director based upon Respondent complying with the statute or rule on which the complaint is founded and in such case shall notify the Commission.
- B. Neither the complainant nor the respondent has the right to appeal the Executive Director's recommendation made pursuant to subsection (A) because the recommendation is not an appealable agency action.
- C. If the complaint relates to a violation of A.R.S. § 16-941(B) by a non-participating candidate or that candidate's campaign committee, the Executive Director shall not proceed pursuant to R2-20-206(A) or R2-20-207(A), without first receiving Commission approval to initiate an inquiry.
- D. The respondent shall not have the right to appeal the Commission's decision to authorize an inquiry pursuant to subsection (C) because the Commission's decision whether or not to authorize an inquiry is not an appealable agency action.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking

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at 20 A.A.R. 1332, effective May 22, 2014 (Supp. 14-2).
Amended by final exempt rulemaking at 21 A.A.R. 1638,
effective July 23, 2015 (Supp. 15-3).

R2-20-207. Internally Generated Matters; Referrals

- A. On the basis of information ascertained by the Commission in the normal course of carrying out its statutory responsibilities, or on the basis of a referral from an agency of the state, the Executive Director may recommend in writing that the Commission find reason to believe that a person or entity has committed or is about to commit a violation of a statute or rule over which the Commission has jurisdiction.
- B. If the Commission finds reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or is about to occur, the Executive Director shall notify the respondent of the Commission's decision and shall include a copy of a staff report setting forth the legal basis and the alleged facts which support the Commission's action.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R.
588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 13 A.A.R. 3524,
effective January 1, 2008 (Supp. 07-3).

R2-20-208. Complaint Processing; Notification

- A. If the Commission, either after reviewing a complaint-generated recommendation as described in R2-20-206 and any response of a respondent submitted pursuant to R2-20-205, or after reviewing an internally-generated recommendation as described in R2-20-207, determines by an affirmative vote of at least three of its members that it has reason to believe that a respondent has violated a statute or rule over which the Commission has jurisdiction, the Commission shall notify such respondent of the Commission's finding, setting forth the sections of the statute or rule alleged to have been violated and the alleged factual basis supporting the finding. In accordance with A.R.S. § 16-957(A), the Commission shall serve on the respondent an order requiring compliance within 14 days. During that period, the respondent may provide any explanation to the Commission, comply with the order, or enter into a public administrative settlement with the Commission.
- B. If the Commission finds no reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred, or otherwise terminates its proceedings, the Executive Director shall so notify both the complainant and respondent.
- C. The complainant may bring an action in Superior Court in accordance with A.R.S. § 16-957(C) if the Commission finds there is no reason to believe a violation of a statute or rule over which the Commission has jurisdiction has occurred or otherwise terminates its proceedings.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R.
588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 11 A.A.R. 4518,
effective May 28, 2005 (Supp. 05-4). Amended by
exempt rulemaking at 12 A.A.R. 758, effective February
15, 2006 (Supp. 06-1).

R2-20-209. Investigation

- A. The Commission shall conduct an investigation in any case in which the Commission finds reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or is about to occur.

- B. The Commission's investigation may include, but is not limited to, field investigations, audits, and other methods of information gathering.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R.
588, effective November 27, 2001 (Supp. 02-1).

R2-20-210. Written Questions Under Order

The Commission may issue an order requiring any person to submit sworn, written answers to written questions and may specify a date by which such answers must be submitted to the Commission.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R.
588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 9 A.A.R. 3511, effective
May 21, 2002 (Supp. 03-3).

R2-20-211. Subpoenas and Subpoenas Duces Tecum; Depositions

- A. The Commission may authorize its Executive Director or Assistant Attorney General to issue subpoenas requiring the attendance and testimony of any person by deposition and to issue subpoenas duces tecum for the production of documentary or other tangible evidence in connection with a deposition or otherwise.
- B. If the Commission orders oral testimony to be taken by deposition or for documents to be produced, the subpoena shall so state and shall advise the deponent or person subpoenaed that all testimony will be under oath. The Commission may authorize its Executive Director to take a deposition and have the power to administer oaths.
- C. The deponent shall have the opportunity to review and sign depositions taken pursuant to this rule.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R.
588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 13 A.A.R. 3524,
effective January 1, 2008 (Supp. 07-3).

R2-20-212. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R.
588, effective November 27, 2001 (Supp. 02-1). Section
repealed by exempt rulemaking at 11 A.A.R. 4518, effective
May 28, 2005 (Supp. 05-4).

R2-20-213. Motions to Quash or Modify a Subpoena

- A. Any person to whom a subpoena is directed may, prior to the time specified therein for compliance, but in no event more than five days after the date of receipt of such subpoena, apply to the Commission to quash or modify such subpoena, accompanying such application with a brief statement of the reasons therefore.
- B. The Commission may deny the application, quash the subpoena or modify the subpoena.
- C. The person subpoenaed and the Executive Director may agree to change the date, time, or place of a deposition or for the production of documents without affecting the force and effect of the subpoena, but such agreements shall be confirmed in writing.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R.
588, effective November 27, 2001 (Supp. 02-1).

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Amended by exempt rulemaking at 13 A.A.R. 3524, effective January 1, 2008 (Supp. 07-3).

R2-20-214. The Probable Cause to Believe Recommendation; Briefing Procedures

- A. Upon completion of the investigation conducted pursuant to R2-20-209, the Executive Director shall prepare a brief setting forth his or her position on the factual and legal issues of the case and containing a recommendation on whether the Commission should find probable cause to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or is about to occur.
- B. The Executive Director shall notify each respondent of the recommendation and enclose a copy of his or her brief.
- C. Within five days from receipt of the Executive Director's brief, the respondent may file a brief with the Commission setting forth the respondent's position on the factual and legal issues of the case.
- D. After reviewing the respondent's brief, the Executive Director shall promptly advise the Commission in writing whether he or she intends to proceed with the recommendation or to withdraw the recommendation from Commission consideration.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1).

R2-20-215. Probable Cause to Believe Finding

- A. If the Commission, after having found reason to believe and after following the procedures set forth in R2-20-214, determines by an affirmative vote of at least three of its members that there is probable cause to believe that a respondent has violated a statute or rule over which the Commission has jurisdiction, the Commission shall authorize the Executive Director to so notify the respondent by an order, that states the nature of the violation, pursuant to A.R.S. § 16-957.
- B. If the Commission finds no probable cause to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or otherwise orders a termination of Commission proceedings, it shall authorize the Executive Director to notify both respondent and complainant by letter that the proceeding has ended. The Executive Director's letter also will inform the parties that the Commission is not precluded from taking action on this matter in the future if evidence is discovered which may alter the decision of the Commission.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3). Amended by exempt rulemaking at 13 A.A.R. 3524, effective January 1, 2008 (Supp. 07-3).

R2-20-216. Conciliation

- A. Upon a Commission finding of probable cause to believe that the respondent has violated a statute or rule over which the Commission has jurisdiction, the Executive Director shall attempt to settle the matter as authorized by A.R.S. § 16-957(A) by informal methods of administrative settlement or conciliation, and shall attempt to reach a tentative conciliation agreement with the respondent.

- B. A conciliation agreement pursuant to subsection (A) of this Section is not binding upon either party unless and until it is signed by the respondent and by the Executive Director upon approval by the affirmative vote of at least three members of the Commission.
- C. If a conciliation agreement is reached between the Commission and the respondent, the Executive Director shall send a copy of the signed agreement to both complainant and respondent.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3).

R2-20-217. Enforcement Proceedings

- A. Upon a finding of probable cause that the alleged violator remains out of compliance, the Executive Director may recommend to the Commission that the Commission authorize the issuance of an order and assessment of civil penalties pursuant to A.R.S. § 16-957(B).
- B. The Commission may, by an affirmative vote of at least three of its members, authorize the Executive Director to issue an order and assess civil penalties pursuant to A.R.S. § 16-957(B).
- C. Subsections (A) and (B) of this rule shall not preclude the Commission, upon request of a respondent, from entering into a conciliation agreement pursuant to R2-20-216 even after the Commission authorizes the Executive Director to issue an order and assess civil penalties pursuant to subsection (B). Any conciliation agreement reached under this subsection is subject to the provisions of R2-20-216(B) and shall have the same force and effect as a conciliation agreement reached under R2-20-216(D).

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1).

R2-20-218. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-219. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3).

R2-20-220. Ex Parte Communications

- A. In order to avoid the possibility of prejudice, real or apparent, to the public interest in enforcement actions pending before the Commission pursuant to its compliance procedures, except to the extent required for the disposition of ex parte matters as required by law (for example, during the normal course of an investigation or a conciliation effort), no interested person outside the agency shall make or cause to be made to any Commissioner or any member of any Commission staff any ex

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parte communication relative to the factual or legal merits of any enforcement action, nor shall any Commissioner or member of the Commission's staff make or entertain any such ex parte communications.

- B. This rule shall apply from the time a complaint is filed with the Commission or from the time that the Commission determines on the basis of information ascertained in the normal course of its statutory responsibilities that it has reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or may occur, and remains in force until the Commission has finally concluded all action with respect to the matter in question.
- C. Nothing in this Section shall be construed to prohibit contact between a respondent or respondent's attorney and any attorney or the Administrative Counsel or the Assistant Attorney General in the course of representing the Commission or the respondent with respect to an enforcement proceeding or civil action. No statement made by a Commission attorney or staff member shall bind or estop the Commission.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-221. Representation by Counsel; Notification

- A. If a respondent wishes to be represented by counsel with regard to any matter pending before the Commission, respondent shall so advise the Commission by sending a letter of representation signed by the respondent, which letter shall state the following:
 - 1. The name, address, and telephone number of the counsel; and
 - 2. A statement authorizing such counsel to receive any and all notifications and other communications from the Commission on behalf of respondent.
- B. Upon receipt of a letter of representation, the Commission shall have no contact with respondent except through the designated counsel unless authorized in writing by respondent. The Commission will send a copy of this letter to the respondent's attorney.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-222. Civil Penalties

- A. If the Commission has reason to believe by a preponderance of the evidence that a participating candidate is not in compliance with the Act or Commission rules, then in addition to other penalties under law, the Commission may decertify a candidate, deny or suspend funding, order repayment of funds, or impose a penalty not to exceed \$1,000 for a participating candidate for the legislature and 5,000 for a participating candidate for statewide office.
- B. If the Commission has reason to believe by a preponderance of the evidence that a person other than a participating candidate is not in compliance with the Act or Commission rules, then in addition to other penalties under law, the Commission may impose a penalty not to exceed \$1,000.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 13 A.A.R. 3524, effective January 1, 2008 (Supp. 07-3). Amended by exempt rulemaking at 19 A.A.R. 1697, effective May 23,

2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3524, effective September 27, 2013 (Supp. 13-4).

R2-20-223. Notice of Appealable Agency Action

If the Commission makes a probable cause finding pursuant to R2-20-215 or decides to initiate an enforcement proceeding pursuant to R2-20-217, the Assistant Attorney General (AAG) shall draft and serve notice of an appealable agency action pursuant to A.R.S. § 41-1092.03 and § 41-1092.04 on the respondent. The notice shall identify the following:

- 1. The statute or rule violated and specific facts constituting the violation;
- 2. A description of the respondent's right to request a hearing and to request an informal settlement conference; and
- 3. A description of what the respondent may do if the respondent wishes to remedy the situation without appealing the Commission's decision.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by final exempt rulemaking at 21 A.A.R. 2921, effective July 1, 2011; filed in the Office October 27, 2015 (Supp. 15-4).

R2-20-224. Request for an Administrative Hearing

- A. The respondent must file a request for a hearing with the Commission within 30 days of receipt of the notice prescribed in R2-20-223.
- B. If the respondent requests a hearing, the AAG shall notify the Office of Administrative Hearings (OAH) of the appeal and shall coordinate a hearing date with the Commission's AAG and Commission staff that may be called as witnesses and OAH. The hearing must be held within 60 days after the notice of appeal is filed with the Commission.
- C. The AAG shall prepare and serve a notice of hearing on all parties to the appeal at least 30 days before the hearing date, unless and expedited hearing is requested and granted. The notice of hearing shall be drafted in accordance with A.R.S. § 41-1092.05(D).

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-225. Informal Settlement Conference

- A. If the respondent requests an informal settlement conference, the informal settlement conference shall be held within 15 days after the Commission receives the request. A request for an informal settlement conference shall be in writing and must be filed with the Commission no later than 20 days before the hearing date. A person with the authority to act on behalf of the Commission must represent the Commission at the conference. The AAG shall attend the settlement conference, but shall not be the individual authorized to act on behalf of the Commission.
- B. The Commission representative shall notify the appellant in writing that the statements, either written or oral, made by the appellant at the conference, including a written document, created or expressed solely for the purpose of settlement negotiations, are inadmissible in any subsequent administrative hearing. The parties participating in the settlement conference waive their right to object to the participation of the agency representative in the final administrative decision.

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Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-226. Administrative Hearing

- A. If the matter continues to a hearing, the hearing shall be held in accordance with A.R.S. § 41-1092.07. The Administrative Law Judge (ALJ) must issue a written recommended decision within 20 days after the hearing is concluded.
- B. If the enforcement action occurs within six months of the primary or general election, the Commission will request an expedited review of the matter

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-227. Review of Administrative Decision by Commission

- A. Within 30 days after the date OAH sends a copy of the ALJ's decision to the Commission, the Commission may review the ALJ's decision and accept, reject or modify the decision.
- B. If the Commission declines to review the ALJ's decision, the Commission shall serve a copy of the decision on all parties. If the Commission modifies or rejects the decision, the Commission shall file with OAH and serve on all parties, a copy of the ALJ's decision with the rejection or modification and a written justification setting forth the reasons for the rejection or modification. If the Commission accepts, rejects or modifies the decision, the Commission's decision will be certified as final.
- C. If the Commission does not accept, reject or modify the decision within 30 days after OAH sends the ALJ's decision to the Commission, the ALJ's decision will be certified as final.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-228. Judicial Review

A party may appeal a final administrative decision pursuant to A.R.S. § 12-901 et seq. (Judicial Review of Administrative Decisions). A party does not have the right to judicial review unless that party first exhausts its administrative remedies by going through the above steps. After a hearing has been held and a final administrative decision has been entered pursuant to § 41-1092.08, a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-229. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-230. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-231. Repealed**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1).

ARTICLE 3. STANDARD OF CONDUCT FOR COMMISSIONERS AND EMPLOYEES**R2-20-301. Purpose and Applicability**

- A. The Commission is committed to implementing the Act in an honest, independent, and impartial fashion and to seeking to uphold public confidence in the integrity of the electoral system. To ensure public trust in the fairness and integrity of the Arizona elections process, all Commissioners and employees must observe the highest standards of conduct. This Article prescribes standards of ethical conduct for Commissioners and employees of the Commission relating to conflicts of interest arising from outside employment, private businesses, professional activities, political activities, and financial interests. The avoidance of misconduct and conflicts of interest on the part of the Commissioners and the employees through informed judgment is indispensable to the maintenance of these prescribed ethical standards. Attainment of these goals necessitates strict and absolute fairness and impartiality in the administration of the law.
- B. This Article applies to all persons included within the terms "employee" and "Commissioner" of the Commission.
- C. These Standards of Conduct shall be construed in accordance with any applicable laws, regulations, and agreements between the Commission and a labor organization.
- D. Pursuant to A.R.S. § 16-955(I), for three years after a Commissioner completes his or her tenure, Commissioners shall not seek or hold any public office, serve as an officer of any political committee, or employ or be employed as a lobbyist.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-302. Definitions

The following terms apply in all Citizens Clean Elections Act matters:

1. "Commission" means the Citizens Clean Elections Commission of Arizona.
2. "Commissioner" means a voting member of the Commission, appointed pursuant to A.R.S. § 16-955.
3. "Conflict of interest" means a situation in which a Commissioner's or an employee's private interest is or appears to be inconsistent with the efficient and impartial conduct of his or her official duties and responsibilities.
4. "Employee" means an employee or staff member of the Commission.
5. "Former employee" means one who was, and is no longer, an employee of the Commission.
6. "Official responsibility" means the direct administrative or operating authority, whether intermediate or final, to approve, disapprove, or otherwise direct Commission action. Official responsibility may be exercised alone or with others and either personally or through subordinates.
7. "Outside employment" or "outside activity" means any work, service or other activity performed by a Commissioner or employee other than in the performance of the Commissioner's or employee's official employment duties. It includes such activities as writing and editing, publishing, teaching, lecturing, consulting, self-employment, and other services or work performed, with or without compensation.

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8. "Person" means an individual, corporation, company, association, firm, partnership, society, joint stock company, political committee, or other group, organization, or institution.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-303. Notification to Commissioners and Employees

The Executive Director shall provide to each Commissioner and employee of the Commission, upon commencement of his or her term or employment and at least annually thereafter, a copy of this Article and such other information regarding standards of conduct as the Commission and/or applicable law may prescribe.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 13 A.A.R. 3527, effective January 1, 2008 (Supp. 07-3).

R2-20-304. Interpretation and Advisory Service

Commissioners or employees seeking advice and guidance on questions of conflict of interest and on other matters covered by this Article shall consult with the Commission's Chair or Executive Director. The Commission's Chair or Executive Director shall be consulted prior to the undertaking of any action that might violate this Article governing the conduct of Commissioners or employees.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 13 A.A.R. 3527, effective January 1, 2008 (Supp. 07-3).

R2-20-305. Reporting Suspected Violations

- A. Commissioners and employees who have information, which causes them to believe that there has been a violation of a statute or a rule set forth in this Article, shall report promptly, in writing, such incident to the Commission's Chair or Executive Director.
- B. When information available to the Commission indicates a conflict between the interests of a Commissioner or employee and the performance of his or her Commission duties, the Commissioner or employee shall be provided an opportunity to explain the conflict or appearance of conflict in writing.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-306. Disciplinary and Other Remedial Action

- A. A violation of this Article by an employee may be cause for disciplinary action, which may be in addition to any penalty prescribed by law.
- B. When the Commission's Executive Director determines that an employee may have or appears to have a conflict of interest, the Commission's Executive Director may question the employee in the matter and gather other information. The Commission's Executive Director and the employee's supervisor shall discuss with the employee possible ways of eliminating the conflict or appearance of conflict. If the Commission's Executive Director, after consultation with the employee's supervisor, concludes that remedial action should be taken, he or she shall refer a statement to the Commission containing his or her recommendation for such action. The Commission, after consideration of the employee's explanation and the results of any investigation, may direct appropriate remedial action as it deems necessary.

- C. Remedial action pursuant to subsection (B) of this Section may include, but is not limited to:
 1. Changes in assigned duties;
 2. Divestment by the employee of his or her conflicting interest;
 3. Disqualification for particular action; or
 4. Disciplinary action.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-307. General Prohibited Conduct

- A. A Commissioner or employee shall avoid any action whether or not specifically prohibited by this Section that might result in, or create the appearance of:
 1. Using public office for unlawful private gain;
 2. Giving favorable or unfavorable treatment to any person or organization due to any partisan or political consideration;
 3. Impeding Commission efficiency or economy;
 4. Losing impartiality.
 5. Making a Commission decision without Commission approval; or
 6. Adversely affecting the confidence of the public in the integrity of the Commission.
- B. A Commissioner or employee of the Commission shall not solicit or accept, directly or indirectly, any gift, gratuity, favor, entertainment, loan, or any other thing of monetary value, from a person who:
 1. Has, or is seeking to obtain, contractual or other business or financial relations with the Commission;
 2. Conducts operations or activities that are regulated or examined by the Commission; or
 3. Has an interest that may be substantially affected by the performance or nonperformance of the Commissioner or employee's official duty.
- C. Subsection (B) of this Section shall not apply in the following circumstances:
 1. When circumstances make it clear that obvious family or personal relationships, rather than the business of the persons concerned, are the motivating factors;
 2. To the acceptance of food, refreshments, and accompanying entertainment of nominal value in the ordinary course of a social occasion or a luncheon or dinner meeting or other function where a Commissioner or an employee is properly in attendance;
 3. To the acceptance of unsolicited advertising or promotional material or other items of nominal value such as pens, pencils, note pads, calendars; and
 4. To the acceptance of loans from banks or other financial institutions on customary terms to finance proper and usual activities, such as home mortgage loans.
- D. A Commissioner or an employee shall not solicit a contribution from another employee for a gift to an official superior, make a donation as a gift to an official superior, or accept a gift from an employee receiving less pay than himself or herself. However, this subsection does not prohibit a voluntary gift of nominal value or donation in a nominal amount made on a special occasion such as birthday, holiday, marriage, illness, or retirement.
- E. This Section does not preclude a Commissioner or employee from receipt of reimbursement, unless prohibited by law, for expenses of travel and such other necessary subsistence as is compatible with this Article for which no state payment or reimbursement is made. However, this Section does not allow a Commissioner or employee to be reimbursed, or payment to

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be made on his or her behalf, for excessive personal living expenses, gifts, entertainment, or other personal benefits, nor does it allow a Commissioner or employee to be reimbursed by a person for travel on official business under Commission orders when reimbursement is prescribed by statute.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-308. Outside Employment or Activities

- A.** A Commissioner or employee shall not engage in outside employment that is incompatible with the full discharge of his or her duties as a Commissioner or employee.
- B.** Incompatible outside employment or other activities by Commissioners or employees include, but are not limited to:
 1. Outside employment or other activities that involve illegal activities;
 2. Outside employment or other activities that would give rise to a real or apparent conflict of interest situation even though no violation of a specific statutory provision was involved;
 3. Acceptance of a fee, compensation, gift, payment of expense, or any other thing of monetary value in circumstances where acceptance may result in, or create the appearance of, a conflict of interest;
 4. Outside employment or other activities that might bring discredit upon the state or Commission;
 5. Outside employment or other activities that establish relationships or property interests that may result in a conflict between the Commissioner's or the employee's private interests and official duties;
 6. Outside employment or other activities which would involve any contractor or subcontractor connected with any work performed for the Commission or would involve any person or organization in a position to gain advantage in its dealings with the state through the Commissioner's or employee's exercise of his or her official duties;
 7. Outside employment or other activities that may be construed by the public to be the official acts of the Commission. In any permissible outside employment, care shall be taken to ensure that names and titles of Commissioners and employees are not used to give the impression that the activity is officially endorsed or approved by the Commission or is part of the Commission's activities;
 8. Outside employment or other activities which would involve use by a Commissioner or employee of his or her official duty time; use of official facilities, including office space, machines, or supplies, at any time; or use of the services of other employees during their official duty hours;
 9. Outside employment or other activities which impair the Commissioner's or employee's mental or physical capacities to perform Commission duties and responsibilities in an acceptable manner; or
 10. Use of information obtained as a result of state employment that is not freely available to the general public or would not be made available upon request. However, written authorization for the use of any such information may be given when the Commission determines that such use would be in the public interest.
- C.** Commissioners and employees shall not receive any salary or anything of monetary value from a private source as compensation for the Commissioner's or employee's services to the state.

- D.** Commissioners and employees are encouraged to engage in teaching, lecturing, and writing that is not prohibited by law or this Article. However, Commissioners and employees shall not, either with or without compensation, engage in teaching or writing that is dependent on information obtained as a result of his or her Commission employment, except when that information has been made available to the public or will be made available on request, or when the Commission gives written authorization for the use of nonpublic information on the basis that the use is in the public interest.
- E.** This Section does not preclude a Commissioner or employee from participating in the activities of or acceptance of an award for meritorious public contribution or achievement given by a charitable, religious, professional, social, fraternal, nonprofit, educational, recreational, public service, or civic organization.
- F.** An employee who intends to engage in outside employment shall obtain the approval of the Executive Director. The request shall include the name of the person, group, or organization for whom the work is to be performed, the nature of the services to be rendered, the proposed hours of work, or approximate dates of employment, and the employee's certification as to whether the outside employment (including teaching, writing, or lecturing) will depend in any way on information obtained as a result of the employee's official position. The employee will receive, from the Executive Director, written notice of approval or disapproval of any written request. A record of the decision shall be placed in each employee's official personnel folder.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-309. Financial Interests

- A.** Commissioners and employees shall not engage in, directly or indirectly, a financial transaction as a result of, or primarily relying on, information obtained through the Commissioner's or employee's duties or employment.
- B.** Commissioners and employees shall not have a direct or indirect financial interest that conflicts substantially, or appears to conflict substantially, with the Commissioner's or employee's official duties and responsibilities, except in cases where the Commissioner or employee makes full disclosure, and disqualifies himself or herself from participating in any decisions, approval, disapproval, recommendation, the rendering of advice, investigation, or in any proceeding of the Commission in which the financial interest is or appears to be affected. Full disclosure by a Commissioner or employee will require that individual to submit a written statement to the Executive Director or Chair disclosing the particular financial interest which conflicts substantially, or appears to conflict substantially, with the Commissioner's or employee's duties and responsibilities.
- C.** Commissioners and employees shall disqualify themselves from a proceeding in which the Commissioner's or employee's impartiality might reasonably be questioned, such as in a situation where the Commissioner or employee knows that he or she, or his or her family member, has an interest in the subject matter in controversy or is a party to the proceeding, or has any other interest that could be substantially affected by the outcome of the proceeding.
- D.** This Section does not preclude a Commissioner or employee from having a financial interest or engaging in financial transactions to the same extent as a private citizen not employed by the Commission, as long as the Commissioner's or employee's

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financial interest does not conflict with official Commission duties.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-310. Political and Organization Activity

- A.** Due to the Commission's role in the political process, the following restrictions on political activities are required:
1. Commissioners and employees shall not advocate for the election or defeat of a candidate, nor make contributions to a candidate, political party, or political committee subject to the jurisdiction of the Commission. Commissioners and employees, however, are not prohibited from signing candidate nomination petitions;
 2. Commissioners and employees shall not provide volunteer or paid services for a candidate, political party, or political committee subject to the jurisdiction of the Commission; and
 3. Commissioners and employees not shall display partisan buttons, badges, or other insignia on Commission premises.
- B.** Employees on leave, leave without pay, or on furlough or terminal leave, even though the employees' resignations have been accepted, are subject to the restrictions of this Section. A separated employee who has received a lump-sum payment for annual leave, however, is not subject to the restrictions during the period covered by the lump-sum payment or thereafter, provided he or she does not return to state employment during that period. An employee is not permitted to take a leave of absence to work with a political candidate, committee, or organization or become a candidate for office despite any understanding that he or she will resign his or her position if nominated or elected.
- C.** A Commissioner or employee is accountable for political activity by another person acting as his or her agent or under the Commissioner's or employee's direction or control if the Commissioner or employee is thus accomplishing what he or she may not lawfully do directly and openly.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-311. Membership in Associations

Commissioners or employees who are members of nongovernmental associations or organizations shall avoid activities on behalf of those associations or organizations that are incompatible with their official positions.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-312. Use of State Property

A Commissioner or employee shall not directly or indirectly use, or allow the use of, state property of any kind, including property leased to the state, for other than officially approved activities. Commissioners and employees have a positive duty to protect and conserve state property including equipment, supplies, and other property entrusted or issued to him or her.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

ARTICLE 4. AUDITS**R2-20-401. Purpose and Scope**

This article prescribes procedures for conducting examinations and audits of participating candidates' campaign finances.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 19 A.A.R. 1699, effective October 6, 2011 (Supp. 13-2).

R2-20-402. General

The Commission may conduct an examination and audit of the receipts, disbursements, debts and obligations of each candidate. In addition, the Commission may conduct other examinations and audits as it deems necessary to carry out the provisions of the Act and regulations. Information obtained pursuant to any audit and examination may be used by the Commission as the basis, or partial basis, for its repayment determinations.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-402.01. Audits of Participating Legislative Candidates

To ensure compliance with the Act and Commission rules, the Commission shall conduct audits of all participating legislative candidates after each election. Candidates who win their primary election will not be subject to an audit until after the general election. Audits shall include the review of campaign finance reports for the entire election cycle and related documentation in accordance with procedures established by the Commission. The Commission may hire independent accounting firms to carry out the audits.

Historical Note

New Section made by exempt rulemaking at 13 A.A.R. 3529, effective January 1, 2008 (Supp. 07-3). Amended by exempt rulemaking at 19 A.A.R. 1700, effective October 6, 2011 (Supp. 13-2). Amended by final exempt rulemaking at 21 A.A.R. 1640, effective July 23, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 130, effective December 15, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 2944, effective September 28, 2017 (Supp. 17-4).

R2-20-402.02. Audits of Participating Statewide Candidates

All participating statewide candidates shall be audited after each primary election period and each general election period.

Historical Note

New Section made by final exempt rulemaking at 23 A.A.R. 131, effective December 15, 2016 (Supp. 16-4).

R2-20-403. Conduct of Fieldwork

- A.** The Commission will provide the candidate two days notice of the Commission's intention to commence fieldwork on the audit and examination. The Commission will conduct fieldwork at a site provided by the candidate. During or after fieldwork, the Commission may request additional or updated information, which expands the coverage dates of information previously provided. During or after fieldwork, the Commission may also request additional information that was created by or becomes available to the candidate that is of assistance in the Commission's audit. The candidate shall produce the additional or updated information no later than two days after service of the Commission's request.
- B.** On the date scheduled for the commencement of fieldwork, the candidate shall facilitate the examination or audit by making records available in one central location, such as the Commission's office space, or shall provide the Commission with office space and records. The candidate shall be present at the

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site of the fieldwork. The candidate shall be familiar with the candidate's records and shall be available to the Commission to answer questions and to aid in locating records.

- C. If the candidate fails to provide adequate office space, personnel or records, the Commission may seek judicial intervention to enforce the request or assess other penalties.
- D. If, in the course of the examination or audit process, a dispute arises over the documentation sought, the candidate may seek review by the Commission of the issues raised. To seek review, the candidate shall submit a written statement within five days after the disputed Commission request is made, describing the dispute and indicating the candidate's proposed alternatives.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-404. Preliminary Audit Report

- A. After the completion of fieldwork, the auditors may prepare a written preliminary audit report, which will be provided to the candidate after it is reviewed by the Executive Director. The preliminary audit report may include:
 1. An evaluation of procedures and systems employed by the candidate to comply with applicable provisions of the Act and Commission rules,
 2. The accuracy of statements and campaign finance reports filed with the Secretary of State by the candidate, and
 3. Preliminary findings.
- B. The candidate may submit in writing within 10 days after receipt of the preliminary audit report, legal and factual materials disputing or commenting on the proposed findings contained in the preliminary audit report. In addition, the candidate shall submit any additional documentation requested by the Commission.
- C. If the preliminary audit report cannot be completed, the Commission shall notify the candidate in writing that the audit report will not be completed.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 16 A.A.R. 1200, effective February 28, 2008 (Supp. 10-2).

R2-20-405. Final Audit Report

- A. Before voting on whether to approve and issue a final audit report, the Commission will consider any written legal and factual materials timely submitted by the candidate in accordance with R2-20-404. The Commission-approved final audit report may address issues other than those contained in the preliminary audit report.
- B. The final audit report may identify issues that warrant referral for possible enforcement proceedings.
- C. Addenda to the final audit report may be approved and issued by the Commission from time to time as circumstances warrant and as additional information becomes available. Such addenda may be based on follow-up fieldwork conducted, or information ascertained by the Commission in the normal course of carrying out its responsibilities. The procedures set forth in R2-20-404 and subsections (A) and (B) will be followed in preparing such addenda.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-406. Release of Audit Report

- A. The Commission will consider the final audit report specified in R2-20-405 in an open meeting. The Commission will provide the candidate with copies of the final audit report to be considered in an open meeting 24 hours prior to the public meeting.
- B. Following Commission approval of the final audit report, the report will be forwarded to the candidate within five days after the public meeting.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

ARTICLE 5. RULEMAKING**R2-20-501. Purpose and Scope**

This Article prescribes the procedures for the submission, consideration, and disposition of rulemaking petitions filed with the Commission, establishes the conditions under which the Commission may identify and respond to petitions for rulemaking, and informs the public of the procedures the agency follows in response to such petitions.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-502. Procedural Requirements

- A. Any interested person may file with the Commission a written petition for the issuance, amendment, or repeal of an administrative rule implementing any of the Citizens Clean Elections Act.
- B. The petition shall:
 1. Include the name and address of the petitioner or agent. An authorized agent of the petitioner may submit the petition, but the agent shall disclose the identity of his or her principal;
 2. Identify itself as a petition for the issuance, amendment, or repeal of a rule;
 3. Identify the specific Section of the regulations to be affected;
 4. Set forth the factual and legal grounds on which the petitioner relies, in support of the proposed action; and
 5. Be addressed and submitted to the Commission.
- C. The petition may include draft regulatory language that would effectuate the petitioner's proposal.
- D. The Commission may, in its discretion, treat a document that fails to conform to the format requirements of subsection (B) of this Section as a basis for rulemaking addressing issues raised in a petition.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-503. Processing of Petitions

- A. Within 10 days of receiving a petition, the Commission shall send a letter to the petitioner acknowledging the receipt of the petition and informing the petitioner that the Commission will review and decide whether to deny or accept the petition. To assist in determining whether a rulemaking proceeding should be initiated, the Commission may publish a Notice of Availability on the Commission web site or otherwise post notice, stating that the petition is available for public inspection in the Commission's Office and that statements in support of or in opposition to the petition may be filed within a stated period after publication of the Notice of Availability.
- B. If the Commission decides a public hearing on the petition would help determine whether to commence a rulemaking proceeding, it will publish an appropriate notice of the hearing on

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the Commission web site or otherwise post notice, to notify interested persons and to invite their participation in the hearing.

- C. The Commission will consider all comments regarding whether rulemaking proceedings should be initiated.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-504. Disposition of Petitions

- A. After considering the comments and any other information relevant to the subject matter of the petition, the Commission will decide whether to initiate rulemaking based on the filed petition.
- B. If the Commission decides to initiate rulemaking proceedings, it shall file a Notice of Proposed Rulemaking and the proposed rule, in the format prescribed in A.R.S. § 41-1022, with the Secretary of State's office for publication in the Arizona Administrative Register. After the Commission approves the proposed rule, the Commission will accept public comments on the proposed rule for 60 days. After consideration of the comments received in the 60-day comment period, the Commission may adopt the rule in open meeting.
- C. If the Commission decides not to initiate rulemaking, it will give notice of this action by publishing a Notice of Disposition on the Commission web site, or otherwise post notice, and by sending a letter to the petitioner. The Notice of Disposition will include a brief statement of the grounds for the Commission's decision.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-505. Commission Considerations

The Commission's decision on the petition for rulemaking may include, but will not be limited to, the following considerations:

1. The Commission's statutory authority;
2. Policy considerations;
3. The desirability of proceeding on a case-by-case basis;
4. The necessity or desirability of statutory revision;
5. Available agency resources; and
6. Substantive policy statements.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-506. Administrative Record

- A. The Commission record for the petition process consists of the following:
1. The petition, including all attachments on which it relies, filed by the petitioner;
 2. Written comments on the petition that have been circulated to and considered by the Commission, including attachments submitted as a part of the comments;
 3. Agenda documents, in the form they are circulated to and considered by the Commission in the course of the petition process;
 4. All notices published on the Commission web site and in the Arizona Administrative Register, including the Notice of Availability and Notice of Disposition;
 5. The transcripts or audiotapes of any public hearing on the petition;
 6. All correspondence between the Commission and the petitioner, other commentators and state agencies pertaining to Commission consideration of the petition; and

7. The Commission's decision on the petition, including all documents identified or filed by the Commission as part of the record relied on in reaching its final decision.

- B. The administrative record specified in subsection (A) of this Section is the exclusive record for the Commission's decision.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

ARTICLE 6. EX PARTE COMMUNICATIONS**R2-20-601. Purpose and Scope**

This Article prescribes procedures for handling ex parte communications made regarding Commission audits, investigations, and litigation. Rules governing such communications made in connection with Commission enforcement actions are found at R2-20-220.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-602. Definitions

- A. "Ex parte communication" means any written or oral communication, by any person outside the agency to any Commissioner or any employee, which imparts information or argument regarding prospective Commission action or potential action concerning:
1. Any ongoing audit;
 2. Any pending investigation; or
 3. Any litigation matter.
- B. "Ex parte communication" does not include the following communications:
1. Public statements by any person in a public forum; or
 2. Statements or inquiries by any person limited to the procedural status of an open proceeding involving a Commission audit, investigation, or litigation matter.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-603. Audits, Investigations, and Litigation

- A. In order to avoid the possibility of prejudice, real or apparent, in Commission decision making, no person outside the Commission shall make, or cause to be made, to any Commissioner or employee, any ex parte communication regarding any audit undertaken by the Commission or any pending or prospective Commission decision regarding any investigation or litigation, including whether to initiate, settle, appeal, or any other decision concerning an investigation or litigation matter.
- B. A Commissioner or employee who receives an oral ex parte communication concerning any matters addressed in subsection (A) of this Section shall attempt to prevent the communication. If unsuccessful in preventing the communication, the Commissioner or employee shall advise the person making the communication that he or she will not consider the communication and shall, as soon after the communication as is reasonably possible, but no later than three business days after the communication, or prior to the next Commission discussion of the matter, whichever is earlier, prepare a statement setting forth the substance and circumstances of the communication, and deliver the statement to the Executive Director for placement in the applicable case file.
- C. A Commissioner or employee who receives a written ex parte communication concerning any matters addressed in subsection (A) of this Section shall, as soon after the communication as is reasonably possible but no later than three business days after the communication, or prior to the next Commission discussion of the matter, whichever is earlier, deliver a copy of

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the communication to the Executive Director for placement in the applicable case file.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

R2-20-604. Sanctions

Any person who becomes aware of a possible violation of this Article shall notify the Executive Director in writing of the facts and circumstances of the alleged violation. The Executive Director shall recommend to the Commission the appropriate action to be taken. The Commission shall determine the appropriate action by at least three votes.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).

ARTICLE 7. USE OF FUNDS AND REPAYMENT**R2-20-701. Purpose and Scope**

A participating candidate may spend clean elections monies only for reasonable and necessary expenses that are directly related to the campaign of that participating candidate.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1).
Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-702. Use of Campaign Funds

- A. A participating candidate shall use funds in the candidate's current campaign account to pay for goods and services for direct campaign purposes only. Funds shall be disbursed and reported in accordance with A.R.S. § 16-948(C).
- B. A participating candidate may make a payment from the candidate's campaign bank account:
 1. To a political committee or civic organization or an unincorporated association. The payment is not a contribution if the payment is reasonable in relation to the value received.
 2. For customary charges for services rendered, such as for printing and obtaining voter or telephone lists, shall be considered reasonable in relation to the value received.
 3. Of not more than \$200 per person to attend a political event open to the public or to party members shall be considered reasonable in relation to the value received.
- C. A participating candidate shall not use funds in the candidate's campaign account for:
 1. Costs of legal defense in any campaign law enforcement proceeding or for any affirmative claim or litigation in court or before the Commission regarding a campaign. This prohibition does not bar use of campaign funds for payments to attorneys or certified accountants for proactive compliance advice and assistance.
 2. Food and beverages for staff and volunteers exceeding \$11 for breakfast, \$16 for lunch, and \$27 for dinner, per person.
 3. Personal use, which includes, but is not limited to, any item listed below:
 - a. Household food items or supplies.
 - b. Clothing, other than items of de minimis value that are used in the campaign, such as campaign "t-shirts" or caps with campaign slogans.
 - c. Tuition payments, other than those associated with training campaign staff.
 - d. Mortgage, loan, rent, lease or utility payments:

- i. For any part of any personal residence of the candidate or a member of the candidate's family; or
 - ii. For real or personal property that is owned or leased by the candidate or a member of the candidate's family and used for campaign purposes, to the extent the payments exceed the fair market value of the property usage.
 - e. Admission to a sporting event, concert, theater or other form of entertainment, unless part of a specific campaign activity.
 - f. Dues, fees or gratuities at a country club, health club, recreational facility or other nonpolitical organization, unless they are part of the costs of a specific fundraising event that takes place on the organization's premises.
 - g. Gifts or donations.
 - h. Extended warranties or other similar purchase options that extend beyond the campaign.
4. Payment to a candidate or a candidate's family member, as defined in R2-20-101(13), or an enterprise owned in whole or part by a candidate or family member, for the provisions of goods or services to the extent the payments exceed the fair market value of the goods or services. All payments made to family members or to enterprises owned in whole or part by the candidate or a family member shall be clearly itemized and indicated as such in all campaign finance reports.
- D. Participating candidates may purchase fixed assets with a value not to exceed \$800. Fixed assets, including accessories, purchased with campaign funds that can be used for non-campaign purposes with a value of \$200 or more shall be turned into the Commission no later than 14 days after the primary election or the general election if the candidate was successful in the primary. For purposes of determining whether a fixed asset is valued at \$200 or more, the value shall include any accessories purchased for use with the fixed asset in question. A candidate may elect to keep an item by reimbursing the Commission for 80 percent of the original purchase price including the cost of accessories.
 - E. During the primary election period, a participating candidate shall not make any expenditure greater than the difference between:
 1. The sum of early contributions received plus public funds disbursed through the primary election period; less
 2. All other expenditures made during and for the exploratory, qualifying and primary election periods.
 - F. During the general election period, a participating candidate shall not make any expenditure greater than the difference between:
 1. The amount of public funds disbursed during and for the general election period; less
 2. All other expenditures made during and for the general election period.
 - G. Transportation expenses.
 1. Except as otherwise provided in this subsection (D), the costs of transportation relating to the election of a participating statewide or legislative office candidate shall not be considered a direct campaign expense and shall not be reported by the candidate as expenditures or as in-kind contributions.
 2. If a participating candidate travels for campaign purposes in a privately owned automobile, the candidate may:
 - a. Use campaign funds to reimburse the owner of the automobile at a rate not to exceed the state mileage reimbursement rate in which event the reimburse-

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ment shall be considered a direct campaign expense and shall be reported as an expenditure and reported in the reporting period in which the expenditure was incurred. If a candidate chooses to use campaign funds to reimburse, the candidate shall keep an itinerary of the trip, including name and type of events(s) attended, miles traveled and the rate at which the reimbursement was made. This subsection applies to candidate owned automobiles in addition to any other automobile.

- b. Use campaign funds to pay for direct fuel purchases for the candidate's automobile only and shall be reported. If a candidate chooses to use campaign funds for direct fuel purchases, the candidate shall keep an itinerary of the trip, including name and type of events(s) attended, miles traveled and the rate at which the reimbursement could have been made.
3. Use of airplanes.
 - a. If a participating candidate travels for campaign purposes in a privately owned airplane, within 7 days from the date of travel, the candidate shall use campaign funds to reimburse the owner of the airplane at a rate of \$150 per hour of flying time, in which event the reimbursement shall be considered a direct campaign expense and shall be reported as an expenditure. If the owner of the airplane is unwilling or unable to accept reimbursement, the participating candidate shall remit to the fund an amount equal to \$150 per hour of flying time.
 - b. If a participating candidate travels for campaign purposes in a state-owned airplane, within 7 days from the date of travel, the candidate shall use campaign funds to reimburse the state for the portion allocable to the campaign in accordance with subsection 3a, above. The portion of the trip attributable to state business shall not be reimbursed. If payment to the State is not possible, the payment shall be remitted to the Clean Elections Fund.
4. If a participating candidate rents a vehicle or purchases a ticket or fare on a commercial carrier for campaign purposes, the actual costs of such rental (including fuel costs), ticket or fare shall be considered a direct campaign expense and shall be reported as an expenditure.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 3606, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1423, effective October 22, 2009 (Supp. 09-3). Amended by exempt rulemaking at 17 A.A.R. 1267, effective April 12, 2011 (Supp. 11-2). Since language in subsections R2-20-702(C)(3)(d)(i) and (ii) and R2-20-702(C)(4) and (5) are substantively identical, the Commission requested to remove the redundant language in R2-20-702(C)(3)(d)(i) and (ii) under A.R.S. § 41-1011(C), Office File No. M11-345, filed October 3, 2011 (Supp. 11-2). Amended by exempt rulemaking at 19 A.A.R. 1702, effective October 6, 2011 (Supp. 13-2). Amended by exempt rulemaking at 22 A.A.R. 2906, effective January 1, 2017 (Supp. 16-3). Amended by exempt rulemaking at 23 A.A.R. 2342, effective January

1, 2018 (Supp. 17-3). Amended by final rulemaking at 25 A.A.R. 2120, effective July 29, 2019 (Supp. 19-3).

R2-20-702.01. Use of Assets

A participating candidate may use assets such as signs, pamphlets, and office equipment from a prior election cycle only after the candidate's current campaign pays for the assets in an amount equal to the fair market value of the assets, which amount shall in no event be less than one-fifth (1/5) the original purchase price of such assets. If the candidate was a participating candidate during the prior election cycle, the cash payment shall be made to the Fund. If the candidate was not a participating candidate during the prior election cycle, the cash payment shall be made to the prior campaign. If the prior campaign account of a nonparticipating candidate is closed, the payment shall be made to the candidate.

Historical Note

New Section made by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 13 A.A.R. 3606, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2).

R2-20-703. Documentation for Direct Campaign Expenditures

- A. In addition to the general books and records requirements prescribed in R2-20-111, participating candidates shall comply with the following requirements:
 1. All participating candidates shall have the burden of proving that expenditures made by the candidate were for direct campaign purposes. The candidate shall obtain and furnish to the Commission on request any evidence regarding direct campaign expenses made by the candidate as provided in subsection (A)(2).
 2. All participating candidates shall retain records with respect to each expenditure and receipt, including bank records, vouchers, worksheets, receipts, bills and accounts, journals, ledgers, fundraising solicitation material, accounting systems documentation, and any related materials documenting campaign receipts and disbursements, for a period of three years, and shall present these records to the Commission on request.
 3. All participating candidates shall maintain a list of all fixed assets whose purchase price exceeded \$200 when acquired by the campaign. The list shall include a brief description of each fixed asset, the purchase price, the date it was acquired, the method of disposition and the amount received in disposition.
- B. Upon written request from a candidate, the Commission shall determine whether a planned campaign expenditure or fundraising activity is permissible under the Act. To make a request, a candidate shall submit a written description of the planned expenditure or activity to the Commission. The Commission shall inform the candidate whether an enforcement action will be necessary if the candidate carries out the planned expenditure or activity. The Commission shall ensure that the candidate can rely on a "no action" letter. A "no action" letter applies only to the candidate who requested it.
- C. Any expenditure made by the candidate or the candidate's committee that cannot be documented as a direct expenditure shall promptly be repaid to the Fund with the candidate's personal monies.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11

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A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by final exempt rulemaking at 21 A.A.R. 1641, effective July 23, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 133, effective January 1, 2017 (Supp. 16-4).

R2-20-703.01. Campaign Consultants

- A.** For purposes of this rule “Campaign Consultant” means any person paid by a participating candidate’s campaign or who provides services that are ordinarily charged to a person, except services provided for in A.R.S. § 16-911(6)(b).
- B.** A participating candidate may engage campaign consultants.
- C.** A participating candidate may only advance a campaign consultant for services such as consulting, communications, field employees, canvassers, mailers, auto-dialers, telephone town halls, electronic communications and other advertising purchases and other campaign service if an itemized invoice identifying the value of the services is provided directly to that particular candidate at the time of the advance payment.
 - 1. Providing payment for such services as described in subsection (C) of this rule in the absence of an itemized invoice or advance payment for such services shall be deemed not to be a direct campaign expenditure.
 - 2. A participating candidate may advance payment for postage upon the receipt of a written estimate and so long as any balance is returned to the candidate if the advance exceeds the actual cost of postage.
 - 3. A participating candidate may advance payment for advertising that customarily requires pre-payment upon the receipt of a written estimate and so long as any balance is returned to the candidate if the advance exceeds the actual cost of the advertisement.
- D.** The Commission shall be included in the mail batch for all mailers and invitations. The Commission shall also be provided with documentation from the mail house, printer or other original source, showing the number of mailers printed and the number of households to which a mailer was sent. Failure to provide this information within 7 days after the mailer has been mailed may be considered as evidence the mailer was not for direct campaign purposes.

Historical Note

New Section made by exempt rulemaking at 23 A.A.R. 2344, effective July 20, 2017 (Supp. 17-3).

R2-20-704. Repayment

- A.** In general, the Commission may determine that a participating candidate who has received payments from the Fund must repay the Fund as determined by the Commission.
 - 1. A candidate who has received payments from the Fund shall pay the Fund any amounts that the Commission determines to be repayable. In making repayment determinations, the Commission may utilize information obtained from audits and examinations or otherwise obtained by the Commission in carrying out its responsibilities.
 - 2. The Commission will notify the candidate of any repayment determinations made under this Section as soon as possible.
 - 3. Once the candidate receives notice of the Commission’s repayment determination, the candidate should give preference to the repayment over all other outstanding obligations of the candidate, except for any taxes owed by the candidate.
 - 4. Repayments may be made only from the following sources: personal funds of the candidate, funds in the candidate’s current election campaign account, and any additional funds raised subject to the limitations and prohibitions of the Act.
- 5. The Commission may withhold the portion of funds required to be repaid from future payments to a participating candidate if the Commission has made a repayment determination.
- B.** The Commission may determine that a participating candidate who has received payments from the Fund must repay the Fund under any of the following circumstances:
 - 1. Payments in excess of candidate’s entitlement. If the Commission determines that any portion of the payments made to the candidate was in excess of the aggregate payments to which such candidate was entitled, it will so notify the candidate, and such candidate shall pay to the Fund an amount equal to such portion.
 - 2. Use of funds not for direct campaign expenses. If the Commission determines that any amount of any payment to an eligible candidate from the Fund was used for purposes other than direct campaign purposes described in R2-20-702, it will notify the candidate of the amount so used, and such candidate shall pay to the Fund an amount equal to such amount.
 - 3. Expenditures that were not documented in accordance with campaign finance reporting requirements, expended in violation of state or federal law, or used to defray expenses resulting from a violation of state or federal law, such as the payment of fines or penalties.
 - 4. Surplus. If the Commission determines that a portion of payments from the Fund remains unspent after all direct campaign expenses have been paid, it shall so notify the candidate, and such candidate shall pay the Fund that portion of surplus funds.
 - 5. Income on investment or other use of payments from the Fund. If the Commission determines that a candidate received any income as a result of an investment or other use of payments from the Fund, it shall so notify the candidate, and such candidate shall pay to the Fund an amount equal to the amount determined to be income, less any federal, state or local taxes on such income.
 - 6. Unlawful acceptance of contributions by an eligible candidate. If the Commission determines that a participating candidate accepted contributions, other than early contributions or qualifying contributions, it shall notify the candidate of the amount of contributions so accepted, and the candidate shall pay to the Fund an amount equal to such amount, plus any civil penalties assessed.
- C.** Repayment determination procedures. The Commission’s repayment determination will be made in accordance with the following procedures:
 - 1. Repayment determination. The Commission will send a repayment determination pursuant to Article 2, Compliance and Enforcement Procedures, and will set forth the legal and factual reasons for such determination, as well as the evidence upon which any such determination is based. The candidate shall repay, in accordance with subsection (D), the amount that the Commission has determined to be repayable.
 - 2. Administrative review of repayment determination. If a candidate disputes the Commission’s repayment determination, he or she may request an administrative appeal of the determination in accordance with A.R.S. § 41-1092 et. seq.
- D.** Repayment period.
 - 1. Within 30 days of service of the notice of the Commission’s repayment determination, the candidate shall repay the amounts the Commission has determined must be

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repaid. Upon application by the candidate, the Commission may grant an extension of time in which to make repayment.

2. If the candidate requests an administrative appeal of the Commission's repayment determination of this Section, the time for repayment will be suspended until the Commission has concluded its review of the Administrative Law Judge's (ALJ) decision. Within 30 days after service of the notice of the Commission's review of the ALJ's decision, the candidate shall repay the amounts that the Commission has determined to be repayable. Upon application by the candidate, the Commission may grant an extension of up to 30 days in which to make repayment.
3. Interest shall be assessed on all repayments made after the initial 30-day repayment period or the 30-day repayment period established by this Section. The amount of interest due shall be the greater of:
 - a. An amount calculated in accordance with A.R.S. § 44-1201(A); or
 - b. The amount actually earned on the funds set aside or to be repaid under this Section.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by final exempt rulemaking at 21 A.A.R. 1643, effective July 23, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 2122, effective July 29, 2019 (Supp. 19-3).

R2-20-705. Additional Audits or Repayment Determinations

- A. The Commission may conduct an additional audit or examination of any candidate in any case in which the Commission finds reason to believe that a violation of a statute or regulation over which the Commission has jurisdiction has occurred or is about to occur.
- B. The Commission may make additional repayment determinations after it has made an initial repayment determination pursuant to R2-20-704. The Commission may make additional repayment determinations where there exist facts not used as the basis for any previous determination. Any such additional

repayment determination will be made in accordance with the provisions of this Article.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-706. Repealed

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-707. Repealed

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-708. Repealed

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-709. Repealed

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

R2-20-710. Repealed

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

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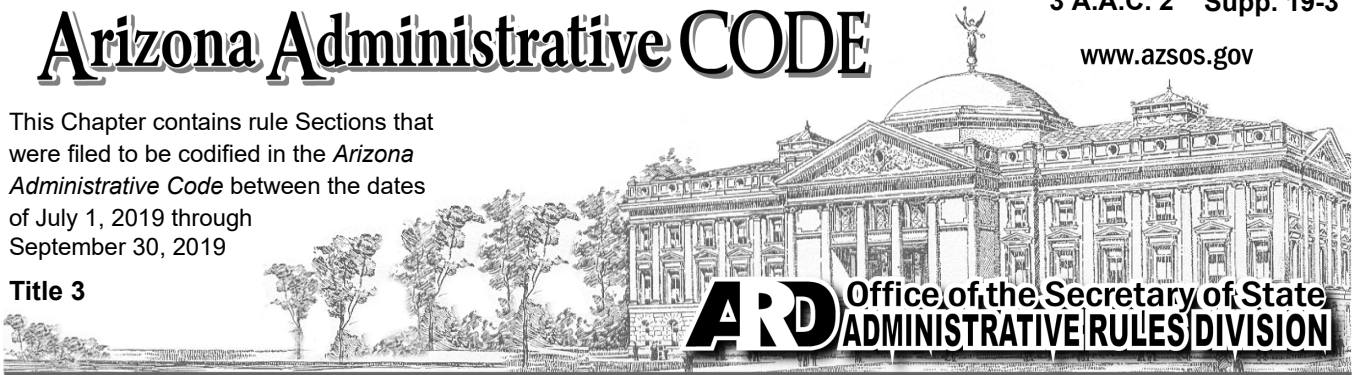
Arizona Administrative CODE

3 A.A.C. 2 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 3



TITLE 3. AGRICULTURE

CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

R3-2-203.	Licenses; Registration; Records	6	R3-2-810.	License Fees	35
R3-2-701.	Department Livestock Inspection	24			

Questions about these rules? Contact:

Name: Chris McCormack, Associate Director
Address: Arizona Department of Agriculture
1688 W. Adams
Phoenix, AZ 85007
Telephone: (602) 542-7186
Fax: (602) 542-4290
E-mail: cmccormack@azda.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 18-4, 1-40 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

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TITLE 3. AGRICULTURE**CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION**

(Authority: A.R.S. §§ 3-1201 et seq., 3-601 et seq., and 3-701 et seq., and 3-2901 et seq.)

Chapter 2, Articles 1 through 7 renumbered from Title 3, Chapter 9, Articles 1 through 7; Article 8, consisting of Sections R3-2-801 through R3-2-808, renumbered from Title 3, Chapter 5, Article 1, Sections R3-5-01 through R3-5-08; Article 9, consisting of Sections R3-2-901 through R3-2-909 renumbered from Title 3, Chapter 6, Article 1, Sections R3-6-101 through R3-6-109 (Supp. 91-4).

Article 1 consisting of Sections R3-9-101 through R3-9-103; Article 2 consisting of Sections R3-9-201 through R3-9-208; Article 3 consisting of Sections R3-9-301 and R3-9-302; Article 4 consisting of Sections R3-9-401 through R3-9-409; Article 5 consisting of Sections R3-9-501 through R3-9-504; Article 6 consisting of Sections R3-9-601 through R3-9-620; Article 7 consisting of Sections R3-9-701 and R3-9-702 adopted effective August 19, 1983.

Former Article 1 consisting of Sections R3-9-01 through R3-9-11; Article 2 consisting of Sections R3-9-16 through R3-9-26; Article 3 consisting of Sections R3-9-22 through R3-9-35; Article 4 consisting of Sections R3-9-46 through R3-9-48 repealed effective August 19, 1983.

ARTICLE 1. GENERAL PROVISIONS

Article 1, consisting of Section R3-2-101, adopted effective May 7, 1997 (Supp. 97-2).

Article 1, consisting of Sections R3-2-101 through R3-2-109, recodified to Article 11, Sections R3-2-1101 through R3-2-1109 (Supp. 97-1).

Article 1, consisting of Sections R3-2-101 through R3-2-109, adopted effective September 11, 1996 (Supp. 96-3).

Article 1, consisting of Sections R3-2-101 through R3-2-103, renumbered from R3-9-101 through R3-9-103 (Supp. 91-4).

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Article 11, consisting of Sections R3-2-1101 through R3-2-1109, recodified from Article 1, Sections R3-2-101 through R3-2-109 (Supp. 97-1).

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ARTICLE 1. GENERAL PROVISIONS**R3-2-101. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-1201, 3-1451, and 3-1771, the following terms apply to this Chapter:

“Animal” means livestock, bison, dogs, cats, rabbits, rodents, game animals, furbearing and wildlife mammals, and poultry and other birds.

“APHIS” means the Animal and Plant Health Inspection Service of the United States Department of Agriculture.

“Breeding swine” means any member of the family Suidae having the potential to procreate, and includes gilts, sows, and boars.

“Cervidae” means the family of cervids that includes, but is not limited to, deer, moose, elk, reindeer, and caribou.

“Dairy cattle” means cattle of dairy breeds or dairy types used for the production of milk or milk products for human consumption.

“Designated feedlot” means a confined drylot area under state quarantine that is approved and licensed by the State Veterinarian, contains a restricted feeding pen, and is maintained for finish feeding of cattle or bison that do not meet the brucellosis or tuberculosis import test requirements.

“Health certificate” means a legible record that is issued by a VS animal health official, state animal health official, or accredited veterinarian at the point of origin of a shipment of animals, conforms to the requirements of R3-2-606, and is written on a form approved by the chief animal health official of the state of origin or an equivalent form of the USDA attesting that the animal described has been inspected and found to meet the Arizona entry requirements.

“Permit number” or “permit” means a serialized number issued by the State Veterinarian’s Office that conforms to the requirements of R3-2-607 and allows the regulated movement of certain animals into Arizona.

“USDA” means the United States Department of Agriculture.

“VS” means the Veterinary Services branch of APHIS.

Historical Note

Reserved Section R3-2-101 renumbered from R3-9-101 (Supp. 91-4). New Section adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-101 recodified to R3-2-1101 (Supp. 97-1). New Section adopted effective May 7, 1997 (Supp. 97-2). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1).

R3-2-102. Licensing Time-frames

A. Overall time-frame. The Department shall issue or deny a license within the overall time-frames listed in Table 1 after receipt of the complete application. The overall time-frame is the total of the number of days provided for the administrative completeness review and the substantive review.

B. Administrative completeness review.

1. The administrative completeness review time-frame established in Table 1 begins on the date the Department receives the application. The Department shall notify the applicant in writing within the administrative completeness review time-frame whether the application or request is incomplete. The notice shall specify what information is missing. If the Department does not provide notice to the applicant within the administrative completeness review time-frame, the Department considers the application complete.

2. An applicant with an incomplete license application shall supply the missing information within the completion request period established in Table 1. The administrative completeness review time-frame is suspended from the date the Department mails the notice of missing information to the applicant until the date the Department receives the information.

3. If the applicant fails to submit the missing information before the expiration of the completion request period, the Department shall close the file, unless the applicant requests an extension. An applicant whose file has been closed may obtain a license by submitting a new application.

C. Substantive review. The substantive review time-frame established in Table 1 shall begin after the application is administratively complete.

1. If the Department makes a comprehensive written request for additional information, the applicant shall submit the additional information identified by the request within the additional information period provided in Table 1. The substantive review time-frame is suspended from the date of the Department request until the information is received by the Department. If the applicant fails to provide the information identified in the written request within the additional information period, the Department shall deny the license.

2. The Department shall issue a written notice granting or denying a license within the substantive review time-frame. If the application is denied, the Department shall send the applicant written notice explaining the reason for the denial with citations to supporting statutes or rules, the applicant’s right to seek a fair hearing, and the time period in which the applicant may appeal the denial.

Historical Note

Reserved Section R3-2-102 renumbered from R3-9-102 (Supp. 91-4). New Section adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-102 recodified to R3-2-1102 (Supp. 97-1). New Section R3-2-102 adopted effective October 8, 1998 (Supp. 98-4).

R3-2-103. Recodified**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). R3-2-103 renumbered from Section R3-9-103 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2). New Section adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-103 recodified to R3-2-1103 (Supp. 97-1).

R3-2-104. Recodified**Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-104 recodified to R3-2-1104 (Supp. 97-1).

R3-2-105. Recodified**Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-105 recodified to R3-2-1105 (Supp. 97-1).

R3-2-106. Recodified**Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-106 recodified to R3-2-1106 (Supp. 97-1).

R3-2-107. Recodified

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Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-107 recodified to R3-2-1107 (Supp. 97-1).

R3-2-108. Recodified

Historical Note

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-108 recodified to R3-2-1108 (Supp. 97-1).

R3-2-109. Recodified

Historical Note

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-109 recodified to R3-2-1109 (Supp. 97-1).

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Table 1. Time-frames (Calendar Days)

License	Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
MEAT AND POULTRY INSPECTION						
License to Slaughter	A.R.S. § 3-2002 A.R.S. § 3-2003 R3-2-208	14	14	30	14	44
Transfer of license without fee	A.R.S. § 3-2009	14	14	30	5	44
State Meat Inspection Service	A.R.S. § 3-2047	14	14	30	14	44
Sale or Exchange of Meat or Poultry	A.R.S. § 3-2081 R3-2-208	14	14	30	14	44
Rendering Facility Certification	A.R.S. § 3-2081 R3-2-205	14	14	30	14	44
Transfer of License	A.R.S. § 3-2086	14	14	30	5	44
Official Slaughter Meat Licenses	A.R.S. § 3-2122 R3-2-208	14	14	30	14	44
FEEDING OF ANIMALS						
Feed Lot License	A.R.S. § 3-1452	14	14	60	14	74
Permit to Feed Garbage to Swine	A.R.S. § 3-2664	14	14	60	14	74
DAIRY PRODUCTS AND CONTROL						
Milk Distributing Plant New Renewal	A.R.S. § 3-607	14 14	14 14	14 14	14 14	28 28
Milk Processing Plant New Renewal	A.R.S. § 3-607	14 14	14 14	14 14	14 14	28 28
Plant Licensing New Renewal	A.R.S. § 3-665	14 14	14 14	14 14	14 14	28 28
Request to market a product as a milk product	A.R.S. § 601.01	14	14	14	14	28
Tester License	A.R.S. § 3-619	7	7	7	7	14
Trade Product Label	A.R.S. § 3-667	14	14	30	30	44
LIVESTOCK INSPECTION						
Equine Trader Permit	A.R.S. § 3-1348	7	7	7	7	14
Ownership and Hauling Certificate for Equines	A.R.S. § 3-1344 A.R.S. § 3-1345	14	14	14	14	28
EGG PRODUCTS AND CONTROL						
Annual Licensing	A.R.S. § 3-714	10	10	10	10	20
AQUACULTURE						
Aquaculture Facility	A.R.S. § 3-2907 R3-2-1004	14	14	30	14	44
Fee Fishing Facility	R3-2-1005	14	14	30	14	44
Processor	R3-2-1006	14	14	30	14	44
Transporter	R3-2-1007	14	14	30	14	44
Special Licenses	A.R.S. § 3-2908 R3-2-1008	14	14	30	14	44

Historical Note

Adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3625, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2).

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ARTICLE 2. MEAT AND POULTRY INSPECTION**R3-2-201. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-101 and 3-2001 and 9 CFR 301.2 and 9 CFR 381.1, which are incorporated by reference in R3-2-202, the following terms apply to this Article:

1. "Animal" means any steer, heifer, calf, cow, bull, sheep, goat, swine, horse, ass, mule, burro, ratite, or poultry.
2. "Dead animal" means an animal that died other than by slaughter in a place where inspection is performed by the Department or by the United States Department of Agriculture.
3. "Inedible meat" means:
 - a. Meat or meat food product from an animal that died by slaughter or was processed in an inspected slaughterhouse, but which an inspector did not pass as fit for human consumption; or
 - b. Meat condemned by a federal or state inspector.
4. "Rendering" means the conversion of packinghouse waste or dead animal carcasses and parts into industrial fat, oil, or other product unfit for human consumption.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4).
 Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective February 28, 1989 (Supp. 89-1).
 Section R3-2-201 renumbered from Section R3-9-201 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 10 A.A.R. 2661, effective August 7, 2004 (Supp. 04-2).

R3-2-202. Meat and Poultry Inspection; Slaughtering Standards

All meat and poultry inspection, slaughtering, production, processing, labeling, storing, handling, transportation and sanitation procedures shall be conducted as prescribed in 9 CFR Chapter III, revised January 1, 2016, as amended by 80 FR 75590-01 (December 2, 2015), except sections 302.2, 307.5, 307.6, 312, 322, 327, 329.7, 329.9, 331, 335, 351, 352, 354, 355, 381.38, 381.39, 381.96 through 381.112, 381.195 through 381.209, 381.218 through 381.225, 390, 391, 392, 590 and 592. This material is incorporated by reference and does not include any later amendments or editions. A copy of the incorporated material is available from the Department and may also be viewed online at www.gpo.gov/fdsys.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4).
 Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective February 28, 1989 (Supp. 89-1).
 Section R3-2-202 renumbered from Section R3-9-202 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Amended effective March 5, 1997 (Supp. 97-1).
 Amended by final rulemaking at 6 A.A.R. 465, effective January 5, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 3625, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 10 A.A.R. 1971, effective May 4, 2004 (Supp. 04-2). Amended by emergency rulemaking at 15 A.A.R. 1890, effective October 21, 2009 for 180 days (Supp. 09-4). Emergency expired; Section amended by final rulemaking at 16 A.A.R. 351, effective April 3, 2010 (Supp. 10-1).
 Amended by emergency rulemaking at 19 A.A.R. 150, effective January 9, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 1789, effective July 9, 2013 (Supp. 13-3). Amended by final rulemaking at 22 A.A.R. 2167, effective October 2, 2016 (Supp. 16-3).

R3-2-203. Licenses; Registration; Records

- A. Any person operating a business in any of the following categories shall obtain the appropriate license from the Department.
 1. Types of slaughter licenses.
 - a. Official slaughter – the slaughtering of animals in a slaughterhouse for sale for human consumption.
 - b. Exempt slaughter.
 - i. Exempt non-mobile slaughter – the slaughtering or dressing of an animal in a stationary building for human consumption, that is not sold or offered for sale.
 - ii. Exempt mobile slaughter – the slaughtering or dressing of an animal for human consumption by using a mobile structure on the property of the animal's owner, that is not sold or offered for sale.
 2. Types of meat licenses.
 - a. Broker – any person, firm or corporation engaged in buying or selling carcasses, parts of carcasses, meat or poultry food products, or by-products from state or federally inspected establishments. A broker negotiates purchases or sales of these products other than for the broker's own account, as an employee of another person, and is paid a commission.
 - b. Exempt – any person, firm, or corporation engaged in processing meat or poultry products without meat inspection, for an individual owner of meat that is not for sale.
 - c. Distributor – any person, firm, or corporation engaged in receiving carcasses, parts of carcasses, meat or poultry food products, or by-products from state or federally inspected establishments and storing or distributing these products to commercial outlets, processors, or individuals. A distributor does not process any of these products.
 - d. Jobber – any person, firm, or corporation with an established place of business that buys meat or poultry food products and offers the products for sale to someone other than the end-use consumer.
 - e. Pet food manufacturer – any person, firm, or corporation engaged in manufacturing animal food from meat or poultry unfit for human consumption.
 - f. Processor – any person, firm, or corporation that changes meat or poultry food products by cutting, mixing, blending, canning, curing or otherwise preparing meat or meat food products wholesale for human consumption.
 - g. Renderer – any person, firm, or corporation that renders and tallows and any person, firm, or corporation engaged commercially in the hide, hair, or pelt removal, cutting up, or rendering of animals.
- B. Applications for a license or registration pursuant to A.R.S. § 3-2081(A), shall be made on forms provided by the Department and shall contain the following:
 1. The name of the applicant and the applicant's partners, officers or directors of the business, if any;
 2. The business name, mailing address, telephone number, and Social Security number of the applicant;
 3. The exact location of the business, if different from subsection (B)(2).
- C. All persons licensed or registered under this Section, and all other persons described in A.R.S. § 3-2081, shall maintain the records required under A.R.S. § 3-2081 for a minimum of one year. In addition, all registered dead animal haulers, licensed rendering and tallow plants, and pet food manufacturing plants shall prepare and submit the reports required under A.R.S. § 3-

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2695 and shall include copies of those reports as part of records maintained under this Section and A.R.S. § 3-2081.

- D.** During fiscal year 2020, the fee to obtain or renew a license to slaughter is:
1. For not to exceed 45 head of cattle, and not to exceed 55 head of sheep, goats or swine in one calendar year: \$250.
 2. For more than 45 and not to exceed 150 head of cattle and more than 45 and not to exceed 160 head of sheep, goats or swine in one calendar year: \$300.
 3. For more than 150 head of cattle and more than 160 head of sheep, goats or swine in any one calendar year: \$450.
- E.** During fiscal year 2020, the fee to obtain or renew a meat license is:
1. For a broker, \$450.
 2. For exempt processing, \$300.
 3. For a distributor, \$500.
 4. For a jobber, \$450.
 5. For a pet food manufacturer, \$300.
 6. For a processor, \$300.
 7. For meat storage, \$450.
 8. For transportation, \$300.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-208 renumbered from Section R3-9-208 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Former Section R3-2-203 renumbered to R3-2-208; new Section R3-2-203 renumbered from Section R3-2-208 and amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2). Amended by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3).

R3-2-204. Official Slaughter Establishment

In addition to the requirements in A.R.S. § 3-2051, the following shall be provided when slaughtering cattle, calves, sheep, and hogs:

1. Cattle.
 - a. A metal knocking box or concrete box with metal door to confine the animals prior to stunning;
 - b. A separately drained, dry landing area at least five feet wide in front of the knocking box;
 - c. A curbed-in bleeding area at least eight feet wide and seven feet long, located so that blood will not splash upon stunned animals lying in the dry landing area or upon carcasses being skinned on the siding bed. Curbing shall be at least six inches high and six inches wide;
 - d. A separately drained area at least five feet from the curbed-in bleeding area to the siding bed;
 - e. A distance of at least 14 feet from the vertical of the dropoff to the vertical of the hoist where carcasses are eviscerated. For multiple-bed plants, this distance shall be increased to 16 feet;
2. Calves and sheep.
 - a. A bleeding rail with its top approximately 11 feet from the floor. The floor of the bleeding area shall be curbed and separately drained;
 - b. Dressing and cooler rails of such height as to provide a clearance of at least eight inches from the carcasses to the floor. Calves which are of such size that there is not a clearance of at least eight inches above the floor, or whose viscera cannot be transferred manually and unaided to the inspection stand, shall be skinned and eviscerated as cattle;
 - c. Facilities for washing hides of calves before any incision is made (except the sticking wound) when carcasses are dressed hide on. The heads of calves and veal slaughtered by the Kosher method shall be skinned prior to the washing of the carcasses;
 - d. Facilities for flushing, washing, and inspecting calf heads, including head-flushing cabinet and head inspection rack with removal calf loops;
 - e. Facilities for the inspection of the viscera. A hopped metal stand shall be provided which accommodates two removal inspection pans. One inspection pan is for the thoracic viscera; the other is for the abdominal viscera. The pans shall have perforated bottoms and handles or hand holes for removal. A sterilizing receptacle shall be provided for sterilization of contaminated pans;
 - f. Facilities for washing sheep carcasses after removal of the pelt. Calves and sheep shall be washed again after they have been eviscerated.
3. Hogs.
 - a. Facilities for bleeding hogs in a hanging position, over a separately drained, curbed-in bleeding area;
 - b. A scalding vat and gambreling table, including the platforms, of metal construction;
 - c. A shaving rail to assure that carcasses are cleaned;

- f. A distance of at least 14 feet between the vertical of the hoist where carcasses are eviscerated and the header rail leading to the cooler. This distance may be shortened when a single rail hang-off is used;
- g. A distance of at least three feet from the header rail to the adjacent wall;
- h. A bleeding rail with its top at least 16 feet above the floor or a traveling hoist on an I-beam which will provide an equivalent distance of the carcass from the floor;
- i. Floor space for a head-flushing cabinet and head inspection rack with removable hooks;
- j. When hides are dropped to a room below, a hide chute near the point where hides are removed from the carcasses. The chute shall have a vented hood with a self-closing, push-in door. The vent shall be approximately 10 inches in diameter and extend to a point above the roof. Additional chutes, which meet the requirements of this subsection, for inedible and condemned materials shall be provided separate from the hide chutes;
- k. A two-level viscera inspection truck for evisceration, except when a moving top viscera inspection table is used;
- l. An area for washing and shrouding carcasses which shall be curbed and sloped to a separate drain or have a slope of approximately 1/2 inch to the foot leading to a separate drain;
- m. Dressing rails and cooler rails at least 11 feet in height.

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- d. A hopped metal stand for the inspection of viscera. A sterilizing receptacle shall be provided at a convenient location for the sterilization of contaminated pans;
- e. Dressing and cooler rails at least nine feet high or of such height as to provide a clearance of at least eight inches between the lowest point of the carcass, or head if left attached, and the floor.
4. Coolers. A chill cooler and separate holding coolers may be provided or both may be combined in one room. The chill cooler shall have floors of concrete sloped to a drain. The walls shall be smooth, light colored, impervious, and the room shall be sealed. The other coolers shall have floors of concrete; the walls shall be smooth, free of cracks, light colored, impervious, and the room shall be sealed. The door between the slaughtering department and the chill cooler shall be clad with rust-resistant metal. Rails shall be spaced at least two feet from walls, columns, refrigerating equipment, or other fixed equipment to prevent contact with the carcasses. Header rails shall be three feet from the walls. When overhead refrigerating facilities are provided, insulated drip pans must be installed beneath them and the pans connected to the drainage system. If wall coils are installed, a drip gutter of impervious material and connected with the drainage system shall be installed beneath the coils. When edible offal is chilled or stored in a cooler other than a separate offal cooler, that area shall be separately drained.
5. Other edible products departments.
 - a. Floors, walls, and ceilings in the various edible products departments of the plant shall be constructed of material that can be readily kept clean. Wooden structures and equipment shall be kept at a minimum. Floors requiring drainage shall be constructed of dense concrete or floor brick laid on a concrete base. The interior walls and, where practical, ceiling surfaces shall be smooth and flat. Walls shall be constructed of glazed tile, smooth cement plaster, or other USDA-approved impervious material. Walls shall be free of cracks and crevices, and, where brick or tile is used, the mortar joints shall be flush with the surface of the walls. Walls shall be light colored.
 - b. The floors of the plant shall be well-drained; a slope of not less than 1/4 inch to the foot to drainage inlets is required. The floors shall be smooth, impervious, and in good repair; they shall be free from cracks and depressions which could hold floor liquids. Wooden floors are not permitted. Junctions of floors and walls shall be coved.
 - c. Walls, ceilings, beams, and hangers shall be cleaned. Rails may be oiled instead of painted. Rust and scale shall be removed from hangers and meat trolleys. Smooth Portland cement plaster walls shall not be painted.
6. Hide room. The floor of the hide room, if provided, shall be of concrete and drained. Walls shall be smooth and impervious to at least the highest point of the hide pile. The hide room shall not connect with the slaughtering department except for one opening which shall be equipped with a tight-fitting, self-closing door. The hide room shall not connect with any other room in which edible products are stored, processed, or handled.
7. Disposal of blood. When blood is not permitted to drain into the sewage system, it may be collected in a metal tank and removed from the premises or blown to the blood drier in a manner that will not mask odors or create a harborage for pests.
8. Other inedible products departments.
 - a. An inedible products department, completely separate and apart from edible products departments, shall be provided. Walls shall be of smooth, finished, Portland cement plaster, glazed tile, or other USDA-approved material impervious to moisture. Floors shall be constructed of dense concrete or floor tile, sloped to drain. Hot and cold water connections shall be provided. With the exception of one opening to the slaughtering department, there shall be no openings between an inedible products department and an edible products department. This one opening shall be approximately five feet in width to allow the free passage of materials and shall be equipped with a close-fitting, self-closing door of solid construction. This door shall be kept closed at all times, except when in actual use, to prevent the entrance of undesirable odors to the slaughtering department. The area at the loading dock shall be paved, drained, and of sufficient size to accommodate the largest truck used. If inedible offal is stored in an edible offal room, the room is classed as an inedible products department. Paunches may be opened in the slaughtering department only when a hydraulic mechanically operated paunch lift table is provided and used for this purpose. Otherwise, the paunches shall be opened in the inedible offal rooms.
 - b. Requests for permission for rendering of shop scraps and outside dead animals shall be made to the inspector who shall grant or deny the request pursuant to Article 2.
9. Pens.
 - a. Holding pens shall be surfaced with an impervious material, sloped to drains. A curb shall be installed around the outside of the pens to prevent the wash from escaping. Water under pressure shall be available for washing out the pens. Feeding pens shall be at least 300 feet from the plant and shall not be located in front of the plant.
 - b. Holding and shackling pens shall be located outside of, or separated from, the slaughtering department.
10. Drainage
 - a. Floors which require flushing during operations shall have sloped floor drains to carry off the floor drainage. Each floor drain shall be equipped with a deep-seal trap; the drainage lines shall be vented to the outside in accordance with local plumbing codes. In no case shall a drain line be less than four inches in diameter.
 - b. Sewage may be disposed of into a municipal sewer system, if permitted by local ordinance, or it may be disposed of into a stream or other similar body of water, provided that:
 - i. This method is acceptable to local health authorities having jurisdiction over sewage disposal, and
 - ii. The flow of the stream or other body of water is sufficient to carry the sewage away from the plant at all seasons of the year. When cesspools are used, they shall be of sufficient size to receive the sewage from the plant at all times; they shall be so constructed that they do not create a nuisance by breeding flies or other insects.

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- c. Grease recovery basins shall not mask odors or create a harborage for pests.
- 11. Equipment and utensils.
 - a. Equipment shall be constructed of metal and shall be so constructed that it can be easily cleaned. Cutting boards may be of hard wood or synthetic material, but equipment, such as the framework of boning or cutting tables, scalding vats, offal racks and trees, product storage racks, and product trucks shall be of metal construction. Rusty or worn-out equipment shall be replaced.
 - b. All equipment shall be thoroughly cleaned following each day's operations. The use of a clear, colorless, odorless, tasteless, edible mineral oil may be used on metal equipment, such as choppers, grinders, mixers, tables, meat trucks, offal racks, hooks, and trolleys. Scale shall not be permitted to accumulate on metal equipment.
 - c. Sterilizing receptacles equipped with drains to permit draining and cleaning shall be placed at convenient locations in the slaughtering department for the cleaning and sterilization of contaminated tools and equipment. Water wasting from equipment shall not flow across the floor.
 - d. Shovels used for transferring ice or other edible materials from one container to another shall not touch the floor.
- 12. Ventilation and lighting. Natural ventilation may be supplemented by artificial means and shall be sufficient to assure the absence of dust, masking odors, or steam vapors. Points where inspection is conducted may require special lighting. The glass area shall be at least 1/4 of the floor area in all nonrefrigerated work rooms. To assure adequate lighting at all times and at all places, natural lighting must be supplemented by well-distributed artificial lighting.
- 13. Water supply, wash basins, sterilizing facilities.
 - a. Hot and cold running water, under pressure, shall be available at all parts of the establishment and in conformity with the requirements of the Arizona Department of Health Services. The hot water used for sterilizing equipment, floors, and walls that may be contaminated by the dressing procedure or handling of diseased carcasses, viscera, and other animal parts, shall be at least 180° F. A thermometer shall be installed to verify the temperature of the water at the point of use. A cleanup hose shall be available for use.
 - b. Foot-pedal operated wash basins shall be placed in or near dressing rooms. These wash basins shall be equipped with running hot and cold water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The drainage outlet shall lead directly into the sewage lines. Soap and towels, and a receptacle for dirty paper towels or other trash, shall be convenient to the wash basin.
 - c. One or more wash basins shall be located in the slaughtering department, and one or more in the sausage manufacturing room and at any other place in the establishment essential to ensure cleanliness of all persons handling products. The wash basins shall be equipped with hot and cold running water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The water delivery shall be foot-pedal operated, and the drainage outlet shall lead directly into the sewage lines. Soap and disposable towels shall be convenient to the wash basins.
- d. Water for sterilizing purposes shall be maintained at a temperature of at least 180° F. One or more sterilizing receptacles of rust-resisting, impervious material shall be placed at convenient locations in the slaughtering department for the sterilization of all implements that have been contaminated or used on a diseased carcass or part of a diseased carcass. The sterilizer shall be equipped with a cold water and steam line, or other means to maintain water at a temperature of at least 180° F during slaughtering operations. The sterilizer shall contain a drain so that water may be completely drained out for daily cleaning. Boilers and water heaters shall not be located in the slaughtering department or in any edible products department. To prevent possible back siphonage, vacuum breakers shall be provided on all steam and water lines when open ends are submerged or connected to equipment.
- 14. Protection against flies, rodents, or other vermin.
 - a. Plants must be kept free of flies, rats, mice, roaches, and other pests or vermin. The plant shall be constructed to prevent entrance of rodents to the premises and to eliminate their breeding places from the surrounding areas and in the establishment. Construction of the plant shall be such as to eliminate roach and other insect harbors. Windows, doors, and other openings to the plant shall be provided with insect screens, or other measures to prevent entrance of flies or other insects. The screens shall be kept in good repair. Sprays containing residual-acting chemicals shall not be used in edible products departments.
 - b. Animal-handling facilities such as stock pens and runways shall be cleaned as often as necessary and the manure or other waste materials removed shall not be permitted to accumulate at or near the plant.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-204 renumbered from Section R3-9-204 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2).

R3-2-205. Expired**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-205 renumbered from Section R3-9-205 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

R3-2-206. Purchase, Sale, Collection, Transportation, Disposition, and Use of Meat or Meat Food Products; Dead Animals; Animal Bone, Animal Fat, Animal Offal

- A. A person shall not buy, sell, offer for sale, store, transport, receive, or collect any meat or meat food product except as provided in this subsection.
 - 1. Any of the following meat or meat food products may be bought, sold, or offered for sale as animal food and may be stored, transported, received, or collected anywhere within the state:

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- a. Any meat or meat food product that is processed in an animal food manufacturing plant licensed by the Department;
 - b. Any meat or meat food product that comes from an animal that died by slaughter or is approved or passed for animal food by either state or federal meat inspectors;
 - c. Any meat or meat food product that is thoroughly cooked at a minimum temperature of 180° F for 30 minutes and is certified by a state or a federal meat inspector having jurisdiction at the place of processing.
2. A carcass with the hide, hair, or pelt still on the carcass may be bought, sold, offered for sale, collected and transported to or received by the following only:
 - a. A rendering or tallow plant;
 - b. A state or county diagnostic laboratory, a veterinarian's clinic, or crematory;
 - c. An animal food manufacturing plant;
 - d. A landfill regulated by the Arizona Department of Environmental Quality;
 - e. An out-of-state landfill regulated by that state's landfill regulatory authority; or
 - f. A landfill located on a Native American reservation that is regulated by equivalent standards to those prescribed by the Arizona Department of Environmental Quality.
 3. Any meat or meat food product described in subsection (A)(1) or a carcass with the hide, hair, or pelt still on the carcass from an official state or federal slaughter establishment shall be denatured with a denaturant that will not leave a toxic residue and is removable when steam-distilled at atmospheric pressure.
 4. Any meat or meat food product that has been condemned by state or federal meat inspectors shall be treated as provided in 9 CFR 314.3, which has been incorporated by reference in R3-2-202, and may be disposed of as provided in that rule or may be collected and transported to or received by a rendering or tallow plant or a state or county diagnostic laboratory or crematory.
- B.** A person engaged commercially in the collection or transportation of dead animal carcasses or inedible meat shall register with the Department as a dead animal hauler as prescribed in R3-2-203(B) and shall maintain and keep all records for the time required by R3-2-203(C).
- C.** A vehicle or other means of conveyance used to transport a dead animal carcass or inedible meat shall be:
1. Leak-proof,
 2. Constructed of impervious materials that permit thorough cleaning and sanitizing,
 3. Equipped to control insects and odors and prevent the spread of disease, and
 4. Comply with the Department of Environmental Quality vehicle requirements prescribed in R18-13-310(A) and (B).
- D.** Except as provided in subsection (E), a dead animal carcass may be rendered or made into animal food only at a licensed rendering or animal food manufacturing plant as prescribed in A.R.S. § 3-2088 and this Article.
- E.** Dead animals diagnosed with anthrax or an animal disease foreign to the United States shall be handled as directed by the State Veterinarian.
- F.** Discarded animal bone, animal fat, and animal offal generated by a wholesale food manufacturer shall be transported to and received by only a:
1. Licensed rendering plant, or
 2. Landfill, as prescribed in subsections (A)(2)(d), (A)(2)(e), and (A)(2)(f).

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-206 renumbered from Section R3-9-206 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Citation in subsection (B) corrected to R3-2-203(C) from R3-2-208(C) under R1-1-109(C) (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3015, effective July 10, 2002 (Supp. 02-3).

R3-2-207. Meat from Dead Animals Processed and Decharacterized for Use as Animal Food

- A.** The following are minimum requirements for animal food manufacturing plants:
1. Hot and cold water shall be provided with facilities for its distribution in the plant which shall conform with the minimum requirements of the state Department of Health Services. The hot water shall be at least 180° F and shall be used for the cleaning of equipment, floors, and walls.
 2. There shall be a drainage and plumbing system and a sewage disposal system that will not serve as a breeding place for flies, constitute a hazard, or endanger public health. Both systems shall meet the minimum requirements of the state Department of Health Services.
 3. The floors, walls, ceilings, partitions, posts, doors, and other parts of all structures shall be of materials, construction, and finish that are capable of being thoroughly cleaned. The floors shall be tile, cement or other material impervious to water and shall have sufficient drainage to preclude stagnant accumulations of moisture.
 4. All outside windows and doors shall be screened.
 5. All rooms shall have natural or artificial lighting and well-distributed ventilation sufficient to prevent uncontrolled mold growth and filth or bacteria that may endanger health.
 6. The plant shall be kept free from flies, rats, mice, and other vermin. Dogs and cats shall be excluded from the plants.
 7. Tables, benches, and other equipment shall be provided so that processing can be performed free from filth or bacteria that may endanger health.
 8. Each plant shall provide toilets, wash basins, towels, hot and cold running water, and soap for the employees with separate facilities when both sexes are employed. Toilets and wash basins shall be kept free from filth or bacteria that may endanger health. The rooms in which the toilet facilities are located shall be ventilated and shall be separated from the rooms in which the animal food is manufactured.
 9. Coolers shall be maintained below 40° F. Freezers shall be maintained below 10° F.
- B.** Decharacterizing or denaturant agents: The following USDA-approved denaturant agents may be used: Charcoal (finely powdered) with a minimum 1 lb. per 100 lbs. meat, F-D & C Blue 1, F-D & C Blue 2, F-D & C Green 3, or liquid charcoal.
1. In addition to the application of the denaturing agents listed, meat or meat products shall be identified with the following information:
 - a. The kind of animal,
 - b. The following phrases:
 - i. For pet food only from dead animals,
 - ii. Denatured with _____,
 - c. The correct statement of net weight, and
 - d. The name and address of processor or manufacturer.

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2. Before the denaturing agents are applied to pieces more than four inches in diameter, the pieces shall be freely slashed or sectioned. The application of any of the denaturing agents listed in this Section to the outer surfaces of molds or blocks of boneless meat, meat by-products, or meat food products shall not be considered adequate. The denaturing agent shall be mixed thoroughly with all of the material to be denatured and shall be applied in such quantity and manner that it cannot easily and readily be removed by washing or soaking. Denaturant shall be used to give the meat, meat by-products, raw animal fat, or rendered animal fats and oils, a distinctive color, odor, or taste so that such material cannot be confused with an article of human food.
 3. All denaturing shall be done immediately upon condemnation of the meat or product, or immediately after the meat or product is prepared or during preparation.
 4. True containers shall be legibly marked with the words "Beef or horse meat from dead animals for pet food only and not for human consumption" in letters at least 3/4 inch in height, on all sides and in at least two places if the container has less than four sides.
 5. Every carrying container in which meat obtained from a dead animal is packaged shall have an exterior surface sufficiently absorbent so that the markings on at least two sides, in letters two inches high "Pet food only," will not become illegible during handling, storage, or transportation of the container.
- C.** Sales of meat obtained from a dead animal are permitted only to kennels, zoos, and animal food manufacturing plants registered by the Department, and records of sales shall be maintained by the purchaser and animal food manufacturing plant.
- D.** Each vehicle used for the transportation of fresh or frozen pet food shall be clearly and legibly marked with the name of the manufacturer in letters not less than four inches in height on both sides of the cab or body.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-207 renumbered from Section R3-9-207 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3).

R3-2-208. Diseased and Injured Animals**A. Diseased animals.**

1. No meat from any diseased animal shall be processed, sold or stored at premises where food is sold or prepared for human consumption, unless it is decharacterized and clearly identified "Not for Human Consumption."
2. Subsection (A)(1) does not apply to meat from animals affected by any disease that does not render the meat unfit for human consumption if the affected animals are slaughtered in establishments where meat inspection is maintained under A.R.S. § 3-2051 and 9 CFR, Chapter III, Subchapter A, which is incorporated by reference in R3-2-202(A).

B. Injured animals. An injured animal may be slaughtered by:

1. The animal's owner at the owner's premises if the meat is used solely for consumption by the owner, the owner's immediate family, or employees. The owner shall keep the animal's hide until it has been inspected and marked or tagged by a livestock officer under A.R.S. § 3-2011.
2. An official slaughter establishment, if:
 - a. The animal is inspected by a livestock officer at origin; or
 - b. The animal is transported to the official slaughter establishment with a self-inspection certificate; or

- c. The animal is transported to an official slaughter establishment with a waiver from the Associate Director and the waiver is documented by the livestock officer.
3. An exempt slaughterer, if the meat is used solely for consumption by the animal's owner, the owner's immediate family or employees, and if:
 - a. The animal's body temperature is 103° F or less and except for the injury its condition appears normal; and
 - b. The animal is inspected by a livestock officer at origin who verifies the temperature and condition of the animal and approves it for slaughter; or
 - c. The Associate Director waives the inspection and the waiver is documented by the livestock officer, and the exempt slaughterer verifies the temperature and condition of the animal.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-203 renumbered from Section R3-9-203 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Former Section R3-2-208 renumbered to R3-2-203; new Section R3-2-208 renumbered from Section R3-2-203 and amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2).

R3-2-209. Exempt Non-mobile Slaughter Establishments

In addition to A.R.S. § 3-2050 and the material incorporated in R3-2-202(A), the following shall be provided when slaughtering animals in an exempt non-mobile slaughter establishment:

1. General.
 - a. A metal knocking box or concrete box with metal door to confine the animal before stunning;
 - b. A distance of at least three feet from the header rail to the adjacent wall;
 - c. A bleeding rail with its top at least 16 feet above the floor; and
 - d. Dressing rails and cooler rails placed so the lowest part of the carcass is at least 12 inches from the floor.
2. Coolers. A chill cooler and separate holding cooler may be provided or both may be combined in one unit. The walls shall be light colored, smooth, free from cracks, and impervious to moisture. The door between the slaughtering department and the chill cooler shall be clad with rust-resistant material. Rails shall be spaced at least two feet from walls, columns, refrigeration equipment, or other fixed equipment to prevent contact with the carcasses.
3. Disposal of blood. If blood is not permitted to drain into the sewage system, it may be collected in a metal tank and removed from the premises.
4. Drainage.
 - a. Floors that require flushing during operations shall have sloped floor drains to carry off the effluent. Drainage systems shall conform to state and local plumbing codes.
 - b. Grease recovery systems shall not mask odors or create a harborage for pests.
5. Ventilation and lighting. Natural ventilation may be supplemented by artificial means and shall be sufficient to ensure the absence of dust, masking odors, or steam vapors. To ensure adequate lighting at all times and at all places, natural lighting shall be supplemented by well-distributed artificial lighting.
6. Potable water supply, wash basins, sterilizing facilities.

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- a. Hot and cold running water, under pressure, shall be available in all parts of the plant and in conformity with the requirements of the Arizona Department of Health Services. The hot water used for sterilizing equipment, floors, and walls that may be contaminated by the dressing procedure or handling of diseased carcasses, viscera, and other animal parts, shall be at least 180° F. A thermometer shall be installed to verify the temperature of the water at the point of use. A cleanup hose shall be available for use.
 - b. One or more wash basins shall be located in the slaughtering department. The wash basins shall be equipped with hot and cold running water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The water delivery shall be foot-pedal operated, and the drainage outlet shall lead directly into the sewage lines. Soap and disposable towels shall be convenient to the wash basins.
 - c. The tool sterilizer shall be maintained at 180° F and be in operation at all times during slaughter activities.
7. Protection against flies, rodents, or other vermin.
 - a. Establishments shall be free of flies, rats, mice, roaches, and other pests or vermin. The establishment shall be constructed and maintained to prevent entrance of pests to the premises and to eliminate breeding places from the surrounding area and in the establishment.
 - b. Animal handling facilities such as stock pens and runways shall be clean and manure or other waste materials removed shall not accumulate at or near the establishment.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2).

ARTICLE 3. FEEDING OF ANIMALS**R3-2-301. Operation of Beef Cattle Feedlots**

- A. An operator shall manage a feedlot under the standards prescribed in A.R.S. § 3-1454(A) and R3-2-406.
- B. An operator shall comply with applicable federal, state, and local laws.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-301 renumbered from Section R3-9-301 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

R3-2-302. Permit to Feed Garbage to Swine; Requirements

A swine garbage feeding permit holder or applicant for a permit to feed garbage to swine shall comply with the following requirements:

1. An approved cooker is installed and in operating condition on the premises, and fenced off from all swine.
2. A concrete slab, trough, other easily cleanable area, and equipment for feeding garbage is provided.
3. Premises utilized for swine garbage feeding are reasonably clean, free of litter, adequately drained, and provide for removal of animal excrement and garbage not consumed.
4. Individually operated swine garbage feeding premises are separated from other swine premises by a minimum distance of 200 feet in all directions and constructed to prevent the escape of any swine.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-302 renumbered from Section R3-9-302 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

ARTICLE 4. ANIMAL DISEASE PREVENTION AND CONTROL**R3-2-401. Definitions**

The following terms apply to this Article:

“Accredited veterinarian” means a veterinarian approved by the State Veterinarian and the Deputy Administrator of VS to perform functions required by cooperative State-Federal animal disease control and eradication programs.

“Biologicals” means medical preparations made from living organisms and their products, including serums, vaccines, antigens, and antitoxins.

“Designated feedlot” means a confined drylot area under state quarantine that is approved and licensed by the State Veterinarian, contains restricted feeding pens, and is maintained for finish feeding of cattle or bison that do not meet the brucellosis or tuberculosis import test requirements.

“Equine infectious anemia” or “EIA” means a viral disease, also known as Swamp Fever, of members of the family equidae.

“Restricted feeding pen” means an enclosed area in a designated feedlot, located at least eight feet from other pens, where cattle are maintained for feeding in a drylot without provisions for pasturing or grazing.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-401 renumbered from Section R3-9-401 (Supp. 91-4). Former Section R3-2-401 renumbered to R3-2-402; new Section R3-2-401 adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

R3-2-402. Mandatory Disease Reporting by Veterinarians and Veterinary Laboratories

All veterinarians and laboratories performing diagnostic services on animals shall:

1. Notify the State Veterinarian at (602) 542-4293, within four hours of diagnosing or suspecting any Office of International Epizootics List A disease, Eighth Edition, 1999, which is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State, chronic wasting disease, or the following List B diseases:
 - Anthrax
 - Aujeszky's disease
 - Babesiosis
 - Bovine brucellosis
 - Bovine spongiform encephalopathy
 - Bovine tuberculosis
 - Caprine and ovine brucellosis
 - Contagious caprine pleuropneumonia
 - Contagious equine metritis
 - Dourine
 - Enterovirus encephalomyelitis

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Epizootic lymphangitis
 Equine infectious anaemia
 Equine piroplasmiasis
 Equine viral arteritis
 Equine viral encephalomyelitis
 Fowl typhoid
 Glanders
 Heartwater
 Horse pox
 Infectious haematopoietic necrosis of fish
 Nairobi sheep disease
 Ovine epididymitis
 Paratuberculosis
 Porcine brucellosis
 Pullorum disease
 Q fever
 Rabies
 Scrapie
 Screwworm
 Spring viraemia of carp
 Surra
 Theileriosis
 Trypanosomiasis
 Viral haemorrhagic septicaemia of fish

2. Notify the State Veterinarian by facsimile at (602) 542-4290 by the end of the month, after diagnosing any Office of International Epizootics List B disease, Eighth Edition, 1999, not specified in subsection (1). This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State.
3. Follow the reporting criteria listed in the National Animal Health Reporting system Manual, January 1, 1999 when making an Epizootics List B notification specified in subsection (2). This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-402 renumbered from Section R3-9-402 (Supp. 91-4). Former Section R3-2-402 renumbered to R3-2-403; new Section R3-2-402 renumbered from R3-2-401 and amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-403. Expired**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-403 renumbered from Section R3-9-403 (Supp. 91-4). Former Section R3-2-403 repealed; new Section R3-2-403 renumbered from Section R3-2-402 and amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

R3-2-404. Importation, Manufacture, Sale, and Distribution of Biologicals and Semen

- A. Any person importing, manufacturing, selling, or distributing any biological intended for diagnostic or therapeutic treatment of animals shall request, in writing, permission from the State Veterinarian.
- B. The State Veterinarian shall deny approval of the importation, manufacture, sale, or distribution of any biological that will interfere with the State disease control program.
- C. A person shall import semen only from boars in pseudorabies Stage IV or V states.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-404 renumbered from Section R3-9-404 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-405. Depopulation of Animals Infected with a Foreign Disease

When a foreign animal disease is diagnosed, the State Veterinarian shall order the owner to immediately depopulate and dispose of all infected and exposed animals on the premises if necessary to prevent the spread of the disease among animals.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-405 renumbered from Section R3-9-405 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-406. Disease Control; Feedlots

- A. A restricted feeding pen shall:
 1. Be isolated from all other pens,
 2. Have separate loading and unloading chutes, alleys, and handling facilities from all other pens,
 3. Not share water or feeding facilities accessible to other areas,
 4. Be posted at all corners with permanently affixed signs stating "Restricted Feeding Area,"
 5. Have a minimum of eight feet between restricted and other pens and facilities, and
 6. Have no common fences or gates with other pens.
- B. An operator may place cattle in a restricted feeding pen as follows:
 1. All cattle, except steers and spayed heifers, shall be branded with an "F", at least two inches in height, on the jaw or adjacent to the tailhead before entering the pen; and
 2. Imported cattle, any age and from any area if accompanied by a permit number and an official health certificate; or
 3. Native Arizona cattle accompanied by an Arizona live-stock inspection certificate.
- C. An operator may remove cattle from a restricted feeding pen as follows:
 1. All animals, except steers and spayed heifers, shall be moved only to slaughter, to another designated feedlot, or

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to an auction market approved by the State Veterinarian or APHIS for sale to slaughter.

2. A steer or spayed heifer may be moved to any location.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-406 renumbered from Section R3-9-406 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

R3-2-407. Equine Infectious Anemia

- A. The Arizona official test for EIA is either the agar-gel immunodiffusion test, known as the Coggins Test, or the Competitive Enzyme-Linked Immunosorbent Assay test, known as the CELISA test. The test shall be performed in a laboratory approved by APHIS, and required samples shall be drawn by an accredited veterinarian, the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian.
- B. Disposal of equine testing positive.
 1. When an Arizona equine tests positive to EIA, the testing laboratory shall immediately notify the State Veterinarian by telephone or fax.
 2. The EIA-positive equine shall be quarantined to the premises where tested, segregated from other equine, and shall not be moved unless authorized by the State Veterinarian. The equine shall be retested by the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian within two weeks of the notification.
 3. Within 14 days of being notified by the testing laboratory of a positive test conducted under subsection (B)(2), the State Veterinarian or the State Veterinarian's designee shall brand the equine on the left side of its neck with "86A" not less than two inches in height.
 4. Within 10 days after being branded, the EIA-positive equine shall be:
 - a. Humanely destroyed,
 - b. Confined to a screened stall marked "EIA Quarantine" that is at least 200 yards from other equine, or
 - c. Consigned to slaughter at a slaughtering establishment. If consigned to slaughter, the equine shall be accompanied by a Permit for Movement of Restricted Animals, VS 1-27, issued by the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian.
 5. Offspring of mares testing EIA-positive shall be quarantined, segregated from other equine, and tested for EIA at six months of age. Offspring testing positive shall be handled as prescribed in subsections (B)(3) and (B)(4).
 6. If an EIA-positive equine is located on premises other than those of the owner at the time a quarantine under this Section is effective, the State Veterinarian may authorize movement of the EIA-positive equine to the owner's premises if requested by the owner. Movement shall be under the direct supervision of the State Veterinarian or the State Veterinarian's designee. If the owner lives in another state, the owner may move the equine to that state with the permission of the chief livestock health official of the state and APHIS.
- C. The State Veterinarian shall require testing of any equine located in the same facility as the EIA-positive equine or any equine considered exposed to the EIA-positive equine. The owner of the equine tested shall pay the expenses for the testing.
- D. The owner of any equine found to be EIA-positive shall not be indemnified by the state for any loss caused by the destruction or loss of value of the equine.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-407 renumbered from Section R3-9-407 (Supp. 91-4). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

R3-2-408. Disposition of Livestock Exposed to Rabies

Livestock bitten by a known or suspected rabid animal shall be handled using the methods prescribed in the National Association of State Public Health Veterinarians' Compendium of Animals Rabies Control, 1999, Part III, Section 5. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-408 renumbered from Section R3-9-408 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-409. Rabies Vaccines for Animals

All animals in Arizona vaccinated against rabies shall be vaccinated as prescribed in the National Association of State Public Health Veterinarians' Compendium of Animal Rabies Control, 1999, Part II. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective October 16, 1986 (Supp. 86-5). Amended effective January 6, 1989 (Supp. 89-1). Section R3-2-409 renumbered from Section R3-9-409 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-410. Restricted Swine Feedlots

- A. The State Veterinarian shall approve restricted swine feedlots for feeding swine from herds not known to be infected with pseudorabies and not tested for pseudorabies before importation if the imported swine meet all requirements in Article 6. Swine moved from a restricted swine feedlot shall be transported directly to a state or federal slaughter facility for immediate slaughter.
- B. No breeding swine shall be located on or within 1/4 mile of a restricted swine feedlot.
- C. If pseudorabies is diagnosed in swine at a restricted swine feedlot, the feedlot shall be immediately quarantined and shall not receive any additional shipments of swine until the herd at the feedlot is declared free of pseudorabies or all swine are depopulated from the premises and the premises are cleaned and disinfected.
- D. A restricted swine feedlot owner or agent shall submit monthly feedlot records to the State Veterinarian, listing the animal's origin, health certificate number, permit number, slaughter destination, and shipping date.

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Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-411. Exhibition Swine

An exhibit official shall deny entry to any swine not individually identified by the following:

1. Imported swine:
 - a. The health certificate prescribed in R3-2-606 and individual permanent identification by a method prescribed in R3-2-606(A)(5)(c)(i), and
 - b. The import permit prescribed in R3-2-607.
2. Native Arizona swine. Individual permanent identification by a method prescribed in R3-2-606(A)(5)(c)(i).

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4812, effective December 7, 2000 (Supp. 00-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3).

R3-2-412. Exhibition Sheep and Goats

An exhibit official shall deny entry to any sheep or goat not individually identified by the following:

1. Imported sheep or goat.
 - a. The health certificate prescribed in R3-2-606 and the animal identification required in R3-2-614, and
 - b. The import permit prescribed in R3-2-607.
2. Native Arizona sheep or goat. A method prescribed in 9 CFR 79.2(a)(2) for a non-neutered sheep or goat, and a neutered sheep or goat more than 18 months of age.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3).

R3-2-413. Sheep and Goats; Intrastate Movement

- A. Before intrastate movement of a sheep more than 18 months of age, or a sheep or goat of any age not in a slaughter channel, the producer shall identify the animal to the flock of birth before leaving the flock of birth. A sheep or goat not in a slaughter channel includes an animal not for sale, transfer, or movement to:
 1. A slaughter facility,
 2. Custom slaughter, or
 3. A feeding operation before movement to slaughter.
- B. Subsection (A) does not apply if:
 1. The first point of commingling with animals other than those in the flock of birth is an Arizona auction market, and
 2. The auction market acts as the owner's agent to identify the sheep or goat to the flock of birth.
- C. This Section is effective January 1, 2003.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3628, effective January 1, 2003 (Supp. 02-3).

ARTICLE 5. STATE-FEDERAL COOPERATIVE DISEASE CONTROL PROGRAM**R3-2-501. Tuberculosis Control and Eradication Proce-****dures**

- A. Procedures for tuberculosis control and eradication in cattle, bison, and goats shall be as prescribed in the USDA publication, Bovine Tuberculosis Eradication – Uniform Methods and Rules, effective February 3, 1989. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.
- B. Cattle or bison willfully exposed to quarantined cattle or bison are not eligible for the tuberculosis depopulation indemnity provided in A.R.S. § 3-1745.
- C. Procedures for tuberculosis control and eradication in cervidae not listed as restricted live wildlife in A.A.C. R12-4-406 shall be as prescribed in the USDA publication, Tuberculosis Eradication in Cervidae – Uniform Methods and Rules, effective May 15, 1994, including 1995 amendments. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective October 16, 1986 (Supp. 86-5). Section R3-2-501 renumbered from Section R3-9-501 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1).

R3-2-502. Repealed**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-502 renumbered from Section R3-9-502 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Section repealed by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-503. Brucellosis Control and Eradication Procedures

- A. Procedures for brucellosis control and eradication in cattle and bison shall be as prescribed in the USDA publication Brucellosis Eradication – Uniform Methods and Rules, effective February 1, 1998. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State.
- B. Procedures for brucellosis control and eradication in swine shall be as prescribed in the USDA publication, Swine Brucellosis Control/Eradication, State-Federal-Industry – Uniform Methods and Rules, revised February 1995. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State.
- C. Procedures for brucellosis control and eradication in Cervidae not listed as restricted live wildlife in A.A.C. R12-4-406, shall be as prescribed in the USDA publication, Brucellosis in Cervidae: Uniform Methods and Rules, effective September 30, 1998, and the May 14, 1999 revision. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective October 16, 1986 (Supp. 86-5). Amended effective January 6, 1989 (Supp. 89-1). Section R3-2-503 renumbered from Section R3-9-503 (Supp. 91-4). Amended March 5, 1997 (Supp. 97-1). Amended by

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final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-504. Pseudorabies Procedures for Eradication

Procedures for pseudorabies control and eradication in swine shall be as prescribed in the USDA publication, Pseudorabies Eradication, State-Federal-Industry Program Standards, effective January 1, 1999. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State.

Historical Note

Adopted effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-505. Scrapie Procedures for Eradication

The Department controls and eradicates scrapie using the procedures outlined in 9 CFR 54; 66 FR 43963-44003, August 21, 2001. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department and the Office of the Secretary of State.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3).

ARTICLE 6. HEALTH REQUIREMENTS GOVERNING ADMISSION OF ANIMALS**R3-2-601. Definitions**

The following terms apply to this Article:

“Animal” means livestock, feral swine, ratite, bison, water buffalo, oxen, llama, and any exotic mammal not regulated as restricted live wildlife by the Arizona Game and Fish Department.

“Certified copy” means a copy of an official health certificate that includes an additional original signature from the authorizing veterinarian.

“Macaque” means any monkey of the genus *Macaca* in the family *Ceropithecidae*.

“Official eartag” means an identification tag providing unique identification for individual animals. An official eartag that contains or displays an AIN with an 840 prefix must bear the US shield. The design, size, shape, color, and other characteristics of the official eartag will depend on the needs of the users, subject to the approval of the USDA. The official eartag must be tamper-resistant and have a high retention rate in the animals. Official eartags must adhere to one of the following number systems:

National Uniform Eartagging System,
Animal identification number (AIN),
Premises-based number system. The premises-based number system combines an official premises identification number (PIN) with a producer’s livestock production numbering system to provide a unique identification number. The PIN and the production number must both appear on the official tag, or

Any other numbering system approved by the Administrator of APHIS for the identification of animals in commerce.

“Specifically approved stockyard” means a stockyard specifically approved by VS and the State Veterinarian for receiving from other states cattle and bison that are not brucellosis-reactor, brucellosis-suspect, or brucellosis-exposed.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-601 renumbered from Section R3-9-601 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1).

Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-602. Importation Requirements

- A. All animals and poultry transported or moved into the state of Arizona, unless otherwise specifically provided for in this Article, must be accompanied by:
 1. An official health certificate from the state of origin or a permit number, or both; and
 2. The health documentation shall be attached to the waybill or in the possession of the driver of the vehicle or person in charge of the animals.
- B. When a single health certificate and permit number is issued for animals being moved in more than one vehicle, the driver of each vehicle shall retain the original or a certified copy of the health certificate and permit number.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-602 renumbered from Section R3-9-602 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-603. Importation of Diseased Animals

- A. An animal affected with or recently exposed to any infectious, contagious, or communicable disease, or which originates in a state or federal quarantine area, shall not be transported or moved into the state of Arizona unless a permit for the entry is first obtained from the Arizona State Veterinarian’s Office. All conditions for the movement of animals from a quarantined area established by the quarantining authority or APHIS shall be met.
- B. The owner or owner’s agent shall obtain prior permission from the State Veterinarian to ship or move into Arizona any animal from a lot or herd from which an animal shows a suspicious or positive reaction to a test required for admission to Arizona.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-603 renumbered from Section R3-9-603 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emer-

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agency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-604. Livestock Permit Requirements; Exceptions

- A.** Livestock may not enter the state of Arizona unless accompanied by an Arizona permit. Except as discussed in subsection (B), this requirement applies regardless of the species, breed, sex, class, age, point of origin, place of destination, or purpose of the movement of the livestock entering the state.
- B.** Exceptions:
1. Horses, mules, and asses; or
 2. Livestock consigned directly to slaughter at a state or federally licensed slaughter establishment.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-604 renumbered from Section R3-9-604 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

R3-2-605. Quarantine for Animals Entering Illegally

- A.** Animals entering the state without a valid health certificate or permit number, or both if required, or in violation of any Section under 3 A.A.C. 2, shall be held in quarantine at the risk and expense of the owner until released by an authorized representative of the State Veterinarian. Animals under quarantine for noncompliance with this Article may be released only after the State Veterinarian is satisfied by testing, dipping, or observation over time, that the animals are not a threat to the livestock industry.
- B.** The State Veterinarian may request that an imported animal failing to meet entry requirements be returned to the state of origin, consigned directly to slaughter, confined to a designated feedlot, or consigned to a feedlot in another state within two weeks of the request. Any extension to this time-frame shall be approved in writing by the State Veterinarian.
- C.** If the owner or owner's agent fails to comply with a request to return an animal to the state of origin within the time-frame required in subsection (B), the Department shall require that the animal be immediately gathered at the owner's risk and expense to avoid exposure of Arizona animals. The owner shall pay the expenses no later than five days after receipt of the bill, or an auction of sufficient livestock to pay the just expenses shall be held within 10 days at a livestock auction market. If additional expenses occur due to lack of cooperation by the owner or the owner's agent, the Director shall order the further sale of livestock.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Former Section R3-9-605 renumbered to R3-2-605 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-606. Health Certificate

- A.** A health certificate is valid for not more than 30 days after the date of issue, except where otherwise noted in this Article, and shall contain:

1. The name and address of the shipper and receiver;
2. The origin of the animal;
3. The animal's final destination;
4. Cattle.
 - a. The number of animals covered by the health certificate, an accurate description and, except for steers, spayed heifers, or "F" branded heifers consigned to a designated feedlot identified by brand, one of the following individual identifications:
 - i. The official eartag number that, for dairy cattle, identifies the herd of birth, or
 - ii. The registration tattoo number and the registration brand of a breed association recognized by VS.
 - b. The health status of the animals, including date and result of an inspection, dipping, test, or vaccination required by Arizona;
 - c. The method of transportation; and
 - d. For bulls subject to testing under R3-2-612(J), a statement that the bulls:
 - i. Tested negative for *Tritrichomonas foetus* within one month prior to shipment using a polymerase chain reaction test or three cultures collected at intervals of no less than seven days apart; and
 - ii. Have had no breeding activity during the interval between the collection of the samples and the date of shipment.
5. Swine.
 - a. Evidence that the swine have been inspected by the veterinarian issuing the health certificate within 10 days before the shipment,
 - b. A statement that:
 - i. The swine have never been fed garbage, and
 - ii. The swine have not been vaccinated for pseudorabies;
 - c. Except for feeder swine consigned to a restricted swine feedlot:
 - i. A list of the individual permanent identification for each exhibition swine, using an ear notch that conforms to the universal swine-ear notch system or for each commercial swine, using other individual identification, and the premises identification using a tattoo or producer-furnished tamper-proof eartag that conforms to the USDA National Premises Identification System;
 - ii. The validated brucellosis-free herd number and last test date for swine originating from a validated brucellosis-free herd;
 - iii. The pseudorabies status of the state of origin; and
 - iv. The pseudorabies qualified negative herd number, if applicable;
 - d. Except for feeder swine consigned to a restricted swine feedlot, swine moving directly to an exhibition, and swine from a farm of origin in a state recognized by APHIS as a pseudorabies Stage V state, a statement that the swine shall be quarantined on arrival at destination and kept separate and apart from all other swine until tested negative for pseudorabies no sooner than 15 days nor later than 30 days after entry into Arizona; and
 - e. Feeder swine consigned to a restricted swine feedlot shall be identified by premises of origin using a tattoo or producer-furnished tamper-proof eartag that

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conforms to the USDA National Premises Identification System;

6. Sheep and goats.
 - a. Individual identification prescribed in R3-2-614;
 - b. A statement that:
 - i. The sheep or goats are not infected with blue-tongue, or exposed to scrapie, and do not originate from a scrapie-infected or source flock;
 - ii. Breeding rams have been individually examined and are free of gross lesions of ram epididymitis; and
 - c. A statement that the sheep or goat test negative for *Brucella ovis* if a test is required by R3-2-614(B); and
7. Equine.
 - a. An accurate identification for each equine covered by the health certificate including age, sex, breed, color, name, brand, tattoo, scars, and distinctive markings; and
 - b. A statement that the equine has a negative test for EIA, as required in R3-2-615, including:
 - i. The date and results of the test;
 - ii. The name of the testing laboratory; and
 - iii. The laboratory accession number.

- B. Additions, deletions, and unauthorized or uncertified changes inserted or applied to a health certificate renders the certificate void. Uncertified photocopies of health certificates are invalid.
- C. The veterinarian issuing a health certificate shall certify that the animals shown on the health certificate are free from evidence of any infectious, contagious, or communicable disease or known exposure.
- D. An accredited veterinarian shall inspect animals for entry into the state.
- E. The Director may limit the period for which a health certificate is valid to less than 30 days if advised by the State Veterinarian of the occurrence of a disease that constitutes a threat to the livestock industry.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-606 renumbered from Section R3-9-606 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 884, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-607. Permit Number

- A. A permit number may be obtained from the Office of the State Veterinarian, by calling (602) 542-4293. Any person applying for a permit number shall provide the following information:
 1. The name and address of the shipper and receiver;
 2. The number and kind of animals;
 3. The origin of shipment;
 4. The shipment's final destination;
 5. The method of transportation; and
 6. Any other information required by the State Veterinarian.

- B. A permit number is valid for 15 calendar days from the date of issuance unless otherwise specified.
- C. A permit number shall be issued if the animals listed on the permit are in compliance with this Article. To cope with changing disease conditions, the State Veterinarian may refuse to issue a permit number or may require additional conditions not specifically established in this Article if necessary to protect animal health in Arizona.
- D. The permit number issued shall be affixed or written on the health certificate, brand inspection certificate, and any other official documents as follows: "Arizona Permit No. _____" followed by the serialized number.
- E. The State Veterinarian shall refuse to grant a permit number to any person who repeatedly commits the following:
 1. Giving false information concerning a permit number for transportation of animals,
 2. Failing to fulfill the conditions of a permit number, or
 3. Failing to obtain a permit number.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-607 renumbered from Section R3-9-607 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-608. Consignment of Animals

The owner, or owner's agent, of an animal transported or moved into Arizona, except an exhibition or show animal, shall consign the animal to or place it in the care of an Arizona resident or an entity authorized to do business in Arizona.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-608 renumbered from Section R3-9-608 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-609. Diversion; Prohibitions

A person consigning, transporting, or receiving an animal into the state of Arizona shall not authorize, order, or carry out diversion of the animal to a destination or consignee other than as set forth on the health certificate and permit, if required, without first obtaining permission from the State Veterinarian.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-609 renumbered from Section R3-9-609 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-610. Tests; Official Confirmation

A state or federal animal diagnostic laboratory or APHIS-approved laboratory shall perform or confirm any animal testing required by a state or federal authority as a condition for entry into Arizona.

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Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-610 renumbered from Section R3-9-610 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-611. Transporter Duties

- A. All owners and operators of railroads, trucks, airplanes, or other conveyances transporting animals into or through the state shall possess a valid health certificate under R3-2-606, and a permit number issued by the State Veterinarian, if required by R3-2-607. These documents shall be attached to the waybill, or be in the possession of the vehicle driver, or person in charge of the animals. When a single health certificate or permit number is issued for animals being moved in more than one vehicle, the driver of each vehicle shall possess the original or a certified copy of the health certificate containing the permit number, if required.
- B. The owner of a railroad car, truck, airplane, or other conveyance used to transport animals into or through the state shall maintain the conveyance in a clean and sanitary condition.
- C. The owners and operators of railroads, trucks, airplanes, or other conveyances who transport animals into the state in violation of this Section shall clean and disinfect the conveyance in which the animals were illegally brought into the state before using the conveyance for transporting more animals. The cleaning and disinfection shall be performed under the supervision of an authorized representative of the State Veterinarian or the USDA.
- D. The owners and operators of railroads, trucks, airplanes, or other conveyances shall follow the USDA requirements, Department and Arizona Commerce Commission rules, and Arizona statutes in the humane transport of animals into, within, or through the state.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-611 renumbered from Section R3-9-611 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-612. Importation of Cattle and Bison

- A. The owner of cattle and bison entering Arizona or the owner's agent shall comply with the requirements in R3-2-602 through R3-2-611 and the following conditions:
 1. Pay the expenses incurred to quarantine, test, and retest the imported cattle or bison or return them to the state of origin.
 2. For imported beef breeding cattle, breeding bison, and dairy cattle, ensure that an accredited veterinarian applies an official eartag to each animal.
- B. Arizona shall not accept:
 1. Cattle or bison from brucellosis infected, exposed, or quarantined herds regardless of their vaccination or test status, or both, except:
 - a. Steers and spayed females, and

- b. Animals shipped directly for immediate slaughter to an official state or federal slaughter establishment;
2. Cattle or bison of unknown brucellosis exposure status, unless consigned for feeding purposes to a designated feedlot;
3. Dairy cattle from a state or region within a foreign country without brucellosis status comparable to a Class-Free State, or without tuberculosis status comparable to an Accredited-Free State;
4. Dairy and dairy cross steers, and dairy and dairy cross spayed heifers from Mexico;
5. Beef breeding cattle or breeding bison from a state or region within a foreign country without brucellosis status comparable to a Class A State, or without tuberculosis status comparable to a Modified Accredited State.
- C. Brucellosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from other states.
 1. The owner or owner's agent shall ensure that an official calfhood vaccinate is tested negative for brucellosis within 30 days before entering Arizona if the official calfhood vaccinate is:
 - a. 18 months or older,
 - b. Cutting the first set of permanent incisors, or
 - c. Parturient or postparturient.
 2. The owner or owner's agent shall ensure that bulls and non-vaccinated heifers test negative for brucellosis if 12 months of age or older, unless consigned for feeding purposes to a designated feedlot. All cattle or bison consigned to a designated feedlot shall be branded with an "F" adjacent to the tail head before entry into Arizona unless the State Veterinarian grants permission to apply the "F" brand upon arrival. All "F" branded cattle or bison that leave the designated feedlot shall be shipped directly to:
 - a. An official state or federal slaughter establishment for immediate slaughter,
 - b. Another designated feedlot, or
 - c. Another state if shipping is permitted by the State Veterinarian in the state of destination.
 3. If cattle or bison originate from a Certified Brucellosis-Free Herd and the herd certification number is documented on the health certificate and import permit, no brucellosis test is required.
 4. If native ranch cattle are from a brucellosis Class-Free State that does not have free-ranging brucellosis infected bison or wildlife, no brucellosis test is required as long as:
 - a. The native ranch cattle are moved directly from the ranch of origin to an Arizona destination and the official eartag numbers are listed on a health certificate; or
 - b. The native ranch cattle are from a state that has a brand inspection program approved by the State Veterinarian and the owner's brand is listed on a brand inspection certificate or health certificate.
 5. Health and brand inspection certificates issued for the movement shall be forwarded to the State Veterinarian in Arizona within two weeks of issue.
 6. The owner or owner's agent:
 - a. Shall ensure that beef breeding cattle or breeding bison from a Class A State remain under import quarantine and isolation until the cattle test negative for brucellosis. The test shall be performed no earlier than 45 days and no later than 120 days after entry.

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- b. Shall retest dairy cattle if the State Veterinarian determines there is a potential risk of the introduction of brucellosis in the state.
 - c. Is not required to quarantine or test for brucellosis official calfhood vaccinates less than 18 months of age, if permission is granted by the State Veterinarian.
 - 7. The owner or owner's agent:
 - a. Shall notify the State Veterinarian within seven days of moving cattle or bison that are under import quarantine from the destination listed on the import permit and health certificate.
 - b. Shall notify the State Veterinarian at the time animals are retested for brucellosis, if the animals are under import quarantine and are not moved from the destination listed on the import permit and health certificate.
 - c. Is not required to notify the State Veterinarian if the cattle or bison are shipped directly to an official state or federal slaughter establishment for immediate slaughter.
 - 8. Beef breeding cattle, breeding bison, and dairy cattle meeting the criteria of subsections (C)(1) or (C)(2) and not meeting the criteria of subsection (C)(3) may be imported without a brucellosis test if moved to a specifically approved stockyard and tested before sale or movement from the stockyard. The owner or owner's agent shall not commingle these cattle or bison with other cattle or bison until these cattle or bison are tested and found to be brucellosis negative.
 - 9. Within seven days after importation, the owner or owner's agent shall ensure that the individual official eartag identification for imported dairy cattle is the same as that listed on the health certificate and. The owner or the owner's agent shall report any discrepancies between the official eartag and the health certificate to the State Veterinarian. Any dairy cattle shipped into Arizona not documented on the health certificate shall be tested for brucellosis and tuberculosis by the receiver within one week of arrival.
- D.** Brucellosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from Mexico.
- 1. Before entry into Arizona, beef breeding cattle, breeding bison, or dairy cattle from Mexico shall meet the requirements of 9 CFR 93.424 through 93.427, January 1, 2007, edition. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007.
 - 2. The owner or owner's agent shall ensure that beef breeding cattle, breeding bison, and dairy cattle from Mexico remain under import quarantine and isolation until tested negative for brucellosis. The test shall not be performed earlier than 60 days nor later than 120 days after entry into Arizona. The test shall be performed again on breeding cattle and breeding bison 30 days after calving, unless the animals were consigned to a designated feedlot. All cattle or bison consigned to a designated feedlot shall be branded with an "F" adjacent to the tail head before entry into Arizona unless the State Veterinarian grants permission to apply the "F" brand on arrival. Unless neutered, all beef breeding cattle, breeding bison, and dairy cattle leaving the designated feedlot shall go directly to an official state or federal slaughter establishment for immediate slaughter or to another designated feedlot. The owner of the designated feedlot shall ensure that official eartag identification records are kept on all incoming consignments and then submit the records monthly to the State Veterinarian. An accredited veterinarian shall identify, on a form approved by the State Veterinarian, all cattle and bison leaving the designated feedlot. A copy of the form shall accompany the cattle or bison to slaughter and a copy shall be submitted to the State Veterinarian.
- E.** Except for the following, all female dairy cattle four months of age or older, imported into Arizona, shall be official calfhood vaccinates, properly identified, certified, and legibly tattooed:
- 1. Show cattle for exhibition,
 - 2. Cattle from a Certified Brucellosis-Free Herd with permission of the State Veterinarian,
 - 3. Cattle from a brucellosis-free state or country with permission of the State Veterinarian,
 - 4. Cattle consigned directly to an official state or federal slaughter establishment for immediate slaughter, and
 - 5. Cattle consigned for feeding purposes to a designated feedlot under import permit.
- F.** When imported breeding cattle, breeding bison, or dairy cattle under import quarantine and isolation are sold at a specifically approved stockyard, the owner or owner's agent shall, at the time of the sale, identify those cattle to the new owner as being under import quarantine. If market cattle identification testing for brucellosis is conducted at the auction, the owner or owner's agent shall ensure that the cattle or bison are tested before the sale. The new owner shall segregate the cattle or bison and retest for brucellosis 45 to 120 days after the animals entered the state.
- G.** Tuberculosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from other states.
- 1. No tuberculosis test is required for:
 - a. Beef breeding cattle, breeding bison, or dairy cattle from an accredited herd if the herd accreditation number is documented on the health certificate and import permit;
 - b. Native commercial and purebred beef breeding cattle from an Accredited-Free State if its accredited-free status is documented on the health certificate; and
 - c. Steers and spayed heifers.
 - 2. Unless from an accredited herd, prescribed in subsection (G)(1), the owner or owner's agent shall ensure that purebred beef breeding cattle from modified accredited states, breeding bison, dairy females, and bulls for breeding dairy cattle test negative for tuberculosis within 60 days before entry into Arizona.
- H.** Tuberculosis testing requirements for cattle and bison imported into Arizona from Mexico.
- 1. Before entry into Arizona, cattle and bison from Mexico shall meet the requirements of 9 CFR 93.424 through 93.427, incorporated by reference in subsection (D)(1).
 - 2. Steers and spayed heifers from states or regions in Mexico shall not enter the state if they have not been determined by the State Veterinarian to have fully implemented the Control, Eradication, or Free Phase of the bovine tuberculosis eradication program of Mexico.
 - 3. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have fully implemented the Control Phase of the bovine tuberculosis eradication program of Mexico shall not be imported into Arizona without permission of the State Veterinarian.
 - 4. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have fully

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implemented the Eradication Phase of the bovine tuberculosis eradication program of Mexico may be imported into Arizona, if they have either:

- a. Tested negative for tuberculosis in accordance with procedures equivalent to the Bovine Tuberculosis Eradication – Uniform Methods and Rules within 60 days before entry into the United States, or
 - b. Originated from a herd that is equivalent to an accredited herd in the United States and are moved directly from the herd of origin across the border as a single group and not commingled with other cattle or bison before arriving at the border.
5. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have achieved the Free Phase of the bovine tuberculosis eradication program of Mexico may move directly into Arizona without testing or further restrictions if they are moved as a single group and not commingled with other cattle before arriving at the border.
 6. Beef breeding cattle and breeding bison from states or regions in Mexico may be imported into Arizona if the State Veterinarian determines the Eradication or Free Phase of the bovine tuberculosis eradication program of Mexico has been fully implemented and the breeding cattle and breeding bison remain under import quarantine and isolation until retested negative for tuberculosis in accordance with the Bovine Tuberculosis Eradication - Uniform Methods and Rules. The test shall be performed not earlier than 60 days but not later than 120 days after entry unless consigned to a designated feedlot for feeding purposes only. Unless neutered, all beef breeding cattle or breeding bison consigned to a designated feedlot shall be branded with an “F” adjacent to the tail head before entry into Arizona, unless permission is granted by the State Veterinarian to apply the “F” brand on arrival. All beef breeding cattle or breeding bison leaving the designated feedlot shall go directly to an official state or federal slaughter establishment for immediate slaughter or to another designated feedlot. The owner of the designated feedlot shall ensure that official eartag identification records are kept on all incoming consignments and submit the records monthly to the State Veterinarian. An accredited veterinarian shall identify, on a form approved by the State Veterinarian, all beef breeding cattle and breeding bison leaving the designated feedlot. A copy of the form shall accompany the cattle and bison to slaughter and a copy shall be submitted to the State Veterinarian.

I. Bovine scabies requirements.

1. The owner or owner’s agent shall ensure that no cattle or bison affected with or exposed to scabies is shipped, trailed, driven, or otherwise transported or moved into Arizona except cattle or bison identified and moving under permit number and seal for immediate slaughter at an official state or federal slaughter establishment.
2. The owner or owner’s agent of cattle or bison from an official state or federal scabies quarantined area shall comply with the requirements of 9 CFR 73, Scabies in Cattle, January 1, 2007, edition, before moving the cattle or bison into Arizona. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.
3. The State Veterinarian may require that breeding and feeding cattle and bison from known scabies infected areas and states be dipped or treated even if the animals

are not known to be exposed. The State Veterinarian shall require that dairy cattle be dipped only if the animals are known to be exposed; otherwise a veterinarian’s examination and certification shall be sufficient.

J. Trichomoniasis requirements for bulls imported into Arizona from other states.

1. The owner or owner’s agent shall ensure bulls:
 - a. Test negative for *Tritrichomonas foetus* within 30 days prior to shipment using a polymerase chain reaction test or three cultures collected at intervals of no less than seven days apart, except for bulls:
 - i. Less than one year of age,
 - ii. Consigned directly to a state or federal licensed slaughter facility,
 - iii. Consigned directly to a dairy,
 - iv. Consigned directly to an exhibition or rodeo,
 - v. Consigned directly to a licensed feedlot for castration on arrival,
 - vi. Branded with an “F” adjacent to the tailhead and consigned directly to a designated feedlot for feeding and later movement directly to slaughter, and
 - b. Have no breeding activity during the interval between the collection of a sample and the date of shipment.
2. An accredited veterinarian approved to collect samples for *Tritrichomonas foetus* testing by the state animal health official in the state of origin shall collect the *Tritrichomonas foetus* test samples.
3. A laboratory approved to conduct tests for *Tritrichomonas foetus* by the state animal health official in the state of origin shall perform the test for *Tritrichomonas foetus*.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-612 renumbered from Section R3-9-612 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 14 A.A.R. 884, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1).

R3-2-613. Swine

- A.** The owner of swine entering Arizona, or the owner’s agent, shall comply with the requirements of Article 6 and the following conditions:
 1. Pay the expenses incurred to quarantine, test, and retest the imported swine; and
 2. Obtain an official health certificate specified in R3-2-606 and permit specified in R3-2-607.
- B.** Brucellosis test requirements. Breeding swine imported into Arizona from other states shall:
 1. Originate from a validated swine brucellosis-free herd or from a swine brucellosis-free state; or
 2. Test negative for brucellosis within 30 days before entry.
- C.** Pseudorabies test requirements. Swine imported into Arizona from other states shall:
 1. Be shipped directly from:
 - a. The farm of origin in a state recognized by USDA-APHIS as a pseudorabies Stage IV or Stage V state,
 - b. The farm of origin in a state recognized by USDA-APHIS as a pseudorabies Stage III state if the swine are:
 - i. Consigned directly to a terminal exhibition of only neutered swine,

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- ii. Tested negative within 15 days before entry, and
 - iii. Transported directly to a state or federally inspected slaughter facility immediately after the exhibition in a truck sealed by the State Veterinarian or agent;
 - c. A pseudorabies monitored feeder pig herd in a pseudorabies Stage II or Stage III state if the swine is consigned to a restricted swine feedlot; or
 - d. A sale in a state recognized by USDA-APHIS as a pseudorabies Stage IV or Stage V state if all swine entered in the sale are from a state recognized by USDA-APHIS as a pseudorabies Stage IV or Stage V state.
2. Except for feeder swine consigned to a restricted swine feedlot, swine moving directly to exhibition, and swine from a farm of origin in a state recognized by USDA-APHIS as a pseudorabies Stage V state, remain under import quarantine and isolation at the location specified on the import permit and health certificate, with the following restrictions, until tested negative for pseudorabies no sooner than 15 days or later than 30 days after entry:
- a. The isolation pen shall be at least 200 feet from straying pigs, other livestock, pets, or working dogs, and not be accessible to normal traffic flow;
 - b. Equipment, tools, and implements shall not be moved from an isolation pen and used at another pen;
 - c. Workers shall disinfect their shoes and clothing before working with other livestock or the main herd; and
 - d. The distance between an isolation pen barrier and another swine pen barrier shall be at least 200 feet and the isolation pen shall be double-fenced to prevent exposure to accidental strays.
 - e. Imported quarantined swine testing positive after entry shall be shipped directly to a state or federal slaughter establishment within 15 days after the positive identification and shall be accompanied by a USDA-VS Form 1-27. The remainder of exposed animals shall be quarantined until the herd is declared free of the disease, or all exposed animals are depopulated and the premises cleaned and disinfected.
3. If swine move directly to exhibition from a herd in a Stage IV state, and remain in the state, the swine shall be held under import quarantine at a location disclosed by the exhibitor. The exhibitor shall disclose the location of the quarantine facility to the Department within three days of the end of the exhibition. The swine shall be quarantined according to the restrictions identified in subsections (C)(2)(a) through (C)(2)(e) until tested negative for pseudorabies no sooner than 15 days or later than 30 days after entry into the state.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective June 29, 1984 (Supp. 84-3). Section R3-2-613 renumbered from Section R3-9-613 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4812, effective December 7, 2000 (Supp. 00-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of

State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-614. Sheep and Goats

- A. The owner of a sheep or goat entering Arizona, or the owner's agent, shall comply with the requirements of:
- 1. Article 6 and pay the expenses incurred to quarantine, test, and retest the sheep or goat; and
 - 2. Animal identification prescribed in 9 CFR 79, January 1, 2007, edition. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007.
- B. A breeding ram six months of age or older shall test negative for *Brucella ovis* within 30 days of entry or originate from a certified brucellosis-free flock. An exhibition ram that returns to the out-of-state flock of origin within five days of the conclusion of the exhibit is exempt from the testing requirement of this subsection.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-614 renumbered from Section R3-9-614 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1).

R3-2-615. Equine Importation

- A. Except for R3-2-607, an equine may enter the state as prescribed in R3-2-602 through R3-2-611.
- B. A person shall not import an equine with fistulous withers or poll evil.
- C. All equine six months of age or older shall, using a test established in R3-2-407(A), be tested negative for EIA within 12 months before entry. Testing expenses shall be paid by the owner.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-615 renumbered from Section R3-9-615 (Supp. 91-4). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3).

R3-2-616. Cats and Dogs

A dog or cat shall be accompanied by a health certificate that documents the animal is currently vaccinated against rabies according to the requirements of the National Association of State Public Health Veterinarians' Compendium of Animals Rabies Control, incorporated by reference in R3-2-409.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-616 renumbered from Section R3-9-616 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1).

R3-2-617. Poultry

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The Department has no entry requirements on poultry provided the poultry appear healthy, do not originate from a poultry quarantine area, comply with all interstate requirements of APHIS, and are accompanied by a health certificate or Form 9-3 from the National Poultry Improvement Program.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-617 renumbered from Section R3-9-617 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Repealed by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-618. Psittacine Birds

- A. The owner or the owner's agent of a psittacine bird entering Arizona shall obtain a health certificate issued by a veterinarian within 30 days of entry, certifying:
 1. The bird is not infected with the agent that causes avian chlamydiosis, and
 2. The bird was not exposed to birds known to be infected with avian chlamydiosis within the past 30 days.
- B. The health certificate shall accompany the psittacine bird at the time of entry into Arizona.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-618 renumbered from Section R3-9-618 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Repealed by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

R3-2-619. Repealed**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-619 renumbered from Section R3-9-619 (Supp. 91-4). Section repealed by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

R3-2-620. Zoo Animals

- A. An owner or owner's agent may transport or move zoo animals into the state of Arizona if the animals are accompanied by an official health certificate, and consigned to a zoo or in the charge of a circus or show.
- B. The owner, or owner's agent, of an animal in a "Petting Zoo" shall have the animal tested for tuberculosis within 12 months before importation. A negative test result is required for entry into Arizona.
- C. A business that transports or exhibits zoo animals shall be licensed by the Arizona Game and Fish Department.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-620 renumbered from Section R3-9-620 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final

rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1).

R3-2-621. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

R3-2-622. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

ARTICLE 7. LIVESTOCK INSPECTION**R3-2-701. Department Livestock Inspection**

- A. A Division employee shall inspect range cattle, as defined in R3-2-702(A), at a ranch if the owner or agent is:
 1. Moving cattle out-of-state,
 2. Transferring cattle ownership, or
 3. Shipping cattle for custom slaughter.
- B. A Division employee shall inspect cattle at a feedlot or dairy if the cattle are being shipped for custom slaughter.
- C. The Department shall not issue a self-inspection certificate to an owner, agent, or operator of a ranch, dairy, or feedlot if that individual has been convicted of a felony under A.R.S. Title 3 within the three-year period before the date on the self-inspection application. A Division employee shall inspect livestock if an applicant is denied self-inspection authority.
- D. During fiscal year 2020, livestock officers and inspectors shall collect from the person in charge of cattle, dairy cattle, or sheep inspected a service charge of \$10 plus the per head inspection fee set out in A.R.S. § 3-1337 for making inspections for the transfer of ownership, sale, slaughter or transportation of the animals.

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-701 renumbered from Section R3-9-701 (Supp. 91-4). Section R3-2-701 repealed; new Section R3-2-701 adopted effective February 4, 1998 (Supp. 98-1). Error in subsection (A)(3) corrected under R1-1-109, filed with the Office of the Secretary of State October 18, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking

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at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3).

R3-2-702. Livestock Self-inspection**A. Definitions.**

"Description" means sex, breed, color, and markings, as applicable to the type of livestock.

"Exhibition" means an event including a fair, show, or field day that has as its primary purpose the opportunity for a member of a youth livestock organization, including 4-H and FFA, to display an animal raised by the youth in a judged competition.

"Identification" means brand, back tag number, ear mark, tattoo, metal eartag, plastic eartag, and premises identification number, as applicable to the type of livestock.

"Livestock" means cattle, sheep, goats, and exhibition swine.

"Range" means every character of lands, enclosed or unenclosed, outside of cities and towns, upon which livestock is permitted by custom, license or permit to roam and feed. A.R.S. § 3-1201(7)

"Range cattle" means cattle customarily permitted to roam upon the ranges of the state, whether public domain or in private control, and not in the immediate actual possession or control of the owner although occasionally placed in enclosures for temporary purposes. A.R.S. § 3-1201(8)

B. Application.

1. Movers of livestock and an owner or operator of a dairy or feedlot shall request a book of self-inspection certificates from the Department. The applicant shall submit a written application form obtained from the Department and provide the following information:
 - a. Name, mailing address, physical address, telephone number, and fax;
 - b. Name of ranch, dairy, or business and type of operation;
 - c. Whether the applicant has been convicted of a felony under A.R.S. Title 3 within the past three years, and if so, the case number, court, charge, and sentence;
 - d. Recorded brand and brand location;
 - e. Individual designated to sign self-inspection certificates, if applicable; and
 - f. Signature and date.
2. The holder of a self-inspection book shall advise the Department by phone within 30 days of any change to the information provided on an application form.
3. The holder of a self-inspection book shall renew registration with the Department every two years from the date the initial or renewal application form is signed.
4. Prior to a department employee issuing a book of self-inspection certificates, the owner shall submit the following payment amount and the department shall receive the payment in full prior to issuing the book:
 - a. \$25.00 for a twenty five page feedlot book;
 - b. \$20.00 for a twenty page dairy book; or
 - c. \$10.00 for a ten page non-range, range, sheep, goat, or swine book.

C. Self-inspection certificate.

1. An owner, agent, or operator shall provide the following information, as applicable, on a self-inspection certificate

whenever livestock subject to self-inspection are moved or ownership is transferred:

- a. Name, address, and signature of the owner or agent;
 - b. Date of the shipment or transfer of ownership;
 - c. If moved, location from which and to which the livestock are moved, including the name of the auction, feedlot, arena, slaughter establishment, pasture, or other premises, and physical location;
 - d. Name of transporter;
 - e. Number and description of livestock;
 - f. Official identification of each dairy cattle and sexually intact cattle over 18 months of age shipped out of state and back tag numbers of culled dairy cattle;
 - g. Brand number, expiration date, and location;
 - h. Name and address of buyer;
 - i. Number of head of cattle sold for which Beef Council fees are payable under A.R.S. §§ 3-1236 and 3-1238.
2. The owner or owner's agent of livestock or the owner or operator of a dairy or feedlot shall complete a self-inspection certificate, except when livestock are subject to inspection by a Division employee under R3-2-701, and distribute copies of the certificate as follows:
 - a. One copy and any fees that are owed under subsection (C)(1)(j) shall be sent to the Department within 10 days after the end of the month in which ownership is transferred;
 - b. If the livestock are shipped, the original certificate shall accompany the livestock whenever they are in transit and one copy shall be retained by the person transporting the livestock; or
 - c. If ownership of the livestock is transferred without shipment, two copies shall be provided to the new owner or agent; and one copy shall be retained by the seller.
 3. A certificate may be used once to either transfer livestock ownership or to move livestock to a specific destination. If the livestock are diverted to a destination other than that stated on the self-inspection certificate, the certificate is void. The owner, agent, or operator shall complete a new certificate and send both the voided and new certificates to the Department within 10 days after the end of the month in which the certificates are issued or voided.
 4. An owner, agent, or operator shall use a self-inspection certificate only with a shipment of livestock matching the description for which the certificate is issued and only for the self-inspection issued date. If any of the information on the self-inspection certificate changes, the certificate is void and the owner, agent, or operator shall complete a new certificate.
 5. An altered, erased, completed but unused, or defaced self-inspection certificate is void. A voided certificate shall be returned to the Department within 10 days after the end of the month in which it is voided.
 6. Upon request, unused certificates shall be returned to the Department by the owner, agent, or operator. If a commercial operation licensed for self-inspection is sold, leased, transferred, or otherwise disposed of, the owner, agent, or operator shall notify the Department and return all self-inspection certificates to the Department within 30 days of the transaction.
- D. Sale of livestock.** A seller shall document a sale by completing a self-inspection certificate as prescribed in subsection (C) and providing a bill of sale to the purchaser as required under A.R.S. § 3-1291.
- E. Feedlot receiving form.**

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1. The operator of a feedlot shall document receipt of incoming cattle on a form obtained from the Department. The operator shall include the following information on the form:
 - a. Name of feedlot and location;
 - b. Month and year for which report is made;
 - c. Number of cattle received, date received, and name and address of owner;
 - d. Description of the cattle;
 - e. If not Arizona native cattle, the import permit and health certificate numbers;
 - f. If native Arizona cattle, self-inspection form number or Department inspection certificate number; and
 - g. Pen number to which cattle are initially assigned.
 2. The operator shall return the completed form within 10 days after the end of the month of the reporting period.
- F.** Quarantine. Livestock under quarantine by the Department shall not be shipped or sold by use of a self-inspection certificate.
- G.** Violations. The Department shall process violations of this Section as prescribed under A.R.S. § 3-1203(D).

Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-702 renumbered from Section R3-9-702 (Supp. 91-4). Section R3-2-702 repealed; new Section R3-2-702 adopted effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3).

R3-2-703. Seasonal Self-inspection Certificate

- A.** Exhibition cattle, sheep, goats, and swine.
1. An applicant for a seasonal self-inspection certificate prescribed under A.R.S. § 3-1346 shall call the Department at (602) 542-6407 to request a seasonal self-inspection certificate. The applicant shall provide the answers to the following questions, as applicable:
 - a. Name, mailing address, physical address if different from mailing address, telephone number, and fax;
 - b. Name of 4-H or FFA group, and group leader;
 - c. Description and identification of the animal;
 - d. Permit number and health certificate number for an animal imported from another state; and
 - e. Name of seller and self-inspection certificate number for an animal purchased from an Arizona seller.
 2. The Department employee who records the information required in subsection (A)(1) shall advise the applicant of the required fee prescribed under A.R.S. § 3-1346(A). The Department shall issue a seasonal self-inspection certificate upon receipt of the fee.
 3. An exhibitor shall provide the following information, as applicable, on a seasonal self-inspection certificate whenever an animal subject to seasonal self-inspection is moved or ownership is transferred:
 - a. Name, address, telephone number, and signature;
 - b. Date of movement;
 - c. Name of exhibition and location;
 - d. Final disposition of the animal (sale, death, or retention) and date of occurrence; and
 - e. If the animal is sold, name of purchaser (person or slaughter plant).
 4. The holder of a seasonal self-inspection certificate shall return the certificate to the Department within two weeks of the sale or slaughter of the animal or at the end of the show season if the animal is retained.

Historical Note

Adopted effective November 27, 1987 (Supp. 87-4). Section R3-2-703 renumbered from Section R3-9-703 (Supp. 91-4). Section R3-2-703 repealed; new Section R3-2-703 adopted effective February 4, 1998 (Supp. 98-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3).

EMERGENCY RULEMAKING**R3-2-704. Determining Original and Subsequent Brands**

- A.** Application of this rule. This rule is to be used to address brands that may have been adopted improperly as a result of the Arizona Supreme Court ruling in *Stambaugh v. Killian*, 398 P.3d 574 (Ariz. 2017). The rule shall only be used by the Department to evaluate existing recorded brands to determine if it has the “same design or figure” as another recorded brand. If there is a determination that two brands are of the same design or figure, the Department shall use this rule to determine which brand will remain a valid brand and which brand will become invalid.
- B.** Definitions. The following definitions shall be used for interpreting this rule:
- “Arrangement” means the placement and orientation of the characters within the brand.
- “Brand” means a design or figure that is recorded with the Department and applied to livestock in a manner that leaves a permanent mark used to identify the owner of the livestock.
- “Chain of ownership” means the period of time from the date the brand was recorded, until present and begins each time a brand is abandoned, if applicable.
- “Design or figure” means the brand’s image as a whole, including the font, size, and arrangement of the characters.
- “Font” means the style or type variation of a character.
- “Original brand” means as the brand that is deemed to be of the same design or figure as another brand, but has the longer continuous chain of ownership.
- “Size” means the height, length, or width of the characters relative to the other characters within the brand.
- “Subsequent brand” means all brands that are deemed to be of the same design or figure, but are not the original brand.
- C.** Brands that are the same. Brands with a design or figure that have no visible distinctions from another brand’s design or figure shall be deemed a brand of the same design or figure. This determination shall be made by comparing the images printed on the current brand certificates recorded with the Department. Neither the location of the brand on the livestock, nor the species of livestock shall be considered when determining if a brand is of the same design or figure.
- D.** Original Brands. In the event that two or more recorded brands are determined to be of the same design or figure, an evaluation must be conducted to determine which is the original brand, and which are subsequent brands. To determine which brand is the original brand, the individual brand files must be reviewed to determine which brand has the longest chain of ownership. In the event that a brand is deemed to be abandoned pursuant to A.R.S. § 3-1265, the chain of ownership

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breaks; a new chain of ownership begins the next time the brand is recorded. The original brand is deemed to be properly recorded with the Department. Any brand determined to be a subsequent brand is deemed to be unlawfully recorded with the Department and therefore is not valid.

Historical Note

Adopted effective February 4, 1998 (Supp. 98-1). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Section made by emergency rulemaking at 24 A.A.R. 3589, with an immediate effective date of December 13, 2018, valid for 180 days (Supp. 18-4).

R3-2-705. Repealed**Historical Note**

Adopted effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1).

R3-2-706. Repealed**Historical Note**

Adopted effective February 4, 1998 (Supp. 98-1). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1).

R3-2-707. Ownership and Hauling Certificate for Equines; Fees

The fee for a new, transferred, or replacement Ownership and Hauling Certificate for Equines as prescribed under A.R.S. §§ 3-1344(B) and 3-1345(B) is \$10 per certificate.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 3932, effective August 22, 2002 (Supp. 02-3).

R3-2-708. Equine Rescue Facility Registration

- A.** “Arizona Equine Rescue Standards” means the American Association of Equine Practitioners Care Guidelines for Equine Rescue and Retirement Facilities, 2004 Edition. This material, which includes the Veterinary Checklist for Rescue/Retirement Facilities, is incorporated by reference, does not include any later amendments or editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, Arizona 85007. A copy of this material may also be obtained from the American Association of Equine Practitioners web site at http://www.aaep.org/pdfs/rescue_retirement_guidelines.pdf. The American Association of Equine Practitioners is located at 4075 Iron Works Parkway, Lexington, Kentucky 40511.
- B.** An equine rescue facility shall pay the annual registration fee and file the following documents with the Department’s Animal Services Division for the facility to be included on the Department’s registry of equine rescue facilities:
1. An application form containing the facility’s name, address, and contact person and the contact person’s phone number.
 2. A copy of documents filed with the Arizona Corporation Commission demonstrating the facility’s current status as a nonprofit corporation in good standing in this state.
 3. A letter from a licensed veterinarian, dated within 15 days of filing, certifying that the facility is not inadequate with respect to any of the Arizona Equine Rescue Standards and attaching a signed copy of the completed Arizona Equine Rescue Standards’ veterinary checklist.

- C.** Registration is valid for one year. Registration may be renewed annually by complying with subsection (B).
- D.** The annual registration fee is \$75.
- E.** A nonprofit corporation owning multiple equine rescue facilities must file the letter and checklist described in subsection (B)(3) and pay the annual registration fee for each location it wants included on the registry.
- F.** The Department shall remove a facility from the registry if it determines that the facility is not presently incorporated as a nonprofit corporation in this state or is inadequate with respect to any of the Arizona Equine Rescue Standards.

Historical Note

New Section made by final rulemaking at 16 A.A.R. 876, effective July 3, 2010 (Supp. 10-2).

ARTICLE 8. DAIRY AND DAIRY PRODUCTS CONTROL**R3-2-801. Definitions**

In addition to the definitions in A.R.S. §§ 3-601 and 3-661, the following terms apply to this Article:

“3-A Sanitary Standards” and “3-A Accepted Practices,” as published by the International Association for Food Protection, amended May 31, 2002, means the criteria for cleanliness of dairy processing equipment. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007 and is also available at <http://www.3-A.org>.

“C-I-P” means a procedure by which equipment, pipelines, and other facilities are cleaned-in-place as prescribed in the 3-A Accepted Practices.

“Converted” means the process by which a frozen dessert is changed from a frozen to semi-frozen form without any change in the ingredients.

“Fluid trade product” means any trade product as defined in A.R.S. § 3-661(5) that resembles or imitates milk, lowfat milk, chocolate milk, half and half, or cream.

“Food establishment” means any establishment, except a private residence, that prepares or serves food for human consumption, regardless of whether the food is consumed on the premises.

“Frozen desserts mix” or “mix” means any frozen dessert before being frozen.

“Grade A raw milk” means raw milk produced on a dairy farm that conforms to Section 7 of the PMO and the requirements of R3-2-805.

“Parlor” and “milk room” mean the facilities used for the production of Grade A raw milk for pasteurization.

“Plant” means any place, premise, or establishment, or any part, including specific areas in retail stores, stands, hotels, restaurants, and other establishments where frozen desserts are manufactured, processed, assembled, stored, frozen, or converted for distribution or sale, or both. A plant may consist of rooms or space where utensils or equipment is stored, washed, or sanitized and where ingredients used in manufacturing frozen desserts are stored. Plant includes:

“Manufacturing plant” means a location where frozen desserts are manufactured, processed, pasteurized, and converted.

“Handling plant” means a location that is not equipped or used to manufacture, process, pasteurize, or convert fro-

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zen desserts, but where frozen desserts are sold or offered for sale other than at retail.

“PMO” means the Grade A Pasteurized Milk Ordinance, 2013 Revision. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007. A copy of the incorporated material may also be viewed at <http://agriculture.az.gov>.

“Retail food store” means any establishment offering packaged or bulk goods for human consumption for retail sale.

Historical Note

Former Regulations 1-11. Section R3-2-801 renumbered from R3-5-01 (Supp. 91-4). R3-2-801 renumbered to R3-2-803; new Section R3-2-801 adopted effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 2215, effective May 9, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 3030, effective September 30, 2006 (Supp. 06-3). Amended by final rulemaking at 14 A.A.R. 889, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 20 A.A.R. 1134, effective May 2, 2014, for 180 days (Supp. 14-2). Emergency expired. Amended by exempt rulemaking at 21 A.A.R. 2407, effective September 22, 2015 (Supp. 15-3). Amended by final rulemaking at 22 A.A.R. 2169, effective October 2, 2016 (Supp. 16-3).

R3-2-802. Milk and Milk Products Standards

Unless specifically mentioned in A.R.S. Title 3, Chapter 4, Article 1, or in this Article, all milk and milk products, except frozen desserts, sold or distributed for human consumption shall meet the PMO standards for production, processing, storing, handling, and transportation.

Historical Note

Former Regulations 1, 2. Section R3-2-802 renumbered from R3-5-02 (Supp. 91-4). Section repealed; new Section adopted effective December 2, 1998 (Supp. 98-4).

R3-2-803. Milk and Milk Products Labeling

- A. The manufacturer or processor shall ensure that milk and milk products listed in A.R.S. § 3-601(10), and Sections 1 and 2 of the PMO are designated by the name of the product and shall conform to its definition.
- B. The manufacturer or processor of milk and milk products shall conform with the labeling requirements in A.R.S. §§ 3-601.01 and 3-627, Section 4 of the PMO, and 21 CFR 101, 131, and 133, amended April 1, 2002. This CFR material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department and the Office of the Secretary of State.
- C. The name of the manufacturer or processor shall be on all cartons or closures where it can be easily seen. A manufacturer or processor that has plants in other states shall use a code number or letter to designate the state in which a carton or closure is manufactured or processed. If a manufacturer or processor has a plant within Arizona, the Dairy Supervisor shall issue a code number or letter for each plant and shall keep a record of the number or letter issued. Manufacturers and processors shall include the Arizona code, 04, with the plant code assigned by the Dairy Supervisor.
- D. If milk or milk products are manufactured or processed and packaged at a plant for other retailers and the container or closure is not labeled the same as the manufacturer's or processor's like product, the manufacturer or processor shall include

the statement “Manufactured or Processed at (name and address of plant or code number or letter)” on the carton or closure. The carton or closure may also contain the statement, “Distributed by: (name of person or firm).”

- E. Any person planning to use a new or modified label on a container shall submit the proposed label to the Dairy Supervisor for review.
 1. If the proposed label does not meet labeling standards specified in subsection (B), the Dairy Supervisor shall note the required changes on the proposed label, and sign and return the proposed label to the applicant.
 2. A person who requests additional time to use the inventory amounts of slow moving cartons or closures before using a modified label shall submit a written request to the Dairy Supervisor. The Dairy Supervisor may approve continued use of the existing cartons and closures if:
 - a. The use does not present a public health issue, and
 - b. The information on the cartons and closures is not misleading.

Historical Note

Former Regulations 1 - 21; Amended effective August 4, 1978 (Supp. 78-4). Section R3-2-803 renumbered from R3-5-03 (Supp. 91-4). R3-2-803 renumbered to R3-2-804; new Section R3-2-803 renumbered from R3-2-801 and amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2).

R3-2-804. Trade Products

- A. Any fluid trade product containing milk solids shall be regulated as a fluid milk product.
- B. Advertising, display, and sale:
 1. Any retail food store may submit its methods and techniques for the advertising, display, and sale of trade products and real products to the Dairy Supervisor to determine compliance with this Section.
 2. No food establishment shall sell or provide any patron or employee, for use as food, any trade product or food whose main ingredient is a trade product, unless one of the following disclosures is posted for each trade product, in a prominent place on the premises, or is plainly visible on each menu where other food items are described:
 - a. “_____ served here
(brand or common name of trade product)
instead of _____.”
(common name of dairy product)
 - b. “Nondairy products served here.”
 3. No food establishment shall advertise or otherwise represent to the public that it serves, or uses in the preparation of a food, a real product when it actually serves or uses a trade product.
- C. Labeling: Except as follows, all labels shall comply with the PMO and 21 CFR 101, 131, and 133.
 1. The Dairy Supervisor shall approve a new or modified trade product label before the label is used. The applicant shall file a written request with duplicate copies of the proposed label and any supporting materials necessary to establish the truthfulness, reasonableness, relevancy, and completeness of the label.
 2. Unless each ingredient of a trade product is homogenized or pasteurized, the whole product shall not be labeled or advertised as an homogenized or pasteurized product. Individual ingredients that are homogenized or pasteurized may be identified as homogenized or pasteurized in the listing of ingredients.

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3. Except for combined ingredients constituting less than 1% of the whole product or unless each ingredient of a trade product qualifies as grade A, the whole product shall not be labeled or advertised as a grade A product. Ingredients that qualify as grade A may be identified as grade A in the listing of ingredients.
4. Any trade product produced outside the state and labeled as prescribed in R3-2-802, may be sold within the state provided that the product meets the requirements of A.R.S. §§ 3-663 and 3-665.

Historical Note

Former Regulations 1 - 8; Amended effective December 7, 1976 (Supp. 76-5). Correction, subsection (A)(2) through (H) omitted, Supp. 76-5 (Supp. 79-4). Section R3-2-804 renumbered from R3-5-04 (Supp. 91-4). R3-2-804 renumbered to R3-2-805; new Section R3-2-804 renumbered from R3-2-803 and amended effective December 2, 1998 (Supp. 98-4).

R3-2-805. Grade A Raw Milk For Consumption

- A. All cattle from which Grade A raw milk is produced shall be tested and found free of tuberculosis before any milk is sold. All herds shall be tested for tuberculosis at least every 12 months. All cattle from which Grade A raw milk is produced shall be tested and found free of brucellosis before any milk is sold, and shall be tested every 12 months or have negative ring tests for brucellosis, or both, as determined by the State Veterinarian.
- B. Grade A raw milk shall be cooled immediately after completion of milking to 45° F or less and shall be maintained at that temperature until delivery.
- C. Grade A raw milk shall be bottled on the farm where it is produced. Bottling and capping shall be done in a sanitary manner on approved equipment. Hand-capping is prohibited. Caps and cap stock shall be kept in sanitary containers until used.
- D. All vehicles used for the distribution of Grade A raw milk shall prominently display the distributor's name.
- E. Grade A raw milk shall be labeled as prescribed in R3-2-803.

Historical Note

Former Regulations 1, 2. Section R3-2-805 renumbered from R3-5-05 (Supp. 91-4). Section R3-2-805 repealed; new Section R3-2-805 renumbered from R3-2-804 and amended effective December 2, 1998 (Supp. 98-4).

R3-2-806. Parlors and Milk Rooms

- A. Construction Plans.
 1. Any person constructing or extensively altering a parlor or milk room shall submit the plans and specifications to the Dairy Supervisor for written approval before work begins. The Dairy Supervisor shall approve or deny the plans within 10 business days.
 2. Plans shall consist of a scaled plot design with elevations and pertinent dimensions.
 3. Any deviations from the requirements in this Section and from approved plans and specifications may be made only after written approval of the Dairy Supervisor.
- B. Site.
 1. The parlor and milk room shall be located in a place free from contaminated surroundings.
 2. Feed racks, calf pens, bull pens, hog pens, poultry pens, horse stables, horse corrals, and shelter sheds shall not be closer than 100 feet to the milk room or closer than 50 feet to the parlor.
- C. Surroundings.
 1. Dirt or unpaved corrals and unpaved lanes shall not be closer than 25 feet to the parlor or closer than 50 feet to

the milk room; corrals shall be constructed to remove runoff from the lowest point of the grade.

2. A paved (concrete or equivalent) ramp or corral shall be provided to allow the animals to enter and leave the parlor. This paved area shall be curbed sufficiently high enough to contain waste material and water used to clean this area.
- D. Drains and waste disposal systems shall be adequate to drain the volume of water used in rinsing and cleaning, as well as the waste created by animals in the parlor. Instead of natural drainage, automatic pumps or other means shall be provided for drainage disposal.
- E. Milk room.
 1. The milk room shall consist of one or more rooms for the handling of the milk and the cleaning, sanitization, and storage of the milk-handling equipment. Hot and cold running water outlets shall be provided as needed for sanitation. There shall be a minimum of five feet between a farm milk tank at the widest point and the milk room wall where the wash vats are installed. Except for currently installed milk tanks, there shall be at least three feet between any farm tank or farm tank appurtenance and the milk room walls.
 2. Passageway. The passageway between the milk room and parlor shall have at least a 3-foot clearance for ingress and egress. Equipment such as milk receivers, dump tanks, or coolers that are part of an enclosed milk line system may be installed in the passageway if:
 - a. A 3-foot clearance is allowed for the walkway;
 - b. Space is provided between walls and equipment to permit the disassembly of equipment for cleaning or inspection;
 - c. The passageway between the parlor and the milk room may be closed at one end. The parlor may be separated from the passageway by a pipe rail fence if the slope of the parlor floor is away from the passageway. If the slope of the parlor floor is toward the passageway, a concrete wall between the passageway and parlor floor of at least 12 inches in height shall be provided.
 - d. Rustless pipe sleeves with tight-fitting flanges and protective closures shall be installed where the milk lines, hoses for tankers, and wash lines go through the walls of the passageway.
 3. Floors.
 - a. The floors of the milk room, and passageway, if provided, shall be constructed of four-inch thick concrete, or other impervious material troweled smooth. The milk room floor shall slope at least 1/4 inch per 12 inches to a vented trapped drain. The passageway floor shall slope at least one inch per 10 feet toward a drain or gutter. All floor and wall junctions shall have at least a two-inch radius cove.
 - b. Drainage from the milk room may be independent from or connected to the parlor drainage. Floor drains shall be vented, have a water trap, and a clean-out plug. All floor drains and pipes under the milk room and parlor floor shall meet all applicable plumbing codes.
 4. Walls and ceilings.
 - a. All walls and ceilings shall be constructed of a light colored, impervious material with a smooth finish. If concrete block or masonry construction is used, all voids below the floor line shall be filled with concrete.

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- b. The main ceiling height shall allow sufficient room for access to, and sampling from, the bulk milk storage tank.
 - 5. Doors and windows.
 - a. All opening windows shall have at least 16-inch mesh screen.
 - b. Exterior doors of the milk room shall open outward, be solid, self-closing, and tight fitting. Any door from the passageway shall be a solid door, metal covered on both sides of the bottom half. Wooden door jambs or frames shall terminate six inches above the floor, and the concrete floor cove shall extend to the jambs or frames.
 - c. All working areas in the milk room shall contain at least 30 foot-candles of natural and/or artificial lighting.
 - 6. Ventilation. The milk room shall provide adequate ventilation to minimize condensation on ceilings, walls and equipment. Vents shall be protected from the penetration of insects, dust and other contaminants. The milk room shall contain one or more ceiling vents. Ceiling vents shall not be installed directly above bulk milk storage tanks.
 - 7. Tanker loading area. A tanker-loading area, at least 10 feet by 12 feet, paved, curbed, and sloped to drain, shall be provided adjacent to the milk room where milk is transferred from a farm tank to a milk tanker. If a tanker is used instead of a farm tank, a tanker shelter shall be provided that complies with the construction, light, drainage, and general maintenance requirements of the milk room.
 - 8. Farm tank installations. All farm tanks for the cooling and storing of milk shall be installed in the milk room. Bulk milk tanks equipped with agitator shaft opening seals may, if approved by the Dairy Supervisor, be bulk-headed through a wall.
- F. Parlor.
 - 1. Floors.
 - a. The floors shall be constructed of four-inch thick concrete or other, light-colored, impervious material, finished smooth. The floors, alleys, gutters, mangers, and curbs shall slope lengthwise toward a drain or gutter. The cow standing platform in the elevated stall parlor shall slope sufficiently to provide for adequate drainage and cleaning.
 - b. Floor and wall junctions shall have at least a two-inch radius cove and shall be an integral part of the floor.
 - c. The cow standing platform, litter alley, holding corral and concrete lane shall be treated to prevent slipping.
 - 2. Walls. All walls shall be constructed of a light-colored, impervious material. If necessary, means shall be provided to prevent the entrance of swine, fowl and other prohibited animals. All walls shall be finished smooth on the inside with the top ledge rounded on open walls. If a parlor wall forms a part of the holding corral or an entrance or exit lane, it shall be finished smooth on the outside. If a concrete block or masonry construction is used, all voids below the floor line shall be filled with concrete. In elevated stall parlors, the wall under the cow standing platform adjacent to the milking area shall be finished smooth and designed to prevent leakage.
 - 3. Stalls. A tandem stall and a herringbone stall shall have a smooth, flat, non-absorbent splash panel behind each cow.
 - 4. Light. Natural and/or artificial light shall be at least 30 foot-candles at the floor level and located to minimize shadows in the milking area.
 - 5. Gutters.
 - a. All parlors shall have gutters to catch the defecation of cows while in the stall and for any water used for rinsing.
 - b. Pipe used for parlor gutter drainage shall be at least four inches in diameter and meet applicable plumbing codes.
 - 6. Curbs.
 - a. In elevated stall parlors, the cow standing platform shall be curbed on the side next to the milking alley and the curb shall be at least six inches in height with the top rounded to retain the elevated stall floor washings. This curb may be lowered to not less than two inches at the area where the milking machines are applied. Metal curbs shall be free of voids and sealed to stall and floor or wall.
 - b. Floor level parlors shall contain a curb under the stanchion line at least six inches wide, 12 inches high from the stall floor, except if metal mangers are used the top of this curb shall be rounded.
 - 7. Stanchions.
 - a. The stanchion shall be metal or other impervious, easily cleanable material.
 - b. Mangers and feed boxes in all types of parlors shall be constructed of impervious materials, finished smooth, and provided with drainage outlets at low points.
 - 8. Ventilation. Adequate ventilation shall be provided in the parlor, holding corral, and wash area, if roofed.
 - G. Roof drainage from parlors and milk rooms shall not drain into a corral unless the corral is paved and properly drained.
 - H. If animals are fed in the parlor, feed storage facilities shall be provided. Feed storage rooms, when installed, shall be partitioned from the parlor and shall be fly and rodent proof. The feed discharge area of the bulk feed storage shall be concrete or other impervious material that is curbed and drained. Bulk feed may discharge directly into the parlor. A bulk feed tank located opposite the passageway shall be at least six feet from the milk room. Overhead feed storage is permissible if it is fly, rodent, and dust tight. Feed shall be conveyed to the manger or feed box in a tightly closed dust-free system. Overhead metal feed tanks may be used.
 - I. Facilities to store dairy supplies shall be provided. Only supplies that come in contact with the milk or milk contact surface of the milk-handling equipment may be stored in the milk room and shall be protected from toxic materials, vectors, and dust.

Historical Note

Former Regulations 1 - 11. Section R3-2-806 renumbered from R3-5-06 (Supp. 91-4). Section amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 22 A.A.R. 2169, effective October 2, 2016 (Supp. 16-3).

R3-2-807. Frozen Dessert Plant and Processing Standards**A. Plant and Processing Standards.**

- 1. The plant area shall be clean, orderly and free from refuse, rubbish, smoke, dust, air pollution and strong or foul odors originating on the premises. A drainage system shall be provided for the rapid drainage of water away from the building. If unsatisfactory conditions occur in the plant area, with respect to smoke, dust, air pollution,

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or odors, provision shall be made to protect the frozen desserts and ingredients from contamination.

2. Sewage and industrial waste shall be disposed in accordance with the provisions of the state or county environmental laws. Refuse, unless in appropriate containers, shall not accumulate on the premises.
3. Roads, driveways, yards, and parking areas adjacent to the plant shall be paved or treated to prevent dust and shall be smooth and well drained to prevent accumulation of stagnant liquid.
4. Buildings.
 - a. The building exterior and interior shall be kept clean and in good repair.
 - b. In processing and packaging areas, outside doors, windows, skylights, transoms, or other openings shall be protected and operated to preclude the entrance of dust, insects, vermin, rodents, and other animals. Outside doors shall be self-closing whenever practical. Window sills on new construction shall slope inward at least 45-degrees. Outside conveyor openings and other outside openings shall be protected by doors, screens, flaps, fans, or tunnels. Pipes shall be sealed where they extend through exterior walls. Outside pipe openings shall be covered when not in use.
 - c. Rooms. All rooms, compartments, coolers, freezers, and dry storage space in which any raw material, packaging or ingredient supplies, or finished products are handled, processed, manufactured, packaged, or stored shall be constructed to ensure clean and orderly operations.
 - i. Boiler and tool rooms shall be separate from rooms where milk products are received, where processing and packaging is done, or where equipment, facilities, and containers are washed and stored.
 - ii. Toilets and dressing rooms shall be conveniently located and toilets shall not open directly into any room where milk products, ingredients, or frozen desserts are handled, processed, packaged, or stored. Toilet and dressing room doors shall be self-closing. Toilets and dressing rooms shall be well vented to the outer air, and contain hand-washing facilities, hot and cold running water, soap, single-service towels or air dryers. Hand-washing signs shall be posted. Fixtures shall be kept clean and in good repair.
 - iii. Rooms for receiving milk and other raw ingredients and materials shall be separated from the processing area to avoid contamination of frozen desserts in the processing operations, except that products in cans or other closed containers may be received and transferred to a cooler or other storage without being received in a separate room.
 - iv. If tank truck deliveries of milk, milk products, or frozen desserts mix are made, other than occasional deliveries, a tank truck room large enough to accommodate the entire truck shall be provided with equipment for cleaning. A covered outside unloading pad may be used for truck tankers with filter dome vents, if washing and sanitizing facilities are provided. If a tank truck room is not located on the premises of an existing plant, facilities for washing and sanitizing tank trucks shall be provided at another location where the washing and sanitizing facility is free from dust and extreme weather conditions.
 - v. Except for existing processing and packaging rooms, there shall be at least three feet clearance between installations and the wall to prevent overcrowding and to facilitate cleaning. Existing facilities not meeting this requirement shall be permitted if cleaning can be accomplished and permission is obtained from the Dairy Supervisor or the Dairy Supervisor's designee. All processing and packaging rooms shall be equipped with hand-washing facilities including hot and cold running water, soap, single-service towels, or air-dryer.
 - vi. Refrigeration rooms and units shall be constructed of impervious material and shall be kept clean and sanitary.
 - vii. Separate rooms shall be provided so that the manufacturing, processing, and packaging are separate from the cleaning and sterilizing of utensils and containers.
 - viii. No person shall reside or sleep in a frozen desserts plant or in any room connected with it. No animal shall be kept or permitted in a frozen desserts plant.
 - d. Walls and ceilings shall be constructed of smooth, washable, impervious material. They shall be light-colored, kept clean and sanitary, and refinished when discolored. A darker color material may be used to a height not exceeding 60 inches from the floor.
 - e. Floors shall be an impervious, smooth-surfaced material that may be flushed clean with water. Except for hardening rooms, floors shall slope 3/16 to 1/4 inch per foot to one or more trapped outlets. No open channel drainage is permitted in new construction or in extensive remodeling of existing plants. Floor drains are not required in freezers used for storing frozen desserts or frozen ingredients. However, the floors shall be sloped to drain to at least one exit and shall be kept clean. Floors in new construction or extensive remodeling shall be joined and coved with the walls to form water-tight joints. Smooth wood floors may only be permitted in rooms where there will be no spillage of product or ingredients, such as rooms where wrapped or packaged frozen products are packed in multiple-pack containers. Toilets and dressing rooms shall have impervious floors and smooth walls.
 - f. Plumbing shall be installed to prevent back-up of sewage or odors into the plant.
 - g. All rooms and compartments, including storage space for materials, ingredients, and packages, and toilets and dressing rooms, shall be ventilated to maintain sanitary conditions, and to minimize or eliminate condensation and odors.
 - h. Lighting, whether natural or artificial, shall be well distributed in all rooms and compartments. Light bulbs and fluorescent tubes shall be protected so that broken glass cannot fall into any product or equipment.
 - i. Rooms where frozen desserts are handled, processed, manufactured, or packaged, or where equipment or utensils are washed, shall have at

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- least 30 footcandles of light on all working surfaces;
- ii. Areas where dairy products are examined for condition and quality shall have at least 50 footcandles of light; and
 - iii. All other rooms shall have at least 20 footcandles of light 30 inches above the floor.
- i. Containers for collecting and holding waste other than dry waste paper and other dry packaging material shall be constructed of metal or other impervious material, covered with tight-fitting lids or covers, and emptied or disposed of daily or at least once during the shift. Clothing, tools, equipment, and other material not used with the frozen desserts operations shall not accumulate in the work areas or in the storage rooms.
 - j. A room or other space separate from any room or space where milk products or frozen desserts are received, handled, processed, packaged, or stored, shall be provided where employees may change and store clothing. This area shall contain hand-washing facilities, with hot and cold running water, soap or other detergents, and single-service towels or air dryers. Self-closing containers shall be provided for used towels and other wastes.
 - k. Approval of plans. The Dairy Supervisor may allow variances to the requirements in this Section, if protection from contamination is provided for all products handled.
5. Water and steam.
 - a. Potable hot and cold water shall be available in sufficient quantity for all plant operations and facilities. Non-potable water may be used for boiler feed and condenser water, if the water lines are separated from the water lines carrying the potable water supply and the equipment is constructed to preclude contamination of any product or product contact surface. If water for washing frozen desserts equipment and utensils and for use in rehydration or as an ingredient in any frozen desserts is obtained from other than a regulated municipal supply, a bacteriological examination shall be made of the water supply at least once every six months by a bacteriologist to determine potability. If the examination indicates contamination of the water supply, a device shall be installed to eliminate the contamination.
 - b. If steam is used, it shall be provided in sufficient volume and pressure for the operation of equipment or for sterilization, or both. Steam that comes in contact with frozen desserts, ingredients, or with the product contact surface, shall be steam of culinary quality as prescribed in Appendix H, Part III, Culinary Steam – Milk and Milk Products, of the PMO.
 6. Equipment and utensils.
 - a. New equipment shall meet applicable 3-A Sanitary Standards. All equipment, including connections, coming in contact with frozen desserts or ingredients during processing, manufacturing, handling, or packaging, shall be made of stainless steel. No equipment shall be permitted that is rusted, corroded, or in any other condition that may result in contamination of the frozen desserts. Non-metallic parts with product contact surfaces shall consist of material that meets 3-A Sanitary Standards for Plastic or Rubber and Rubber-like Materials or shall be of plastic approved by the United States Food and Drug Administration. Equipment, apparatus, and piping shall be easily accessible for cleaning and shall be kept in good repair and free from cracks and corroded surfaces. Stationary equipment, including welded sanitary lines and apparatus that permit in-place-cleaning, may be used if prior approval from the Dairy Supervisor has been obtained. C-I-P piping and welded sanitary pipeline systems shall be permitted if engineered and installed according to 3-A Accepted Practices for Permanently Installed Sanitary Product and Solution Pipelines and Cleaning Systems. If rigid pipelines are not practical, plastic pipelines listed in the 3-A Accepted Practices may be used. Product pumps shall be sanitary and easily dismantled for cleaning or shall be constructed to allow C-I-P procedures. All parts of interior surfaces of equipment, pipes (except C-I-P piping), or fittings, including valves and connections shall be accessible for inspection. The Dairy Supervisor may require other equipment, apparatus or piping if stationary equipment, apparatus or piping cannot or is not being effectively cleaned-in-place.
 - b. Equipment for storage and distribution of liquid sweetening agents shall be constructed of metals, alloys, or other material that will withstand corrosive action by the ingredient. The equipment and the ingredients shall be protected from contamination.
 - c. Pasteurizing equipment shall meet the standards prescribed in 3-A Accepted Practices for Sanitary Construction, Installation, Testing and Operation of High-Temperature-Short-Time Pasteurizers and 3-A Sanitary Standards for Non-Coiled Type Batch Pasteurizers. Batch-type pasteurizers shall be provided with close-coupled outlet valves protected against leakage and shall be equipped with thermometers that record the information of each day's operation on separate charts. Air space thermometers and indicating thermometers shall be provided to check the recording thermometers. The recording thermometer chart shall contain the date, the identity of the pasteurizing number, the batch and product name, and the signature of the employee responsible for this information. The record shall be kept on file at the plant for at least six months. The accuracy of the thermometer shall be checked weekly and the date and name of the person responsible for the weekly accuracy check shall be recorded.
 - d. Every plant shall contain hardening rooms, refrigerating rooms, or refrigerated cabinets with space for storage of frozen desserts and perishable ingredients.
 - e. All utensils used in the receiving, storing, processing, manufacturing, packaging, and handling of frozen desserts or any ingredients shall be of smooth, stainless steel, or plastic listed in the 3-A Accepted Practices and shall have flush seams. Utensils that are badly worn, rusted, or corroded or that cannot be rendered clean and sanitary by washing shall not be used. Lead solder shall not come in contact with milk or milk products or frozen desserts.
7. Cleaning and sanitizing.
 - a. Cleaning and sanitizing. Equipment, sanitary piping and utensils used in receiving, storing, processing, manufacturing, packaging, and handling frozen desserts and ingredients, and all product contact surfaces of homogenizers, high pressure pumps,

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- packing glands on agitators, pumps and vats, and lines shall be kept clean. Before use, all equipment coming in contact with milk products or frozen desserts shall have a bactericidal or sanitizing treatment. Equipment not designed for C-I-P cleaning shall be disassembled, thoroughly cleaned and sanitized. Biodegradable dairy cleaners, wetting agents, detergents, sanitizing agents, or other similar material that does not adversely affect or contaminate the frozen desserts or ingredients may be used. Steel wool or metal sponges shall not be used to clean any equipment or utensils with product contact surfaces. C-I-P cleaning shall be used only on equipment and pipeline systems designed, engineered, and installed for that type of cleaning. Other equipment and areas in the plant shall be thoroughly cleaned with a commercial vacuum cleaner or other means and the material obtained shall be burned or disposed of so that any insects are destroyed and milk products and frozen desserts will not be contaminated. Exhaust stacks, elevators and elevator pits, conveyors and similar facilities shall be inspected and cleaned regularly.
- b. Equipment shall be sanitized by using one of the following methods:
 - i. Using 180° F water for at least two minutes.
 - ii. Using steam under pressure for at least two minutes or until all parts of the equipment being sanitized have reached 180° F, or the condensate off the equipment remains at 180° F for at least two minutes.
 - iii. Using chlorine with a residual of at least 50 ppm after one minute contact with equipment, or if sprayed, with a residual of at least 100 ppm after five minutes.
 - iv. Using any other sanitizing substance prescribed in Appendix F of the PMO.
8. Pasteurization and cooling.
 - a. All frozen desserts mix, except for flavoring agents used in frozen desserts, shall be pasteurized.
 - b. Frozen desserts mix shall be pasteurized by heating every particle to:
 - i. 155° F for 30 minutes,
 - ii. 160° F for 15 minutes,
 - iii. 165° F for 10 minutes,
 - iv. 175° F for 25 seconds,
 - v. 180° F for 15 seconds,
 - vi. 200° F for three seconds, or
 - vii. 210° F with no holding time.
 - c. High-temperature-short-time pasteurizers shall have the thermal limit controller set and sealed so that forward flow of the product cannot start unless the temperature at the controller sensor is above the required temperature and forward flow of the product cannot continue during descending temperatures if the temperature is below the required temperature. The seal shall be applied by the Dairy Supervisor or the Supervisor's designee after testing and shall not be removed without immediately notifying the Dairy Supervisor or the Supervisor's designee. The system shall be designed so that no product can bypass the controller sensor. The controller sensor shall not be removed from its proper position during the pasteurization process.
 - d. After pasteurization all mix shall be cooled immediately to 45° F or less and shall be maintained at that temperature until frozen. Milk, cream, and other fluid milk products other than sterilized, evaporated or sweetened condensed milk in hermetically sealed containers shall be stored at 45° F or less.
 - i. Refrigerated vehicles or approved insulated containers shall be used when transporting frozen desserts mix from the manufacturing or other plant to a retail manufacturer, and
 - ii. Mix shall be moved from coolers or refrigeration units in a manufacturing plant to freezers by using pipes, tubing, or other means listed in the Permanently Installed Product and Solution Pipelines and Cleaning Systems Used in Milk and Milk Product Processing Plants section of the 3-A Accepted Practices.
9. Storage.
 - a. Utensils and equipment. Utensils and portable equipment used in processing, handling, or packaging of frozen desserts shall be stored above the floor in clean, dry locations and in a self-draining position on racks constructed of impervious, corrosion-resistant material.
 - b. Supplies and containers. Whenever possible, supplies shall be kept in a room separate from the processing, handling, and packaging of frozen desserts and under conditions that result in keeping the materials clean and free from dust, moisture, insects, rodents, or other possible contamination. Supplies shall be arranged to permit cleaning of the area and easy inspection and access. Insecticides and rodenticides shall be plainly labeled, segregated, and stored in a separate room or cabinet away from the edible material or packaging supplies. Caps, parchment papers, wrappers, liners, gaskets, and single-service sticks, spoons, covers, and containers for frozen desserts or ingredients shall be stored only in sanitary tubes, wrappings, or cartons and kept in a clean, dry place until used and shall be handled in a sanitary manner.
 - c. Raw milk products. Raw products for use in frozen desserts that are conducive to bacterial growth shall be handled and stored to minimize bacterial growth. When stored, raw products shall be maintained at 45° F or lower until processing commences.
 - d. Non-refrigerated products. Products such as non-fat dry milk and other frozen desserts ingredients that do not require refrigeration for proper storing shall be placed in dry storage to be easily accessible for inspection and removal, and for adequate cleaning of the room. Dunnage, pallets or other similar method of elevation shall be used. Frozen desserts or ingredients shall not be stored with any product that would damage them or impair their quality. Opened containers of ingredients shall be protected from contamination.
 - e. Refrigerated products. All products that require refrigeration shall, except as otherwise specified, be stored under conditions of temperature and humidity that best maintain quality and condition. Products shall not be stored directly on wet floors or be exposed to foreign odors or conditions such as dripping or condensation that may cause package or product damage.
 10. Notification of change in products to be manufactured. Any person manufacturing only frozen desserts with butterfat, or only frozen desserts with fats other than butter-

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fat, and uses the other type of fat shall first notify the Dairy Supervisor.

11. Clearing lines and equipment. If the same equipment is used for processing, pasteurizing, and packaging frozen desserts made with dairy products and frozen desserts made with vegetable fats, oils, or proteins, any remaining product shall be completely removed from the lines and equipment and sanitized before introducing another product into the lines and equipment. All equipment and lines shall be sanitized either at the end or beginning of each day's operations.
12. Packaging and containers.
 - a. Frozen desserts shall be packaged in commercial containers using packaging material that protects the product from contamination. The packaging, cutting, molding, dispensing, and other handling or preparation of frozen desserts and their ingredients shall be in a sanitary manner. Frozen dessert containers shall be filled at the place of pasteurization using approved mechanical equipment. Existing manual processes may be permitted if done in a manner that prevents all contact surface contamination and is approved by the Dairy Supervisor.
 - b. Multi-use containers for frozen desserts shall be kept clean and dry. If used for transporting frozen desserts, the containers shall be:
 - i. Rinsed immediately after emptying,
 - ii. Cleaned upon return to the plant, and
 - iii. Protected from contamination during storage.
 - c. Metal cans and containers shall be free from rust and corrosion.
 - d. Paper and plastic containers, liners, covers, or other materials coming in contact with frozen desserts shall be free from contamination.
 - e. Single-service containers shall not be reused.

B. Personnel.

1. Plant employees shall wash their hands before beginning work and upon returning to work after using toilet facilities, eating, smoking, or otherwise soiling their hands. Employees shall keep their hands clean and follow good hygienic practices while on duty. Expectorating or using tobacco in rooms or compartments where frozen desserts or ingredients are exposed is prohibited. Clean, white, or light-colored, washable outer garments shall be worn by all employees engaged in handling dairy products, mix or frozen desserts. Hair coverings for head and facial hair shall be worn by all employees engaged in the processing, pasteurizing, packaging, handling, and storage of frozen desserts, product containers, and utensils.
2. Frozen desserts shall be handled so that there is no direct contact between an employee's hands and the product.
3. A person who has a discharging or infected wound, sore or lesion on hands, arms or other exposed portions of the body shall not work in any plant processing or packaging room or in any capacity resulting in contact with milk products or frozen desserts or equipment used in the processing or handling of milk products or frozen desserts. An employee returning to work following illness from a communicable disease shall provide a certificate from a physician attesting to the employee's complete recovery before processing or handling milk products or frozen desserts.

C. Quality standards.

1. Milk products used in the manufacture of frozen desserts shall meet the following standards:

Product	Standard Plate Count	Not to Exceed
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Raw Milk	500,000 per ml.
Pasteurized Milk	50,000 per ml.
Raw Cream	500,000 per ml.
Pasteurized Cream	100,000 per ml.

2. Butter, 80% cream, plastic cream, mixtures of butterfat, sugar or sweetening agent, moisture and flavoring, condensed milk, mixes and all other similar products shall meet the following standards:

Bacterial Standards	Not to Exceed
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Standard Plate Count	50,000 per gram
Coliform Count	20 per gram
Yeast	50 per gram
Mold	50 per gram

3. Powdered non-fat dry milk, dry whey, and dry buttermilk shall meet the PMO standards.
4. Fats and oils other than from milk shall meet the standards of the United States Food, Drug and Cosmetic Act as amended, or those of any applicable state regulation for fats and oils of food grade standards.
5. Frozen desserts in broken or opened containers or in containers from which the product has been partially used may be returned to the plant for examination but shall not be used or sold for making frozen desserts.
6. All reconstituted frozen desserts shall be pasteurized before packaging.

D. Labeling.

1. All packages of frozen desserts, including cans or other containers of frozen desserts mix but not including frozen desserts packaged in accordance with a customer's request and in the presence of the customer, shall be labeled as prescribed in the federal Food, Drug and Cosmetic Act, as amended.
2. Each frozen dessert package shall contain:
 - a. The code number assigned by the Dairy Supervisor, identifying the specific manufacturing plant; or
 - b. The name and address of the frozen dessert manufacturer.

- E. License suspension.** The Dairy Supervisor may suspend the license of a frozen dessert plant whenever the bacteria count, coliform determination, yeast or mold count exceeds the quality standards for frozen desserts in three out of the last five samples taken on separate days. In addition, the Dairy Supervisor may suspend the permit of a frozen dessert plant for failure to comply with any of the provisions of this Section.

Historical Note

Adopted effective December 7, 1976 (Supp. 76-5).
 Amended effective December 5, 1977 (Supp. 77-6). Section R3-2-807 renumbered from R3-5-07 (Supp. 91-4).
 Amended effective December 2, 1998 (Supp. 98-4).

R3-2-808. Frozen Desserts Reconstituted from Powdered Mixes

Except for R3-2-807(A)(8), retail establishments that reconstitute frozen desserts from powdered mixes and dispense the desserts on the premises shall comply with the requirements prescribed in R3-2-807 and the following standards:

1. All equipment, containers, and utensils shall be washed and air-dried after each use and shall be sanitized before each use, in accordance with the sterilization standards established in subsection R3-2-807(A)(7)(b).
2. When not in use, all equipment, utensils, and containers shall be stored above the floor in a clean, dry location free from dust, moisture, insects, rodents, or other possible sources of contamination.

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3. Excess quantities of the reconstituted frozen dessert shall not be made from the powdered mix in advance and stored outside the dispensing machine.
4. Frozen desserts shall be reconstituted according to the directions provided by the powdered mix manufacturer.

Historical Note

Adopted effective May 11, 1977 (Supp. 77-3). Section R3-2-808 renumbered from R3-5-08 (Supp. 91-4). Section R3-2-808 renumbered to Section R3-2-809; new Section R3-2-808 adopted effective December 2, 1998 (Supp. 98-4).

R3-2-809. Medicinal, Chemical, and Radioactive Residues in Milk

A. All dairies shall comply with the following procedures to exclude medicinal, chemical, and radioactive residues from milk intended for human consumption:

1. Identify all cows that have been treated with or have consumed medicinal, chemical, and radioactive agents capable of being secreted in milk;
2. Maintain a written record of the date of treatment, type, and quantity of the medicine or chemical administered to each cow;
3. Milk all treated cows last, or with separate equipment to prevent contamination of the wholesome milk supply;
4. Clean and sanitize all equipment, utensils, and containers used in the handling of milk from the treated cows before the equipment is used in the handling of any milk intended for human consumption; and
5. Discard all milk from the treated cows for the period of time recommended by the attending veterinarian or as indicated on the package or label of the medicine used in the treatment of the cow.

B. Enforcement.

1. When the residue of a chemical, medicinal, or radioactive agent is found in the milk of a dairy and the Dairy Supervisor determines that the residue may be deleterious to human health, the Director shall immediately suspend the dairy from further selling, offering for sale, or distributing milk for human consumption until:
 - a. The Dairy Supervisor determines that the practice causing the contamination of the milk has been corrected and the dairy is in compliance with the procedures established in subsection (A);
 - b. Any milk that has not been excluded from human consumption as required by subsection (A) is appropriately discarded; and
 - c. The first milk shipment following suspension indicates negative test results for medicinal, chemical, or radioactive residues.
2. If the Dairy Supervisor determines that a dairy is not in compliance with the procedures established in subsection (A), the Dairy Supervisor may suspend the dairy until the prescribed procedures are observed.

Historical Note

Section R3-2-809 renumbered from R3-2-808 and amended effective December 2, 1998 (Supp. 98-4).

R3-2-810. License Fees

During fiscal year 2020, an applicant shall pay the following fee to obtain or renew a dairy license:

1. For a license to operate a milk distributing plant or business: \$300 plus \$2,500 per pasteurizer.
2. For a license to operate a manufacturing milk processing plant: \$100.

3. For a license to engage in the business of producer-distributor as an interstate milk shipper listed facility: \$150 plus \$2,500 per pasteurizer.
4. For a license to engage in the business of producer-distributor: \$150.
5. For a license to engage in the business of producer-manufacturer: \$25.
6. For a license to engage in the manufacture of trade products: \$100.
7. For a license to engage in the business of selling at wholesale milk or dairy products, or both: \$100.
8. For a license to sample milk or cream: an initial fee of \$50 and a renewal fee of \$30.

Historical Note

New Section made by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3).

R3-2-811. Dairy Farm Permit

A. A dairy farm, as defined in the PMO, may apply for a PMO milk producer permit by submitting the following information about the dairy farm on a form provided by the Department:

1. Legal name,
2. Physical and mailing address,
3. Telephone number,
4. Owner's name,
5. Herd size,
6. Daily milk production,
7. Water source,
8. Waste water disposal system,
9. Number of bulk storage tanks, and
10. Certification that the dairy farm facilities comply with Grade A requirements.

B. An applicant for a dairy farm permit shall demonstrate compliance with the minimum standards set out in the PMO by a Department inspection.

C. A permittee shall maintain compliance with the minimum standards set out in the PMO and shall be subject to inspection by the Department in accordance with the PMO.

D. The Department may suspend a permit for a permittee's failure to comply with the minimum standards and may revoke a permit if the permittee fails to correct deficiencies within a reasonable time.

E. Dairy farm permits are not transferable.

Historical Note

New Section made by emergency rulemaking at 20 A.A.R. 1134, effective May 2, 2014, for 180 days (Supp. 14-2). Emergency expired; new Section made by exempt rulemaking at 21 A.A.R. 2407, effective September 22, 2015 (Supp. 15-3).

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ARTICLE 9. EGG AND EGG PRODUCTS CONTROL**R3-2-901. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-701, 3-702, 3-703 and 3-704, the following shall apply to this Article:

“Lot” means any quantity of two or more eggs.

“Spot-check” sample means any sample less than a representative sample described in the chart in R3-2-903(B).

“United Egg Producers Animal Husbandry Guidelines” means the United Egg Producers Animal Husbandry Guidelines for U.S. Egg Laying Flocks, 2008 Edition. This material is incorporated by reference, does not include any later amendments or editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, AZ 85007, or the United Egg Producers at 1720 Windward Concourse, Ste. 230, Alpharetta, GA 30005.

“United Egg Producers Certified” means a company that has achieved United Egg Producers Certified status pursuant to the requirements prescribed by the United Egg Producers Animal Husbandry Guidelines.

“United Egg Producers Certified logo” means the official symbol and accompanying language used to identify eggs produced by United Egg Producers Certified companies.

Historical Note

Former Rule 1; Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-01 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-901 (Supp. 82-1). Section R3-6-101 renumbered to R3-2-901 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2).

R3-2-902. Standards, Grades, and Weight Classes for Shell Eggs

All standards, grades, and weight classes for shell eggs shall be as prescribed in AMS 56, United States Standards, Grades, and Weight Classes for Shell Eggs, revised as of July 20, 2000. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007 and the United States Department of Agriculture, Agricultural Marketing Service, Poultry Programs, STOP 0259, Room 3944-South, 1400 Independence Ave., S.W., Washington, DC 20250-0259, or online at www.ams.usda.gov/poultry/standards/index.htm. “AMS” means Agricultural Marketing Service, United States Department of Agriculture.

Historical Note

Former Rule 2; Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-02 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-902 (Supp. 82-1). Section R3-6-102 renumbered to R3-2-902 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 14 A.A.R. 892, effective May 3, 2008 (Supp. 08-1).

R3-2-903. Sampling: Schedule and Methods for Evidence

A. An inspector may conduct random spot-check sampling of a lot of eggs to determine whether the lot meets minimum quality and weight standards and is in compliance with R3-2-907(B).

B. Representative egg sampling, under A.R.S. § 3-710(G), shall be based on the following table. A lot that does not meet minimum quality or weight standards or is not in compliance with R3-2-907(B) shall receive a warning notice hold tag.

Minimum Number of Cases and Cartons Comprising a Representative Sample			
Lot size of cartons	Minimum eggs for inspection	Lot size of 30 doz. per case	Minimum cases for inspection ¹
1 - 4 cartons	All	1 case	1 case
5 - 30 cartons inclusive	50	2 - 10 cases inclusive	2 cases
31 - 120 cartons inclusive	100	11 - 25 cases inclusive	3 cases
120 - 210 cartons inclusive	200	26 - 50 cases inclusive	4 cases
211 - 315 cartons inclusive	300	51 - 100 cases inclusive	5 cases
		101 - 200 cases inclusive	8 cases
		201 - 300 cases inclusive	11 cases
		301 - 400 cases inclusive	13 cases
		401 - 500 cases inclusive	14 cases
		501 - 600 cases inclusive	16 cases
		For each additional 50 cases or fraction of a case in excess of 600 cases	1 case

¹An inspector shall take 100 eggs from each case for inspection.

1. An inspector may draw additional samples to determine whether the lot meets the minimum requirements.
2. When loose eggs are out of the case, the sample shall be based on a carton.
3. Eggs shall be sampled on a 30-dozen-case basis. When eggs are packed in other lot quantities, an inspector shall convert the quantity of eggs to the equivalent 30-dozen-case basis to establish the official sample size.

Historical Note

Former Rule 3; Amended effective March 17, 1976 (Supp. 76-2). Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-03 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-903 (Supp. 82-1). Section R3-6-103 renumbered to R3-2-903 (Supp. 91-4). Section repealed, new Section R3-2-903 renumbered from R3-2-906 and amended effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2,

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2003 (Supp. 03-2). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2).

R3-2-904. Quarterly Report Periods

Quarterly reports are due as prescribed in A.R.S. § 3-716(D). The quarterly report periods for inspection fees are:

1. July 1 to September 30,
2. October 1 to December 31,
3. January 1 to March 31, and
4. April 1 to June 30.

Historical Note

Former Rule 4; Amended effective March 17, 1976 (Supp. 76-2). Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-04 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-904 (Supp. 82-1). Section R3-6-104 renumbered to R3-2-904 (Supp. 91-4). Section repealed, new Section R3-2-904 renumbered from R3-2-907 and amended effective July 13, 1995 (Supp. 95-3).

R3-2-905. Inspection Fee Rate

- A. All dealers, producer-dealers, manufacturers, and producers shall pay an inspection fee at the rate of 3.0 mills (.00300) per dozen on all shell eggs sold as prescribed in A.R.S. § 3-716(A).
- B. All dealers, producer-dealers, manufacturers, and producers shall pay an inspection fee at the rate of 3.0 mills (.00300) per pound on all egg products sold as prescribed in A.R.S. § 3-716(A).

Historical Note

Former Rule 5; Former Section R3-6-05 renumbered as Section R3-2-905 (Supp. 82-1). Section R3-6-105 renumbered to R3-2-905 (Supp. 91-4). Section repealed, new Section R3-2-905 renumbered from R3-2-908 and amended effective July 13, 1995 (Supp. 95-3). Amended by emergency rulemaking at 12 A.A.R. 4063, effective October 1, 2006 for 180 days (Supp. 06-4). Emergency renewed at 13 A.A.R. 1509, effective April 9, 2007 for 180 days (Supp. 07-2). Amended by final rulemaking at 13 A.A.R. 1639, effective June 30, 2007 (Supp. 07-2).

R3-2-906. Violations and Penalties

- A. A dealer, producer-dealer, manufacturer, producer, or retailer, at each individual location, is subject to the penalties in subsection (B) for any of the following violations:

1. Category A:
 - a. Making a false or misleading statement relating to advertising or selling eggs and egg products;
 - b. Acting as a dealer, producer-dealer, producer, or manufacturer without a valid license;
 - c. Selling shell eggs with an incorrect or incomplete expiration date, or without an expiration date;
 - d. Selling grade AA or grade A eggs after the expiration date on the carton, case, or container, unless the eggs are exempt under A.R.S. § 3-715(K);
 - e. Failing to maintain records and reports required by this Article;
 - f. Failing to label a carton, case, or container with one size, one grade, one brand name, or, if applicable under R3-2-907(B), the United Egg Producer Certified logo;
 - g. Moving eggs or an egg case, carton, or container with a warning tag or notice, or removing a warning tag or notice without permission from the Director;

- h. Refusing to submit egg or egg product, an egg case, carton, container, subcontainer, lot, load, or display of eggs to inspection; or
 - i. Refusing to stop, at the request of an authorized representative of the Department, any vehicle transporting eggs or egg products.
 - j. Selling eggs that have not been produced in accordance with the standards prescribed under R3-2-907(B).
 - k. Failing to raise egg-laying hens in this state in accordance with the standards prescribed under R3-2-907(A).
2. Category B:
 - a. Extending the expiration date of shell eggs as defined in A.R.S. § 3-701(10); or
 - b. Advertising, representing, or selling out-of-state eggs as local eggs.
 3. Category C:
 - a. Failing to ensure that shell eggs for human consumption are kept refrigerated at an ambient temperature not higher than 45° F;
 - b. Failing to ensure that frozen egg products for human consumption, labeled for storage at 0° F or below, are kept under refrigeration at a temperature of 0° F or lower; or
 - c. Failing to ensure that liquid egg products for human consumption are kept refrigerated at a temperature not higher than 40° F.

- B. Any violation of this Article or of A.R.S. Title 3, Chapter 5, Article 1 not listed in subsection (A) is subject to a Category A civil penalty.

- C. Under A.R.S. § 3-739, the civil penalty for a violation of subsection (A) is:

Number of Violations	Category A	Category B	Category C
1	Warning	Warning	Warning
2	\$50	\$50	\$100
3	\$100	\$100	\$200
4		\$150	\$400
5		\$200	\$500
6		\$250	
7		\$300	

Historical Note

Former Rule 6; Amended effective February 19, 1982. Former Section R3-6-06 renumbered as Section R3-2-906 (Supp. 82-1). Section R3-6-106 renumbered to R3-2-906 (Supp. 91-4). Former Section R3-2-906 renumbered to R3-2-903, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 4058, effective October 7, 1999 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2).

R3-2-907. Poultry Husbandry; Standards for Production of Eggs

- A. All egg-laying hens in this state shall be raised according to United Egg Producers Animal Husbandry Guidelines.
- B. All eggs sold in this state produced by hens shall be from hens raised according to the United Egg Producers Animal Husbandry Guidelines. All eggs shall display the United Egg Producers Certified logo on their cases, cartons, and containers, or the egg dealer shall annually provide the Department with a copy of a current independent third-party audit that demon-

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strates that the eggs were produced by hens raised according to UEP Animal Husbandry Guidelines.

- C. This rule does not apply to egg producers operating or controlling the operation of one or more egg ranches each having fewer than 20,000 egg-laying hens producing eggs and also does not apply to any hens that are raised cage-free or any eggs produced by hens that are raised cage-free.

Historical Note

Former Rule 7; Former Section R3-6-07 renumbered as Section R3-2-907 (Supp. 82-1). Section R3-6-107 renumbered to R3-2-907 (Supp. 91-4). Section R3-2-907 renumbered to R3-2-904 effective July 13, 1995 (Supp. 95-3). New Section made by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2).

R3-2-908. Sanitary Standards; Egg Processing

All egg producers in this state shall meet the facility and sanitary operation requirements prescribed by the Regulations Governing the Voluntary Grading of Shell Eggs, 7 CFR 56, effective March 30, 2008. This material is incorporated by reference, does not include any later editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, AZ 85007.

Historical Note

Former Rule 8; Amended effective October 1, 1979 (Supp. 79-5). Former Section R3-6-08 renumbered as Section R3-2-908 (Supp. 82-1). Amended effective January 1, 1985 (Supp. 84-6). Amended effective December 30, 1987 (Supp. 87-4). Amended effective March 23, 1990 (Supp. 90-1). Section R3-6-108 renumbered to R3-2-908 (Supp. 91-4). Section R3-2-908 renumbered to R3-2-905 effective July 13, 1995 (Supp. 95-3). New Section made by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2).

R3-2-909. Repealed**Historical Note**

Former Rule 9; Former Section R3-6-09 renumbered as Section R3-2-909 (Supp. 82-1). Section R3-6-109 renumbered to R3-2-909 (Supp. 91-4). Section repealed effective July 13, 1995 (Supp. 95-3).

ARTICLE 10. AQUACULTURE**R3-2-1001. Definitions**

In addition to the definitions provided in A.R.S. § 3-2901, the following shall apply unless the context otherwise requires:

1. "Certificate of Aquatic Health" is an official document from an issuing state or an equivalent form published by the United States Fish and Wildlife Service or the United States Department of Agriculture attesting that the live aquatic animals described thereon have been inspected and are free of the diseases and causative agents set forth in R3-2-1009.
2. "Department" means the Arizona Department of Agriculture.

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2).

R3-2-1002. Fees for Licenses; Inspection Authorization and Fees

- A. License fees are established as follows:
1. Aquaculture facility: \$100 annually.
 2. Fee fishing facility: \$100 annually.
 3. Aquaculture processor: \$100 annually.
 4. Aquaculture transporter: \$100 annually.
 5. Special licenses: \$10 annually.

- B. An expired license may be renewed within 90 days after expiration by payment of a \$50 late fee.

- C. Upon request of the licensee, the Department shall assess the licensed facility and, if applicable, certify the facility is free from infectious diseases and causative agents listed in R3-2-1009 before issuing a Certificate of Aquatic Health. All expenses properly incurred in the certification procedure of the inspection, including time, travel, and laboratory expenses, shall be paid to the Department by the licensee requesting certification.

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

R3-2-1003. General Licensing Provisions

- A. An applicant for a license to operate an aquaculture facility or a fee fishing facility, or to operate as an aquaculture processor or aquaculture transporter shall provide the following information on a form furnished by the Department:
1. Whether the applicant is an individual, corporation, partnership, cooperative, association, or other type of organization;
 2. The name and address of the applicant;
 3. A corporation shall specify the date and state of incorporation;
 4. The principal name of the business, and all other business names that may be used;
 5. The name, mailing address, and telephone number of the applicant's authorized agent;
 6. The street address or legal description of the location of the facility to be licensed; and
 7. The signature of the person designated in subsection (A)(5), and the date the application is completed for submission to the Department.
- B. The Department shall grant a license when all conditions are met and assign a Department establishment number to each facility.
- C. All licenses expire on December 31 for the year issued.
- D. A licensee shall advise the Department in writing of any change in the information provided on the application during the license year. This information shall be provided within 30 calendar days of the change.
- E. To prevent the spread of diseases and causative agents listed in R3-2-1009, the Department may inspect and take samples from any facility or shipment being transported. A licensee shall notify the Department within 72 hours of becoming aware of the presence of any disease or causative agent listed in R3-2-1009. Aquatic animals found to be infected with a disease or causative agent listed in R3-2-1009 are prohibited from interstate or intrastate movement without prior written Department approval.
- F. The Department shall quarantine or seize aquatic animals, alive or dead, plants, or products for examination or diagnostic study when there is a potential for spread of a disease or causative agent listed in R3-2-1009, or any other disease or causative agent that could constitute a threat to aquatic animals or plants of the state. The Department shall issue a written notice to the licensee specifying:
1. The reason for the Department's action; and
 2. The licensee's right to request a hearing as prescribed in A.R.S. § 3-2906.
- G. A licensee shall conspicuously mark all quarantined aquatic products and quarantined areas in a manner specified by the Department.

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- H. A licensee shall pay all diagnostic, quarantine, and destruction costs.

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

R3-2-1004. Specific Licensing Provisions; Aquaculture Facility; Fee Fishing Facility; Special License Facility

- A. In addition to the application requirements in R3-2-1003, an applicant for a license to operate an aquaculture facility, a fee fishing facility, or a special license facility under A.R.S. § 3-2908(A) shall provide the following information on a form provided by the Department:
1. Water sources, transmission, and conveyances;
 2. Method used to dispose of tailing waters and solid wastes;
 3. Number and size of ponds, raceways, and tanks, if applicable;
 4. Whether hatchery facilities are included;
 5. A list of all animals and plants to be authorized under the license by genus, species, and common name.
- B. An application to culture or possess an aquatic animal or plant that has not previously occurred in the drainage where the facility is located shall be accompanied by a written proposal. The applicant's proposal shall include:
1. Anticipated benefits from introducing the species;
 2. Anticipated adverse effects from introducing the species, as it may affect indigenous or game fish, including hybridization;
 3. Anticipated diseases inherent to introducing the species;
 4. Suggestions for post-introduction evaluation of status and impacts of the introduced species; and
 5. Structural and operational methods implemented to prevent escape of the species, if applicable.
- C. Each body of water serving a facility shall be contained within the boundaries of the land owned or leased by the licensee.
- D. A facility using public waters having natural or artificial inlets, rivers, creeks, washes, or canals shall provide mechanical screening approved by the Department to prevent live aquatic animals and plants, including eggs and fry, from escaping beyond the aquaculture facility boundaries or into public bodies of water.
- E. An applicant for a special license under A.R.S. § 3-2908(A) shall also provide the following information to the Department at the time of application:
1. A written narrative describing the project in detail, the project purpose, the hypothesis, and the project duration; and
 2. The proposed disposition of the aquatic animals or plants upon completion of the project.
- F. The Department shall consider the recommendations of the Arizona Game and Fish Department, under A.R.S. § 3-2903, when determining whether to issue a license or an import permit under R3-2-1010. The Department may issue a license excluding some of the aquatic animal or plant species listed in the application.

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

R3-2-1005. Fee Fishing Facility

A licensee shall not allow an aquatic animal to be removed from a fee fishing facility unless:

1. The aquatic animal is dead, and

2. The licensee provides the person removing the aquatic animal with written proof of sale identifying the:
 - a. Facility, by name, address, and Department establishment number issued under R3-2-1003(B);
 - b. Date of harvest; and
 - c. Number and species of aquatic animals transported from the facility.

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

R3-2-1006. Processor License

- A. In addition to complying with the application requirements of R3-2-1003, applicants for a license to operate as an aquaculture processor as defined in A.R.S. § 3-2901(12) shall provide the following information on a form furnished by the Department:
1. Water sources, transmission, conveyances, and annual consumption in gallons or acre feet;
 2. Method used to dispose of tailing waters and solid wastes;
- B. A processing facility shall operate in a clean and sanitary condition during all periods of operation. The following are the minimum requirements for such establishments.
1. Each establishment shall have sanitary floors and walls impervious to water.
 2. All outside windows and doors shall be screened.
 3. There shall be a supply of potable water.
 4. There shall be a sewage disposal system of such a type as not to be a breeding place for insects and not to constitute a hazard or to endanger public health.

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2).

R3-2-1007. Transporter License; Transport; Delivery

- A. In addition to the application requirements in R3-2-1003, an applicant for a license to operate as an aquaculture transporter of live aquatic animals as defined in A.R.S. § 3-2901(15) shall, on a form provided by the Department:
1. Designate whether the license is for interstate or intrastate transport, or both;
 2. List aquatic transporting equipment to be used, including tanks and vehicles, and vehicle license number; and
 3. State prior year volume or anticipated annual tonnage of live aquatic animals transported.
- B. A transporter shall ensure that the aquatic transporting equipment has adequate water and oxygen at a temperature and in a quantity normal for the health of the live aquatic animals and shall be clearly marked, "Live Fish."
- C. In addition to a copy of the Certificate of Aquatic Health, a transporter shall transport each container of live aquatic animals within the state with a document identifying:
1. Consignor's name, address, and telephone number;
 2. Consignee's name, address, and telephone number;
 3. Quantity and size of the aquatic animal being transported;
 4. Genus, species, and common name of the aquatic animal being transported;
 5. Date of shipment; and
 6. Department establishment number.
- D. A transporter shall deliver live aquatic animals only to a retail outlet, as prescribed at A.R.S. § 3-2907(J) or to a person listed in R3-2-1010(B).

CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

R3-2-1008. Repealed**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Section repealed by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

R3-2-1009. Disease Certification

- A. A licensee requesting and receiving a Certificate of Aquatic Health shall have their facility inspected and all live aquatic animals, fertilized eggs and milt shall be found free of, but not limited to, the following diseases and causative agents:
1. Causative agent: Egtved Virus. Disease: VHS, Viral Hemorrhagic Septicemia of Salmonids.
 2. Causative agent: Infectious Hematopoietic Necrosis Virus. Disease: IHN, Infectious Hematopoietic Necrosis of Salmonids.
 3. Causative agent: Infectious Pancreatic Necrosis Virus. Disease: IPN, Infectious Pancreatic Necrosis of Salmonids.
 4. Causative agent: *Ceratomyxa shasta*. Disease: Ceratomyxosis of Salmonids.
 5. Causative agent: *Rhabdovirus carpio*. Disease: Spring Viremia of carp. Certification is required in this case only when the original origin of the shipment is from outside the United States.
 6. Causative agent: *Renibacterium salmoninarum*. Disease: BKD, Bacterial Kidney Disease of Salmonids.
 7. Causative agent: *Aeromonas salmonicida*. Disease: Furunculosis.
 8. Causative agent: *Myxobolus cerebralis*. Disease: Whirling Disease of Salmonids.
- B. The Department may require inspection for any disease or causative agent not listed in subsection (A) when there is evidence that the disease or causative agent may constitute a threat to aquatic animals or plants, aquatic wildlife or the aquaculture industry. The Department shall send written notice to all licensees pursuant to this Chapter when implementing this subsection, naming the disease or causative agent of concern. Action to quarantine or seize aquatic animals or plants pursuant to this subsection shall not be subject to delay pending such written notice.

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2).

R3-2-1010. Importation of Aquatic Animals

- A. The owner, or owner's agent, importing live aquatic animals into the state shall ensure the animals are accompanied by the following:
1. A Certificate of Aquatic Health as defined in R3-2-1001, based upon an inspection of the originating facility within the 12 months preceding the shipment;
 2. A transporter license issued under R3-2-1007; and
 3. An import permit number issued by the Department under this Section, legibly written or typed on the certificate of aquatic health.
- B. The owner, or owner's agent, of live aquatic animals, except those imported by a retail outlet as prescribed in A.R.S. § 3-2907(J), shall ensure that the animals are consigned to or in the care of:
1. An Arizona resident;

2. An aquaculture facility, fee fishing facility, or special license holder licensed by the Department;
3. A holder of an aquatic wildlife stocking permit issued by the Arizona Game and Fish Department; or
4. A holder of any aquatic animal license issued by the Arizona Game and Fish Department.

- C. The owner, or owner's agent, may obtain an import permit number from the Department, Office of the State Veterinarian, by providing the following information:
1. Consignor's name, address, and telephone number;
 2. Consignee's name, address, and telephone number;
 3. Consignee's Department establishment number issued by the Department or a copy of an aquatic wildlife stocking permit or the license issued by the Arizona Game and Fish Department;
 4. Origin of the shipment;
 5. Genus, species, and common name of aquatic animals to be imported; and
 6. Quantity and size classification of aquatic animals to be imported.
- D. An import permit number remains valid for 15 calendar days from the date of issuance by the Department.
- E. The Department shall refuse entry to any shipment that does not comply with this rule.
- F. The Department shall quarantine and require destruction of any shipment, after its arrival, that it determines is infected with or was previously exposed to any causative agent or disease listed in R3-2-1009.

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

ARTICLE 11. EXPIRED**R3-2-1101. Expired****Historical Note**

Section R3-2-1101 recodified from R3-2-101 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).

R3-2-1102. Expired**Historical Note**

Section R3-2-1102 recodified from R3-2-102 (Supp. 97-1). Amended effective October 8, 1998 (Supp. 98-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).

R3-2-1103. Expired**Historical Note**

Section R3-2-1103 recodified from R3-2-103 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).

R3-2-1104. Expired**Historical Note**

Section R3-2-1104 recodified from R3-2-104 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).

R3-2-1105. Expired

CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

Historical Note

Section R3-2-1105 recodified from R3-2-105 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).

R3-2-1106. Expired**Historical Note**

Section R3-2-1106 recodified from R3-2-106 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).

R3-2-1107. Expired**Historical Note**

Section R3-2-1107 recodified from R3-2-107 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).

R3-2-1108. Expired**Historical Note**

Section R3-2-1108 recodified from R3-2-108 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).

R3-2-1109. Expired**Historical Note**

Section R3-2-1109 recodified from R3-2-109 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).

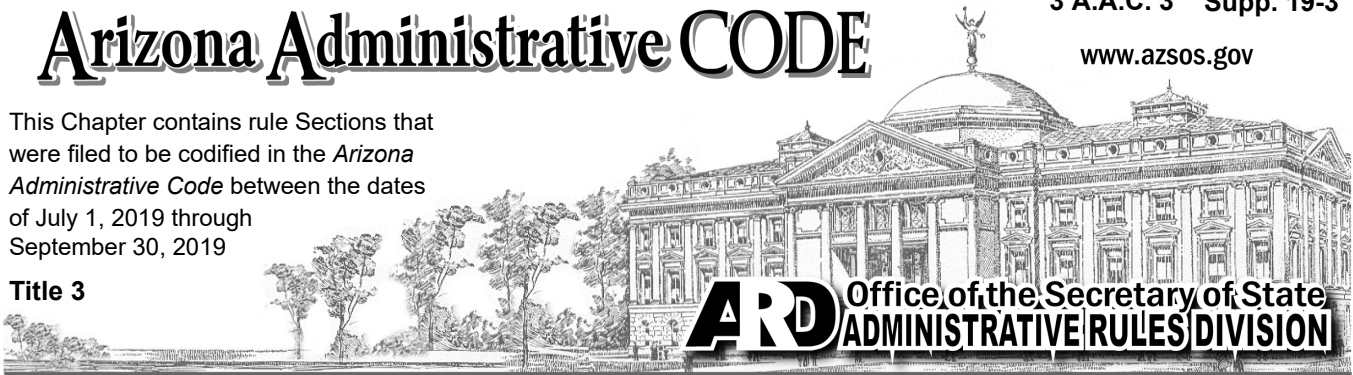
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3 A.A.C. 3 Supp. 19-3

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 3



TITLE 3. AGRICULTURE

CHAPTER 3. DEPARTMENT OF AGRICULTURE - ENVIRONMENTAL SERVICES DIVISION

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

[R3-3-702.](#) [Pesticide Registration; Fee 24](#)

Questions about these rules? Contact:

Name: Jack Peterson, Associate Director
Address: Arizona Department of Agriculture
1688 W. Adams
Phoenix, AZ 85007
Telephone: (602) 542-3575
Fax: (602) 542-0466
E-mail: jpeterson@azda.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 18-3, 1-51 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

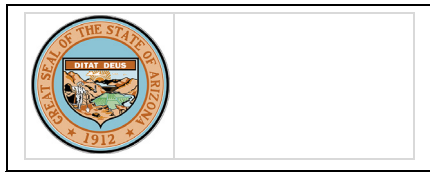
EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 3. AGRICULTURE**CHAPTER 3. DEPARTMENT OF AGRICULTURE - ENVIRONMENTAL SERVICES DIVISION**

Authority: A.R.S. §§ 3-341 et seq. and 3-3101 et seq.

Title 3, Chapter 3, Article 1, Section R3-3-101 renumbered from Title 3, Chapter 10, Article 1, Section R3-10-101; Title 3, Chapter 3, Article 2, Sections R3-3-201 through R3-3-212 renumbered from Title 3, Chapter 10, Article 2, Sections R3-10-201 through R3-10-212; Title 3, Chapter 3, Article 3, Sections R3-3-301 through R3-3-314 renumbered from Title 3, Chapter 10, Article 2, Sections R3-10-301 through R3-10-314; Title 3, Chapter 3, Article 4, Sections R3-3-401 through R3-3-404 renumbered from Title 3, Chapter 10, Article 4, Sections R3-10-401 through R3-10-404; Title 3, Chapter 3, Article 5, Sections R3-3-501 through R3-3-506 renumbered from Title 3, Chapter 10, Article 5, Sections R3-10-501 through R3-10-506; Title 3, Chapter 3, Article 6, Sections R3-3-601 through R3-3-617 renumbered from Title 3, Chapter 10, Article 6, Sections R3-10-601 through R3-10-617; Title 3, Chapter 3, Article 7, Sections R3-3-701 through R3-3-712 renumbered from Title 3, Chapter 3, Article 1, Sections R3-3-01 through R3-3-12; Title 3, Chapter 3, Article 8, Sections R3-3-801 through R3-3-812 renumbered from Title 3, Chapter 3, Article 2, Sections R3-3-21 through R3-3-32; Title 3, Chapter 3, Article 9, Sections R3-3-901 through R3-3-916 renumbered to Title 3, Chapter 3, Article 3, Sections R3-3-41 through R3-3-56 (Supp. 91-4).

New Sections R3-10-101, R3-10-201 through R3-10-212, R3-10-301 through R3-10-306, R3-10-308 through R3-10-312, R3-10-401 through R3-10-403, R3-10-501 through R3-10-505, and R3-10-601 through R3-10-617 adopted effective November 20, 1987.

Former Sections R3-10-01, R3-10-03, R3-10-20 through R3-10-25, R3-10-40 through R3-10-42, R3-10-42.01, R3-10-43 through R3-10-62, R3-10-64 through R3-10-66, R3-10-70, R3-10-71, R3-10-73 through R3-10-75, R3-10-77 through R3-10-87, R3-10-89, and R3-10-91 repealed effective November 20, 1987.

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Article 6, consisting of Sections R3-3-601 through R3-3-617, repealed effective April 11, 1994 (Supp. 94-2).

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ARTICLE 7. PESTICIDE

Title 3, Chapter 3, Article 1, Sections R3-3-01 through R3-3-12 renumbered to Title 3, Chapter 3, Article 7, Sections R3-3-701 through R3-3-712 (Supp. 91-4).

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Title 3, Chapter 3, Article 3, Sections R3-3-41 through R3-3-56 renumbered to Title 3, Chapter 3, Article 9, Sections R3-3-901 through R3-3-916 (Supp. 91-4).

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ARTICLE 10. AGRICULTURAL SAFETY

(Authority: A.R.S. § 3-3101 et seq.)

Title 3, Chapter 8, Article 2, Sections R3-8-201 through R3-8-208 renumbered to Title 3, Chapter 3, Article 10, Sections R3-3-1001 through R3-3-1008 (Supp. 91-4).

New Article 7 adopted effective July 13, 1989. (Supp. 89-3).

Article 2, consisting of Sections R3-2-201 through R3-8-208, transferred from the Industrial Commission, Title 4, Chapter 13, Article 7, Sections R4-13-701 through R4-13-708, pursuant to Laws 1990, Ch. 374, § 445 (Supp. 91-3).

Laws 1981, Ch. 149, effective January 1, 1982, provided for the transfer of the Office of Fire Marshal from the Industrial Commission to the Department of Emergency and Military Affairs, Division of Emergency Services (Supp. 82-2).

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ARTICLE 11. ARIZONA NATIVE PLANTS

Article 11, consisting of Sections R3-3-1101 through R3-3-1111 and Appendix A, recodified from 3 A.A.C. 4, Article 6 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

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CHAPTER 3. DEPARTMENT OF AGRICULTURE - ENVIRONMENTAL SERVICES DIVISION

ARTICLE 1. GENERAL PROVISIONS

R3-3-101. Definitions

In addition to the definitions in A.R.S. §§ 3-341 and 3-361, the following terms apply to Articles 1 through 5 of this Chapter:

“Acute toxicity” means adverse physiological effects that result from a single dose or single exposure to a chemical; or any poisonous effect produced by a single dose or single exposure to a chemical within a short period of time, usually less than 96 hours.

“Adulterate” means to change a pesticide so that:

- Its strength or purity falls below the standard of quality stated on the labeling under which it is sold,
- Any substance has been substituted wholly or in part for the pesticide, or
- Any constituent of the pesticide has been wholly or in part abstracted.

“Agricultural aircraft pilot” means any individual licensed by the Department who pilots an agricultural aircraft to apply a pesticide.

“Agricultural commodity” means any plant, animal, plant product, or animal product produced for commercial or research purposes.

“Agricultural establishment” means any farm, forest, nursery, or greenhouse.

“Agricultural purpose” means use of a pesticide on an agricultural commodity. It excludes the sale or use of pesticides, in properly labeled packages or containers, for either of the following:

- Home use, or
- Use in swimming pools or spas.

“Aircraft” means any mechanism used in flight, excluding a remote-controlled mechanism.

“ALJ” means an individual or the Director who sits as an administrative law judge, who conducts administrative hearings in a contested case or an appealable agency action, and who makes decisions regarding the contested case or appealable agency action. A.R.S. § 41-1092(1)

“Animal” means all vertebrate and invertebrate species, including, but not limited to, humans and other mammals, birds, fish and shellfish. A.R.S. § 3-341(3)

“Application site” means the specific location, crop, object, or field to which a pesticide is or is intended to be applied.

“Applicator” means any individual who applies, or causes to have applied, any pesticide on an agricultural establishment or golf course.

“Authorized activities” means, for compliance with A.R.S. § 3-365(D), any organized activities scheduled at a school or child care facility that use the school or child care facility or the school or child care grounds and for which the sponsors or organizers of the activity have received the written approval of a responsible administrative official of the school or child care facility.

“Buffer zone” means an area of land that allows pesticide deposition and residues to decline to a level that poses a reasonable certainty of no harm to a defined area.

“Bulk release” means the release of any pesticide or mixture of pesticides that poses a potential risk to property, human health, or the environment in volumes greater than those prescribed by the pesticide label for the application site. A pesticide dripping from a spray nozzle or minor splashing during mixing is not a bulk release.

“Certified applicator” means any individual who is certified by the Department to use or supervise the use of any restricted use pesticide or to use any pesticide on a golf course.

“CEU” means continuing education unit.

“Child care facility” means any facility in which child care is regularly provided for compensation for five or more children not related to the proprietor and is licensed as a child care facility by the Arizona Department of Health Services. A.R.S. § 36-881(3). Child care facilities are commonly known as day care centers.

“Commercial applicator” means a certified applicator (whether or not the applicator is a private applicator with respect to some uses) who uses or supervises the use of a restricted use pesticide for any purpose or on any property other than property owned or controlled by:

- The applicator;
- The applicator’s employer; or
- Another person, if the application is performed without compensation, other than trading of personal services between producers of agricultural commodities.

“Contamination” means a concentration of pesticide sufficient to violate state or federal water, soil, food, feed, or air contamination standards, except if legally applied.

“Continued pesticide application” means the continuance of an interrupted application of the same pesticide to the same application site within the same section, township, and range within the same reporting period.

“Custom application equipment” means aircraft, remote-controlled equipment, and ground equipment used for pesticide application by a custom applicator.

“Custom applicator” means any person, except a person regulated by the OPM, who applies pesticides for hire or by aircraft.

“Defoliation” means killing or artificially accelerating the drying of plant tissue with or without causing abscission.

“Device” means any instrument or contrivance that is intended to be used for trapping, destroying, repelling, or mitigating any pest or any other form of plant or animal life, other than a human being and a bacterium, virus, or other microorganism on or in a living human being or other living animal. Device does not include firearms, mechanical traps, or equipment used for the application of pesticides if the application equipment is sold separately.

“Diluent” means any substance added to a pesticide before application to reduce the concentration of the active ingredient in the mixture.

“Direct release” means to apply a pesticide outside the boundaries of an application site, at the time of application, while the valve controlling the normal flow of pesticide from the application device is in the open position and the application device is not within the confines of the application site. Direct release does not mean the drift or discharge of a pesticide caused by a mechanical malfunction of the application device that is beyond the control of the operator. Direct release does not mean a release caused by accident, or done to avoid an accident that would have resulted in greater harm than that caused by the pesticide release.

“Disposal” means discarding a pesticide or pesticide container that results in the deposit, dumping, burning, or placing of the container or unused pesticide on land or into the air or water.

“Drift” means the physical movement of pesticide through the air at the time of a pesticide application from the application

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site to any area outside the boundaries of the application site. Drift does not include movement of a pesticide or associated degradation compounds to any area outside the boundaries of an application site if the movement is caused by erosion, run off, migration, volatility, or windblown soil particles that occur after application, unless specifically addressed on the pesticide label with respect to drift control requirements.

"EPA" means the United States Environmental Protection Agency.

"Experimental use permit" means a permit issued by the EPA, or the Department pursuant to A.R.S. § 3-350.01, to a person for the purpose of experimentation, which includes the accumulation of information necessary for the registration of a pesticide.

"Exposure" means the inhalation or ingestion of a pesticide, or eye or skin contact with a pesticide.

"Family member" means spouse, child, sibling, parent, grandparent, grandchild, stepparent, or stepchild.

"FFDCA" means the Federal Food, Drug and Cosmetic Act, as amended.

"FIFRA" means the Federal Insecticide, Fungicide and Rodenticide Act, as amended, 7 U.S.C. § 136 et seq.

"Fumigant" means a substance or mixture of substances that produces gas vapor or smoke intended to control a pest in stored agricultural commodities or to control burrowing rodents.

"Golf applicator" means a certified applicator who uses a pesticide for the maintenance of a golf course that is owned or controlled by the applicator or the applicator's employer.

"Health care institution" means any institution that provides medical services, nursing services, health screening services, and other health-related services, and is licensed by the Arizona Department of Health Services.

"Highly toxic pesticide" means a pesticide with an acute oral LD₅₀ of 50 milligrams per kilogram of body weight or less, dermal LD₅₀ of 200 milligrams per kilogram of body weight or less, or inhalation LD₅₀ of 0.2 milligrams per liter of air or less, and the label bears the signal words "danger" and "poison" and shows a skull and crossbones.

"Individual" means a human being.

"Insect" means any of the numerous small invertebrate animals generally having the body more or less obviously segmented, for the most part belonging to the class insecta, comprising six-legged, usually winged forms, as for example, beetles, bugs, bees, and flies, and to other allied classes of arthropods whose members are wingless and usually have more than six legs, as for example, spiders, mites, ticks, centipedes and wood lice. A.R.S. § 3-341(14)

"Integrated Pest Management" or "IPM" means a sustainable approach to managing pests that uses any combination of biological, chemical, cultural, genetic, manual, or mechanical tools or techniques in a way that minimizes health, environmental, and economic risks.

"Label" means the written, printed or graphic matter on, or attached to, the pesticide or device, or the immediate container thereof, and the outside container or wrapper of the retail package, if there is any, of the pesticide or device. A.R.S. § 3-341(15)

"Labeling" means all labels and other written, printed or graphic matter:

Upon the pesticide or device or any of its containers or wrappers.

Accompanying the pesticide or device at any time.

To which reference is made on the label or in literature accompanying the pesticide or device, except when accurate, non-misleading reference is made to current official publications of the United States departments of agriculture or interior; the United States public health service, state experiment stations, state agricultural colleges or other similar federal institutions or official agencies of the state or other states authorized by law to conduct research in the field of pesticides. A.R.S. § 3-341(16).

"LD₅₀" means a single dose of pesticide that will kill at least 50 percent of laboratory test animals as determined by an EPA- approved procedure.

"Livestock" means clovenhoofed animals, horses, mules, or asses.

"OPM" means the Office of Pest Management.

"PCA" or "agricultural pest control advisor" means any individual licensed by the Department who, as a requirement of, or incidental to, the individual's employment or occupation:

Offers a written recommendation to a regulated grower or to any public or private agency concerning the control of any agricultural pest,

Claims to be an authority or general advisor on any agricultural pest or pest condition, or

Claims to be an authority or general advisor to a regulated grower on any agricultural pest.

"Person" means any individual, partnership, association, corporation or organized group of persons whether incorporated or not. A.R.S. § 3-341(19)

"Pest" means:

Any weed, insect, vertebrate pest, nematode, fungus, virus, bacteria or other pathogenic organisms.

Any other form of terrestrial or aquatic plant or animal life, except virus, bacteria or other microorganism on or in living humans or other living animals, which the director declares to be a pest for the purpose of enforcement of this Article. A.R.S. § 3-341(20)

"Pesticide" means any substance or mixture of substances intended to be used for defoliating plants or for preventing, destroying, repelling or mitigating insects, fungi, bacteria, weeds, rodents, predatory animals or any form of plant or animal life which is, or which the director may declare to be, a pest which may infest or be detrimental to vegetation, humans, animals or households or which may be present in any environment. A.R.S. § 3-361(6)

"Pesticide container" means any container with an interior surface that is in direct contact with a pesticide.

"Pesticide use" means the sale, processing, storing, transporting, handling or applying of a pesticide and disposal of pesticide containers. A.R.S. § 3-361(7)

"Private applicator" means a certified applicator who uses or supervises the use of a restricted use pesticide for producing an agricultural commodity on property owned or controlled by:

The applicator;

The applicator's employer; or

Another person, if the pesticide is applied without compensation, other than trading of personal services between producers of agricultural commodities.

"Property boundary" means the legal boundary of the land on which a child care facility, health care institution, residence, or school sits, unless another boundary is established by a written agreement with the owner of the child care facility, health care institution, residence, or school. Under a written agreement,

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the parties shall not establish a boundary that is less than ten feet from the child care facility, health care institution, residence, or school.

“Ready-to-use” means a registered pesticide, in the manufacturer’s original container, that does not require dilution by the end user.

“Regulated grower” means a person who acquires or purchases pesticides or contracts for the application of pesticides to agricultural commodities, onto an agricultural establishment, or onto a golf course as a part of the person’s normal course of employment or activity as an owner, lessee, sublessee, sharecropper, or manager of the land to which the pesticide is applied.

“Reporting period” means no later than the Thursday following the calendar week in which an application is completed.

“Residence” means a dwelling place where one or more individuals are living.

“Responsible individual” means an individual at a seller’s location who has passed the core examination prescribed in R3-3-202 and is designated by the seller under R3-3-203.

“Restricted use pesticide” means a pesticide classified as such by the EPA. A.R.S. § 3-361(8).

“School” means a public institution established for the purposes of offering instruction to pupils in programs for pre-school children with disabilities, kindergarten programs or any combination of grades one through twelve. A.R.S. § 15-101(19). School includes a private institution with membership in the North Central Association of Colleges and Schools serving students in kindergarten programs or any combination of grades one through twelve.

“Seller” means any person selling or offering for sale a restricted use pesticide or other type of pesticide intended to be used for an agricultural purpose.

“Service container” means a container used to temporarily hold, store, or transport a pesticide concentrate or a registered, ready-to-use pesticide other than the original labeled container, measuring device, or application device.

“Small scale test” means a test using a pesticide on land or water acreage as described at 40 CFR 172.3(c)(1) or (2).

“Spot application” means a treatment in an area other than a greenhouse or nursery operation that is restricted to an area of a field that is less than the entire field.

“Tag” means a custom application equipment license issued by the Department to a custom applicator licensee.

“Triple rinse” means to flush out a container at least three times, each time using a volume of water, or other diluent as specified on the label, equal to a minimum of 10 percent of the container’s capacity or a procedure allowed by the label that produces equivalent or better results.

“Unreasonable adverse effect” means any unreasonable risk to a human being or the environment, taking into account the economic, social, and environmental costs and benefits of the use of any pesticide, or a human dietary risk from residues that result from a use of a pesticide in or on any food as documented by the Department through its investigation.

“Weed” means any plant which grows where not wanted. A.R.S. § 3-341(24)

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
Renumbered from R3-10-101 (Supp. 91-4). Amended by
final rulemaking at 10 A.A.R. 276, effective March 6,

2004 (Supp. 04-1). Amended by exempt rulemaking at 19
A.A.R. 3130, effective September 16, 2013 (Supp. 13-3).

R3-3-102. Licensing Time-frames

- A. Overall time-frame. The Department shall issue or deny a license within the overall time-frames listed in Table 1 after receipt of the complete application. The overall time-frame is the total of the number of days provided for the administrative completeness review and the substantive review.
- B. Administrative completeness review.
 1. The administrative completeness review time-frame established in Table 1 begins on the date the Department receives the application. The Department shall notify the applicant in writing within the administrative completeness review time-frame whether the application or request is incomplete. The notice shall specify what information is missing. If the Department does not provide notice to the applicant within the administrative completeness review time-frame, the Department considers the application complete.
 2. An applicant with an incomplete license application shall supply the missing information within the completion request period established in Table 1. The administrative completeness review time-frame is suspended from the date the Department mails the notice of missing information to the applicant until the date the Department receives the information.
 3. If the applicant fails to submit the missing information before the expiration of the completion request period, the Department shall close the file, unless the applicant requests an extension. An applicant whose file has been closed may obtain a license by submitting a new application.
- C. Substantive review. The substantive review time-frame established in Table 1 shall begin after the application is administratively complete.
 1. If the Department makes a comprehensive written request for additional information, the applicant shall submit the additional information identified by the request within the additional information period provided in Table 1. The substantive review time-frame is suspended from the date of the Department request until the information is received by the Department. If the applicant fails to provide the information identified in the written request within the additional information period, the Department shall deny the license.
 2. The Department shall issue a written notice granting or denying a license within the substantive review time-frame. If the application is denied, the Department shall send the applicant written notice explaining the reason for the denial with citations to supporting statutes or rules, the applicant’s right to seek a fair hearing, and the time period in which the applicant may appeal the denial.

Historical Note

Adopted effective October 8, 1998 (Supp. 98-4).

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Table 1. Time-frames (Calendar Days)

License	Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
Regulated Grower Permit	A.R.S. § 3-363	14	14	56	14	70
Seller Permit	A.R.S. § 3-363	14	14	56	14	70
Agricultural Aircraft Pilot License	A.R.S. § 3-363	14	14	56	14	70
Custom Applicator License	A.R.S. § 3-363	14	14	63	14	77
Application Equipment Tag	A.R.S. § 3-363	14	14	56	14	70
Agricultural Pest Control Advisor (PCA) License	A.R.S. § 3-363	14	14	63	14	77
Commercial Applicator Certification (PUC)	A.R.S. § 3-363	14	14	63	14	77
Private Applicator Certification (PUP)	A.R.S. § 3-363	14	14	63	14	77
Private Fumigation Certification	A.R.S. § 3-363	14	14	63	14	77
Golf Applicator Certification (PUG)	A.R.S. § 3-363	14	14	63	14	77
Experimental Use Permit	A.R.S. § 3-350.01	14	14	28	14	42
Pesticide Registration	A.R.S. § 3-351	14	14	91	14	105
License to Manufacture or Distribute Commercial Feed	A.R.S. § 3-2609	14	14	42	14	56
Commercial Fertilizer License	A.R.S. § 3-272	14	14	42	14	56
Specialty Fertilizer Registration		14	14	56	14	70
Agricultural Safety Trainer Certification	A.R.S. § 3-3125	28	14	28	14	56
ARIZONA NATIVE PLANTS						
Notice of Intent Confirmation Notice of Intent	A.R.S. § 3-904	14	14	14	14	28
• Salvage Assessed Native Plant Permits	A.R.S. § 3-906	14	14	14	14	28
• Salvage Restricted Native Plant Permits		14	14	14	14	28
• Scientific Permits		14	14	14	14	28
Movement Permits	A.R.S. § 3-906	14	14	14	14	28
Annual Permits for Harvest-Restricted Native Plants	A.R.S. § 3-907	14	14	14	14	28

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Historical Note

Adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 2663, effective June 8, 2004 (Supp. 04-2). Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1). Amended by exempt rulemaking at 19 A.A.R. 3130, effective September 16, 2013 (Supp. 13-3).

ARTICLE 2. PERMITS, LICENSES, AND CERTIFICATION**R3-3-201. Regulated Grower Permit; Fee**

- A. A regulated grower shall not order, purchase, take delivery of, use, or recommend the use of any pesticide for an agricultural purpose or golf course without a valid regulated grower permit, issued by the Department.
- B. A person applying for a regulated grower permit, initial or renewal, shall provide the following information on a form obtained from the Department:
 - 1. Name, signature, and social security or employer's identification number of the applicant;
 - 2. Date of the permit application;
 - 3. Name, address, e-mail address, if applicable, and daytime telephone number of the company or farm where the applicant may be reached;
 - 4. Permit renewal period; and
 - 5. Sections, townships, ranges, and acres of the land where pesticides may be applied.
- C. The applicant shall submit the completed application to the Department accompanied by a \$20 fee for each year or portion of the year during which the permit is valid.
- D. A regulated grower permit is not transferable, expires on December 31, and is valid for one or two years depending on the renewal period selected by the applicant.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1). Amended by exempt rulemaking at 19 A.A.R. 3130, effective September 16, 2013 (Supp. 13-3).

R3-3-202. Core Examination

- A. In addition to other requirements prescribed by this Article, an individual seeking any of the following shall obtain a score of at least 75 percent on a written core examination administered by the Department:
 - 1. Designation as a responsible individual;
 - 2. An initial license as:
 - a. An agricultural aircraft pilot;
 - b. A custom applicator;
 - c. An agricultural pest control advisor; or
 - 3. An initial certification as:
 - a. A private applicator;
 - b. A commercial applicator; or
 - c. A golf applicator.
- B. The Department shall administer examinations by appointment at every Environmental Services Division office. The Department shall ensure that the examination tests the knowledge and understanding of the following subjects that are described in more detail at Appendix A, subsections (A) and (C):
 - 1. Pesticide use, safety, and toxicity;
 - 2. Pesticide labels and labeling;
 - 3. Pesticide terminology;
 - 4. Common causes of accidents;
 - 5. Necessity for protective equipment;
 - 6. Poisoning symptoms;
 - 7. Practical first aid; and

- 8. Statutes and rules relating to the sale, application, and use of pesticides.

- C. An individual who fails the examination may retake the examination no more than three times in a 12-month period and shall not retake an examination until at least seven days have elapsed from the date of the last examination.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-201 (Supp. 91-4). Former Section R3-3-202 renumbered to R3-3-203; new R3-3-202 made by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1). Amended by exempt rulemaking at 19 A.A.R. 3130, effective September 16, 2013 (Supp. 13-3).

R3-3-203. Seller Permit; Fee; Responsible Individual

- A. A person shall not act as a seller without a valid seller permit, issued by the Department.
- B. A seller shall obtain a seller permit for each physical location where the seller sells or offers for sale any restricted use pesticide or pesticide for an agricultural purpose within the state.
- C. A person applying for a seller permit, initial or renewal, shall provide the following information on a form obtained from the Department:
 - 1. Name and signature of the responsible individual, and license number, if applicable;
 - 2. Date of the permit application;
 - 3. Name, physical address, mailing address, e-mail address, if applicable, and daytime telephone number of the location selling a restricted use pesticide or a pesticide for an agricultural purpose;
 - 4. Permit renewal period;
 - 5. Name, e-mail address, and daytime telephone number of the Arizona contact for each out-of-state seller, if applicable;
 - 6. Address where records required to be maintained under R3-3-401 will be kept;
 - 7. Whether the applicant has had a similar license, permit, or certification revoked, suspended, or denied in this or any other jurisdiction during the three years before the date of application; and
 - 8. If applicable, the number of the license or certificate of the responsible individual, and current seller permit number.
- D. The applicant shall submit the completed application to the Department accompanied by a \$100 fee for each year or portion of the year during which the permit is valid.
- E. A seller permit is not transferable, expires on December 31, and is valid for one or two years, depending on the permit renewal period selected by the applicant. The Department shall not renew a seller permit unless the seller is in compliance with the provisions established in subsection (F), if applicable.
- F. A seller shall designate a different responsible individual for each physical location in this state that sells or offers for sale any restricted use pesticide.
 - 1. If a responsible individual terminates employment at an assigned location, the seller shall designate another responsible individual within 30 calendar days and notify the Department of the replacement.

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2. For a responsible individual who is not a commercial applicator or a PCA:
 - a. The core examination expires December 31, unless the initial examination is passed in the last quarter of a calendar year, in which case the expiration is December 31 of the following year; and
 - b. The responsible individual shall retake and pass the core examination every year, unless the responsible individual completes three CEUs annually before the renewal date.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
 Renumbered from R3-10-203 (Supp. 91-4). Former Section R3-3-203 renumbered to R3-3-204; new R3-3-203 renumbered from R3-3-202 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-204. Agricultural Aircraft Pilot License; Examination; Fee; Renewal

- A. An individual shall not act as an agricultural aircraft pilot without:
 1. A valid agricultural aircraft pilot license issued under this Section, and
 2. A valid commercial applicator certification issued under R3-3-208.
- B. The Department shall not issue or renew an agricultural aircraft pilot license, and an existing agricultural aircraft pilot license is invalid unless the applicant or license holder has a valid commercial pilot's certificate issued by the Federal Aviation Administration and a valid commercial applicator certification.
- C. An individual applying for an agricultural aircraft pilot license, initial or renewal, shall provide the following information on a form obtained from the Department:
 1. Name, social security number, and signature of the applicant;
 2. Date of application;
 3. Address, e-mail address, if applicable, and daytime telephone number of the applicant;
 4. License renewal period;
 5. Name, physical address, mailing address, e-mail address, if applicable, and daytime telephone number of the applicant's employer, if applicable;
 6. Copy of the applicant's commercial pilot certificate issued by the Federal Aviation Administration, if not previously filed with the Department;
 7. Applicant's commercial applicator certification number; and
 8. Whether the applicant has had a similar certification or license revoked, suspended, or denied in this or any other jurisdiction during the three years before the date of application and the nature of the violation.
- D. The applicant shall submit the completed application to the Department, accompanied by a \$50 fee for each year or portion of the year during which the license is valid.
- E. An agricultural aircraft pilot license is not transferable, expires on December 31, and is valid for one or two years depending on the renewal period selected by the applicant.
- F. Examinations.
 1. The Department shall administer examinations by appointment at every Environmental Services Division office. In addition to the core examination required in R3-3-202, an applicant shall demonstrate knowledge and understanding of the following by scoring at least 75 per-

cent on the written examination administered by the Department:

- a. Safe flight and application procedures, including steps to be taken before starting a pesticide application, such as survey of the area to be treated, and considering the possible hazards to public health;
 - b. Calibration of aerial application equipment; and
 - c. Operation and application in the vicinity of schools, child care facilities, health care institutions, and residences.
2. An individual who fails the examination may retake it no more than three times in a 12-month period and shall not retake an examination until at least seven days have elapsed from the date of the last examination.
- G. Renewal; expired license.
1. An applicant may renew an expired license without retaking the written examinations in subsection (F) under the following conditions:
 - a. The applicant submits the completed application and fee within 30 days after the expiration date, and
 - b. The applicant does not provide any pesticide-related service after the date the license expired until the date the renewal is effective.
 2. All other applicants for renewal shall retake the written examinations prescribed in subsection (F).

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
 Renumbered from R3-10-204 (Supp. 91-4). Former Section R3-3-204 renumbered to R3-3-205; new R3-3-204 renumbered from R3-3-203 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-205. Custom Applicator License; Examination; Fee; Renewal

- A. A person shall not act as a custom applicator without a valid custom applicator license issued by the Department.
- B. A person applying for a custom applicator license, initial or renewal, shall provide the following information on a form obtained from the Department:
 1. Name and signature of the applicant;
 2. Date of the license application;
 3. Name, physical address, mailing address, e-mail address, if applicable, and daytime telephone number of the business under subsection (C);
 4. Tax identification number of the business;
 5. License renewal period;
 6. Whether the application is for ground or air custom application, or both;
 7. Names and current certification numbers of the commercial applicators employed by the business, as prescribed in subsection (C)(1);
 8. Evidence of insurance coverage, showing the name of the insurance carrier, policy number, policy term, policy limits, and any applicable exclusions; and
 9. Whether the applicant has had a similar license revoked, suspended, or denied in this or any other jurisdiction during the last three years, and the nature of the violation.
- C. The Department shall not issue or renew a custom applicator license and an existing custom applicator license is invalid unless the applicant or license holder:
 1. Is a commercial applicator or employs at least one individual who is certified as a commercial applicator under R3-3-208;
 2. Maintains or the business that employs the applicator or license holder maintains public liability, drift, and property damage insurance coverage with an aggregate

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amount of at least \$300,000 during the licensing period. The applicant or license holder shall provide evidence of insurance coverage to the Department upon initial application, for each renewal, or upon request of the Department; and

3. Files with the Department a copy of the commercial applicator's valid Federal Aviation Administration commercial agricultural aircraft operator's certificate, if using aircraft. If not already on file with the Department, an applicant or license holder shall submit a copy of the certificate with the completed application form.
- D.** A custom applicator license holder may:
 1. Temporarily relinquish a custom applicator license if the custom applicator:
 - a. Advises the Department of termination of the insurance prescribed in subsection (C)(2), and the effective date of termination; and
 - b. Ceases to act as a custom applicator on the termination date.
 2. Reinstate the custom applicator license within the same licensing time period, without again paying the fee as prescribed in subsection (E), if the custom applicator:
 - a. Purchases insurance as prescribed in subsection (C)(2), and
 - b. Notifies the Department of the effective date of the insurance.
- E.** The applicant shall submit the completed application to the Department, accompanied by a \$100 fee for each year, or portion of the year during which the license is valid.
- F.** A custom applicator license is not transferable, expires on December 31, and is valid for one or two years, depending on the renewal period selected by the applicant.
- G.** Examinations.
 1. The Department shall administer examinations by appointment at every Environmental Services Division office. In addition to the core examination required in R3-3-202, an applicant shall demonstrate knowledge and understanding of the following by scoring at least 75 percent on the written examination administered by the Department:
 - a. Calibration of application equipment;
 - b. Aerial application procedures, if applicable; and
 - c. Ground application procedures, if applicable.
 2. An individual who fails the examination may retake it no more than three times in a 12-month period and shall not retake an examination until at least seven days have elapsed from the date of the last examination.
- H.** Renewal; expired license.
 1. An applicant may renew an expired license without retaking the written examinations in subsection (G) under the following conditions:
 - a. The applicant submits the completed application and fee within 30 days after the expiration date, and
 - b. The applicant does not provide any pesticide-related service after the date the license expired until the date the renewal is effective.
 2. All other applicants for renewal shall retake the written examinations prescribed in subsection (G).

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-205 (Supp. 91-4). Former Section R3-3-205 renumbered to R3-3-206; new R3-3-205 renumbered from R3-3-204 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004

(Supp. 04-1).

R3-3-206. Tag; Fee

- A.** A custom applicator shall not use custom application equipment unless the equipment has a valid tag. The custom applicator licensee shall place and maintain a valid tag so that it is prominently displayed on the pesticide application equipment.
- B.** A person applying for a tag shall provide the following information on a form obtained from the Department:
 1. Name and signature of the applicant;
 2. Date of the application;
 3. Address, e-mail address, if applicable, and daytime telephone number of the applicant;
 4. Name, physical address, mailing address, e-mail address, if applicable, and daytime telephone number of the business, if applicable; and
 5. Manufacturer, make, model and serial number, and if an aircraft, the aircraft registration number ("N" number) of the application equipment.
- C.** The Department shall not issue or renew a tag and an existing tag is invalid if the custom applicator license is invalid.
- D.** An applicant shall submit the completed application to the Department, accompanied by a \$25 fee for each piece of equipment, for each year or portion of the year during which the tag is valid.
- E.** A tag expires on December 31, and is valid for the same time period as the custom applicator license.
- F.** A custom applicator licensee shall not transfer a tag except as follows:
 1. If a licensed piece of equipment is destroyed, rendered unusable, or transferred out of the state, the custom applicator licensee may transfer the tag to another piece of equipment.
 2. If a licensed piece of equipment is leased, sold, or traded, the custom applicator licensee shall transfer the tag with the equipment to the lessee or new owner.
 3. Before transferring a tag, the custom applicator licensee shall notify the Department that the tag is being transferred and identify the person to whom the tag is being transferred or identify the piece of equipment to which the tag is being transferred, or the tag is invalid.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-206 (Supp. 91-4). Former Section R3-3-206 renumbered to R3-3-207; new R3-3-206 renumbered from R3-3-205 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-207. Agricultural Pest Control Advisor License; Examination; Fee; Renewal; Exemption

- A.** An individual shall not act as a PCA without a valid PCA license issued by the Department. To advise in any of the categories listed in subsection (I), a PCA shall pass the specific examination associated with the category.
- B.** An individual applying for a PCA license shall provide the following information on a form obtained from the Department:
 1. The applicant's name, address, e-mail address, daytime telephone number, social security number, and signature;
 2. Date of the application;
 3. License renewal period;
 4. Name, physical address, mailing address, e-mail address, and daytime telephone number of the applicant's employer, if applicable;
 5. Examinations that the applicant has passed by category; and

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6. Whether the applicant has had a similar license revoked, suspended, or denied in this or any other jurisdiction during the last three years, and the nature of the violation resulting in the revocation, suspension, or denial.
- C. An individual applying for a PCA license, except an individual who holds or has held a PCA license in this state within the previous five years shall meet one of the following five sets of qualifications:
1. College degree.
 - a. Possess a bachelor's degree (B.A. or B.S.), master's degree or doctorate degree in any subject; and
 - b. Have completed 42 semester hours (63 quarter units) of college-level curricula as specified in subsection (D).
 2. Master's degree in a biological science.
 - a. Possess a master's degree in a biological science;
 - b. Have 12 months of work experience related to a core area listed in subsection (D); and
 - c. Have a letter from the institution, a faculty member, or a supervisor where the individual obtained the work experience certifying the time spent and describing the type of experience obtained by the individual.
 3. Doctorate degree in a biological science.
 - a. Possess a doctorate degree in a biological science; and either
 - b. Meet the qualifications in subsection (C)(2)(b) and (C)(2)(c); or
 - c. Have a letter of recommendation from the faculty member that supervised the dissertation or the division head of the discipline.
 4. Other education with unlicensed experience.
 - a. Have completed 42 semester hours (63 quarter units) of college-level curricula as specified in subsection (D);
 - b. Have 24 months of work experience related to a core area listed in subsection (D); and
 - c. Have a letter from the institution, a faculty member, or a supervisor where the individual obtained the work experience certifying the time spent and describing the type of experience obtained by the individual.
 5. Other education with licensed experience.
 - a. Be currently licensed as a pest control advisor (PCA) or equivalent in another state; and
 - b. Have completed 42 semester hours (63 quarter units) of college-level curricula as specified in subsection (D), except that each year of verifiable licensed experience under subsection (C)(5)(a) within the previous 5 years qualifies for two semester hours up to 10 hours. The semester hours based on licensed experience do not reduce the minimum hours required from each individual core area.
 - c. The applicant shall provide proof of the equivalency of a license from another state.
- D. The 42 semester hours (63 quarter units) of college-level curricula specified in subsection (C) shall come from the core areas shown in the following table, with at least the minimum indicated hours (or units) coming from each individual core area. A single course shall not count toward the minimum hours of more than one core area. At least one course from the pest management systems and methods core area shall emphasize integrated pest management principles.

Core Area	Examples of Subjects	Sem. Hours	Qtr. Units
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Physical, biological, and earth sciences, and mathematics	Inorganic chemistry; organic chemistry; biochemistry; plant biology or botany; general ecology; biology; genetics; plant physiology; zoology; post-algebra mathematics	12	18
Crop health	Soils and irrigation; vegetation management or weed science; plant pathology; entomology; plant nutrition or fertility; nematology; vertebrate management	6	9
Pest management systems and methods	Applied courses in entomology, plant pathology, vegetation management or weed science, and other pest management disciplines; pesticides or use of pesticides; pest control equipment systems; alternative cropping systems; sustainable or organic agricultural systems; biological control	3	4.5
Production systems	Horticulture; viticulture; forestry; agronomy; crop, vegetable, fruit or animal sciences; other production systems (e.g., wildlife production, cattle production)	3	4.5

- E. Alternative curricula credits.
1. A current crop advisor certificate issued by the American Society of Agronomy qualifies for three semester hours in one of the following core areas: physical, biological and earth sciences and mathematics; crop health; or production systems.
 2. Non-traditional courses such as a senior project, an internship, cooperative work experience, independent study, a dissertation or a thesis qualify for three semester hours in one of the core areas of crop health, pest management systems and methods, or production systems, as applicable.
 3. For applicants with a bachelor's, master's, or doctorate degree, at least one year of full-time related work experience qualifies for three semester hours in one of the core areas of pest management systems and methods or production systems, as applicable.
- F. In addition to the information required by subsection (B), an applicant shall submit to the Department:
1. An official transcript verifying the courses completed and the degrees granted to the applicant.
 2. Documentation verifying alternative curricula relied on under subsection (E). Documentation of subsection (E)(2) and (E)(3) shall include a letter certifying completion and describing the activity from the institution, a faculty member or supervisor.

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3. If applicable, the letter required for licensure under subsection (C).
 4. A \$50 fee.
- G.** A PCA license is not transferable, expires on December 31, and is:
1. Issued for up to one year as an initial license;
 2. Renewed every one or two years, depending on the renewal period selected by the applicant; and
 3. Renewed for all categories of license under subsection (I) for the same renewal period.
- H.** Renewal.
1. The continuing education requirement in subsection (H)(5) is not applicable to an individual who passes the examination prescribed in subsection (I) and who applies for a PCA license between October 1 and December 31 of the test year.
 2. Upon renewal, a PCA license is valid for one or two years, depending on the renewal period selected by the applicant, provided the applicant meets the criteria prescribed under subsection (H).
 3. An applicant shall submit the completed application, accompanied by a \$50 fee for each licensing year or portion of the year during which the license is valid.
 4. Renewal; expired license.
 - a. An applicant may renew an expired license without retaking the written examinations under subsection (I) provided the applicant:
 - i. Complies with the CEU requirements in subsection (H)(5),
 - ii. Submits a completed application and fee within 30 days after the expiration date, and
 - iii. Does not provide any pest control-related service from the date the license expired until the date the renewal is effective.
 - b. All other applicants for renewal shall retake the applicable written examinations prescribed in subsection (I).
 5. The Department shall not renew a PCA license unless, before the expiration of the current license, the licensee completes 15 CEUs for each year of the renewal period or passes any applicable examination prescribed in subsection (I). The licensee shall complete CEU credit during the calendar years the current license is in effect. CEUs earned that are in excess of the requirements do not carry forward for use with future renewals.
 6. To obtain credit, the applicant shall provide the Department with documentation of completion of the CEU course.
- I.** Examinations.
1. The Department shall administer examinations by appointment at every Environmental Services Division office. In addition to the core examination required in R3-3-202, an applicant shall demonstrate knowledge and understanding of integrated pest management in any of the following categories by scoring at least 75 percent on a written examination:
 - a. Weed control,
 - b. Invertebrate control,
 - c. Nematode control,
 - d. Plant pathogen control,
 - e. Vertebrate pest control,
 - f. Plant growth regulators, or
 - g. Defoliation.
 2. An individual who fails the examination may retake it no more than two times in a 12-month period and shall not retake an examination until at least seven days have elapsed from the date of the last examination.
- J.** Exemption. An individual operating in an official capacity for a college or university, providing recommendations in a not-for-profit capacity, or merely furnishing information concerning general and labeling usage of a registered pesticide is not considered an authority or general advisor for the purposes of this Chapter.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
 Renumbered from R3-10-207 (Supp. 91-4). Former Section R3-3-207 repealed; new R3-3-207 renumbered from R3-3-206 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 3855, effective January 28, 2014 (Supp. 13-4).

R3-3-208. Applicator Certification; Examination; Fee; Renewal

- A.** An individual shall not act as a private applicator, golf applicator, or commercial applicator unless the individual is certified by the Department.
- B.** Application. An individual applying for either commercial, golf, or private applicator certification shall pay the applicable fee and submit a completed application to the Department containing the following information on a form obtained from the Department:
1. The applicant's name, address, e-mail address if applicable, daytime telephone number, Social Security number, and signature;
 2. Date of the application;
 3. Name, physical address, mailing address, e-mail address, if applicable, and daytime telephone number of the applicant's employer, if applicable;
 4. Whether the application is for a commercial, golf, or private applicator certification;
 5. If applicable, an indication the applicant seeks private applicator fumigation certification;
 6. If applicable, an indication the applicant seeks golf applicator aquatic certification;
 7. For commercial certification, the categories in which the applicant seeks to be certified;
 8. Whether the applicant has had a similar certification revoked, suspended, or denied in this or any other jurisdiction during the last three years, and the nature of the violation; and
 9. Certification renewal period.
- C.** Private applicator fumigation certification.
1. Fumigation certification requires certification as a private applicator, a golf applicator, or a commercial applicator.
 2. Fumigation certification allows a private applicator or a commercial applicator acting as a private applicator to use, apply, or supervise the use or application of a fumigant to an on-farm raw agricultural commodity or on-farm burrowing rodent problem.
 3. Fumigation certification allows a golf applicator to use and apply a fumigant to a golf course burrowing rodent problem.
- D.** Golf applicator aquatic certification allows a golf applicator to use or apply an aquatic pesticide to a body of water on a golf course to control an aquatic pest problem.
- E.** Golf restricted use pesticide certification allows a golf applicator to use or apply restricted use pesticides to an ornamental and turf area of a golf course.
- F.** Examinations. The Department shall administer examinations by appointment at every Environmental Services Division

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office. An applicant shall achieve a passing score of 75 percent in the applicable subject area in order to receive initial certification.

1. Commercial applicator certification (PUC). In addition to the core examination required by R3-3-202, an applicant shall demonstrate knowledge and understanding of the subjects listed in Appendix A, subsection (B) for each commercial certification category sought.
2. Commercial certification categories. An individual may apply for commercial applicator certification in any of the following categories:
 - a. Agricultural pest control;
 - b. Forest pest control;
 - c. Seed-treatment;
 - d. Aquatic pest control;
 - e. Right-of-way pest control;
 - f. Public health pest control;
 - g. Regulatory pest control: M-44 or rodent, if a government employee; or
 - h. Demonstration and research pest control.
3. Private applicator (PUP) and golf applicator (PUG) certification. An applicant shall demonstrate knowledge and understanding of the core examination subjects listed in R3-3-202.
4. Fumigation certification. An applicant seeking private applicator fumigation certification shall also pass a separate fumigation examination.
5. Aquatic certification. An applicant seeking aquatic certification shall also pass a separate aquatics examination.
6. An individual who fails an examination may retake it no more than three times in a 12-month period, and shall not retake an examination until at least seven days have elapsed from the date of the last examination.

G. Fee.

1. An applicant for private or commercial certification shall pay a \$50 fee per year of certification.
2. An applicant for golf certification shall pay a \$100 fee per year of certification.

H. Applicator certification is not transferable, expires on December 31, and is:

1. Issued for the remainder of the calendar year as an initial certification;
2. Renewed for one or two years, depending on the renewal period selected by the applicant; and
3. Renewed for all categories of certification for the same renewal period.

I. Renewal.

1. An applicant for renewal of an applicator certification shall select a one or two-year renewal period.
2. An applicant shall submit the completed application accompanied by the applicable fee for a one-year renewal or double the fee for a two-year renewal.
3. CEU requirements.
 - a. The Department shall not renew a private applicator or golf applicator certification unless, prior to the expiration of the current certification, the applicator completes three CEUs for each year of the renewal period.
 - b. The Department shall not renew a commercial applicator certification unless, prior to expiration of the current certification, the applicator completes six CEUs for each year of the renewal period.
 - c. The Department shall not renew a fumigation certification unless, prior to the expiration of the current certification, the applicant qualifies to renew the applicant's private, golf, or commercial applicator

certification under this subsection and completes three additional CEUs per year of the renewal period.

- d. The Department shall not renew an aquatic certification unless, prior to the expiration of the current certification, the applicant qualifies to renew the applicant's golf applicator certification under this subsection and completes three additional CEUs per year of the renewal period. The three additional CEUs per year may also be used to simultaneously satisfy the three additional CEUs per year requirement in subsection (H)(3)(c).
- e. An applicator shall complete CEU credit while the current certification period is in effect. CEU credits earned in excess of the requirements do not carry forward for use in subsequent renewals.
- f. To obtain credit, the applicant shall provide the Department with documentation of completion of the CEU course.
- g. The CEU requirements are not applicable to an individual renewing an initial certification issued between October 1 and December 31.
4. Examination exception. An applicator who fails to complete the CEUs required for renewal may renew a certification, prior to expiration, for one year by submitting the completed application accompanied by the applicable fee and retaking and passing the applicable certification examination prescribed in this Section.

J. Renewal; expired certification.

1. An applicant may renew an expired certification without retaking the written examinations provided the applicant:
 - a. Has satisfied the CEU requirements,
 - b. Submits a completed application and fee within 30 days after the expiration date, and
 - c. Does not provide any pesticide-related service from the date the certification expired until the date the renewal is effective.
2. All other applicants for renewal shall complete the requirements for initial certification, including retaking and passing the written examinations prescribed in this Section.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-208 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1). Amended by final rulemaking at 18 A.A.R. 2481, effective November 10, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3130, effective September 16, 2013 (Supp. 13-3). Amended by final rulemaking at 22 A.A.R. 367, effective April 5, 2016 (Supp. 16-1).

R3-3-209. License and Fee Exemptions

- A.** A person who applies pesticides in buildings or for structural pest control purposes is not required to apply for or possess any license or certification from the Department.
- B.** A person who sells, offers for sale, delivers, or offers for delivery a general use pesticide, to be used for private, noncommercial use in or around the home or a person who sells general use pesticides for swimming pool or spa maintenance is not required to apply for or possess a seller's permit from the Department.
- C.** A state, federal, or other governmental employee who makes pest control recommendations or applies or supervises the use of restricted use pesticides while engaged in the performance of official duties shall meet the requirements of this Article,

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but is not required to pay a fee for either a PCA license or a commercial applicator certification.

- D.** A person who only furnishes information concerning label requirements governing a registered pesticide is not required to apply for or possess a PCA license from the Department.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
Renumbered from R3-10-209 (Supp. 91-4). Amended by
final rulemaking at 10 A.A.R. 276, effective March 6,
2004 (Supp. 04-1).

R3-3-210. Additional Grounds for Revocation, Suspension, or Denial of a License, Permit, or Certification

- A.** The Director has the authority to deny, or after an administrative hearing, suspend or revoke a license, permit, or certification of any person who:
1. Fails to demonstrate sufficient reliability, expertise, integrity, and competence in engaging in pesticide use;
 2. Submits an inaccurate application for a license, permit, or certification; or
 3. Has had a similar license, permit, or certification revoked, suspended, or denied in this or any other jurisdiction during the three years before the date of application.
- B.** Upon notice of a denial, the applicant may request, in writing, that the Director provide an administrative hearing under A.R.S. Title 41, Chapter 6, Article 10 to appeal the denial of the license, permit, or certification.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
Renumbered from R3-10-210 (Supp. 91-4). Former Section R3-3-210 repealed; new R3-3-210 renumbered from R3-3-211 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-211. CEU Course Approval; Subject Approval

- A.** CEU course approval.
1. A person who wishes to have the Department determine whether a course qualifies for CEU credit shall submit the following information to the Department:
 - a. Name, address, e-mail address, if applicable, and telephone number of the course's sponsor;
 - b. Signature of the sponsor or the sponsor's representative;
 - c. Course outline, listing the subjects and indicating the amount of time allocated for each subject;
 - d. Brief description of the information covered within each subject;
 - e. Brief biography of the presenter, demonstrating the presenter's qualifications;
 - f. Fees charged for attending the course;
 - g. Date and location of each session; and
 - h. Whether the course is open to the public.
 2. A person who requires prior notification of the number of CEUs that can be earned by completing an approved course before it is held shall submit the information required in subsection (A)(1) to the Department at least 14 business days before the course is held.
 3. The Department may modify the number of CEUs earned for a CEU course if the CEU course varies significantly in content or length from the approved curriculum. If the Department modifies the number of CEUs earned, the Department shall send a letter of modification to the course organizer, who shall be requested to inform all individuals who attended the course.

- B.** Subject approval. The Department shall grant one hour of CEU credit for every 50 minutes of actual instruction in an approved program relating to agricultural pest control or any of the following subjects:

1. Those listed in R3-3-208(F)(1),
2. IPM, or
3. Any other pesticide or pesticide use subject approved by the Associate Director.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
Renumbered from R3-10-211 (Supp. 91-4). Former Section R3-3-211 renumbered to R3-3-210; new R3-3-211 renumbered from R3-3-212 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-212. Experimental Use Permit

- A.** Small scale pesticide testing. For a person exempted by Section 5 of FIFRA or 40 CFR 172.3 from the requirement of a federal experimental use permit the following apply:
1. The person shall, in addition to meeting the requirements in R3-3-303, provide to the Associate Director a statement of purpose and an affidavit verifying that the pesticide will be applied to an application site that does not exceed the total area described in 40 CFR 172.3(c); and
 2. If testing on the grounds of a college or university agricultural center or campus, or company-owned research facility, the testing is exempt from subsection (A)(1) and the reporting requirements in R3-3-303.
- B.** A person engaged in a small scale test, except a person exempt under subsection (A)(2), shall comply with the requirements prescribed in R3-3-302, if applicable.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
Renumbered from R3-10-212 (Supp. 91-4). Former Section R3-3-212 renumbered to R3-3-211; new R3-3-212 made by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

Appendix A. - Testing Categories
TESTING CATEGORIES

- A.** Commercial Applicator Certification, 40 CFR 171.4(b)(i)-(viii).
1. Label & labeling comprehension.
 - a. The general format and terminology of pesticide labels and labeling;
 - b. The understanding of instructions, warnings, terms, symbols, and other information commonly appearing on pesticide labels;
 - c. Classification of the product, general or restricted; and
 - d. Necessity for use consistent with the label.
 2. Safety. Factors including:
 - a. Pesticide toxicity and hazard to man and common exposure routes;
 - b. Common types and causes of pesticide accidents;
 - c. Precautions necessary to guard against injury to applicators and other individuals in or near treated areas;
 - d. Need for and use of protective clothing and equipment;
 - e. Symptoms of pesticide poisoning;
 - f. First aid and other procedures to be followed in case of a pesticide accident; and
 - g. Proper identification, storage, transport, handling, mixing procedures and disposal methods for pesticides.

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- cides and used pesticide containers, including precautions to be taken to prevent children from having access to pesticides and pesticide containers.
3. Environment. The potential environmental consequences of the use and misuse of pesticides as may be influenced by such factors as:
 - a. Weather and other climatic conditions;
 - b. Types of terrain, soil or other substrate;
 - c. Presence of fish, wildlife and other non-target organisms; and
 - d. Drainage patterns.
 4. Pests. Factors such as:
 - a. Common features of pest organisms and characteristics of damage needed for pest recognition;
 - b. Recognition of relevant pests; and
 - c. Pest development and biology as it may be relevant to problem identification and control.
 5. Pesticides. Factors such as:
 - a. Types of pesticides;
 - b. Types of formulations;
 - c. Compatibility, synergism, persistence and animal and plant toxicity of the formulations;
 - d. Hazards and residues associated with use;
 - e. Factors which influence effectiveness or lead to such problems as resistance to pesticides; and
 - f. Dilution procedures.
 6. Equipment. Factors including:
 - a. Types of equipment and advantages and limitations of each type; and
 - b. Uses, maintenance and calibration.
 7. Application techniques. Factors including:
 - a. Methods of procedure used to apply various formulations of pesticides, solutions, and gases, together with a knowledge of which technique of application to use in a given situation;
 - b. Relationship of discharge and placement of pesticides to proper use, unnecessary use, and misuse; and
 - c. Prevention of drift and pesticide loss into the environment.
 8. Laws and regulations. Applicable State and Federal laws and regulations.
- B. Commercial Certification Categories, 40 CFR 171.4(c)(1) through (6) and (8) through (10).**
1. Agricultural pest control.
 - a. Plant. Applicators must demonstrate practical knowledge of crops grown and the specific pests of those crops on which they may be using restricted use pesticides. The importance of such competency is amplified by the extensive areas involved, the quantities of pesticides needed, and the ultimate use of many commodities as food and feed. Practical knowledge is required concerning soil and water problems, pre-harvest intervals, re-entry intervals, phytotoxicity, and potential for environmental contamination, non-target injury and community problems resulting from the use of restricted use pesticides in agricultural areas.
 - b. Animal. Applicators applying pesticides directly to animals must demonstrate practical knowledge of such animals and their associated pests. A practical knowledge is also required concerning specific pesticide toxicity and residue potential, since host animals will frequently be used for food. Further, the applicator must know the relative hazards associated with such factors as formulation, application techniques, age of animals, stress and extent of treatment.
 2. Forest pest control. Applicators shall demonstrate practical knowledge of types of forests, forest nurseries, and seed production in this state and the pests involved. They shall possess practical knowledge of the cyclic occurrence of certain pests and specific population dynamics as a basis for programming pesticide applications. A practical knowledge is required of the relative biotic agents and their vulnerability to the pesticides to be applied. Because forest stands may be large and frequently include natural aquatic habitats and harbor wildlife, the consequences of pesticide use may be difficult to assess. The applicator must therefore demonstrate practical knowledge of control methods which will minimize the possibility of secondary problems such as unintended effects on wildlife. Proper use of specialized equipment must be demonstrated, especially as it may relate to meteorological factors and adjacent land use.
 3. Seed-treatment. Applicators shall demonstrate practical knowledge of types of seeds that require chemical protection against pests and factors such as seed coloration, carriers, and surface active agents which influence pesticide binding and may affect germination. They must demonstrate practical knowledge of hazards associated with handling, sorting and mixing, and misuse of treated seed such as introduction of treated seed into food and feed channels, as well as proper disposal of unused treated seeds.
 4. Aquatic pest control. Applicators shall demonstrate practical knowledge of the secondary effects which can be caused by improper application rates, incorrect formulations, and faulty application of restricted use pesticides used in this category. They shall demonstrate practical knowledge of various water use situations and the potential of downstream effects. Further, they must have practical knowledge concerning potential pesticide effects on plants, fish, birds, beneficial insects and other organisms which may be present in aquatic environments. These applicators shall demonstrate practical knowledge of the principles of limited area application.
 5. Right-of-way pest control. Applicators shall demonstrate practical knowledge of a wide variety of environments, since rights-of-way can traverse many different terrains, including waterways. They shall demonstrate practical knowledge of problems on runoff, drift, and excessive foliage destruction and ability to recognize target organisms. They shall also demonstrate practical knowledge of the nature of herbicides and the need for containment of these pesticides within the right-of-way area, and the impact of their application activities in the adjacent areas and communities.
 6. Public health pest control. Applicators shall demonstrate practical knowledge of vector-disease transmission as it relates to and influences application programs. A wide variety of pests is involved, and it is essential that they be known and recognized, and appropriate life cycles and habitats be understood as a basis for control strategy. These applicators shall have practical knowledge of a great variety of environments ranging from streams to those conditions found in buildings. They shall also have practical knowledge of the importance and employment of such non-chemical control methods as sanitation, waste disposal, and drainage.
 7. Regulatory pest control. Applicators shall demonstrate practical knowledge of regulated pests, applicable laws

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relating to quarantine and other regulation of pests, and the potential impact on the environment of restricted use pesticides used in suppression and eradication programs. They shall demonstrate knowledge of factors influencing introduction, spread, and population dynamics of relevant pests. Their knowledge shall extend beyond that required by their immediate duties, since their services are frequently required in other areas of the country where emergency measures are invoked to control regulated pests and where individual judgments must be made in new situations.

8. Demonstration and research pest control. Persons demonstrating the safe and effective use of pesticides to other applicators and the public will be expected to meet comprehensive standards reflecting a broad spectrum of pesticide uses. Many different pest problems situations will be encountered in the course of activities associated with demonstration, and practical knowledge of problems, pests, and population levels occurring in each demonstration situation is required. Further, they shall demonstrate an understanding of a pesticide-organism interaction and the importance of integrating pesticide use with other control methods. In general, it would be expected that applicators doing demonstration pest control work possess a practical knowledge of all of the standards detailed in (G)(1). In addition, they shall meet the specific standards required for subsections (c)(1) through (7) of this subsection as may be applicable to their particular activity.
- C. Private Certification, 40 CFR 171.5(a)(1) through (5).
 1. Recognize common pests to be controlled and damage caused by them.
 2. Read and understand the label and labeling information, including the common name of pesticides the applicator applied; pest(s) to be controlled, timing and methods of application; safety precautions; any pre-harvest or re-entry restrictions; and any specific disposal procedures.
 3. Apply pesticides in accordance with label instructions and warnings, including the ability to prepare the proper concentration of pesticide to be used under particular circumstances taking into account such factors as area to be covered, speed at which application equipment will be driven, and the quantity dispersed in a given period of operation.
 4. Recognize local environmental situations that must be considered during application to avoid contamination.
 5. Recognize poisoning symptoms and procedures to follow in case of a pesticide accident.

Historical Note

New Appendix made by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1). Appendix A subsection (B) CFR citation corrected from 40 CFR.4 to 40 CFR 171.4 at the request of the Department, Office File No. M09-448, filed December 8, 2009 (Supp. 09-4).

ARTICLE 3. PESTICIDE USE, SALES, AND EQUIPMENT**R3-3-301. General**

- A. A person shall not use, apply, or instruct another to apply a pesticide in a manner or for a use inconsistent with the pesticide labeling except that:
 1. A pesticide may be applied at a dosage, concentration, or frequency less than that specified on the pesticide labeling unless the labeling specifically prohibits deviation from the specified dosage, concentration, or frequency.
 2. A pesticide may be applied against any target pest not specified on the labeling if the application is to an appli-

cation site specified on the pesticide labeling, unless the labeling specifically prohibits use against the pest.

3. A pesticide may be applied by any method of application not prohibited by the pesticide labeling unless the labeling specifically states that the pesticide may be applied only by the methods specified on the labeling.
4. A pesticide may be mixed with a fertilizer if the labeling does not prohibit the mixture.
5. A pesticide may be used in any manner that is consistent with Sections 5, 18, or 24 of FIFRA.
- B. A person shall not use, apply, or store or instruct another to use, apply, or store a pesticide unless the pesticide is:
 1. Registered with the Department and the EPA, or
 2. Previously registered with the Department and the EPA and cancelled or suspended by the EPA with a current end-use provision in effect.
- C. Subsection (B) does not apply to a:
 1. Pesticide registrant that temporarily stores pesticides produced for shipment out of the state;
 2. Person who has applied for registration or exemption in this state; or
 3. Person who is acting under an experimental use permit on the grounds of a college or university agricultural center or campus, or a company-owned research facility.
- D. A person shall not allow drift that causes any unreasonable adverse effect.
- E. A person shall not cause the direct release of a pesticide and an individual shall not instruct an applicator in a manner to cause the direct release of a pesticide causing any unreasonable adverse effect.
- F. Regulated grower responsibility.
 1. After a pesticide is applied to a field on an agricultural establishment, the regulated grower shall not harvest a crop from the field, or permit livestock to graze in the field in violation of any provision of the pesticide labeling.
 2. Before a pesticide application, a regulated grower shall ensure that all individuals and livestock subject to the regulated grower's control are outside the application site.
- G. Emergency pest control measures. A person acting under a government-sponsored emergency program, shall not apply, cause, or authorize another to apply or cause a pesticide to come into contact with an individual, animal, or property outside the boundaries of the application site.
- H. If possible when applying pesticides by aircraft, a pilot shall fly crosswind, unless an obstacle does not permit it, and shall begin the application at the downwind side of the field so that the pesticide is dispersed on the return swathe.
- I. A person shall not apply a highly toxic pesticide, other than a pesticide registered by the EPA for ultra low volume application, in a volume that is less than one gallon per acre in the final spray form. The content of that gallon shall be at least 50 percent water.
- J. A buffer zone may receive direct application or drift of pesticides as permitted by law.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-301 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-302. Form 1080; Requirement for Written Recommendation

- A. A PCA or regulated grower shall provide the following information, as applicable, in writing on a Form 1080, sign the

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form, and provide a copy to the custom applicator before each pesticide application that is to be made by a custom applicator:

1. Name and permit number of the seller;
2. Date the recommendation is written;
3. Name and permit number of the regulated grower upon whose application site the pesticide will be applied;
4. County where the application site is located;
5. Pest conditions present;
6. Whether the application site is within a pesticide management area under R3-3-304;
7. Anticipated date of harvest;
8. Restricted entry interval;
9. Label days to harvest;
10. Date recommended for the pesticide application;
11. Specific application site being treated;
12. Township, range, and section of the application site;
13. Number of acres or application sites in each section being treated;
14. Additional field description, if any;
15. Brand name and EPA registration number of the pesticide to be applied or number of the pesticide regulated under Section 18 of FIFRA to be applied;
16. Rate and unit of measure per acre or dilution per 100 gallons;
17. Total quantity of pesticide concentrate to be applied;
18. Total acres to be treated and total volume per acre or total number of application sites to be treated;
19. Whether the application includes an active ingredient that appears on the Arizona Department of Environmental Quality groundwater protection list and is soil-applied as defined in A.A.C. R18-6-101;
20. Whether a supplemental label is required;
21. Method of pesticide application;
22. Label restrictions or special instructions, if any;
23. Name of the custom applicator making the application;
24. Anticipated pesticide delivery location; and
25. Signature and credential number of the regulated grower or PCA making the recommendation.

B. A custom applicator shall not apply a pesticide unless the custom applicator has received a signed copy of the recommendation from the PCA or the regulated grower on the Form 1080 before the application. The custom applicator shall apply the pesticide according to the recommendation on the Form 1080 unless the recommendation conflicts with the pesticide label or labeling, in which case the custom applicator shall note these deviations on the Form 1080 and apply the pesticide according to the pesticide label or labeling, or as provided in R3-3-301(A).

C. Before the application of a pesticide recommended by a PCA, the PCA shall notify the regulated grower, or the regulated grower's representative, of the scheduled application date. If the application date or time changes from that scheduled with the regulated grower, the custom applicator shall notify the regulated grower of the revised date and time of the application.

D. After completing the application, the custom applicator shall sign the pesticide application report portion of Form 1080 to verify that the pesticide was applied according to the recommendation and provide the following information in writing on the form:

1. Date and time of each application;
2. Date and time of the first and last spot application and a general description of the location, if applicable;
3. Wind direction and velocity;
4. Tag number, if applicable;

5. Name and credential number of the grower or custom applicator business;
6. Signature and credential number of the applicator; or name of the application equipment operator, and if a restricted use pesticide is applied, the signature and credential number of the certified applicator; and
7. Any deviation from the recommendation.

E. Reporting shall be as prescribed in R3-3-404.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).

Renumbered from R3-10-302 (Supp. 91-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-303. Experimental Use

A. A person supervising application of a pesticide under a federal experimental use permit shall provide the Department with the following information in writing at least five days before application of the experimental use pesticide:

1. A copy of the EPA-approved experimental use permit, as required by Section 5 of FIFRA;
2. Name, address, e-mail address, if applicable, and daytime telephone number of the supervising technical individual for the experimental use;
3. Application site to be treated, the location of the application site, the quantity of the commodity or the area of land to be treated, and the number of structures, if any;
4. Total amount of active ingredient to be applied in this state;
5. Rate of formulation applied per unit of measure;
6. Method of application;
7. Time period during which the application will be made; and
8. Any special experimental use permit condition as determined by the Department or by the EPA.

B. If any information provided under subsection (A) changes, the person supervising the pesticide application under a federal experimental use permit shall notify the Department at least 24 hours before the application of the experimental use pesticide. If the notification of change is given verbally, the person supervising the pesticide application under a federal experimental use permit shall provide the Department with written confirmation within 15 days after the date of the change.

C. At least 24 hours before the application, the supervising technical individual shall provide the Department with the following information:

1. Name, address, e-mail address, if applicable, and daytime telephone number of the regulated grower and PCA, or the qualifying party if it is a structural pest control application, that are involved in the application of the experimental use pesticide;
2. County, section, township, range, and field description, if needed, of the intended application site, or the street address if it is a structural pest control application as defined in A.R.S. § 32-2301(20);
3. Name, address, e-mail address, if applicable, and telephone number of the applicator applying the pesticide; and
4. Date and time of the intended application.

D. An applicator shall not apply an experimental use pesticide in a manner other than that specified by the experimental use permit or other Department-approved labeling that is provided to the applicator. The applicator shall ensure that the labeling is at the application site when the application occurs.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).

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Renumbered from R3-10-303 (Supp. 91-4). Section repealed; new Section renumbered from R3-3-306 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-304. Pesticide Management Areas; Criteria for Designation

- A.** The Associate Director shall annually publish a list of all locations within the state that are designated as pesticide management areas under A.R.S. § 3-366. The list is available at every Environmental Services Division office.
- B.** The Director shall designate a location as a pesticide management area if all of the following evaluation criteria are met:
 - 1. The distance between the application site and the property boundary of any residence, school, child care facility, or health care institution is less than 1/4 mile;
 - 2. A pesticide is applied by aircraft;
 - 3. A pesticide complained about under subsection (B)(4) is highly toxic or odoriferous; and
 - 4. The Department receives complaints alleging pesticide misuse within a 12-month period from at least five or five percent, whichever is greater, of the residences located less than 1/4 mile from the application site or a complaint from any school, child care facility, or health care institution located less than 1/4 mile from the application site.
- C.** If, upon a written request from a person, or upon the Department's initiative, the Director determines that a pesticide management area no longer meets all of the criteria listed in subsection (B), the Director may remove the pesticide management area from the Department's annual list.
- D.** A person may petition the Department at any time to add or delete an area to or from the list of pesticide management areas. The petitioner shall address all of the criteria listed in subsection (B). The Director shall make a decision on each petition no later than 90 days from the date the petition was submitted.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
Renumbered from R3-10-304 (Supp. 91-4). Section repealed; new Section renumbered from R3-3-308 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-305. Pesticide Sales

- A.** A seller shall not sell, offer for sale, deliver, or offer for delivery any restricted use pesticide or pesticide for an agricultural purpose without determining that the pesticide will be used by a person who:
 - 1. Has a valid certification or regulated grower permit issued by the Department or OPM for use of the pesticide, or
 - 2. Works under the direct supervision of a person who has a valid certification or regulated grower permit issued by the Department or OPM for the use of the pesticide.
- B.** If a pesticide is sold for an agricultural purpose, the seller shall write the permit numbers of the seller and regulated grower on each sale and delivery ticket or invoice, and on each pesticide container or carton. If a pallet is delivered to an individual purchaser, the seller may write the seller and regulated grower numbers on the outside of the shrink-wrapped pallet.
- C.** A seller shall register with the Department the name and address of each salesperson and PCA employed for the purpose of selling pesticides in this state.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
Renumbered from R3-10-305 (Supp. 91-4). Section

repealed; new Section renumbered from R3-3-309 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1). Amended by exempt rulemaking at 19 A.A.R. 3130, effective September 16, 2013 (Supp. 13-3).

R3-3-306. Receipt of Restricted Use Pesticides by Noncertified Persons

- A.** A person shall not sell, offer for sale, deliver, or offer for delivery a restricted use pesticide to a person other than a certified applicator without having first obtained written documentation from a certified applicator or a noncertified recipient that the material is to be applied by or under the supervision of a certified applicator.
- B.** The seller shall obtain one of the following types of written documentation to satisfy the requirement in subsection (A):
 - 1. A photocopy or fax of the certificate issued to the certified applicator who will be applying or supervising application of the restricted use pesticide and:
 - a. A statement signed by the certified applicator, authorizing and identifying the noncertified individual to purchase or receive the restricted use pesticide for the certified applicator; or
 - b. A copy of a signed contract or agreement, authorizing and identifying the noncertified person to receive the restricted use pesticide for the certified applicator; or
 - 2. A form on file with the seller that contains the following information:
 - a. Name of any individual authorized to receive the restricted use pesticides for the certified applicator;
 - b. Relationship of an authorized individual to the certified applicator (partner, employee, co-worker, or family member);
 - c. List of the restricted use pesticides an authorized individual is allowed to receive, specifying the:
 - i. Trade name; and
 - ii. EPA registration number; or
 - iii. State special local need registration number issued by the Department; or
 - iv. Emergency exemption number, issued by the EPA under Section 18 of FIFRA, if applicable;
 - d. Signature of the authorized individual and the date signed; and
 - e. Certified applicator's signature, work address, work phone number, certification number, and certification categories (private fumigation or commercial and one or more of the following: agricultural pest, seed-treatment, right-of-way, forestry, aquatic, regulatory, or public health).
- C.** A seller shall request proof of identification from any noncertified individual accepting restricted use pesticides on behalf of a certified applicator if the individual is unknown to the seller.
- D.** A noncertified individual who receives a restricted use pesticide on behalf of a certified applicator shall sign all sale documents for restricted use pesticides.
- E.** If, at the time of the sale of the restricted use pesticide, the noncertified individual receiving the pesticide satisfies the requirements of subsection (B) by presenting a signed statement, contract, or agreement, the seller shall maintain on file a copy of the signed statement, contract, or agreement.
- F.** The seller shall retain records of all sales or deliveries made and maintain the documents required by this Section for at least two years from the date of sale.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).

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Renumbered from R3-10-306 (Supp. 91-4). Former Section R3-3-306 renumbered to R3-3-303; new R3-3-306 renumbered from R3-3-310 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-307. Aircraft and Agricultural Aircraft Pilots

- A. A person shall not operate an aircraft to apply pesticides in this state unless the aircraft has a valid Federal Aviation Administration airworthiness certificate and a valid tag issued under R3-3-206.
- B. A custom applicator shall not permit an individual who does not hold a valid agricultural aircraft pilot license and a valid commercial applicator certification to apply pesticides by aircraft.

Historical Note

Adopted effective January 17, 1989 (Supp. 89-1). Renumbered from R3-10-307 (Supp. 91-4). Former Section R3-3-307 repealed; new R3-3-307 renumbered from R3-3-312 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-308. Pesticide Containers and Pesticides; Storage and Disposal

- A. Each person storing pesticides or non-triple rinsed pesticide containers shall:
 1. Provide a secure, well-ventilated storage location;
 2. Verify that the containers are nonleaking and closed if not in use; and
 3. Conspicuously post a sign at the entrance to the storage area warning others that pesticides are stored inside.
- B. A person shall not place misleading wording or markings on a service container that are not related to the pesticide in the container.
- C. A person using a service container to store or transport a pesticide concentrate or registered ready-to-use pesticide, shall place a durable and legible label or tag on the service container that lists:
 1. Name, e-mail address, if applicable, and telephone number of the applicator or custom applicator using the pesticide;
 2. Brand or trade name of the pesticide;
 3. EPA registration number;
 4. Name and percentage of the active ingredient;
 5. Dilution, if any, in the service container;
 6. EPA-assigned signal word (danger, warning, or caution) for the registered label; and
 7. The phrase "KEEP OUT OF REACH OF CHILDREN."
- D. A person shall not store or transport any pesticide in a container that has been used for food, feed, beverages, drugs, or cosmetics, or, because of shape, size, or marking is identified with food, feed, beverages, drugs, or cosmetics.
- E. A person shall not dump, negligently store, or leave unattended any pesticide, service container, or pesticide container or part of a container, at any place or under any condition that will create a hazard to an individual, an animal, or property.
- F. A person shall not dispose of any pesticide or pesticide container except according to label directions and all applicable laws.
- G. Before a person disposes of any pesticide container, the person shall ensure that the following steps are taken:
 1. After emptying each pesticide container other than a pressurized container, a paper bag, or a container designed for reuse with the same pesticide and described in R3-3-309, the container is triple rinsed and:

- a. The rinsate is not discharged into the environment unless the discharge is performed according to label directions, and applicable laws;
 - b. The rinsate is placed into a service container or the application equipment for use on an application site, or the rinsate is disposed as allowed by the label;
 - c. Each container is punctured or crushed after it is triple rinsed to render the container incapable of holding any material; and
2. A pesticide container that is a combustible bag or package is thoroughly emptied and either:
 - a. Folded and tied into bundles or otherwise secured, or
 - b. Enclosed securely in a secondary container that is labeled as containing pesticide residue.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-308 (Supp. 91-4). Former Section R3-3-308 renumbered to R3-3-304; new R3-3-308 renumbered from R3-3-313 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-309. Returnable, Reusable, Recyclable, and Reconditionable Pesticide Containers

- A. A pesticide container, as defined in R3-3-101, labeled as a returnable, reusable container, or for which the label contains provisions for recycling or reconditioning, may be shipped according to label directions to a dealer, distributor, formulator, or a reconditioning or recycling facility that is operated in accordance with applicable laws.
- B. If a pesticide container is being held for shipment under subsection (A), the person holding the container shall, immediately after use, place it in a secure environment, inaccessible for any use other than shipment according to label directions.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-309 (Supp. 91-4). Former Section R3-3-309 renumbered to R3-3-305; new R3-3-309 renumbered from R3-3-314 and amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-310. Fumigation Use

- A. An individual shall not perform a fumigation unless the individual is a certified fumigant applicator or a certified fumigant applicator is physically present in the immediate vicinity supervising the individual performing the fumigation.
- B. An individual storing, handling, or applying a fumigant shall follow all label requirements. If the label does not specify warning requirements, the individual shall comply with the following provisions:
 1. Before the fumigation begins, warning signs shall be posted in visible locations on or in the immediate vicinity of all entrances to and on every side of the space or area being fumigated.
 2. Warning signs shall be printed in red on white background and shall:
 - a. State the English and Spanish words "DANGER/PELIGRO";
 - b. Contain a skull and crossbones symbol if shown on the product label;
 - c. State "Area or commodity under fumigation. DO NOT ENTER/NO ENTRE"; and
 - d. State the name of the fumigant, the date and time the fumigant was injected, and the name, e-mail

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address, if applicable, and telephone number of the certified applicator.

- C. A certified fumigant applicator who engages in or who supervises another in the fumigation process shall ensure that the label requirements are followed, including requirements relating to the use of personal protective equipment and posting required warning signs.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-310 (Supp. 91-4). Former Section R3-3-310 renumbered to R3-3-306; new R3-3-310 made by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-311. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-311 (Supp. 91-4). Section repealed by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-312. Renumbered**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-312 (Supp. 91-4). Section renumbered to R3-3-307 by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-313. Renumbered**Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Renumbered from R3-10-313 (Supp. 91-4). Section renumbered to R3-3-308 by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-314. Renumbered**Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Renumbered from R3-10-314 (Supp. 91-4). Section renumbered to R3-3-309 by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

ARTICLE 4. RECORDKEEPING AND REPORTING**R3-3-401. Pesticide Seller Records**

- A. A seller of any restricted use pesticide, device, or any pesticide sold for an agricultural purpose shall maintain all records showing the receipt, sale, delivery, or other disposition of the pesticide or device sold for at least two years from the date of sale. If a seller intends to change the location of the records, the seller shall file a signed statement with the Department before the move stating the new address.
- B. When any pesticide for agricultural purposes, or a restricted use pesticide regulated by the OPM, is sold, delivered, or otherwise disposed of, a seller shall maintain the following records and information:
1. Bill of lading or other similar record of the receipt of the pesticide at the selling establishment;
 2. Seller's dated sales receipt, delivery receipt, or invoice of the transaction, delivery, or other disposition of the pesticide;
 3. Name and address of the purchaser;
 4. Regulated grower permit number, or the OPM license number of the purchaser, if applicable;
 5. State special local need registration number issued under Section 24 of FIFRA, if applicable;

6. Emergency exemption permit number granted by the EPA under Section 18 of FIFRA, if applicable;
7. Experimental use permit number, if applicable;
8. Pesticide brand name and the EPA registration number; and
9. Quantity of the pesticide sold to the purchaser.

- C. In addition to the information required in subsection (B), when a restricted use pesticide is sold, delivered, or otherwise disposed of for use by a certified applicator, a seller shall maintain records that contain the following information:

1. Name and address of the residence or principal place of business of each person to whom the restricted use pesticide is sold, delivered, or otherwise disposed of, and any records required under R3-3-306;
2. Certified applicator's name, address, certification number, and the expiration date of the applicator's certification; and
3. Categories in which the applicator is certified, if applicable.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-401 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1). Amended by exempt rulemaking at 19 A.A.R. 3130, effective September 16, 2013 (Supp. 13-3).

R3-3-402. Private and Golf Applicator Records; Restricted Use Pesticide

- A. Following an application to a field on an agricultural establishment of a restricted use pesticide, a pesticide registered under Section 18 of FIFRA, or an experimental use permitted pesticide, a private applicator shall complete an application record on a form approved by the Department, that includes the following:
1. Name of the private applicator and the applicator's certification number;
 2. Name and permit number of the seller;
 3. Name of the pesticide applied and its EPA registration number;
 4. Date and time of application;
 5. Name of regulated grower;
 6. Method of application;
 7. Crop name and the number of acres treated with the pesticide;
 8. Rate per acre of the active ingredient or formulation of the pesticide;
 9. Total volume of pesticide used per acre; and
 10. County, range, township, and section of the field that received the application.
- B. Following an application to a non-field of a restricted use pesticide, a pesticide registered under Section 18 of FIFRA, or an experimental use permitted pesticide, a private applicator or golf applicator shall complete an application record on a form approved by the Department, that includes the following:
1. The information requested under subsection (A)(1) through (A)(6);
 2. Item treated;
 3. Rate per item treated;
 4. Total volume used in the application; and
 5. Application site location by county, range, township, and section, or by physical address.
- C. A private applicator and golf applicator shall retain records required by this Section for at least two years from the date of the private application.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).

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Renumbered from R3-10-402 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1). Amended by exempt rulemaking at 19 A.A.R. 3130, effective September 16, 2013 (Supp. 13-3).

R3-3-403. Bulk Release Report

- A. An applicator shall notify the Department at the Pesticide Hotline, 1-800-423-8876, as soon as practical after a bulk release, but no later than three hours after the bulk release. If the bulk release is on a public highway or railway, or results in the death of an individual, the applicator shall immediately report the release to the Arizona Department of Public Safety Duty Office.
- B. Within 30 days after a bulk release, the applicator shall provide a written report to the Department listing all details of the release, including:
 1. Location and cause of the release;
 2. Disposition of the pesticide released;
 3. Measures taken to contain the bulk release;
 4. Name and EPA registration number of the pesticide released;
 5. Name, e-mail address, if applicable, and telephone number of the applicator's contact person;
 6. Date and time of the release;
 7. Specific environment into which the release occurred;
 8. Known human exposure to the pesticide, if observed; and
 9. Estimated amount of pesticide or pesticide mixture released.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-403 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-404. Form 1080; Reports to the Department

- A. A custom applicator shall submit to the Department, by mail or fax, a completed and signed Form 1080, as prescribed in R3-3-302.
- B. A regulated grower shall submit to the Department, by mail or fax, a completed and signed Form 1080, as prescribed in R3-3-302, for application of a pesticide containing an active ingredient that appears on the Arizona Department of Environmental Quality groundwater protection list, and is soil-applied, as defined in A.A.C. R18-6-101.
- C. A custom applicator or regulated grower may report continued pesticide applications and spot applications within the same reporting period on a single Form 1080.
- D. A custom applicator or a regulated grower shall submit the Form 1080 to the Department during the reporting period.
- E. A PCA or custom applicator shall retain a copy of each Form 1080 for at least two years from the date of the application.

Historical Note

Adopted effective January 17, 1989 (Supp. 89-1). Renumbered from R3-10-404 (Supp. 91-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-405. Disposal Records; Agricultural Pesticide Concentrate

An applicator shall maintain the following information for two years:

1. EPA registration number, product name, active ingredient, and amount of agricultural pesticide concentrate disposed of;
2. Date of disposal;
3. Method of disposal; and

4. Specific location of the disposal site, or name of licensed disposal contractor.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

ARTICLE 5. NONEXCLUSIVE LISTS OF SERIOUS, NONSERIOUS, AND DE MINIMIS VIOLATIONS**R3-3-501. Serious Violations**

The following is a nonexclusive list of acts that are serious violations if exposure to the pesticide produces a substantial probability that death or serious physical harm could result, unless the violator did not, and could not with the exercise of reasonable diligence, as documented in the investigative record, know of such safety or human health risk, in which case the violation is nonserious:

1. Storing a pesticide or pesticide container improperly,
2. Dumping or disposing a pesticide or pesticide container in violation of this Chapter,
3. Leaving a pesticide or pesticide container unattended,
4. Spraying or applying a pesticide in a manner inconsistent with labeling instructions, or
5. Adulterating a pesticide.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-501 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-502. Nonserious Violations

- A. General violations. The following is a nonexclusive list of acts that are nonserious violations if the violation has a direct or immediate relationship to safety, health, or property damage, but does not constitute a de minimis violation or a serious violation, unless the violator did not, and could not with the exercise of reasonable diligence, know of such safety, health, or property damage risk in which case the violation is de minimis. A person shall not:
 1. Improperly store, dump, or leave unattended any pesticide, pesticide container or part of a pesticide container, or service container.
 2. Make a false statement or misrepresentation in an application for a permit, license, or certification, or a permit, license, or certification renewal.
 3. Falsify any records or reports required to be made under Articles 2 through 4 of this Chapter.
 4. Operate an aircraft or ground equipment in a faulty, careless, or negligent manner during the application of a pesticide.
 5. Apply or instruct another to apply a pesticide so that it comes into contact with:
 - a. An individual;
 - b. An animal; or
 - c. Property, other than the application site being treated.
 6. Use, apply, or instruct another to apply a pesticide in a manner or for a use inconsistent with its pesticide label or labeling except as provided by R3-3-301(A).
 7. Use, sell, apply, store, or instruct another to use, sell, apply, or store a pesticide:
 - a. That is not registered with the Department and the EPA, or
 - b. Outside the EPA authorized end-use provision if previously registered with the Department and the EPA and cancelled or suspended by the EPA.
 8. Fail to provide accurate or approved labeling when registering a pesticide.

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- B.** Seller violations. A seller shall not:
1. Sell pesticides without a valid seller's permit issued by the Department,
 2. Provide a pesticide to a regulated grower who does not have a valid permit,
 3. Fail to maintain records required under Articles 2 through 4 of this Chapter,
 4. Fail to maintain complete sales records of restricted use pesticides required under Articles 3 and 4 of this Chapter,
 5. Adulterate a pesticide,
 6. Make false or misleading claims about a pesticide to any person,
 7. Modify a label or labeling without proper authorization, or
 8. Provide a pesticide to an unauthorized person.
- C.** PCA violations. A PCA shall not:
1. Act as a PCA without a valid agricultural pest control advisor license issued by the Department,
 2. Make a false or fraudulent statement in any written recommendation about the use of a pesticide,
 3. Make a recommendation regarding the use of a pesticide in a specific category in which the individual is not licensed, or
 4. Make a written recommendation for the use of a pesticide in a manner inconsistent with its pesticide label or the exceptions as provided in R3-3-301(A).
- D.** Agricultural aircraft pilot violations. A pilot shall not apply a pesticide by aircraft without a valid agricultural aircraft pilot license issued by the Department.
- E.** Custom applicator violations. A custom applicator shall not:
1. Allow application equipment to be operated in a careless or reckless manner during the application of a pesticide,
 2. Make a custom application without a valid custom applicator's license issued by the Department,
 3. Make a custom application of a restricted use pesticide without a valid commercial applicator certification issued by the Department,
 4. Allow an aircraft to be operated during the application of a pesticide by an individual who does not have a valid agricultural aircraft pilot license issued by the Department, or
 5. Apply a pesticide without a written Form 1080 as prescribed in R3-3-302(A).
- F.** Regulated grower violations. A regulated grower shall not:
1. Purchase, apply, or use a pesticide without a valid regulated grower's permit issued by the Department;
 2. Apply a restricted use pesticide without being a commercial applicator, private applicator, or restricted use pesticide certified golf applicator;
 3. Apply any pesticide on a golf course without being a golf applicator; or
 4. Allow a pesticide application on a golf course without having the proper protective equipment required by the label available to the applicator.
- G.** Certified applicator violations. A certified applicator shall not:
1. Allow the unsupervised application of a restricted use pesticide,
 2. Fail to maintain complete records required under Articles 2 through 4 of this Chapter, or
 3. Use a restricted use pesticide without a valid commercial applicator, private applicator, or golf applicator restricted use pesticide certification issued by the Department.
- H.** Exemptions. The following incidents are not pesticide use violations under this Section:
1. Exposure of an individual involved in the application who is wearing proper protective clothing and equipment;
 2. Exposure of an unknown trespassing individual, animal, or property that the applicator, working in a prudent manner, could not anticipate being at the application site; or
 3. Exposure of a person, animal, or property if the application is made according to a government-sponsored emergency program.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
 Renumbered from R3-10-502 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1). Amended by exempt rulemaking at 19 A.A.R. 3130, effective September 16, 2013 (Supp. 13-3).

R3-3-503. De minimis Violations

- A.** Seller violations. It is a de minimis violation if a seller:
1. Fails to record seller and regulated grower permit numbers on containers, cartons, and delivery tickets;
 2. Fails to register the seller's representatives; or
 3. Fails to maintain complete records as required under Articles 2 through 4 of this Chapter.
- B.** PCA violations. It is a de minimis violation if a PCA:
1. Fails to put recommendations in writing as prescribed at R3-3-302(A),
 2. Fails to provide complete information required on written recommendations under R3-3-302, or
 3. Fails to maintain complete records as required under Articles 2 through 4 of this Chapter.
- C.** Custom applicator violations. It is a de minimis violation if a custom applicator:
1. Fails to maintain complete records required under Articles 2 through 4 of this Chapter, or
 2. Fails to file reports as required under Articles 3 and 4 of this Chapter.
- D.** Regulated grower violations. It is a de minimis violation if a regulated grower:
1. Fails to maintain complete records as required under Articles 2 through 4 of this Chapter; or
 2. Fails to file reports as required under Article 4 of this Chapter including whether the application includes a pesticide containing an active ingredient that appears on the Arizona Department of Environmental Quality ground-water protection list, and is soil-applied, as defined in A.A.C. R18-6-101.
- E.** Certified applicator violations. A certified applicator shall not fail to file reports as required under Articles 3 and 4 of this Chapter.
- F.** A third de minimis violation of the same or similar type from among those listed in subsections (A) through (E) in a three-year period is a nonserious violation.
- G.** Exemptions. The following incidents are not a violation under this Section:
1. Exposure of an individual involved in the application who is wearing proper protective clothing and equipment;
 2. Exposure of an unknown trespassing individual, animal, or property that the applicator, working in a prudent manner, could not anticipate being at the application site; or
 3. Exposure of a person, animal, or property if the application is made according to a government-sponsored emergency program.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
 Renumbered from R3-10-503 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-504. Mitigation

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- A.** A violation listed in R3-3-501 is a nonserious violation if:
1. The violator did not, and could not with the exercise of reasonable diligence, know of the safety or human health risk involved; or
 2. The release is done to avoid an accident that would have resulted in greater harm than that caused by the pesticide release or is caused by mechanical malfunction beyond the control of the operator.
- B.** A violation listed in R3-3-502 is a de minimis violation if:
1. The violator did not, and could not with the exercise of reasonable diligence, know of the safety, health, or property damage risk involved; or
 2. The release is done to avoid an accident that would have resulted in greater harm than that caused by the pesticide release or is caused by mechanical malfunction beyond the control of the operator.
- e.** Human exposure to pesticides that required either hospitalization for less than 12 hours or treatment as an outpatient for five consecutive days or less by a physician, nurse, paramedic, or physician's assistant for pesticide poisoning. 31-45
- f.** Human exposure to pesticides that required either hospitalization for 12 hours or longer, or treatment as an outpatient for more than five consecutive days by a physician, nurse, paramedic, or physician's assistant for pesticide poisoning. 46-100
- g.** Human exposure to pesticides resulting in death from pesticide poisoning (serious violation unless otherwise documented in the investigative record). 101-180

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
Renumbered from R3-10-504 (Supp. 91-4). Amended by
final rulemaking at 10 A.A.R. 276, effective March 6,
2004 (Supp. 04-1).

R3-3-505. Unlisted Violations

- A.** The Department shall classify a violation of Articles 2 through 4 of this Chapter or of A.R.S. Title 3, Chapter 2, Article 6 that is not listed in R3-3-501, R3-3-502, or R3-3-503 as a serious, nonserious, or de minimis violation depending upon the specific factual circumstances surrounding the violation.
- B.** A third de minimis violation of the same or similar type in a three-year period is a nonserious violation.

Historical Note

Adopted effective November 20, 1987 (Supp. 87-4).
Renumbered from R3-10-505 (Supp. 91-4). Amended by
final rulemaking at 10 A.A.R. 276, effective March 6,
2004 (Supp. 04-1).

R3-3-506. Penalty and Fine Point System

- A.** The ALJ shall assess points, as applicable, against a violator for the violation of each pesticide rule or statute, or the Associate Director shall assess points, as applicable, for the violation of each pesticide rule or statute upon entering into a negotiated settlement as a result of an informal settlement conference under A.R.S. § 41-1092.06, in accordance with the following point system. From each of subsections (A)(1) through (6), one choice shall be selected, unless otherwise appropriate, based upon supporting evidence in the record of the proceeding before the ALJ or Associate Director. Points shall be totaled for the violation of each pesticide rule or statute.
1. Health effects.
 - a. No evidence of human exposure to pesticides and no evidence of the substantial probability of human exposure to pesticides. 0
 - b. Substantial probability of human exposure to pesticides but treatment not required by a physician, nurse, paramedic, or physician's assistant. 5-10
 - c. Evidence of human exposure to pesticides but treatment not required by a physician, nurse, paramedic, or physician's assistant. 11-20
 - d. Human exposure to pesticides that required treatment by a physician, nurse, paramedic, or physician's assistant, but which did not result in pesticide poisoning. 21-30
 2. Environmental consequences and property damage. (Select one or more as evidence indicates.)
 - a. No evidence of substantial probability of environmental or property damage. 0
 - b. Substantial probability of water contamination. 5-10
 - c. Evidence of water source contamination. 11-20
 - d. Substantial probability of soil contamination causing economic damage. 5-10
 - e. Evidence of soil contamination causing economic damage. 11-20
 - f. Substantial probability of nontarget bird kills. 5-10
 - g. Evidence of nontarget bird kills. 11-20
 - h. Substantial probability of nontarget fish kills. 5-10
 - i. Evidence of nontarget fish kills. 11-20
 - j. Nontarget kills involving game or fur-bearing animals as defined by A.R.S. § 17-101(B). 10-20
 - k. Any property damage (nonserious violation only under A.R.S. § 3-361(4)). 10-20
 - l. Air contamination causing official evacuation by federal, state, or local authorities. 10-20
 - m. Killing one or more threatened or endangered species. 15-20
 - n. Killing one or more domestic animals. 15-20
 3. Culpability
 - a. Knowing. Knew or reasonably should have known by reasonable diligence of the prohibitions or restrictions that are the basis of the misconduct cited. 5-10
 - b. Willfully. Actual knowledge of the prohibitions or restrictions but engages in misconduct. 20-50
 4. Prior violations or citations. Violations or citations within three years from the date the violation was committed. (Select one or more as evidence indicates.)

Prior violation history	Current violation Non-serious	Current violation Serious
None	0	0

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One or more De minimis	5	0
One Nonserious	10	5
One Nonserious, same or substantially similar to current violation	20	10
Two Nonserious	30	15
Two Nonserious, same or substantially similar to current violation	40	20
Three Nonserious	60	30
Three Nonserious, same or substantially similar to current violation	70	35
Additional Nonserious: same or substantially similar to current violation, points per each additional violation beyond three	10	5
One Serious	20	10
One Serious, same or substantially similar to current violation	40	20
Two Serious	60	30
Two Serious, same or substantially similar to current violation	80	40
Three Serious	120	60
Three Serious, same or substantially similar to current violation	140	70
Additional Serious: same or substantially similar to current violation, points per violation	20	10

5. The length of time a violation has been allowed to continue by the violator after notification by the Department.
 - a. Less than one day. 0
 - b. One day but less than one week. 1-10
 - c. One week but less than one month. 11-20
 - d. One month but less than two months. 21-30
 - e. Two months or more. 31-40
6. Wrongfulness of conduct
 - a. Conduct resulting in a violation that does not cause any immediate damage to public health, safety, or property. 4-5
 - b. Conduct resulting in a violation that the evidence establishes may have a substantial probability of an immediate effect upon public health, safety, or property. 6-8
 - c. Conduct resulting in a violation that the evidence establishes had an immediate effect upon public health, safety, or property, but does not fall within subsection (6)(e). 9-10

- d. Conduct causing the substantial probability of serious physical injury, hospitalization, or sustained medical treatment for an individual, or degrading the pre-existing environmental quality of the air, water, or soil so as to cause a substantial probability of a threat to the public health, safety, or property. 20-35
 - e. Conduct resulting in serious physical injury, hospitalization, or sustained medical treatment for an individual, or degrading the pre-existing environmental quality of the air, water, or soil so as to cause a substantial probability of a threat to the public health, safety, or property. 36-50
- B.** The ALJ or Associate Director, after determining points pursuant to subsection (A) shall assess a fine or penalty, or fine and penalty, for each violation in accordance with the following schedules:
1. Nonserious violation as defined under A.R.S. § 3-361.
 - a. 53 points or less. A fine of \$50 to \$150; a penalty of one to three months' probation, with a condition of violating probation being one to three hours of continuing education.
 - b. 54 to 107 points. A fine of \$151 to \$300; a penalty of four to six months' probation with a condition of violating probation being one to 10 days' suspension.
 - c. 108 points or more. A fine of \$301 to \$500; a penalty of seven to 12 months' probation with a condition of violating probation being 15 to 30 days' suspension or revocation for a period of up to one year.
 2. Serious violation as defined under A.R.S. § 3-361.
 - a. 46 points or less. A fine of \$1,000 to \$2,000; a penalty of one to three months' probation with a condition of violating probation being five to 10 days' suspension for a nonserious violation or 15 to 30 days' suspension for a serious violation.
 - b. 47 to 93 points. A fine of \$2,001 to \$5,000; a penalty of four to six months' probation with a condition of violating probation being 15 to 30 days' suspension for a nonserious violation and 31 to 90 days' suspension for a serious violation.
 - c. 94 points or more. A fine of \$5,001 to \$10,000; a penalty of probation for seven to 12 months with a condition of violating probation being two to four months' suspension for a nonserious violation and four to 12 months' suspension for a serious violation, or revocation for the remainder of the license year and an additional period of one to three years.
 3. The first de minimis violation is not considered a violation of probation.

Historical Note

Adopted effective September 13, 1989 (Supp. 89-3).
 Renumbered from R3-10-506 (Supp. 91-4). Amended by
 final rulemaking at 10 A.A.R. 276, effective March 6,
 2004 (Supp. 04-1).

ARTICLE 6. REPEALED**R3-3-601. Repealed****Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4).

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Renumbered from R3-10-601 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-602. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-602 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-603. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-603 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-604. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-604 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-605. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-605 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-606. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-606 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-607. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-607 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-608. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-608 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-609. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-609 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-610. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-610 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-611. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-611 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-612. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-612 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-613. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-613 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-614. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-614 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-615. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-615 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-616. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-616 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-617. Repealed**Historical Note**

Adopted effective November 20, 1987 (Supp. 87-4). Renumbered from R3-10-617 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

ARTICLE 7. PESTICIDE**R3-3-701. Definitions**

In addition to the definitions in A.R.S. § 3-341, the following terms apply to this Article:

1. "Discontinuation" means when the registrant is no longer distributing a pesticide into Arizona.
2. "Pest" means, in addition to the pests declared in A.R.S. § 3-341(20), all birds, mammals, reptiles, amphibians, fish, slugs, snails, crayfish, roots, and plant parts.
3. "Official sample" means any sample of pesticide taken by the Associate Director, or the Associate Director's agent, and designated as official.

Historical Note

Former rule 1; Former Section R3-3-01 repealed, new Section R3-3-01 adopted effective January 18, 1978 (Supp. 78-1). Amended effective December 29, 1978 (Supp. 78-6). Section R3-3-701 renumbered from R3-3-01 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-702. Pesticide Registration; Fee

A. Registration. Any person registering a pesticide shall provide the following documents and information on a form provided by the Department with a nonrefundable \$100 fee for each pesticide, for each year of the registration:

1. The name, address, telephone number, and signature of the applicant;
2. The name and address of the company appearing on the label;
3. The Social Security number or tax identification number;

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4. The date of the application;
 5. The brand and name of the pesticide being registered;
 6. The EPA registration number of the pesticide if applicable;
 7. The analytical methods for any analyses of residues for the active ingredients of the pesticide, if requested by the Department;
 8. The toxicological and safety data, if requested by the Department;
 9. The name and telephone number of the person providing the toxicological and safety data;
 10. Two pesticide labels for any pesticide not previously registered;
 11. The material safety data sheet for each pesticide; and
 12. The license time-period option.
- B.** A pesticide registration is nontransferable, expires on December 31, and shall, at the option of the applicant, be valid for one or two years.
- C.** If an applicant elects a two-year pesticide registration, any additional pesticide registered during that two-year registration shall have the same registration end-date as any other pesticide currently registered by that applicant with the Department.
- D.** Notwithstanding subsection (A), during fiscal year 2020, a person registering a pesticide or renewing a pesticide registration shall pay a \$100 fee for each pesticide for each year of registration.

Historical Note

Former rule II; Former Section R3-3-02 renumbered and amended as Section R3-3-01, former Sections R3-3-11 and R3-3-12 renumbered and amended as Section R3-3-02 effective January 18, 1978 (Supp. 78-1). Amended subsection (C) effective January 1, 1979, subsection (D) effective January 1, 1982 (Supp. 78-6). Editorial corrections, subsection (B), paragraphs (6) through (9) (Supp. 79-6). Amended by deleting subsection (D) effective March 5, 1982 (Supp. 82-2). Section R3-3-702 renumbered from R3-3-02 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2). New Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4). Amended by exempt rulemaking at 16 A.A.R. 1334, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1759, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 20 A.A.R. 2452, effective July 24, 2014

(Supp. 14-3). Amended by final exempt rulemaking at 23 A.A.R. 1940, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2222, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2084, effective August 27, 2019 (Supp. 19-3).

R3-3-703. General Provisions

- A.** Discontinued pesticides. In addition to the requirements for discontinued pesticides established in A.R.S. § 3-351(K), any person holding a pesticide found in the channels of trade following the three-year discontinuation period shall be responsible to register or dispose of the pesticide.
- B.** Sampling.
1. The Associate Director, or the Associate Director's agent, may sample, inspect, and analyze any pesticide distributed within the state to determine whether the pesticide is in compliance with the provisions of this Article and laws pertaining to this Article, or if a complaint has been filed with the Department.
 2. The analytical results of pesticide formulations as listed on a label shall comply with the allowed deviations listed in R3-3-704(B).
 3. The results of an official analyses of any pesticide not in compliance with the allowed deviations listed in R3-3-704(B) shall be sent to the Associate Director, to the registrant, or other responsible person. Upon request, and within 30 days, the Associate Director shall provide the registrant or other responsible person a portion of the noncompliant pesticide sample.
- C.** Prohibited acts. No person shall purchase a pesticide to repack the pesticide for distribution and sale without relabeling the repackaged container and complying with the provisions of the Act.

Historical Note

Section R3-3-703 renumbered from R3-3-03 (Supp. 91-4). New Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-704. Labels

- A.** Within two weeks of a pesticide label revision, a registrant shall provide the Department with two pesticide labels that have been revised since the pesticide was originally registered.
- B.** The Associate Director may request a copy of a pesticide label if the label on file is older than three years.

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ALLOWED DEVIATIONS OF ANALYTICAL RESULTS FROM LABEL CLAIMS FOR ACTIVE INGREDIENTS IN PESTICIDE FORMULATIONS

Claim %	HCV ⁽¹⁾ %	HSD ⁽²⁾	Allowed Deviations for “uniform” ⁽³⁾ samples		Allowed Deviations for “non-uniform” ⁽⁴⁾ samples	
			Claim - 3HSD	Claim + 6HSD	Claim - 4HSD	Claim + 8HSD
0.001	11.31	0.00011	0.00066	0.00168	0.00055	0.00191
0.005	8.88	0.00044	0.0037	0.0077	0.0032	0.0086
0.008	8.27	0.00066	0.0060	0.0120	0.0054	0.0133
0.01	8.00	0.00080	0.0076	0.0148	0.0068	0.0164
0.03	6.78	0.0020	0.024	0.042	0.022	0.046
0.06	6.11	0.0037	0.049	0.082	0.045	0.089
0.10	5.66	0.0057	0.083	0.13	0.077	0.145
0.40	4.59	0.018	0.34	0.51	0.33	0.55
0.80	4.14	0.033	0.70	1.00	0.67	1.06
1.0	4.00	0.040	0.88	1.24	0.84	1.32
2.0	3.60	0.072	1.78	2.43	1.71	2.58
4.0	3.25	0.13	3.61	4.78	3.48	5.04
6.0	3.05	0.18	5.45	7.10	5.27	7.47
10.0	2.83	0.28	9.15	11.70	8.87	12.26
15.0	2.66	0.40	13.80	17.39	13.40	18.19
20.0	2.55	0.51	18.47	23.06	17.96	24.08
25.0	2.46	0.62	23.15	28.70	22.54	29.93
30.0	2.40	0.72	27.84	34.32	27.12	35.75
35.0	2.34	0.82	32.54	39.92	31.72	41.56
40.0	2.30	0.92	37.25	45.51	36.33	47.35
45.0	2.26	1.01	41.96	51.09	40.94	53.12
50.0	2.22	1.11	46.67	56.66	45.56	58.88
60.0	2.16	1.30	56.11	67.78	54.82	70.37
70.0	2.11	1.48	65.57	78.86	64.09	81.82
80.0	2.07	1.65	75.04	89.93	73.38	93.24
90.0	2.03	1.83	84.51	100.97	82.68	104.63

(1) HCV(%) = Horwitz Coefficients of Variation = $2 (1 - 0.5 \log (\text{claim \%}/100))$

(2) HSD = Horwitz Standard Deviation = $(\text{Claim \%}) \text{HCV \%}/100$

(3) “Uniform” samples are homogeneous products which can be analyzed by established procedures. In most cases, validated analytical methods are available for these samples.

(4) “Non-uniform” samples are non-homogeneous samples or products which are difficult to sample or subsample. These products may not be uniformly mixed or packaged and include some special formulations like natural products. These types of samples include fertilizer containing pesticides, pesticides in pressurized containers, strips, plastic bands, collars, grain and other carriers. Natural product formulations such as rotenone and pyrethrin are also included in this group. When it is necessary to use methods which are not validated for accuracy, precision, and reproducibility in a specific matrix, the “non-uniform” guidelines may be used for allowed deviations. States may use judgment in placing a sample into the “uniform” or “non-uniform” category.

Historical Note

Former rule IV; Former Section R3-3-04 renumbered and amended as Section R3-3-01 effective January 18, 1978 (Supp. 78-1).

Section R3-3-704 renumbered from R3-3-04 (Supp. 91-4). New Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-705. Renumbered**Historical Note**

Former rule V; Repealed effective January 18, 1978 (Supp. 78-1). Section R3-3-705 renumbered from R3-3-05 (Supp. 91-4).

Historical Note

Section R3-3-707 renumbered from R3-3-07 (Supp. 91-4).

R3-3-708. Renumbered**Historical Note**

Former rule VIII; Repealed effective January 18, 1978 (Supp. 78-1). Section R3-3-708 renumbered from R3-3-08 (Supp. 91-4).

R3-3-709. Renumbered**Historical Note**

Former Administrative rule 1; Repealed effective January 18, 1978 (Supp. 78-1). Section R3-3-709 renumbered

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from R3-3-09 (Supp. 91-4).

R3-3-710. Renumbered**Historical Note**

Section R3-3-710 renumbered from R3-3-10 (Supp. 91-4).

R3-3-711. Renumbered**Historical Note**

Adopted effective November 30, 1977 (Supp. 77-6). Former Section R3-3-11 renumbered and amended as Section R3-3-02 effective January 18, 1978 (Supp. 78-1). Section R3-3-711 renumbered from R3-3-11 (Supp. 91-4).

R3-3-712. Renumbered**Historical Note**

Adopted effective November 30, 1977 (Supp. 77-6). Former Section R3-3-12 renumbered and amended as Section R3-3-02 effective January 18, 1978 (Supp. 78-1). Section R3-3-712 renumbered from R3-3-12 (Supp. 91-4).

ARTICLE 8. FERTILIZER MATERIALS**R3-3-801. Definitions**

In addition to terms and definitions in the Official Publication, which is incorporated by reference, on file with the Secretary of State, and does not include any later amendments, and the definitions in A.R.S. § 3-262, the following term applies to this Article:

“Official Publication” means the Official Publication of the Association of American Plant Food Control Officials, amended 1999. Copies may be purchased from NC Dept. of Agriculture, 4000 Reedy Creek Road, Raleigh, NC 27607-6468.

Historical Note

Former rule I; Former Section R3-3-21 repealed, former Section R3-3-24 renumbered and amended as Section R3-3-21 effective January 12, 1978 (Supp. 78-1). Amended effective March 23, 1979 (Supp. 79-2). Section R3-3-801 renumbered from R3-3-21 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-802. Licensure; Specialty Fertilizer Registration; Fees

A. Commercial fertilizer license. Any person applying for a commercial fertilizer license, under A.R.S. § 3-272, to manufacture or distribute commercial fertilizer, shall provide the following information on the license application provided by the Department with a nonrefundable fee of \$125 for each year of the license:

1. The following information on the license application provided by the Department:
2. The name, title, and signature of the applicant;
3. The date of the application;
4. The distributor or manufacturer name, mailing address, telephone, and facsimile number;
5. The Social Security number or tax identification number;
6. The physical location, telephone, and facsimile number of the distributor or manufacturer, if different than subsection (A)(4);
7. The name, address, telephone, and facsimile number of the distributor or manufacturer where inspection fees are paid, if different than subsection (A)(4); and
8. The license time-period option.

B. A commercial fertilizer license is nontransferable, expires on June 30, and shall, at the option of the applicant, be valid for one or two years.

C. Specialty fertilizer registration.

1. Any manufacturer or distributor whose name appears on a specialty fertilizer label shall provide the following information to the Department with a nonrefundable fee of \$50 per brand and grade of specialty fertilizer for each year of the registration:
 - a. The name, address, telephone number, and signature of the applicant;
 - b. The name and address of the company on the label;
 - c. The date of the application;
 - d. The grade, brand, and name of the specialty fertilizer;
 - e. The current specialty fertilizer label; and
 - f. The registration time-period option.
2. A specialty fertilizer registration is nontransferable, expires on June 30, and shall, at the option of the applicant, be valid for one or two years.
3. If an applicant elects a two-year specialty fertilizer registration, any additional fertilizer registered during that two-year registration shall have the same registration end-date as other fertilizer currently registered by that applicant with the Department.

D. During fiscal year 2011, notwithstanding subsection (C)(1), the nonrefundable fee per brand and grade of specialty fertilizer is \$40.

Historical Note

Former rule II; Former Section R3-3-22 repealed, former Section R3-3-25 renumbered and amended as Section R3-3-22 effective January 12, 1978 (Supp. 78-1). Section R3-3-802 renumbered from R3-3-22 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4). Amended by exempt rulemaking at 16 A.A.R. 2026, effective September 21, 2010 (Supp. 10-3).

R3-3-803. Tonnage Reports; Inspection Fee

A. Quarterly tonnage reports and inspection fee.

1. The inspection fee for all commercial fertilizers, including specialty fertilizers, sold or distributed in Arizona is 25¢ per ton. The tonnage shall be rounded to the nearest whole ton.
2. Any applicant applying for and receiving a new license after March 15, June 15, September 15, or December 15 is not required to file a quarterly tonnage report for the quarter in which the license application is issued. Any commercial fertilizer distributed in the final two weeks of the initial application quarter shall be included on the next full quarterly report. Any person who distributed commercial fertilizer without a license as required under A.R.S. § 3-2009 shall pay all past due inspection fees and late penalties before a license is issued.
3. Any licensee not estimating annual tonnage shall file the following information on a quarterly statement provided by the Department no later than the last day of January, April, July, and October of each year for the preceding calendar quarter and pay the inspection fees and any penalties, if applicable:
 - a. If the inspection fee is being passed on to the purchaser:
 - i. The assigned number and name of the currently licensed company;
 - ii. The commercial fertilizer by code or grade;

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- iii. The amount of commercial fertilizer in whole tons;
- iv. The name, title, telephone number, and signature of the licensee or the licensee's authorized representative; and
- v. The date of the report.
- b. If the licensee pays tonnage fees for the distribution of a commercial fertilizer:
 - i. The grade;
 - ii. The amount of commercial fertilizer distribution by county;
 - iii. If the commercial fertilizer is dry, whether it is a bulk agricultural product, a bagged agricultural product, or a non-agricultural product;
 - iv. If the commercial fertilizer is liquid, whether it is an agricultural or non-agricultural product;
 - v. The name, title, telephone number, and signature of the licensee or the licensee's authorized representative; and
 - vi. The date of the report.
- B. Estimated tonnage report.** A licensee may estimate the annual fertilizer material tonnage if it is 400 tons or less per year and the licensee does not pass the inspection fee responsibility to the purchaser.
 - 1. The licensee shall submit the estimated annual commercial fertilizer tonnage report to the Department with the annual inspection fee no later than July 31 of each year. The tonnage report shall contain:
 - a. The estimated tonnage of commercial fertilizer to be distributed;
 - b. The grade;
 - c. The amount of distribution by county;
 - d. If the commercial fertilizer is dry, whether it is a bulk agricultural product, a bagged agricultural product, or a non-agricultural product;
 - e. If the commercial fertilizer is liquid, whether it is an agricultural or non-agricultural product;
 - f. The name, title, telephone number, and signature of the licensee or the licensee's authorized representative; and
 - g. The date of the report.
 - 2. The licensee shall pay at least \$8 per year. Adjustments for overestimates or underestimates for a licensee with 400 tons or less of actual tonnage sales shall be made on the next year's estimating form. Adjustments of underestimates of licensees with actual tonnage sales more than 400 tons shall be made no later than July 31 of each year.
 - 3. The licensee shall verify the accuracy of the previous year's tonnage estimates to actual tonnage sales and submit the tonnage verification no later than July 31 of each year.
 - 4. Overestimation of tonnage.
 - a. The Department shall not refund any inspection fee based on an overestimation if the licensee does not re-license in the subsequent year;
 - b. If a licensee applies for a license in the subsequent year, the Department shall apply any overestimation to the subsequent year's tonnage fees.
- C. During fiscal year 2011, notwithstanding subsection (A)(1), the inspection fee for all commercial fertilizers, including specialty fertilizers, sold or distributed in Arizona is \$0.10 per ton. The tonnage must be rounded to the nearest whole ton.**

Historical Note

Former rule III; Former Section R3-3-23 repealed, former Section R3-3-32 renumbered as Section R3-3-23 effective January 12, 1978 (Supp. 78-1). Amended effective

March 23, 1979 (Supp. 79-2). Section R3-3-803 renumbered from R3-3-23 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2). New Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4). Amended by exempt rulemaking at 16 A.A.R. 2026, effective September 21, 2010 (Supp. 10-3).

R3-3-804. General Provisions

- A. Labeling.**
 - 1. The grade numbers for primary nutrients that accompany the brand name of a commercial fertilizer shall be listed on the label in the following order: total nitrogen, available phosphate, and soluble potash. Other guaranteed nutrient values shall not be included with the grade numbers unless:
 - a. The guaranteed nutrient value follows the grade number;
 - b. The guaranteed nutrient value is immediately preceded with the name of the claimed nutrient to which it refers in the guaranteed analysis; and
 - c. The name printed on the label is as prominent as the numbers.
 - 2. The materials from which claimed nutrients are derived shall be listed on the label.
 - 3. No grade is required for fertilizer materials that claim no primary plant nutrient (i.e., 0-0-0).
 - 4. All guaranteed nutrients, except phosphate and potash, shall be stated in terms of elements.
 - 5. The label shall include the brand name of a fertilizer. Misleading or confusing numerals shall not be used in the brand name on the label.
 - 6. Fertilizer material not defined in the Official Publication may be used as fertilizer material if a definition or other method of analysis and agronomic data for fertilizer material is approved by the Associate Director.
- B. Claims and misleading statements.**
 - 1. Any nutrient claimed as a fertilizer material shall be accompanied by a minimum guarantee for the nutrient. An ingredient shall not be claimed as a nutrient unless a laboratory method of analysis approved by the Associate Director exists for the nutrient.
 - 2. Scientific data supporting the claim of improved efficacy or increased productivity shall be made available for inspection to the Associate Director upon request.
 - 3. If the name of a fertilizer material is used as part of a fertilizer brand name, such as blood, bone or fish, the guaranteed nutrients shall be derived from or supplied entirely by the named fertilizer material.
 - 4. Fertilizer material subject to this Article and applicable laws shall not bear false or misleading statements.
- C. Deficiencies.**
 - 1. The value of a nutrient deficiency in a fertilizer material shall take into account total value of all nutrients at the guaranteed level and the price of the fertilizer material at the time of sale.
 - 2. A deficiency in an official sample of mixed fertilizer resulting from non-uniformity is not distinguishable from a deficiency due to actual plant nutrient shortage and is subject to official action.
- D. All investigational allowances shall be conducted as prescribed in the Official Publication, which is incorporated by reference, on file with the Office of the Secretary of State, and does not include any later amendments or editions.**
- E. Leased fertilizer material storage containers shall be clearly labeled with the following:**
 - 1. Grade numbers;
 - 2. Brand name, if applicable; and

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3. The statement, "Leased by (Name and address of lessor) to (Name and address of lessee)."

C. During fiscal year 2011, notwithstanding subsection (A)(1), the inspection fee for all commercial fertilizers, including specialty fertilizers, sold or distributed in Arizona is \$0.10 per ton. The tonnage must be rounded to the nearest whole ton.

Historical Note

Former rule IV; Former Section R3-3-24 renumbered and amended as Section R3-3-21, new Section R3-3-24 adopted effective January 12, 1978 (Supp. 78-1). Section R3-3-804 renumbered from R3-3-24 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2). New Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-805. Repealed**Historical Note**

Former rule V; Former Section R3-3-25 renumbered and amended as Section R3-3-22, new Section R3-3-25 adopted effective January 12, 1978 (Supp. 78-1). Section R3-3-805 renumbered from R3-3-25 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-806. Repealed**Historical Note**

Former rule VI; Former Section R3-3-26 repealed, new Section R3-3-26 adopted effective January 12, 1978 (Supp. 78-1). Section R3-3-806 renumbered from R3-3-26 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-807. Repealed**Historical Note**

Former rule VII; Former Section R3-3-27 repealed, new Section R3-3-27 adopted effective January 12, 1978 (Supp. 78-1). Section R3-3-807 renumbered from R3-3-27 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-808. Repealed**Historical Note**

Former rule VIII; Former Section R3-3-28 repealed effective January 12, 1978 (Supp. 78-1). New Section R3-3-28 adopted effective March 23, 1979 (Supp. 79-2). Section R3-3-808 renumbered from R3-3-28 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-809. Repealed**Historical Note**

Former rule IX; Former Section R3-3-29 repealed effective January 12, 1978 (Supp. 1). New Section R3-3-29 adopted effective March 23, 1979 (Supp. 79-2). Section R3-3-809 renumbered from R3-3-29 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-810. Repealed**Historical Note**

Former rule X; Former Section R3-3-30 repealed effective January 12, 1978 (Supp. 78-1). New Section R3-3-30 adopted effective March 23, 1979 (Supp. 79-2). Section R3-3-810 renumbered from R3-3-30 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

November 3, 1999 (Supp. 99-4).

R3-3-811. Repealed**Historical Note**

Former Administrative rule 1; Amended effective December 14, 1979 (Supp. 79-6). Section R3-3-811 renumbered from R3-3-31 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-812. Renumbered**Historical Note**

Adopted effective August 31, 1977 (Supp. 77-4). Former Section R3-3-32 renumbered as Section R3-3-23 effective January 12, 1978 (Supp. 78-1). Section R3-3-812 renumbered from R3-3-32 (Supp. 91-4).

ARTICLE 9. COMMERCIAL FEED**R3-3-901. Definitions**

In addition to the feed ingredient definitions and feed terms in the Official Publication, which is incorporated by reference, on file with the Secretary of State, and does not contain any later amendments or editions, and the definitions in A.R.S. § 3-2601, the following terms apply to this Article:

1. "Commercial feed" means all materials, except whole seeds unmixed or physically altered entire unmixed seeds, that are distributed for use as feed or for mixing in feed. Commercial feed includes raw agricultural commodities distributed for use as feed or for mixing in feed when the commodities are adulterated within the meaning of section 3-2611. A.R.S. § 3-2601(2)
2. "Lot" means any distinct, describable, and measurable quantity that contains no more than 100 tons.
3. "Official Publication" means the Official Publication of the Association of American Feed Control Officials, effective January 1, 1999. Copies may be purchased from the Assistant Secretary/Treasurer, P.O. Box 478, Oxford, IN 47971.

Historical Note

Former rule I; Former Section R3-3-41 renumbered and amended as Section R3-3-42, new Section R3-3-41 adopted effective January 12, 1978 (Supp. 78-1). Amended effective April 13, 1978 (Supp. 78-2). Amended effective February 3, 1981 (Supp. 81-1). Section R3-3-901 renumbered from R3-3-41 (Supp. 91-4). Amended by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-902. Licensure; Fee; Ammoniation

A. Any person applying for a commercial feed license, under A.R.S. § 3-2609, to manufacture or distribute commercial feed shall provide the following information and a nonrefundable fee of \$10 for each year of the license:

1. A copy of the label of each commercial feed product intended for distribution within the state or not already filed by the applicant with the Department; and
2. The following information on the license application provided by the Department:
 - a. The name, title, and signature of the applicant;
 - b. The distributor or manufacturer name, mailing address, telephone, and facsimile number;
 - c. The social security number or tax identification number;
 - d. The date of the application;

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- e. The physical location, telephone, and facsimile number of the distributor or manufacturer, if different than subsection (A)(2)(b);
 - f. The name, address, telephone, and facsimile number of the distributor or manufacturer where inspection fees are paid, if different than subsection (A)(2)(b); and
 - g. The license time-period option.
- B.** A commercial feed license is nontransferable, expires on June 30, and shall, at the option of the applicant, be valid for one or two years.
- C.** Ammoniation. Any person who ammoniates feed or feed material for distribution or sale shall obtain a commercial feed license and is responsible for all testing, labeling, or other requirements pertaining to commercial feed, unless the feed is ammoniated on the premises of the person using the ammoniated feed.

Historical Note

Former rule II; Former Section R3-3-42 renumbered and amended as Section R3-3-43, former Section R3-3-41 renumbered and amended as Section R3-3-42 effective January 12, 1978 (Supp. 78-1). Section R3-3-902 renumbered from R3-3-42 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-903. Tonnage Reports; Inspection Fee

- A.** Quarterly tonnage report and inspection fee.
1. The inspection fee for all commercial feed sold or distributed in Arizona is 20¢ per ton. The tonnage shall be rounded to the nearest whole ton.
 2. Any applicant applying for and receiving a new license after March 15, June 15, September 15, or December 15 is not required to file a quarterly tonnage report for the quarter in which the license application is issued. Any commercial feed distributed in the final two weeks of the initial application quarter shall be included on the next full quarterly report. Any person who distributed commercial feed without a license as required under A.R.S. § 3-2609 shall pay all past due inspection fees and late penalties before a license is issued.
 3. Any licensee not estimating annual tonnage shall file the following information on a quarterly statement provided by the Department no later than the last day of January, April, July, and October of each year for the preceding calendar quarter and pay the inspection fees and any penalties, if applicable:
 - a. If the inspection fee is being passed on to the purchaser:
 - i. The assigned number and name of the currently licensed company;
 - ii. The amount of commercial feed in whole tons and by type, indicating whether the commercial feed is bagged or bulk;
 - iii. The name, title, telephone number, and signature of the licensee or the licensee's authorized representative; and
 - iv. The date of the report.
 - b. If the licensee pays a tonnage fee for the distribution of a commercial feed:
 - i. The amount of commercial feed in whole tons and by type, indicating whether the commercial feed is bagged or bulk;
 - ii. The name, title, telephone number, and signature of the licensee or the licensee's authorized representative; and

iii. The date of the report.

- B.** Estimated tonnage report. A licensee may estimate the annual commercial feed tonnage if it is 400 tons or less per year and the licensee does not pass the inspection fee responsibility to the purchaser.
1. The licensee shall submit the estimated annual commercial feed tonnage report to the Department with the annual inspection fee no later than July 31 of each year. The tonnage report shall contain:
 - a. The estimated tonnage of commercial feed to be distributed;
 - b. The amount of commercial feed in whole tons and by type, indicating whether the commercial feed is bagged or bulk;
 - c. The name, title, telephone number, and signature of the licensee or the licensee's authorized representative; and
 - d. The date of the report.
 2. The licensee shall pay at least \$8 per year. Adjustments for overestimates or underestimates for licensees with 400 tons or less of actual tonnage sales shall be made on the next year's estimating form. Adjustments of underestimates of licensees with actual tonnage sales more than 400 tons shall be made no later than July 31 of each year.
 3. The licensee shall verify the accuracy of the previous year's tonnage estimates to actual tonnage sales and submit the tonnage verification no later than July 31 of each year.
 4. Overestimation of tonnage.
 - a. The Department shall not refund any inspection fee based on an overestimation if the licensee does not re-license in the subsequent year;
 - b. If a licensee applies for a license in the subsequent year, the Department shall apply any overestimation to the subsequent year's tonnage fees.

Historical Note

Former rule III; Former Section R3-3-43 renumbered and amended as Section R3-3-44, former Section R3-3-42 renumbered and amended as Section R3-3-43 effective January 12, 1978 (Supp. 78-1). Amended effective February 3, 1981 (Supp. 81-1). Section R3-3-903 renumbered from R3-3-43 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-904. Milk and Milk Products Decharacterized for Use as Commercial Feed

- A.** A person shall not sell, offer for sale, store, transport, receive, trade or barter, any milk or milk product for commercial feed unless the milk or milk product:
1. Meets Grade A milk standards as specified in A.A.C. R3-2-802;
 2. Is produced as prescribed in A.A.C. R3-2-805; or
 3. Is decharacterized with food coloring approved by the Federal Food, Drug, and Cosmetic Act and the decharacterization:
 - a. Does not affect nutritive value; and
 - b. Matches the color on the Color Requirement card, incorporated by reference and on file with the Office of the Secretary of State. Any person decharacterizing milk and milk products may obtain a Color Requirement card from the Environmental Services Division Office, Arizona Department of Agriculture, 1688 West Adams, Phoenix, Arizona 85007.
- B.** Labeling. All milk or milk product commercial feed labels shall be approved by the Associate Director before use.

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1. The principal display panel of a decharacterized milk or milk product commercial feed container shall prominently state "WARNING - NOT FOR HUMAN CONSUMPTION" in capital letters. The letters shall be at least 1/4 inch on containers of 8 oz. or less and at least 1/2 inch on all other containers.
 2. The container label shall also bear the statement "This product has not been pasteurized and may contain harmful bacteria" in letters at least 1/8 inch in height.
- C. Milk or milk products intended for commercial feed shall not be displayed, sold, or stored at premises where food is sold or prepared for human consumption, unless it meets Grade A standards or is decharacterized and clearly identified "Not for Human Consumption."

Historical Note

Former rule IV; Former Section R3-3-44 repealed, former Section R3-3-43 renumbered and amended as Section R3-3-44 effective January 12, 1978 (Supp. 78-1). Amended effective February 3, 1981 (Supp. 81-1). Amended effective July 20, 1984 (Supp. 84-4). Section R3-3-904 renumbered from R3-3-44 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-905. Labeling; Precautionary Statements

- A. Ingredient statement.
1. Each ingredient or collective term for the grouping of ingredients not defined in the Official Publication shall be a common name.
 2. All labels for commercial feed and customer-formula feed containing cottonseed or a cottonseed product shall separately list the ingredients in the ingredient statement in addition to any collective term listed.
- B. Labeling and expression of guarantees.
1. All labeling and expression of guarantees shall comply with the commercial feed-labeling guide, medicated commercial feed labeling, and expression of guarantees requirements prescribed in the Official Publication, which is incorporated by reference, on file with the Office of the Secretary of State, and does not include any later amendments or editions.
 2. The label shall include the brand or product name, and shall indicate the intended use of the feed. The label shall not contain any false or misleading statements.
 3. Directions for use and precautionary statements.
 - a. All labeling of whole cottonseed, commercial feed, and customer-formula feed containing any additive (including drugs, special purpose additives, or non-nutritive additives) shall clearly state its safe and effective use. The directions shall not require special knowledge of the purpose and use of the feed.
 - b. Directions for use and precautionary statements shall be provided for feed containing non-protein nitrogen as specified in R3-3-906.
 - c. All whole cottonseed or commercial feed, and customer-formula feed delivered to the consumer shall be accompanied by an accurate label, invoice, weight ticket or other documentation approved by the Department. The documentation shall be left with the consumer and shall contain the following:
 - i. "This feed contains 20 or less ppb aflatoxin and may be fed to any animal;" or
 - ii. "WARNING: This feed contains more than 20 ppb but not more than 300 ppb aflatoxin and

shall not be fed to lactating animals whose milk is intended for human consumption."

- d. A distributor of whole cottonseed or cottonseed product intended for further processing, planting seed, or for any other purpose approved by the Director, shall document in writing to the Department that:
 - i. The lot of whole cottonseed or cottonseed product will not be used as commercial feed until the lot is tested and compliant with all state laws; and
 - ii. The documentation prescribed in subsection (B)(3)(c) is not required.
- e. The distributor shall maintain the documentation for one year.
- f. The lot of whole cottonseed or cottonseed product shall be labeled as follows: "WARNING: This material has not been tested for aflatoxin and shall not be distributed for feed or fed to any animal until tested and brought into full compliance with all state laws."

Historical Note

Former rule V; Former Section R3-3-45 repealed, new Section R3-3-45 adopted effective January 12, 1978 (Supp. 78-1). Amended effective February 3, 1981 (Supp. 81-1). Amended effective July 20, 1984 (Supp. 84-4). Section R3-3-905 renumbered from R3-3-45 (Supp. 91-4). Amended by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-906. Non-protein Nitrogen

- A. Urea and other non-protein nitrogen products are acceptable ingredients in commercial feed for ruminant animals as a source of equivalent crude protein.
1. If commercial feed contains more than 8.75% of equivalent crude protein from all forms of non-protein nitrogen or if the equivalent crude protein from all forms of non-protein nitrogen exceeds 1/3 of the total crude protein, the label shall include directions for the safe use of the feed and the following precautionary statement: "Caution: Use as Directed."
 2. The directions for use and the precautionary statement shall be printed and placed on the label so that an ordinary person under customary conditions of purchase and use can read and understand the directions.
- B. Non-protein nitrogen products are acceptable ingredients in commercial feeds distributed to non-ruminant animals as a source of nutrients other than equivalent crude protein. The maximum equivalent crude protein from non-protein nitrogen sources in non-ruminant rations shall not exceed 1.25% of the total daily ration.
- C. A medicated feed label shall contain feeding directions or precautionary statements, or both, with sufficient information to ensure that the feed is properly used.

Historical Note

Former rule VI; Former Section R3-3-46 repealed, new Section R3-3-46 adopted effective January 12, 1978 (Supp. 78-1). Amended effective January 29, 1979 (Supp. 79-1). Amended effective February 3, 1981 (Supp. 81-1). Amended effective July 20, 1984 (Supp. 84-4). Section R3-3-906 renumbered from R3-3-46 (Supp. 91-4). Amended by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-907. Repealed

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Historical Note

Former rule VII; Former Section R3-3-47 repealed, former Section R3-3-54 renumbered as Section R3-3-47 effective January 12, 1978 (Supp. 78-1). Amended by adding subsection (F) effective July 20, 1984 (Supp. 84-4). Section R3-3-907 renumbered from R3-3-47 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-908. Repealed**Historical Note**

Former rule VIII; Former Section R3-3-48 repealed, new Section R3-3-48 adopted effective January 12, 1978 (Supp. 78-1). Amended for spelling correction, subsection (E), effective January 29, 1979 (Supp. 79-1). Amended by adding subsection (J) effective July 20, 1984 (Supp. 84-4). Section R3-3-908 renumbered from R3-3-48 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

R3-3-909. Repealed**Historical Note**

Former rule IX; Former Section R3-3-49 repealed, new Section R3-3-49 adopted effective Jan. 12, 1978 (Supp. 78-1). Amended by adding subsection (D) effective February 3, 1981 (Supp. 81-1). Amended effective July 20, 1984 (Supp. 84-4). Section R3-3-909 renumbered from R3-3-49 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-910. Drug and Feed Additives**A. Drug and feed additive approval.**

1. Before a label is approved by the Associate Director for commercial feed containing additives (including drugs, other special purpose additives, or non-nutritive additives), the distributor may be required to submit evidence demonstrating the safety and efficacy of the commercial feed when used according to the label directions if the material is not recognized as a commercial feed.
2. If a complaint has been filed with the Department, the distributor may be required to submit evidence demonstrating the safety and efficacy of the commercial feed when used according to the label directions.

B. Evidence of safety and efficacy of a commercial feed may be:

1. If the commercial feed containing additives conforms to the requirements of "Food Additives Permitted in Feed and Drinking" in the Official Publication, which is incorporated by reference, on file with the Office of the Secretary of State, and does not include any later amendments or editions; or
2. If the commercial feed is a substance generally recognized as safe and is defined in the Official Publication or listed as a "Substances Generally Recognized as Safe in Animal Feeds" in the Official Publication, which is incorporated by reference, on file with the Office of the Secretary of State, and does not include any later amendments or editions.

Historical Note

Former rule X; Former Section R3-3-50 repealed, new Section 3-3-50 adopted effective January 12, 1978 (Supp. 78-1). Amended effective July 20, 1984 (Supp. 84-4). Section R3-3-910 renumbered from R3-3-50 (Supp. 91-4). Amended by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-911. Repealed**Historical Note**

Former rule XI; Former Section R3-3-51 repealed, new Section R3-3-51 adopted effective January 12, 1978 (Supp. 78-1). Amended effective July 20, 1984 (Supp. 84-4). Section R3-3-911 renumbered from R3-3-51 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

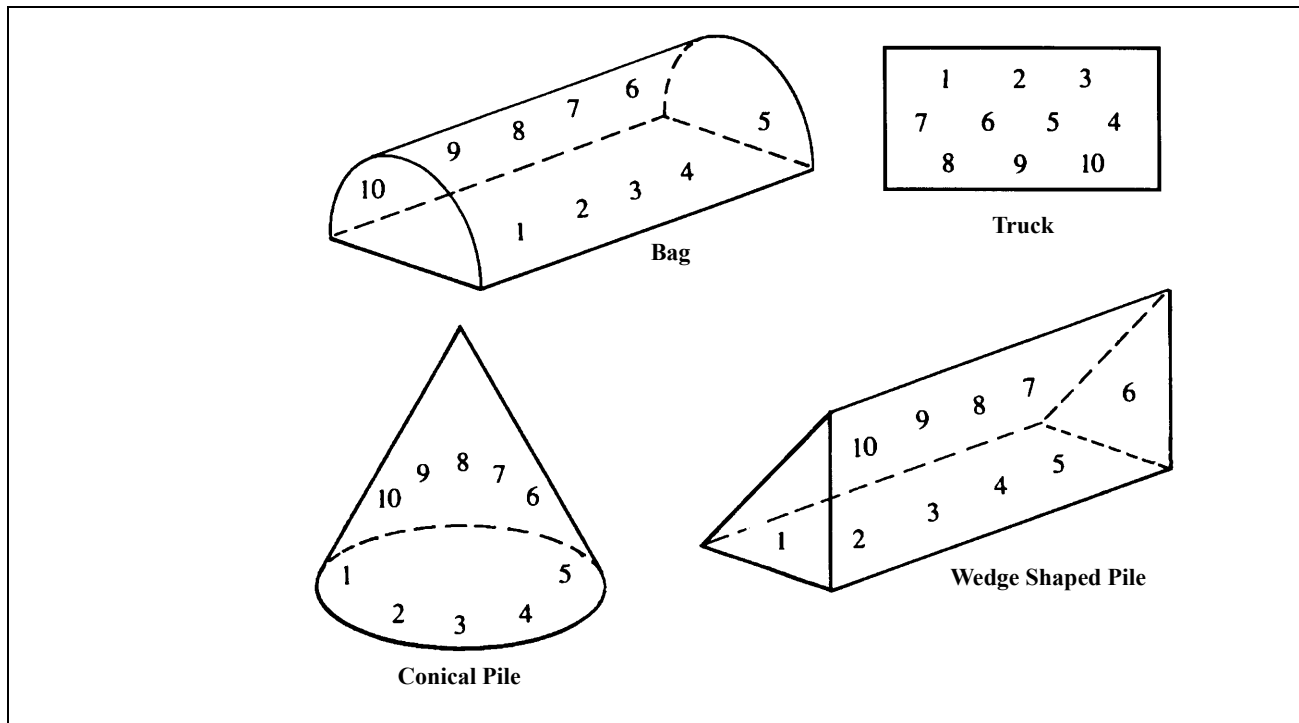
R3-3-912. Repealed**Historical Note**

Former rule XII; Former Section R3-3-52 repealed. New Section R3-3-52 adopted effective January 12, 1978 (Supp. 78-1). Section R3-3-912 renumbered from R3-3-52 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-913. Sampling Methods

- A. Sampling commercial feed.** The methods of sampling commercial feed shall comply with the procedures established in 4.1.01, Official Method 965.16 Sampling of Animal Feed, in the "Official Methods of Analysis of AOAC International," 16th Edition, 1997, which is incorporated by reference, on file with the Office of the Secretary of State, and does not include any later amendments or editions of the incorporated matter. Copies may be purchased from AOAC International, 481 North Frederick Avenue, Suite 500, Gaithersburg, Maryland 20877-2417.
- B. Sampling whole cottonseed.**
 1. Sample size - A gross sample not less than 30 pounds shall be taken from a lot. The gross sample shall consist of not less than 10 probes evenly spaced or 10 stream sample passes taken following the procedure prescribed in subsection (B)(4)(b).
 2. Sample container - The sample container shall consist of a clean cloth, burlap, or paper or plastic mesh bags. The sample shall be delivered to the laboratory within 48 hours (excluding weekends and holidays), stored in a dry, well-aerated location, and the results of the analysis reported by a certified laboratory within five working days from receipt of sample.
 3. Sampling equipment. Sampling equipment includes:
 - a. Scale, graduated in one-half pound increments, and any of the following:
 - b. Corkscrew trier, approximately 50 inches in length and capable of taking at least a three-pound sample,
 - c. Pneumatic probe sampler such as the "Probe-a-Vac" pneumatic sampler,
 - d. Stream sampler: A container at least 8 inches x 5 inches x 5 1/2 inches attached to a pole that enables the sampler to pass the container through falling streams of cottonseed,
 - e. Automatic stream samplers or other sampling equipment if scientific data documenting its ability to obtain a representative sample is approved by the Associate Director,
 - f. Shop-vac 1.5 hp vacuum system capable of holding 12 gallons, modified to hold a 15 ft. length of vacuum hose attached to a 13 ft. length of 3/4 inch PVC pipe.
 4. Sampling procedure.
 - a. If a corkscrew trier or Probe-a-Vac sampler is used, at least 10 evenly spaced probes shall be taken per lot. The probed samples shall be taken according to the following patterns:

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The probes shall penetrate at least 50 inches, and at least two of the 10 probes per sample shall reach the bottom of the lot being sampled. The probe shall be inserted at an angle perpendicular to the face of the lot.

- b. If a shop-vac system is used, at least 15 evenly spaced probes shall be taken per lot. The sampling patterns specified in subsection (B)(4)(a) shall be modified to allow for the additional samples.
- c. Stream samples shall be taken while the cottonseed is being discharged, if there is a uniform discharge flow over a set period of time. The sample shall consist of at least 10 evenly timed and spaced passes through the discharge flow, resulting in the sample size specified in subsection (B)(1).
- d. The gross sample shall be weighed to the nearest 1/2 pound but shall not be reduced in size. If any gross sample does not meet the minimum 30 pound weight, that gross sample shall be discarded and the sampling procedure repeated from the beginning. If the shop-vac gross sample is not at least 10 pounds, the sample shall be discarded and the sampling procedure repeated from the beginning.
- e. The Associate Director shall approve any modified sampling procedure if scientific data is provided that documents that representative samples will be obtained through the modified sampling procedure.

Historical Note

Former Administrative Rule 1. Former Section R3-3-53 repealed effective January 12, 1978 (Supp. 78-1). New Section R3-3-53 adopted as an emergency effective October 10, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Amended as an emergency effective October 11, 1978, pursuant to A. R. S. § 41-1003,

valid for only 90 days (Supp. 78-5). New Section R3-3-53 adopted effective February 3, 1981 (Supp. 81-1). Amended effective July 20, 1984 (Supp. 84-4). Section R3-3-913 renumbered from R3-3-53 (Supp. 91-4). Patterns omitted in Supp. 98-4 under subsection (C)(4)(a) have been corrected to reflect filed rules (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-914. Repealed

Historical Note

Adopted effective August 31, 1977 (Supp. 77-4). Former Section R3-3-54 renumbered as Section R3-3-47 effective January 12, 1978 (Supp. 78-1). New Section R3-3-54 adopted as an emergency effective October 10, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). New Section R3-3-54 adopted effective February 3, 1981 (Supp. 81-1). Amended effective July 20, 1984 (Supp. 84-4). Section R3-3-914 renumbered from R3-3-54 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-915. Repealed

Historical Note

Adopted effective December 14, 1979 (Supp. 79-6). Section R3-3-915 renumbered from R3-3-55 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

R3-3-916. Repealed

Historical Note

Adopted effective July 20, 1994 (Supp. 84-4). Section R3-3-916 renumbered from R3-3-56 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 4419, effective November 3, 1999 (Supp. 99-4).

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ARTICLE 10. AGRICULTURAL SAFETY

R3-3-1001. Definitions

In addition to the definitions set forth in A.R.S. § 3-3101 the following terms apply to this Article:

1. "Agricultural emergency" means a sudden occurrence or set of circumstances that:
 - a. An agricultural employer could not have anticipated and over which the agricultural employer has no control,
 - b. Requires entry into a treated area during a restricted-entry interval, and
 - c. No alternative practices would prevent or mitigate a substantial economic loss.
2. "Agricultural employer" means any person, including a farm labor contractor, who hires or contracts for the services of workers for any type of compensation, to perform activities related to the production of agricultural plants, or any person who is an owner of, or is responsible for, the management or condition of an agricultural establishment that uses agricultural workers.
3. "Agricultural establishment" means any farm, forest, nursery, or greenhouse using pesticide products that are required by label to be used in accordance with the federal worker protection standards. An establishment is exempt from the requirements of this Article if the establishment uses only products that do not have a federal worker protection statement on the label.
4. "Agricultural plant" means any plant grown or maintained for commercial or research purposes and includes:
 - a. Food, feed, and fiber plants;
 - b. Trees;
 - c. Turfgrass;
 - d. Flowers, shrubs;
 - e. Ornamentals; and
 - f. Seedlings.
5. "Chemigation" means the application of pesticides through irrigation systems.
6. "Consultation" means an on-site visit by, or a response to an inquiry from, the Agricultural Consulting and Training program personnel, pursuant to A.R.S. § 3-109.01, to review agricultural practices and obtain documented non-regulatory advice to help ensure compliance with the issues addressed.
7. "*De minimis violation*" means a condition or practice which, although undesirable, has no direct or immediate relationship to safety or health (A.R.S. § 3-3101(2)).
8. "Early entry" means any worker or handler entering a treated area after a pesticide is applied to a location on the agricultural establishment and before the expiration of the restricted-entry interval.
9. "Farm labor contractor" means any person who hires or contracts for the services of workers for any type of compensation, to perform activities related to the production of agricultural plants, but does not own or is not responsible for, the management or condition of an agricultural establishment.
10. "Flagger" means a person who indicates an aircraft spray swath width from the ground.
11. "Gravity based penalty" means an unadjusted penalty calculated for each violation, or combined or grouped violations, by adding the gravity factor to the other penalty factors.
12. "Handler" means any person, including a self-employed person:
 - a. Who is employed for any type of compensation by an agricultural establishment or commercial pesticide handling establishment to which this Article applies and who does any of the following:
 - i. Mixing, loading, transferring, or applying pesticides;
 - ii. Disposing of pesticides, or non-triple rinsed or equivalent pesticide containers;
 - iii. Handling open containers of pesticides;
 - iv. Acting as a flagger;
 - v. Cleaning, adjusting, handling, or repairing any part of mixing, loading, or application equipment that may contain pesticide residue;
 - vi. Assisting with the application of pesticides;
 - vii. Entering a greenhouse or other enclosed area after the pesticide application and before either the inhalation exposure level listed in the labeling is reached or any of the ventilation criteria in R3-3-1002 or in the labeling has been met to operate ventilation equipment, adjust or remove coverings used in fumigation, or monitor air levels.
 - viii. Entering a treated area outdoors after pesticide application of any soil fumigant to adjust or remove soil coverings.
 - ix. Performing tasks as a pest control advisor during any pesticide application.
 - b. The term handler does not include:
 - i. Any person who handles only pesticide containers that are emptied or cleaned according to pesticide product labeling instructions or, in the absence of labeling instructions, are triple-rinsed or its equivalent;
 - ii. Any person who handles only pesticide containers that are unopened; or
 - iii. Any person who repairs, cleans, or adjusts the pesticide application equipment at an equipment maintenance facility, after the equipment is decontaminated, and is not an employee of the handler employer.
13. "Handler employer" means any person who is self-employed as a handler or who employs a handler, for any type of compensation.
14. "*Nonserious violation*" means a condition or practice in a place of employment which does not constitute a serious violation but which violates a standard or rule and has a direct or immediate relationship to safety or health, unless the employer did not, and could not with the exercise of reasonable diligence, know of the presence of the condition or practice (A.R.S. § 3-3101(6)).
15. "Personal protective equipment" means devices and apparel that are worn to protect the body from contact with pesticides or pesticide residues, including coveralls, chemical-resistant suits, chemical-resistant gloves, chemical-resistant footwear, respiratory protection devices, chemical-resistant aprons, chemical-resistant headgear, and protective eyewear.
16. "Pest control advisor" means a crop advisor, as defined in 40 CFR 170, who assesses pest numbers or damage, pesticide distributions, or the status or requirements to sustain the agricultural plants. The term does not include a person who performs hand-labor tasks or handling activities.
17. "*Pesticide*" means:
 - (a) any substance or mixture of substances intended for preventing, destroying, repelling or mitigating any pest.

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- (b) *any substance or mixture of substances intended for use as a plant regulator, defoliant or desiccant* (A.R.S. § 3-341(21)).
18. "Restricted-entry interval" means the time after the completion of a pesticide application during which entry into a treated area is restricted as indicated by the pesticide product label.
 19. "Restricted use pesticide" means a pesticide classified as such by the United States Environmental Protection Agency (A.R.S. § 3-361(8)).
 20. "Serious violation" means a condition or practice in a place of agricultural employment which violates a standard or rule or section 3-3104, subsection (A) and produces a substantial probability that death or serious physical harm could result, unless the employer did not, and could not with the exercise of reasonable diligence, know of the presence of such condition or practice (A.R.S. § 3-3101(10)).
 21. "Substantial economic loss" means a loss in yield greater than expected based on the experience and fluctuations of crop yields in previous years. Only losses caused by an agricultural emergency specific to the affected site and geographic area are considered. The contribution of mismanagement is not considered in determining the loss.
 22. "Treated area" means any area to which a pesticide is being directed or has been directed.
 23. "Worker" means any person, including a self-employed person, who is employed for any type of compensation and who performs activities relating to the production of agricultural plants on an agricultural establishment. The requirements of this Article do not apply to any person employed by a commercial pesticide-handling establishment who performs tasks as a pest control advisor.

Historical Note

Adopted effective July 13, 1989 (Supp. 89-3). Section R3-3-1001 renumbered from R3-8-201 (Supp. 91-4).
 Amended effective March 3, 1995 (Supp. 95-1).
 Amended effective October 8, 1998 (Supp. 98-4).

R3-3-1002. Worker Protection Standards

Worker protection regulations shall be as prescribed in 40 CFR 170, excluding 40 CFR 170.130 and 170.230, as amended July 1, 2002. This material is incorporated by reference, on file with the Department, and does not include any later amendments or editions.

Historical Note

Adopted effective July 13, 1989 (Supp. 89-3). Section R3-3-1002 renumbered from R3-8-202 (Supp. 91-4). Section repealed, new Section adopted effective March 3, 1995 (Supp. 95-1). R3-3-1002 renumbered to R3-3-1003; new Section R3-3-1002 adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-1003. Pesticide Safety Training**A. Training exemptions.**

1. Handler. A handler who currently meets one of the following conditions is exempt from the requirements under subsection (D)(1) and (D)(3):
 - a. Certified as an applicator of restricted use pesticides under R3-3-208,
 - b. Certified as a trainer under this Section, or
 - c. Certified or licensed as a crop advisor by a program approved in writing by the EPA or the Department.
2. Worker. A worker who meets one of the following conditions is exempt from the requirements under subsections (C), (D)(1), and (D)(2):

- a. Certified as an applicator of restricted use pesticides under R3-3-208,
- b. Holds a current handler card under subsection (D)(4),
- c. Certified as a trainer under this Section, or
- d. Certified or licensed as a crop advisor by a program approved in writing by the EPA or the Department.

B. Training verification.

1. Handler. The handler employer shall verify, before the handler performs a handling task, that the handler:
 - a. Meets a condition listed in subsection (A)(1); or
 - b. Received pesticide safety training during the last three years, excluding the month in which the training was completed.
2. Worker. The agricultural employer shall verify that a worker:
 - a. Meets a condition listed in subsection (A)(2); or
 - b. Received pesticide safety training during the last five years before allowing a worker entry into an area:
 - i. To which a pesticide was applied during the last 30 days, or
 - ii. For which a restricted-entry interval for a pesticide was in effect during the last 30 days.
3. The agricultural employer and the handler employer, or designee, shall verify that a training exemption claimed in subsection (A)(1) or (A)(2) is valid by reviewing the appropriate certificate issued by the Department, the EPA, or an EPA-approved program.
4. The agricultural employer and the handler employer, or designee, shall visually inspect the handler's or worker's EPA-approved Worker Protection Standard training verification card to verify that the training requirements prescribed in subsections (B)(1) or (B)(2) are met. If the employer believes that a worker or handler training verification card is valid, the verification requirement of subsection (B)(1) or (B)(2) is satisfied.
5. An EPA-approved Worker Protection Standard training verification card is valid if issued:
 - a. As prescribed in this Section, or
 - b. By a program approved by the Department, and
 - c. Within the time-frames prescribed in subsection (B)(1) or (B)(2).
6. The agricultural employer shall provide a worker who does not possess the training required in subsection (B)(2) with the pesticide safety information prescribed in subsection (C) and the pesticide safety training prescribed in subsection (D)(1) and (D)(2). The agricultural employer shall provide pesticide safety training to a worker before:
 - a. The worker enters a treated area on an agricultural establishment during a restricted-entry interval to perform early-entry activities; or
 - b. The sixth day that the worker enters an area on the agricultural establishment if a pesticide has been applied within the past 30 days, or a restricted-entry interval for the pesticide has been in effect within the past 30 days.

C. Pesticide safety information.

1. The agricultural employer shall provide pesticide safety information to a worker who does not meet the training requirements of subsection (B) before the worker enters an area on an agricultural establishment if, within the last 30 days a pesticide has been applied or a restricted-entry interval for the pesticide has been in effect. The agricultural employer shall provide safety information in a man-

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ner that the worker can understand. The safety information shall include the following:

- a. Pesticides may be on or in plants, soil, irrigation water, or drifting from nearby applications;
- b. Workers may prevent pesticides from entering their bodies by:
 - i. Following directions or signs, or both, about keeping out of a treated or restricted area;
 - ii. Washing before eating, drinking, chewing gum or using tobacco products, or using the toilet;
 - iii. Wearing work clothing that protects the body from pesticide residue;
 - iv. Washing or showering with soap and water, shampooing hair, and putting on clean clothing after work;
 - v. Washing work clothes separately from other clothes before wearing; and
 - vi. Washing immediately in the nearest clean water if pesticides are spilled or sprayed on the body, and as soon as possible, showering, shampooing, and changing into clean clothes.

2. The agricultural employer shall document compliance by obtaining the employee's signature or other verifiable means to acknowledge the employee's receipt of the information required in subsection (C)(1).

D. Pesticide safety training. The agricultural employer or handler employer shall ensure that pesticide safety training is provided before the sixth day of entry into a pesticide-treated area. The pesticide safety training program shall be in a language easily understood by a worker or handler, using a translator if necessary. The program shall relate solely to pesticide safety training. Information shall be presented either orally from written material or in an audiovisual manner and shall contain non-technical terms. The trainer shall respond to questions from attendees.

1. General pesticide safety training. The following pesticide safety training shall be presented to either a handler or a worker:
 - a. Hazards of pesticides resulting from toxicity and exposure, including acute and chronic effects, delayed effects, and increased sensitivity;
 - b. Routes by which pesticides can enter the body;
 - c. Signs and symptoms of common types of pesticide poisoning;
 - d. Emergency first aid for pesticide injuries or poisonings;
 - e. How to obtain emergency medical care;
 - f. Routine and emergency body decontamination procedures, including emergency eyeflushing techniques;
 - g. Warnings about taking pesticides or pesticide containers home; and
 - h. How to report violations to the Department, including providing the Department's toll-free pesticide hotline telephone number.
2. Worker training. In addition to the information in subsection (D)(1), a pesticide safety training program for a worker shall include the following:
 - a. Where and in what form pesticides may be encountered during work activities;
 - b. Hazards from chemigation and drift;
 - c. Hazards from pesticide residue on clothing; and
 - d. Requirements of this Article designed to reduce the risks of illness or injury resulting from workers' occupational exposure to pesticides, including:
 - i. Application and entry restrictions,

- ii. Posting of warning signs,
- iii. Oral warning,
- iv. The availability of specific information about applications,
- v. Protection against retaliatory acts, and
- vi. The design of the following warning sign:



3. Handler training. In addition to the information in subsection (D)(1), a pesticide safety training program for a handler shall include the following:
 - a. Format and meaning of information contained on pesticide labels and in labeling, including safety information such as precautionary statements about human health hazards;
 - b. Need for and appropriate use of personal protective equipment;
 - c. Prevention, recognition, and first aid treatment of heat-related illness;
 - d. Safety requirements of handling, transporting, storing, and disposing of pesticides, including general procedures for spill cleanup;
 - e. Environmental concerns such as drift, runoff, and potential impact on wildlife; and
 - f. Requirements of this Article applicable to handler employers for the protection of handlers and other individuals, including:
 - i. The prohibition against applying pesticides in a manner that will cause contact with workers or other individuals,
 - ii. The requirement to use personal protective equipment,
 - iii. The provisions for training and decontamination, and
 - iv. Protection against retaliatory acts.
4. The trainer shall issue an EPA-approved Worker Protection Standard training verification card to each handler or worker who successfully completes training, and shall maintain a record in indelible ink containing the following information:
 - a. Name and signature of the trained worker or handler;
 - b. Training verification card number;
 - c. Issue and expiration date of the training verification card;
 - d. Social security number or a unique trainer-assigned identification number of the worker or handler;
 - e. Name and signature of the trainer; and
 - f. Address or location of where the training occurred, including city, county, and state.

E. Trainer requirements.

1. A person applying for pesticide safety trainer certification shall:

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- a. Complete the Department pesticide safety training program established in subsection (D)(1) through (D)(3); or
- b. Hold a current PCA license or restricted use certification, issued by the Department for a PCA or certified applicator, as prescribed under R3-3-207 or R3-3-208.
2. An applicant shall submit a signed and dated affidavit to the Department verifying that each worker or handler will be trained according to the requirements of subsection (D). The affidavit shall include the applicant's:
 - a. Name, address, e-mail address, and telephone and fax numbers, as applicable; and
 - b. Social security number.
3. Trainer certification is:
 - a. Nontransferable; and
 - b. Is valid for three years from the date issued under subsection (E)(1)(a), excluding the month in which the trainer was certified, and is renewable upon completion of the Department pesticide safety training program established in subsection (D)(1) through (D)(3); or
 - c. Is valid initially for one year from the date issued under subsection (E)(1)(b) if the PCA license or restricted use certification remain current, and is renewable for three years upon completion of the pesticide safety training program established in subsection (D)(1) through (D)(3).
4. A trainer shall maintain the records required in subsection (D)(4) for five years for workers, and three years for handlers, excluding the month in which the verification card was issued.
5. Upon request by the Department, the trainer shall make available worker and handler records prescribed in subsection (D)(4) for inspection and copying by the Department.
- F. A trainer shall permit the Assistant Director or designee to enter a place where worker safety training is being presented to observe and question trainers and attendees to determine compliance with the requirements of this Section.
- G. The Department may suspend, revoke, or deny trainer certification if any of the following occur:
 1. Failing to follow the worker and handler training requirements prescribed in subsections (D)(1) through (D)(3);
 2. Failing to issue training verification cards to workers and handlers as prescribed in subsection (D)(4);
 3. Failing to maintain the training information prescribed in subsection (E)(4);
 4. Failing to fulfill the requirements of the affidavit as prescribed in subsection (E)(2); or
 5. Having had a similar certification revoked, suspended, or denied in any jurisdiction within the last three years.
1. The location of the agricultural establishment's central posting site; and
2. The restrictions on entering the treated area as specified in 40 CFR 170.120(d), if a treated area is within 1/4 mile of where workers will be working and the treated area is not posted as allowed or required in 40 CFR 170.120(a), (b) and (c).
- B. The farm labor contractor shall:
 1. Post or provide the worker in writing, with the information in 40 CFR 170.122, or shall post or provide the worker in writing, the specific location of the central posting site for each agricultural establishment on which the worker will be working;
 2. Provide the worker with restrictions on entering a treated area as specified in 40 CFR 170.120(d) if the treated area on the agricultural establishment where a worker will be working is within 1/4 mile of where the worker is working, and the treated area and is not posted as allowed or required in 40 CFR 170.120(a), (b) and (c).

Historical Note

Adopted effective July 13, 1989 (Supp. 89-3). Section R3-3-1004 renumbered from R3-8-204 (Supp. 91-4).
Amended effective October 8, 1998 (Supp. 98-4).

R3-3-1005. Container Used For Mixing or Applying Pesticides

- A. All openings on containers used for applying pesticides shall be equipped with covers that prevent splashes and spills.
- B. All containers shall:
 1. Be translucent, or
 2. Have a means to indicate externally the internal liquid level in the container, or
 3. Have a filler hose nozzle that automatically stops the filling operation before the liquid pesticide mixture spills over the top of the container.
- C. Any employer who mixes or applies any liquid pesticide mixture in a container with a capacity of more than 49 gallons shall have a handler present whenever pesticides are mixed or containers are filled to ensure that the liquid pesticide mixture does not spill over the top of the container.
- D. Each handler, while mixing pesticides, shall protect the water supply from back-siphoning pesticide mixtures.

Historical Note

Adopted effective July 13, 1989 (Supp. 89-3). Section R3-3-1005 renumbered from R3-8-205 (Supp. 91-4).
Section repealed; new Section adopted effective October 8, 1998 (Supp. 98-4).

R3-3-1006. Agricultural Emergency

- A. Any grower, a group of growers, or designee may request the Assistant Director for an agricultural emergency.
- B. Possibility of agricultural emergency.
 1. If during business hours information is obtained showing that a declaration of an agricultural emergency is necessary, the requesting party shall notify the Department immediately and provide the following information:
 - a. The cause of the emergency,
 - b. The area where the emergency may occur,
 - c. An explanation of why early entry is necessary,
 - d. Why other methods cannot be used to avoid the early entry, and
 - e. The justification that substantial economic loss will occur.
 2. The Assistant Director shall render a decision to the requesting party on whether an agricultural emergency exists within four hours of receiving the information.

Historical Note

Adopted effective July 13, 1989 (Supp. 89-3). Section R3-3-1003 renumbered from R3-8-203 (Supp. 91-4). R3-3-1003 repealed; new Section R3-3-1003 renumbered from R3-3-1002 and amended effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

R3-3-1004. Notification Requirements for Farm Labor Contractors

- A. The owner or operator of an agricultural establishment shall provide the farm labor contractor who performs work on that agricultural establishment with:

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3. If a grower or requesting party does not submit the written documentation in subsection (B)(1) or if the Assistant Director questions the validity or adequacy of the written evidence of the emergency, the Assistant Director shall investigate a grower's entry into the restricted-entry interval area and advise the requesting party of the reasons for the denial of the agricultural emergency.
4. If the information in subsection (B)(1) is given orally, the requesting party shall notify the Department immediately and provide the Assistant Director with written evidence of the emergency within five days. The Assistant Director shall, within 10 business days of receipt of the written evidence of the emergency or completion of the investigation, issue a letter to the requesting party confirming or denying the request for an agricultural emergency.

C. Occurrence of agricultural emergency.

1. If information is obtained after business hours, or during a weekend or holiday, showing that a declaration of agricultural emergency is necessary, the requesting party shall inform the Department, orally, the next business day following the emergency and provide the following information, in writing, within 72 hours of the emergency or notification:
 - a. The cause of the emergency,
 - b. The area where the emergency occurred,
 - c. A brief explanation of why early entry was necessary,
 - d. Why other methods could not be used to avoid the early entry, and
 - e. The justification that substantial economic loss would have occurred.
2. If a grower or requesting party does not submit the written evidence of the emergency in subsection (B)(1) or if the Assistant Director questions whether the written evidence of emergency could have occurred before the emergency, or the validity or adequacy of the written evidence of the emergency, the Assistant Director shall investigate a grower's entry into the restricted-entry interval area and advise the requesting party of the reasons for the denial.
3. The Assistant Director shall within 10 business days of receipt of the evidence of emergency or completion of the investigation issue a letter to the requesting party confirming or denying the request for the agricultural emergency.

Historical Note

Adopted effective July 13, 1989 (Supp. 89-3). Section R3-3-1006 renumbered from R3-8-206 (Supp. 91-4).
Section repealed; new Section adopted effective October 8, 1998 (Supp. 98-4).

R3-3-1007. Violations and Civil Penalties

- A.** Serious violations. The base penalty for any serious violation is \$500 and no adjustment shall be made for mitigating circumstances. The penalty for a violation in which a person is killed or permanently disabled shall be the maximum allowed in A.R.S. §§ 3-3113 and 3-3114.
- B.** Nonserious violations. The Assistant Director shall calculate the base penalty for a nonserious violation and determine the civil penalty amount based on the factors prescribed in A.R.S. § 3-3113(I). If there are contributing or mitigating circumstances, the points may be adjusted, provided the adjustment is documented.

VIOLATION GRAVITY FACTOR

(1 - lowest; 4 - highest)

VIOLATION**GRAVITY**

Central Posting	1 - 2
Training	1 - 4
Decontamination	1 - 4
Personal Protective Equipment	1 - 4
Pesticide Applications and Notice	1 - 4
Pesticide Application Restrictions	2 - 4
Other Requirements	1 - 4

C. Size-of-business. The Assistant Director shall use:

1. The maximum number of employees at any one time during the previous 12 months from the date of notice, including only the Arizona branch offices to determine the size business category; or
2. A site-specific employee count, if the violation does not endanger employees at other locations of the business; or
3. The number of persons trained by a trainer during the previous 12 months that violate the training provisions of this Section.

SIZE-OF-BUSINESS

Size Category	Number of Employees or Number of People Trained
I	1-10
II	11-75
III	76-150
IV	More than 150

- D.** Base penalty. The Assistant Director shall calculate the base penalty for the alleged violation by using the violation gravity factor established in subsection (B) and applying the size-of-business category established in subsection (C).

BASE PENALTY

Gravity Factor	Size Category			
	I	II	III	IV
1	\$250	\$300	\$350	\$400
2	300	350	400	450
3	350	400	450	500
4	500	500	500	500

- E.** Combined or group violations. The Assistant Director may combine or group violations.

1. Violations may be combined and assessed one penalty if the violation does not cause any immediate danger to public health or safety or damage to property. Example: Eight workers on a harvest crew have received no training and there is no evidence of exposure. This situation may result in only one training penalty being assessed against the employer.
2. Violations may be grouped if they have a common element and it is apparent which violation has the highest gravity. The penalty for a grouped violation is assessed on the violation with the highest gravity. The penalty for a grouped violation is assessed pursuant to the appropriate law or rule with the highest gravity. Example: Two crews from the same company are engaged in an improper handling activity and one crew is using a pesticide with a "danger" signal word, (skull and cross bones) while the other crew is using a pesticide with a "warning" signal word. This situation may result in the employer being assessed one penalty based on the penalty for the "danger" (skull and cross bones) violation.

- F.** If a decision is not reached in a negotiated settlement, the Director may assess a penalty pursuant to A.R.S. § 3-3114.

Historical Note

Adopted effective July 13, 1989 (Supp. 89-3). Section R3-3-1007 renumbered from R3-8-207 (Supp. 91-4).
Section repealed; new Section adopted effective October 8, 1998 (Supp. 98-4).

R3-3-1008. Penalty Adjustments

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- A. The Assistant Director shall assign an appropriate number of points for each of the following five factors to increase the base penalty for a serious violation, or increase or decrease the base penalty for a nonserious violation.

1. If the total adjustment points on a nonserious violation is less than 9, the base penalty is reduced; if it is more than 9, the base penalty is increased.
2. If the total adjustment points on a serious violation is 3 or less, the base penalty shall be imposed; if it is more than 3, the base penalty is increased.
3. If a violation is a repeated violation, as prescribed in R3-3-1011 for compliance history, a base penalty adjustment factor shall not be used in assessing a penalty.

BASE ADJUSTMENT FACTORS**Pesticide**

Signal word danger with skull and crossbones	5
Signal word danger	4
Warning	3
Caution	2
Indirect relation to the violation	1

Harm to Human Health

Actual Injuries or temporary reversible illness resulting in hospitalization or a variable but limited period of disability.	
(hospital care greater than 8 hours)	9
Actual (doctor care required, less than 8 hours)	6
Minor supportive care only	2 - 4
Consequence potential	1 - 2
No relationship found	0

Compliance History

One or more violations in the previous 12 months	4
One or more violations in the previous 24 months	3
One or more violations in the previous 36 months	1
No violation history	0

Culpability

Knowing or should have known	4
Negligence	2
Neither	0

Good Faith

0 - -2

- B. The Assistant Director may reduce the base penalty for a non-serious violation, as determined in R3-3-1007(C), by as much as 80% depending upon the number of employees or trained persons, good faith, and history of previous violations.

FINAL PENALTY CALCULATION

	Nonserious Violation	Serious Violation
Number of Points	Penalty Adjustment	Penalty Adjustment
3 or below	Base -80%	Base Penalty
4	Base -65%	Base + 10%
5	Base -50%	Base + 20%
6	Base -35%	Base + 30%
7	Base -20%	Base + 40%
8	Base -5%	Base + 50%
9	Base Penalty	Base + 60%
10	Base + 20%	Base + 70%
11	Base + 35%	Base + 80%
12	Base + 50%	Base + 90%
13	Base + 65%	Base + 100%
14	Base + 80%	Base + 100%
15 or more	Base + 100%	Base + 100%

Example: A business employs 26 people in Town A and 14 people in Town B. In addition, 35 seasonal people are employed during the harvest. The total annual employee positions equal 75. The following violations are found during an inspection: (1) No training for 35 seasonal workers on the harvest crew; (2) No available decontamination supplies; (3) No safety poster at the central posting location; (4) No emergency telephone number posted, and no medical facility location posted at the central posting location; (5) No posted pesticide application information at the central posting location.

Step 1. Use the *Violation Gravity Factor* table to determine the gravity of the violation.

- (1) Training, 1-4 2 points, all 35 workers are combined;
- (2) Decontamination, 1-43 points, no supplies were available within the prescribed distance and it has been 25 days since the most recent application;
- (3) - (5) Central Posting, 1-2 1 point, since the violations concerns the same factor, they are combined. (There is evidence that the old poster blew away and the pesticide application information is kept available in the secretary's desk, but it is not 'readily' available.)

Step 2. Use the *Size of Business* table to determine the size category.

75 employees falls into the size category II;

Step 3. Use the *Base Penalty* table to determine the base penalty. Use column II based on the *Size of Business* determination from step 2.

Violation 1, with a gravity factor of 2, equals a base penalty of \$350;

Violation 2, with a gravity factor of 3, equals a base penalty of \$400;

Violations 3, 4, and 5, with a gravity factor of 1, equals 1 base penalty of \$300.

Step 4. Using the *Base Adjustment Factors* table to calculate the adjustments, if any. In this case, the base adjustments are uniform in all categories except #4, culpability.

Pesticide. It was an indirect relationship because of the timing of the application and when the workers were in the treated area. 1 point.

Harm to Human Health. There was no harm to health and the pesticide had not been applied recently. 1 point.

Compliance History. This farm has no previous violation history. 0 points.

Culpability. The supervisor attended a "train-the-trainer" course two years ago and should have been aware of the requirements of the worker protection standard. Therefore, for the

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first two violations the supervisor should have known about the requirements. For the last three violations, the central posting sign was not checked frequently enough to ensure compliance. For violations 1 and 2, 4 points for knowing or should have known; For violations 3, 4, and 5, 2 points for negligence.

Good Faith. The inspector came back five days later and the workers were trained the day of the first inspection, the poster was posted and everything was in compliance. Since the employer corrected the violations quickly. -1 point.

Step 5. Add the points for each violation from Step 4.

Violation 1 $1 + 1 + 0 + 4 + -1 = 5$

Violation 2 $1 + 1 + 0 + 4 + -1 = 5$

Violations 3, 4, 5 $1 + 1 + 0 + 2 + -1 = 3$

Step 6. Using the *Final Penalty Calculation* table to determine the appropriate violation penalty adjustment that corresponds with the base adjustment factor point total. Use the definitions for nonserious or serious violations to determine the appropriate violation penalty adjustment column. In this case, use the nonserious penalty adjustment column.

Violation 1 5 points Base - 50% = 350-175 = \$175

Violation 2 5 points Base - 50% = 400-200 = \$200

Violations

3, 4, 53 points Base - 80% = 300-240 = \$60

Adjusted Penalty Total \$435

Historical Note

Adopted effective July 13, 1989 (Supp. 89-3). Section R3-3-1008 renumbered from R3-8-208 (Supp. 91-4). Section repealed; new Section adopted effective October 8, 1998 (Supp. 98-4).

R3-3-1009. Failure to Abate

- A. The Director shall issue a notification of failure-to-abate an alleged violation if a violation has not been corrected as specified on the citation. Failure-to-abate penalties, pursuant to A.R.S. § 3-3113(E), shall be applied if an employer or handler has not corrected a previous cited violation that is a final order of the Director. When determining the appropriate penalty amount, the Director shall take into consideration a good faith effort to abate the violation.
- B. If a person does not file a timely notice of contest within the 30-day contest period, the citation and proposed penalties shall be a final order of the Director.
- C. If a person files a notice of contest pursuant to A.R.S. § 3-3116(A), the period for the abatement shall not begin, as to those violations contested, until the day following the entry of the final order by the Director affirming the citation. If the person contests only the amount of the proposed penalty, the person shall correct the alleged violation within the prescribed abatement period.

Historical Note

Adopted effective October 8, 1998 (Supp. 98-4). Section heading corrected at request of the Department, Office File No. M11-60, filed February 23, 2011 (Supp. 09-4).

R3-3-1010. Calculation of Additional Penalties For Unabated Violations

- A. The Assistant Director shall calculate a daily penalty for unabated violations if failure to abate a serious or nonserious violation exists at the time of reinspection. That penalty shall

not be less than the penalty for the violation when cited, except as provided in subsection (C).

1. If no penalty was initially proposed, the Assistant Director shall determine a penalty. In no case shall the penalty be more than \$1,000 per day, the maximum allowed by A.R.S. § 3-3113(E).
2. The daily proposed penalty shall be multiplied by the number of calendar days that the violation has continued unabated, except for the following: The number of days unabated shall be counted from the day following the abatement date specified in the final order. It shall include all calendar days between that date and the date of reinspection, excluding the date of reinspection.

- B. When calculating the additional daily penalty, the Assistant Director shall consider the extent that the violation has been abated, whether the employer has made a good faith effort to correct the violation, and it is beyond the employer's control to abate. Based on these factors, the Assistant Director may reduce or eliminate the daily penalty. Example: If three of five instances have been corrected, the daily proposed penalty (calculated as outlined in subsection (A) without regard to any partial abatement), may be reduced by the percentage of the total violations which have been corrected, in this instance, three of five, or 60%.

Historical Note

Adopted effective October 8, 1998 (Supp. 98-4).

R3-3-1011. Repeated or Willful Violations

- A. The Assistant Director shall calculate a penalty for each violation classified as serious or nonserious if similar violations are repeated within the last three years from the date of notice.
 1. The penalty for a repeated nonserious violation shall be doubled for the first repeated violation and tripled if the violation has been cited twice before, up to the maximum allowed by A.R.S. § 3-3113(A).
 2. The penalty for a repeated serious violation shall be multiplied five times for the first repeated violation and seven times if the violation has been cited twice before, up to the maximum allowed by A.R.S. § 3-3113(A).
 3. The penalty for a repeated serious violation in which someone is disabled or killed shall be multiplied 10 times for each repeated violation, up to the maximum allowed by A.R.S. § 3-3113(A).
 4. A repeated violation having no initial penalty shall be assessed for the first repeated violation as determined by this Article.
 5. If the Assistant Director determines, through documentation, that it is appropriate, the penalty may be multiplied by 10, up to the maximum allowed by A.R.S. § 3-3113(A).
- B. The Assistant Director may adjust the gravity based penalty by a multiplier up to 10 for any willful violation, up to the maximum allowed by A.R.S. § 3-3113(A).
- C. The Assistant Director shall not allow a reduction for any serious or nonserious willfully repeated violation.

Historical Note

Adopted effective October 8, 1998 (Supp. 98-4).

R3-3-1012. Citation; Posting

An employer shall post a citation prescribed at A.R.S. § 3-3110(C) for three days or until the violation is abated, whichever time period is longer.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 276, effective March 6, 2004 (Supp. 04-1).

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ARTICLE 11. ARIZONA NATIVE PLANTS**R3-3-1101. Definitions**

In addition to the definitions in A.R.S. § 3-901, the following terms apply to this Article:

“Agent” means a person authorized to manage, represent, and act for a landowner.

“Certificate of inspection for interstate shipments” means a certificate to transport protected native plants out of the state.

“Conservation” means prevention of exploitation, destruction, or neglect of native plants while helping to ensure continued public use.

“Cord” means a specific type string or small rope issued by the Department for attaching tags and seals to protected native plants.

“Cord of wood” means a measurement of firewood equal to 128 cubic feet.

“Department” means the Arizona Department of Agriculture.

“Destroy” means to cause the death of any protected native plant.

“Harvest restricted native plant permit” means a permit required to remove the by-products, fibers, or wood from a native plant listed in Appendix A, subsection (D).

“Landowner” means a person who holds title to a parcel of land.

“Noncommercial salvage permit” means a permit required for the noncommercial salvage of a highly safeguarded native plant.

“Original growing site” means a place where a plant is growing wild and is rooted to the ground or any property owned by the same landowner where a protected native plant is relocated or transplanted without an original transportation permit.

“Permittee” means any person who is issued a permit by the Department for removing and transporting protected native plants.

“Protected native plant” means any living plant or plant part listed in Appendix A and growing wild in Arizona.

“Protected native plant tag” means a tag issued by the Department to identify the lawful removal of a protected native plant, other than a saguaro cactus, from its original growing site.

“Saguaro tag” means a tag issued by the Department to identify a saguaro cactus being lawfully moved.

“Salvage assessed native plant permit” means a permit required to remove a native plant listed in Appendix A, subsection (C).

“Salvage restricted native plant permit” means a permit required to remove a native plant listed in Appendix A, subsection (B).

“Scientific permit” means a permit required to remove a native plant for a controlled experimental project by a qualified person.

“Securely tie” means to fasten in a tight and secure manner to prevent the removal of tags, seals, or cord for reuse.

“Small Native Plant” means any protected plant eight inches in height or less.

“Survey” means the process by which a parcel of land is examined for the presence of protected native plants. A simple survey determines only whether protected native plants are present. A complete survey establishes the kind and number of each species present.

“Wood receipt” means a receipt issued by the Department to identify the lawful removal of a protected native plant

harvested for fuel, being removed from its original growing site.

Historical Note

New Section recodified from R3-4-601 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).

R3-3-1102. Protected Native Plant Destruction by a Private Landowner**A. Notice of intent.**

1. Before a protected native plant is destroyed, the private landowner shall provide the following information to the Department on a form obtained from the Department:
 - a. Name, address, and telephone number of the landowner;
 - b. Name, address, and telephone number of the landowner’s agent, if applicable;
 - c. Valid documentation indicating land ownership, including but not limited to a parcel identification number, tax assessment, or deed;
 - d. Legal description, map, address, or other description of the area, including the number of acres to be cleared, in which the protected native plants subject to the destruction are located;
 - e. Earliest date of plant destruction; and
 - f. Landowner’s intent for the disposal or salvage of protected native plants on the land.
2. A landowner intending to destroy protected native plants on an area of less than one acre may submit the information required in subsection (A)(1) to the Department verbally.

B. A landowner shall not destroy a protected native plant until:

1. The landowner receives a written confirmation notice from the Department, and
2. Notice is given to the Department within the following minimum time periods:
 - a. Twenty days before the plants are destroyed over an area of less than one acre.
 - b. Thirty days before the plants are destroyed over an area of one acre or more but less than 40 acres.
 - c. Sixty days before the plants are destroyed over an area of 40 acres or more.

C. The Department shall provide a salvage operator or other interested person with a copy of a notice of intent submitted under this Section upon receipt of the private landowner’s name, address, telephone number, and payment of an annual \$25 nonrefundable fee.**Historical Note**

New Section recodified from R3-4-602 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).

R3-3-1103. Disposal and Salvage of Protected Native Plants by a State Agency**A. A state agency intending to remove or destroy protected native plants shall notify the Department, under A.R.S. § 3-905, and shall propose a method of disposal from the following list:**

1. The plants may be sold at a public auction;
2. The plants may be relocated or transported to a different location on the same property or to another property owned by the state, without obtaining a permit;
3. The plants may be donated to nonprofit organizations as provided in A.R.S. § 3-916;

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4. The plants may be donated to another state agency or political subdivision, without obtaining a permit; or
 5. The plants may be salvaged or harvested by a member of the general public or a commercial dealer, if the person holds a permit as provided under A.R.S. § 3-906 or 3-907.
- B.** If the plants are highly safeguarded native plants, they shall first be made available to the holder of a scientific permit or a noncommercial salvage permit.

Historical Note

New Section recodified from R3-4-603 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).

R3-3-1104. Protected Native Plant Permits; Tags; Seals; Fees

- A.** A person shall not collect, transport, possess, sell, offer for sale, dispose, or salvage protected native plants unless that person is 18 years of age or older and possesses an appropriate permit.
- B.** An applicant shall submit the following information to the Department on a form obtained from the Department, as applicable:
1. Name, business name, address, telephone number, Social Security number or tax identification number, and signature of the applicant;
 2. Name and number of plants to be removed;
 3. Purpose of the plant removal;
 4. Whether the applicant has a conviction for a violation of a state or federal statute regarding the protection of native plants within the previous five years;
 5. Except for salvage assessed native plants;
 - a. Name, address, telephone number, and signature of the landowner;
 - b. Location of the permitted site and size of acreage;
 - c. Destination address where the plants will be transplanted;
 - d. Legal and physical description of the location of the original growing site; and
 - e. Parcel identification number for the permitted site or other documents proving land ownership.
- C.** Permit fees.
1. A person removing and transporting protected native plants shall submit the following applicable fee to the Department with the permit application:
 - a. Salvage assessed native plant permit, annual use, \$35;
 - b. Harvest restricted native plant permit, annual use, \$35;
 - c. All other native plant permits, one-time use, \$7;
 - d. Certificate of inspection for interstate shipments, \$15.
 2. Exemptions. Protected native plants are exempt from fees if:
 - a. The protected native plants intended for personal use by a landowner are taken from one piece of land owned by the landowner to another piece of land also owned by the landowner, remain on the property of the landowner, and are not sold or offered for sale;
 - b. The protected native plants are collected for scientific purposes; or
 - c. A landowner donates the protected native plant to a scientific, educational, or charitable institution.
- D.** Tag and harvesting fees.

1. Any person obtaining a saguaro tag or other protected native plant tag or receipt shall submit the following applicable fee to the Department at the time a tag is obtained:
 - a. Saguaro, \$8 per plant;
 - b. Trees cut for firewood and listed in the harvest restricted category, \$6 per cord of wood;
 - c. Small native plant, \$.50 per plant;
 - d. Any other protected native plant referenced in A.R.S. § 3-903(B) and (C) and listed in Appendix A, \$6 per plant.
 2. The fee for harvesting *nolina* or *yucca* parts is \$6 per ton. Payment shall be made to the Department in the following manner:
 - a. Unprocessed *nolina* or *yucca* fiber shall be weighed on a state-certified bonded scale; and
 - b. The harvester shall submit payment and weight certificates to the Department no later than the tenth day of the month following each harvest.
- E.** Seal fees. A person obtaining a seal shall submit a \$.15 per plant fee to the Department at the time a seal is obtained.
- F.** Salvage assessed native plant permits and plant tags are valid for the calendar year in which they are issued. The tags expire at the end of the calendar year unless the permit is renewed.

Historical Note

New Section recodified from R3-4-604 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).

R3-3-1105. Scientific Permits; Noncommercial Salvage Permits

- A.** Scientific Permit
1. A person shall not collect any highly safeguarded or other protected native plants for a research project unless that person holds a scientific permit.
 2. An applicant shall submit the following information to the Department on a form obtained from the Department:
 - a. Name, address, and telephone number of the company or research facility applying for the permit;
 - b. Name, title and experience of the person conducting the research project;
 - c. Purpose and intent of the research project;
 - d. Controls to be used;
 - e. Variables to be considered;
 - f. Time-frame for the project;
 - g. Anticipated results and plans for publication;
 - h. Reports and recordkeeping that will be used to monitor the project;
 - i. Project funding source;
 - j. Funding of the company or research facility;
 - k. Written authorization from the landowner for collection of the plants;
 - l. Date of the application;
 - m. Signed affirmation by the applicant that the plants collected will not be sold or used for personal interests; and
 - n. Tax identification number, or if applicant is an individual, a Social Security number.
 3. A scientific permit shall be issued if the applicant provides documentation that demonstrates the following:
 - a. A plan, pre-approved by the landowner, to restore the removal site to a natural appearance;
 - b. The removal and movement of the native plants shall be accomplished by a person experienced in native plant removal and transplantation;

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- c. The native plants used in the project shall remain accessible to the Department;
 - d. The ecology of the project site is beneficial to the growth of the specific plants in the project if practical;
 - e. Arrangements exist for a suitable permanent planting site for the surviving plants after the project's completion; and
 - f. Description of plant disposition and research hypothesis.
 - 4. A scientific permit is valid for the calendar year in which it is issued.
 - B. Noncommercial salvage permit:**
 - 1. Highly safeguarded native plants may only be collected for conservation by a person holding a noncommercial salvage permit.
 - 2. An applicant shall submit the following information to the Department, on a form obtained from the Department:
 - a. Name, address, and telephone number of the applicant applying for the permit;
 - b. Proposed relocation site for the plants;
 - c. Written authorization from the landowner for collection of the plants;
 - d. Date of the application; and
 - e. Signed affirmation by the applicant that the plants collected will not be sold or used for personal interests.
 - 3. A noncommercial salvage permit shall be issued if all of the following conditions are met through documentation provided to the Department:
 - a. The native plants used in the project shall be accessible to the Department after transplant, and
 - b. The relocation site is beneficial to the growth of the specific plants in the project.
 - 4. A noncommercial salvage permit is valid only for the transportation and the transplantation of the particular native plant.
- Historical Note**
- New Section recodified from R3-4-605 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).
- R3-3-1106. Protected Native Plant Survey; Fee**
- A.** Upon request, the Department may conduct a native plant survey. Upon completion, the Department shall notify the individual who made the request of:
 - 1. The date the survey was performed;
 - 2. The amount of the survey fee payable to the Department;
 - 3. The name of Department personnel performing the survey;
 - 4. Upon payment, the survey results including the names and numbers of protected native plants.
 - B.** A person who requests a native plant survey shall pay the survey fee to the Department within 30 days from the date of the notification. The survey fee shall be based on time and travel expenses, except that no fee shall be charged for a determination of whether protected species exist on the land.
- Historical Note**
- New Section recodified from R3-4-606 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).
- R3-3-1107. Movement Permits; Tags, Seals, and Cord Use**
- A.** Any person moving a protected native plant, except a saguaro cactus, previously transplanted from its original growing site in Arizona and transplanting it to another location shall apply to the Department for a Movement Permit. The landowner from where the plant is being moved shall provide the following information on the permit application:
 - 1. The name, telephone number, and signature of the landowner;
 - 2. The location of the plant;
 - 3. The name, address, and telephone number of the receiver;
 - 4. The name, address, and telephone number of the carrier;
 - 5. The number, species, and description of the plant being removed;
 - 6. The tax parcel identification number; and
 - 7. The date of the application.
 - B.** Any person moving a saguaro cactus over four feet tall previously transplanted from its original growing site in Arizona and transplanting it to another location shall apply to the Department for a Movement Permit. The landowner from where the saguaro cactus is being moved shall provide the following information on the permit application, unless the applicant maintains a record of the original permit or verifies the Department has a record of a previous legal movement of the cactus by the applicant.
 - 1. The name, telephone number, and signature of the landowner;
 - 2. The address where the saguaro cactus is located;
 - 3. The name, address, and telephone number of the receiver;
 - 4. The name, address, and telephone number of the carrier;
 - 5. The number, species, and description of the plant being removed;
 - 6. The tax parcel identification number of the property where the saguaro cactus is being moved; and
 - 7. The date of the application.
 - C.** Movement of protected native plants obtained outside Arizona.
 - 1. Any person moving a protected native plant obtained outside Arizona and transporting and planting it within the state shall declare the protected native plant at the agricultural inspection station nearest the port of entry. The Department shall place the protected native plant under "Warning Hold" to the nearest permitting office.
 - 2. If an agricultural station is not in operation at the port of entry, the person shall declare the protected native plant at the nearest permitting office during normal office hours.
 - 3. After the plants have been declared, the permitting office shall issue a Movement Permit and seal.
 - D.** Any person moving protected native plants shall obtain the following seals from the Department and securely attach the appropriate seal to each protected native plant:
 - 1. Protected native plant seals identify protected native plants, except saguaro cacti, that will be moved from locations that are not the original growing sites.
 - 2. Imported seals identify all imported protected native plants.
 - E.** Tag, seal, and cord attachment.
 - 1. A permittee shall attach a tag to each protected native plant taken from its original growing site, using cord provided by the Department, before transport. No other type of rope, string, twine, or wire is allowed.
 - 2. The cord shall be securely tied around the plant, and the tag attached so that it cannot be removed without breaking the seal or cutting the cord.

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3. The tag shall be placed directly over the knot in the cord and the ends pressed firmly together sealing the knot so that it cannot be removed for reuse.
4. The protected native plant seal shall be placed directly over the knot and snapped firmly closed, sealing the knot.
5. The imported seal shall be attached directly to the plant.
6. Upon loading the plant, every effort shall be made to allow visibility of the tag during transport.

Historical Note

New Section recodified from R3-4-607 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).

R3-3-1108. Recordkeeping; Salvage Assessed and Harvest Restricted Native Plants**A. Salvage Assessed Native Plants.**

1. A permittee shall maintain a record of each protected native plant removed under an annual permit for two years from the date of each transaction and allow Department inspection of the records during normal business hours. The transaction record shall include the date salvage restricted protected native plants were removed and the permit and tag numbers.
2. Annually, by January 31, a permittee shall submit to the Department a copy of each transaction record for the prior calendar year.

B. Harvest Restricted Native Plants. A permittee shall submit to the Department by the tenth day of each month the transaction records for the previous month, or a written statement that no transactions were conducted for that month.**Historical Note**

New Section recodified from R3-4-608 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).

R3-3-1109. Arizona Native Plant Law Education

- A.** The Department may schedule seminars and training courses on an as-needed basis.
- B.** In addition to the following fees, charges for printed materials or pamphlets shall be assessed based upon printing and mailing costs:
 1. A person attending a seminar or training course on Arizona native plant law shall pay a nonrefundable fee of \$10 to the Department before attending the class.
 2. A person convicted of violating Arizona native plant laws and ordered by a court to attend a native plant educational class shall pay a nonrefundable fee of \$25 to the Department before attending the class. The Department shall provide written confirmation of satisfactory completion to a person ordered by a court to attend a class.

Historical Note

New Section recodified from R3-4-609 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).

R3-3-1110. Permit Denial

Upon notice of denial of a permit, an applicant may request, in writing, that the Department provide an administrative hearing under A.R.S. Title 41, Chapter 6, Article 10, to appeal the denial.

Historical Note

New Section recodified from R3-4-610 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by

final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).

R3-3-1111. Repealed**Historical Note**

New Section recodified from R3-4-611 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Repealed by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).

Appendix A. Protected Native Plants by Category

- A.** Highly safeguarded native plants as prescribed in A.R.S. § 3-903(B)(1), for which removal is not allowed except as provided in R3-3-1105:

AGAVACEAE Agave Family

Agave arizonica Gentry & Weber—Arizona agave
Agave delamateri Hodgson & Slauson
Agave murpheyi Gibson—Hohokam agave
Agave parviflora Torr.—Santa Cruz striped agave, Small-flowered agave
Agave phillipsiana Hodgson
Agave schottii Engelm. var. *treleasei* (Toumey) Kearney & Peebles

APIACEAE Parsley Family. [= Umbelliferae]

Lilaeopsis schaffneriana (Schlecht.) Coult. & Rose ssp. *recurva* (A. W. Hill) Affolter—Cienega false rush, Huachuca water umbel.
 Syn.: *Lilaeopsis recurva* A. W. Hill

APOCYNACEAE Dogbane Family

Amsonia kearneyana Woods.—Kearney's bluestar
Cycladenia humilis Benth. var. *jonesii* (Eastw.) Welsh & Atwood—Jones' cycladenia

ASCLEPIADACEAE Milkweed Family

Asclepias welshii N. & P. Holmgren—Welsh's milkweed

ASTERACEAE Sunflower Family [= Compositae]

Erigeron lemmonii Gray—Lemmon fleabane
Erigeron rhizomatus Cronquist—Zuni fleabane
Senecio franciscanus Greene—San Francisco Peaks groundsel
Senecio huachucanus Gray—Huachuca groundsel

BURSERACEAE Torch Wood Family

Bursera fagaroides (H.B.K.) Engler—Fragrant bursera

CACTACEAE Cactus Family

Carnegiea gigantea (Engelm.) Britt. & Rose—Saguaro: 'Crested' or 'Fan-top' form
 Syn.: *Cereus giganteus* Engelm.
Coryphantha recurvata (Engelm.) Britt. & Rose—Golden-chested beehive cactus
 Syn.: *Mammillaria recurvata* Engelm.
Coryphantha robbinsorum (W. H. Earle) A. Zimmerman—Cochise pincushion cactus, Robbin's cory cactus.
 Syn.: *Cochiseia robbinsorum* W.H. Earle
Coryphantha scheeri (Kuntze) L. Benson var. *robustispina* (Schott) L. Benson—Scheer's strong-spined

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- cory cactus.
Syn.: *Mammillaria robustispina* Schott
Echinocactus horizonthalonius Lemaire var. *nicholii*
L. Benson–Nichol’s Turk’s head cactus
Echinocereus triglochidiatus Engelm. var. *arizonicus*
(Rose ex Orcutt) L. Benson–Arizona hedgehog cactus
Echinomastus erectocentrus (Coult.) Britt. & Rose
var. *acunensis* (W.T. Marshall) L. Benson–Acuna cactus
Syn.: *Neolloydia erectocentra* (Coult.) L. Benson
var. *acunensis* (W. T. Marshall) L. Benson
Pediocactus bradyi L. Benson–Brady’s pincushion cactus
Pediocactus paradinei B. W. Benson–Paradine plains cactus
Pediocactus peeblesianus (Croizat) L. Benson var. *fickeiseniae* L. Benson
Pediocactus peeblesianus (Croizat) L. Benson var. *peeblesianus* Peebles’ Navajo cactus, Navajo plains cactus
Syn.: *Navajoa peeblesiana* Croizat
Pediocactus sileri (Engelm.) L. Benson–Siler pincushion cactus
Syn.: *Utahia sileri* (Engelm.) Britt. & Rose
- COCHLOSPERMACEAE Cochlospermum Family
Amoreuxia gonzalezii Sprague & Riley
- CYPERACEAE Sedge Family
Carex specuicola J. T. Howell–Navajo sedge
- FABACEAE Pea Family [=Leguminosae]
Astragalus cremnophyllax Barneby var. *cremnophyllax* Sentry milk vetch
Astragalus holmgreniorum Barneby–Holmgren milk-vetch
Dalea tentaculoides Gentry–Gentry indigo bush
- LENNOACEAE Lennoa Family
Pholisma arenarium Nutt.–Scaly-stemmed sand plant
Pholisma sonora (Torr. ex Gray) Yatskievych–Sandfood, sandroot
Syn.: *Ammobroma sonora* Torr. ex Gray
- LILIACEAE Lily Family
Allium gooddingii Ownbey–Goodding’s onion
- ORCHIDACEAE Orchid Family
Cypripedium calceolus L. var. *pubescens* (Willd.) Correll–Yellow lady’s slipper
Hexalectris warnockii Ames & Correll–Texas purple spike
Spiranthes delitescens C. Sheviak
- POACEAE Grass Family [=Gramineae]
Puccinellia parishii A.S. Hitchc.–Parish alkali grass
- POLYGONACEAE Buckwheat Family
Rumex orthoneurus Rech. f.
- PSILOACEAE Psilotum Family
Psilotum nudum (L.) Beauv. Bush Moss, Whisk Fern
- RANUNCULACEAE Buttercup Family
Cimicifuga arizonica Wats.–Arizona bugbane
Clematis hirsutissima Pursh var. *arizonica* (Heller) Erickson–Arizona leatherflower
- ROSACEAE Rose Family
Purshia subintegra (Kearney) J. Hendrickson–Arizona cliffrose, Burro Creek cliffrose
Syn.: *Cowania subintegra* Kearney
- SALICACEAE Willow Family
Salix arizonica Dorn–Arizona willow
- SCROPHULARIACEAE Figwort Family
Penstemon discolor Keck–Variegated beardtongue
- B.** Salvage restricted native plants as prescribed in A.R.S. § 3-903(B)(2) that require a permit for removal. In addition to the plants listed under Agavaceae, Cactaceae, Liliaceae, and Orchidaceae, all other species in these families are salvage restricted protected native plants:
- AGAVACEAE Agave Family
Agave chrysantha Peebles
Agave deserti Engelm. ssp. *simplex* Gentry–Desert agave
Agave mckelveyana Gentry
Agave palmeri Engelm.
Agave parryi Engelm. var. *couseii* (Engelm. ex Trel.) Kearney & Peebles
Agave parryi Engelm. var. *huachucensis* (Baker) Little ex L. Benson
Syn.: *Agave huachucensis* Baker
Agave parryi Engelm. var. *parryi*
Agave schottii Engelm. var. *schottii* – Shindigger
Agave toumeyana Trel. ssp. *bella* (Breitung) Gentry
Agave toumeyana Trel. ssp. *toumeyana*
Agave utahensis Engelm. spp. *kaibabensis* (McKelvey) Gentry
Syn.: *Agave kaibabensis* McKelvey
Agave utahensis Engelm. var. *utahensis*
Yucca angustissima Engelm. var. *angustissima*
Yucca angustissima Engelm. var. *kanabensis* (McKelvey) Reveal
Syn.: *Yucca kanabensis* McKelvey
Yucca arizonica McKelvey
Yucca baccata Torr. var. *baccata*–Banana yucca
Yucca baccata Torr. var. *vespertina* McKelvey
Yucca baileyi Woot. & Standl. var. *intermedia* (McKelvey) Reveal
Syn.: *Yucca navajoa* Webber
Yucca brevifolia Engelm. var. *brevifolia*–Joshua tree
Yucca brevifolia Engelm. var. *jaegeriana* McKelvey
Yucca elata Engelm. var. *elata*–Soaptree yucca, palmilla
Yucca elata Engelm. var. *utahensis* (McKelvey) Reveal
Syn.: *Yucca utahensis* McKelvey

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- Yucca elata* Engelm. var. *verdiensis* (McKelvey) Reveal
Syn.: *Yucca verdiensis* McKelvey
Yucca harrimaniae Trel.
Yucca schidigera Roez. – Mohave yucca, Spanish dagger
Yucca schottii Engelm. – Hairy yucca
Yucca thornberi McKelvey
Yucca whipplei Torr. var. *whipplei* – Our Lord's candle
Syn.: *Yucca newberryi* McKelvey
- AMARYLLIDACEAE Amaryllis Family
Zephyranthes longifolia Hemsl. – Plains Rain Lily
- ANACARDIACEAE Sumac Family
Rhus kearneyi Barkley – Kearney Sumac
- ARECACEAE Palm Family [=Palmae]
Washingtonia filifera (Linden ex Andre) H. Wendl – California fan palm
- ASTERACEAE Sunflower Family [=Compositae]
Cirsium parryi (Gray) Petrak ssp. *mogollonicum* Schaak
Cirsium virginensis Welsh – Virgin thistle
Erigeron kuschei Eastw. – Chiricahua fleabane
Erigeron piscaticus Nesom – Fish Creek fleabane
Flaveria macdougalii Theroux, Pinkava & Keil
Perityle ajoensis Todson – Ajo rock daisy
Perityle cochisensis (Niles) Powell – Chiricahua rock daisy
Senecio quaerens Greene – Gila groundsel
- BURSERACEAE Torch-Wood Family
Bursera microphylla Gray – Elephant tree, torote
- CACTACEAE Cactus Family
Carnegiea gigantea (Engelm.) Britt. & Rose – Saguaro
Syn.: *Cereus giganteus* Engelm.
Coryphantha missouriensis (Sweet) Britt. & Rose
Coryphantha missouriensis (Sweet) Britt. & Rose var. *marstonii* (Clover) L. Benson
Coryphantha scheeri (Kuntze) L. Benson var. *valida* (Engelm.) L. Benson
Coryphantha strobiliformis (Poselger) var. *orcuttii* (Rose) L. Benson
Coryphantha strobiliformis (Poselger) var. *strobiliformis*
Coryphantha vivipara (Nutt.) Britt. & Rose var. *alversonii* (Coul.) L. Benson
Coryphantha vivipara (Nutt.) Britt. & Rose var. *arizonica* (Engelm.) W. T. Marshall
Syn.: *Mammillaria arizonica* Engelm.
Coryphantha vivipara (Nutt.) Britt. & Rose var. *bisbeeana* (Orcutt) L. Benson
Coryphantha vivipara (Nutt.) Britt. & Rose var. *deserti* (Engelm.) W. T. Marshall
Syn.: *Mammillaria chlorantha* Engelm.
Coryphantha vivipara (Nutt.) Britt. & Rose var. *rosea* (Clokey) L. Benson
Echinocactus polycephalus Engelm. & Bigel. var. *polycephalus*
Echinocactus polycephalus Engelm. & Bigel. var. *xeranthemoides* Engelm. ex Coul.
Syn.: *Echinocactus xeranthemoides* Engelm. ex Coul.
Echinocereus engelmannii (Parry ex Engelm.) Lemaire var. *acicularis* L. Benson
Echinocereus engelmannii (Parry ex Engelm.) Lemaire var. *armatus* L. Benson
Echinocereus engelmannii (Parry ex Engelm.) Lemaire var. *chrysocentrus* L. Benson
Echinocereus engelmannii (Parry ex Engelm.) Lemaire var. *engelmannii*
Echinocereus engelmannii (Parry) Lemaire var. *variegatus* (Engelm.) Engelm. ex Rümpler
Echinocereus fasciculatus (Engelm. ex B. D. Jackson) L. Benson var. *fasciculatus*
Syn.: *Echinocereus fendleri* (Engelm.) Rümpler var. *fasciculatus* (Engelm. ex B. D. Jackson) N. P. Taylor, *Echinocereus fendleri* (Engelm.) Rümpler var. *robusta* L. Benson; *Mammillaria fasciculata* Engelm.
Echinocereus fasciculatus (Engelm. ex B. D. Jackson) L. Benson var. *bonkeriae* (Thornber & Bonker) L. Benson.
Syn.: *Echinocereus boyce-thompsonii* Orcutt var. *bonkeriae* Peebles; *Echinocereus fendleri* (Engelm.) Rümpler var. *bonkeriae* (Thornber & Bonker) L. Benson
Echinocereus fasciculatus (Engelm. ex B. D. Jackson) L. Benson var. *boyce-thompsonii* (Orcutt) L. Benson
Syn.: *Echinocereus boyce-thompsonii* Orcutt
Echinocereus fendleri (Engelm.) Rümpler var. *boyce-thompsonii* (Orcutt) L. Benson
Echinocereus fendleri (Engelm.) Rümpler var. *fendleri*
Echinocereus fendleri (Engelm.) Rümpler var. *recispinus* (Peebles) L. Benson
Echinocereus ledingii Peebles
Echinocereus nicholii (L. Benson) Parfitt.
Syn.: *Echinocereus engelmannii* (Parry ex Engelm.) Lemaire var. *nicholii* L. Benson
Echinocereus pectinatus (Scheidw.) Engelm. var. *dasyacanthus* (Engelm.) N. P. Taylor
Syn.: *Echinocereus pectinatus* (Scheidw.) Engelm. var. *neomexicanus* (Coul.) L. Benson
Echinocereus polyacanthus Engelm. (1848) var. *polyacanthus*
Echinocereus pseudopectinatus (N. P. Taylor) N. P. Taylor
Syn.: *Echinocereus bristolii* W. T. Marshall var. *pseudopectinatus* N. P. Taylor, *Echinocereus pectinatus* (Scheidw.) Engelm. var. *pectinatus sensu* Kearney and Peebles, Arizona Flora, and L. Benson, The Cacti of Arizona and The Cacti of the United States and Canada.

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Echinocereus rigidissimus (Engelm.) Hort. F. A. Haage.

Syn.: *Echinocereus pectinatus* (Scheidw.) Engelm. var. *rigidissimus* (Engelm.) Engelm. ex Rümpler–Rainbow cactus

Echinocereus triglochidiatus Engelm. var. *gonacanthus* (Engelm. & Bigel.) Boiss.

Echinocereus triglochidiatus Engelm. var. *melanacanthus* (Engelm.) L. Benson
Syn.: *Mammillaria aggregata* Engelm.

Echinocereus triglochidiatus Engelm. var. *mojavensis* (Engelm.) L. Benson

Echinocereus triglochidiatus Engelm. var. *neomexicanus* (Standl.) Standl. ex W. T. Marshall.

Syn.: *Echinocereus triglochidiatus* Engelm. var. *polyacanthus* (Engelm. 1859 non 1848) L. Benson

Echinocereus triglochidiatus Engelm. var. *triglochidiatus*

Echinomastus erectocentrus (Coult.) Britt. & Rose var. *erectocentrus*

Syn.: *Neolloydia erectocentra* (Coult.) L. Benson var. *erectocentra*

Echinomastus intertextus (Engelm.) Britt. & Rose
Syn.: *Neolloydia intertexta* (Engelm.) L. Benson

Echinomastus johnsonii (Parry) Baxter–Beehive cactus

Syn.: *Neolloydia johnsonii* (Parry) L. Benson

Epithelantha micromeris (Engelm.) Weber ex Britt. & Rose

Ferocactus cylindraceus (Engelm.) Orcutt var. *cylindraceus*–Barrel cactus

Syn.: *Ferocactus acanthodes* (Lemaire) Britt. & Rose var. *acanthodes*

Ferocactus cylindraceus (Engelm.) Orcutt var. *eastwoodiae* (Engelm.) N. P. Taylor

Syn.: *Ferocactus acanthodes* (Lemaire) Britt. & Rose var. *eastwoodiae* L. Benson; *Ferocactus eastwoodiae* (L. Benson) L. Benson

Ferocactus cylindraceus (Engelm.) Orcutt. var. *lecontei* (Engelm.) H. Bravo

Syn.: *Ferocactus acanthodes* (Lemaire) Britt. & Rose var. *lecontei* (Engelm.) Lindsay; *Ferocactus lecontei* (Engelm.) Britt. & Rose

Ferocactus emoryi (Engelm.) Orcutt–Barrel cactus
Syn.: *Ferocactus covillei* Britt. & Rose

Ferocactus wislizenii (Engelm.) Britt. & Rose–Barrel cactus

Lophocereus schottii (Engelm.) Britt. & Rose–Senita

Mammillaria grahamii Engelm. var. *grahamii*

Mammillaria grahamii Engelm. var. *oliviae* (Orcutt) L. Benson

Syn.: *Mammillaria oliviae* Orcutt

Mammillaria heyderi Mühlenpf. var. *heyderi*

Syn.: *Mammillaria gummifera* Engelm. var. *applanata* (Engelm.) L. Benson

Mammillaria heyderi Mühlenpf. var. *macdougalii* (Rose) L. Benson

Syn.: *Mammillaria gummifera* Engelm. var. *macdougalii* (Rose) L. Benson; *Mammillaria macdougalii* Rose

Mammillaria heyderi Mühlenpf. var. *meiacantha* (Engelm.) L. Benson

Syn.: *Mammillaria gummifera* Engelm. var. *meiacantha* (Engelm.) L. Benson

Mammillaria lasiacantha Engelm.

Mammillaria mainiae K. Brand.

Mammillaria microcarpa Engelm.

Mammillaria tetrancistra Engelm.

Mammillaria thornberi Orcutt

Mammillaria viridiflora (Britt. & Rose) Bödeker.
Syn.: *Mammillaria orestra* L. Benson

Mammillaria wrightii Engelm. var. *wilcoxii* (Toumey ex K. Schumann) W. T. Marshall

Syn.: *Mammillaria wilcoxii* Toumey

Mammillaria wrightii Engelm. var. *wrightii*

Opuntia acanthocarpa Engelm. & Bigel. var. *acanthocarpa*–Buckhorn cholla

Opuntia acanthocarpa Engelm. & Bigel. var. *coloradensis* L. Benson

Opuntia acanthocarpa Engelm. & Bigel. var. *major* L. Benson

Syn.: *Opuntia acanthocarpa* Engelm. & Bigel. var. *ramosa* Peebles

Opuntia acanthocarpa Engelm. & Bigel. var. *thornberi* (Thornber & Bonker) L. Benson

Syn.: *Opuntia thornberi* Thornber & Bonker

Opuntia arbuscula Engelm.–Pencil cholla

Opuntia basilaris Engelm. & Bigel. var. *aurea* (Baxter) W. T. Marshall–Yellow beavertail

Syn.: *Opuntia aurea* Baxter

Opuntia basilaris Engelm. & Bigel. var. *basilaris*–Beavertail cactus

Opuntia basilaris Engelm. & Bigel. var. *longiareolata* (Clover & Jotter) L. Benson

Opuntia basilaris Engelm. & Bigel. var. *treleasei* (Coult.) Toumey

Opuntia bigelovii Engelm.–Teddy-bear cholla

Opuntia campii ined.

Opuntia cana Griffiths (*O. phaeacantha* Engelm. var. *laevis* X *major* and *O. gilvescens* Griffiths).

Opuntia chlorotica Engelm. & Bigel.–Pancake prickly-pear

Opuntia clavata Engelm.–Club cholla

Opuntia curvospina Griffiths

Opuntia echinocarpa Engelm. & Bigel.–Silver cholla

Opuntia emoryi Engelm.–Devil cholla

Syn.: *Opuntia stanlyi* Engelm. ex B. D. Jackson var. *stanlyi*

Opuntia engelmannii Salm-Dyck ex Engelm. var. *engelmannii*–Engelmann’s prickly-pear

Syn.: *Opuntia phaeacantha* Engelm. var. *discata* (Griffiths) Benson & Walkington

Opuntia engelmannii Salm-Dyck ex Engelm. var. *flavospina* (L. Benson) Parfitt & Pinkava

Syn.: *Opuntia phaeacantha* Engelm. var. *flavispina* L. Benson

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Opuntia erinacea Engelm. & Bigel. var. *erinacea*–
Mohave prickly-pear

Opuntia erinacea Engelm. & Bigel. var. *hystricina*
(Engelm. & Bigel.) L. Benson

Syn.: *Opuntia hystricina* Engelm. & Bigel.

Opuntia erinacea Engelm. & Bigel. var. *ursina*
(Weber) Parish–Grizzly bear prickly-pear

Syn.: *Opuntia ursina* Weber

Opuntia erinacea Engelm. & Bigel. var. *utahensis*
(Engelm.) L. Benson

Syn.: *Opuntia rhodantha* Schum.

Opuntia fragilis Nutt. var. *brachyarthra* (Engelm. &
Bigel.) Coult.

Opuntia fragilis Nutt. var. *fragilis*–Little prickly-
pear

Opuntia fulgida Engelm. var. *fulgida*–Jumping
chain-fruit cholla

Opuntia fulgida Engelm. var. *mammillata* (Schott)
Coult.

Opuntia imbricata (Haw.) DC.–Tree cholla

Opuntia X kelvinensis V. & K. Grant pro sp.

Syn.: *Opuntia kelvinensis* V. & K. Grant

Opuntia kleiniae DC. var. *tetracantha* (Toumey) W.
T. Marshall

Syn.: *Opuntia tetrancistra* Toumey

Opuntia kunzei Rose.

Syn.: *Opuntia stanlyi* Engelm. ex B. D. Jackson var.
kunzei (Rose) L. Benson; *Opuntia kunzei* Rose var.
wrightiana (E. M. Baxter) Peebles; *Opuntia wrighti-*
ana E. M. Baxter

Opuntia leptocaulis DC.–Desert Christmas cactus,
Pencil cholla

Opuntia littoralis (Engelm.) Cockl. var. *vaseyi*
(Coult.) Benson & Walkington

Opuntia macrocentra Engelm.–Purple prickly-pear
Syn.: *Opuntia violacea* Engelm. ex B. D. Jackson
var. *macrocentra* (Engelm.) L. Benson; *Opuntia vio-*
lacea Engelm. ex B. D. Jackson var. *violacea*

Opuntia macrorhiza Engelm. var. *macrorhiza*–
Plains prickly-pear

Syn.: *Opuntia plumbea* Rose

Opuntia macrorhiza Engelm. var. *pottsii* (Salm-
Dyck) L. Benson

Opuntia martiniana (L. Benson) Parfitt

Syn.: *Opuntia littoralis* (Engelm.) Cockerell var.
martiniana (L. Benson) L. Benson; *Opuntia macro-*
centra Engelm. var. *martiniana* L. Benson

Opuntia nicholii L. Benson–Navajo Bridge prickly-
pear

Opuntia parishii Orcutt.

Syn.: *Opuntia stanlyi* Engelm. ex B. D. Jackson var.
parishii (Orcutt) L. Benson

Opuntia phaeacantha Engelm. var. *laevis* (Coult.) L.
Benson

Syn.: *Opuntia laevis* Coult.

Opuntia phaeacantha Engelm. var. *major* Engelm.

Opuntia phaeacantha Engelm. var. *phaeacantha*

Opuntia phaeacantha Engelm. var. *superbospina*
(Griffiths) L. Benson

Opuntia polyacantha Haw. var. *juniperina*
(Engelm.) L. Benson

Opuntia polyacantha Haw. var. *ruftispina* (Engelm.)
L. Benson

Opuntia polyacantha Haw. var. *trichophora*
(Engelm. & Bigel.) L. Benson

Opuntia pulchella Engelm.–Sand cholla

Opuntia ramosissima Engelm.–Diamond cholla

Opuntia santa-rita (Griffiths & Hare) Rose–Santa
Rita prickly-pear

Syn.: *Opuntia violacea* Engelm. ex B. D. Jackson
var. *santa-rita* (Griffiths & Hare) L. Benson

Opuntia spinosior (Engelm.) Toumey–Cane cholla

Opuntia versicolor Engelm.–Staghorn cholla

Opuntia vivipara Engelm

Opuntia whipplei Engelm. & Bigel. var. *multigenic-*
ulata (Clokey) L. Benson

Opuntia whipplei Engelm. & Bigel. var. *whipplei*–
Whipple cholla

Opuntia wigginsii L. Benson

Pediocactus papyracanthus (Engelm.) L. Benson
Grama grass cactus

Syn.: *Toumeyia papyracanthus* (Engelm.) Britt. &
Rose

Pediocactus simpsonii (Engelm.) Britt & Rose var.
simpsonii

Peniocereus greggii (Engelm.) Britt. & Rose var.
greggii–Night-blooming cereus

Syn.: *Cereus greggii* Engelm.

Peniocereus greggii (Engelm.) Britt & Rose var.
transmontanus–Queen-of-the-Night

Peniocereus striatus (Brandege) Buxbaum.

Syn.: *Neoevansia striata* (Brandege) Sanchez-
Mejorada; *Cereus striatus* Brandege; *Wilcoxia*
diguettii (Webber) Peebles

Sclerocactus parviflorus Clover & Jotter var. *inter-*
medius (Peebles) Woodruff & L. Benson

Syn.: *Sclerocactus intermedius* Peebles

Sclerocactus parviflorus Clover & Jotter var. *parvi-*
florus

Syn.: *Sclerocactus whipplei* (Engelm. & Bigel.)
Britt. & Rose var. *roseus* (Clover) L. Benson

Sclerocactus pubispinus (Engelm.) L. Peebles

Sclerocactus spinosior (Engelm.) Woodruff & L.
Benson

Syn.: *Sclerocactus pubispinus* (Engelm.) L. Benson
var. *sileri* L. Benson

Sclerocactus whipplei (Engelm. & Bigel.) Britt. &
Rose

Stenocereus thurberi (Engelm.) F. Buxbaum–Organ
pipe cactus

Syn.: *Cereus thurberi* Engelm.; *Lemairocereus*
thurberi (Engelm.) Britt. & Rose

CAMPANULACEAE Bellflower Family

Lobelia cardinalis L. ssp. *graminea* (Lam.)
McVaugh–Cardinal flower

Lobelia fenestralis Cav.–Leafy lobelia

Lobelia laxiflora H. B. K. var. *angustifolia* A. DC.

CHAPTER 3. DEPARTMENT OF AGRICULTURE - ENVIRONMENTAL SERVICES DIVISION

CAPPARACEAE Cappar Family [=Capparidaceae]

Cleome multicaulis DC.–Playa spiderflower

CHENOPODIACEAE Goosefoot Family

Atriplex hymenelytra (Torr.) Wats.

CRASSULACEAE Stonecrop Family

Dudleya arizonica (Nutt.) Britt. & Rose

Syn.: *Echeveria pulverulenta* Nutt. ssp. *arizonica* (Rose) Clokey

Dudleya saxosa (M.E. Jones) Britt. & Rose ssp. *col-lomiae* (Rose) Moran

Syn.: *Echeveria collomiae* (Rose) Kearney & Peebles

Graptopetalum bartramii Rose

Syn.: *Echeveria bartramii* (Rose) K. & P.

Graptopetalum bartramii Rose–Bartram's stonecrop, Bartram's live-forever

Syn.: *Echeveria bartramii* (Rose) Kearney & Peebles

Graptopetalum rusbyi (Greene) Rose

Syn.: *Echeveria rusbyi* (Greene) Nels. & Macbr.

Sedum cockerellii Britt.

Sedum griffithsii Rose

Sedum lanceolatum Torr.

Syn.: *Sedum stenopetalum* Pursh

Sedum rhodanthum Gray

Sedum stelliforme Wats.

CROSSOSOMATAACEAE Crossosoma Family

Apacheria chiricahuensis C. T. Mason–Chiricahua rock flower

CUCURBITACEAE Gourd Family

Tumamoca macdougalii Rose–Tumamoc globeberry

EUPHORBIACEAE Spurge Family

Euphorbia plummerae Wats.–Woodland spurge

Sapium biloculare (Wats.) Pax–Mexican jumping-bean

FABACEAE Pea Family [=Leguminosae]

Astragalus corbrensis Gray var. *maguirei* Kearney

Astragalus cremnophylax Barneby var. *myriorrhaphis* Barneby–Cliff milk-vetch

Astragalus hypoxylus Wats.–Huachuca milk-vetch

Astragalus nutriosensis Sanderson–Nutrioso milk-vetch

Astragalus xiphoides (Barneby) Barneby–Gladiator milk-vetch

Cercis occidentalis Torr.–California redbud

Errazurizia rotundata (Woot.) Barneby

Syn.: *Parryella rotundata* Woot.

Lysiloma microphylla Benth. var. *thorneri* (Britt. & Rose) Isely–Feather bush

Syn.: *Lysiloma thornberi* Britt. & Rose

Phaseolus supinus Wiggins & Rollins

FOUQUIERIAACEAE Ocotillo Family

Fouquieria splendens Engelm.–Ocotillo, coach-whip, monkey-tail

GENTIANACEAE Gentian Family

Gentianella wislizenii (Engelm.) J. Gillett

Syn.: *Gentiana wislizenii* Engelm.

LAMIACEAE Mint Family

Hedeoma diffusum Green–Flagstaff pennyroyal

Salvia dorrii ssp. *mearnsii*

Trichostema micranthum Gray

LILIACEAE Lily Family

Allium acuminatum Hook.

Allium bigelovii Wats.

Allium biseptum Wats. var. *palmeri* (Wats.) Cronq.

Syn.: *Allium palmeri* Wats.

Allium cernuum Roth. var. *neomexicanum* (Rydb.) Macbr.–Nodding onion

Allium cernuum Roth. var. *obtusum* Ckll.

Allium geyeri Wats. var. *geyeri*

Allium geyeri Wats. var. *tenerum* Jones

Allium kunthii Don

Allium macropetalum Rydb.

Allium nevadense Wats. var. *cristatum* (Wats.) Ownbey

Allium nevadense Wats. var. *nevadense*

Allium parishii Wats.

Allium plummerae Wats.

Allium rhizomatum Woot. & Standl. Incl.: *Allium glandulosum* Link & Otto *sensu* Kearney & Peebles

Androstephium breviflorum Wats.–Funnel-lily

Calochortus ambiguus (Jones) Ownbey

Calochortus aureus Wats.

Syn.: *Calochortus nuttallii* Torr. & Gray var. *aureus* (Wats.) Ownbey

Calochortus flexuosus Wats.–Straggling mariposa

Calochortus gunnisonii Wats.

Calochortus kennedyi Porter var. *kennedyi*–Desert mariposa

Calochortus kennedyi Porter var. *munzii* Jeps.

Dichelostemma pulchellum (Salisbi) Heller var. *pauciflorum* (Torr.) Hoover

Disporum trachycarpum (Wats.) Benth. & Hook. var. *subglabrum* Kelso

Disporum trachycarpum (Wats.) Benth. & Hook. var. *trachycarpum*

Echeandia flavescens (Schultes & Schultes) Cruden

Syn.: *Anthericum torreyi* Baker

Eremocrinum albomarginatum Jones

Fritillaria atropurpurea Nutt.

Hesperocallis undulata Gray–Ajo lily

Lilium parryi Wats.–Lemon lily

Lilium umbellatum Pursh

Maianthemum racemosum (L.) Link. ssp. *amplexicaule* (Nutt.) LaFrankie

Syn.: *Smilacina racemosa* (L.) Desf. var. *amplexicaulis* (Nutt.) Wats.

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- Maianthemum racemosum* (L.) Link ssp. *racemosum*—False Solomon's seal
Syn.: *Smilacina racemosa* (L.) Desf. var. *racemosa*; *Smilacina racemosa* (L.) Desf. var. *cylindrata* Fern.
- Maianthemum stellatum* (L.) Link
Syn.: *Smilacina stellata* (L.) Desf.—Starflower
- Milla biflora* Cav.—Mexican star
- Nothoscordum texanum* Jones
- Polygonatum cobrense* (Woot. & Standl.) Gates
- Streptopus amplexifolius* (L.) DC.—Twisted stalk
- Triteleia lemmonae* (Wats.) Greene
- Triteleiopsis palmeri* (Wats.) Hoover
- Veratrum californicum* Durand.—False hellebore
- Zephyranthes longifolia* Hemsl.—Plains rain lily
- Zigadenus elegans* Pursh—White camas, alkali-grass
- Zigadenus paniculatus* (Nutt.) Wats.—Sand-corn
- Zigadenus virescens* (H. B. K.) Macbr.
- MALVACEAE Mallow Family**
- Abutilon parishii* Wats.—Tucson Indian mallow
- Abutilon thurberi* Gray—Baboquivari Indian mallow
- NOLINACEAE Nolina**
- Dasyllirion wheeleri* Wats.—Sotol, desert spoon
- Nolina bigelovii* (Torr.) Wats.—Bigelow's nolina
- Nolina microcarpa* Wats.—Beargrass, sacahuista
- Nolina parryi* Wats.—Parry's nolina
- Nolina texana* Wats. var. *compacta* (Trel.) Johnst.—Bunchgrass
- ONAGRACEAE Evening Primrose Family**
- Camissonia exilis* (Raven) Raven
- ORCHIDACEAE Orchid Family**
- Calypso bulbosa* (L.) Oakes var. *americana* (R. Br.) Luer
- Coeloglossum viride* (L.) Hartmann var. *virescens* (Muhl.) Luer
Syn.: *Habenaria viridis* (L.) R. Br. var. *bracteata* (Muhl.) Gray
- Corallorhiza maculata* Raf.—Spotted coral root
- Corallorhiza striata* Lindl.—Striped coral root
- Corallorhiza wisteriana* Conrad—Spring coral root
- Epipactis gigantea* Douglas ex Hook.—Giant helleborine
- Goodyera oblongifolia* Raf.
- Goodyera repens* (L.) R. Br.
- Hexalectris spicata* (Walt.) Barnhart—Crested coral root
- Listera convallarioides* (Swartz) Nutt.—Broad-leaved twayblade
- Malaxis corymbosa* (S. Wats.) Kuntze
- Malaxis ehrenbergii* (Reichb. f.) Kuntze
- Malaxis macrostachya* (Lexarza) Kuntze—Mountain malaxia
Syn.: *Malaxis soulei* L. O. Williams
- Malaxis tenuis* (S. Wats.) Ames
- Platanthera hyperborea* (L.) Lindley var. *gracilis* (Lindley) Luer
Syn.: *Habenaria sparsiflora* Wats. var. *laxiflora* (Rydb.) Correll
- Platanthera hyperborea* (L.) Lindley var. *hyperborea*—Northern green orchid
Syn.: *Habenaria hyperborea* (L.) R. Br.
- Platanthera limosa* Lindl.—Thurber's bog orchid
Syn.: *Habenaria limosa* (Lindley) Hemsley
- Platanthera sparsiflora* (Wats.) Schlechter var. *ensifolia* (Rydb.) Luer
- Platanthera sparsiflora* (Wats.) var. *laxiflora* (Rydb.) Correll
- Platanthera sparsiflora* (Wats.) Schlechter var. *sparsiflora*—Sparsely-flowered bog orchid
Syn.: *Habenaria sparsiflora* Wats.
- Platanthera stricta* Lindl.—Slender bog orchid
Syn.: *Habenaria saccata* Greene; *Platanthera saccata* (Greene) Hulten
- Platanthera viridis* (L.) R. Br. var. *bracteata* (Muhl.) Gray—Long-bracted habenaria
- Spiranthes michauxiana* (La Llave & Lex.) Hemsl.
- Spiranthes parasitica* A. Rich. & Gal.
- Spiranthes romanzoffiana* Cham.—Hooded ladies tresses
- PAPAVERACEAE Poppy Family**
- Arctomecon californica* Torr. & Frém.—Golden-bear poppy, Yellow-flowered desert poppy
- PINACEAE Pine Family**
- Pinus aristata* Engelm.—Bristlecone pine
- POLYGONACEAE Buckwheat Family**
- Eriogonum apachense* Reveal
- Eriogonum capillare* Small
- Eriogonum mortonianum* Reveal—Morton's buckwheat
- Eriogonum ripleyi* J. T. Howell—Ripley's wild buckwheat, Frazier's Well buckwheat
- Eriogonum thompsonae* Wats. var. *atwoodii* Reveal—Atwood's buckwheat
- PORTULACACEAE Purslane Family**
- Talinum humile* Greene—Pinos Altos flame flower
- Talinum marginatum* Greene
- Talinum validulum* Greene—Tusayan flame flower
- PRIMULACEAE Primrose Family**
- Dodecatheon alpinum* (Gray) Greene ssp. *majus* H. J. Thompson
- Dodecatheon dentatum* Hook. ssp. *ellisiae* (Standl.) H. J. Thompson
- Dodecatheon pulchellum* (Raf.) Merrill
- Primula hunnewellii* Fern.
- Primula rusbyi* Greene
- Primula specuicola* Rydb.
- RANUNCULACEAE Buttercup Family**
- Aquilegia caerulea* James ssp. *pinetorum* (Tidest.) Payson—Rocky Mountain Columbine

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Aquilegia chrysantha Gray
Aquilegia desertorum (Jones) Ckll.–Desert columbine, Mogollon columbine
Aquilegia elegantula Greene
Aquilegia longissima Gray–Long Spur Columbine
Aquilegia micrantha Eastw.
Aquilegia triterinata Payson

ROSACEAE Rose Family

Rosa stellata Woot.–ssp. *abyssa* A. Phillips Grand Canyon rose
Vauquelinia californica (Torr.) Sarg. ssp. *pauciflora* (Standl.) Hess & Henrickson–Few-flowered Arizona rosewood

SCROPHULARIACEAE Figwort Family

Castilleja mogollonica Pennell
Penstemon albomarginatus Jones
Penstemon bicolor (Brandeg.) Clokey & Keck ssp. *roseus* Clokey & Keck
Penstemon clutei A. Nels.
Penstemon distans N. Holmgren–Mt. Trumbull beardtongue
Penstemon linarioides spp. *maguirei*

SIMAROUBACEAE Simarouba Family

Castela emoryi (Gray) Moran & Felger–Crucifixion thorn
 Syn.: *Holacantha emoryi* Gray

STERCULIACEAE Cacao Family

Fremontodendron californicum (Torr.) Coville–Flannel bush

- C. Salvage assessed native plants as prescribed in A.R.S. § 3-903(B)(3) that require a permit for removal:

BIGNONIACEAE Bignonia Family

Chilopsis linearis (Cav.) Sweet var. *arcuata* Fosberg–Desert-willow
Chilopsis linearis (Cav.) Sweet var. *glutinosa* (Engelm.) Fosberg

FABACEAE Pea Family [=Leguminosae]

Cercidium floridum Benth.–Blue palo verde
Cercidium microphyllum (Torr.) Rose & Johnst.–Foothill palo verde
Olneya tesota Gray–Desert ironwood
Prosopis glandulosa Torr. var. *glandulosa*–Honey mesquite

Syn.: *Prosopis juliflora* (Swartz) DC. var. *glandulosa* (Torr.) Ckll.

Prosopis glandulosa Torr. var. *torreyana* (Benson) M. C. Johnst.–Western honey mesquite
 Syn.: *Prosopis juliflora* (Swartz) DC. var. *torreyana* Benson

Prosopis pubescens Benth.–Screwbean mesquite

Prosopis velutina Woot.–Velvet mesquite
 Syn.: *Prosopis juliflora* (Swartz) DC. var. *velutina* (Woot.) Sarg.

Psoralea spinosa (Gray) Barneby–Smoke tree.

Syn.: *Dalea spinosa* Gray

- D. Harvest restricted native plants as prescribed at A.R.S. § 3-903(B)(4) that require a permit to cut or remove the plants for their by-products, fibers, or wood:

AGAVACEAE Agave Family (including Nolinaceae)

Nolina bigelovii (Torr.) Wats.–Bigelow's nolina
Nolina microcarpa Wats.–Beargrass, sacahuista
Nolina parryi Wats.–Parry's nolina
Nolina texana Wats. var. *compacta* (Trel.) Johnst.–Bunchgrass
Yucca baccata Torr. var. *baccata*–Banana yucca
Yucca schidigera Roezl.–Mohave yucca, Spanish dagger

FABACEAE Pea Family [=Leguminosae]

Olneya tesota Gray–Desert ironwood
Prosopis glandulosa Torr. var. *glandulosa*–Honey mesquite
 Syn.: *Prosopis juliflora* (Swartz) DC. var. *glandulosa* (Torr.) Ckll.
Prosopis glandulosa Torr. var. *torreyana* (Benson) M. C. Johnst.–Western honey mesquite
 Syn.: *Prosopis juliflora* (Swartz) DC. var. *torreyana* Benson
Prosopis pubescens Benth.–Screwbean mesquite
Prosopis velutina Woot.–Velvet mesquite
 Syn.: *Prosopis juliflora* (Swartz) DC. var. *velutina* (Woot.) Sarg.

Historical Note

New Section recodified from 3 A.A.C. 4, Article 6 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).
 Amended by final rulemaking at 14 A.A.R. 811, effective May 3, 2008 (Supp. 08-1).

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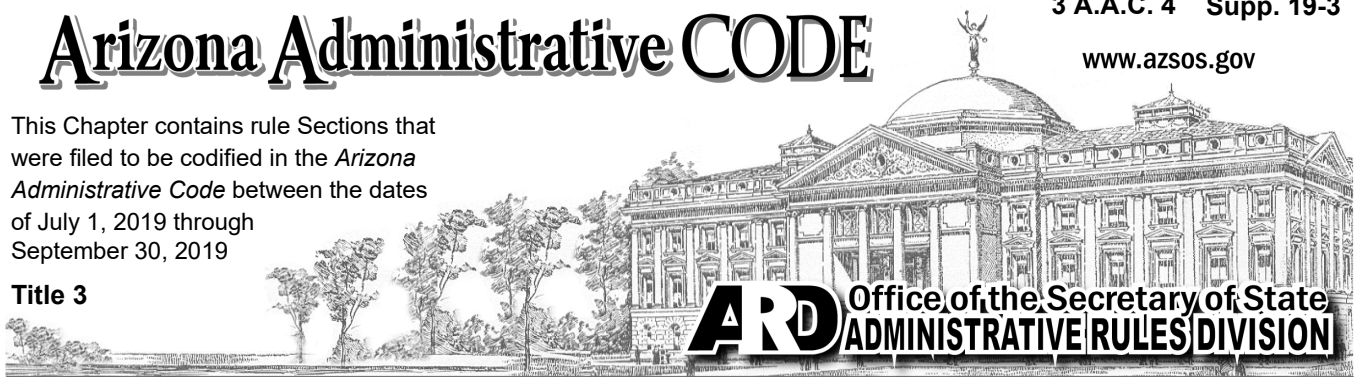
Arizona Administrative CODE

3 A.A.C. 4 Supp. 19-3

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 3



TITLE 3. AGRICULTURE

CHAPTER 4. DEPARTMENT OF AGRICULTURE - PLANT SERVICES DIVISION

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

[R3-4-301.](#) [Nursery Certification](#) [24](#)

Questions about these rules? Contact:

Name: G. John Caravetta, Associate Director
Address: Department of Agriculture
1688 W. Adams
Phoenix, AZ 85007
Telephone: (602) 542-0996
Fax: (602) 542-0922
E-mail: jcaravetta@azda.gov
Website: <https://agriculture.az.gov>

The release of this Chapter in Supp. 19-3 replaces Supp. 19-2, 1-52 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

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ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

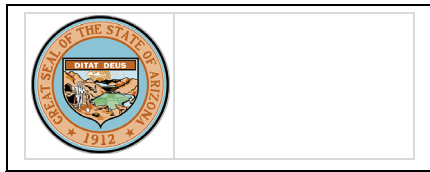
EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

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TITLE 3. AGRICULTURE**CHAPTER 4. DEPARTMENT OF AGRICULTURE - PLANT SERVICES DIVISION**

Authority: A.R.S. §§ 3-107, 3-201 et seq., 3-441 et seq., and 3-481 et seq.

Title 3, Chapter 4, Article 1, Sections R3-4-101 through R3-4-109 renumbered from Title 3, Chapter 1, Article 1, Sections R3-1-01 through R3-1-09; Title 3, Chapter 4, Article 2, Sections R3-4-201 through R3-4-248 renumbered from Title 3, Chapter 1, Article 2, Sections R3-1-50 through R3-1-77; Title 3, Chapter 4, Article 3, Sections R3-4-301 through R3-4-307 renumbered from Title 3, Chapter 1, Article 3, Sections R3-1-301 through R3-1-307; Title 3, Chapter 4, Article 4, Sections R3-4-401 through R3-4-408 renumbered from Title 3, Chapter 1, Article 4, Sections R3-1-401 through R3-1-408; Title 3, Chapter 4, Article 5, Sections R3-4-501 through R3-4-504 renumbered from Title 3, Chapter 1, Article 5, Sections R3-1-501 through R3-1-504; Title 3, Chapter 4, Article 6, Sections R3-4-601 through R3-4-633 and Appendix 1 renumbered from Title 3, Chapter 1, Article 6, Sections R3-1-601 through R3-1-633 and Appendix 1; Title 3, Chapter 4, Article 7, Sections R3-4-701 through R3-4-708 renumbered from Title 3, Chapter 7, Article 1, Sections R3-7-101 through R3-7-108; Title 3, Chapter 4, Article 8, Sections R3-4-801 through R3-4-807 renumbered from Title 3, Chapter 7, Article 2, Sections R3-7-201 through R3-7-207 (Supp. 91-4).

ARTICLE 1. GENERAL PROVISIONS

Title 3, Chapter 4, Article 1, Sections R3-4-101 through R3-4-109 renumbered from Title 3, Chapter 1, Article 1, Sections R3-1-01 through R3-1-09 (Supp. 91-4).

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Title 3, Chapter 4, Article 3, Sections R3-4-301 through R3-4-307 renumbered from Title 3, Chapter 1, Article 3, Sections R3-1-301 through R3-1-307 (Supp. 91-4).

Article 3 consisting of Sections R3-4-301 through R3-4-307 adopted effective January 17, 1989.

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Title 3, Chapter 4, Article 4, Sections R3-4-401 through R3-4-408 renumbered from Title 3, Chapter 1, Article 4, Sections R3-1-401 through R3-1-408 (Supp. 91-4).

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Article 4 consisting of Sections R3-4-110 through R3-4-117 renumbered without change as Article 4, Sections R3-4-401 through R3-4-408 (Supp. 89-1).

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(Authority: A.R.S. § 3-205.02 et seq.)

Article 5, consisting of Section R3-4-501 renumbered from R3-4-205 and amended, effective April 9, 1998 (Supp. 98-2).

Article 5, consisting of Sections R3-4-501 through R3-4-506, repealed by summary action with an interim effective date of February 10, 1995; interim effective date of February 10, 1995 now the permanent date (Supp. 96-3).

Article 5, consisting of Sections R3-4-501 through R3-4-505 adopted effective October 15, 1993 (Supp. 93-4).

Article 5, consisting of Sections R3-4-501 through R3-4-504 repealed effective October 15, 1993 (Supp. 93-4).

Title 3, Chapter 4, Article 5, Sections R3-4-501 through R3-4-504 renumbered from Title 3, Chapter 1, Article 5, Sections R3-1-501 through R3-1-504 (Supp. 91-4).

Article 5 consisting of Sections R3-4-120 through R3-4-122 renumbered without change as Article 5, Sections R3-4-501 through R3-4-503 (Supp. 89-1).

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Article 6, consisting of Sections R3-4-601 through R3-4-611 and Appendix A, recodified to 3 A.A.C. 3, Article 11 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

Article 6, consisting of Sections R3-4-601 through R3-4-618 and Appendix A, adopted effective July 6, 1993 (Supp. 93-3).

Article 6, consisting of Sections R3-4-601 through R3-4-633 and Appendix A, repealed effective July 6, 1993 (Supp. 93-3).

Title 3, Chapter 4, Article 6, Sections R3-4-601 through R3-4-633 and Appendix 1 renumbered from Title 3, Chapter 1, Article 6, Sections R3-1-601 through R3-1-633 and Appendix 1.

Article 6 consisting of Sections R3-4-130 through R3-4-141 renumbered without change as Article 6, Sections R3-4-601 through R3-4-612 (Supp. 89-1).

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(Authority: A.R.S. § 3-481 et seq.)

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(Authority: A.R.S. § 3-441 et seq.)

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ARTICLE 1. GENERAL PROVISIONS

R3-4-101. Definitions

In addition to the definitions provided in A.R.S. §§ 3-201, 3-231, 3-441, and 3-481, the following definitions apply to this Chapter:

“Appliance” means any box, tray, container, ladder, tent, vehicle, implement, or any article or thing that is or may be used in growing, harvesting, handling, packing, or transporting any agricultural commodity.

“Aquatic” means living or growing in or on water.

“Bulk container” means a container used solely for transporting a commodity in bulk quantities.

“Carrier” means any plant or thing that can transport or harbor a plant pest.

“Certificate” means an original document issued by the Department, the United States Department of Agriculture, or authorized officer of the state of origin, stating name, quantity, and nature of the regulated commodity, and the information required by a specific regulation.

“Commodity” means any plant, produce, soil, material, or thing that may be subject to federal and state laws and rules.

“Container” means any box, crate, lug, chest, basket, carton, barrel, keg, drum, can, sack, or other receptacle for a commodity.

“Cotton lint” means the remnant produced when cottonseed is processed in a gin.

“Cotton plant” means all parts of *Gossypium* spp. whether wild or domesticated, except manufactured cotton products.

“Cotton products” include seed cotton, cotton lint, cotton linters, motes, cotton waste, gin trash, cottonseed, and cotton hulls.

“Cotton stubble” means the basal part of a cotton plant that remains attached to the soil after harvest.

“Cotton waste” includes all waste products from the processing of cotton at gins and cottonseed-oil mills, in any form or under any trade designation.

“Defoliate” means to remove the leaves from a plant.

“Diseased” means an abnormal condition of a plant resulting from an infection.

“Gin trash” means organic waste or materials resulting from ginning cotton.

“Head leaves” means all leaves that enfold the compact portion of a head of lettuce or cabbage.

“Host” means a plant on or in which a pest can live or reproduce, or both.

“Husk” means the membranous outer envelope of many seeds and fruit, such as an ear of corn or a nut.

“Infested” means any plant or other material on or in which a pest is found.

“Inspector” means an employee of the Department or other governmental agency who enforces any law or rule of the Department.

“Label” means all tags and other written, printed, or graphic representations in any form, accompanying or pertaining to a plant or other commodity.

“Lot” means any one group of plants or things, whether or not containerized that is set apart or is separate from any other group.

“Nursery” means real property or other premises on or in which nursery stock is propagated, grown, or cultivated or from which source nursery stock is offered for distribution or sale. (A.R.S. § 3-201(5))

“Permit” means an official document authorizing the movement of a host plant and carrier.

“Person” means an individual, partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any character, or another agency.

“Plant” or “crop” includes every kind of vegetation, wild or domesticated, and any part thereof, as well as seed, fruit or other natural product of such vegetation. (A.R.S. § 3-201(8))

“Reshipment” means the shipment of a commodity after receipt from another shipping point.

“Sell” means to exchange for money or its equivalent including to offer, expose, or possess a commodity for sale or to otherwise exchange, barter, or trade.

“Serious damage” means any injury or defect rising from any circumstance, natural or mechanical, that affects the appearance or the edible or shipping quality of a commodity, or lot.

“Soil” means any non-liquid combination of organic, or organic and inorganic material in which plants can grow.

“Stub or soca cotton” means cotton stalks of a previous crop that begin to show signs of growth.

“Subcontainer” means any container being used within another container.

“Transport” means moving an article from one point to another.

“Treatment” means an application of a substance as either a spray, mist, dust, granule, or fumigant; or a process in which a substance or procedure is used to control or eradicate a plant pest.

“Vector” means an organism (usually an insect) that may carry a pathogen from one host plant to another.

“Vehicle” means an automotive device, such as a car, bus, truck, or private or recreational vehicle.

“Volunteer cotton” means a sprout from seed of a previous crop.

“Wrapper leaves” means all leaves that do not closely enfold the compact portion of the head of lettuce or cabbage.

Historical Note

Former Rule 1; Amended effective June 16, 1977 (Supp. 77-3). Section R3-1-01 renumbered to R3-4-101 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2). New Section R3-4-101 renumbered from R3-4-102 without change, effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4).

R3-4-102. Licensing Time-frames

A. Overall time-frame. The Department shall issue or deny a license within the overall time-frames listed in Table 1 after

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receipt of the complete application. The overall time-frame is the total of the number of days provided for the administrative completeness review and the substantive review.

B. Administrative completeness review.

1. The administrative completeness review time-frame established in Table 1 begins on the date the Department receives the application. The Department shall notify the applicant in writing within the administrative completeness review time-frame whether the application or request is incomplete. The notice shall specify what information is missing. If the Department does not provide notice to the applicant within the administrative completeness review time-frame, the Department considers the application complete.
2. An applicant with an incomplete license application shall supply the missing information within the completion request period established in Table 1. The administrative completeness review time-frame is suspended from the date the Department mails the notice of missing information to the applicant until the date the Department receives the information.
3. If the applicant fails to submit the missing information before the expiration of the completion request period, the Department shall close the file, unless the applicant requests an extension. An applicant whose file has been closed may obtain a license by submitting a new application.

C. Substantive review. The substantive review time-frame established in Table 1 shall begin after the application is administratively complete.

1. If the Department makes a comprehensive written request for additional information, the applicant shall submit the additional information identified by the request within the additional information period provided in Table 1. The substantive review time-frame is suspended from the date of the Department request until the information is received by the Department. If the applicant fails to provide the information identified in the written request within the additional information period, the Department shall deny the license.
2. The Department shall issue a written notice granting or denying a license within the substantive review time-frame. If the application is denied, the Department shall send the applicant written notice explaining the reason for the denial with citations to supporting statutes or rules, the applicant's right to seek a fair hearing, and the time period in which the applicant may appeal the denial.

Historical Note

Former Rule 2; Amended effective June 19, 1978 (Supp. 78-3). Section R3-1-02 renumbered to R3-4-102 (Supp.

91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Section R3-4-102 renumbered to R3-4-101; new Section R3-4-102 adopted effective October 8, 1998 (Supp. 98-4).

R3-4-103. Repealed

Historical Note

Former Rule 3. Section R3-1-03 renumbered to R3-4-103 (Supp. 91-4). Repealed effective September 22, 1994 (Supp. 94-3).

R3-4-104. Repealed

Historical Note

Former Rule 4. Section R3-1-04 renumbered to R3-4-104 (Supp. 91-4). Repealed effective September 22, 1994 (Supp. 94-3).

R3-4-105. Repealed

Historical Note

Former Rule 5. Section R3-1-05 renumbered to R3-4-105 (Supp. 91-4). Amended effective September 22, 1994 (Supp. 94-3). Section repealed by final rulemaking at 6 A.A.R. 41, effective December 8, 1999 (Supp. 99-4).

R3-4-106. Repealed

Historical Note

Former Rule 6. Section R3-1-06 renumbered to R3-4-106 (Supp. 91-4). Repealed effective September 22, 1994 (Supp. 94-3).

R3-4-107. Repealed

Historical Note

Former Rule 7. Section R3-1-07 renumbered to R3-4-107 (Supp. 91-4). Amended effective September 22, 1994 (Supp. 94-3). Section repealed by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4).

R3-4-108. Repealed

Historical Note

Former Rule 8. Section R3-1-08 renumbered to R3-4-108 (Supp. 91-4). Repealed effective September 22, 1994 (Supp. 94-3).

R3-4-109. Repealed

Historical Note

Former Rule 9. Section R3-1-09 renumbered to R3-4-109 (Supp. 91-4). Repealed effective September 22, 1994 (Supp. 94-3).

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Table 1. Time-frames (Calendar Days)

License	Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
QUARANTINE						
Boll Weevil and Pink Boll-worm	R3-4-204(D)	14	14	30	30	44
Small-Grain Crop Approval	R3-4-204(E)(4)(b)	14	14	30	30	44
Boll Weevil and Pink Boll-worm	R3-4-218	14	14	30	30	44
Citrus Fruit Surface Pest	R3-4-219	14	14	60	30	74
European Corn Borer	R3-4-228	14	14	30	30	44
Lettuce Mosaic	R3-4-233	14	14	30	30	44
Noxious Weeds Regulated and Restricted Prohibited	R3-4-244 R3-4-245	14	14	30	30	44
Plum Curculio and Apple Maggot	R3-4-240	14	14	60	30	74
Colored Cotton	A.R.S. § 3-205.02 R3-4-501	14	0	0	0	14
NURSERY						
General Nursery Stock Inspection	R3-4-301(B)	30	14	1 yr	14	1 yr, 30 days
Special Nursery Stock Inspection: Ozonium Root Rot	R3-4-301(C)					
• Method of Growing New		7	14	60	14	67
• Renewal		7	14	30	14	37
• Indicator Crop Planted on Applicant's Property		7	14	4 yrs	14	4 yrs, 7 days
Special Nursery Stock Inspection: Rose Mosaic	R3-4-301(C)	7	14	180	14	187
Special Nursery Stock Inspection: Brown Garden Snail	R3-4-301(C)	7	14	30	14	37
Special Nursery Stock Inspection: Other	R3-4-301(C)	7	14	30	14	37
Phytosanitary Field Inspection	A.R.S. § 3-233(A)(7) R3-4-407	30	7	210	7	240
STANDARDIZATION						
Experimental Pack and Product for Fruit and Vegetables	A.R.S. § 3-487 R3-4-740	7	7	7	7	14
Experimental Pack and Product for Citrus Fruit	A.R.S. § 3-445 R3-4-814	7	7	7	7	14
Citrus Fruit Dealer, Packer, or Shipper License	A.R.S. § 3-449	14	14	14	14	28
Fruit and Vegetable Dealer, Packer, or Shipper License	A.R.S. § 3-492	14	14	14	14	28
SEED DEALERS AND LABELERS						
Seed Dealer	A.R.S. § 3-235 R3-4-408	14	14	14	14	28
Seed Labeler	A.R.S. § 3-235 R3-4-408	14	14	14	14	28

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Historical Note

Table 1 adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 3812, effective August 10, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3633, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 8 A.A.R. 4454, effective October 2, 2002 (Supp. 02-4). Amended Section references under Arizona Native Plants to correspond to recodification at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 2665, effective June 8, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4).

ARTICLE 2. QUARANTINE**R3-4-201. Definitions**

The following definitions apply to this Article:

“Associate Director” means the Associate Director of the Plant Services Division.

“Common carrier” means any person transporting a commodity or appliance for compensation or commercial purpose.

“Compliance agreement” means a written agreement or permit between a person and the Department for the purpose of allowing the movement or production of a regulated commodity or appliance from a quarantined area of this state and containing demonstrated safeguarding measures to ensure compliance with the purposes of A.R.S. Title 3, Chapter 2, Article 1.

“Consumer container” means a container that is produced or distributed for retail sale or for consumption by an individual.

“Cotton harvesting machine” means any machine used to pick or harvest raw cotton in a field.

“Designated treatment area” means an area temporarily approved by the Department for the holding and treatment of a commodity or appliance for a pest in cases where a quarantine holding area does not exist.

“Epiphytically” means the function of a plant growing on another plant or object but that does not require the other plant or object as a source of nutrients.

“Fumigate” means to apply a gaseous substance to a commodity or appliance in a closed area to eradicate a pest.

“Hull” means the dry outer covering of a seed or nut.

“Infected” means any plant or other material on or in which a disease is found.

“Limited permit” means a permit issued by the Department to a common carrier or responsible party to transport a commodity or appliance that would otherwise be restricted.

“Master permit” means a permit issued by the Department to another state department of agriculture that gives that other state authority to certify, in accordance with the terms of the permit, that a regulated commodity or appliance may enter Arizona without a quarantine compliance certificate.

“Origin inspection agreement” means a permit issued by the Department to a person that specifies terms to ship or transport a regulated commodity or appliance into Arizona, which importation would otherwise be prohibited by this Article, and that the origin state department of agriculture agrees with.

“Package” means (i) any box, bag, or envelope used for the shipment of a commodity or appliance through postal and parcel services or (ii) individual packets of seeds for planting.

“Pest free” means apparently free from all regulated plant pests, as determined by an inspection.

“Phytosanitary certificate” means a certificate issued by a regulatory official for the purpose of certifying a commodity or appliance as pest free.

“Private carrier” means any person transporting a commodity or appliance for a noncommercial purpose.

“Quarantine compliance certificate” means a certificate issued by a plant regulatory official of the originating state that establishes that a commodity or appliance has been treated or inspected to comply with Arizona quarantine rules and orders and includes a certificate of inspection.

“Receiver” means any person or place of business listed on a bill of lading, manifest, or freight bill as a consignee or destination for a commodity or appliance.

“Regulated plant pest” means all live life stages of an arthropod, disease, plant, nematode, or snail that is regulated or considered under quarantine by a state or federal law, rule or order enforced by the Department.

“Responsible party” means a common carrier, person, or place of business that is legally responsible for the possession of a commodity or appliance.

“Treatment Manual” means the USDA-APHIS-PPQ Treatment Manual, T301—Cotton and Cotton Products, revised March 2013. The Treatment Manual is incorporated by reference, does not include any later amendments or editions, and is available from the Department and online at http://www.aphis.usda.gov/import_export/plants/manuals/ports/downloads/treatment.pdf.

Historical Note

Former Rule, Quarantine Regulation 2; Amended effective July 1, 1975 (Supp. 75-1). Former Section R3-4-50 repealed, new Section R3-4-50 adopted effective October 23, 1978 (Supp. 78-5). Section R3-1-50 renumbered to R3-4-201 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4).

R3-4-202. Transportation and Packaging

- A.** Any commodity shipped or transported into the state shall be inspected to determine whether the commodity is free of all pests subject to federal and state laws and rules.
- B.** Each commodity shipped or transported into the state shall display the following information on a bill of lading, manifest, freight bill, or on the outside of the carton;
 1. The name and address of the shipper and receiver;
 2. A certificate of inspection for nursery stock, if applicable;
 3. The botanical or common name of the commodity;
 4. The quantity of each type of commodity;
 5. The state or foreign country where each commodity originated;
 6. Any other certificate required by this Article.
- C.** Packaging.
 1. Any commodity shipped or transported into the state shall be packaged or wrapped in a manner to allow inspection by an inspector.
 2. The following and other similar types of packages are prohibited:

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- a. Packages that cannot be opened without destroying either the package or its contents;
- b. Packages that cannot, once opened, be resealed after inspection without the inspector supplying additional packing material to protect the contents;
- c. Commodities that are packaged or sealed with wire or seals that cannot be opened and resealed without special tools or equipment;
- d. Clear or colored waxes applied to a commodity that prevent inspection.

D. Restrictions.

1. Nursery stock shipments shall not enter Arizona between 8:00 a.m. Friday and 12:01 a.m. Monday, or during a legal holiday.
2. Common and private carriers. A carrier shall declare all commodities at a port-of-entry.
 - a. All carriers shall hold a commodity until it is inspected by an inspector and a Certificate of Release, under A.R.S. § 3-209, is issued. The Director may authorize a carrier to deliver a commodity to a consignee before the inspection.
 - i. If the commodity requiring inspection cannot be adequately inspected, the inspector may place the commodity under a "Warning-Hold for Agricultural Inspection."
 - ii. The inspector may seal the truck to prevent the likelihood of spreading harmful pests.
 - b. When a carrier enters the state at a port-of-entry where agriculture inspections are performed, the driver shall:
 - i. Provide the inspector with the bill of lading, manifest, or a short-form manifest signed by the company's authorized agent responsible for supervising the loading of the contents in the shipment;
 - ii. Open the vehicle and expose the contents for inspection; and
 - iii. Assist the inspector in gaining access to the contents.
 - c. When a carrier enters the state at a port-of-entry where no agricultural inspections are performed, the carrier shall follow procedures specified in subsection (D)(2)(b), proceed to destination for inspection, and provide the following information on a Load Report form:
 - i. The name, address, and telephone number of the shipper;
 - ii. The name, address, and telephone number of the primary receiver;
 - iii. The name and address of the carrier;
 - iv. The tractor unit number and trailer license number; and
 - v. The name and address of additional receivers, if any.
3. Bulk mail facility. All commodities entering a bulk mail facility shall be held for inspection. The commodity shall not be released until an inspector inspects the commodity and issues a Certificate of Release.
4. Railroad. Any commodity shipped by railroad shall be inspected at destination. The responsible party shall notify the Director in advance of the shipment to schedule an inspection of the commodity.
5. Out-of-state destination. If a commodity requiring inspection is shipped to a point outside the state, and is confirmed by a short-form manifest, freight bill, or bill of lading, the inspector shall give the driver a notice in writ-

ing, or by transit stamp, that the shipment is under quarantine while in the state, and it is unlawful to dispose of the shipment in any way unless the shipment is inspected and released by an inspector.

6. Certificate of Release. Any person receiving a commodity from a post office, United Parcel Service terminal, or any carrier without a Certificate of Release shall immediately notify the Department and request an inspection.

E. Disposition of commodity. When a carrier is in possession of, or responsible for, a commodity inspected by an inspector and found in violation of Arizona quarantine laws, and elects to ship the commodity out-of-state:

1. The inspector shall issue a "Warning-Hold for Agricultural Inspection" notice to the carrier. The carrier shall hold the notice until the commodity is removed from the state through a port-of-entry designated by the inspector and the removal is noted on the notice.
2. The carrier shall surrender the "Warning-Hold for Agricultural Inspection" notice (driver's copy) at the port-of-entry specified on the notice.

F. Violations.

1. The inspector shall place any commodities not meeting the requirements of subsections (C)(1) and (C)(2) under quarantine and notify the shipper in writing of the following options:
 - a. Reship the commodity out-of-state;
 - b. Provide the necessary labor and material to open the package and reseal it after inspection; or
 - c. Under the supervision of an inspector, destroy the shipment.
2. Any person who violates any of the following provisions shall submit the load for complete inspection at a port-of-entry, or where apprehended:
 - a. Fails to comply with requirements on the "Warning-Hold for Agricultural Inspection" notice;
 - b. Fails to comply with the inspector's instructions;
 - c. Breaks the seals of a sealed vehicle; or
 - d. Delivers a product under quarantine before it is released by an inspector, or authorized by the Director.

Historical Note

Former Rule, Quarantine Regulation 3. Section R3-1-51 renumbered to R3-4-202 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). New Section R3-4-202 renumbered from R3-4-201 and amended by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4).

R3-4-203. Repealed**Historical Note**

Former Rule, Quarantine Regulation 4. Repealed effective October 23, 1978 (Supp. 78-5). Section R3-1-52 renumbered to R3-4-203 (Supp. 91-4).

R3-4-204. Boll Weevil and Pink Bollworm Pests: Interior Quarantine**A. Definitions.** The following terms apply to this Section:

1. "Crop remnant" means the stalks, leaves, bolls, lint, pods, and seeds of cotton;
2. "Pests" means any of the following:
 - a. Pink bollworm, *Pectinophora gossypiella* (Saunders); or
 - b. Boll weevil complex, *Anthonomus grandis* (Boheman) complex.

B. Regulated commodities and appliances.

1. Cotton, all parts;

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2. Cotton gin trash;
 3. Used cotton harvesting machines; and
 4. Other materials, products, and equipment that are means of disseminating or proliferating the pests.
- C. Cotton gin trash. Any person operating an Arizona cotton gin shall daily destroy cotton gin trash by using a method prescribed in the Treatment Manual.
- D. Restrictions.
1. A person shall not ship or transport a regulated commodity or appliance from an area infested with pests except pursuant to a limited permit issued by or a compliance agreement with the Department.
 2. Any person intending to ship or transport a regulated commodity pursuant to a limited permit or compliance agreement shall provide the Department with the following information before the date of movement or shipment:
 - a. The quantity of the regulated commodity or appliance to be moved;
 - b. The location of the commodity or appliance;
 - c. The names and addresses of the consignee and consignor;
 - d. The method of shipment; and
 - e. The scheduled date of the shipment.
 3. The shipper shall attach all permits and compliance agreements to the manifest, waybill, or bill of lading which shall accompany the shipment.
 4. Permits and compliance agreements shall specify the manner of handling or treating a regulated commodity or appliance. Pink bollworm and boll weevil treatment shall be under official supervision and applied as prescribed in the Treatment Manual.
- E. Cultural practices.
1. Arizona's cultural zones are:
 - a. Zone "A" -- Yuma County west of a line extended directly north and directly south of Avenue 58E.
 - b. Zone "B" -- Cochise County, Graham County, and Greenlee County.
 - c. Zone "C" -- Mohave County and La Paz County, except for the following: T6N, R11W, 12W, 13W; T5N, R12W, 13W; T4N, R12W, 14W, 15W; T3N, R10W, 11W; and T2N, R11W.
 - d. Zone "D" -- Pima County; the following portions of Pinal County: T10S, R10E, sections 34-36; T10S, R11E, section 31; T7S, R16E; T6S, R16E; T5S, R15E; T5S, R16E and T4S, R14E; and the following portions of the Aguila area: T6N, R8W; T7N, R8W, 9W, 10W; T7N, R11W, other than sections 24, 25 and 36; and T8N, R9W, sections 31-36.
 - e. Zone "E" -- All portions of the state not included in zones "A", "B", "C", and "D."
 2. No stub, soca, or volunteer cotton shall be grown in or allowed to grow in the state. The landowner or grower shall be responsible for eliminating stub, soca, or volunteer cotton.
 3. Tillage deadline. Except as provided in subsection (E)(4), a grower shall ensure that a crop remnant of a host plant remaining in the field after harvest is shredded and the land tilled to destroy the host plant and its root system so no stalks remain attached to the soil before the following dates or before planting another crop, whichever occurs earlier: Zone "A", January 15; Zone "B", March 1; Zone "C", February 15; Zone "D", March 1; Zone "E", February 15.
 4. Rotational crop following cotton harvest.
 - a. If a grower elects to plant a small-grain crop following a cotton harvest, the grower may, after the host plant is shredded, irrigate and plant with wheat, barley, or oats (or other similar small-grain crops approved in writing by the Associate Director before planting) instead of tilling as prescribed in subsection (E)(3). The small-grain crop shall be planted before the tillage deadline for the zone.
 - b. The Associate Director shall approve small-grain crops other than wheat, barley, and oats, if the planting, growth, and harvest cycles of the small-grain crop prevents the maturation of stub, soca, or volunteer cotton. A grower shall submit a written request for approval of a small-grain crop, other than wheat, barley, or oats, at least 15 days before the tillage deadline for the zone. The written request shall include the scientific and common name of the proposed small-grain crop and the estimated date of harvest.
 - c. If a grower elects to plant a crop other than an approved small-grain crop following a cotton harvest, the requirements specified in subsection (E)(3) apply.
 5. Planting dates.
 - a. A grower who meets the tillage deadline specified in subsection (E)(3) for the preceding cotton crop year shall not plant cotton earlier than 15 days after the tillage deadline for the zone.
 - b. A grower who does not meet the tillage deadline specified in subsection (E)(3) for the preceding cotton crop year shall not plant cotton on a farm until 15 days after the grower ensures that all crop remnants of a host plant remaining in the fields after harvest are shredded and the land tilled to destroy the host plant and its root system so no stalks remain attached to the soil.
 6. Dry planting. Any grower who meets the tillage deadline for the zone may dry plant cotton five days after the tillage deadline for that zone, but shall not water until 15 days after the tillage deadline for that zone.
 7. An inspector shall give written notice to any owner or person in charge or control of the nuisance found in violation of subsection (E). The processes established in subsections (E)(3) and (E)(4) shall be repeated, as necessary, to destroy the pests.
- F. Advisory Committee. The Director, as necessary, shall appoint an advisory committee composed of the nominated representatives of the Arizona Cotton Growers Association and the Arizona Cotton Research and Protection Council and such other individuals as may be necessary to make recommendations to the Department on amendments to this Section.

Historical Note

Former Rule, Quarantine Regulation 5. Amended effective January 24, 1978 (Supp. 78-1). Former Section R3-4-53 repealed, new Section R3-4-53 adopted effective December 2, 1982. See also R3-4-53.01 through R3-4-53.07 (Supp. 82-6). Section R3-1-53 renumbered to R3-4-204 (Supp. 91-4). Section repealed, new Section adopted effective May 7, 1993 (Supp. 93-2). Amended effective September 22, 1994 (Supp. 94-3). Amended effective July 10, 1995 (Supp. 95-3). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 2082, effective May 15, 2000 (Supp. 00-2). Amended by

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final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4).

R3-4-205. Renumbered**Historical Note**

Adopted effective December 2, 1982. See also R3-4-53 and R3-4-53.02 through R3-4-53.07 (Supp. 82-6). Section R3-1-53.01 renumbered to R3-4-205 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2). New Section adopted effective December 20, 1994 (Supp. 94-4). Section R3-4-205 renumbered to R3-4-501 and amended, effective April 9, 1998 (Supp. 98-2).

R3-4-206. Repealed**Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01 and R3-4-53.03 through R3-4-53.07 (Supp. 82-6). Section R3-1-53.02 renumbered to R3-4-206 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

R3-4-207. Repealed**Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01, R3-4-53.02 and R3-4-53.04 through R3-4-53.07 (Supp. 82-6). Section R3-1-53.03 renumbered to R3-4-207 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

R3-4-208. Repealed**Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01 through R3-4-53.03 and R3-4-53.05 through R3-4-53.07 (Supp. 82-6). Section R3-1-53.04 renumbered to R3-4-208 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

R3-4-209. Repealed**Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01 through R3-4-53.04, R3-4-53.06, and R3-4-53.07 (Supp. 82-6). Amended effective October 21, 1983 (Supp. 83-5). Amended effective July 24, 1985 (Supp. 85-4). Amended effective May 5, 1986 (Supp. 86-3). Amended effective May 10, 1988 (Supp. 88-2). Amended subsection (B) effective December 27, 1988 (Supp. 88-4). Amended effective December 22, 1989 (Supp. 89-4). Section R3-1-53.06 renumbered to R3-4-209 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

R3-4-210. Repealed**Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01 through R3-4-53.05 and R3-4-53.07 (Supp. 82-6). Section R3-1-53.06 renumbered to R3-4-210 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

R3-4-211. Repealed**Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01 through R3-4-53.06 (Supp. 82-6). Section R3-1-53.07 renumbered to R3-4-211 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

R3-4-212. Repealed**Historical Note**

Former Rule, Quarantine Regulation 6. Amended effective July 1, 1975 (Supp. 75-1). Amended effective April 26, 1976 (Supp. 76-2). Amended effective June 16, 1977 (Supp. 77-3). Repealed effective June 19, 1978 (Supp. 78-3). Adopted as an emergency effective October 21, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 19, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Emergency expired. Former Section R3-4-54 adopted as an emergency now adopted without change effective May 15, 1984. See also R3-4-54.01 thru R3-4-54.05 (Supp. 84-3). Section R3-1-54 renumbered to R3-4-212 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

R3-4-213. Repealed**Historical Note**

Adopted as an emergency effective October 21, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 19, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Emergency expired. Former Section R3-4-54.01 adopted as an emergency now adopted and amended effective May 15, 1984. See also R3-4-54, R3-4-54.02 thru R3-4-54.05 (Supp. 84-3). Section R3-1-54.01 renumbered to R3-4-213 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

R3-4-214. Repealed**Historical Note**

Adopted as an emergency effective October 21, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 19, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Emergency expired. Former Section R3-4-54.02 adopted as an emergency now adopted and amended effective May 15, 1984. See also R3-4-54, R3-4-54.01, R3-4-54.03 thru R3-4-54.05 (Supp. 84-3). Section R3-1-54.02 renumbered to R3-4-214 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

R3-4-215. Repealed**Historical Note**

Adopted as an emergency effective October 21, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 19, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Emergency expired. Former Section R3-4-54.03 adopted as an emergency now adopted and amended effective May 15, 1984. See also R3-4-54, R3-4-54.01, R3-4-54.02, R3-4-54.04 and R3-4-54.05 (Supp. 84-3). Section R3-1-54.03 renumbered to R3-4-215 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

R3-4-216. Repealed**Historical Note**

Adopted as an emergency effective October 21, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 19, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Emergency expired. Former Section R3-4-54.04 adopted as an emergency now adopted and amended effective May 15, 1984. See also R3-4-54, R3-4-54.01 thru R3-4-54.03, and R3-4-54.05 (Supp. 84-3). Sec-

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tion R3-1-54.04 renumbered to R3-4-216 (Supp. 91-4).
Repealed effective April 3, 1997 (Supp. 97-2)

R3-4-217. Repealed**Historical Note**

Adopted effective May 15, 1984. See also R3-4-54, R3-4-54.01 thru R3-4-54.04 (Supp. 84-3). Section R3-1-54.05 renumbered to R3-4-217 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

R3-4-218. Boll Weevil and Pink Bollworm Pests: Exterior Quarantine**A. Definitions**

1. "Cotton appliance" means a container used in handling cotton, including sacks, bags, tarps, boxes, crates, and machinery used in planting, harvesting and transporting cotton.
2. "Cottonseed" means a seed derived from cotton plants which is destined for propagation or other use.
3. "Fumigation certificate" means a quarantine compliance certificate that specifies the fumigation chemical used, the treatment schedule, and the commodity treated.
4. "Hibiscus" means all parts of *Hibiscus* spp.
5. "Pest" means any of the following:
 - a. Boll weevil, *Anthonomus grandis* (Boheman); or
 - b. Pink bollworm, *Pectinophora gossypiella* (Saunders).
6. "Spanish moss" means all parts of *Tillandsia usneoides*.

B. Area under quarantine.

1. Boll weevil. In the state of Texas, the following counties: Anderson, Angelina, Aransas, Atascosa, Austin, Bastrop, Bee, Bell, Bexar, Blanco, Bosque, Bowie, Brazoria, Brazos, Brooks, Burtleson, Burnett, Caldwell, Calhoun, Cameron, Camp, Cass, Chambers, Cherokee, Collin, Colorado, Comal, Cooke, Coryell, Dallas, Delta, Denton, De Witt, Dimmit, Duval, Ellis, Falls, Fannin, Fayette, Fort Bend, Franklin, Freestone, Frio, Galveston, Gillespie, Goliad, Gonzales, Grayson, Gregg, Grimes, Guadalupe, Hamilton, Hardin, Harris, Harrison, Hays, Henderson, Hidalgo, Hill, Hood, Hopkins, Houston, Hunt, Jack, Jackson, Jasper, Jefferson, Jim Hogg, Jim Wells, Johnson, Karnes, Kaufman, Kendall, Kenedy, Kinney, Kleberg, Lamar, Lampasas, La Salle, Lavaca, Lee, Leon, Liberty, Limestone, Live Oak, Llano, Madison, Marion, Matagorda, Maverick, McLennan, McMullen, Medina, Milam, Mills, Montague, Montgomery, Morris, Nacogdoches, Navarro, Newton, Nueces, Orange, Panola, Parker, Polk, Rains, Red River, Refugio, Robertson, Rockwall, Rusk, Sabine, San Augustine, San Jacinto, San Patricio, San Saba, Shelby, Smith, Somervell, Starr, Tarrant, Titus, Travis, Trinity, Tyler, Upshur, Uvalde, Van Zandt, Victoria, Walker, Waller, Washington, Webb, Wharton, Willacy, Williamson, Wilson, Wise, Wood, Zapata, and Zavala.
2. Pink bollworm. New Mexico, Texas, and the following counties of California: Fresno, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Merced, Orange, Riverside, San Bernardino, San Benito, San Diego, and Tulare.

C. Regulated commodities and appliances.

1. Gin trash,
2. Cotton lint,
3. Cottonseed,
4. Used cotton appliances that have any cotton plants attached or contained therein,
5. Cotton plants,
6. Spanish moss, and
7. Hibiscus plants.

D. Restrictions. A person shall not ship or transport into Arizona from an area under quarantine:

1. For the pink bollworm, any regulated commodity or appliance that is not accompanied by a permit or certificate required by 7 CFR 301.52 et seq., revised January 1, 2013. This incorporation by reference does not include any later amendments or editions and is available from the Department and online at <http://www.gpo.gov/fdsys/>.
2. For the boll weevil,
 - a. Gin trash, cotton lint, cottonseed, or used cotton appliances that have any cotton plants attached or contained therein unless the commodity or appliance is accompanied by an original fumigation certificate attesting the commodity or appliance has been fumigated as prescribed in the Treatment Manual.
 - b. Cotton plants or hibiscus plants unless the commodity is accompanied by an original quarantine compliance certificate attesting the commodity was treated with a chemical to kill the pest and was visually inspected and found free of all live life stages of the pest within five days of shipment.
 - c. Spanish moss, unless the commodity is accompanied by an original quarantine compliance certificate attesting the commodity was treated by one of the following methods:
 - i. Commercial drying; or
 - ii. Chemical treatment using a pesticide registered and labeled for use on the commodity to kill all live life stages of the pest.

Historical Note

Former Rule, Quarantine Regulation 7. Section R3-4-55 repealed, new Section adopted effective August 16, 1990 (Supp. 90-3). Section R3-1-55 renumbered to R3-4-218 (Supp. 91-4). Appendix to R3-4-218 removed; R3-4-218 amended by final rulemaking effective January 4, 2014 (Supp. 13-4).

R3-4-219. Citrus Fruit Surface Pest**A. Definitions.**

"Pest" means all life stages of the following:

Aonidiella aurantii, California red scale;
Aonidiella citrina, Yellow scale;
Asynonychus godmani, Fuller rose beetle;
Chrysomphalus aonidum, Florida red scale;
Cornuaspis beckii, Purple scale;
Lepidosaphes gloverii, Glover scale;
Maconellicoccus hirsutus, Pink hibiscus mealybug;
Parlatoria pergandii, Chaff scale;
Phyllocoptruta oleivora, Citrus rust mite; or
Pseudococcus comstocki, Comstock mealybug.

B. Area under quarantine. All states, territories, and districts of the United States, except the state of Arizona.**C. Regulated commodities and appliances.**

1. Commodities. The fresh fruit of all species, varieties, and hybrids of the genera *Citrus*, *Fortunella*, and *Poncirus*.
2. Appliances. An appliance used in a citrus grove, citrus nursery, or other area to pick, pack, or handle a regulated commodity listed in subsection (C)(1).

D. Restrictions.

1. A person who ships into Arizona a regulated commodity or appliance listed in subsection (C) shall ensure that the commodity or appliance is free of stems, leaves, and plant parts.
2. A person shall not ship into Arizona a regulated commodity or appliance from an area under quarantine unless each shipment is accompanied by an original certificate

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issued by a plant regulatory official of the state of origin attesting that the regulated commodity or appliance was treated by a method listed in subsection (F), under the official's supervision.

- E. Exemption. The Director shall issue a permit to allow a regulated commodity from an area under quarantine to enter Arizona without treatment as prescribed in subsection (F) if the applicant complies with all conditions of the permit and the regulated commodity:

1. Originates from an area that a plant regulatory official of the state of origin certifies as pest-free; or
2. Is shipped to an Arizona juicing facility located outside of Yuma County; or
3. Is commercially packaged and is shipped to an Arizona business that will redistribute the regulated commodity out-of-state.

- F. Treatment.

1. Hydrogen cyanide fumigation. The regulated commodity shall be treated for one hour at the following rate:

Pulp Temperature	Rate per 100 cu. ft.
60° F to 85° F	25 cc HCN gas

2. Methyl bromide fumigation (Q label). The regulated commodity shall be treated for two hours at one of the following rates:

Pulp Temperature	Rate per 1000 cu. ft.
60° F to 79° F	3 lbs.
80° F or higher	2 1/2 lbs.

3. Irradiation. The regulated commodity shall be treated at a rate approved by the Director.
4. Steam treatment. The regulated appliance shall be cleaned to remove all fruit, leaves, stems, and other debris and then steam-treated.
5. Other treatment. The regulated commodity or appliance shall be treated by any other method approved by the Director.

- G. Disposition of regulated commodity or appliance not in compliance. A regulated commodity or appliance shipped into Arizona in violation of this Section shall be destroyed, treated, or transported out of state as prescribed at A.R.S. Title 3, Chapter 2, Article 1.

Historical Note

Former Rule, Quarantine Regulation 8. Repealed effective December 19, 1980 (Supp. 80-6). Adopted as an emergency effective April 11, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-2). Emergency adoption expired. Permanent rule adopted effective November 15, 1984 (Supp. 84-6). Former Section R3-4-56 repealed, former Sections R3-4-56.01 through R3-4-56.04 renumbered and amended as Section R3-4-56 effective June 20, 1986 (Supp. 86-3). Repealed June 29, 1990 (Supp. 90-2). New Section adopted effective April 11, 1991 (Supp. 91-2). Section R3-1-56 renumbered to R3-4-219 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 3380, effective October 2, 2004 (Supp. 04-3).

R3-4-220. Citrus Nursery Stock Pests

- A. Definitions. "Pest" means any of the following viral diseases or arthropods:

1. Viral diseases:
Cachexia (CVd-II),
Citrus Exocortis Virus (CEVd),
Citrus Psorosis Virus (CPsV), or

Citrus Tristeza Virus (CTV).

2. Arthropods. All life stages of:
Aceria sheldoni, Citrus bud mite;
Maconellicoccus hirsutus, Pink hibiscus mealybug;
Phyllocoptruta oleivora, Citrus rust mite; or
Pseudococcus comstocki, Comstock mealybug.

- B. Area under quarantine. All states, territories, and districts of the United States, except the state of Arizona.

- C. Regulated commodities and appliances.

1. Commodities. A plant or plant part, except seed or attached green fruit, of all species, varieties, or hybrids of the genera *Citrus*, *Eremocitrus*, *Fortunella*, *Poncirus*, and *Microcitrus*.
2. Appliances. An appliance used in a citrus grove, citrus nursery, or other area to handle citrus nursery stock listed in subsection (C)(1).

- D. Restrictions.

1. A person may ship a regulated commodity into Arizona from an area under quarantine if the regulated commodity is accompanied by a certificate issued by a plant regulatory official from the origin state, attesting that the commodity:

- a. Originates from an area not under quarantine for citrus tristeza virus, and
- b. Originates from a source tree that is:
 - i. Tested for Cachexia, citrus exocortis virus, and citrus psorosis virus; or
 - ii. From budwood tested for Cachexia, citrus exocortis virus, and citrus psorosis virus; and
 - iii. Tested annually for citrus tristeza virus; and
- c. Was treated within five days before shipment with a chemical to kill the arthropod pests listed in subsection (A)(2), and that the commodity is free of all live life stages of the arthropod pests listed in subsection (A)(2).

2. A person shall not ship a Meyer lemon plant or plant part, except fruit, into Arizona. An exception is allowed for the selection Improved Meyer lemon plant or plant part, which may be shipped into Arizona in compliance with this Section.

3. A person shipping a regulated commodity into Arizona shall attach a single tag or label to each plant or plant part, or to each individual container containing a plant or plant part, that is intended for resale by an Arizona receiver. The tag or label shall contain the following information separately provided for each scion variety grafted to a single rootstock:

- a. Name and address of the nursery that propagated the plant,
- b. Scion variety name,
- c. Scion variety registration number, and
- d. Rootstock variety name.

4. A person shipping a regulated commodity into Arizona shall ensure the commodity complies with the entry requirements prescribed in R3-4-226 and R3-4-238.

5. A person may ship a regulated appliance into Arizona if the appliance is accompanied by a certificate issued by a plant regulatory official from the origin state. The certificate shall state that the appliance was treated within five days before shipment with a chemical to kill the arthropod pests listed in subsection (A)(2), and that the appliance is free of all live life stages of the arthropod pests listed in subsection (A)(2).

- E. Disposition of regulated commodity or appliance not in compliance. A regulated commodity or appliance shipped into Arizona in violation of this Section shall be destroyed, treated, or

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transported out-of-state as prescribed at A.R.S. Title 3, Chapter 2, Article 1.

Historical Note

Former Rule, Quarantine Regulation 9. Amended effective July 1, 1975 (Supp. 75-1). Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Section repealed, new Section adopted effective June 14, 1990 (Supp. 90-2). Section R3-1-57 renumbered to R3-4-220 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 3380, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 4065, effective December 4, 2006 (Supp. 06-4).

R3-4-221. Repealed**Historical Note**

Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Repealed effective June 14, 1990 (Supp. 90-2). Section R3-1-57.01 renumbered to R3-4-221 (Supp. 91-4).

R3-4-222. Repealed**Historical Note**

Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Repealed effective June 14, 1990 (Supp. 90-2). Section R3-1-57.02 renumbered to R3-4-222 (Supp. 91-4).

R3-4-223. Repealed**Historical Note**

Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Repealed effective June 14, 1990 (Supp. 90-2). Section R3-1-57.03 renumbered to R3-4-223 (Supp. 91-4).

R3-4-224. Repealed**Historical Note**

Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Repealed effective June 14, 1990 (Supp. 90-2). Section R3-1-57.04 renumbered to R3-4-224 (Supp. 91-4).

R3-4-225. Repealed**Historical Note**

Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Repealed effective June 14, 1990 (Supp. 90-2). Section R3-1-57.05 renumbered to R3-4-225 (Supp. 91-4).

R3-4-226. Scale Insect Pests**A. Definitions.**

"Pest" means all life stages of the following:

Aonidiella aurantii, California red scale;
Aonidiella citrine, Yellow scale;
Chrysomphalus aonidum, Florida red scale; or
Pulvinaria psidi, Green shield scale.

B. Area under quarantine. The entire states of Alabama, Arkansas, California, Florida, Georgia, Hawaii, Louisiana, Mississippi, and Texas, and the Commonwealth of Puerto Rico.**C. Regulated commodities.** Plants and all plant parts, except seed, of the genera listed below:

Camellia,
Chrysalidocarpus,
Citrus,
Cycas,
Dracaena,
Eremocitrus,
Euonymus,
Ficus,
Fortunella,
Ilex,
Ligustrum,
Microcitrus,
Poncirus, and
Rosa

D. Restrictions. A person may ship a regulated commodity to Arizona from an area under quarantine if each shipment is accompanied by a certificate issued by a plant regulatory official of the origin state within five days before shipment attesting that one of the following is true:

1. A regulated commodity of the genera *Citrus*, *Eremocitrus*, *Fortunella*, *Microcitrus*, and *Poncirus* was treated with a chemical to kill the pests listed in subsection (A) and was visually inspected and found free of all live life stages of the pests listed in subsection (A);
2. A regulated commodity not listed in subsection (D)(1):
 - a. Was treated with a chemical to kill the pests listed in subsection (A) and was visually inspected and found free of all live life stages of the pests listed in subsection (A); or
 - b. Originated from a nursery with a pest management program recognized and monitored by the origin state to control the pests listed in subsection (A), and was visually inspected and found free of all live life stages of the pests listed in subsection (A).

E. Disposition of regulated commodity not in compliance. A regulated commodity shipped into Arizona in violation of this Section shall be destroyed, treated, or transported out-of-state as prescribed at A.R.S. Title 3, Chapter 2, Article 1.**Historical Note**

Former Rule, Quarantine Regulation 10; Amended effective August 31, 1981 (Supp. 81-4). Former Section R3-4-58 repealed, new Section R3-4-58 adopted effective July 13, 1989 (Supp. 89-3). Section R3-1-58 renumbered to R3-4-226 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 3380, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 4065, effective December 4, 2006 (Supp. 06-4).

R3-4-227. Repealed**Historical Note**

Former Rule, Quarantine Regulation 11. Section R3-1-59 renumbered to R3-4-227 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

R3-4-228. European Corn Borer**A. Definitions.** The following terms apply in this Section:

"Corn" means *Zea* spp.

"Fragment" means a portion of a regulated commodity that cannot pass through a 1/2" aperture or a completely whole, round, and uncrushed piece of cob, stalk, or stem of at least 1" in length and 3/16" in diameter.

"Pest" means all life stages of the European corn borer, *Ostrinia nubilalis*.

"Shelled grain" means the seed or kernel of corn or sorghum that has been separated from every other plant part.

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“Sorghum” means *Sorghum* spp.

B. Area under quarantine.

1. The entire states of Alabama, Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming.
2. The District of Columbia.
3. In the state of Florida, the following counties: Calhoun, Escambia, Gadsden, Hamilton, Holmes, Jackson, Jefferson, Madison, Okaloosa, and Santa Rosa.
4. In the state of Louisiana, the following parishes: Bossier, Caddo, Concordia, East Carroll, Franklin, Madison, Morehouse, Natchitoches, Ouachita, Red River, Richland, Tensas, and West Carroll.
5. In the state of New Mexico, the following counties: Chaves, Curry, Quay, Roosevelt, San Juan, Santa Fe, Torrance, Union, and Valencia.
6. In the state of Texas, the following counties: Bailey, Carson, Castro, Dallam, Deaf Smith, Floyd, Gray, Hale, Hansford, Hartley, Hutchinson, Lamb, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, and Swisher.

C. Regulated commodities. The plants corn and sorghum and every plant part, including seed, shelled grain, stalks, ears, cobs, fragments, and debris are regulated commodities under this Section.

D. Restrictions. A person shall not ship into Arizona a regulated commodity from an area under quarantine unless each shipment is accompanied by an original certificate, issued by a plant regulatory official of the state of origin, attesting that the regulated commodity was treated by a method listed in subsection (F), under the official's supervision.

E. Exemptions.

1. Treatment prescribed in subsection (F) is waived for all of the following:
 - a. Shelled grain, if the grain is accompanied by an original certificate issued by a plant regulatory official of the state of origin attesting that:
 - i. The shelled grain was passed through a 1/2" or smaller-size mesh screen at the place of origin, and
 - ii. The shipment is free of plant fragments capable of harboring the larval life stage of the pest;
 - b. Commercially packaged shelled popcorn, planting seed, and grain for human consumption; or
 - c. A regulated commodity manufactured or processed by a method that eliminates the pest.
2. The Director shall issue a permit to allow a regulated commodity from an area under quarantine, other than one exempt under subsection (E)(1), to enter Arizona without the treatment prescribed in subsection (F) if the regulated commodity originates from an area certified as pest free by a plant regulatory official of the state of origin.

F. Treatment.

1. Methyl bromide fumigation (Q label) applied at label rates.
2. Any other treatment approved by the Director.

G. Disposition. If a person ships a regulated commodity into Arizona in violation of this Section, the regulated commodity shall be destroyed, treated, or transported out-of-state as prescribed in A.R.S. Title 3, Chapter 2, Article 1.

Historical Note

Former Rule, Quarantine Regulation 12. Amended effective July 1, 1975 (Supp. 75-1). Amended effective June 19, 1978 (Supp. 78-3). Amended subsection (C) effective January 21, 1981 (Supp. 81-1). Amended effective August 11, 1987 (Supp. 87-3). Section R3-1-60 renumbered to R3-4-228 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 3374, effective October 2, 2004 (Supp. 04-3).

R3-4-229. Nut Tree Pests

A. In addition to the definitions provided in A.R.S. § 3-201 and R3-4-102, the following terms apply to this Section:

1. “Brooming” means a virus-like disease that drastically reduces nut production and sometimes causes death of the host tree.
2. “Pest” means any of the following:
 - a. Pecan leaf casebearer, *Acrobasis juglandis* (LeBaron);
 - b. Pecan nut casebearer, *Acrobasis nuxvorella* (Neunzig);
 - c. Pecan phylloxera, *Phylloxera devastatrix*;
 - d. The pathogen that causes brooming disease of walnut.

B. Area under quarantine: All states, districts, and territories of the United States except California.

C. Infested area.

1. For *Arcobasis* spp.: All states and districts east of and including the states of Montana, Wyoming, Colorado, Oklahoma, and Texas; in New Mexico, the counties of Chaves, Lea, Roosevelt, Eddy, Dona Ana, Otero, and Quay.
2. For pecan phylloxera: Alabama, Arkansas, Louisiana, Mississippi, Oklahoma, and Texas.
3. For brooming disease of walnut: All states and districts east of and including Montana, Wyoming, Colorado, and New Mexico.

D. Commodities covered:

1. All species and varieties of the following trees and all plant parts capable of propagation, except the nuts. Plant parts include buds, scions, and rootstocks:
 - a. Hickory and pecan (*Carya* spp.);
 - b. Walnut and butternut (*Juglans* spp.);
2. Pecan firewood;
3. Any used appliance, used box, or sack used during the growing, harvesting, handling, transporting, or storing nuts and hulls.

E. Restrictions:

1. The commodities listed in subsection (D)(1) shall be admitted into Arizona:
 - a. From the infested area prescribed in subsections (C)(1) and (C)(2) if treated at origin and each lot or shipment is accompanied by a certificate issued by the origin state department of agriculture affirming the commodity has been treated in accordance with subsection (F);
 - b. From an area under quarantine outside the infested area, if each lot or shipment is accompanied by a certificate issued by the origin state department of agriculture affirming that the commodities originated in a county not known to be infested with the pests listed in subsections (A)(2)(a), (b), and (c).
2. The commodities listed in subsection (D)(1)(b) shall be:
 - a. Prohibited from entering Arizona from the infested area prescribed in subsection (C)(3);
 - b. Admitted into Arizona from an area under quarantine outside the infested area prescribed in subsection (C)(3);

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tion (C)(3), if each lot or shipment is accompanied by a certificate issued by the origin state department of agriculture affirming brooming is unknown in the origin county.

3. The commodities listed in subsections (D)(2) and (D)(3) are prohibited from entering the state unless fumigated as prescribed in subsection (F)(1).

F. Treatments:

1. Methyl bromide fumigation at normal atmospheric pressure, with circulations maintained for 30 minutes, as follows:
 - a. 2 lbs. per 1,000 cu.ft. for four hours at 70° F or more,
 - b. 3 lbs. per 1,000 cu.ft. for four hours at 60-69° F.
2. A hot-water dip at 140° F or more for a minimum of 30 continuous seconds.
3. Appliances.
 - a. Steam-cleaned, inspected, and certified free from debris by the origin state, or
 - b. Cold treatment in a cold storage chamber at or below 0° F for at least seven consecutive days (168 hours).
4. Any other treatment approved by the Associate Director.

Historical Note

Former Rule, Quarantine Regulation 13. Amended subsections (C), (E) and (G) effective May 5, 1986 (Supp. 86-3). Section R3-1-61 renumbered to R3-4-229 (Supp. 91-4). Amended effective January 16, 1996 (Supp. 96-1). Amended by final rulemaking at 6 A.A.R. 41, effective December 8, 1999 (Supp. 99-4). Subsection citation in subsection (E)(1)(b) amended to correct manifest typographical error (Supp. 03-2).

R3-4-230. Repealed

Historical Note

Former Rule, Quarantine Regulation 14. Section R3-1-62 renumbered to R3-4-230 (Supp. 91-4). Section repealed by final rulemaking at 10 A.A.R. 3380, effective October 2, 2004 (Supp. 04-3).

R3-4-231. Nut Pests

- A. Definition.** In addition to the definitions provided in A.R.S. § 3-201 and R3-4-102, the following term applies to this Section:

“Pest” means any of the following:

 1. Pecan weevil, *Curculio caryae* (Horn);
 2. Butternut curculio, *Conotrachelus juglandis* LeC;
 3. Black walnut curculio, *Conotrachelus retentus* Say;
 4. Hickory shuckworm, *Laspeyresia caryana* (Fitch).
- B. Area under quarantine:**
 1. Pecan weevil: All states and districts of the United States except California and New Mexico.
 2. Hickory shuckworm: The New Mexico counties of Lea, Eddy, and Dona Ana, and all other states and districts of the United States except California.
 3. Black walnut curculio and butternut curculio: All states and districts of the United States except California.
- C. Commodities covered:**
 1. Nuts of all species and varieties of hickory, pecan (*Carya spp.*), walnut and butternut (*Juglans spp.*), except extracted nut meats.
 2. Any used appliance, used box or sack used during growing, harvesting, handling, transporting, or storing nuts and hulls.
- D. Restrictions:**
 1. A commodity listed in subsection (C)(1), originating in or shipped from the area under quarantine, shall be admitted

into Arizona if the commodity has been cleaned of husks, hulls, debris, and sticktights and each lot or shipment is accompanied by a certificate issued by the origin state department of agriculture affirming the commodity has been treated in accordance with subsection (E).

2. A commodity listed in subsection (C)(2) shall be admitted into Arizona if the commodity has been fumigated as prescribed in subsections (E)(3) and (E)(4).

E. Treatment:

1. Cold treatment: The commodities shall be held in a cold storage chamber at or below 0° F for at least seven consecutive days (168 hours). The treatment shall not start until the entire content of the lot of nuts has reached 0° F
2. A hot-water bath treatment at 140° F for a minimum of five continuous minutes. Water temperature shall be maintained at or above 140° F during the entire treatment period.
3. Methyl bromide fumigation at normal atmospheric pressure, with circulations maintained for 30 continuous minutes, as follows:
 - a. 2 lbs. per 1,000 cu. ft. for four hours at least 70° F, or
 - b. 3 lbs. per 1,000 cu. ft. for four hours at 60-69° F.
4. Appliances.
 - a. Steam-cleaned, inspected, and certified free from debris by the origin state,
 - b. Cold treatment in a cold storage chamber at or below 0° F for at least seven consecutive days (168 hours).

Historical Note

Former Rule, Quarantine Regulation 15. Amended effective July 13, 1989 (Supp. 89-3). Section R3-1-63 renumbered to R3-4-231 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 41, effective December 8, 1999 (Supp. 99-4).

R3-4-232. Repealed

Historical Note

Former Rule, Quarantine Regulation 16. Repealed effective February 16, 1979 (Supp. 79-1). Section R3-1-64 renumbered to R3-4-232 (Supp. 91-4).

R3-4-233. Lettuce Mosaic Virus

- A. Definitions.** In addition to the definitions provided in R3-4-101, the following terms apply to this Section:
 1. “Breeder seed” means unindexed lettuce seed that a lettuce breeder or researcher controls, and that is not available for commercial sale or propagation.
 2. “Breeder trial” means breeder seed grown to develop a new variety of lettuce.
 3. “Mosaic-indexed” means that a laboratory tested at least 30,000 lettuce seeds from a seed lot and found that all sampled seeds were determined to be free from lettuce mosaic virus.
 4. “Pest” means lettuce mosaic virus.
 5. “Unindexed lettuce seed” means lettuce seed that is not mosaic-indexed.
- B. Area Under Quarantine:** All states, districts, and territories of the United States.
- C. Regulated Commodities:** Plants and plant parts, including seeds, of all varieties of lettuce, *Lactuca sativa*.
- D. Restrictions.**
 1. A person shall not import into, transport within, plant, or sell in Arizona unindexed lettuce seed unless the unindexed lettuce seed is exempted under subsection (E) or the person obtains a permit as prescribed in subsection (G).

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2. Each container or subcontainer of mosaic-indexed seed shall bear a label with the statement "Zero infected seeds per 30,000 tested (0 in 30,000)" as well as the name of the certified or accredited laboratory that tested the seed under subsection (D)(5).
 3. A person shall not import into, transport within, plant, or sell in Arizona lettuce transplants unless the transplants are exempted under subsection (E), or unless an original certificate, issued by the origin state, accompanies the shipment. The certificate shall declare:
 - a. The name of the exporter,
 - b. The variety name and lot number of the seed from which the transplants were grown, and
 - c. Verification that the seeds from which the transplants were grown were mosaic-indexed.
 4. A grower shall disk or otherwise destroy all lettuce fields within 10 days after the last day of commercial harvest or abandonment, unless prevented by documented weather conditions or circumstances beyond the control of the grower.
 5. Laboratories that index lettuce seed that is shipped to Arizona shall be certified by the agricultural department of the laboratory's state of origin or by the Arizona Department of Agriculture, in accordance with A.R.S. § 3-145, or shall be accredited by the National Seed Health System. Laboratories shall provide a copy of their certificate or accreditation letter to the Arizona Department of Agriculture by January 1 of the year that shipping will take place.
- E. Exemptions.** The requirements of subsection (D) do not apply to:
1. Lettuce seed sold in retail packages of 1 oz. or less to the homeowner for noncommercial planting,
 2. Shipments of lettuce transplants consisting of five flats or less per receiver for noncommercial planting,
 3. Breeder trials for a plot of 1/20 of an acre or less, or
 4. Breeder trials for a plot of greater than 1/20 of an acre but no more than 1.25 acres provided the breeder or researcher:
 - a. Places a flag, marked with a trial identification number, at each corner of a breeder trial plot;
 - b. Provides the following written information to the Department within 10 business days of planting breeder seed:
 - i. GPS coordinates for each breeder trial plot using NAD 83 decimal degrees;
 - ii. A detailed map showing the location of each breeder trial plot;
 - iii. An identification number for each breeder trial plot; and
 - iv. The name, address, telephone number, and e-mail address for the breeder or researcher;
 - c. Monitors the lettuce for pest symptoms, and notifies the Department, by telephone, by the end of the first business day following the detection of pest symptoms;
 - d. Removes and destroys all plants exhibiting pest symptoms from the breeder trial plot and places them in a sealed container for disposal in a landfill;
 - e. Labels bills of lading or invoices accompanying breeder seed into Arizona with the statement "LETTUCE SEED FOR BREEDER TRIALS ONLY"; and
 - f. Destroys lettuce plants remaining in a breeder trial plot within 10 days after the completion of breeding trials unless prevented by documented weather conditions or circumstances beyond the control of the researcher or breeder.
- F.** A breeder or researcher may conduct multiple breeder trials in Arizona under the provisions of subsection (E)(3) and (4).
- G. Permits.**
1. A person may apply for a permit to import unindexed lettuce seed for temporary storage in Arizona if the person:
 - a. Maintains the identity of the seed while in Arizona;
 - b. Does not sell or distribute the seed for use in the state;
 - c. Does not transfer the seed to any other facility in the state; and
 - d. Reships the seed from the state within seven days or the period of time specified on the permit, whichever is longer.
 2. A person may apply for a permit to transport unindexed lettuce seed into Arizona to be mosaic-indexed.
- H. Disposition of Violation.**
1. Any infected shipment of lettuce seed or transplants arriving in or found within the state, in violation of this Section, shall be immediately destroyed. The owner or the owner's agent shall bear the cost of the destruction.
 2. Any shipment of unindexed lettuce seed or transplants arriving in or found within the state in violation of this Section shall be immediately sent out-of-state or destroyed at the option of the owner or the owner's agent. The owner or the owner's agent shall bear the cost of the destruction or of sending the lettuce seed or transplants out-of-state.
 3. Any Arizona lettuce fields in violation of this Section shall be abated as established in A.R.S. §§ 3-204 and 3-205. The owner or person in charge may be assessed a civil penalty established in A.R.S. § 3-215.01.
 4. Violation of any provision of a permit issued under subsection (G) may result in suspension or revocation of the permit.

Historical Note

Former Rule, Quarantine Regulation 17. Amended effective July 1, 1975 (Supp. 75-1). Section R3-1-65 renumbered to R3-4-233 (Supp. 91-4). Section repealed; new Section adopted effective December 2, 1998 (Supp. 98-4). Amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 14 A.A.R. 4091, effective December 6, 2008 (Supp. 08-4).

R3-4-234. Nematode Pests**A. Definition.**

"Pest" means the reniform nematode, *Rotylenchulus reniformis*, and the burrowing nematode, *Radopholus similis* (Cobb).

B. Areas under quarantine.

1. Reniform nematode.

- a. The entire states of Florida and Hawaii.
- b. The Commonwealth of Puerto Rico.
- c. In the state of Alabama, the counties of, Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Dale, Dallas, DeKalb, Elmore, Escambia, Etowah, Fayette, Franklin, Geneva, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Saint Clair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington, Wilcox, and Winston.

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- d. In the state of Arkansas, the counties of Ashley, Jefferson, Lonoke, and Monroe.
 - e. In the state of Georgia, the counties of, Baker, Banks, Barrow, Bartow, Ben Hill, Berrien, Bleckley, Brooks, Bulloch, Burke, Calhoun, Candler, Catoosa, Charlton, Clarke, Clay, Coffee, Colquitt, Cook, Crisp, Decatur, Dodge, Dooly, Dougherty, Early, Echols, Elbert, Emanuel, Franklin, Gordon, Grady, Hall, Hart, Houston, Jeff Davis, Jefferson, Jenkins, Johnson, Laurens, Lee, Macon, Marion, Miller, Mitchell, Montgomery, Morgan, Newton, Oconee, Peach, Pierce, Pulaski, Randolph, Richmond, Schley, Screven, Seminole, Stewart, Sumter, Tattnell, Taylor, Terrell, Thomas, Tift, Tombs, Turner, Twiggs, Walker, Walton, Warren, Washington, Wayne, Webster, Wheeler, Wilcox, and Worth.
 - f. In the state of Louisiana, the parishes of, Acadia, Ascension, Assumption, Avoyelles, Beauregard, Bossier, Caddo, Calcasieu, Caldwell, Catahoula, Concordia, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jefferson, Lafayette, Lafourche, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, Saint Bernard, Saint Charles, Saint Helena, Saint John the Baptist, Saint Landry, Saint Tammany, Tangipahoa, Tensas, Terrebonne, West Baton Rouge, West Carroll, and Winn.
 - g. In the state of Mississippi, the counties of, Adams, Alcorn, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Coahoma, Copiah, Covington, DeSoto, Forrest, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jones, Lafayette, Lee, Leflore, Lowndes, Madison, Marion, Marshall, Monroe, Noxubee, Oktibbeha, Panola, Perry, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Sunflower, Tallahatchie, Tippah, Tunica, Union, Warren, Washington, Yalobusha, and Yazoo.
 - h. In the state of North Carolina, the counties of, Cumberland, Harnett, Hoke, Johnston, Richmond, Robeson, Sampson, and Scotland.
 - i. In the state of South Carolina, the counties of, Calhoun, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marlboro, Orangeburg, Sumter, and Williamsburg.
 - j. In the state of Texas, the counties of, Brazos, Burleson, Cameron, Fort Bend, Hidalgo, Lynn, Robertson, Starr, Terry, Wharton, and Willacy.
2. Burrowing nematode.
 - a. The entire states of Florida and Hawaii.
 - b. In the state of Texas, the counties of, Cameron and Hildago.
 - c. The Commonwealth of Puerto Rico.
- C. Regulated Commodities.**
1. Soil;
 2. All plants with roots, including bulbs, corms, tubers, rhizomes, and stolons; and
 3. All plant cuttings for propagation.
- D. Exceptions to regulated commodities.**
1. Industrial sand and clay;
 2. Orchids and plants produced epiphytically, if growing exclusively in or on soil-free material such as osmunda fiber, tree fern trunk, or bark;
 3. Aquatic plants, including species normally growing in, on, or under water;
 4. Dormant bulbs, corms, tubers, rhizomes, and stolons for propagation, if free from roots and soil; and
 5. All fleshy roots, corms, tubers, and rhizomes for edible or medicinal purposes, if free of soil.
- E. Quarantine Restrictions.**
1. The Associate Director shall deny entry of a regulated commodity from an area under quarantine, whether moved directly from the area or by diversion or reconsignment, unless the regulated commodity is accompanied by an original certificate from the state of origin. The certificate shall state that the regulated commodity contained in the shipment is pest-free by one of the following methods:
 - a. The origin state determined through an annual survey conducted within the 12-month period immediately before shipment, that the pests do not exist on the property or in the facility used to grow the regulated commodity.
 - b. The regulated commodity in the shipment was sampled two weeks before shipment, and found pest-free.
 - c. The regulated commodity was protected from infestation of the pests by implementing all of the following steps:
 - i. Propagated from clean seed or from cuttings taken 12 inches or higher above ground level,
 - ii. Planted in sterilized soil or other material prepared or treated to ensure freedom from the pests,
 - iii. Retained in a sterilized container or bed,
 - iv. Placed on a sterilized bench or sterilized support 18 inches or higher from the ground or floor level, and
 - v. Found pest-free using a sampling method approved by the Associate Director.
 2. All regulated commodities entering Arizona shall be unloaded at destination into a quarantine holding area and held undisturbed for at least five calendar days until the Department confirms the regulated commodities are pest-free.
 3. An Arizona receiver of a regulated commodity shall establish a quarantine holding area approved by the Department that satisfies the following conditions:
 - a. The floor of the holding area shall be composed of a permeable surface, such as sand or soil, and shall be free from debris, grass, and weeds;
 - b. An outdoor quarantine holding area shall be at least 15 ft. from all masonry walls, property boundaries, and non-quarantined plants;
 - c. The quarantine holding area shall be isolated from public access, and surrounded by a fence or other barrier; and
 - d. The integrity and security of the holding area shall be maintained at all times.
 4. A cutting or bareroot regulated commodity may be placed in a container during the quarantine holding period. If the Associate Director determines that the regulated commodity is infested with a pest, the regulated commodity, container, and soil shall be transported out-of-state or destroyed by a method approved by the Associate Director.
 5. Pesticides and other chemicals shall not be applied to a regulated commodity in a quarantine holding area except under the direction and supervision of a Department inspector.
- F. Disposition of violations.**

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If laboratory testing indicates a regulated commodity is infested with a pest, the regulated commodity shall be destroyed or transported out-of-state.

Historical Note

Former Rule, Quarantine Regulation 18. Amended effective April 26, 1976 (Supp. 76-2). Repealed effective December 19, 1980 (Supp. 80-6). Adopted effective August 1, 1985 (Supp. 85-2). Section R3-1-66 renumbered to R3-4-234 (Supp. 91-4). Section repealed; new Section made by final rulemaking at 7 A.A.R. 4434, effective September 24, 2001 (Supp. 01-3).

R3-4-235. Repealed**Historical Note**

Adopted effective August 1, 1985 (Supp. 85-2). Section R3-1-66.01 renumbered to R3-4-235 (Supp. 91-4). Section repealed by final rulemaking at 7 A.A.R. 4434, effective September 24, 2001 (Supp. 01-3).

R3-4-236. Repealed**Historical Note**

Adopted effective August 1, 1985 (Supp. 85-2). Section R3-1-66.02 renumbered to R3-4-236 (Supp. 91-4). Section repealed by final rulemaking at 7 A.A.R. 4434, effective September 24, 2001 (Supp. 01-3).

R3-4-237. Repealed**Historical Note**

Adopted effective August 1, 1985 (Supp. 85-2). Section R3-1-66.03 renumbered to R3-4-237 (Supp. 91-4). Section repealed by final rulemaking at 7 A.A.R. 4434, effective September 24, 2001 (Supp. 01-3).

R3-4-238. Whitefly Pests**A. Definition.**

"Pest" means:

1. Citrus whitefly, *Dialeurodes citri* (Ashm.);
2. Cloudy-winged whitefly, *Dialeurodes citrifolii* (Morgan);
3. Woolly whitefly, *Aleurothrixus floccosus* (Maskell).

B. Area under quarantine. Alabama, Arkansas, California, Florida, Georgia, Hawaii, Louisiana, Mississippi, North Carolina, South Carolina, Texas, and Virginia.**C. Commodities covered.** Plants and all plant parts, except fruit and seed, of the following genera and species:

Ailanthus,
Amplopsis,
Bignonia capreolata,
Choisya ternata,
Citrus,
Diospyros,
Eremocitrus,
Feijoa,
Ficus macrophyll,
Fortunella,
Gardenia,
Ilex,
Jasminum,
Lagerstroemia,
Ligustrum,
Maclura pomifera,
Melia,
Microcitrus,
Musa,
Osmanthus,
Plumaria,
Poncirus,

Prunus caroliniana,
Psidium,
Punica granatum,
Pyrus communis,
Sapindus mukorossi,
Smilax,
Syringa vulgaris, and
Viburnum

D. Restrictions. A person may ship a regulated commodity to Arizona from an area under quarantine if the shipment is accompanied by a certificate issued by a plant regulatory official of the origin state attesting that within five days before shipment:

1. A regulated commodity of the genera *Citrus*, *Eremocitrus*, *Fortunella*, *Microcitrus*, and *Poncirus* was treated with a chemical to kill the pests listed in subsection (A), and was visually inspected and found free of all live life stages of the pests listed in subsection (A).
2. A regulated commodity not listed in subsection (D)(1):
 - a. Was treated with a chemical to kill the pests listed in subsection (A) and was visually inspected and found free of all live life stages of the pests listed in subsection (A), or
 - b. Originated from a nursery with a pest management program recognized and monitored by the origin state and to control the pests listed in subsection (A), and was visually inspected and found free of all live life stages of the pests listed in subsection (A), or
 - c. The regulated commodity is completely devoid of foliage and is exempt from treatment for the pests listed in subsection (A).

E. Disposition of regulated commodity not in compliance. A regulated commodity shipped into Arizona in violation of this Section shall be destroyed, treated, or transported out-of-state as prescribed at A.R.S. Title 3, Chapter 2, Article 1.**Historical Note**

Former Rule, Quarantine Regulation 19. Amended effective April 26, 1976 (Supp. 76-2). Amended effective August 15, 1989 (Supp. 89-3). Section R3-1-67 renumbered to R3-4-238 (Supp. 91-4). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 12 A.A.R. 4065, effective December 4, 2006 (Supp. 06-4).

R3-4-239. Imported Fire Ants**A. Definitions.**

"Pest" means any species of imported fire ants, including *Solenopsis invicta* and *Solenopsis richteri*.

B. Area under quarantine. A state or portion of a state listed in 7 CFR 301.81-3, 68 FR 5794, February 5, 2003, and any area a state declares infested. This material is incorporated by reference, on file with the Department and the Office of the Secretary State, and does not include any later amendments or editions.**C. Regulated commodities.**

1. Soil, except potting soil shipped in an original container in which the potting soil is packaged after commercial preparation; and
2. All plants associated with soil, except:
 - a. Plants that are maintained indoors year-round, and are not for sale; and
 - b. Plants shipped bare-root and free of soil.

D. Restrictions.

1. A shipper of a regulated commodity shall unload a regulated commodity at destination into an approved quarantine holding area as prescribed in subsection (D)(2). The

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Department shall inspect and quarantine the regulated commodity as follows:

- a. Soil and plants associated with soil from an area under quarantine in subsection (B) shall be held at least three consecutive days, and
 - b. Soil and plants associated with soil from an area under quarantine for nematodes under R3-4-234(B) shall be held at least five consecutive days.
2. An Arizona receiver of a regulated commodity shall establish a Department-approved quarantine holding area that meets the following specifications:
 - a. The floor is of a permeable surface, such as sand or soil, and free from debris, grass, or weeds;
 - b. The area is isolated from public access, surrounded by a fence or other barrier;
 - c. The integrity and security of the area is maintained at all times; and
 - d. If outdoors, the area is at least 15 feet from any masonry wall, property boundary, or non-quarantine plant.
 3. A receiver shall apply a pesticide or other chemical to a regulated commodity located in a quarantine holding area only when directed and supervised by a Department inspector.
- E. Disposition of commodity not in compliance. A regulated commodity shipped into Arizona in violation of this Section shall be destroyed or transported out-of-state by the owner and at the owner's expense.

Historical Note

Former Rule, Quarantine Regulation 20. Amended effective July 1, 1975 (Supp. 75-1). Amended effective April 26, 1976 (Supp. 76-2). Correction amendment effective April 26, 1976 included deletion of Arkansas (see subsection (C)) (Supp. 77-1). Amended effective June 16, 1977 (Supp. 77-3). Repealed effective June 19, 1978 (Supp. 78-3). New Section adopted effective December 22, 1989 (Supp. 89-4). Section R3-1-68 renumbered to R3-4-239 (Supp. 91-4). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 9 A.A.R. 2095, effective August 2, 2003 (Supp. 03-2).

R3-4-240. Apple Maggot and Plum Curculio

- A. Definitions. The following term applies to this Section: "Pest" means:
1. Apple maggot, *Rhagoletis pomonella* (Walsh); or
 2. Plum curculio, *Conotrachelus nenuphar*.
- B. Area under quarantine. All states, territories, and districts of the United States.
- C. Regulated commodities. The fresh fruit of the following plants:
- Chaenomeles* spp. (Quince),
 - Crataegus* spp. (Hawthorne),
 - Malus* spp. (Apple),
 - Prunus* spp. (Apricot, Cherry, Nectarine, Peach, Plum, and Prune), and
 - Pyrus communis* spp. (Pear).
- D. Restrictions.
1. A person shall not ship into Arizona a regulated commodity that is produced in or shipped from an area under quarantine unless each lot or shipment is accompanied by a certificate issued by an official of the state of origin, attesting that the regulated commodity was:
 - a. Held in an approved controlled atmosphere storage facility for a minimum of 90 continuous days at a maximum temperature of 38° F, or

- b. Held in an approved cold storage facility for a minimum of 40 continuous days at a maximum temperature of 32° F.

2. The Director may issue a permit to allow a regulated commodity from an area under quarantine to enter Arizona without treatment as prescribed in subsection (D)(1) if the commodity originates from an area:

- a. That is certified to be pest-free, or
- b. That is infested, but where an on-going pest eradication program exists that is acceptable to the Director of the Arizona Department of Agriculture.

- E. Disposition of commodity not in compliance. A regulated commodity shipped into Arizona in violation of this Section shall be destroyed or transported out-of-state by the owner and at the owner's expense.

Historical Note

Former Rule, Quarantine Regulation 21. Amended effective December 5, 1974 (Supp. 75-1). Amended effective June 16, 1977 (Supp. 77-3). Section repealed, new Section adopted effective June 14, 1990 (Supp. 90-2). Section R3-1-69 renumbered to R3-4-240 (Supp. 91-4). Amended by final rulemaking at 9 A.A.R. 1046, effective May 5, 2003 (Supp. 03-1).

R3-4-241. Lethal Yellowing of Palms

- A. Definitions. The following term applies to this Section: "Pest" means:
1. A pathogen, a non-cultivable mollicute, causing lethal yellowing of palms; or
 2. *Myndus crudus*, a planthopper that vectors the pathogen.
- B. Area under quarantine.
1. In the state of Florida, the following counties: Broward, Collier, Hendry, Lee, Martin, Miami-Dade, Monroe, and Palm Beach.
 2. In the state of Texas, the following counties: Cameron, Hidalgo, and Willacy.
- C. Regulated commodities. All propagative parts of the following plants, except seed:
- Aiphanes lindeniana*,
 - Allagoptera arendria*,
 - Andropogon virginicus* (Broomsedge),
 - Arenga engleri*,
 - Borassus flabellifer* (Palmyra Palm),
 - Caryota mitis* (Cluster Fishtail Palm),
 - Caryota rumphiana* (Giant Fishtail Palm),
 - Chelyocarpus chuco*,
 - Chrysalidocarpus cabadae*, syn. *Dypsis cabadae* (Cabada Palm),
 - Cocos nucifera* (Coconut Palm),
 - Corypha elata* (Buri Palm),
 - Cynodon dactylon* (Bermuda Grass),
 - Cyperus* spp. (Sedges),
 - Dictyosperma album* (Princess Palm),
 - Eremochloa ophiuroides* (Centipede Grass),
 - Gaussia attenuata* (Puerto Rican Palm),
 - Howea belmoreana* (Belmore Sentry Palm),
 - Latania* spp. (Latan Palm),
 - Livistona chinensis* (Chinese Fan Palm),
 - Livistona rotundifolia* (Javanese Fan Palm),
 - Mascarena verschaffeltii* (Spindle Palm),
 - Nannorrhops ritchiana* (Mazari Palm),
 - Neodypsis decaryi*, syn. *Dypsis decaryi* (Triangle Palm),
 - Pandanus utilis* (Screw Pine),
 - Panicum purpurascens* (Para Grass),
 - Panicum bartowense*,
 - Paspalum notatum* (Bahia Grass),

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Phoenix canariensis (Canary Island Date Palm),
Phoenix dactylifera (Date Palm),
Phoenix reclinata (Sengal Date Palm),
Phoenix rupicola (Cliff Date Palm),
Phoenix sylvestris (Wild Date Palm),
Phoenix zeylanica (Ceylon Date Palm),
Polyandrococos caudescens,
Pritchardia spp.,
Ravenea hildebrandtii,
Stenotaphrum secundatum (St. Augustine Grass),
Syagrus schizophylla
Trachycarpus fortunei (Windmill Palm),
Veitchia spp., and
Zoysia spp. (Zoysia Grass).

- D. Restrictions. A person shall not ship into Arizona a regulated commodity that is produced in or shipped from an area under quarantine.
- E. Disposition of commodity not in compliance. A regulated commodity shipped into Arizona in violation of this Section shall be destroyed or transported out-of-state by the owner and at the owner's expense.

Historical Note

Former Rule, Quarantine Regulation 22. Repealed effective April 25, 1977 (Supp. 77-2). New Section adopted effective December 22, 1989 (Supp. 89-4). Section R3-1-70 renumbered to R3-4-241 (Supp. 91-4). Amended by final rulemaking at 9 A.A.R. 1046, effective May 5, 2003 (Supp. 03-1).

R3-4-242. Brown Citrus Aphid

- A. Area Under Quarantine: Hawaii and any county in Florida that, by notification from the Florida Department of Agriculture and Consumer Services, is infested with the brown citrus aphid.
- B. Commodities covered: All plants, except seed and fruit.
- C. Restrictions.
1. The species, subspecies, varieties, ornamental forms, and any hybrid having at least one ancestor of the following genera are prohibited from entering the state:
 - a. *Citrus*,
 - b. *Fortunella*, and
 - c. *Poncirus*,
 2. All other covered commodities, whether moved directly from the area under quarantine or by diversion or re-shipment from any other point, are prohibited from entering Arizona unless the following requirements are met:
 - a. Aquatic plants are accompanied by an original certificate affirming that the commodity was inspected and found free of the pest within five days before shipment.
 - b. Terrestrial plants are accompanied by an original certificate affirming that the commodity was treated, as prescribed in subsection (E), within five days before shipment.
 - c. The certificate shall indicate:
 - i. The common chemical name of the product's active ingredient,
 - ii. The rate at which the product was applied, and
 - iii. The treatment date.
- D. The Director may issue a permit admitting a covered commodity subject to specific limitations, conditions, and provisions that eliminate the risk of the pest.
- E. Treatment.
1. An application of a pesticide labeled for the treatment of aphids applied according to label instructions, or
 2. Any other treatment approved by the Director.

Historical Note

Former Rule, Quarantine Regulation 23. Amended effective July 1, 1975 (Supp. 75-1). Correction (Supp. 76-5). Repealed effective April 25, 1977 (Supp. 77-2). Section R3-1-71 renumbered to R3-4-242 (Supp. 91-4). New Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

R3-4-243. Repealed**Historical Note**

Former Rule, Quarantine Regulation 24. Repealed effective April 25, 1977 (Supp. 77-2). Section R3-1-72 renumbered to R3-4-243 (Supp. 91-4).

R3-4-244. Regulated and Restricted Noxious Weeds

- A. Definitions. In addition to the definitions provided in A.R.S. § 3-201, the following terms apply to this Section:
1. "Habitat" means any terrestrial or aquatic area within Arizona that is capable of sustaining plant growth.
 2. "Infested area" means each individual container in which a pest is found or the specific area that harbors a pest.
 3. "Regulated pest" means any of the following plant species, including viable plant parts (stolons, rhizomes, cuttings and seed, except agricultural, vegetable and ornamental seed for planting purposes), found within the state may be controlled to prevent further infestation or contamination:

Cenchrus echinatus L. -- Southern sandbur,
Cenchrus incertus M.A. Curtis -- Field sandbur,
Convolvulus arvensis L. -- Field bindweed,
Eichhornia crassipes (Mart.) Solms -- Floating water hyacinth,
Medicago polymorpha L. -- Burelover,
Pennisetum ciliare (L.) Link -- Buffelgrass,
Portulaca oleracea L. -- Common purslane,
Tribulus terrestris L. -- Puncturevine.
 4. "Restricted pest" means any of the following plant species, including viable plant parts (stolons, rhizomes, cuttings and seed, except agricultural, vegetable and ornamental seed for planting purposes), found within the state shall be quarantined to prevent further infestation or contamination:

Acroptilon repens (L.) DC. -- Russian knapweed,
Aegilops cylindrica Host. -- Jointed goatgrass,
Alhagi pseudalhagi (Bieb.) Desv. -- Camelthorn,
Cardaria draba (L.) Desv. -- Globed-podded hoary cress (Whitetop),
Centaurea diffusa L. -- Diffuse knapweed,
Centaurea maculosa L. -- Spotted knapweed,
Centaurea solstitialis L. -- Yellow starthistle (St. Barnaby's thistle),
Cuscuta spp. -- Dodder,
Eichhornia crassipes (Mart.) Solms -- Floating water hyacinth,
Elytrigia repens (L.) Nevski -- Quackgrass,
Euryops sunbarnosus subsp. *vulgaris* -- Sweet resinbush,
Halogeton glomeratus (M. Bieb.) C.A. Mey -- Halogeton,
Helianthus ciliaris DC. -- Texas blueweed,
Ipomoea triloba L. -- Three-lobed morning glory,
Linaria genistifolia var. *dalmatica* -- Dalmation toadflax,
Onopordum acanthium L. -- Scotch thistle.
- B. Area under quarantine: All infested areas within the state.
- C. The following commodities are hosts or carriers of the regulated or restricted pest:

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1. All plants other than those categorized as a regulated or restricted pest;
 2. Forage, straw, and feed grains;
 3. Live and dead flower arrangements;
 4. Ornamental displays;
 5. Aquariums; and
 6. Any appliance, construction or dredging equipment, boat, boat trailer or related equipment, or any other vehicle with soil attached or carrying plant debris.
- D.** The Department may quarantine any commodity, habitat, or area infested or contaminated with a regulated pest and notify the owner or carrier of the restrictions and treatments listed in subsections (F) and (G). If the regulated pest is not quarantined, the Department shall provide the grower with technical information on effective weed control activities through integrated pest management.
- E.** The Department shall quarantine any commodity, habitat, or area infested or contaminated with a restricted pest and shall notify the owner or carrier of the restrictions and treatments of the pest listed in subsections (F) and (G).
- F.** Restrictions.
1. No regulated or restricted pest or commodity infested or contaminated with a regulated or restricted pest shall be moved to a non-infested area unless the Director issues a permit for the transporting or propagating of the pest.
 2. An owner or the owner's representative shall notify the Department at least two working days in advance of moving contaminated equipment from an infested area.
 3. The Department may inspect all equipment within two working days after a request to inspect the equipment is made if the equipment:
 - a. Has been moved into or through a non-infested area;
 - b. Has not been treated; or
 - c. Has been used to harvest an infested crop within the past 12 months.
- G.** Treatments.
1. An owner or the owner's representative shall treat all soil and debris from equipment used in a quarantined area until it is free of the regulated or restricted pest before the equipment is moved. Removal or destruction of the restricted or regulated pest shall be accomplished through one of the following methods:
 - a. Autoclaving.
 - i. Dry heat. The commodity shall be heated for 15 minutes at 212° F.
 - ii. Steam heat. The commodity shall be heated for 15 minutes at 212° F;
 - b. Fumigating with ethylene oxide, chamber only: The commodity shall be fumigated with 1,500 mg/L for four hours in a chamber pre-heated to 115-125° F;
 - c. High-pressure water spray;
 - d. Crushing;
 - e. Incinerating; or
 - f. Burying in a sanitary landfill to a depth of six feet.
 2. An owner or the owner's representative shall treat an infested area or habitat, including the area within the crop, rangeland, roadside, or private property, with treatments based on an integrated pest management program appropriate to the commodity. The treatments shall take place under the direction of an inspector and shall include:
 - a. Reshipment from the state;
 - b. Manual removal;
 - c. Application of a herbicide;
 - d. Biological control including insects, fungi, nematodes, or microbes; or

- e. Any other treatment approved by the Director.

Historical Note

Former Rule, Quarantine Regulation 25. Repealed effective June 19, 1978 (Supp. 78-3). Section R3-1-73 renumbered to R3-4-244 (Supp. 91-4). New Section adopted effective July 10, 1995 (Supp. 95-3). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 2082, effective May 15, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 5315, effective February 4, 2006 (Supp. 05-4).

R3-4-245. Prohibited Noxious Weeds

- A.** Definition. In addition to the definitions provided in A.R.S. § 3-201, the following apply to this Section:

1. "Habitat" means any terrestrial or aquatic area within Arizona that is capable of sustaining plant growth.
2. "Infested area" means each individual container in which a pest is found, the specific area that harbors the pest, or any shipment that has not been released to the receiver and is infested with a pest.
3. "Pest" means any of the following plant species, including viable plant parts (stolons, rhizomes, cuttings and seed, except agricultural, vegetable and ornamental seed for planting purposes), that are prohibited from entering the state:

Acroptilon repens (L.) DC. -- Russian knapweed,
Aegilops cylindrica Host. -- Jointed goatgrass,
Alhagi pseudalhagi (Bieb.) Desv. -- Camelthorn,
Alternanthera philoxeroides (Mart.) Griseb. -- Alligator weed,
Cardaria pubescens (C.A. Mey) Jarmolenko -- Hairy whitetop,
Cardaria chalepensis (L.) Hand-Muzz -- Lens podded hoary cress,
Cardaria draba (L.) Desv. -- Globed-podded hoary cress (Whitetop),
Carduus acanthoides L. -- Plumeless thistle,
Cenchrus echinatus L. -- Southern sandbur,
Cenchrus incertus M.A. Curtis -- Field sandbur,
Centaurea calcitrapa L. -- Purple starthistle,
Centaurea iberica Trev. ex Spreng. -- Iberian starthistle,
Centaurea squarrosa Willd. -- Squarrose knapweed,
Centaurea sulphurea L. -- Sicilian starthistle,
Centaurea solstitialis L. -- Yellow starthistle (St. Barnaby's thistle),
Centaurea diffusa L. -- Diffuse knapweed,
Centaurea maculosa L. -- Spotted knapweed,
Chondrilla juncea L. -- Rush skeletonweed,
Cirsium arvense L. Scop. -- Canada thistle,
Convolvulus arvensis L. -- Field bindweed,
Coronopus squamatus (Forsk.) Ascherson -- Creeping wartcress (Coronopus),
Cucumis melo L. var. Dudaime Naudin -- Dudaime melon (Queen Anne's melon),
Cuscuta spp. -- Dodder,
Drymaria arenarioides H.B.K. -- Alfombrilla (Lightningweed),
Eichhornia azurea (SW) Kunth. -- Anchored water hyacinth,
Eichhornia crassipes (Mart.) Solms -- Floating water hyacinth,
Elytrogia repens (L.) Nevski -- Quackgrass,
Euphorbia esula L. -- Leafy spurge,

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Halogeton glomeratus (M. Bieb.) C.A. Mey -- Halogeton,
Helianthus ciliaris DC. -- Texas blueweed,
Hydrilla verticillata Royale -- Hydrilla (Florida-elodea),
Ipomoea spp. -- Morning glory. All species except *Ipomoea carnea*, Mexican bush morning glory; *Ipomoea triloba*, three-lobed morning glory (which is considered a restricted pest); and *Ipomoea aborescens*, morning glory tree,
Ipomoea triloba L. -- Three-lobed morning glory,
Isatis tinctoria L. -- Dyers woad,
Linaria genistifolia var. *dalmatica* -- Dalmation toadflax,
Lythrum salicaria L. -- Purple loosestrife,
Medicago polymorpha L. -- Burclover,
Nassella trichotoma (Nees.) Hack. -- Serrated tussock,
Onopordum acanthium L. -- Scotch thistle,
Orobanche ramosa L. -- Branched broomrape,
Panicum repens L. -- Torpedo grass,
Peganum harmala L. -- African rue (Syrian rue),
Pennisetum ciliare (L.) Link -- Buffelgrass,
Portulaca oleracea L. -- Common purslane,
Rorippa austriaca (Crantz.) Bess. -- Austrian field-cress,
Salvinia molesta -- Giant Salvinia,
Senecio jacobaea L. -- Tansy ragwort,
Solanum carolinense L. -- Carolina horsenettle,
Sonchus arvensis L. -- Perennial sowthistle,
Solanum viarum Dunal -- Tropical Soda Apple,
Stipa brachychaeta Godr. -- Puna grass,
Striga spp. -- Witchweed,
Trapa natans L. -- Water-chestnut,
Tribulus terrestris L. -- Puncturevine.

B. Area under quarantine: All states, districts, and territories of the United States except Arizona.

C. The following commodities are hosts or carriers of the pest:

1. All plants and plant parts other than those categorized as a pest;
2. Forage, straw, and feed grains;
3. Live or dead flower arrangements;
4. Ornamental displays;
5. Aquariums; and
6. Any appliance, construction or dredging equipment, boat, boat trailer or related equipment, or any other vehicle with soil attached or carrying plant debris.

D. The Department shall quarantine any commodity, habitat, or area infested or contaminated with a pest and shall notify the owner or carrier of the methods of removing or destroying the pest from the commodity, habitat, or area. The Department shall reject any shipment not released to the receiver and reship to the shipper.

E. Restrictions:

1. No pest or commodity infested or contaminated with a pest shall be admitted into the state unless the Director issues a permit for the transporting or propagating of the pest.
2. The Department shall regulate the movement of the commodity out of a quarantined area within the state until the pest is eradicated. Any shipment or lot of a commodity infested or contaminated with a pest arriving in the state in violation of this quarantine shall, according to A.R.S. § 3-205(A), be immediately reshipped from the state, or treated or destroyed using one of the following methods:

- a. The commodity shall be fumigated with 1,500 mg/L of ethylene oxide for four hours in a chamber pre-heated to 115-125° F;
- b. Incinerating;
- c. Burying in a sanitary landfill to a depth of six feet;
- d. Application of a herbicide; or
- e. Any other treatment approved by the Director.

Historical Note

Former Rule, Quarantine Regulation 26. Amended effective June 19, 1978 (Supp. 78-3). Amended subsection (B) effective May 2, 1986 (Supp. 86-3). Section R3-1-74 renumbered to R3-4-245 (Supp. 91-4). Section repealed, new Section adopted effective July 10, 1995 (Supp. 95-3). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 6 A.A.R. 2082, effective May 15, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 5315, effective February 4, 2006 (Supp. 05-4).

R3-4-246. Caribbean Fruit Fly

A. Definitions. The following term applies to this Section: "Pest" means all life stages of the Caribbean fruit fly, *Anastrepha suspensa*.

B. Area under quarantine.

1. In the state of Florida, the following counties: Alachua, Brevard, Broward, Charlotte, Citrus, Collier, DeSoto, Duval, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Manatee, Martin, Miami-Dade, Monroe, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, St. Johns, St. Lucie, Sarasota, Seminole, Sumter, and Volusia.
2. The Commonwealth of Puerto Rico.

C. Regulated commodities.

1. The fresh fruit of the following plants:
Actinidia chinensis (Kiwi),
Annona glabra (Pond Apple),
Annona hybrid,
Annona squamosa (Sugar Apple),
Atalantia citriodes,
Averrhoa carambola (Carambola),
Blighia sapida (Akee),
Canella winteriana (Wild Cinnamon),
Capsicum frutescens (Bell Pepper),
Carica papaya (Papaya),
Carissa grandiflora (Natal Plum),
Casimiroa edulis (White Sapote),
Chrysobalanus icaco (Cocoplum),
Citrus aurantiifolia (Lime),
Citrus aurantium (Sour Orange),
Citrus limonia (Rangpur Lime),
Citrus nobilis 'unshu' x *Fotunella* sp. (Jack Orangequat),
Citrus paradisi (Grapefruit),
Citrus paradisi x *C. reticulata* (Tangelo),
Citrus reticulata (Tangerine),
Citrus sinensis (Sweet Orange),
Citrus sinensis x *C. reticulata* (Temple Orange),
Clausena lansium (Wampi),
Dimocarpus longan (Longan),
Diospyros blancoi (Velvet Apple or Velvet Persimmon),
Diospyros khaki (Japanese Persimmon),
Dovyalis caffra (Kei Apple),
Dovyalis hebecarpa (Ceylon Gooseberry),
Drypetes lateriflora (Guiana Plum),
Eriobotrya japonica (Loquat),
Eugenia aggregata (Cherry of the Rio Grande),
Eugenia brasiliensis (Grumichama),

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Eugenia coronata,
Eugenia ligustrina,
Eugenia luschnathiana (Pitomba),
Eugenia uniflora (Surinam Cherry),
Ficus altissima,
Ficus carica (Fig),
Flacourtia indica (Governor's Plum),
Fortunella spp. (Kumquat),
Garcinia livingstonei (Imbe),
Garcinia xanthochymus,
Litchi chinensis (Lychee),
Lycopersicon esculentum (Tomato),
Malpighia glabra (Barbados Cherry),
Malus sylvestris (Apple),
Mangifera indica (Mango),
Manilkara jaimiqui spp. *Emarginata* (Wild Dilly),
Manilkara roxburghiana,
Manilkara zapota (Sapodilla),
Momordica charantia (Wild Balsam Apple),
Muntingia calabura (Calbur),
Murraya paniculata (Orange Jasmine),
Myciaria cauliflora (Jaboticaba),
Myrcianthes fragrans,
Myricaria glomerata,
Persea americana (Avocado),
Pimenta dioica (Allspice),
Pouteria campechiana (Egg Fruit),
Prunus persica (Nectarine),
Prunus persica (Peach),
Pseudanmomis umbellulifera,
Psidium spp. (Guava),
Punica granatum (Pomegranate),
Pyrus communis (Pear),
Pyrus pyrifolia (Japanese Pear),
Pyrus pyrifolia x *Pyrus communis* (Kieffer Pear),
Rheedia aristata,
Rubus hybrid (Blackberry),
Severinia buxifolia (Box Orange),
Spondias cytherea (Otaheite Apple),
Synsepalum dulcificum (Miracle Fruit),
Syzygium cumini (Jambolan Plum),
Syzygium jambos (Rose Apple),
Syzygium samarangense (Java Apple),
Terminalia catappa (Tropical Almond),
Terminalia muelleri,
Trevisia palmata,
Triphasia trifolia (Limeberry),
X Citrofortunella floridana (Limequat), and
X Citrofortunella mitis (Calamondin).

2. Soil or planting media within the drip area of plants producing, or that have produced, a regulated commodity.

- D. Restrictions. A regulated commodity produced in or shipped from an area under quarantine is prohibited entry into Arizona unless each lot or shipment is accompanied by a certificate issued by an official of the state of origin, affirming compliance with one of the following:

1. Citrus fruit (*Citrus* spp. and *Fortunella* spp.) has been fumigated with methyl bromide ("Q" label only) for a minimum of two hours under the following conditions:

Pulp Temperature	Rate per 1000 cu. ft.
No less than 60° F to 79° F	3 pounds
80° F or above	2 1/2 pounds

2. Non-citrus fruit has been treated in compliance with a treatment plan approved by the Director.

- E. Disposition of commodity not in compliance. A regulated commodity shipped into Arizona in violation of this Section shall be destroyed or transported out-of-state by the owner and at the owner's expense.

Historical Note

Adopted effective July 1, 1975 (Supp. 75-1). Correction (Supp. 76-1). Amended effective May 10, 1988 (Supp. 88-2). Section R3-1-75 renumbered to R3-4-246 (Supp. 91-4). Amended by final rulemaking at 9 A.A.R. 2098, effective August 2, 2003 (Supp. 03-2).

R3-4-247. Repealed**Historical Note**

Amended effective April 26, 1976 (Supp. 76-2). Amended effective June 16, 1977 (Supp. 77-3). Repealed effective June 19, 1978 (Supp. 78-3). Section R3-1-76 renumbered to R3-4-247 (Supp. 91-4).

R3-4-248. Japanese beetle**A. Definitions.**

- "Host commodities" means the commodities listed in the JBHP, Appendix 5.
- "JBHP" means the U.S. Domestic Japanese Beetle Harmonization Plan, adopted by the National Plant Board on August 19, 1998, and revised September 5, 2000.
- "Pest" means the Japanese beetle, *Popillia japonica* (Newman).

- B. Area under quarantine: All areas listed in the JBHP, which is incorporated by reference, does not include any later amendments or editions, and is on file with the Department, the Office of the Secretary of State, and the National Plant Board at www.aphis.usda.gov/npb. The incorporated material includes the following changes:

- Appendix 1, delete the words "(except sod)."
- Appendix 5, definition of host commodities, delete the words "grass sod."

- C. Host commodities covered. All commodities, except grass sod, listed in the JBHP.

- D. An out-of-state grower who imports a host commodity into Arizona shall comply with the JBHP, except as provided under subsection (E).

E. Restrictions on importation.

- An out-of-state grower shall not import into Arizona a host commodity under subsection (C) from an area under quarantine unless the commodity is accompanied by an original certificate issued by an official of the origin state ensuring compliance with the requirements of the JBHP, Appendix 1.
- The Associate Director may admit grass sod from an out-of-state grower for shipment to Arizona if:
 - The out-of-state grower requests an exception agreement from the Department;
 - The out-of-state grower, the state plant regulatory official of the origin state, and the Associate Director sign an agreement that includes the following terms:
 - The out-of-state grower shall ship sod grown only in a Japanese beetle-free county;
 - The origin state's plant regulatory official shall place and monitor Japanese beetle traps on the grass sod farm during the agreement period. At least one trap shall be placed on each 10 acres of land. A buffer zone of a one-mile radius shall be established around the grass sod farm,

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- and two traps per square mile shall be placed in the buffer zone. The Department shall revoke the agreement if the origin state documents that one or more Japanese beetles are detected in any trap;
- iii. The origin state's plant regulatory official or designee shall inspect sod before shipment to ensure it is free of the pest; and
 - iv. The out-of-state grower shall ship sod to Arizona only through the ports of entry on I-10 or I-40.
- c. Both the out-of-state grower and the origin state's plant regulatory official shall perform any other requirement established by the Associate Director to ensure the grass sod is free from all life stages of Japanese beetle.
3. Exemptions from importation ban:
- a. Privately-owned houseplants grown indoors; and
 - b. Commodities that are treated by the grower for Japanese beetle may be imported into Arizona if the Associate Director approves the treatment method before shipment.

Historical Note

Adopted effective June 16, 1977 (Supp. 77-3). Section R3-1-77 renumbered to R3-4-248 (Supp. 91-4). Amended by final rulemaking at 7 A.A.R. 5345, effective November 8, 2001 (Supp. 01-4).

ARTICLE 3. NURSERY CERTIFICATION PROGRAM**R3-4-301. Nursery Certification****A. Definitions.** The following terms apply to this Section.

"Associate Director" means the Associate Director of the Arizona Department of Agriculture's Plant Services Division.

"Certificate" means a document issued by the Director, Associate Director or by a Department inspector stating that the nursery stock has been inspected and complies with the criteria set forth by an agricultural agency of any state, county, or commonwealth.

"Certificate holder" means a person who holds a certificate issued in accordance with this Section.

"Collected nursery stock" means nursery stock that has been dug or gathered from any site other than a nursery location.

"Commercially clean" means nursery stock offered for sale is in a healthy condition and, though common pests may be present, they exist at levels that pose little or no risk.

"Common pest" means a pest, weed, or disease that is not under a state or federal quarantine or eradication program and is of general distribution within the state.

"Director" means the Director of the Arizona Department of Agriculture.

"General nursery stock inspection certification" means an inspection carried out at the request of a person for the purpose of meeting the general nursery inspection requirements of another state.

"Nursery location" means real property with one physical address, upon which nursery stock is propagated, grown, sold, distributed, or offered for sale.

"Quarantine pest" means an economically important pest that does not occur in the state or that occurs in the state

but is not widely distributed or is being officially eradicated.

"Single shipment nursery stock inspection certification" means a visit to a single location by a Department inspector to certify one or more shipments of nursery stock for compliance with the quarantine requirements of the receiving state, county, or commonwealth.

- B. General nursery stock inspection certification.** A person may apply for general nursery stock inspection certification by submitting to the Department the application described in subsection (E) for each nursery location. The applicant shall submit a \$50 inspection fee to the Department at the time of inspection for each nursery location. Each nursery location shall be inspected and certified separately. An application for initial certification may be submitted at any time. A certificate will be valid for one year, and may be renewed. A renewal application shall be submitted each year by February 15.

1. The Department shall issue a general nursery stock inspection certificate to the applicant if, following a Department inspection, the nursery stock is found free of quarantine pests, and commercially clean of common pests that are adversely affecting the nursery stock.
 - a. The Department shall only certify nursery stock that is found free of quarantine pests. The applicant shall not remove from the nursery any nursery stock that is found infested with a quarantine pest until a Department inspector determines that the pest has been eliminated.
 - b. The Department shall restrict the movement of any nursery stock found infested with a common pest that a Department inspector determines is adversely affecting the nursery stock. The applicant shall establish a treatment program to control the pest and shall not remove the infested nursery stock from the nursery until a Department inspector determines that the pest has been controlled.
2. A certificate holder shall ensure that a nursery with a general nursery stock inspection certificate remains free of quarantine pests and commercially clean of common pests that are adversely affecting the nursery stock throughout the period that the certificate is valid.
3. A certificate holder shall not distribute, transport, or sell nursery stock interstate if it is infested with a quarantine pest or a common pest that is adversely affecting the nursery stock.
4. A certificate holder may reproduce a general nursery stock inspection certificate without the Department's permission for nursery use.
5. A certificate holder shall ensure that the nursery's general nursery stock inspection certificate accompanies each shipment of nursery stock that is moved out of the state.
6. A certificate holder shall maintain all invoices or other shipping documents for shipments received by and shipped from the nursery for up to one year. The certificate holder shall make the documents available to the Department upon request, as authorized by A.R.S. § 3-201.01(A)(6).
7. The Department shall inspect a nursery with a general nursery stock inspection certificate at any time during the certificate period to verify compliance with this Section.
8. A general nursery stock inspection certificate expires on December 31 of each year unless renewed, suspended, or revoked as provided in this Section.
9. A person with a general nursery stock inspection certificate may also need to obtain a special nursery stock inspection certificate to meet a specific quarantine entry

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- requirement of another state, as prescribed in subsection (C).
- C. Special nursery stock inspection certification. A person may apply for special nursery stock inspection certification to meet specific quarantine entry requirements of another state that are not addressed by the general nursery stock inspection certificate described in subsection (B). The applicant shall submit to the Department the application described in subsection (E) and a \$50 inspection fee for each nursery location.
1. An applicant shall ensure that the applicant's nursery stock is free of quarantine pests as required by the receiving state and commercially clean of common pests that are adversely affecting the nursery stock. The Department shall not certify nursery stock that is infested with a quarantine pest until a Department inspector determines that the pest has been eliminated. The Department shall not certify nursery stock that is infested with a common pest that a Department inspector determines is adversely affecting the nursery stock.
 2. A certificate holder shall not reproduce or duplicate a special nursery stock inspection certificate without written permission from the Department.
 3. A special nursery stock inspection certificate is valid for one year from the issue date unless the receiving state requires a shorter certification period.
- D. Single shipment nursery stock inspection certification. A person may apply for a single shipment nursery stock inspection certification to meet the entry requirements of another state by submitting to the Department the application described in subsection (E) with a \$50 inspection fee.
1. An applicant for a single shipment nursery stock inspection certificate shall ensure that the nursery stock in each shipment is free from quarantine pests, as required by the receiving state, and commercially clean of common pests that are adversely affecting the nursery stock. The Department shall not certify nursery stock that is infested with a quarantine pest until a Department inspector determines that the pest has been eliminated. The Department shall not certify nursery stock that is infested with a common pest that a Department inspector determines is adversely affecting the nursery stock until the pest has been controlled.
 2. A single shipment nursery stock inspection certificate is valid for seven calendar days following the inspection date. A certificate holder may apply for a new certificate if the original certificate expires before the shipment leaves Arizona.
 3. A certificate holder shall not reproduce or duplicate a single shipment nursery stock inspection certificate.
 4. A person who has obtained a single shipment nursery stock inspection certificate for collected nursery stock shall retain a record, for at least one year from the shipment date, of the street address from which each plant in a shipment was collected. The person shall provide the collected nursery stock record to the Department upon request.
- E. Application. A person applying for a certificate under this Section shall provide the following information on a form obtained from the Department:
1. Applicant's name, nursery name, mailing address, telephone and fax numbers, and e-mail address, as applicable;
 2. Location at which inspection is to be made, by legal description or physical address;
 3. Number of acres, structures, or vehicles to be inspected, as applicable;
 4. For shipping, the state, county, or commonwealth of planned destination, the category of inspection, and the nursery stock to be certified;
 5. Applicant's Social Security number or tax identification number; and
 6. Applicant's signature and date of signature.
- F. Based upon the circumstances of each case, the Associate Director may:
1. Refuse to issue a certificate if, after inspection, the Associate Director determines that an applicant has not met a requirement for certification.
 2. Revoke a certificate for a violation of a condition of the certificate.
 3. Suspend, for a period of up to 90 days, a certificate for misuse or misrepresentation related to the certificate.
 4. Refuse to issue or suspend a certificate issued under this Section if the applicant or certificate holder refuses to provide the Department with documents that demonstrate the ownership, origin, or destination of nursery stock presented for certification.
- G. Notwithstanding subsections (B) through (D), during fiscal year 2020, an applicant for nursery stock inspection certification shall pay the following fee:
1. For general certification, \$250.
 2. For single shipment certification, \$50 for the first lot plus \$10 for each additional lot per Department site trip.

Historical Note

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-301 renumbered from R3-1-301 (Supp. 91-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2). Amended by exempt rulemaking at 16 A.A.R. 1336, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1761, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2063, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3143, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2454, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking at 21 A.A.R. 2410, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1941, effective August 8, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2223, effective August 3, 2018 (Supp. 18-2). Amended by final exempt rulemaking at 25 A.A.R. 2085, effective August 27, 2019 (Supp. 19-3).

R3-4-302. Repealed**Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-302 renumbered from R3-1-301 (Supp. 91-4). Section repealed by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2).

R3-4-303. Repealed**Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-303 renumbered from R3-1-303 (Supp. 91-4). Section repealed by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2).

R3-4-304. Repealed

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Historical Note

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-304 renumbered from R3-1-304 (Supp. 91-4). Section repealed by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2).

R3-4-305. Repealed**Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-305 renumbered from R3-1-305 (Supp. 91-4). Section repealed by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2).

R3-4-306. Repealed**Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-306 renumbered from R3-1-306 (Supp. 91-4). Section repealed by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2).

R3-4-307. Repealed**Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-307 renumbered from R3-1-307 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2).

ARTICLE 4. SEEDS**R3-4-401. Definitions**

In addition to the definitions provided in A.R.S. § 3-231, the following shall apply to this Article:

1. "Blend" means seed consisting of more than one variety of a kind, with each variety in excess of five percent by weight of the whole.
2. "Brand" means a word, name, symbol, number, or design used to identify seed of one person to distinguish it from seed of another person.
3. "Certifying agency" means:
 - a. An agency authorized under the laws of this state to officially certify seed and that has standards and procedures approved by the U.S. Secretary of Agriculture to assure the varietal purity and identity of the seed certified, or
 - b. An agency of a foreign country determined by the U.S. Secretary of Agriculture to adhere to procedures and standards for seed certification comparable to the procedures and standards adhered to generally by seed-certifying agencies under subsection (a) of this definition.
4. "Coated seed" means seed that has been covered with a substance that changes the size, shape, or weight of the original seed. Seed coated with ingredients such as rhizobia, dyes, and pesticides is not coated seed.
5. "Conditioning" or "conditioned" means drying, cleaning, scarifying, and other operations that could change the purity or germination of the seed and require the seed lot to be retested to determine the label information.
6. "Dormant" means viable seed, excluding hard seed, that fails to germinate when provided the specified germination conditions for that kind of seed.
7. "Federal Seed Act" means the federal law at 7 U.S.C. 1551-1611 and regulations promulgated under the Act: 20 CFR part 201.
8. "Flower seeds" means seeds of herbaceous plants grown for their blooms, ornamental foliage, or other ornamental parts, and commonly known and sold under the name of flower or wildflower seeds in this state.
9. "Germination" means the emergence and development from the seed embryo of those essential structures that, for the kind of seed in question, are indicative of the ability to produce a normal plant under favorable conditions.
10. "Hard seeds" means seeds that remain hard at the end of the prescribed germination test period because they have not absorbed water due to an impermeable seed coat.
11. "Inert matter" means all matter that is not seed, including broken seeds, sterile florets, chaff, fungus bodies, and stones.
12. "Mixture", "mix", or "mixed" means seed consisting of more than one kind, each in excess of five percent by weight of the whole.
13. "Mulch" means a protective covering of any suitable substance placed with seed that acts to retain sufficient moisture to support seed germination, sustain early seedling growth and aid in preventing soil moisture evaporation, control of weeds, and erosion prevention.
14. "Origin" means the state where the seed was grown, or if not grown in the United States, the country where the seed was grown.
15. "Other crop seed" means seeds of plants grown as crops other than the kind or variety included in the pure seed, as determined by methods defined in this Article.
16. "Pure live seed" means the product of the percent of germination plus hard or dormant seed multiplied by the percent of pure seed divided by 100. The result is expressed as a whole number.
17. "Pure seed" means a kind of seed excluding inert matter and all other seed not of the kind being considered.
18. "Replacement date sticker" means a sticker on a label that displays a new test date.
19. "Retail" means sales that are not intended for agricultural use and are prepared for use by a consumer in home gardens or household plantings only.
20. "Seed count" means the number of seeds per unit weight in a container.
21. "Seizure" means taking possession of seed pursuant to a court order.
22. "Wholesale" means sales of seeds that are intended for agricultural use normally in quantities for resale, as by an agricultural retail merchant and are not prepared for use in home gardening or household plantings.
23. "Working sample" means the number of seeds required under §§ 402 and 403 of the Federal Seed Act.

Historical Note

Former Rule, Arizona Seed Regulation 1. Amended effective August 31, 1981 (Supp. 81-4). Former Section R3-4-110 renumbered without change as Section R3-4-401 (Supp. 89-1). Section R3-4-401 renumbered from R3-1-401 (Supp. 91-4). Section repealed, new Section adopted effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

R3-4-402. Labeling**A. General requirements:**

1. Blank spaces or the words "free or none" mean "0" and "0.00%" for the purpose of applying the tolerances prescribed in this Article.
2. Labeling for purity and germination shall not show higher results than actually found by test.
3. The terms "foundation seed," "registered seed," and "certified seed" are authorized for use on seed certified by a seed certifying agency under the laws of Arizona as delineated in R3-4-405.

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4. Relabeling. Any person relabeling seed in its original container shall include the following information on a label or a replacement date sticker:
 - a. The calendar month and year the germination test was completed to determine the germination percentage and the sell-by date as required by subsection (C)(3)(i)(iv) or (C)(5)(c)(i),
 - b. The same lot designation as on the original labels, and
 - c. The identity of the person relabeling the seed if different from the original labeler.
 5. Labeling of seed distributed to wholesalers. After seed has been conditioned, a labeler shall ensure the seed is labeled as follows:
 - a. When supplied to a retailer or consumer, each bag or bulk lot must be completely labeled.
 - b. When supplied to a wholesaler, if each bag or other container is clearly identified by a lot number permanently displayed on the container or if the seed is in bulk, the labeling of seed may be by invoice.
 - c. When supplied to a wholesaler, if each bag or container is not identified by a lot number, it must carry complete labeling.
 6. Seeds for sprouting. All labels of seeds sold for sprouting for salad or culinary purposes shall indicate the following information:
 - a. Commonly accepted name of kind or kinds;
 - b. Lot number;
 - c. Percentage by weight of each pure seed component in excess of 5 percent of the whole, other crop seeds, inert matter, and weed seeds, if occurring;
 - d. Percentage of germination of each pure seed component;
 - e. Percentage of hard seed, if present; and
 - f. The calendar month and year the germination test was completed to determine the percentages in subsections (c), (d) and (e).
- B. Kind, variety, or type.**
1. All agricultural seeds sold in this state, except as stated in subsection (B)(2), shall be labeled to include the recognized variety name or type or the words "Variety not stated." A brand is not a kind and variety designation and shall not be used instead of a variety name.
 2. All cotton planting seed sold, offered for sale, exposed for sale, or transported for planting purposes in this state, shall have a label that includes both kind and variety.
- C. Agricultural, vegetable, or flower seeds that is sold, offered for sale, or exposed for sale within this state shall bear on each container a plainly written or printed label or tag in English. No modifications or disclaimers shall be made to the required label information in the labeling or on another label attached to the container. No misleading information shall appear on the label. The label shall include the following information:**
1. For agricultural, vegetable, and flower seeds that have been treated, the following is required and may appear on a separate label:
 - a. Language indicating that the seed has been treated;
 - b. The commonly-accepted chemical name of the applied substance or a description of the process used;
 - c. If a substance that is harmful to human or animals is present with the seed, a caution statement such as "Do not use for food, feed, or oil purposes." The caution for highly toxic substances shall be a poison statement and symbol; and
 - d. If the seed is treated with an inoculant, the date of expiration, which is the date beyond which the inoculant is not to be considered effective.
 2. For agricultural seeds, except for lawn and turf grass seed and mixtures of lawn and turf grass seed as provided in subsection (C)(3); for seed sold on a pure live seed basis as provided in subsection (C)(7); and for hybrids that contain less than 95 percent hybrid seed as provided in subsection (C)(8):
 - a. The name of the kind and variety for each agricultural seed component in excess of five percent of the whole and the percentage by weight of each. If the variety of the kinds generally labeled as a variety designated in this Article is not stated, the label shall show the name of the kind and the words, "variety not stated." Hybrid seed shall be labeled as hybrid;
 - b. Lot number or other lot identification;
 - c. Origin of alfalfa, red clover, and field corn (except hybrid corn) or if the origin is unknown, a statement that the origin is unknown;
 - d. Percentage by weight of all weed seeds;
 - e. The name and rate of occurrence per pound of each kind of restricted noxious weed seed present;
 - f. Percentage by weight of agricultural seeds other than those required to be named on the label. Agricultural seeds may be designated as "crop seeds;"
 - g. Percentage by weight of inert matter;
 - h. The sum total of weight identified in subsections (a), (d), (f), and (g) shall equal 100 percent;
 - i. For each named agricultural seed:
 - i. Percentage germination, excluding hard seed;
 - ii. Percentage of hard seeds, if present; and
 - iii. The calendar month and year the test was completed to determine the percentages. The statement "total germination and hard seed" may be included following the percentages required under subsections (i) and (ii).
 - j. Net weight of seed in the container or seed count per unit weight; and
 - k. Name and address of the labeler, or the person who sells, offers, or exposes the seed for sale within this state.
 3. For lawn and turf grass seed and lawn and turf grass seed mixtures:
 - a. For single kinds, the name of the kind or kind and variety and the percentage by weight.
 - b. For mixtures, the word "mix," "mixed", or "mixture" or "blend" shall be stated with the name of the mixture, along with the commonly accepted name of each kind or kind and variety of each agricultural seed component in excess of five percent of the whole and the percentages by weight.
 - c. The percentage by weight of each kind of pure seed shall be listed in order of its predominance and in columnar form. The heading "pure seed" and "germination" or "germ" shall be placed consistent with generally accepted industry practices.
 - d. Percentage by weight of agricultural seed other than those required to be named on the label which shall be designated as "crop seed."
 - e. The percentage by weight of inert matter for lawn and turf grass shall not exceed ten percent, except that 15 percent inert matter is permitted in Kentucky bluegrass labeled without a variety name. Foreign material that is not common to grass seed shall not be added, other than material used for coating, as in

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- subsection (C)(4), or combination products, as in subsection (C)(9).
- f. Percentage by weight of all weed seeds. Weed seed content shall not exceed one-half of one percent by weight.
 - g. The sum total for subsections (a), (b), (c), (d), (e) and (f) shall equal 100 percent.
 - h. Noxious weeds that are required by this Article to be labeled shall be listed under the heading "noxious weed seeds."
 - i. For each lawn and turf seed named under subsection (a) or (b):
 - i. Percentage of germination, excluding hard seed;
 - ii. Percentage of hard seed, if present;
 - iii. Calendar month and year the germination test was completed to determine percentages in subsections (i) and (ii); and
 - iv. For seed sold for retail non-farm usage the statement "sell by (month/year)" which shall be no more than 15 months from the date of the germination test excluding the month of the test.
 - j. Name and address of the labeler, or the person who sells, offers or exposes the seed for sale within this state.
4. For coated agricultural, vegetable, flower, or lawn and turf seeds that are sold by weight:
 - a. Percentage by weight of pure seeds with coating material removed;
 - b. Percentage by weight of coating material;
 - c. Percentage by weight of inert material not including coating material;
 - d. Percentage of germination determined on 400 pellets with or without seeds;
 - e. All other applicable requirements in subsections (C)(1), (2), and (3).
 5. For vegetable seeds in packets as prepared for use in home gardens or household plantings or vegetable seeds in pre-planted containers, mats, tapes, or other planting devices:
 - a. Name of kind and variety of seed;
 - b. Lot identification, such as by lot number or other means;
 - c. One of the following:
 - i. The calendar month and year the germination test was completed and the statement "Sell by (month/year)." The date indicated shall be no more than 12 months from the date of the test, excluding the month of the test;
 - ii. The calendar year for which the seed was packaged for sale as "packed for (year)" and the statement "sell by (year)"; or
 - iii. The percentage germination and the calendar month and year the test was completed to determine the percentage if the germination test was completed within 12 months, excluding the month of the test;
 - d. Name and address of the labeler, or the person who sells, offers, or exposes the seed for sale within this state;
 - e. For seeds that germinate less than the standard established under R3-4-404(A), (B) and (C)(i): percentage of germination, excluding hard seed; percentage of hard seed, if present; and the words "Below Standard" in not less than 8-point type;
 - f. For seeds placed in a germination medium, mat, tape, or other device in such a way as to make it difficult to determine the quantity of seed without removing the seeds from the medium, mat, tape or device, a statement to indicate the minimum number of seeds in the container.
 6. For vegetable seeds in containers other than packets prepared for use in home gardens, household plantings, pre-planted containers, mats, tapes, or other planting devices:
 - a. The name of each kind and variety present in excess of five percent and the percentage by weight of each in order of its predominance;
 - b. Lot number or other lot identification;
 - c. For each named vegetable seed:
 - i. Percentage germination, excluding hard seed;
 - ii. Percentage of hard seed, if present; and
 - iii. The calendar month and year the test was completed to determine the percentages; The statement "Total germination and hard seed" may be included following the percentages required under subsections (C)(6)(c)(i) and (C)(6)(c)(ii);
 - d. Name and address of the labeler, or the person who sells, offers or exposes the seed for sale within this state; and
 - e. The labeling requirements for vegetable seeds in containers of more than one pound are met if the seed is weighed from a properly labeled container in the presence of the purchaser.
 7. For agricultural seeds sold on a pure live seed basis, each container shall bear a label containing the information required by subsection (C)(2), except:
 - a. The label need not show:
 - i. The percentage by weight of each agricultural seed component as required by subsection (C)(2)(a); or
 - ii. The percentage by weight of inert matter as required by subsection (C)(2)(g); and
 - b. For each named agricultural seed, the label must show instead of the information required by subsection (C)(2)(h):
 - i. The percentage of pure live seed; and
 - ii. The calendar month and year in which the test determining the percentage of live seed was completed.
 8. For agricultural and vegetable hybrid seeds that contain less than 95 percent hybrid seed:
 - a. Kind or variety shall be labeled as "hybrid,"
 - b. The percentage that is hybrid shall be labeled parenthetically in direct association following the named variety; for example – comet (85% hybrid), and
 - c. Varieties in which the pure seed contains less than 75 percent hybrid seed shall not be labeled hybrids.
 9. For combination mulch, seed, and fertilizer products:
 - a. The word "combination" followed by the words "mulch – seed – fertilizer", as appropriate, shall appear on the upper 30 percent of the principal display panel. The word "combination" shall be the largest and most conspicuous type on the container, equal to or larger than the product name. The words "mulch – seed – fertilizer", as appropriate, shall be no smaller than one-half the size of the word "combination" and in close proximity to the word "combination."
 - b. The products shall not contain less than 70 percent mulch.

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- c. Agricultural, flower, vegetable, lawn, and turf seeds placed in a germination medium, mat, tape, or other device or mixed with mulch shall be labeled as follows:
 - i. Product name;
 - ii. Lot number;
 - iii. Percentage by weight of pure seed of each kind and variety named. The kind and variety named may be less than 5 percent of the whole;
 - iv. Percentage by weight of other crop seeds;
 - v. Percentage by weight of inert matter, which shall not be less than 70 percent;
 - vi. Percentage by weight of weed seeds;
 - vii. The total of subsections (iii), (iv), (v), and (vi) shall equal 100 percent;
 - viii. Name and number of noxious weed seeds per pound, if present;
 - ix. Hard seed percentage, if present, and percentage of germination of each kind or kind and variety named and the month and year the test was completed; and
 - x. Name and address of the labeler or the person who sells, offers or exposes the product for sale within this state.
- D. Labeling requirements: flowers.**
 - 1. For flower seeds in packets prepared for use in home gardens or household plantings or flower seeds in pre-planted containers, mats, tapes, or other planting devices:
 - a. For all kinds of flower seeds:
 - i. The name of the kind and variety or a statement of type and performance characteristics as prescribed in subsection (D)(3); and
 - ii. Name and address of the labeler, or the person who sells, offers, or exposes the seed for sale within this state, and one of the following subsections (D)(1)(a)(iii) through (v);
 - iii. The calendar month and year the germination test was completed and the statement "Sell by (month/year)." The date indicated shall be no more than 12 months from the date of the test excluding the month of the test; or
 - iv. The calendar year for which the seed was packaged for sale as "packed for (year)" and the statement "sell by (year)"; or
 - v. The percentage germination and the calendar month and year the test was completed to determine the percentage if the germination test was completed within 12 months, excluding the month of the test.
 - b. For kinds of flower seeds for which standard testing procedures are prescribed by the Association of Official Seed Analysts and that germinate less than the germination standards prescribed under the provisions of R3-4-404(B):
 - i. Percentage of germination, excluding hard seeds;
 - ii. Percentage hard seed, if present; and
 - iii. The words "Below Standard" in not less than eight-point type.
 - c. For flower seeds placed in a germination medium, mat, tape, or other device in such a way as to make it difficult to determine the quantity of seed without removing the seeds from the medium, mat, tape, or device, a statement to indicate the minimum number of seeds in the container.
 - 2. For flower seeds in containers other than packets and other than pre-planted containers, mats, tapes, or other planting devices and not prepared for use in home flower gardens or household plantings:
 - a. The name of the kind and variety or a statement of type and performance characteristics as prescribed in subsection (D)(3), and for wildflowers, the genus and species and subspecies, if appropriate;
 - b. The lot number or other lot identification;
 - c. For wildflower seed with a pure seed percentage of less than 90 percent:
 - i. The percentage, by weight, of each component listed in order of the component's predominance;
 - ii. The percentage by weight of weed seed, if present; and
 - iii. The percentage by weight of inert matter;
 - d. For kinds of seed for which standard testing procedures are prescribed by the Association of Official Seed Analysts:
 - i. Percentage of germination, excluding hard or dormant seed;
 - ii. Percentage of hard or dormant seed, if present; and
 - iii. The calendar month and year that the test was completed to determine the percentages in subsections (D)(2)(d)(i) and (ii);
 - e. For those kinds of flower seed for which standard testing procedures are not prescribed by the Association of Official Seed Analysts, the year of production or collection; and
 - f. Name and address of the labeler, or the person who sells, offers, or exposes the flower seed for sale within this state.
 - 3. Requirements to label flower seeds with kind and variety, or type and performance characteristics as prescribed in subsection (D)(1)(a)(i) and (D)(2)(a) shall be met as follows:
 - a. For seeds of plants grown primarily for their blooms:
 - i. If the seeds are of a single named variety, the kind and variety shall be stated, for example, "Marigold, Butterball";
 - ii. If the seeds are of a single type and color for which there is no specific variety name, the type of plant, if significant, and the type and color of bloom shall be indicated, for example, "Scabiosa, Tall, Large Flowered, Double, Pink";
 - iii. If the seeds consist of an assortment or mixture of colors or varieties of a single kind, the kind name, the type of plant, if significant, and the type or types of bloom shall be indicated. It shall be clearly indicated that the seed is mixed or assorted. An example of labeling such a mixture or assortment is "Marigold, Dwarf Double French, Mixed Colors";
 - iv. If the seeds consist of an assortment or mixture of kinds or kinds and varieties, it shall clearly indicate that the seed is assorted or mixed and the specific use of the assortment or mixture shall be indicated, for example, "Cut Flower Mixture", or "Rock Garden Mixture". Statements such as "General Purpose Mixture", "Wonder Mixture", or any other statement that fails to indicate the specific use of the seed

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shall not be considered as meeting the requirements of this subsection unless the specific use of the mixture is also stated. Containers with over three grams of seed shall list the kind or kind and variety names of each component present in excess of five percent of the whole in the order of their predominance, giving the percentage by weight of each. Components equal to or less than five percent shall be listed, but need not be listed in order of predominance. A single percentage by weight shall be given for these components that are less than five percent of the whole. If no component of a mixture exceeds five percent of the whole, the statement, "No component in excess of 5%" may be used. Containers with three grams of seed or less shall list the components without giving percentage by weight and need not be in order of predominance.

- b. For seeds of plants grown for ornamental purposes other than their blooms, the kind and variety shall be stated, or the kind shall be stated together with a descriptive statement concerning the ornamental part of the plant, for example, "Ornamental Gourds, Small Fruited, Mixed."
- E. Label requirement for tree and shrub seeds. Tree or shrub seeds that is sold, offered for sale, or exposed for sale within this state shall bear on each container a plainly written or printed label or tag in English. No modifications or disclaimers shall be made to the required label information in the labeling or on another label attached to the container. Labeling of seed supplied under a contractual agreement meets this requirement if the shipment is accompanied by an invoice or by an analysis tag attached to the invoice if each bag or other container is clearly identified by a lot number permanently displayed on the container or if the seed is in bulk. Each bag or container not clearly identified by a lot number must carry complete labeling. The label shall include the following information:
 1. For tree and shrub seeds that have been treated, the following may appear on a separate label:
 - a. Language indicating that the seed has been treated;
 - b. The commonly accepted chemical name of the applied substance or description of the process used;
 - c. If the substance is harmful to human or animals, a caution statement such as "do not use for food or feed or oil purposes". The caution for highly toxic substances shall be a poison statement and symbol; and
 - d. If the seed has been treated with an inoculant, the date of expiration, which is the date the inoculant is no longer considered effective;
 2. For all tree and shrub seeds subject to this Article:
 - a. Common name of the species of seed and if appropriate, the subspecies;
 - b. The scientific name of the genus and species and if appropriate, the subspecies;
 - c. Lot number or other lot identification;
 - d. Origin.
 - i. For seed collected from a predominantly indigenous stand, the area of collection given by latitude and longitude, a geographic description, or identification of a political subdivision, such as a state or county; or
 - ii. For seed collected from other than a predominantly indigenous stand, identification of the

area of collection and the origin of the stand, or the statement "origin not indigenous";

- e. The elevation or the upper and lower limits of elevations within which the seed was collected;
- f. Purity as a percentage of pure seed by weight;
- g. For those species listed under R3-4-404(C), the following apply except as provided in subsection (E)(2)(h):
 - i. Percentage germination excluding hard seed;
 - ii. Percentage of hard seed, if present;
 - iii. The calendar month and year the test was completed to determine the percentages in subsection (a) and (b);
- h. Instead of complying with subsections (E)(2)(g)(i), (ii), and (iii), the seed may be labeled, "Test is in process, results will be supplied upon request";
- i. For those species for which standard germination testing procedures have not been prescribed, the calendar year in which the seed was collected; and
- j. Name and address of the labeler, or the person who sells, offers, or exposes the seed for sale within this state.
- F. Hermetically sealed seed shall meet the following requirements
 1. The seed shall have been packaged within nine months of harvest;
 2. The container used shall not allow water vapor penetration through any wall, including the seals, greater than 0.05 grams of water per 24 hours per 100 square inches of surface at 100°F with a relative humidity on one side of 90 percent and on the other side 0 percent. Water vapor penetration (WVP) is measured in accordance with the U.S. Bureau of Standards as: gm H₂O/24 hr/100 sq in/100°F /90% RHV 0% RH;
 3. The seed in the container shall not exceed the percentage of moisture, on a wet weight basis, as listed below:
 - a. Agricultural Seeds,
 - i. Beet, Field: 7.5;
 - ii. Beet, Sugar: 7.5;
 - iii. Bluegrass, Kentucky: 6.0;
 - iv. Clover, Crimson: 8.0;
 - v. Fescue, Red: 8.0;
 - vi. Ryegrass, Annual: 8.0;
 - vii. Ryegrass, Perennial: 8.0;
 - viii. All Others: 6.0; and
 - ix. Mixture of Above: 8.0;
 - b. Vegetable Seeds,
 - i. Bean, Garden: 7.0;
 - ii. Bean, Lima: 7.0;
 - iii. Beet: 7.5;
 - iv. Broccoli: 5.0;
 - v. Brussels Sprouts: 5.0;
 - vi. Cabbage: 5.0;
 - vii. Carrot: 7.0;
 - viii. Cauliflower: 5.0;
 - ix. Celeriac: 7.0;
 - x. Celery: 7.0;
 - xi. Chard, Swiss: 7.5;
 - xii. Chinese Cabbage: 5.0;
 - xiii. Chives: 6.5;
 - xiv. Collards: 5.0;
 - xv. Corn, Sweet: 8.0;
 - xvi. Cucumber: 6.0;
 - xvii. Eggplant: 6.0;
 - xviii. Kale: 5.0;
 - xix. Kohlrabi: 5.0;

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- xx. Leek: 6.5;
 - xxi. Lettuce: 5.5;
 - xxii. Muskmelon: 6.0;
 - xxiii. Mustard, India: 5.0;
 - xxiv. Onion: 6.5;
 - xxv. Onion, Welsh: 6.5;
 - xxvi. Parsley: 6.5;
 - xxvii. Parsnip: 6.0;
 - xxviii. Pea: 7.0;
 - xxix. Pepper: 4.5;
 - xxx. Pumpkin: 6.0;
 - xxxi. Radish: 5.0;
 - xxxii. Rutabaga: 5.0;
 - xxxiii. Spinach: 8.0;
 - xxxiv. Squash: 6.0;
 - xxxv. Tomato: 5.5;
 - xxxvi. Turnip: 5.0;
 - xxxvii. Watermelon: 6.5; and
 - xxxviii. All others: 6.0.
4. The container shall be conspicuously labeled in not less than 8-point type to indicate:
 - a. That the container is hermetically sealed,
 - b. That the seed has been preconditioned as to moisture content, and
 - c. The calendar month and year in which the germination test was completed; and
 5. The germination percentage of the seed at the time of packaging shall have been equal to or higher than the standards specified elsewhere in subsection R3-4-404.

Historical Note

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-111 renumbered without change as Section R3-4-402 (Supp. 89-1). Section R3-4-402 renumbered from R3-1-402 (Supp. 91-4). Amended effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

R3-4-403. Noxious Weed Seeds

- A. A person shall not allow the following prohibited noxious weed seeds in seed regulated under this Article:
 1. *Acroptilon repens* (L.) DC. – Russian knapweed;
 2. *Aegilops cylindrica* Host. – Jointed goatgrass;
 3. *Alhagi maurorum* – Camelthorn;
 4. *Alternanthera philoxeroides* (Mart.) Griseb. – Alligator weed;
 5. *Cardaria pubescens* (C.A. Mey) Jarmolenko – Hairy whitetop;
 6. *Cardaria chalepensis* (L.) Hand-Maz – Lens podded hoary cress;
 7. *Cardaria draba* (L.) Desv. – Globed-podded hoary cress (Whitetop);
 8. *Carduus acanthoides* L. – Plumeless thistle;
 9. *Cenchrus echinatus* L. – Southern sandbur;
 10. *Cenchrus incertus* M.A. Curtis – Field sandbur;
 11. *Centaurea calcitrapa* L. – Purple starthistle;
 12. *Centaurea iberica* Trev. ex Spreng. – Iberian starthistle;
 13. *Centaurea squarrosa* Willd. – Squarrose knapweed;
 14. *Centaurea sulphurea* L. – Sicilian starthistle;
 15. *Centaurea solstitialis* L. – Yellow starthistle (St. Barnaby's thistle);
 16. *Centaurea diffusa* L. – Diffuse knapweed;
 17. *Centaurea maculosa* L. – Spotted knapweed;
 18. *Chondrilla juncea* L. – Rush skeletonweed;
 19. *Cirsium arvense* L. Scop. – Canada thistle;
 20. *Convolvulus arvensis* L. – Field bindweed;
 21. *Coronopus squamatus* (Forskal) Ascherson – Creeping wartcress (Coronopus);
 22. *Cucumis melo* L. var. Dudaïm Naudin – Dudaïm melon (Queen Anne's melon);
 23. *Cuscuta* spp. – Dodder;
 24. *Cyperus rotundus* – Purple Nutgrass or Nutsedge;
 25. *Cyperus esculentus* – Yellow Nutgrass or Nutsedge;
 26. *Drymaria arenarioides* H.B.K. – Alfombrilla (Lightningweed);
 27. *Eichhornia azurea* (SW) Kunth. – Anchored Waterhyacinth;
 28. *Elymus repens* – Quackgrass;
 29. *Euphorbia esula* L. – Leafy spurge;
 30. *Halogeton glomeratus* (M. Bieb.) C.A. Mey – Halogeton;
 31. *Helianthus ciliaris* DC. – Texas Blueweed;
 32. *Hydrilla verticillata* (L.f.) Royle – Hydrilla (Florida-elo-dea);
 33. *Ipomoea* spp. – Morning glory. All species except *Ipomoea carnea*, Mexican bush morning glory; *Ipomoea triloba*, three-lobed morning glory (which is considered a restricted pest); *Ipomoea aborescens*, morning glory tree; *Ipomoea batatas* – sweetpotato; *Ipomoea quamoclit*, Cypress Vine; *Ipomoea noctiflora*, Moonflower – Morning Glories, Cardinal Climber, Hearts and Honey Vine;
 34. *Isatis tinctoria* L. – Dyers woad;
 35. *Linaria genistifolia* var. *dalmatica* – Dalmation toadflax;
 36. *Lythrum salicaria* L. – Purple loosestrife;
 37. *Medicago polymorpha* L. – Burclover;
 38. *Nassella trichotoma* (Nees.) Hack. – Serrated tussock;
 39. *Onopordum acanthium* L. – Scotch thistle;
 40. *Orobancha ramosa* L. – Branched broomrape;
 41. *Panicum repens* L. – Torpedo grass;
 42. *Peganum harmala* L. – African rue (Syrian rue);
 43. *Portulaca oleracea* L. – Common purslane;
 44. *Rorippa austriaca* (Crantz.) Bess. – Austrian fieldcress;
 45. *Salvinia molesta* – Giant Salvinia;
 46. *Senecio jacobaea* L. – Tansy ragwort;
 47. *Solanum carolinense* – Carolina horsenettle;
 48. *Solanum elaeagnifolium* – Silverleaf Nightshade;
 49. *Sonchus arvensis* L. – Perennial sowthistle;
 50. *Solanum viarum* Dunal – Tropical Soda Apple;
 51. *Sorghum* species, perennial (*Sorghum halepense*, Johnson grass, *Sorghum almum*, and perennial sweet sudangrass);
 52. *Stipa brachychaeta* Godr. – Puna grass;
 53. *Striga* spp. – Witchweed;
 54. *Trapa natans* L. – Water-chestnut;
 55. *Tribulus terrestris* L. – Puncturevine.
- B. A person shall not allow more than the number shown of the following restricted noxious weed seeds in a working sample of seed regulated by this Article; or, any more than 50 of any combination of the following restricted noxious weed seeds per working sample.
 1. *Avena fatua* – Wild oat: 5;
 2. *Brassica campestris* – Bird rape: 30;
 3. *Brassica juncea* – Indian mustard: 30;
 4. *Brassica niger* – Black mustard: 30;
 5. *Brassica rapa* – Field mustard: 30;
 6. *Cenchrus pauciflorus* – Sandbur: 10;
 7. *Eichhornia crassipes* (Mart.) Solms – Floating waterhyacinth: 10;
 8. *Euryops sunbarnosus* subsp. *vulgaris* – Sweet resinbush: 10;
 9. *Ipomoea triloba* L. – Three-lobed morning glory: 10;
 10. *Rumex crispus* – Curly dock: 30;
 11. *Salsola kali* var. *tenuifolia* – Russian thistle: 30;

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12. *Sinapis arvensis* – Charlock or Wild mustard: 30; and
13. *Sida hederacea* – Alkali mallow: 30.

Historical Note

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-112 renumbered without change as Section R3-4-403 (Supp. 89-1). Section R3-4-403 renumbered from R3-1-403 (Supp. 91-4). Section R3-4-403 repealed, new Section R3-4-403 renumbered from R3-4-405 and amended effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

R3-4-404. Germination Standards

- A.** Vegetable seed shall have the following minimum percent germination or the minimum percent germination as found in the Federal Seed Act, 20 CFR 201.31 (as amended January 1, 2002), which is incorporated by reference, not including future editions or amendments. The material is on file with the Department and available for purchase from the U. S. Government Bookstore (<http://bookstore.gpo.gov/>) or at the U.S. Government Printing Office, 732 N. Capitol St., NW, Washington, DC 20401 or it can be found online at <http://ecfr.gpo-access.gov/cgi/t/text/text-idx?c=ecfr&sid=42bcf6d966081e2f2cf9d03315fb999f&rgn=d1v8&view=text&node=7:3.1.1.7.28.0.317.38&idno=7>.

1. Artichoke: 60;
2. Asparagus: 70;
3. Asparagusbean: 75;
4. Bean, garden: 70;
5. Bean, Lima: 70;
6. Bean, runner: 75;
7. Beet: 65;
8. Broadbean: 75;
9. Broccoli: 75;
10. Brussels sprouts: 70;
11. Burdock, great: 60;
12. Cabbage: 75;
13. Cabbage, tronchuda: 70;
14. Cardoon: 60;
15. Carrot: 55;
16. Cauliflower: 75;
17. Celeriac: 55;
18. Celery: 55;
19. Chard, Swiss: 65;
20. Chicory: 65;
21. Chinese cabbage: 75;
22. Chives: 50;
23. Citron: 65;
24. Collards: 80;
25. Corn, sweet: 75;
26. Cornsalad: 70;
27. Cowpea: 75;
28. Cress, garden: 75;
29. Cress, upland: 60;
30. Cress, water: 40;
31. Cucumber: 80;
32. Dandelion: 60;
33. Dill: 60;
34. Eggplant: 60;
35. Endive: 70;
36. Kale: 75;
37. Kale, Chinese: 75;
38. Kale, Siberian: 75;
39. Kohlrabi: 75;
40. Leek: 60;
41. Lettuce: 80;

42. Melon: 75;
43. Mustard, India: 75;
44. Mustard, spinach: 75;
45. Okra: 50;
46. Onion: 70;
47. Onion, Welsh: 70;
48. Pak-choi: 75;
49. Parsley: 60;
50. Parsnip: 60;
51. Pea: 80;
52. Pepper: 55;
53. Pumpkin: 75;
54. Radish: 75;
55. Rhubarb: 60;
56. Rutabaga: 75;
57. Sage: 60;
58. Salsify: 75;
59. Savory, summer: 55;
60. Sorrel: 65;
61. Soybean: 75;
62. Spinach: 60;
63. Spinach, New Zealand: 40;
64. Squash: 75;
65. Tomato: 75;
66. Tomato, husk: 50;
67. Turnip: 80;
68. Watermelon: 70; and
69. All Others: The germination standard for all other vegetable and herb seed for which a standard has not been established shall be 50 percent.

- B.** Flower seed shall meet the following minimum percent germination standards. For the kinds marked with an asterisk, the percentage listed is the sum total of the percentage germination and percentage of hard seed. A mixture of kinds does not meet the germination standard if the germination of any kind or combination of kinds constituting 25 percent or more of the mixture by number of seed is below the germination standard for the kind or kinds involved.

1. Archillea (The Pearl) – *Achillea ptarmica*: 50;
2. African Daisy – *Dimorphotheca aurantiaca*: 55;
3. African Violet – *Saintpaulia* spp: 30;
4. Ageratum – *Ageratum mexicanum*: 60;
5. Agrostemma (rose campion) – *Agrostemma coronaria*: 65;
6. Alyssum – *Alyssum compactum*, *A. maritimum*, *A. procumbens*, *A. saxatile*: 60;
7. Amaranthus – *Amaranthus* spp: 65;
8. Anagalis (primpernel) – *Anagalis arvensis*, *Anagalis coerulea*, *Anagalis grandiflora*: 60;
9. Anemone – *Anemone coronaria*, *A. pulsatilla*: 55;
10. Angel's Trumpet – *Datura arborea*: 60;
11. Arabis – *Arabis alpine*: 60;
12. Arctotis (African lilac daisy) – *Arctotis grandis*: 45;
13. Armeria – *Armeria formosa*: 55;
14. Asparagus, fern – *Asparagus plumosus*: 50;
15. Asparagus, sprenger, *Asparagus sprenger*: 55;
16. Aster, China – *Callistephus chinensis*; except Pompon, Powderpuff, and Princess types: 55;
17. Aster, China – *Callistephus chinensis*; Pompon, Powderpuff, and Princess types: 50;
18. Aubretia – *Aubretia deltoidea*: 45;
19. Baby Smilax – *Aparagus asparagoides*: 25;
20. Balsam – *Impatiens balsamina*: 70;
21. Begonia – (*Begonia fibrous rooted*): 60;
22. Begonia – (*Begonia tuberous rooted*): 50;
23. Bells of Ireland – *Molucella laevis*: 60;

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24. Brachycome (swan river daisy) – *Brachycome iberidifolia*: 60;
25. Browallia – *Browallia elata* and *B. speciosa*: 65;
26. Bupthalam (sunwheel) – *Bupthalam salicifolium*: 60;
27. Calceolaria – *Calceolaria* spp: 60;
28. Calendula – *Calendula officinalis*: 65;
29. California Poppy – *Eschscholtzia californica*: 60;
30. Calliopsis – *Coreopsis bicolor*, *C. drummondii*, *C. elegans*: 65;
31. Campanula:
 - a. Canterbury Bells – *Campanula medium*: 60;
 - b. Cup and Saucer Bellflower – *Campanula medium calycanthemum*: 60;
 - c. Carpathian Bellflower – *Campanula carpatica*: 50;
 - d. Peach Bellflower – *Campanula persicifolia*: 50;
32. Candytuft, Annual – *Iberis amara*, *I. umbellata*: 65;
33. Candytuft, Perennial – *Iberis gibraltarica*, *I. semper-virens*: 55;
34. Castor Bean – *Ricinus communis*: 60;
35. Cathedral Bells – *Cobaea scandens*: 65;
36. Celosia argentea: 65;
37. Centaurea: Basket Flower – *Centaurea americana*, Cornflower – *C. cyanus*, Dusty Miller – *C. candidissima*, Royal Centaurea – *C. imperialis*, Sweet Sultan – *C. moschata*, Velvet Centaurea – *C. gymnocarpa*: 60;
38. Snow-in-Summer *Cerastium biebersteini* and *C. tomentosum*: 65;
39. Chinese Forget-me-not – *Cynoglossum amabile*: 55;
40. Chrysanthemum, Annual – *Chrysanthemum carinatum*, *C. coronarium*, *C. Cineraria* – *Senecio cruentus*: 60;
41. Clarkia – *Clarkia elegans*: 65;
42. Cleome – *Cleome gigantea*: 65;
43. Coleus – *Coleus blumei*: 65;
44. Columbine – *Aquilegia* spp.: 50;
45. Coral Bells – *Heuchera sanguinea*: 55;
46. Coreopsis, Perennial – *Coreopsis lanceolata*: 40;
47. Corn, ornamental – *Zea mays*: 75;
48. Cosmos: Sensation, Mammoth and Crested types – *Cosmos bipinnatus*; Klondyke type – *C. sulphureum*: 65;
49. Crossandra – (*Crossandra infundibuliformis*): 50;
50. Dahlia – *Dahlia* spp: 55;
51. Daylily – *Hemerocallis* spp: 45;
52. Delphinium, Perennial – *Belladonna* and *Bellamosum* types; Cardinal Larkspur – *Delphinium cardinale*; *Chinensis* types; Pacific Giant, Gold Medal and other hybrids of *D. elatum*: 55;
53. Dianthus:
 - a. Carnation – *Dianthus caryophyllus*: 60;
 - b. China Pinks – *Dianthus chinensis*, *heddewigi*, *heddensis*: 70;
 - c. Grass Pinks – *Dianthus plumarius*: 60;
 - d. Maiden Pinks – *Dianthus deltoids*: 60;
 - e. Sweet William – *Dianthus barbatus*: 70;
 - f. Sweet Wivelsfield – *Dianthus allwoodii*: 60;
54. Didiscus – (blue lace flower) – *Didiscus coerulea*: 65;
55. Doronicum (leopard's bane) – *Doronicum caucasicum*: 60;
56. Dracaena – *Dracaena indivisa*: 55;
57. Dragon Tree – *Dracaena draco*: 40;
58. English Daisy – *Bellis perennis*: 55;
59. Flax – Golden flax (*Linum flavum*); Flowering flax *L. randiflorum*; Perennial flax, *L. perenne*: 60;
60. Flowering Maple – *Abutilon* spp: 35;
61. Foxglove – *Digitalis* spp: 60;
62. Gaillardia, Annual – *Gaillardia pulchella*; *G. picta*; Perennial – *G. grandiflora*: 45;
63. Gerbera (transvaal daisy) – *Gerbera jamesoni*: 60;
64. Geum – *Geum* spp: 55;
65. Gilia – *Gilia* spp: 65;
66. Glosiosa daisy (*rudbeckia*) – *Echinacea purpurea* and *Rudbeckia Hirta*: 60;
67. Gloxinia – (*Sinningia speciosa*): 40;
68. Godetia – *Godetia amoena*, *G. grandiflora*: 65;
69. Gourds: Yellow Flowered – *Cucurbita pepo*; White Flowered – *Lagenaria siceraria*; Dishcloth – *Luffa cylindrica*: 70;
70. Gypsophila: Annual Baby's Breath – *Gypsophila elegans*; Perennial Baby's Breath – *G. paniculata*, *G. pacifica* *G. repens*: 70;
71. Helenium – *Helenium autumnale*: 40;
72. Helichrysum – *Helichrysum monstrosus*: 60;
73. Heliopsis – *Heliopsis scabra*: 55;
74. Heliotrope – *Heliotropium* spp: 35;
75. Helipterum (Acroclinium) – *Helipterum roseum*: 60;
76. Hesperis (sweet rocket) – *Hesperis matronalis*: 65;
77. *Hollyhock – *Althea rosea*: 65;
78. Hunnemanian (mexican tulip poppy) – *Hunnemanian fuma-riaefolia*: 60;
79. Hyacinth bean – *Dolichos lablab*: 70;
80. Impatiens – *Impatiens hostii*, *I. sultani*: 55;
81. *Ipomoea – Cypress Vine – *Ipomoea quamoclit*; Moonflower – *I. noctiflora*; Morning Glories, Cardinal Climber, Hearts and Honey Vine – *Ipomoea* spp: 75;
82. Jerusalem cross (maltese cross) – *Lychnis chalcidonica*: 70;
83. Job's Tears – *Coix lacrymajobi*: 70;
84. Kochia – *Kochia childsii*: 55;
85. Larkspur, Annual – *Delphinium ajacis*: 60;
86. Lantana – *Lantana camara*, *L. hybrida*: 35;
87. Lilium (regal lily) – *Lilium regale*: 50;
88. Linaria – *Linaria* spp: 65, exception: *Linaria genistifolia* var. *dalmatica* – Dalmation toadflax which is a prohibited noxious weed;
89. Lobelia, Annual – *Lobelia erinus*: 65;
90. Lunaria, Annual – *Lunaria annua*: 65;
91. *Lupine – *Lupinus* spp: 65;
92. Marigold – *Tagetes* spp: 65;
93. Marvel of Peru – *Mirabilis jalapa*: 60;
94. Matricaria (feverfew) – *Matricaria* spp: 60;
95. Mignonette – *Reseda odorata*: 55;
96. Myosotis – *Myosotis alpestris*, *M. oblongata*, *M. palustris*: 50;
97. Nasturtium – *Tropaeolum* spp: 60;
98. Nemesis – *Nemesis* spp: 65;
99. Nemophila – *Nemophila insignis*: 70;
100. Nemophila, spotted – *Nemophila maculate*: 60;
101. Nicotiana – *Nicotiana affinis*, *N. sanderae*, *N. sylvestris*: 65;
102. Nierembergia – *Nierembergia* spp: 55;
103. Nigella – *Nigella damascena*: 55;
104. Pansy – *Viola tricolor*: 60;
105. Penstemon – *Penstemon barbatus*, *P. grandiflorus*, *P. laevigatus*, *P. pubescens*: 60;
106. Petunia – *Petunia* spp: 45;
107. Phacelia – *Phacelia campanularia*, *P. minor*, *P. tanacetifolia*: 65;
108. Phlox, Annual – *Phlox drummondii* all types and varieties: 55;
109. Physalis – *Physalis* spp: 60;
110. Platycodon (balloon flower) – *Platycodon grandiflorum*: 60;
111. Plumbago, cape – *Plumbago capensis*: 50;

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112. Ponytail – *Beaucarnea recurvata*: 40;
 113. Poppy: Shirley Poppy – *Papaver rhoeas*; Iceland Poppy – *P. nudicaule*; Oriental Poppy – *P. orientale*; Tulip Poppy – *P. glaucum*: 60;
 114. Portulacae – *Portulaca grandiflora*: 55;
 115. Primula (primrose) – *Primula* spp: 50;
 116. Pyrethrum (painted daisy) – *Pyrethrum coccineum*: 60;
 117. Salpiglossis – *Salpiglossis gloxinaeflora*, *S. sinuata*: 60;
 118. Salvia – Scarlet Sage – *Salvia splendens*; Mealycup Sage (Blue bedder) – *Salvia farinacea*: 50;
 119. Saponaria – *Saponaria ocymoides*, *S. vaccaria*: 60;
 120. Scabiosa, Annual – *Scabiosa atropurpurea*: 50;
 121. Scabiosa, Perennial – *Scabiosa caucasica*: 40;
 122. Schizanthus – *Schizanthus* spp: 60;
 123. *Sensitive plant (mimosa) – *Mimosa pudica*: 65;
 124. Shasta Daisy – *Chrysanthemum maximum* C. *leucanthemum*: 65;
 125. Silk Oak – *Grevillea robusta*: 25;
 126. Snapdragon – *Antirrhinum* spp: 55;
 127. Solanum – *Solanum* spp: 60, exceptions; *Solanum carolinense* – Carolina horsenettle and *Solanum elaeagnifolium* – Silverleaf Nightshade which are prohibited noxious weeds;
 128. Statice – *Statice sinuata*, *S. suworonii* (flower heads): 50;
 129. Stocks: Common – *Mathiola incana*; Evening Scented – *Mathiola bicornis*: 65;
 130. Sunflower – *Helianthus* spp: 70, exception; *Helianthus ciliaris* DC. – Texas blueweed which is a prohibited noxious weed;
 131. Sunrose – *Helianthemum* spp: 30;
 132. *Sweet Pea, Annual and Perennial other than dwarf bush – *Lathyrus odoratus*, *L. latifolius*: 75;
 133. *Sweet Pea, Dwarf Bush – *Lathyrus odoratus*: 65;
 134. Tahoka Daisy – *Machaeanthera tanacetifolia*: 60;
 135. Thunbergia – *Thunbergia alata*: 60;
 136. Torch Flower – *Tithonia speciosa*: 70;
 137. Torenia (Wishbone Flower) – *Torenia fournieri*: 70;
 138. *Tritoma kniphofia* Spp: 65;
 139. Verbena, Annual – *Verbena hybrida*: 35;
 140. Vinca – *Vinca rosea*: 60;
 141. Viola – *Viola cornuta*: 55;
 142. Virginian Stocks – *Malcolmia maritima*: 65;
 143. Wallflower – *Cheiranthus allioni*: 65;
 144. Yucca (Adam's Needle) – *Yucca filamentosa*: 50;
 145. Zinnia (Except Linearis and Creeping) – *Zinnia angustifolia*, *Z. elegans*, *Z. grandiflora*, *Z. gracillima*, *Z. haegeana*, *Z. multiflora*, *Z. pumila*: 65;
 146. Zinnia, Linearis and Creeping – *Zinnia linearis*, *Sanvitalia procumbens*: 50;
 147. All Other Kinds: 50.
- C. The germination labeling provisions of R3-4-402(E) apply to the following tree and shrub species:
1. *Abies amabilis* (Dougl.) Forbes – Pacific Silver Fir;
 2. *Abies balsamea* (L.) Mill. – Balsam Fir;
 3. *Abies concolor* (Gord. Glend.) Lindl. – White Fir;
 4. *Abies fraseri* (Pursh.) Poir – Fraser Fir;
 5. *Abies grandis* (Dougl.) Lindl. – Grand Fir;
 6. *Abies homolepis* Sieb Zucc. – Nikko Fir;
 7. *Abies lasiocarpa* (Hook) Nutt. – Subalpine Fir;
 8. *Abies magnifica* A. Murr. – California Red Fir;
 9. *Abies magnifica* var. *shastensis* Lemm. – Shasta Red Fir;
 10. *Abies procera* Rehd. – Nobel Fir;
 11. *Abies veitchii* (Lindl.) – Veitch Fir;
 12. *Acer ginnala* Maxim. – Amur Maple;
 13. *Acer macrophyllum* Pursh. – Bigleaf Maple;
 14. *Acer negundo* L. – Boxelder;
 15. *Acer pensylvanicum* L. – Striped Maple;
 16. *Acer platanoides* L. – Norway Maple;
 17. *Acer pseudoplatanus* L. – Sycamore Maple;
 18. *Acer rubrum* L. – Red Maple;
 19. *Acer saccharinum* L. – Silver Maple;
 20. *Acer saccharum* Marsh. – Sugar Maple;
 21. *Acer spicatum* Lam. – Mountain Maple;
 22. *Aesculus pavia* L. – Red Buckeye;
 23. *Ailanthus altissima* (Mill.) Swingle – Tree of Heaven, *Ailanthus*;
 24. *Berberis thunbergii* DC. – Japanese Barberry;
 25. *Berberis vulgaris* L. European Barberry;
 26. *Betula lenta* L. – Sweet Birch;
 27. *Betula alleghaniensis* Britton – Yellow Birch;
 28. *Betula nigra* L. – River Birch;
 29. *Betula papyrifera* Marsh. – Paper Birch;
 30. *Betula pendula* Roth. – European White Birch;
 31. *Betula populifolia* Marsh. – Gray Birch;
 32. *Carya illinoensis* (Wang.) K. Koch – Pecan;
 33. *Carya ovata* (Mill) K. Koch – Shagbark Hickory;
 34. *Casuarina* spp. – Beefwood;
 35. *Catalpa bignonioides* Walt. – Southern Catalpa;
 36. *Catalpa speciosa* Warder. – Northern Catalpa;
 37. *Cedrus atlantica* Manetti – Atlas Cedar;
 38. *Cedrus deodara* (Roxb.) Loud. – Deodar Cedar;
 39. *Cedrus libani* (Loud.) – Cedar of Lebanon;
 40. *Clastrus scandens* L. – American Bittersweet;
 41. *Celastrus orbiculata* Thunb. – Oriental Bittersweet;
 42. *Chamaecyparis lawsoniana* (A. Murr.) Parl – Port Oxford Cedar;
 43. *Chamaecyparis nootkatensis* (D. Don.) Spach. – Alaska Cedar;
 44. *Cornus florida* L. – Flowering Dogwood;
 45. *Cornus stolonifera* Michx. – Red-osier Dogwood;
 46. *Crataegus mollis* – Downy Hawthorn;
 47. *Cupressus arizonica* Greene – Arizona Cypress;
 48. *Eucalyptus deglupta*;
 49. *Eucalyptus gradis*;
 50. *Fraxinus americana* L. – White Ash;
 51. *Fraxinus excelsior* L. – European Ash;
 52. *Fraxinus latifolia* Benth. – Oregon Ash;
 53. *Fraxinus nigra* Marsh. – Black Ash;
 54. *Fraxinus pensylvanica* Marsh. – Green Ash;
 55. *Fraxinus pensylvanica* var. *lanceolata* (Borkh.) Sarg. – Green Ash;
 56. *Gleditsia triacanthos* L. – Honey Locust;
 57. *Grevillea robusta* – Silk-oak;
 58. *Larix decidua* Mill. – European Larch;
 59. *Larix eurolepis* Henry – Dunkfeld Larch;
 60. *Larix leptolepis* (Sieb. Zucc.) Gord. – Japanese Larch;
 61. *Larix occidentalis* Nutt. – Western Larch;
 62. *Larix sibirica* Ledeb. – Siberian Larch;
 63. *Libocedrus decurrens* – Incense-Cedar;
 64. *Liquidambar styraciflua* L. – Sweetgum;
 65. *Liriodendron tulipifera* L. – Yellow-Poplar;
 66. *Magnolia grandiflora* – Southern Magnolia;
 67. *Malus* spp. – Apple;
 68. *Malus* spp. – Crabapple;
 69. *Nyssa aquatica* L. – Water Tupelo;
 70. *Nyssa sylvatica* var. *sylvatica* – Black Tupelo;
 71. *Picea abies* (L.) Karst. – Norway Spruce;
 72. *Picea engelmanni* Parry – Engelmann Spruce;
 73. *Picea glauca* (Moench.) Voss – White Spruce;
 74. *Picea glauca* var. *albertiana* (S. Brown) Sarg. – Western White Spruce, Alberta White Spruce;
 75. *Picea glehnii* (Fr. Schmidt) Mast. – Sakhalin Spruce;

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76. *Picea jezoensis* (Sieb. Zucc.) Carr – Yeddo Spruce;
 77. *Picea koyamai* Shiras. – Koyama Spruce;
 78. *Picea mariana* (Mill.) B.S.P. – Black Spruce;
 79. *Picea omorika* (Pancic.) Purkyne – Serbian Spruce;
 80. *Picea orientalis* (L.) Link. – Oriental Spruce;
 81. *Picea polita* (Sieb. Zucc.) Carr – Tigertail Spruce;
 82. *Picea pungens* Engelm. – Blue Spruce, Colorado Spruce;
 83. *Picea pungens* var. *glauca* Reg. – Colorado Blue Spruce;
 84. *Picea rubens* Sarg. – Red Spruce;
 85. *Picea sitchensis* (Bong.) Carr – Sitka Spruce;
 86. *Pinus albicaulis* Engelm. – Whitebark Pine;
 87. *Pinus aristata* Engelm. – Bristlecone Pine;
 88. *Pinus banksiana* Lamb. – Jack Pine;
 89. *Pinus canariensis* C. Smith – Canary Pine;
 90. *Pinus caribaea* – Caribbean Pine;
 91. *Pinus cembroides* Zucc. – Mexican Pinyon Pine;
 92. *Pinus clausa* – Sand Pine;
 93. *Pinus conorta* Dougl. – Lodgepole Pine;
 94. *Pinus contorta* var. *latifolia* Engelm. – Lodgepole Pine;
 95. *Pinus coulteri* D. Don. – Coulter Pine, Bigcone Pine;
 96. *Pinus densiflora* Sieb. Zucc. – Japanese Red Pine;
 97. *Pinus echinata* Mill. – Shortleaf Pine;
 98. *Pinus elliottii* Engelm. – Slash Pine;
 99. *Pinus flexilis* James – Limber Pine;
 100. *Pinus glabra* Walt. – Spruce Pine;
 101. *Pinus griffithii* McClelland – Himalayan Pine;
 102. *Pinus halepensis* Mill. – Aleppo Pine;
 103. *Pinus jeffreyi* Grev. Balf. – Jeffrey Pine;
 104. *Pinus khasya* Royle – Khasia Pine;
 105. *Pinus lambertiana* Dougl. – Sugar Pine;
 106. *Pinus heldreichii* var. *leucodermis* (Ant.) Markgraf ex Fitschen – Balkan Pine, Bosnian Pine;
 107. *Pinus markusii* DeVriese – Markus Pine;
 108. *Pinus monticola* Dougl. – Western White Pine;
 109. *Pinus mugo* Turra. – Mountain Pine;
 110. *Pinus mugo* var. *mughus* (Scop.) Zenari – Mugo Swiss Mountain Pine;
 111. *Pinus muricata* D. Don. – Bishop pine;
 112. *Pinus nigra* Arnold – Austrian Pine;
 113. *Pinus nigra* poiretiana (Ant.) Aschers Graebn. – Corsican Pine;
 114. *Pinus palustris* Mill. – Longleaf Pine;
 115. *Pinus parviflora* Sieb. Zucc. – Japanese White Pine;
 116. *Pinus patula* Schl. Cham. – Jelecote Pine;
 117. *Pinus pinaster* Sol. – Cluster Pine;
 118. *Pinus pinea* L. – Italian Stone Pine;
 119. *Pinus ponderosa* Laws. – Ponderosa Pine, Western Yellow Pine;
 120. *Pinus radiata* D. Don. – Monterey Pine;
 121. *Pinus resinosa* Ait. – Red Pine, Norway Pine;
 122. *Pinus rigida* Mill. – Pitch Pine;
 123. *Pinus serotina* Michx. – Pond Pine;
 124. *Pinus strobus* L. – Eastern White Pine;
 125. *Pinus sylvestris* L. – Scots Pine;
 126. *Pinus taeda* L. – Loblolly Pine;
 127. *Pinus taiwanensis* Hayata – Formosa Pine;
 128. *Pinus thunbergii* Parl. – Japanese Black Pine;
 129. *Pinus virginiana* Mill. – Virginia Pine, Scrub Pine;
 130. *Platanus occidentalis* L. – American Sycamore;
 131. *Populus* spp. – Poplars;
 132. *Prunus armeriaca* L. – Apricot;
 133. *Prunus avium* L. – Cherry;
 134. *Prunus domestica* L. – Plum, Prune;
 135. *Prunus persica* Batsch. – Peach;
 136. *Pseudotsuga menziesii* var. *glauca* (Beissn.) Franco – Blue Douglas Fir;
 137. *Pseudotsuga menziesii* var. *caesia* (Beissn.) Franco – Gray Douglas Fir;
 138. *Pseudotsuga menziesii* var. *viridis* – Green Douglas Fir;
 139. *Pyrus communis* L. – Pear;
 140. *Quercus* spp. – (Red or Black Oak group);
 141. *Quercus alba* L. – White Oak;
 142. *Quercus muehlenbergii* Engelm. – Chinkapin Oak;
 143. *Quercus virginiana* Mill. – Live Oak;
 144. *Rhododendron* spp. – Rhododendron;
 145. *Robinia pseudoacacia* L. – Black Locust;
 146. *Rosa multiflora* Thunb. – Japanese Rose;
 147. *Sequoia gigantea* (Lindl.) Decne. – Giant Sequoia;
 148. *Sequoia sempervirens* (D. Don.) Engl. – Redwood;
 149. *Syringa vulgaris* L. – Common Lilac;
 150. *Thuja occidentalis* L. – Northern White Cedar, Eastern Arborvitae;
 151. *Thuja orientalis* L. – Oriental Arborvitae, Chinese Arborvitae;
 152. *Thuja plicata* Donn. – Western Red Cedar – Giant Arborvitae;
 153. *Tsuga canadensis* (L.) Carr. – Eastern Hemlock, Canada Hemlock;
 154. *Tsuga heterophylla* (Raf.) Sarg. – Western Hemlock, Pacific Hemlock;
 155. *Ulmus americana* L. – American Elm;
 156. *Ulmus parvifolia* Jacq. – Chinese Elm;
 157. *Ulmus pumila* L. – Siberian Elm; and
 158. *Vitis vulpina* L. – Riverbank Grape.
- D.** A person shall not indicate a quality of seed higher than the actual quality as found through germination test.
- E.** The labeler or the person who sells, offers, or exposes for sale within this state seeds in hermetically-sealed containers more than 36 months after the last day of the month in which the seeds were tested prior to packaging, shall retest the seeds within nine months, excluding of the calendar month in which the retest was completed, immediately prior to sale, exposure for sale, or offering for sale or transportation.

Historical Note

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-113 renumbered without change as Section R3-4-404 (Supp. 89-1). Section R3-4-404 renumbered from R3-1-404 (Supp. 91-4). Section repealed, new Section R3-4-404 renumbered from R3-4-406 and amended effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

R3-4-405. Seed-certifying Agencies

- A.** Any agency seeking to obtain designation as a seed-certifying agency in Arizona shall meet the following requirements.
1. The agency shall be qualified by USDA to certify agricultural or vegetable planting seed as to variety, strain, and genetic purity.
 2. The agency shall have a written seed certification protocol which includes standards, rules, and procedures for the certification of planting seed.
 3. The agency shall have procedures for accepting crops and varieties into a certification program.
 4. The agency shall be a member in good standing of a USDA-recognized association of official seed-certifying agencies such as the Association of Official Seed Certifying Agencies.
- B.** The Director or the Director's designee shall meet each calendar year with the director of the seed-certifying agency to review the agency's standards, rules, and procedures.

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- C. The Director may, after consulting with the Director of the Arizona Agricultural Experiment Station, revoke the agency's designation as the state seed-certifying agency after written 30 days' notice if the organization:
1. Fails to maintain qualifications, protocols, procedures, and membership as set forth in subsection (A); or
 2. Fails to follow federal and state standards, rules, and procedures.

Historical Note

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-114 renumbered without change as Section R3-4-405 (Supp. 89-1). Section R3-4-405 renumbered from R3-1-405 (Supp. 91-4). Section R3-4-405 renumbered to R3-4-403, new Section R3-4-405 renumbered from R3-4-407 and amended effective July 10, 1995 (Supp. 95-3).

R3-4-406. Sampling and Analyzing Seed

- A. A person shall follow the methods of taking, handling, analyzing, and testing samples of seed and the tolerances and methods of determination as prescribed in the Federal Seed Act Regulations, 7 CFR 201.39 through 201.65, amended January 1, 2002, and in the Rules for Testing Seeds, 2006, published by the Association of Official Seed Analysts. This material is incorporated by reference and is on file with the Department. The materials incorporated by reference do not include any later amendments or editions. The Rules for Testing Seeds are also available through the web site: <http://www.aosaseed.com>. The CFR may be ordered from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA, 15250-7954 and the Rules for Testing Seeds may be ordered from the AOSA Management Office, Mail Boxes Etc. #285, 601 S. Washington, Stillwater, OK 74074-4539. If there is a conflict between the two documents, the requirements in CFR will prevail.
- B. A labeler offering a seed for sale shall pay the cost of original germination and purity tests on each lot of seed offered for sale, and a dealer or labeler shall pay the cost of any subsequent germination test required by A.R.S. § 3-237. The Department shall pay the cost of testing seed samples drawn by a seed inspector from lots bearing valid labels. The dealer or labeler shall reimburse the Department for the cost of the test if the dealer or labeler chooses to use the Department's germination and purity results in subsequent re-labeling.

Historical Note

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-115 renumbered without change as Section R3-4-406 (Supp. 89-1). Section R3-4-406 renumbered from R3-1-406 (Supp. 91-4). Section R3-4-406 renumbered to R3-4-404, new Section R3-4-406 renumbered from R3-4-408 and amended effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 9 A.A.R. 1286, effective May 31, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

R3-4-407. Phytosanitary Field Inspection; Fee

- A. Applicants seeking phytosanitary certification for interstate and international exportation of agriculture, vegetable, and ornamental planting seed shall submit a \$20.00 inspection fee and provide the following information on a form furnished by the Department:
1. The company name and address of the applicant;
 2. The kind, variety, and lot number of the seed;
 3. The number of acres on which the seed will be grown;
 4. The name of the grower;
 5. The county and field location;

6. The date of the application;
 7. The countries of export;
 8. The seed treatment, if applicable;
 9. The amount of treatment, if applicable;
 10. The approximate planting date;
 11. The approximate harvest date; and
 12. The export requirements.
- B. The Department may contract with the state-certifying agency for field inspection at 20¢ per acre for any first or single required inspection and 10¢ per acre for each subsequent required inspection which shall be performed in conjunction with the seed certification program.
- C. Field inspections conducted by the Department shall be based upon the following fee schedule and shall not exceed the maximum fee prescribed by A.R.S. § 3-233(A)(7):
1. Cotton: 80¢ per acre;
 2. Small grain: 20¢ per acre for the first inspection and 80¢ for the second inspection;
 3. Vegetable and all other crops: 20¢ for the first inspection and 80¢ for the second inspection.
- D. If both the field inspection fee and the application fee exceeds the maximum fee per acre prescribed by A.R.S. § 3-233(A)(7), the application fee shall be voided and the maximum cost per acre shall be assessed.

Historical Note

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-116 renumbered without change as Section R3-4-407 (Supp. 89-1). Section R3-4-407 renumbered from R3-1-407 (Supp. 91-4). Section R3-4-407 renumbered to R3-4-405, new Section adopted effective July 10, 1995 (Supp. 95-3).

R3-4-408. Licenses: Seed Dealer and Seed Labeler; Fees

- A. An applicant for a seed dealer or seed labeler license shall provide the following to the Department:
1. The year for which the applicant wishes to be licensed;
 2. The applicant's name, company name, telephone number, fax number and e-mail address, as applicable;
 3. Verification of previous seed dealer or labeler license, if applicable;
 4. The mailing and physical address of each business location being licensed;
 5. Company Tax ID number or if not a legally-recognized business entity, the applicant's Social Security number;
 6. The date of the application; and
 7. The signature of the applicant.
- B. Seed dealer and seed labeler licenses are not transferable, expire on June 30, and are valid for no more than one year, or period thereof, unless otherwise revoked, suspended, denied or otherwise acted upon by the Department as provided in A.R.S. § 3-233(A)(6).
- C. An applicant shall submit a completed application to the Department accompanied by the following fee, which is non-refundable unless A.R.S. § 41-1077 applies.
1. Seed dealers, \$50.00 per location; and
 2. Seed labelers, \$100.00.
- D. During fiscal year 2011 and fiscal year 2012, notwithstanding subsection (C), there is no fee to obtain a seed dealer or seed labeler license.

Historical Note

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-117 renumbered without change as Section R3-4-408 (Supp. 89-1). Section R3-4-408 renumbered from R3-1-408 (Supp. 91-4). Section R3-4-408 renumbered to R3-4-406, new Section adopted effective July 10, 1995 (Supp. 95-3). Amended by final rulemak-

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ing at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2). Amended by exempt rulemaking at 16 A.A.R. 2029, effective September 21, 2010 (Supp. 10-3). Amended by exempt rulemaking at 17 A.A.R. 1763, effective July 20, 2011 (Supp. 11-3).

R3-4-409. Violations and Penalties

A. The Department may assess the following penalties against a dealer or labeler for each customer affected by a violation listed below: \$50 for the first offense, \$150 for the second offense, and \$300 for each subsequent offense within a three-year period:

1. Failure to complete the germination requirements on agricultural, vegetable, or flower seed intended for wholesale or commercial use within nine months prior to sale, exposing for sale, or offering for sale within the state, excluding the month in which the test was completed. This penalty does not apply to a violation under subsections (A)(2), or (3);
2. Failure to complete the germination requirements for agricultural, ornamental, or vegetable seed intended for retail purchase within the 15 months prior to the sale, exposing for sale, or offering for sale within the state, excluding the month in which the test was completed; and
3. Failure to obtain any license required by this Article;

B. The Department may assess the following penalties against any person committing the following acts: up to \$500 for the first offense, up to \$1250 for the second offense, and up to \$2500 for each subsequent offense within a three-year period.

1. To label, advertise, or represent seed subject to this Article to be certified seed or any class of certified seed unless:
 - a. It has been determined by a certifying agency that the seed conforms to standards of purity and identification as to kind, species and subspecies, if appropriate, or variety; and
 - b. The seed bears an official label issued for the seed by a certifying agency certifying that the seed is of a specified class and a specified kind, species and subspecies, if appropriate, and variety;
2. To disseminate in any manner or by any means, any false or misleading advertisements concerning seeds subject to this Article;
3. To hinder or obstruct in any way, any authorized agent of the Department in the performance of the person's duties under this Article;
4. To fail to comply with a cease and desist order or to move or otherwise handle or dispose of any lot of seed held under a cease and desist order or tags attached to the order, except with express permission of the enforcing officer, and for a purpose specified by the officer;
5. To label or sell seed that has been treated without proper labeling;
6. To provide false information to any authorized person in the performance of the person's duties under this Article; or
7. To label or sell seed that has false or misleading labeling, including:
 - a. Labeling or selling seed with a label containing the word "trace" or the phrase "contains 01%" as a substitute for any statement that is required by this Article;
 - b. Altering or falsifying any seed label, seed test, laboratory report, record, or other document to create a misleading impression as to kind, variety, history, quality or origin of seed;

- c. Labeling as hermetically sealed containers of agricultural or vegetable seeds that have not had completed the germination requirements with 36 months prior to sale, excluding the month in which the test was completed;
- d. Failure to label in accordance with the provisions of this Article;
- e. If applicable, failing to label as containing prohibited noxious weed seeds, subject to recognized tolerances;
- f. If applicable, failing to label as containing restricted noxious weed seeds in excess of the number prescribed in R3-4-403 on the label attached to the container of the seed or associated with seed;
- g. If applicable, failing to label as containing more than two and one-half percent by weight of all weed seeds;
- h. Detaching, altering, defacing, or destroying any label provided for in this Article, or altering or substituting seed in a manner that may defeat the purpose of this Article;
- i. Using relabeling stickers without having both the calendar month and year the germination test was completed, the sell by date if appropriate, and the lot number that matches the existing, original lot number; and
- j. Selling, exposing for sale, or offering for sale within the state vegetable seed intended for retail purchase that has labeling containing germination information that has not been completed within the 12 months prior to selling, exposing for sale, or offering for sale.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

ARTICLE 5. COLORED COTTON**R3-4-501. Colored Cotton Production and Processing**

- A.** Definitions. In addition to the definitions provided in A.R.S. § 3-101 and R3-4-102, the following terms apply to this Section:
1. "Certified" means having been inspected with a written certificate of inspection issued by an inspector of the Department.
 2. "Colored cotton" means any variety of cotton plants of the Genus *Gossypium* that produces fiber that is naturally any color other than white.
 3. "Cottonseed" means processed seed cotton used for propagation, animal feed, crushed or composted fertilizer, or oil.
 4. "Composting" means a process that creates conditions that facilitate the controlled decomposition of organic matter into a more stable and easily handled soil amendment or fertilizer, usually by piling, aerating and moistening; or the product of such a process.
 5. "Delinting" means the process of using acid, flame, or mechanical means to remove fiber that remains on cottonseed after ginning.
 6. "Planting seed" means seed of a known variety produced for planting subsequent generations.
 7. "Seed cotton" means raw cotton containing seed and lint that has been harvested from a field, but has not been ginned.
 8. "White cotton" means any variety of the Genus *Gossypium* that produces white fiber as established in 28 U.S.C. 401 through 451, the Official Cotton Standards of the United States for the Color Grade of American Upland

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Cotton, revised July 1, 1993; and Cotton Classification Results, revised July 1994. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.

B. Production requirements.

1. A producer who intends to grow colored cotton shall register in writing with the Department. The registration form shall be received at least 30 days before the cotton planting date for the applicable cultural cotton zone established in R3-4-204. Any colored cotton not registered with the Department shall be abated as established in A.R.S. §§ 3-204 and 3-205, and the producer may be assessed a civil penalty as established in A.R.S. § 205.02. The registration shall include:
 - a. The name, address, telephone number, and signature of the producer;
 - b. The name, address, telephone number, and signature of the property owner;
 - c. The name, address, and telephone number of the organization or company contracting for the production of colored cotton or to whom the colored cotton will be sold, if known;
 - d. The total number of acres to be planted;
 - e. The geographical location of the proposed fields by county, section, township and range; and
 - f. The name of the property owners, if known, adjacent to the field where colored cotton will be grown.
2. Separation of white and colored cotton.
 - a. A colored cotton producer shall ensure that all colored cotton is planted no less than 500 feet from any white cotton field.
 - b. All producers of white cotton saved for planting seed shall comply with the Field Standards in the Arizona Crop Improvement Association's Cotton Seed Certification Standards, revised July 1995. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.
3. A producer shall not plant white cotton on land on which colored cotton has been grown until one or more irrigated non-cotton crops have been produced on that land. If the non-cotton crop is not grown during a traditional cotton growing season, as established by R3-4-204(E), the field shall be irrigated before planting a white cotton crop.
4. The Department shall notify all cotton producers of the colored cotton plant-back restrictions and of the availability of location and acreage records of colored cotton crops.
5. The Department shall notify the Arizona Crop Improvement Association of the colored cotton geographical locations at least 25 days before the cotton planting date for each cultural cotton zone established in R3-4-204.

C. Cotton appliances.

1. No cotton producer, contractor, or ginner shall use a cotton appliance or gin to produce, transport, or handle white cotton after the gin or appliance has been used in the production, transportation, or handling of colored cotton until the Department inspects the cotton appliance or gin and finds it free of colored cottonseed, seed cotton, fiber, and gin trash. A cotton producer, contractor, or ginner shall notify the Department at least 48 hours, excluding Sundays and legal holidays, before an inspection is needed.

2. Colored seed cotton, cottonseed, fiber, and gin trash cleaned from cotton equipment, shall be composted or disposed of by the producer or ginner:
 - a. On land where gin trash has previously been disposed and the land is managed as specified in subsection (B)(3); or
 - b. In a landfill approved by the Department.
3. The Department shall legibly mark cotton appliances designated for exclusive use on colored cotton crops.

D. Transportation. Except in gin yards, colored cottonseed or colored seed cotton transported over public roads shall be totally enclosed or covered.**E. Gin requirements.**

1. A gin owner or manager planning to process colored cotton shall notify the Department, in writing, no less than 30 days before processing the colored cotton.
2. The Department shall notify the Arizona Crop Improvement Association of a gin owner's or manager's intention to process colored cotton within 10 days from the receipt of the notification from the gin.
3. A gin owner or manager processing colored cotton shall not process white cotton until the gin has been cleaned, and inspected by the Department. The gin shall be free of cottonseed, seed cotton, and loose lint as established in subsection (C)(1).
4. If a gin processes colored seed cotton and white seed cotton during the same season, and the white cottonseed is not retained by the plant breeder for research purposes, the producer shall market the white cottonseed as:
 - a. Animal feed,
 - b. Crushed or composted fertilizer, or
 - c. Oil.
5. The ginner shall legibly mark colored seed cotton kept in the gin yard or gin buildings and shall:
 - a. Isolate the seed cotton at least 500 feet from white seed cotton, or
 - b. Enclose it with two foot high chicken wire or chain link fencing.
6. Gin trash not disposed as established in subsection (C)(2) shall be shipped out-of-state, subject to the requirements of the receiving state and 7 CFR 301.52 et seq., amended August 30, 1994. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.
7. The ginner shall bale or bag colored cotton fiber and mark the bale or bag as colored cotton.

F. Seed Requirements.

1. A producer or contracting organization, set forth in subsection (B)(1), saving colored cottonseed for propagative purposes shall legibly label the colored planting seed container and notify the Department of:
 - a. The quantity,
 - b. The variety or color,
 - c. The location where the colored planting seed is held or stored, and
 - d. Whether any seed will be shipped out-of-state.
2. If the cotton seed is being delinted in Arizona, the delinting facility shall follow the requirements in Harvesting, Handling and Tagging that are included in the Cotton Seed Certification Standards and have been incorporated by reference in subsection (B)(2)(b).
3. The producer shall render non-viable non-delinted (fuzzy) colored cottonseed not used for propagative purposes by crushing or composting. Whole or cracked colored cottonseed shall not be used as animal feed in

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Arizona but may be shipped out-of-state, subject to the requirements of the receiving state and 7 CFR 301.52 et seq.

4. Cotton producers shall not transport unbagged white cotton planting seed using vehicles or other equipment previously used to transport whole or cracked colored cottonseed until the Department has certified that these vehicles and equipment are free of colored cottonseed.

G. Advisory committee. The Director shall appoint an advisory committee, under A.R.S. § 3-106, to review colored cotton statutes and rules, inspection procedures, and certification methods. The committee shall be appointed for two-year staggered terms and a member may be reappointed for one additional term. The committee shall consist of one representative from each of the following categories:

1. The Cotton Research and Protection Council,
2. The Arizona Crop Improvement Association,
3. The Arizona Department of Agriculture,
4. The Arizona Cotton Growers Association,
5. A colored cotton producer,
6. A ginner ginning colored cotton, and
7. A contractor for the production of colored cotton.

Historical Note

Former Rule, Apiary Regulation 1. Amended effective June 19, 1978 (Supp. 78-3). Former Section R3-4-120 renumbered without change as Section R3-4-501 (Supp. 89-1). Former Section repealed, new Section adopted effective December 22, 1989 (Supp. 89-4). Section R3-4-501 renumbered from R3-1-501 (Supp. 91-4). Former

Section R3-4-501 repealed, new Section R3-4-501 adopted effective October 15, 1993 (Supp. 93-4). R3-4-501 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995 now the permanent effective date (Supp. 96-3). New Section R3-4-501 renumbered from R3-4-205 and amended April 9, 1998 (Supp. 98-2).

R3-4-502. Repealed**Historical Note**

Adopted effective December 22, 1989 (Supp. 89-4) Section R3-4-502 renumbered from R3-1-502 (Supp. 91-4). Former Section R3-4-502 repealed, new Section R3-4-502 adopted effective October 15, 1993 (Supp. 93-4). R3-4-502 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995, now the permanent effective date (Supp. 96-3).

R3-4-503. Repealed**Historical Note**

Adopted as an emergency effective December 31, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-6). Emergency expired. Adopted as a permanent rule effective April 4, 1985 (Supp. 85-2). Former Sections R3-4-121.01, R3-4-121.02, R3-4-121.03, and R3-4-121.04 added to Section R3-4-121 and amended effective October 8, 1987 (Supp. 87-4). Former Section R3-4-121 renumbered without change as Section R3-4-502 (Supp. 89-1). Former Section R3-4-502 renumbered without change as Section R3-4-503 (Supp. 89-4). Repealed effective August 16, 1990 (Supp. 90-3). Section R3-4-503 renumbered from

R3-1-503 (Supp. 91-4). New Section R3-4-503 adopted effective October 15, 1993 (Supp. 93-4). R3-4-503 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995, now the permanent effective date (Supp. 96-3).

R3-4-504. Repealed**Historical Note**

Adopted as an emergency effective September 27, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-5). Emergency expired. Former Sections R3-4-122.01 through R3-4-122.03, emergency expired. New Section R3-4-122 adopted effective March 6, 1987 (Supp. 87-1). Former Section R3-4-122 renumbered without change as Section R3-4-503 (Supp. 89-1). Former Section R3-4-503 renumbered without change as Section R3-4-504 (Supp. 89-4). Section R3-4-504 renumbered from R3-1-504 (Supp. 91-4). Former Section R3-4-504 repealed, new Section R3-4-504 adopted effective October 15, 1993 (Supp. 93-4). R3-4-504 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995, now the permanent effective date (Supp. 96-3).

R3-4-505. Repealed**Historical Note**

Adopted effective October 15, 1993 (Supp. 93-4). R3-4-505 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995, now the permanent effective date (Supp. 96-3).

R3-4-506. Repealed**Historical Note**

Adopted effective October 15, 1993 (Supp. 93-4). R3-4-501 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995, now the permanent effective date (Supp. 96-3).

ARTICLE 6. RECODIFIED

Article 6, consisting of Sections R3-4-601 through R3-4-611 and Appendix A, recodified to 3 A.A.C. 3, Article 11 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-601. Recodified**Historical Note**

Former Rule, Native Plant Regulation 1. Amended effective June 19, 1978 (Supp. 78-3). Amended by adding subsection (E) effective January 21, 1981 (Supp. 81-1). Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-130 renumbered without change as Section R3-4-601 (Supp. 89-1). Amended effective December 28, 1990 (Supp. 90-4). Section R3-4-601 renumbered from R3-1-601 (Supp. 91-

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4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1101 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-602. Recodified**Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-131 renumbered without change as Section R3-4-602 (Supp. 89-1). Amended effective December 28, 1990 (Supp. 90-4). Section R3-4-602 renumbered from R3-1-602 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1102 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-603. Recodified**Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Amended effective May 15, 1984 (Supp. 84-3). Correction, amendment effective May 15, 1984 deleted samples of forms (Supp. 86-1). Former Section R3-4-132 renumbered without change as Section R3-4-603 (Supp. 89-1). Amended effective December 28, 1990 (Supp. 90-4). Section R3-4-603 renumbered from R3-1-603 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed; new Section R3-4-603 renumbered from R3-4-605 and amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1103 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-604. Recodified**Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Amended effective May 15, 1984 (Supp. 84-3). Former Section R3-4-133 renumbered without change as Section R3-4-604 (Supp. 89-1). Amended effective December 28, 1990 (Supp. 90-4). Section R3-4-604 renumbered from R3-1-604 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1104 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-605. Recodified**Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-134 renumbered without change as Section R3-4-605 (Supp. 89-1). Amended effective December 28, 1990 (Supp. 90-4). Section R3-4-605 renumbered from R3-1-605 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Former Section R3-4-605 renumbered to R3-4-603; new Section R3-4-605 adopted by final rulemaking at 5 A.A.R. 2521, effective July 15,

1999 (Supp. 99-3). Section recodified to R3-3-1105 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-606. Recodified**Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-135 renumbered without change as Section R3-4-606 (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-606 renumbered from R3-1-606 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective December 20, 1994 (Supp. 94-4). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1106 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-607. Recodified**Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-137 renumbered without change as Section R3-4-608 (Supp. 89-1). Former Section R3-4-607 repealed, new Section R3-4-607 renumbered from R3-4-608 and amended effective December 28, 1990 (Supp. 90-4). Section R3-4-607 renumbered from R3-1-607 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Former Section R3-4-607 repealed; new Section R3-4-607 renumbered from R3-4-616 and amended at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1107 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-608. Recodified**Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-138 renumbered without change as Section R3-4-609 (Supp. 89-1). Former Section R3-4-608 renumbered to R3-4-607, new Section R3-4-608 adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-608 renumbered from R3-1-608 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed; new Section adopted at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1108 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-609. Recodified**Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-139 renumbered without change as Section R3-4-610 (Supp. 89-1). Former Section R3-4-609 repealed, new Section R3-4-609 renumbered from R3-4-610 and amended effective December 28, 1990 (Supp. 90-4). Section R3-4-609 renumbered from R3-1-609 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15,

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1999 (Supp. 99-3). Section recodified to R3-3-1109 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-610. Recodified**Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-140 renumbered without change as Section R3-4-611 (Supp. 89-1). Former Section R3-4-610 renumbered to R3-4-609, new Section R3-4-610 renumbered from R3-4-611 and amended effective December 28, 1990 (Supp. 90-4). Section R3-4-610 renumbered from R3-1-610 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective December 20, 1994 (Supp. 94-4). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1110 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-611. Recodified**Historical Note**

Renumbered to R3-4-610 effective December 28, 1990 (Supp. 90-4). Section R3-4-611 renumbered from R3-1-611 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Former Section R3-4-611 repealed; new Section R3-4-611 renumbered from R3-4-618 and amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1111 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

R3-4-612. Repealed**Historical Note**

Adopted effective April 30, 1982 (Supp. 82-2). Former Section R3-4-141 renumbered without change as Section R3-4-612 (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-612 renumbered from R3-1-612 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

R3-4-613. Repealed**Historical Note**

Adopted effective February 5, 1986 (Supp. 86-1). Former Section R3-4-144 repealed, new Section R3-4-615 adopted effective January 17, 1989 (see also R3-4-616) (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-615 renumbered from R3-1-615 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective September 11, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

R3-4-614. Repealed**Historical Note**

Adopted effective February 5, 1986 (Supp. 86-1). Former Section R3-4-144 repealed, new Section R3-4-615 adopted effective January 17, 1989 (see also R3-4-616) (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-615 renumbered from R3-1-615 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective September 11,

1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

R3-4-615. Repealed**Historical Note**

Adopted effective February 5, 1986 (Supp. 86-1). Former Section R3-4-144 repealed, new Section R3-4-615 adopted effective January 17, 1989 (see also R3-4-616) (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-615 renumbered from R3-1-615 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective December 20, 1994 (Supp. 94-4). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

R3-4-616. Renumbered**Historical Note**

Adopted effective February 5, 1986 (Supp. 86-1). Former Section R3-4-144 repealed, new Section R3-4-616 adopted effective January 17, 1989 (see also R3-4-615) (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-616 renumbered from R3-1-616 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective December 20, 1994 (Supp. 94-4). Amended effective September 11, 1997 (Supp. 97-3). Section R3-4-616 renumbered to R3-4-607 by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

R3-4-617. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-617 renumbered from R3-1-617 (Supp. 91-4). Section R3-4-617 renumbered from R3-1-617 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

R3-4-618. Renumbered**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-618 renumbered from R3-1-618 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section R3-4-618 renumbered to R3-4-611 by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

R3-4-619. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-619 renumbered from R3-1-619 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-620. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-620 renumbered from R3-1-620 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-621. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-621 renumbered from R3-1-621 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-622. Repealed

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Historical Note

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-622 renumbered from R3-1-622 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-623. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-623 renumbered from R3-1-623 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-624. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-624 renumbered from R3-1-624 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-625. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-625 renumbered from R3-1-625 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-626. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-626 renumbered from R3-1-626 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-627. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-627 renumbered from R3-1-627 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-628. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-628 renumbered from R3-1-628 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-629. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-629 renumbered from R3-1-629 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-630. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-630 renumbered from R3-1-630 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-631. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-631 renumbered from R3-1-631 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-632. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-632 renumbered from R3-1-632 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

R3-4-633. Repealed**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-633 renumbered from R3-1-633 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

Appendix A. Recodified**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-633, Appendix A renumbered from R3-1-633, Appendix A (Supp. 91-4). Appendix A repealed, New Appendix A adopted effective July 6, 1993 (Supp. 93-3). Amended effective December 20, 1994 (Supp. 94-4). Amended effective September 11, 1997 (Supp. 97-3). Appendix recodified to 3 A.A.C. 3, Article 11 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

ARTICLE 7. FRUIT AND VEGETABLE STANDARDIZATION**R3-4-701. Expired****Historical Note**

Section R3-4-701 renumbered from R3-7-101 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 9 A.A.R. 4628, effective December 6, 2003 (Supp. 03-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-702. Expired**Historical Note**

Former Rule 100. Section R3-4-702 renumbered from R3-7-102 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-703. Expired**Historical Note**

Former Rule 101. Section R3-4-703 renumbered from R3-7-103 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-703. Expired**Historical Note**

Former Rule 102; Amended paragraph (7) effective June 11, 1986 (Supp. 86-3). Section R3-4-704 renumbered from R3-7-104 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-705. Expired**Historical Note**

Former Rule 103. Section R3-4-705 renumbered from R3-7-105 (Supp. 91-4). Former Section R3-4-705 renumbered to R3-4-736, new Section R3-4-705 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-706. Expired**Historical Note**

Former Rule 104. Section R3-4-706 renumbered from R3-7-106 (Supp. 91-4). Former Section R3-4-706 renumbered to R3-4-737, new Section R3-4-706 adopted effective July 29, 2014 (Supp. 14-4).

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tive January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-707. Expired**Historical Note**

Former Rule 105; Amended effective March 5, 1982 (Supp. 82-2). Section R3-4-707 renumbered from R3-7-107 (Supp. 91-4). Former Section R3-4-707 repealed, new Section R3-4-707 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-708. Expired**Historical Note**

Former Section R3-4-708 renumbered to R3-4-740, new Section R3-4-708 adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 5 A.A.R. 569, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 4454, effective October 2, 2002 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 677, effective February 3, 2004 (Supp. 04-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-709. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-710. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-711. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-712. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-713. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-714. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-715. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-716. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 6 A.A.R. 4582, effective November 13, 2000 (Supp. 00-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-717. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 5 A.A.R. 569, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 10 A.A.R. 677, effective February 3, 2004 (Supp. 04-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-718. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 10 A.A.R. 677, effective February 3, 2004 (Supp. 04-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-719. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 10 A.A.R. 677, effective February 3, 2004 (Supp. 04-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-720. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-721. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-722. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-723. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-724. Expired

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Historical Note

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-725. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-726. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-727. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-728. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-729. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-730. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-731. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-732. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-733. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-734. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-735. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-736. Expired**Historical Note**

Section R3-4-736 renumbered from R3-7-705 and amended effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-737. Expired**Historical Note**

Section R3-4-737 renumbered from R3-7-706 and amended effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 5 A.A.R. 569, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 143, effective December 8, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-738. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-739. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-740. Expired**Historical Note**

Section R3-4-740 renumbered from R3-4-708 and amended effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 8 A.A.R. 4454, effective October 2, 2002 (Supp. 02-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-741. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-742. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-743. Recordkeeping and Reporting Requirements for Fruit and Vegetable Shippers

- A. Every shipper shall keep a correct record of each shipment of each assessed commodity shipped, showing:
 1. The name and address of each producer;
 2. The shipment totals, by producer.
- B. The shipper shall retain the original or a copy of records covering each shipment or transaction with respect to each assessed commodity shipped for a period of two years from the date thereof, which shall at all times be open to the confidential inspection of the supervisor or the authorized representative.

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The burden of proof shall be upon the shipper to prove the correctness of the shipper's accounting of any transaction which may be questioned.

Historical Note

Adopted effective January 6, 1994 (Supp. 94-1).

ARTICLE 8. CITRUS FRUIT STANDARDIZATION**R3-4-801. Expired****Historical Note**

Section R3-4-801 renumbered from R3-7-201 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-802. Expired**Historical Note**

Former Rule 1. Section R3-4-802 renumbered from R3-7-202 (Supp. 91-4). Section R3-4-802 repealed, new Section R3-4-802 renumbered from R3-4-806 and heading amended effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-803. Expired**Historical Note**

Former Rule 2. Amended effective January 10, 1977 (Supp. 77-1). Amended effective November 3, 1983 (Supp. 83-6). Section R3-4-803 renumbered from R3-7-203 (Supp. 91-4). Former Section R3-4-803 renumbered to R3-4-809, new Section R3-4-803 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-804. Expired**Historical Note**

Former Rule 3. Section R3-4-804 renumbered from R3-7-204 (Supp. 91-4). Former Section R3-4-804 renumbered to R3-4-807, new Section R3-4-804 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-805. Expired**Historical Note**

Former Rule 4. Section R3-4-805 renumbered from R3-7-205 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 7 A.A.R. 5342, effective November 8, 2001 (Supp. 01-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-806. Expired**Historical Note**

Former Rule 5. Section R3-4-806 renumbered from R3-7-206 (Supp. 91-4). Former Section R3-4-806 renumbered to R3-4-802, new Section R3-4-806 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-806. Expired**Historical Note**

Former Rule 6. Section R3-4-807 renumbered from R3-7-207 (Supp. 91-4). Section repealed, new Section R3-4-807 renumbered from R3-4-804 and amended effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-808. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-809. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 8 A.A.R. 3633, effective August 7, 2002 (Supp. 02-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-810. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 8 A.A.R. 3633, effective August 7, 2002 (Supp. 02-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-811. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 6 A.A.R. 143, effective December 8, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-812. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-813. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-814. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 8 A.A.R. 3633, effective August 7, 2002 (Supp. 02-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-815. Expired**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

R3-4-816. Recordkeeping and Reporting Requirements for Citrus Fruit Shippers

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- A. Every shipper shall keep a correct record of each shipment of each assessed citrus commodity shipped, showing:
 - 1. The name and address of the producer;
 - 2. The shipment totals, by producer.
- B. The shipper shall retain the original or a copy of records covering each shipment or transaction with respect to each assessed citrus commodity shipped for a period of two years from the date thereof, which shall at all times be open to the confidential inspection of the supervisor or the authorized representative. The burden of proof shall be upon the shipper to prove the correctness of the shipper's accounting of any transaction which may be questioned.

Historical Note

Adopted effective January 6, 1994 (Supp. 94-1).

ARTICLE 9. BIOTECHNOLOGY**R3-4-901. Genetically Engineered Organisms and Products**

- A. Definitions. In addition to the definitions provided in A.R.S. § 3-101, the following shall apply:
 - 1. "Associate Director" means the Associate Director of the Plant Services Division of the Arizona Department of Agriculture.
 - 2. "Genetically engineered" means the genetic modification of organisms by recombinant DNA techniques, including genetic combinations resulting in novel organisms or genetic combinations that would not naturally occur.
 - 3. "Organisms" means any active, infective, or dormant stage or life form of any entity characterized as living, including vertebrate and invertebrate animals, plants, bacteria, fungi, mycoplasmas, mycoplasma-like organisms, as well as entities such as viroid, viruses, or any entity characterized as living related to the foregoing.
 - 4. "Permit" means an application which has been approved by USDA and the Department.
 - 5. "Permit application" means an application filed with USDA, which may be supplemented with requirements from the Department, for the introduction of genetically engineered organisms and products, as provided by 7 CFR 340, revised June 16, 1987, pages 22908 through 22915. The material incorporated herein by reference is on file with the Office of the Secretary of State and does not include any later amendments or editions of the incorporated matter.
 - 6. "Product" means plant reproductive parts including pollen, seeds, and fruit, spores, or eggs.
 - 7. "USDA" means the United States Department of Agriculture, Animal and Plant Health Inspection Service, Plant Protection and Quarantine (USDA, APHIS, PPQ).
- B. Permit applications. A genetically engineered organism or product shall not be introduced into Arizona, sold, offered for sale, or distributed for release into Arizona's environment unless a permit issued pursuant to the application has been issued by USDA, or the Department has been notified by the USDA that the genetically engineered organisms or product is eligible under the notification procedure, as prescribed by 7 CFR 340.3, revised April 1993, or it has been determined by the USDA to be of nonregulated status, as prescribed by 7 CFR 340.6, revised April 1993. The material incorporated herein by reference is on file with the Office of the Secretary of State and does not include any later amendments or editions of the incorporated matter.
 - 1. Applicants for the release or use of genetically engineered organisms or products shall follow all permit application procedures required by USDA.
 - 2. In addition to USDA's requirements, permit applications shall demonstrate to the Department that:
 - a. Genetically engineered organisms or products shall be handled in such a manner so that no genetically engineered organism or product accidentally escapes into Arizona's environment.
 - b. All permit applicants shall comply with Arizona quarantine rules regulating the plants, pests, or organisms being introduced into Arizona.

- 3. The Department may, if it deems necessary to protect agriculture, public health, or the environment from potential adverse effects from the introduction of a specific genetically engineered organism or product:
 - a. Place restrictions on the number and location of organisms or products released, method of release, training of persons involved with the release of organisms or products, disposal of organisms or products, and other conditions of use;
 - b. Require measures to limit dispersal of released organisms or spread of inserted genes or gene products;
 - c. Require monitoring of the abundance and dispersal of the released organism or inserted genes or gene products;
 - d. Request the USDA to deny, suspend, modify, or revoke the permit for failure to comply with this rule.
 - e. Request the USDA to suspend the permit if it is determined that an adverse effect is occurring or is likely to occur because of a release authorized by such permit.
- 4. To the extent possible, the Department shall accept for review and base its decision on the data submitted with the federal application. However, the Department may request additional information from the applicant to assess the risks to animals and plants, including risks of vector transmissions of genetically engineered organisms or products.
- 5. The Associate Director shall review the application recommendations with the Director who shall, within the time period prescribed on each USDA application, approve, conditionally approve, or deny the permit.
- 6. The Director shall return the completed application with the resolution to USDA for final action.

Historical Note

Adopted effective November 22, 1993 (Supp. 93-4).

ARTICLE 10. INDUSTRIAL HEMP**R3-4-1001. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-201, 3-311, and R3-4-101, the following terms apply to this Article.

- "0.300%" shall have the same meaning as three-tenths percent.
- "Associate Director" means the Associate Director of the Plant Services Division.
- "Certified laboratory" means the State Agriculture Laboratory or any laboratory certified by the State Agriculture Laboratory to perform compliance analysis of industrial hemp.
- "Hemp" has the same meaning as industrial hemp.
- "Intentionally" means the state of mind defined in A.R.S. § 13-105(10)(a) or any successor statute.
- "Knowingly" means the state of mind defined in A.R.S. § 13-105(10)(a) or any successor statute.
- "Licensing Agreement" means a contract between the Department and an applicant that indicates the terms and conditions required for a license issued pursuant to this Article.

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“Manmade causes” means the influence to an industrial hemp crop created by a person, including but not limited to, irrigation, fertilization, chemical application, or physical interference.

“Natural causes” means the influence to an industrial hemp crop created by elements of nature including, but not limited to, temperature, wind, rain, hail, or flood.

“Program” means the Industrial Hemp Program.

“Propagative material” means any industrial hemp seedlings, explants, transplants, propagules, or other rooted material that is grown in a soilless media.

“Responsible party” means an individual that has signing authority of a partnership, limited liability company, association, company or corporation.

“THC” means Tetrahydrocannabinol.

“Total Delta-9 THC concentration” means the total calculable amount of the chemical compound, Delta-9 THC.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1002. Program Eligibility

A. Eligibility requirements. Unless otherwise determined to be ineligible under this Article and not withstanding any other law, a person or responsible party that applies for a program license or registration shall:

1. Possess a valid fingerprint clearance card issued by the Arizona Department of Public Safety pursuant to A.R.S. § 41-1758.07.
2. Be a citizen of the United States or a legal resident alien, an individual who applies for a program license, is enrolled in an academic program at an accredited college or university, and does not meet the criteria in this Section may be sponsored by an academic member of that college or university who meets the eligibility criteria in this Section and provides proof of eligibility as required in subsection (B)(2).
3. Be eighteen (18) years of age or older at the time of application.

B. Proof of eligibility.

1. The Department shall accept a legible photo copy, paper or electronic, of the applicants fingerprint clearance card described in subsection (A)(1).
2. The Department shall accept the documents listed in A.R.S. § 41-1080(A) as evidence of age and United States Citizenship or legal residency.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1003. Licenses; Applications; Renewals; Withdrawal

A. Any person that grows, harvests, transports, or processes industrial hemp in any of the following categories shall obtain the appropriate license from the Department and shall abide by the terms and conditions set forth in the licensing agreement with the Department. Types of licenses include:

1. Grower - An authorized Grower license shall allow the licensee to obtain seed or propagative materials pursuant to this Article for planting, possess authorized seed and/or propagative materials for planting, cultivate the crop, harvest plant parts, possess and store harvested plant parts, and transport plant parts for processing.

2. Nursery - An authorized Nursery license shall allow the licensee to propagate eligible seed and propagative materials for planting for a licensed grower. A licensed Nursery shall not grow industrial hemp for harvesting purposes, unless also licensed with the Department as a Grower.
3. Harvester - An authorized Harvester license shall allow the licensee to engage in the activity of harvesting an eligible industrial hemp crop for a licensed grower.
4. Transporter - An authorized Transporter license shall allow the licensee to engage in the transport of a harvested industrial hemp crop for a licensed grower.
5. Processor - An authorized Processor license shall allow the licensee to engage in the processing, handling, and storage of industrial hemp or hemp seed at one or more authorized locations in the state. The licensee may sell, distribute, transfer, or gift any products processed from harvested hemp that is not restricted in R3-4-1012.

B. At a minimum, applications for a license shall contain the information required in subsections R3-4-1003(B)(1) through (6), plus any additional information that may be required by the Department. Location information shall be retained by the Department for not less than three years. Licensing fees are due at the time of application (R3-4-1005).

1. All licenses.
 - a. Full name, mailing address, telephone number and email address;
 - b. Fingerprint clearance card identification number of the person or responsible party applying;
 - c. If the applicant represents a business entity, the full name of the business, the principal Arizona business location address, the full name, title, and email address of the of the responsible party;
 - d. Tax ID or Social Security Number; and
 - e. Disclosure and explanation of any instance in which the applicant has been denied, debarred, suspended, revoked, or otherwise prohibited from participating in any public procurement or licensing activity.
2. Grower's license.
 - a. Registered planting site or sites: street address or major crossroads, legal description, and GPS coordinates for each field, greenhouse, building or site where industrial hemp will be grown, updated annually, or within 30 days following a change;
 - b. Estimated acreage for each outdoor location and/or square footage for indoor or each greenhouse locations intended for planting;
 - c. Maps or aerial photos depicting each site where industrial hemp will be grown, handled, and/or stored, with appropriate designations for entrances, field boundaries, and specific locations corresponding to the GPS coordinates;
 - d. Storage location or locations (expressed in GPS coordinates) for seed or propagative materials, and harvested plants and plant parts; and
 - e. Maps or aerial photos depicting each site where industrial hemp seed and/or propagative materials will be stored and labeled with the corresponding GPS coordinates;
3. Nursery License.
 - a. Storage location or locations (expressed in GPS coordinates) for seed or propagative materials;
 - b. Locations (expressed in GPS coordinates) of all propagation areas; and
 - c. Labeled maps or aerial photos depicting storage and propagation areas.

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4. Harvester License. Maps and the street address, legal description, and GPS coordinates for each location the harvesting equipment will be primarily based.
5. Transporter License. Maps and the street address, legal description, and GPS coordinates for each location the transporting vehicles and equipment will be primarily based.
6. Processor License.
 - a. Identification of the part of a harvested hemp crop or plant to be received for processing, in the following categories:
 - i. Floral and leaf material;
 - ii. Seed for oil or grain;
 - iii. Stalks for fiber or hurds;
 - iv. Seed or propagative materials for planting;
 - b. Registered processing site or sites: Street address or major crossroads, legal description, and GPS coordinates for each building or site where hemp will be processed or stored; or where mobile processing equipment will be primarily based; and
 - c. Labeled maps or aerial photos depicting the information in subsection (b).
- C. Application submission dates. Applications may be submitted at any time during the year, but the expiration date of the license shall be on December 31st annually, or biennially for a two-year renewal as authorized in subsection (D). Renewal applications will be due no later than December 15th.
- D. Application for one or two-year renewals. At a licensee's discretion, a person that has been licensed by the Department under the industrial hemp program may apply for a one or two year renewal provided:
 1. The person was licensed in the industrial hemp program within the previous calendar year;
 2. The license of the person was in good standing at the time of renewal;
 3. There is no change in the person or responsible party licensed;
 4. There is no change in the physical location of the industrial hemp site;
 5. The licensee does not owe any civil penalties, fees, or late charges to the Department; and
 6. The person submits the associated fee for a one or two-year renewal.
- E. Licensing agreements. All approved applicants for a license shall complete a licensing agreement issued by the Department prior to receiving a license. The licensing agreement may include additional terms and conditions as needed to ensure compliance with this Article, applicable state and federal laws, and rules and orders of the Director, but, at a minimum the applicant will agree to:
 1. Provide access, for authorized Department inspectors, at any time, to all hemp and hemp seed, planted or stored, and all records to determine compliance with this Article and any state or federal law, rule or order regulating *Cannabis* as an agricultural crop;
 2. Maintain all records, as stated in R3-4-1008 of this Article;
 3. Pay all fees required indicated in Table 1 of this Article;
 4. Comply with all pesticide use restrictions;
 5. Comply with all seed laws of the state;
 6. Defend, indemnify, and hold harmless the Department from liability for the destruction of any crop or harvested plant in violation of this Article;
 7. Be solely responsible for all financial or other losses;
 8. Be solely responsible for all land use restrictions, applicable city and county zoning, building, and fire codes and ordinances; and
 9. Follow all regulatory, notification and reporting requirements.
- F. Program withdrawal. A licensee that intends to voluntarily withdraw from the program shall submit to the Department a withdrawal notice as prescribed by the Department and comply with the following conditions.
 1. Unless otherwise authorized by the Associate Director, the licensee shall complete a withdrawal notice at least two weeks prior to withdrawal of the program;
 2. Any industrial hemp or hemp seed, planted, harvested, or stored must be inspected by the Department prior to transport off of the property, destruction or transfer to a new or existing licensee;
 3. Any licensing and inspection fees paid or invoiced prior to any notice of withdrawal are not eligible for refund; and
 4. Withdrawal after submittal of an application but prior to issuance of a license will be prohibited unless the Department determines, in its sole discretion, that such withdrawal is appropriate.
- G. Site modification. Anytime a licensed grower, processor or nursery modifies the registered site during the licensing period by changing the location of an existing site or by adding additional sites under the license, the licensee shall submit a site modification application and associated site modification fee listed in Table 1 of this Article.
- H. License transfer. The transfer of an Industrial hemp license is authorized only if the licensee and eligible program applicant completes a Department issued transfer application and submits any applicable transfer fees listed in Table 1 of this Article. The receiver of a transferred license shall complete a licensing application, and execute a licensing agreement as required by this Article, and all duties and responsibilities of the licensee shall be transferred to and acknowledged by the receiver in a written agreement between the licensee and receiver. Any license or other fees paid by the licensee shall be credited to the benefit of the receiver.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R.
1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1004. Industrial Hemp Research

- A. A person, company, college or university that conducts research into the growth, harvesting techniques, transportation methods, or processing of industrial hemp is required to obtain a license pursuant to this Article.
- B. A person, company, college or university conducting not-for-profit research may be exempted from the licensing fee or licensing fees provided:
 1. The applicant submits to the Department a request for an exemption of the licensing fee;
 2. The applicant provides a summary of the research to be conducted;
 3. The applicant provides a summary of the benefit to the agricultural community that will be gained;
 4. The applicant signs into an agreement with the Department that as a result of the research conducted the applicant will not gain any monetary profit;
 5. The research will be conducted in compliance with this Article or any other law, rule, or order governing the production of industrial hemp; and
 6. The results or summary of the research will be published or made publicly available.

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- C. Intellectual property. The Department holds no rights to any intellectual property of the licensee.
- D. Restrictions. A licensee shall not change not-for-profit research to for-profit research without notifying the Department and paying the required licensing fee.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1005. Fees

- A. All licensing and/or registration fees are due at the time of application.
- B. A Grower applicant or licensee is not required to pay separate harvester and/or transporter licensing fees, unless providing harvesting and/or transport services for other licensed growers.
- C. Inspection and assessment fees are invoiced by the Department and are due within 30 days of the invoice date.
- D. Site modification fees. The appropriate fee shall be submitted at the time an applicant submits a site modification application as provided in R3-4-1003(G).

- E. Processor Assessment fees are based on tonnage reports, shipping manifests or scale receipts of unprocessed hemp plants or plant parts received.
- F. All outstanding Inspection and Assessment fees invoiced prior to November 15th, shall be paid in full prior to the Department's processing of a licensee's renewal application.
- G. THC sample analysis fees. A licensee will be invoiced for any analytical fees beyond the samples selected to determine regulatory compliance. These include:
1. Any pre-harvest re-samples for crops that indicated a result above the threshold for compliance;
 2. Post-harvest samples that have been determined to be a regulatory concern by the Department; or
 3. By request from the grower that requires official analysis for commerce.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

Table 1. Fee Schedule

License	Licensing Fee	Inspection/Assessment Fee
Grower	\$1,500 per license	\$25 per outdoor acre up to 100 acres \$5 acre for each additional acre \$75 per indoor facility up to 3 acres; \$25 per acre for facilities over 3 acres \$150 per THC sample analysis (G) \$150 per THC sample analysis (G)
Nursery	\$1,000 per license	NA
Harvester	\$150 per license	N/A
Transporter	\$150 per license	N/A
Processor	\$3,000 per license	\$0.5 ton Fiber \$5 ton Oil Seed/Grain \$100 ton floral material \$150 per THC sample analysis (G)
All	Site modification fee: \$300	N/A

Historical Note

New Table made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1006. Authorized Seed and Propagative Material

- A. Authorized seeds and propagative material. Seeds and propagative materials authorized for use by a licensee is not a guarantee a crop will produce a Total Delta-9 THC concentration of not greater than 0.300%. Seeds and propagative material that are used to produce an industrial hemp crop or plant shall:
1. Be produced from an industrial hemp crop or plant; and
 2. Originate from either:
 - a. A person, business, college or university licensed or certified in a state or federal program authorized to produce industrial hemp; or
 - b. A foreign source that is authorized by the country of origin to export industrial hemp seed or propagative material to produce an industrial hemp crop.
- B. Each licensed grower or nursery is responsible for the acquisition of seed or propagative materials used for the growth of industrial hemp. The licensee shall provide the Department the following information prior to planting:
1. A copy of the seed or propagative material producer's certificate, license or equivalent documentation authorizing the production of industrial hemp;
 2. An official analysis of the crop or plant that produced the seed or propagative material that indicates the crop or plant contained a Total Delta-9 THC concentration of not greater than 0.300% on a dry weight basis;
 3. Phytosanitary certificates or nursery certificates issued by a plant regulatory official for any propagative materials to ensure compliance with A.R.S. § 3-211 and 3 A.A.C. 2; and
 4. A pre-planting report, on a form provided by the Department, which includes:
 - a. The variety/strain name of the material;
 - b. The amount or quantity of the material;
 - c. The lot number or numbers of the material; and
 - d. The name, address, phone number and email address of the seed or propagative material provider.
- C. Labeling requirements. All Industrial Hemp seed or propagative material sold within or into Arizona must be labeled as to variety/strain or hybrid name, and origin. Labelers of seed or propagative material must provide to the Department, breeder descriptions and variety release information including any subsequent updates/amendments to these descriptions.

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1. For purposes of labeling, the number or other designations of hybrid industrial hemp shall be used as a variety name.
2. All Industrial Hemp seed for planting purposes sold within or into Arizona is subject to the Arizona seed laws under A.R.S. §§ 3-231 et seq. and this Chapter.

D. Restrictions.

1. A person that receives seed or propagative materials that does not comply with this Article or any other phytosanitary, seed or labeling law of the state shall immediately notify the Department and hold the seed or propagative material until a disposition is provided by the Department.
2. The Department may direct a licensee to place a shipment of seed or propagative material on hold to ensure compliance with this Article and any other law or regulation that may apply to the shipment of agricultural seed and plants for planting purposes.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1007. Location Requirements; Signage**A. Location requirements.**

1. A Licensed Grower or Processor shall not grow, process, or store industrial hemp in any residential dwelling.
2. A Licensee is responsible for maintaining compliance with all applicable city and county land use restrictions, zoning laws, building, and fire codes and ordinances.
3. A registered location shall be made available for inspection at the request of an inspector during normal business hours.
4. A licensed grower or processor shall not grow, process, or store any forms of *Cannabis* that are not classified as industrial hemp within a single structure at the registered location.

B. Signage. A licensed grower or processor shall conspicuously post signage at the perimeter of the registered location that includes the following information:

1. The statement, "Arizona Department of Agriculture Industrial Hemp Program - No Trespassing Allowed";
2. Licensee's name and license number; and
3. The Arizona Department of Agriculture, Industrial Hemp Program phone number.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1008. Compliance; Recordkeeping; Audits**A. General compliance requirements.**

1. All licensees are subject to audits to ensure compliance with the recordkeeping requirements in subsection (B);
2. An authorized Department inspector shall be allowed access to all growing, storage, and processing locations of a licensee's industrial hemp crop, hemp seed, propagative material, harvested material, handling and processing equipment to conduct a visual inspection and determine if a violation of this Article may exist.

B. Recordkeeping. All licensees may be audited to ensure compliance with all recordkeeping requirements. A licensee shall comply with the recordkeeping requirements in this subsection at a minimum. Additional recordkeeping requirements may be established as set in policy and updated annually.

1. All records documenting the growth, propagation, harvesting, storage, agronomic data, shipping, receiving, transportation, distribution, processing, sale, purchase,

third party analysis or research of all plants, seeds and materials shall be kept within the state of Arizona and made available for inspection on request.

2. An in-state agent must be maintained for receipt and storage of records.
3. All records shall be maintained for not less than five years.

C. Sampling and testing. All licensees are subject to the collection of a representative sample of any *Cannabis* plant, hemp crop or harvested hemp in possession of the licensee or licensee's agent to determine the total concentration of Delta-9 THC as reported by a certified laboratory to ensure compliance with this Article and any state or federal law, rule or order regulating *Cannabis* as an agricultural commodity.

1. Sampling method. The Department shall publish a policy on the methods in which a *Cannabis* plant or crop may be sampled, which may be updated annually as needed.
2. Only an authorized Department inspector may collect an official sample to determine compliance with this Article.
3. When collecting an official sample, an authorized Department inspector shall:
 - a. Collect a representative sample of the crop, plants or harvested crop;
 - b. Split the official sample as follows:
 - i. One-third for retention by the Department or to provide to a certified laboratory for compliance with this Article;
 - ii. One-third for confirmation of analytical results if required; and
 - iii. One-third that is provided to the licensee for retention or to utilize for additional analysis by a third party laboratory. Any results provided to the licensee by a third party laboratory do not supersede official results.
 - c. Label all official samples with an official sample number, sample date, collector name, location ID, and grower license ID number;
 - d. Apply official custody seals to all official samples; and
 - e. Complete an official chain of custody form that is signed and dated by the inspector and licensee or the licensee's representative.

4. Sample transport and submission. The Department shall not be liable for samples that are detained by any federal, state or local law enforcement agency.

- a. If a certified laboratory receives a sample with a broken custody seal or incomplete or missing chain of custody, that sample shall be null and void;
- b. All official samples retained by the Department are the property of the Department; and
- c. The Department is not liable to reimburse the licensee for official samples collected.

5. Sample results. Any result provided to the Department by a certified laboratory is the property of the state and a copy shall be provided to the licensee.**D. Volunteer hemp plants.** It shall be the responsibility of the licensee to monitor and destroy.**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1009. Reserved**Historical Note**

Section reserved at 25 A.A.R. 1447 (Supp. 19-2).

R3-4-1010. Reserved

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Historical Note

Section reserved at 25 A.A.R. 1447 (Supp. 19-2).

R3-4-1011. Notifications; Reports

- A. All notifications and reports for licensees shall be made on forms provided by the Department unless otherwise indicated in this Section or as directed by the Associate Director.
- B. Grower licensees shall notify the Department of the following activity:
 - 1. Notice of intent to harvest no less than 14 days prior to harvest;
 - 2. Intent to transport a harvested crop no less than 72 hours prior to shipment or transport;
 - 3. Notify the Department of any significant damage or destruction of a crop or harvested crop caused by natural or manmade causes within 48 hours of discovery of the damage or destruction; and
 - 4. Notify the Department within 14 days if any change in business information including business name, address, contact information or responsible party.
- C. Planting report. Within 7 days after planting, complete and submit a planting report that includes:
 - 1. The Growers license number;
 - 2. The location or locations where a crop was planted (the "site"), expressed in GPS Coordinates and displayed on a map or aerial photo;
 - 3. The variety name or names of each planting corresponding to the location indicated in subsection (C)(2); and
 - 4. The actual area planted of each site.
- D. Grower and nursery reports. By December 31st of each year, a grower or nursery shall provide the Department a report of the following:
 - 1. The sale or distribution of any industrial hemp grown under the grower's license;
 - 2. The name and address of the person or entity receiving the industrial hemp; and
 - 3. The amount of the industrial hemp sold or distributed.
- E. Processor notifications. A licensed processor shall notify the department of all shipments of industrial hemp imported from outside of the state for processing within 72 hours of receipt of the shipment. The notification shall include:
 - 1. A copy of the shipping manifest that indicates the name, physical address, and phone number of the shipper, and the total weight of the hemp commodity in the shipment;
 - 2. A copy of the documentation issued by a regulatory official that attests the hemp commodity contains a Total Delta-9 THC Concentration not greater than 0.300%; and
 - 3. A copy of the industrial hemp grower's certificate, license or equivalent documentation authorizing the production of industrial hemp in that state;
 - 4. A phytosanitary certificate or certificate of inspection issued by a plant regulatory official; and
 - 5. Documentation issued at origin that attests to the owner, origin, type and amount of hemp material in the shipment.
- F. Other notifications. A licensee shall notify the Department within 72 hours from receipt of results of any third party analysis that determined a hemp crop or plant sample contained a Delta-9 THC concentration greater than 0.300%.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1012. Unauthorized Activity; Violations

- A. A licensee shall have committed a violation of this Article by:

- 1. Failing to provide a legal description of land on which a licensee grows, processes, stores or researches industrial hemp or hemp seed;
- 2. Failing to obtain the proper license with the Department;
- 3. Producing or distributing *Cannabis sativa*, with a total Delta-9 THC concentration greater than 0.300% on a dry weight basis, unless otherwise permitted by state or federal law, rule or order;
- 4. Violating a term or condition of the signed licensing agreement or corrective action plan; or
- 5. Violating any law, rule, or order in the regulation of industrial hemp.
- B. False Statement. Any person who materially falsifies any information contained in an application to participate in the program established under this Article shall be ineligible to participate in the program.
- C. No unauthorized person shall:
 - 1. Grow, cultivate, handle, store, harvest, transport, import or process industrial hemp;
 - 2. Trespass on a property registered as an industrial hemp site;
 - 3. Disturb, damage or destroy an industrial hemp plant or crop on a registered location; or
 - 4. Tamper, damage or destroy posted signage as required under R3-4-1008.
- D. No authorized program licensee shall:
 - 1. Offer for sale, trade, transfer possession of, gift, or otherwise relinquish possession of industrial hemp plants, plant parts, or hemp seed that is capable of germination to an unauthorized person;
 - 2. Destroy an industrial hemp crop, stored industrial hemp or hemp seed without prior notification to the Department.
 - 3. Transport industrial hemp plants, seed, propagative material or unprocessed harvested industrial hemp without notifying the Department; or
 - 4. Import or export industrial hemp plants or plant parts for processing; seed or propagative material for planting purposes without notifying the Department and complying with all import or export regulatory requirements as determined by a regulatory official.
- E. Intentional or Knowing Violations. Any violation that is determined to be committed intentionally or knowingly shall be reported to the State Attorney General and any relevant state and local law enforcement agencies.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1013. Corrective Actions

- A. In addition to being subject to possible license suspension, license revocation, and monetary civil penalty procedures set forth in R3-4-1014, a person who is found by the Department to have violated any law, rule or Director's Order governing that person's participation in the program shall be subject to a corrective action plan.
- B. The Associate Director may impose a written and dated corrective action plan for a negligent violation of any law, rule or Director's Order governing a person's participation in the hemp program.
- C. Corrective action plans issued by the Department shall include, at a minimum, the following information:
 - 1. The requirements a person must fulfill to correct a violation of this Article as indicated in subsection (D);
 - 2. A reasonable date by which the person shall complete violation corrections; and

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3. A requirement for periodic reports from the violator to the department about the violator's compliance with the corrective action plan, laws, rules or Director's Orders for a period of at least three years from the date of the corrective action plan.
- D. Corrective Action Plan.** The Department may prescribe one or more of the following provisions to a person in violation of this Article.
1. Hemp crops or harvested hemp shall not be removed from the licensee's registered hemp site if found in violation of R3-4-1012 (A)(3) by having a Total Delta-9 THC concentration of greater than 0.300% on a dry weight basis.
 2. In addition to one or more of the components listed in A.R.S. § 3-317, a corrective action plan may contain one or more of the requirements:
 - a. Stripping stalks and destruction of floral material;
 - b. Sterilization of seed and destruction of floral material;
 - c. THC remediation of leaf and floral material as prescribed by the Associate Director;
 - d. Education and training; and/or
 - e. Other corrective measures prescribed by the Associate Director.
 3. Failure to complete the prescribed corrective measure within the timeframe indicated in the corrective action plan or to complete any component of a corrective action plan shall constitute a second violation of this Article.
 4. The cost of implementing a corrective action plan is the burden of the licensee.
- E. Repeat violations.** A person that violates this Article, the laws governing the production of industrial hemp, or any order issued by the Associate Director three times in a five-year period shall be ineligible for license issued by the Department for a period of five years beginning on the date of the third violation.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

R3-4-1014. Penalties

- A.** Civil penalties. A person that violates this Article, a licensing requirement, a licensing term or condition, or any other rule or order of the Department within a five year period may be fined as follows:
1. First offense - \$1,000;
 2. Second offense - \$2,500;
 3. Third offense - \$5000.
- B.** License suspension. A person that violates this Article, a licensing requirement, a licensing term or condition, or any other rule or order of the Department may have their licensing privileges suspended until completion of any corrective actions prescribed in R3-4-1013.
- C.** License revocation. A person that intentionally violates this Article, a licensing requirement, a licensing term or condition, or any other rule or order of the Department, or who commits a third offense within a five year period:
1. Shall have all licenses issued pursuant to this Article revoked;
 2. All hemp crops, seed, and harvested industrial hemp of the licensee shall be seized and destroyed as prescribed by the Associate Director;
 3. The person found in violation shall be responsible for the cost of the destruction of all hemp crops, seed, and harvested material; and
 4. The person in violation shall not be eligible for a license under this Article for a period not less than five years.
- D.** Intentional or knowing violations shall be punished according to A.R.S. §§ 3-319 and or 13-3405.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2).

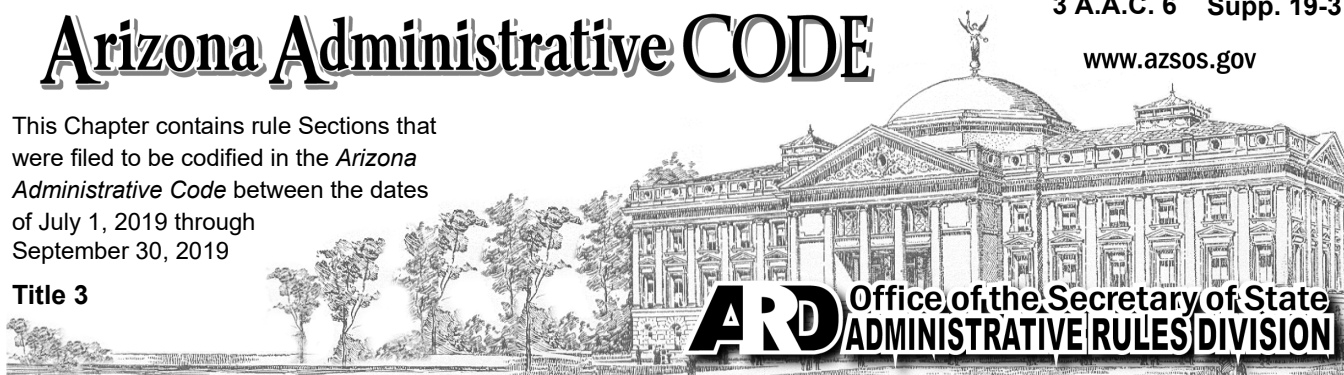
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3 A.A.C. 6 Supp. 19-3

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 3



TITLE 3. AGRICULTURE

CHAPTER 6. DEPARTMENT OF AGRICULTURE - OFFICE OF COMMODITY DEVELOPMENT AND PROMOTION

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

[R3-6-102.](#) [Phytosanitary Certification](#) [2](#)

Questions about these rules? Contact:

Name: G. John Caravetta, Associate Director
Address: Arizona Department of Agriculture
1688 W. Adams
Phoenix, AZ 85007
Telephone: (602) 542-0996
Fax: (602) 542-0922
E-mail: jcaravetta@azda.gov

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TITLE 3. AGRICULTURE

CHAPTER 6. DEPARTMENT OF AGRICULTURE - OFFICE OF COMMODITY DEVELOPMENT AND PROMOTION

Title 3, Chapter 6, consisting of Section R3-6-101, adopted by final rulemaking at 6 A.A.R. 45, effective December 8, 1999 (Supp. 99-4).

Former Title 3, Chapter 6, Article 1, Sections R3-6-101 through R3-6-109, renumbered to Title 3, Chapter 2, Article 9, Sections R3-2-901 through R3-2-909 (Supp. 91-4).

ARTICLE 1. MARKETING

Article 1, consisting of Section R3-6-101, adopted by final rulemaking at 6 A.A.R. 45, effective December 8, 1999 (Supp. 99-4).

Section	
R3-6-101.	Certificate of Free Sale 2
R3-6-102.	Phytosanitary Certification 2

Article 2, consisting of Sections R3-6-201 through R3-6-204, adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2).

Section	
R3-6-201.	Expired2
R3-6-202.	Expired2
R3-6-203.	Expired2
R3-6-204.	Expired2

ARTICLE 2. JOINT-VENTURES

Article 2, consisting of Sections R3-6-201 through R3-6-204, expired under A.R.S. § 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).

CHAPTER 6. DEPARTMENT OF AGRICULTURE - OFFICE OF COMMODITY DEVELOPMENT AND PROMOTION

ARTICLE 1. MARKETING**R3-6-101. Certificate of Free Sale**

- A.** Any person manufacturing or distributing a consumable product in Arizona and who wants to sell it domestically or abroad, may apply to the Department for a Certificate of Free Sale. If an applicant is a subsidiary of a corporation, the application will be accepted only from the parent company. The application shall contain:
1. The name, address, telephone, and facsimile number of the company;
 2. The name of the contact person;
 3. A list of the consumable products manufactured, distributed, or sold in Arizona;
 4. The printed name, signature, and social security number of the responsible party;
 5. The country of export, if applicable;
 6. The fee prescribed in subsection (B);
 7. Copies of 3 different invoices or bills-of-lading from the 3 months preceding the application; and
 8. The purchaser's telephone number cited on each invoice or bill-of-lading.
- B.** Fees.
1. Certificate of Free Sale: \$25 for each 100 products, plus the cost of postage;
 2. Duplicate certificates, if requested within 3 months of the original certificate issue: \$1 per page, plus the cost of postage.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 45, effective December 8, 1999 (Supp. 99-4).

R3-6-102. Phytosanitary Certification

- A.** During fiscal year 2020, a person who applies to the Department for phytosanitary certification shall pay the following fee:
1. For state certification, \$50 for the first lot plus \$10 for each additional lot per Department site trip.
 2. For federal certification, \$50 plus the federal administrative user fee set out in 7 CFR 354.3(g)(3)(i), revised January 1, 2016, which is incorporated by reference and does not include any later amendments or editions. A copy of the incorporated material is available for inspection at the Department, 1688 W. Adams St., Phoenix, Arizona 85007 or may also be viewed at <http://www.gpo.gov/fdsys/>.
- B.** This Section does not apply to phytosanitary certification under A.A.C. R3-4-301.

Historical Note

New Section made by exempt rulemaking at 16 A.A.R. 1339, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1765, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2066, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3146, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2457, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2412, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1943, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2226, August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2088, August 27, 2019 (Supp. 19-3).

ARTICLE 2. JOINT-VENTURES**R3-6-201. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2). Section expired under A.R.S. 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).

R3-6-202. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2). Section expired under A.R.S. 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).

R3-6-203. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2). Section expired under A.R.S. 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).

R3-6-204. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2). Section expired under A.R.S. 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).

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ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 3. AGRICULTURE

CHAPTER 10. DEPARTMENT OF AGRICULTURE - CITRUS FRUIT AND VEGETABLE DIVISION

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R3-10-101.	Citrus Fruit Dealer or Shipper Licensing Fee 2
R3-10-102.	Fruit and Vegetable Dealer or Shipper Licensing Fee 2

Questions about these rules? Contact:

Name: Ed Foster, Assistant Director
Address: Arizona Department of Agriculture
1688 W. Adams
Phoenix, AZ 85007
Telephone: (602) 542-0947
Fax: (602) 542-0898
E-mail: efoster@azda.gov

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TITLE 3. AGRICULTURE

CHAPTER 10. DEPARTMENT OF AGRICULTURE - CITRUS FRUIT AND VEGETABLE DIVISION

ARTICLE 1. LICENSING FEES

Article 1, consisting of new Sections R3-10-101 and R3-10-102 made by final exempt rulemaking at 24 A.A.R. 2227, effective July 1, 2018 (Supp. 18-3).

Section

R3-10-101.	Citrus Fruit Dealer or Shipper Licensing Fee	2
R3-10-102.	Fruit and Vegetable Dealer or Shipper Licensing Fee	2

CHAPTER 10. DEPARTMENT OF AGRICULTURE - CITRUS FRUIT AND VEGETABLE DIVISION

ARTICLE 1. LICENSING FEES**R3-10-101. Citrus Fruit Dealer or Shipper Licensing Fee**

A person may not transact business as a citrus fruit dealer or shipper without first obtaining a license as provided in Arizona Revised Statutes, Title 3, Chapter 3, Article 2. For fiscal year 2020, license fee shall be determined according to the annual gross sales based on the dealer's or shipper's previous fiscal year as follows:

1. If the annual gross sales are five hundred thousand dollars or more, the annual fee is two hundred seventy dollars (\$270.00).
2. If the annual gross sales are between two hundred thousand dollars and five hundred thousand dollars, the annual fee is one hundred eighty dollars (\$180.00).
3. If the annual gross sales are two hundred thousand dollars or less, the annual fee is ninety dollars (\$90.00).
4. If the person was not in business the previous fiscal year, the annual fee is ninety dollars (\$90.00).

Historical Note

New Section made by final exempt rulemaking at 24 A.A.R. 2227, effective July 1, 2018 (Supp. 18-3). made Amended by final exempt rulemaking at 25 A.A.R. 2089, effective July 1, 2019 (Supp. 19-3).

R3-10-102. Fruit and Vegetable Dealer or Shipper Licensing Fee

A person shall not act as a fruit or vegetable dealer or shipper without first obtaining a license as provided in Arizona Revised Statutes, Title 3, Chapter 3, Article 4. For fiscal year 2020, application for the license shall be filed with the supervisor and accompanied by a license fee determined according to the annual gross sales based on the dealer's or shipper's previous fiscal year as follows:

1. If the annual gross sales are five hundred thousand dollars or more, the annual fee is three hundred dollars (\$300.00).
2. If the annual gross sales are between two hundred thousand dollars and five hundred thousand dollars, the annual fee is two hundred ten dollars (\$210.00).
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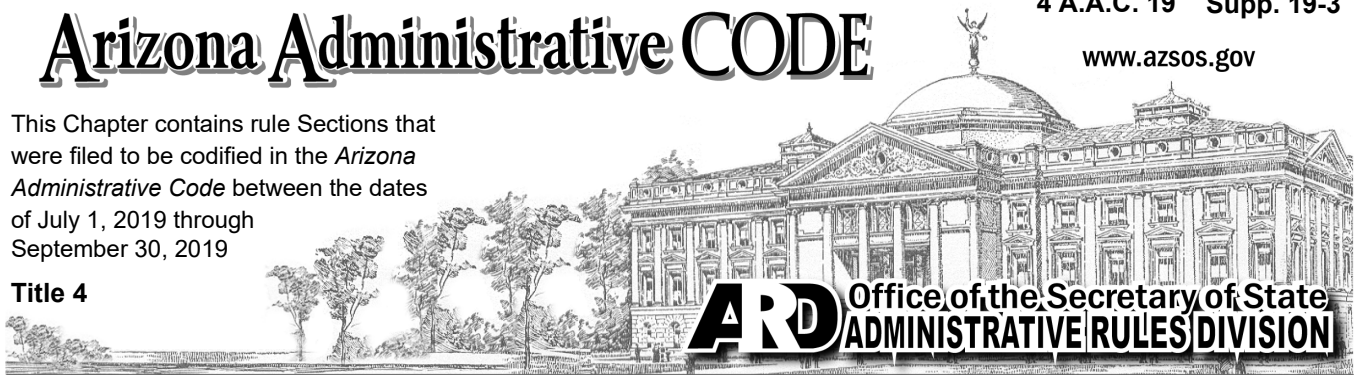
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Title 4



TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. BOARD OF NURSING

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Corrections were made to this Chapter at the request of the Board.

The historical note was updated at R4-19-101 with a clearer explanation of an omission of a definition. Also, the Section outline was corrected under R4-19-203.

No other changes have been made to this Chapter.

Questions about these rules? Contact:

Department: Board of Nursing
Name: Joey Ridenour RN, MS, FAAN,
Executive Director
Address: 1740 W. Adams Street, Ste. 200
Phoenix, AZ 85007
Telephone: (602) 771-7801
Fax: (602) 771-7888
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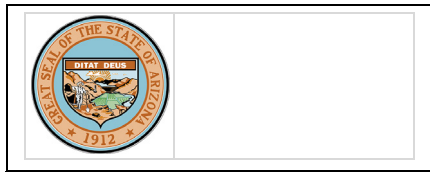
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TITLE 4. PROFESSIONS AND OCCUPATIONS**CHAPTER 19. BOARD OF NURSING**

(Authority: A.R.S. § 32-1606 et seq.)

Editor's Note: The Arizona State Board of Nursing amended Sections in this Chapter under an exemption from the provisions of A.R.S. Title 41, Chapter 6 under Laws 2015, Chapter 262 § 22. Exemption from A.R.S. Title 41, Chapter 6 means the Board was not required to submit proposed rules for publication in the Arizona Administrative Register, conduct a public hearing on the rules, or required to submit the rules for approval by the Governor's Regulatory Review Council. Refer to the historical notes for more information (Supp. 16-2).

ARTICLE 1. DEFINITIONS AND TIME-FRAMES

New Article 1, consisting of R4-19-101, adopted effective July 19, 1995 (Supp. 95-3).

Article 1, consisting of R4-19-101 through R4-19-102, repealed effective July 19, 1995 (Supp. 95-3).

Section

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R4-19-102.	Time-frames for Licensure, Certification, or Approval	5
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ARTICLE 2. ARIZONA REGISTERED AND PRACTICAL NURSING PROGRAMS; REFRESHER PROGRAMS

Article 2, consisting of R4-19-201 through R4-19-214, adopted effective July 19, 1995 (Supp. 95-3).

Section

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R4-19-202.	Repealed	10
R4-19-203.	Administrator; Qualifications and Duties	10
R4-19-204.	Repealed	11
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R4-19-206.	Curriculum	11
R4-19-207.	New Programs; Proposal Approval; Provisional Approval	12
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ARTICLE 3. LICENSURE

Article 3, consisting of R4-19-301 through R4-19-308, adopted effective July 19, 1995 (Supp. 95-3).

Section

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ARTICLE 1. DEFINITIONS AND TIME-FRAMES

R4-19-101. Definitions

“Abuse” means a misuse of power or betrayal of trust, respect, or intimacy by a nurse, nursing assistant, or applicant that causes or is likely to cause physical, mental, emotional, or financial harm to a client.

“Administer” means the direct application of a medication to the body of a patient by a nurse, whether by injection, inhalation, ingestion, or any other means.

“Admission cohort” means a group of students admitted at the same time to the same curriculum in a regulated nursing, nursing assistant, or advanced practice nursing program or entering the first clinical course in a regulated program at the same time. “Same time” means on the same date or within a narrow range of dates pre-defined by the program.

“Applicant” means a person seeking licensure, certification, prescribing, or prescribing and dispensing privileges, or an entity seeking approval or re-approval, if applicable, of a:

- CNS or RNP nursing program,
- Credential evaluation service,
- Nursing assistant training program,
- Nursing program,
- Nursing program change, or
- Refresher program.

“Approved national nursing accrediting agency” means an organization recognized by the United States Department of Education as an accrediting agency for a nursing program.

“Assign” means a nurse designates nursing activities to be performed by another nurse that are consistent with the other nurse’s scope of practice.

“Certificate or diploma in practical nursing” means the document awarded to a graduate of an educational program in practical nursing.

“Certified medication assistant” means a certified nursing assistant who meets Board qualifications and is additionally certified by the Board to administer medications under A.R.S. § 32-1650 et. seq.

“CES” means credential evaluation service.

“Client” means a recipient of care and may be an individual, family, group, or community.

“Clinical instruction” means the guidance and supervision provided by a nursing, nursing assistant or medication assistant program faculty member while a student is providing client care.

“CMA” means certified medication assistant.

“CNA” means a certified nursing assistant, as defined in A.R.S. § 32-1601(4).

“CNS” means clinical nurse specialist, as defined in A.R.S. § 32-1601(7).

“Collaborate” means to establish a relationship for consultation or referral with one or more licensed physicians on an as-needed basis. Supervision of the activities of a registered nurse practitioner by the collaborating physician is not required.

“Contact hour” means a unit of organized learning, which may be either clinical or didactic and is either 60 minutes in length or is otherwise defined by an accrediting agency recognized by the Board.

“Continuing education activity” means a course of study related to nursing practice that is awarded contact hours by an accrediting agency recognized by the Board, or academic credits in nursing or medicine by a regionally or nationally accredited college or university.

“CRNA” means a certified registered nurse anesthetist as defined in A.R.S. § 32-1601(5).

“DEA” means the federal Drug Enforcement Administration.

“Dispense” means to deliver a controlled substance or legend drug to an ultimate user.

“Dual relationship” means a nurse or CNA simultaneously engages in both a professional and nonprofessional relationship with a patient or resident or a patient’s or resident’s family that is avoidable, non-incidental, and results in the patient or resident or the patient’s or resident’s family being exploited financially, emotionally, or sexually.

“Eligibility for graduation” means that the applicant has successfully completed all program and institutional requirements for receiving a degree or diploma but is delayed in receiving the degree or diploma due to the graduation schedule of the institution.

“Endorsement” means the procedure for granting an Arizona nursing license to an applicant who is already licensed as a nurse in another state or territory of the United States and has passed an exam as required by A.R.S. §§ 32-1633 or 32-1638 or an Arizona nursing assistant or medication assistant certificate to an applicant who is already listed on a nurse aide register or certified as a medication assistant in another state or territory of the United States.

“Episodic nursing care” means nursing care at nonspecific intervals that is focused on the current needs of the individual.

“Failure to maintain professional boundaries” means any conduct or behavior of a nurse or CNA that, regardless of the nurse’s or CNA’s intention, is likely to lessen the benefit of care to a patient or resident or a patient’s or resident’s family or places the patient, resident or the patient’s or resident’s family at risk of being exploited financially, emotionally, or sexually.

“Family,” as applied to R4-19-511, means individuals who are related by blood, marriage, adoption, legal guardianship, or domestic partnership, or who are cohabitating or romantically involved.

“Full approval” means the status granted by the Board when a nursing program, after graduation of its first class, demonstrates the ability to provide and maintain a program in accordance with the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter.

“Good standing” means the license of a nurse, or the certificate of a nursing assistant, is current, and the nurse or nursing assistant is not presently subject to any disciplinary action, consent order, or settlement agreement.

“Independent nursing activities” means nursing care within an RN’s scope of practice that does not require authorization from another health professional.

“Initial approval” means the permission, granted by the Board, to an entity to establish a nursing assistant training program, after the Board determines that the program meets the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter.

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“Licensure by examination” means the granting of permission to practice nursing based on an individual’s passing of a prescribed examination and meeting all other licensure requirements.

“LPN” means licensed practical nurse.

“NCLEX” means the National Council Licensure Examination.

“Nurse” means a licensed practical or registered nurse.

“Nursing diagnosis” means a clinical judgment, based on analysis of comprehensive assessment data, about a client’s response to actual and potential health problems or life processes. Nursing diagnosis statements include the actual or potential problem, etiology or risk factors, and defining characteristics, if any.

“Nursing process” means applying problem-solving techniques that require technical and scientific knowledge, good judgment, and decision-making skills to assess, plan, implement, and evaluate a plan of care.

“Nursing program” means a formal course of instruction designed to prepare its graduates for licensure as registered or practical nurses.

“Nursing program administrator” means a nurse educator who meets the requirements of A.R.S. Title 32, Chapter 15 and this Chapter and has the administrative responsibility and authority for the direction of a nursing program.

“Nursing program faculty member” means an individual working full or part time within a nursing program who is responsible for either developing, implementing, teaching, evaluating, or updating nursing knowledge, clinical skills, or curricula.

“Nursing-related activities or duties” means client care tasks for which education is provided by a basic nursing assistant training program.

“P & D” means prescribing and dispensing.

“Parent institution” means the educational institution in which a nursing program, nursing assistant training program or medication assistant program is conducted.

“Patient” means an individual recipient of care.

“Pharmacology” means the science that deals with the study of drugs.

“Physician” means a person licensed under A.R.S. Title 32, Chapters 7, 8, 11, 13, 14, 17, or 29, or by a state medical board in the United States.

“Preceptor” means a licensed nurse or other health professional who meets the requirements of A.R.S. Title 32, Chapter 15 and this Chapter who instructs, supervises and evaluates a licensee, clinical nurse specialist, nurse practitioner or pre-licensure nursing student, for a defined period.

“Preceptorship” means a clinical learning experience by which a learner enrolled in a nursing program, nurse refresher program, clinical nurse specialist, or registered nurse practitioner program or as part of a Board order provides nursing care while assigned to a health professional who holds a license or certificate equivalent to or higher than the level of the learner’s program or in the case of a nurse under Board order, meets the qualifications in the Board order.

“Prescribe” means to order a medication, medical device, or appliance for use by a patient.

“Private business” means any individual or sole proprietorship, partnership, limited liability partnership, limited liability company, corporation or other legal business entity.

“Proposal approval” means that an institution has met the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter to proceed with an application for provisional approval to establish a pre-licensure nursing program in Arizona.

“Provisional approval” means that an institution has met the standards provided by A.R.S. Title 32, Chapter 15 and this Chapter to implement a pre-licensure nursing program in Arizona.

“Refresher program” means a formal course of instruction designed to provide a review and update of nursing theory and practice.

“Register” means a listing of Arizona certified nursing assistants maintained by the Board that includes the following about each nursing assistant:

- Identifying demographic information;
- Date placed on the register;
- Date of initial and most recent certification, if applicable; and
- Status of the nursing assistant certificate, including findings of abuse, neglect, or misappropriation of property made by the Arizona Department of Health Services, sanctions imposed by the United States Department of Health and Human Services, and disciplinary actions by the Board.

“Resident” means a patient who receives care in a long-term care facility or other residential setting.

“RN” means registered nurse.

“RNP” means a registered nurse practitioner as defined in A.R.S. § 32-1601(20).

“SBTPE” means the State Board Test Pool Examination.

“School nurse” means a registered nurse who is certified under R4-19-309.

“Secure examination” means a written test given to an examinee that:

- Is administered under conditions designed to prevent cheating;
- Is taken by an individual examinee without access to aides, textbooks, other students or any other material that could influence the examinee’s score; and,
- After opportunity for examinee review, is either never used again or stored such that only designated employees of the educational institution are permitted to access the test.

“Self-study” means a written self-evaluation conducted by a nursing program to assess the compliance of the program with the standards listed in Article 2.

“Standards related to scope of practice” means the expected actions of any nurse who holds the identified level of licensure.

“Substance use disorder” means misuse, dependence or addiction to alcohol, illegal drugs or other substances.

“Supervision” means the direction and periodic consultation provided to an individual to whom a nursing task or patient care activity is delegated.

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“Unlicensed assistive personnel” or “UAP” means a CNA or any other unlicensed person, regardless of title, to whom nursing tasks are delegated.

“Verified application” means an affidavit signed by the applicant attesting to the truthfulness and completeness of the application and includes an oath that applicant will conform to ethical professional standards and obey the laws and rules of the Board.

Historical Note

Former Glossary of Terms; Amended effective Nov. 17, 1978 (Supp. 78-6). Former Section R4-19-01 repealed, new Section R4-19-01 adopted effective February 20, 1980 (Supp. 80-1). Amended paragraphs (1) and (7), added paragraphs (9) through (25) effective July 16, 1984 (Supp. 84-4). Former Section R4-19-01 renumbered as Section R4-19-101 (Supp. 86-1). Amended effective November 18, 1994 (Supp. 94-4). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended effective December 22, 1995 (Supp. 95-4). Amended effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 7 A.A.R. 1712, effective April 4, 2001 (Supp. 01-2). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in the definitions of “CNA” “CNS” and “RNP” have been updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). A.R.S. section references updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). When amended in Supp. 19-2 the Board inadvertently omitted the definition of “Full Approval” as “No Change” in its notice at 25 A.A.R. 919. The definition was included in Supp. 19-2 (Supp. 19-3).

R4-19-102. Time-frames for Licensure, Certification, or Approval**A.** In this Section:

1. “Administrative completeness” or “administratively complete” means Board receipt of all application components required by statute or rule and necessary to begin the substantive review time-frame.
2. “Application packet” means an application form provided by the Board and the documentation necessary to establish an applicant’s qualifications for licensure, certification, or approval.
3. “Comprehensive written request for additional information” means written communication after the administrative completeness time-frame by the Board to an applicant in person or at the mailing or electronic address identified on the application notifying the applicant that additional information, including missing documents is needed before the Board can grant the license. The written communication shall:
 - a. Contain a list of information required by statute or rule and necessary to complete the application or grant the license, and

- b. Inform the applicant that the request suspends the running of days within the time-frame, and
 - c. Be effective on the date of issuance which is:
 - i. The date of its postmark, if mailed;
 - ii. The date of delivery, if delivered in person by a Board employee or agent; or
 - iii. The date of delivery to the electronic address if delivered electronically.
 4. “Deficiency notice” means written communication by the Board to an applicant in person or at the mailing or electronic address identified on the application notifying the applicant that additional information, including missing documents, is needed to complete the application. The written communication shall:
 - a. Contain a list of information required by statute or rule and necessary to complete the application or grant the license;
 - b. Inform the applicant that the request suspends the running of days within the time-frame; and
 - c. Be effective on the date of issuance which is:
 - i. The date of its postmark, if mailed;
 - ii. The date of delivery, if delivered in person by a Board employee or agent; or
 - iii. The date of delivery to the electronic address if delivered electronically.
 5. “Notice of administrative completeness” means written communication by the Board to an applicant in person or at the mailing or electronic address identified on the application notifying the applicant the application contains all information required by statute or rule to complete the application.
 6. “Overall time-frame” has the same meaning as A.R.S. § 41-1072(2).
 7. “Substantive review time-frame” has the same meaning as A.R.S. § 41-1072(3).
- B.** In computing the time-frames in this Section, the day of the act or event from which the designated period begins to run is not included. The last day of the period is included unless it is a Saturday, Sunday, or official state holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or official state holiday.
- C.** For each type of licensure, certification, or approval issued by the Board, the overall time-frame described in A.R.S. § 41-1072(2) is listed in Table 1. An applicant may submit a written request to the Board for an extension of time in which to provide a complete application. The request for an extension of time shall be submitted to the Board office before the deadline for submission of a complete application and shall state the reason that the applicant is unable to comply with the time-frame requirements in Table 1 and the amount of additional time requested. The Board may grant an extension of time based on whether the Executive Director of the Board finds that the applicant is unable to comply within the time-frame due to circumstances beyond the applicant’s control and that the additional information can reasonably be supplied during the extension of time.
- D.** For each type of licensure, certification, or approval issued by the Board, the administrative completeness review time-frame described in A.R.S. § 41-1072(1) is listed in Table 1 and begins to run when the Board receives an application packet.
1. If the application packet is not administratively complete, the Board shall send a deficiency notice to the applicant. The time for the applicant to respond to a deficiency notice begins to run on the date the deficiency notice is issued.
 - a. The deficiency notice shall list each deficiency.

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- b. The applicant shall submit to the Board the missing information listed in the deficiency notice within the period specified in Table 1 for responding to a deficiency notice. The time-frame for the Board to complete the administrative review is suspended until the Board receives the missing information.
 - c. If an applicant fails to provide the missing information listed in the deficiency notice within the period specified in Table 1, the Board shall close the applicant's file and send a notice to the applicant by U.S. mail and electronically, if an electronic address is included in the application.
 - d. If the applicant is the subject of an investigation, the Board may continue to process the application. Failure of the applicant to supply the requested information may result in denial of the license or certificate based on information gathered during the investigation.
2. If the application packet is administratively complete, the Board shall send a written notice of administrative completeness to the applicant.
 3. If the Board issues a license, certificate, or approval during the administrative completeness review time-frame, the Board shall not send a separate written notice of administrative completeness.
- E.** For each type of licensure, certification, or approval issued by the Board, the substantive review time-frame described in A.R.S. § 41-1072(3) is listed in Table 1 and begins to run on the date the notice of administrative completeness is issued.
1. During the substantive review time-frame, an applicant may make a request to withdraw an application packet. The Board may deny the request to withdraw an application packet if the applicant is the subject of an investigation, based on information gathered during the investigation.
 2. If an applicant discloses or the Board receives allegations of unprofessional conduct as described in A.R.S. § 32-1601 or this Chapter, the Board shall review the allegations and may investigate the applicant. The Board may require the applicant to provide additional information as prescribed in subsection (E)(3) based on its assessment of whether the conduct is or might be harmful or dangerous to the health of a client or the public.
 3. During the substantive review time-frame, the Board may make one comprehensive written request for additional information. The applicant shall submit the additional information within the period specified in Table 1. The time-frame for the Board to complete the substantive review of the application packet is suspended from the date the comprehensive written request for additional information is issued until the Board receives the additional information.
4. If the applicant fails to provide the additional information identified in the comprehensive written request for additional information within the time specified in Table 1, the Board shall close the applicant's file and send a notice to the applicant by U.S. mail and electronically, if an electronic address is included in the application. The Board may continue to process the application if the applicant is the subject of an investigation. Failure of the applicant to supply the requested information may result in denial of the license or certificate based on information gathered during the investigation.
 5. The Board shall grant licensure, conditional licensure, limited licensure, certification, or approval to an applicant:
 - a. Who meets the substantive criteria for licensure, certification, or approval required by A.R.S. Title 32, Chapter 15 and this Chapter; and
 - b. Whose licensure, certification, or approval is in the best interest of the public.
 6. The Board shall deny licensure, certification, or approval to an applicant:
 - a. Who fails to meet the substantive criteria for licensure, certification, or approval required by A.R.S. Title 32, Chapter 15 and this Chapter; or
 - b. Who has engaged in unprofessional conduct as described in A.R.S. § 32-1601 or this Chapter; and
 - c. Whose licensure, certification, or approval is not in the best interest of the public.
 7. The Board's written order of denial shall meet the requirements of A.R.S. § 41-1076. The applicant may request a hearing by filing a written request with the Board within 30 days of receipt of the Board's order of denial. The Board shall conduct hearings in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-02 renumbered and amended as Section R4-19-102 effective February 21, 1986 (Supp. 86-1). Section repealed effective July 19, 1995 (Supp. 95-3). New Section adopted April 20, 1998 (Supp. 98-2). Amended by final rulemaking at 7 A.A.R. 1712, effective April 4, 2001 (Supp. 01-2). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4).

Table 1. Time-frames

Time-frames (in days)								
Type of License, Certificate, or Approval	Applicable Statute and Section	Board Overall Time-frame Without Investigation	Board Overall Time-frame With Investigation	Board Administrative Completeness Review Time-frame	Applicant Time to Respond to Deficiency Notice	Board Substantive Review Time-frame Without Investigation	Board Substantive Review Time-frame With Investigation	Applicant Time to Respond to Comprehensive Written Request
Nursing Program Proposal Approval	A.R.S. §§ 32-1606(B)(2), 32-1644; R4-19-207	150	Not applicable	60	180	90	Not applicable	120

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Nursing Program Provisional Approval	A.R.S. §§ 32-1606(B)(2), 32-1644; R4-19-207	150	Not applicable	60	180	90	Not applicable	120
Nursing Program Full Approval or Re-approval	A.R.S. §§ 32-1606(B)(2), 32-1644; R4-19-208, R4-19-210	150	Not applicable	60	180	90	Not applicable	120
Nursing Program Change	A.R.S. § 32-1606(B)(1); R4-19-209	150	Not applicable	60	180	90	Not applicable	120
Refresher Program Approval or Re-approval	A.R.S. § 32-1606(B)(21); R4-19-216	150	Not applicable	60	180	90	No applicable	120
CNS or RNP Nursing Program Approval or Re-approval	A.R.S. §§ 32-1606(B)(18), 32-1644; R4-19-503	150	Not applicable	60	180	90	Not applicable	120
Credential Evaluation Service Approval or Re-approval	A.R.S. §§ 32-1634.01(A)(1), 32-1634.02(A)(1), 32-1639.01(1), 32-1639.02(1); R4-19-303	90	Not applicable	30	180	60	Not applicable	120
Licensure by Exam	A.R.S. §§ 32-1606(B)(5), 32-1633, 32-1638, and R4-19-301	150	270	30	270	120	240	150
Licensure by Endorsement	A.R.S. §§ 32-1606(B)(5), 32-1634, 32-1639, and R4-19-302	150	270	30	270	120	240	150
Temporary License or Renewal	A.R.S. §§ 32-1605.01(B)(3), 32-1635, 32-1640; R4-19-304	60	90	30	60	30	60	90
License Renewal	A.R.S. §§ 32-1606(B)(5), 32-1642; R4-19-305	120	270	30	270	90	240	150
School Nurse Certification or Renewal	A.R.S. §§ 32-1606(B)(13), 32-1643(A)(8); R4-19-309	150	270	30	270	120	240	150
Re-issuance or Subsequent Issuance of License	A.R.S. § 32-1664(O); R4-19-404	150	270	30	270	120	240	150
Registered Nurse Practitioner Certification or Renewal	A.R.S. §§ 32-1601(19), 32-1606(B)(21); R4-19-505, R4-19-506	150	270	30	270	120	240	150
RNP Prescribing and Dispensing Privilege	A.R.S. § 32-1601(19); R4-19-511	150	270	30	270	120	240	150
CNS Certification or Renewal	A.R.S. §§ 32-1601(6), 32-1606(B)(21); R4-19-505, R4-19-506	150	270	30	270	120	240	150

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CRNA Certification or Renewal	A.R.S. § 32-1634-.03; R4-19-505; R4-19-506	150	270	30	270	120	240	150
Temporary RNP, CRNA or CNS Certificate or Renewal	A.R.S. § 32-1635.01, 32-1634.03; R4-19-507	60	Not applicable	30	60	30	Not applicable	60
Nursing Assistant and Medication Assistant Training Programs Approval or Re-approval	A.R.S. § 32-1606(B)(11), 32-1650.01; R4-19-803, R4-19-804	120	Not applicable	30	180	90	Not applicable	120
Licensed or Certified Nursing Assistant and Medication Assistant Certification by Examination	A.R.S. §§ 32-1606(B)(11), 32-1647, 32-1650.02, 32-1650.03; R4-19-806	150	270	30	270	120	240	150
Licensed or Certified Nursing Assistant and Medication Assistant Certification by Endorsement	A.R.S. §§ 32-1606(B)(11), 32-1648, 32-1650.04; R4-19-807	150	270	30	270	120	240	150
Licensed or Certified Nursing Assistant and Certified Medication Assistant Renewal	A.R.S. § 32-1606(B)(11); R4-19-809	120	270	30	270	90	240	150
Re-issuance or Subsequent Issuance of a Nursing Assistant License	A.R.S. § 32-1664(O); R4-19-815	150	270	30	270	120	240	150

Historical Note

Table 1 adopted effective April 20, 1998 (Supp. 98-2). Amended by final rulemaking at 7 A.A.R. 1712, effective April 4, 2001 (Supp. 01-2). Table 1 amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in column two of "Registered Nurse Practitioner Certification or Renewal," "RNP Prescribing and Dispensing Privilege," and "CNS Certification or Renewal" have been updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1308 effective July 6, 2013 (Supp. 13-2). A.R.S. Section and Chapter Section references updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2).

ARTICLE 2. ARIZONA REGISTERED AND PRACTICAL NURSING PROGRAMS; REFRESHER PROGRAMS
R4-19-201. Organization and Administration

A. The parent institution of a nursing program shall:

1. Be accredited as a post-secondary institution, college, or university, by an accrediting body that is recognized as an accrediting body by the U.S. Department of Education.
2. Hold Arizona Private Post-secondary board approval status, if applicable.

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3. Submit evidence to the board of continuing accreditation after each reaccreditation review or action.
 4. Operate any RN or PN program under its post-secondary accreditation if the parent institution holds both secondary and post-secondary accreditation.
 5. Notify the Board within 15 days of any change or pending change in institutional accreditation status or reporting requirements.
 6. Provide adequate fiscal, physical, learning resources and adequate human resources to recruit, employ and retain sufficient numbers of qualified faculty members to support program processes and outcomes necessary for compliance with this Article.
 7. Center the administrative control of the nursing program in the nursing program administrator and shall provide the support and resources necessary to meet the requirements of R4-19-203 and R4-19-204.
 8. Ensure that the nursing program is an integral part of the parent institution and shall have at a minimum equivalent status with other academic units of the parent institution.
 9. Appoint a sole individual to the position of nursing program administrator, and fill any program administrator vacancies within 15 days.
 10. Notify the Board of any changes in program administrator within 30 days and ensure that the individual appointed meets the requirements of, and fulfills the duties specified in R4-19-203.
 11. Ensure that every registered nursing program faculty member holds a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S., Title 32, Chapter 15, and that every faculty member meets one of the following:
 - a. If providing didactic instruction:
 - i. At least two years of experience as a registered nurse providing direct patient care; and
 - ii. A graduate degree. The majority of the faculty members of a registered nursing program shall hold a graduate degree with a major in nursing. If the graduate degree is not in nursing, the faculty member shall hold a minimum of a baccalaureate degree in nursing.
 - b. If providing clinical instruction only, as defined in R4-19-101:
 - i. The requirements for didactic faculty, or
 - ii. A baccalaureate degree with a major in nursing and at least three years of experience as a registered nurse providing direct patient care.
 12. Ensure that each practical nursing program faculty member holds a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S. Title 32, Chapter 15, and that every faculty member meets the following:
 - a. At least two years of experience as a registered nurse providing direct patient care, and
 - b. A minimum of a baccalaureate degree with a major in nursing.
- B. A nursing program shall:**
1. Maintain an organizational chart that identifies the actual relationships, lines of authority, and channels of communication within the program, between the program, and between the program and the parent institution.
 2. Develop, implement, and enforce written policies and procedures that provide:
 - a. A mechanism for student feedback into the development of academic policies and procedures and allow students to anonymously evaluate faculty, nursing courses, clinical experiences, resources and the overall program.
 3. Provide the minimum number of qualified faculty members necessary for compliance with the provisions of this Article.
 4. Develop and implement a written plan for the systematic evaluation of the total program that is based on program and student learning outcomes and that incorporates continuous improvement based on the evaluative data. The plan shall include measurable outcome criteria, logical methodology, frequency of evaluation, assignment of responsibility, actual outcomes and actions taken. The following areas shall be evaluated:
 - a. Internal structure of the program, its relationship to the parent institution, and compatibility of program policies and procedures with those of the parent institution;
 - b. Mission and goals consistent with those of the parent institution and compatible with current concepts in nursing education and practice appropriate for the type of nursing program offered;
 - c. Curriculum;
 - d. Education facilities, resources, and student support services;
 - e. Clinical resources;
 - f. Student achievement of program educational outcomes;
 - g. Admission and graduation data for each admission cohort, including, at a minimum, the number and percent of students who graduated within 100%, 150% or greater than 150% of time allotted in the curriculum plan.
 - h. Graduate performance on the licensing examination;
 - i. Protection of patient safety including but not limited to:
 - i. Student and faculty policies regarding supervision of students, practicing within scope and student safe practice;
 - ii. The integration of safety concepts within the curriculum;
 - iii. The application of safety concepts in the clinical setting; and
 - iv. Policies made under R4-19-203(C)(6).
 5. Maintain current and accurate records of the following:
 - a. Student admission materials, courses taken, grades received, scores in any standardized tests taken, health and performance, and health information submitted to meet program or clinical requirements, for a minimum of three years after the fiscal year of pro-

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- gram completion for academic records and one year after program completion for health records;
 - b. Faculty registered nursing license number issued by the board, evidence of fulfilling the requirements in R4-19-204, and performance evaluations for faculty employed by the parent institution. Records shall be kept current during the period of employment and retained for a minimum of three years after termination of employment;
 - c. Minutes of faculty and committee meetings for a minimum of three years;
 - d. Reports from accrediting agencies and the Board for a minimum of 10 years;
 - e. Curricular materials consistent with the requirements of R4-19-206 for the current curriculum and, previous curricula used within the past three years; and
 - f. Formal program complaints and grievances since the last site review with evidence of resolution for a minimum of three years.
- C. Prior to final approval for new nursing programs and by July 31, 2015 for existing programs, all RN nursing programs offering less than a bachelor's degree in nursing shall have a minimum of one articulation agreement with a Board approved and nationally accredited baccalaureate or higher nursing program that includes recognition of prior learning in nursing and recognition of foundational courses.

Historical Note

Former Section I, Part I; Amended effective January 20, 1975 (Supp. 75-1). Former Section R4-19-11 repealed, new Section R4-19-11 adopted effective February 20, 1980 (Supp. 80-1). Amended effective July 16, 1984 (Supp. 84-4). Former Section R4-19-11 renumbered as Section R4-19-201 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-202. Repealed**Historical Note**

Former Section I, Part II; Former Section R4-19-12 repealed, new Section R4-19-12 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-12 repealed, new Section R4-19-12 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-12 renumbered as Section R4-19-202 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-203. Administrator; Qualifications and Duties

- A. The nursing program administrator shall hold a current Arizona registered nurse license in good standing or multi-state privilege to practice in Arizona under A.R.S., Title 32, Chapter 15 and:

1. For registered nursing programs:
 - a. A graduate degree with a major in nursing;
 - b. A minimum of three years work experience as a registered nurse providing direct patient care; and
 - c. If appointed to the position of nursing program administrator on or after the effective date of these rules, have a minimum of one academic year full-time experience teaching in or administering a nursing education program leading to licensure; or
2. For practical nursing programs:
 - a. If appointed prior to the effective date of these rules, a baccalaureate degree with a major in nursing; and
 - b. If appointed on or after the effective date of these rules, the requirements of subsection (A)(1).
- B. The administrator shall have comparable status with other program administrators in the parent institution and shall report directly to an academic officer of the institution.
- C. The administrator shall have the authority and responsibility to direct the program in all its phases, including:
 1. Administering the nursing education program;
 2. Directing activities related to academics, personnel, curriculum, resources, facilities, services, program policies, and program evaluation;
 3. Preparing and administering the budget;
 4. Evaluating nursing program faculty members at a minimum:
 - a. Annually in the first year of employment and every three years thereafter;
 - b. Upon receipt of information that a faculty member, in conjunction with performance of their duties, may be engaged in conduct that is or might be:
 - i. Below a pattern of conduct the standards of the program or the parent institution,
 - ii. A pattern of conduct that is inconsistent with nursing professional standards, or
 - iii. Any conduct that is potentially or actually harmful to a patient or a student.
 - c. In the areas of teaching ability and application of nursing knowledge and skills relative to the teaching assignment.
 5. Together with faculty:
 - a. Developing, implementing, consistently enforcing, evaluating, and revising, as necessary:
 - i. Equivalent student and faculty policies necessary for safe patient care, including faculty supervision of clinical activities, and to meet clinical agency requirements regarding student and faculty physical and mental health, criminal background checks, substance use screens, and functional abilities.
 - ii. The program of learning including the curriculum and learning outcomes of the program, standards for the admission, progression, and graduation of students, and written policies for faculty orientation, continuous learning and evaluation.
 - iii. Student and faculty policies regarding minimal requisite nursing skills and knowledge necessary to provide safe patient care for the type of unit and patient assignment.
 - b. Participate in advisement and guidance of students.
 6. Participating in activities that contribute to the governance of the parent institution.

Historical Note

Former Section I, Part III; Former Section R4-19-13 repealed, new Section R4-19-13 adopted effective February 20, 1980 (Supp. 80-1).

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ary 20, 1980 (Supp. 80-1). Former Section R4-19-13 repealed, new Section R4-19-13 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-13 renumbered as Section R4-19-203 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2). The numbering outline under R4-19-203(C) has been corrected at the request of the Board, file number R20-02 (Supp. 19-3).

R4-19-204. Repealed**Historical Note**

Former Section I, Part IV; Former Section R4-19-14 repealed, new Section R4-19-14 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-14 repealed, new Section R4-19-14 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-14 renumbered as Section R4-19-204 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-205. Students; Policies and Admissions

- A. The number of students admitted to a nursing program shall be determined by the number of qualified faculty, the size, number and availability of educational facilities and resources, and the availability of the appropriate clinical learning experiences for students.
- B. A nursing program shall implement written student admission and progression requirements that are evidence-based, allow for a variety of clinical experiences and satisfy the licensure criteria of A.R.S. Title 32, Chapter 15 and A.A.C. Title 4 Chapter 19.
- C. A nursing program and parent institution shall:
 1. Develop and enforce written policies that are readily available to:
 - a. Students, in either the college catalogue or nursing student handbook, that address student rights, responsibilities, grievance processes, health, safety; and
 - b. Students and the public, for policies regarding, admission, readmission, transfer, advanced placement, progression, graduation, withdrawal, and dismissal.
 2. Provide accurate and complete written information that is readily available to all students and the general public about the program, including:
 - a. The nature of the program, including course sequence, prerequisites, co-requisites and academic standards;
 - b. The length of the program;
 - c. Total program costs including tuition, fees and all program related expenses;
 - d. The transferability of credits to other public and private educational institutions in Arizona; and

- e. A clear statement regarding any technology based instruction and the technical support provided to students.

- D. A nursing program shall communicate changes in policies, procedures and program information clearly to all students, prospective students and the public and provide advance notice in a time-frame that allows those who are or may be affected to comply with the changes.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-15 repealed, new Section R4-19-15 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-15 renumbered as Section R4-19-205 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-206. Curriculum

- A. A nursing program shall provide a written program curriculum to students that includes;
 1. Student centered outcomes for the program;
 2. A curriculum plan that identifies the prescribed course sequencing and time required;
 3. Specific course information that includes:
 - a. A course description and outline including student centered and measurable didactic, clinical, and simulation objectives, if applicable, for each unit of instruction;
 - b. Graded activities to demonstrate that course objectives have been met.
- B. A nursing program administrator and faculty members shall ensure that the curriculum:
 1. Is designed so that the student is able to achieve program objectives within the curriculum plan;
 2. Is logically consistent between and within courses and structured in a manner whereby each course builds on previous learning.
 3. Incorporates established professional standards, guidelines or competencies; and
 4. Is designed so that a student who completes the program will have the knowledge and skills necessary to function in accordance with the definition and scope of practice specified in A.R.S. for a practical nurse Title 32, Chapter 15 and A.A.C. Title 4 Chapter 19, for a registered or practical nurse, as applicable.
- C. A nursing program shall provide for progressive sequencing of classroom and clinical instruction sufficient to meet the goals of the program and be organized in such a manner to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and practice.
 1. A nursing program curriculum shall provide coursework that includes, but is not limited to:
 - a. Content in the biological, physical, social, psychological and behavioral sciences, professional responsibilities, legal and ethical issues, history and trends in nursing and health care, to provide a foundation for safe and effective nursing practice consistent with the level of the nursing program;

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- b. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the life span and from diverse cultural, ethnic, social and economic backgrounds to include:
 - i. Patient centered care,
 - ii. Teamwork and collaboration,
 - iii. Evidence-based practice,
 - iv. Quality improvement,
 - v. Safety, and
 - vi. Informatics.
 - 2. A registered nursing program shall provide clinical instruction that includes, at a minimum, selected and guided experiences that develop a student's ability to apply core principles of registered nursing in varied settings when caring for:
 - a. Adult and geriatric patients with acute, chronic, and complex, life-threatening, medical and surgical conditions;
 - b. Peri-natal patients and families;
 - c. Neonates, infants, and children;
 - d. Patients with mental, psychological, or psychiatric conditions; and
 - e. Patients with wellness needs.
 - 3. A practical nursing program shall provide clinical instruction that includes, at minimum, selected and guided experiences that develop a student's ability to apply core principles of practical nursing when caring for:
 - a. Patients with medical and surgical conditions throughout the life span,
 - b. Peri-natal patients, and
 - c. Neonates, infants, and children in varied settings.
 - 4. A nursing program shall assign students only to those clinical agencies that provide the experience necessary to meet the established clinical objectives of the course.
 - E. A nursing program may provide precepted clinical instruction. Programs offering precepted clinical experiences shall:
 - 1. Develop and enforce policies that require preceptors to:
 - a. Be licensed nurses at or above the level of the program either by holding an Arizona license in good standing, holding multi-state privilege to practice in Arizona under A.R.S. Title 32, Chapter 15, or if practicing in a federal facility, meet requirements of A.R.S. § 32-1631(5);
 - b. For LPN preceptors, practice under the supervision required by A.R.S. Title 32, Chapter 15.
 - 2. Develop and implement policies that require a faculty member of the program to:
 - a. Together with facility personnel, select preceptors that possess clinical expertise sufficient to accomplish the goals of the preceptorship;
 - b. Supervise the clinical instruction consistent with requirements of this Article, and
 - c. Maintain accountability for student education and evaluation.
 - F. A nursing program may utilize simulation in accordance with the clinical objectives of the course. Unless approved under R4-19-214, a nursing program shall not utilize simulation for an entire clinical experience with any patient population identified in subsection (D) of this Section.
 - G. A nursing program shall maintain at least a 80% NCLEX® passing rate for graduates taking the NCLEX-PN® or NCLEX-RN® for the first time within 12 months of graduation.
 - H. At least 45% of students enrolled in the first nursing clinical course shall graduate within 100% of the prescribed period. "Prescribed period" means the time required to complete all courses and to graduate on time according to the nursing program's curriculum plan in place at the time the student entered the program, excluding the time to complete program pre-requisite or pre-clinical courses.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-16 repealed, former Section R4-19-17 renumbered and amended as Section R4-19-16 effective July 16, 1984 (Supp. 84-4). Former Section R4-19-16 renumbered as R4-19-206 (Supp. 86-1). Section repealed; new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in subsection (B)(3) were updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). A.R.S. section references updated under subsection (C)(5) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-207. New Programs; Proposal Approval; Provisional Approval

- A. At a minimum of one year before establishing a nursing program, a parent institution shall submit to the Board one electronic copy and one paper copy of an application for proposal approval. The parent institution shall ensure that the proposal application was written by or under the direction of a registered nurse who meets the nursing program administrator requirements of R4-19-203(A) and includes the following information and documentation:
 - 1. Name and address of the parent institution;
 - 2. Statement of intent to establish a nursing program, including the academic and licensure level of the program; and:
 - a. Organizational structure of the educational institution documenting the relationship of the nursing program within the institution and the role of the nursing program administrator consistent with R4-19-201 and R4-19-203;
 - b. Evidence of institutional accreditation consistent with R4-19-201 and post-secondary approval, if applicable. The institution shall provide the most recent full reports including findings and recommendations of the applicable accrediting organization or approval agency. The Board may request additional accreditation or approval evidence.
 - c. Curriculum development documentation to include:
 - i. Student-centered outcomes for the program;
 - ii. A plan that identifies the prescribed course sequencing and time required; and
 - iii. Identification of established professional standards, guidelines or competencies upon which the curriculum will be based;
 - d. Name, qualifications, and job description of a nursing program administrator who meets the requirements of R4-19-203 and availability and job

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- description of faculty who meet qualifications of R4-19-204;
 - e. Number of budgeted clinical and didactic faculty positions from the time of the first admission to graduation of the first class;
 - f. Evidence that the program has secured clinical sites for its projected enrollment that meet the requirements of R4-19-206;
 - g. Anticipated student enrollment per session and annually;
 - h. Documentation of planning for adequate academic facilities and secretarial and support staff to support the nursing program consistent with the requirements of R4-19-202;
 - i. Evidence of adequate program financial resources;
 - j. Tentative time schedule for planning and initiating the nursing program including faculty hiring, entry date and size of student cohorts, and obtaining and utilizing clinical placements from the expected date of proposal approval to graduation of the first cohort.
 - k. For a parent institution or owner corporation that has multiple nursing programs in one or more U.S. jurisdictions including Arizona, evidence for each of its nursing programs that includes:
 - i. Program approval in good standing with no conditions, restrictions, ongoing investigations or deficiencies;
 - ii. An NCLEX pass rate of at least 80% for the past two years or since inception; and
 - iii. An on-time graduation rate consistent with the requirements of R4-19-206.
- B.** The Board shall grant proposal approval to any parent institution that meets the requirements of subsection (A) if the Board deems that such approval is in the best interests of the public. Proposal approval expires one year from the date of Board issuance.
- C.** A parent institution that is denied proposal approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for proposal approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
- D.** At a minimum of 180 days before planned enrollment of students, a parent institution that received proposal approval within the previous year may submit to the Board one electronic copy and one paper copy of an application for provisional approval. The parent institution shall ensure that the provisional approval application was written by or under the direction of a registered nurse who meets the program administrator requirements of R4-19-203(A) and includes the following information and documentation:
1. Name and address of parent institution;
 2. A self-study that provides evidence supporting compliance with R4-19-201 through R4-19-206, and
 3. Names and qualifications of:
 - a. The nursing program administrator;
 - b. Didactic nursing faculty or one or more nurse consultants who are responsible for developing the curriculum and determining nursing program admission, progression and graduation criteria;
 4. Plan for recruiting and hiring additional didactic faculty for the first semester or session of operation at least 60 days before classes begin;
 5. Plan for recruiting and hiring additional clinical nursing faculty at least 30 days before the clinical rotation begins;
 6. Final program implementation plan including dates and number of planned student admissions, recruitment and hire dates for didactic and clinical faculty for the period of provisional approval;
 7. Descriptions of available and proposed physical facilities with dates of availability; and
 8. Detailed written plan for clinical placements for all planned enrollments until graduation of the first class that is:
 - a. Based on current clinical availability and curriculum needs;
 - b. Confirms availability and commitment from proposed clinical agencies for the times and units specified.
- E.** Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall grant a two year provisional approval to a parent institution that meets the requirements of R4-19-201 through R4-19-206 if approval is in the best interest of the public. A parent institution that is denied provisional approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for provisional approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
- F.** The provisional approval of a nursing program expires 12 months from the date of the grant of provisional approval if a class of nursing students is not admitted by the nursing program within that time.
- G.** One year after admission of the first nursing class into nursing courses, the program shall provide a report to the Board containing information on:
1. Implementation of the program including any differences from the plans submitted in the applications for proposal and provisional approval and an explanation of those differences; and
 2. The outcomes of the evaluation of the program according to the program's systematic evaluation plan under R4-19-201;
- H.** Following receipt of the report described in subsection (G), a representative of the Board shall conduct a site survey visit in accordance with A.R.S. § 41-1009 to determine compliance with this Article. A report of the site visit shall be provided to the Board.
- I.** If a nursing program with provisional approval fails to comply with requirements of A.R.S. Title 32, Chapter 15, or 4 A.A.C. 19, Article 4, the Board may initiate a disciplinary action. Prior to imposition of discipline against a provisional approval, the nursing program is entitled to a hearing conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-17 renumbered and amended as Section R4-19-16 effective July 16, 1984 (Supp. 84-4). Former Section R4-19-17 renumbered as R4-19-207 (Supp. 86-1). New Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019

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(Supp. 19-2).

R4-19-208. Full Approval of a New Nursing Program

- A. A nursing program seeking full approval shall submit an electronic and one paper copy of an application that includes the following information and documentation:
1. Name and address of the parent institution,
 2. Date the nursing program graduated its first class of students, and
 3. A self-study report that contains evidence the program is in compliance with R4-19-201 through R4-19-206.
- B. Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall grant full approval for a maximum of five years or the accreditation period for nationally accredited programs governed by R4-19-213, to a nursing program that meets the requirements of this Article and if approval is in the best interest of the public. A nursing program that is denied full approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for full approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2).

R4-19-209. Nursing Program Change

- A. A nursing program administrator shall receive approval from the Board before implementing any of the following nursing program changes:
1. Curriculum or program delivery method;
 2. Increasing or decreasing the academic credits or units of the program excluding pre-requisite credits;
 3. Adding a geographical location of the program;
 4. Changing the level of educational preparation provided;
 5. Transferring the nursing program from one parent institution to another; or
 6. Establishing different admission, progression or graduation requirements for specific cohorts of the program.
- B. The administrator shall submit one electronic and one paper copy of the following materials with the request for nursing program changes:
1. The rationale for the proposed change and the anticipated effect on the program administrator, faculty, students, resources, and facilities;
 2. A summary of the differences between the current practice and proposed change;
 3. A timetable for implementation of the change; and
 4. The methods of evaluation to be used to determine the effect of the change.
- C. The Board shall approve a request for a nursing program change if the program meets the requirements of this Section and R4-19-201 through R4-19-206. A nursing program that is denied approval of program changes may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for program change. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November

8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-210. Renewal of Approval of Nursing Programs Not Accredited by a National Nursing Accrediting Agency

- A. An approved nursing program that is not accredited by an approved national nursing accrediting agency shall submit an application packet to the Board at least four months before the expiration of the current approval that includes the following:
1. Name and address of the parent institution,
 2. Evidence of current institutional accreditation status under R4-19-201,
 3. Evidence that the program has secured clinical sites for its projected enrollment that meet the requirements of R4-19-206,
 4. Copy or on-line access to:
 - a. A current catalog of the parent institution,
 - b. Current nursing program and institutional student and academic policies, and
 - c. Institutional and nursing program faculty policies and job descriptions for nursing program faculty, and
 5. One electronic copy and one paper copy of a self-study report that contains evidence of compliance with R4-19-201 through R4-19-206.
- B. Following an onsite evaluation conducted according to A.R.S. § 41-1009, the Board shall renew program approval for a maximum of five years if the nursing program meets the criteria in R4-19-201 through R4-19-206 and if renewal is in the best interest of the public. The Board shall determine the term of approval that is in the best interest of the public.
- C. If the Board denies renewal of approval, the nursing program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-211. Unprofessional Conduct in a Nursing Program; Reinstatement or Reissuance

- A. A disciplinary action, or denial of approval, may be issued against a nursing, refresher, pilot, or distance learning program for any of the following acts of unprofessional conduct:
1. A pattern of failure to maintain minimum standards of acceptable and prevailing educational or nursing practice, or any such failure related to student or patient health, welfare, or safety;
 2. A pattern of deficiencies in compliance with the provisions of this Article, or any such deficiency related to student or patient health, welfare, or safety;
 3. Utilization or substitution of students to meet staffing needs in health care facilities;

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4. A pattern of non-compliance with the program's or parent institution's mission or goals, program design, objectives, or policies, or any such deficiency related to student or patient health, welfare, or safety;
 5. Failure to provide the variety and number of clinical learning opportunities necessary for students to achieve program outcomes or minimal nursing competence;
 6. Student enrollments without necessary faculty, facilities, or clinical experiences to achieve program outcomes or minimal nursing competence;
 7. Ongoing or repetitive employment of unqualified faculty or program administrator;
 8. Failure to comply with Board requirements within designated time-frames;
 9. Fraud or deceit in advertising, promoting or implementing the program;
 10. Material misrepresentation of fact in any application or information submitted to the Board;
 11. Failure to allow Board staff to visit the program or conduct an investigation including failure to supply requested investigative documents;
 12. Any other evidence that the program's conduct may be a threat to the safety and well-being of students, faculty, patients or potential patients; or
 13. Violation of any other state or federal laws, rules, or regulations that may indicate a threat to the safety or well-being of students, faculty, patients or potential patients.
- B.** If a program's approval was surrendered, rescinded, or denied, the program may reapply for reinstatement or reissuance of approval after a period prescribed by the Board, not to exceed five years. The program must comply with all application requirements in this Article, and further provide evidence of remediation of all violations that led to the rescission. The Board shall review the evidence, and reinstate or reissue approval of the program if the program has demonstrated remediation, complies with all program requirements in A.R.S. Title 32, Chapter 15, and this Chapter and reinstatement is in the best interests of the public. If reinstatement or reissuance is denied, the may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). R4-19-211 renumbered to R4-19-212; New Section R4-19-211 made by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-212. Repealed**Historical Note**

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). R4-19-212 renumbered to R4-19-213; New Section R4-19-212 renumbered from R4-19-211 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-213. Nursing Programs Holding National Program**Accreditation; Changes in Accreditation**

- A.** A nationally accredited nursing program or a program seeking national accreditation or re-accreditation shall inform the Board at least 30 days in advance of any pending visit by a nursing program accrediting agency and allow Board staff to attend all portions of the visit.
- B.** Following any visit by the accrediting agency, a nursing program shall submit a complete copy of all site visit reports to the Board within 15 days of receipt by the program and notify the Board within 15 days of any change or known pending change in program accreditation status or reporting requirements.
- C.** The administrator of a nursing program that loses its accreditation status or allows its accreditation status to lapse shall file an application for renewal of approval under R4-19-210 within 30 days of loss of or lapse in accreditation status.
- D.** Under A.R.S. § 32-1644(D) the Board may periodically re-survey a nationally accredited program to determine compliance with this Article and require a self study report. Board site visits may be conducted in conjunction with the national accrediting team.
- E.** Unless otherwise notified by the Board following receipt and review of the documents required by subsections (A) and (B), a nationally accredited nursing program continues to retain full-approval status unless the Board rescinds the approval after the program has had an opportunity for a hearing in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). R4-19-213 renumbered to R4-19-215; New Section R4-19-213 renumbered from R4-19-212 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-214. Pilot Programs for Innovative Approaches in Nursing Education

- A.** Under A.R.S. § 32-1606(A)(9) a nursing education program, refresher program or a certified nursing assistant program may implement a pilot program for an innovative approach by complying with the provisions of this Section. Education programs approved to implement innovative approaches shall comply with all other applicable provisions of A.R.S. Title 32, Chapter 15 and this Chapter.
- B.** A program applying for a pilot program shall:
 1. Hold full approval in good standing; and
 2. Have no discipline in the past two years.
- C.** The following written information shall be provided to the Board at least 90 days prior to a Board meeting to seek approval for a pilot program:
 1. Identifying information including name of program, address, responsible party and contact information;
 2. A brief description of the current program, including accreditation and Board approval status;
 3. Identification of the regulation or regulations that the proposed innovative approach would violate without pilot program board approval;
 4. Length of time for which the innovative approach is requested;
 5. Description of the innovative approach, including rationale and objectives;
 6. Explanation of how the proposed innovation differs from approaches in the current program;

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7. Available evidence supporting the innovative approach;
 8. Identification of resources that support the proposed innovative approach;
 9. Expected impact the innovative approach will have on the program, including administration, students, faculty, and other program resources;
 10. Plan for implementation and evaluation of the proposed innovation, including timeline;
 11. Additional application information as requested by the Board.
- D.** The Board shall approve an application for a pilot program that is in the best interests of the public, and meets the following criteria:
1. Eligibility criteria in subsection (B) and application criteria in subsection (C) are met;
 2. The innovative approach will not compromise the quality of education or safe practice of students;
 3. Resources are sufficient to support the innovative approach;
 4. Rationale with available evidence supports the implementation of the innovative approach;
 5. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach;
 6. Timeline provides for a sufficient period to implement and evaluate the innovative approach; and
 7. Plan for periodic evaluation is comprehensive and supported by appropriate methodology.
- E.** The Board may:
1. Deny the application or request additional information if the program does not meet the criteria in subsections (B) and (C), or otherwise is not in the best interests of the public. The program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying an application for a pilot program. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.
 2. Rescind the approval of the innovation, after an opportunity for a hearing in accordance with A.R.S. Title 41, Chapter 6, and Article 6 of this Chapter, or require the program to make modifications if:
 - a. The Board receives substantiated evidence indicating adverse impact on the program, students, faculty, patients, or the public,
 - b. The program fails to implement or evaluate the innovative approach as presented and approved, or
 - c. The program fails to maintain eligibility criteria in subsection (B).
- F.** An education program that is granted approval for an innovation shall maintain eligibility criteria in subsection (B) and submit:
1. Progress reports conforming to the evaluation plan annually or as requested by the Board; and
 2. A final evaluation report that conforms to the evaluation plan, detailing and analyzing the outcomes data.
- G.** If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
- H.** The Board may grant the request to continue approval if the innovative approach has achieved desired outcomes and is in the best interests of the public.
- I.** If the Board denies the request to continue approval of the pilot program, the program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of the pilot program. Hearings

shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 7 A.A.R. 5349, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (05-1). R4-19-214 renumbered to R4-19-216; New Section R4-19-214 made by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-215. Voluntary Termination of a Nursing Program or a Refresher Program

- A.** The administrator of a nursing program or a refresher program shall notify the Board within 15 days of a decision to voluntarily terminate the program. The administrator shall, at the same time, submit a written plan for terminating the nursing program or refresher program. A program is considered voluntarily terminated when it no longer admits or plans to admit students after current students graduate.
- B.** The administrator shall ensure that the nursing program or refresher program is maintained, including the nursing faculty, until the last enrolled student is transferred or completes the program. At that time the Board shall remove the program from the current list of approved programs.
- C.** Within 15 days after the termination of a nursing program or refresher program, the administrator shall notify the Board of the permanent location and availability of all program records.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 451, effective March 7, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). R4-19-215 renumbered to R4-19-217; New Section R4-19-215 renumbered from R4-19-213 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-216. Approval of a Refresher Program

- A.** An applicant for approval of a refresher program for nurses whose licenses have been inactive or expired for five or more years, nurses under Board order to enroll in a refresher program, or nurses who have not met the nursing practice requirements of R4-19-312 shall submit one electronic and one paper copy of a completed application that provides all of the following information and documentation:
1. Applicant's name, address, e-mail address, telephone number, web site address, if applicable, and fax number;
 2. Proposed starting date for the program;
 3. Name and qualifications of all instructors that meet the requirements of subsection (C);
 4. Statement describing the facilities, staff, and resources that the applicant will use to conduct the refresher program;
 5. A program and participant evaluation plan that includes student evaluation of the course, instructor, and clinical experience;
 6. Evidence of a curriculum that meets the requirements of subsection (B);
- B.** A refresher program for registered and practice nurses shall provide:
1. Didactic instruction sufficient to ensure competent and safe practice to the applicable level of the nursing license, including the following subjects, at a minimum:

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- a. Nursing process and patient centered care;
 - b. Pharmacology, medication calculation, and medication administration;
 - c. Communication and working with inter-professional teams;
 - d. Critical thinking, clinical decision making and evidence-based practice;
 - e. Delegation, management, and leadership;
 - f. Meeting psychosocial and physiological needs of adult clients with medical-surgical conditions. Other populations of care may be added to the content at the program's discretion;
 - g. Ethics; and
 - h. Informatics, to include electronic health record documentation.
 2. The program shall provide clinical experiences that, at a minimum:
 - a. Ensure that each qualified student has a verified clinical placement within six months of course enrollment;
 - b. Provide program policies for clinical placement in advance of enrollment that specify both the obligations of the school and the student regarding placement;
 - c. Validate that a student has the necessary didactic and theoretical knowledge to function safely in the specific clinical setting before starting a clinical experience;
 - d. Ensure that clinical experiences are of the type and duration to meet the course objectives.
 3. Laboratory practice hours, at the program's discretion, including simulation experiences in accordance with the clinical objectives of the course, but may not replace clinical experiences.
 4. Curriculum and other materials to students and prospective students that, include:
 - a. An overall program description including student learning objectives;
 - b. Objectives, content outline, and hours for didactic and clinical experience;
 - c. Course policies that include but are not limited to admission requirements, passing criteria, cause for dismissal, clinical requirements, grievance process and student responsibilities, cost, and length of the program.
- C.** Refresher program personnel qualifications and responsibilities:
1. An administrator of a refresher program shall:
 - a. Hold a graduate degree in nursing or a bachelor of science in nursing degree and a graduate degree in either education or a health-related field, and
 - b. Be responsible for administering and evaluating the program.
 2. A faculty member of a refresher program shall:
 - a. Hold a minimum of a bachelor of science in nursing degree,
 - b. Be responsible for implementing the curriculum and supervising clinical experiences either directly or indirectly through the use of clinical preceptors.
 3. Licensure requirements for program administrator and faculty: The administrator and faculty members shall hold a current Arizona RN license in good standing or a multi-state privilege under A.R.S., Title 32, Chapter 15.
 4. If preceptors are used for clinical experiences, the program shall adhere to the preceptorship requirements of R4-19-206(E).
 5. Licensed health care professionals not regulated by the Board may participate in course instruction consistent with their licensure and scope of practice, under the direction of the program administrator or faculty.
- D.** Program types; bonding:
1. A refresher program may be offered by:
 - a. An educational institution licensed by the State Board for Private Postsecondary Education;
 - b. A public post-secondary educational institution;
 - c. A health care institution licensed by the Arizona Department of Health Services or a health care institution authorized by the Centers for Medicare & Medicaid Services; or
 - d. A private business that meets the requirements of this Section and all other legal requirements to operate a business in Arizona;
 - e. A program funded by a local, state or federal governmental agency, such as a program within a technical school or school of nursing.
 2. If the refresher program is offered by a private business not licensed by the State Board for Private Postsecondary Education, the program shall meet the following requirements:
 - a. Hold a minimum of \$15,000 of insurance covering any potential or future claims for damages resulting from any aspect of the program or a hold a surety bond from a surety company with a rating of "A minus" or better by either Best's Credit Ratings, Moody's Investor Service, or Standard and Poor's rating service.
 - b. The program shall ensure that:
 - i. Bond or insurance distributions are limited to students or former students with a valid claim for instructional or program deficiencies;
 - ii. The amount of the bond or insurance coverage is sufficient to reimburse the full amount of collected tuition and fees for all students during all enrollment periods of the program; and
 - iii. The bond or insurance is maintained for an additional 24 months after program closure.
- E.** The Board shall approve a refresher program that meets the requirements of this Section, if approval is in the best interest of the public, for a maximum term of five years. An applicant who is denied refresher program approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and Article 6 of this Chapter.
- F.** The refresher program sponsor shall apply for renewal of approval in accordance with subsection (A) not later than 90 days before expiration of the current approval. The sponsor of a refresher program that is denied renewal of approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.
- G.** The sponsor of an approved refresher program shall provide written notification to the Board within 15 days of a participant's completion of the program of the following:
1. Name of the participant and whether the participant successfully completed or failed the program,
 2. Participant's license number, and
 3. End date of participant's participation in the program.

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- H. The Board may approve a refresher program application from another U.S. jurisdiction for an individual applicant on a case-by-case basis if the applicant provides verifiable evidence that the refresher program substantially meets the requirements of this Section. The acceptance of the program for an individual applicant does not confer approval status upon the program.
- I. Within 30 days, a refresher program shall report to the Board changes in:
 1. Name, address, email address, web site address or phone number of the program; or
 2. Ownership including adding or deleting an owner.
- J. The Board may take disciplinary action against the approval of a refresher program after offering a hearing conducted in accordance with A.R.S. Title 41, Chapter 6, and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

New Section R4-19-216 renumbered from R4-19-214 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-217. Distance Learning Nursing Programs; Out-of-State Nursing Programs

- A. An out-of-state nursing program that is in good standing in another state in the United States and plans to provide distance-based didactic instruction and on-ground clinical instruction in Arizona shall comply with the application requirements of R4-19-207 and R4-19-208. The program shall employ at least one faculty member who is physically present in this state to coordinate the education and clinical experience.
- B. Any nursing program that delivers didactic instruction in Arizona by distance learning methods shall ensure that the methods of instruction are compatible with the program curriculum plan and enable a student to meet the goals, competencies, and objectives of the educational program and standards of the Board, A.R.S. Title 32, Chapter 15, and this Chapter.
 1. A distance learning nursing program shall establish a means for assessing individual student outcomes, and program outcomes including, at minimum, student learning outcomes, student retention, student satisfaction, and faculty satisfaction.
 2. For out-of-state nursing programs, the program shall be within the jurisdiction of and regulated by an equivalent United States nursing regulatory authority in the state from which the program originates, unless also providing clinical experience in Arizona.
 3. Didactic faculty members shall be licensed in the state of origination of a distance learning nursing program and in Arizona or hold a multi-state compact license unless exempt under A.R.S. § 32-1631(8). Clinical supervising faculty shall be licensed in the location of the clinical activity.
 4. A distance learning nursing program shall provide students with supervised clinical and laboratory experiences so that program objectives are met and didactic learning is validated by supervised, on-ground clinical and laboratory experiences.
 5. A distance-learning nursing program shall provide students with adequate access to technology, resources, technical support, and the ability to interact with peers, preceptors, and faculty.
- C. A nursing program, located in another state or territory of the United States, that wishes to provide clinical experiences in

Arizona under A.R.S. § 32-1631(3), shall obtain Board approval before offering or conducting a clinical session. To obtain approval, the program shall submit a proposal package that contains:

1. A self study, describing the program's compliance with R4-19-201 through R4-19-206; and
 2. A statement regarding, the number and type of student placements planned, and written commitment by the clinical facilities to provide the necessary clinical experiences, the name and qualifications of faculty licensed in Arizona and physically present in the facility who will supervise the experience and verification of good standing of the program in the jurisdiction of origin.
- D. The Board may require a nursing program approved under this Section to file periodic reports to determine compliance with the provisions of this Article. A program shall submit a report to the Board within 30 days of the date on a written request from the Board or by the due date stated in the request if the due date is after the normal 30-day period.
 - E. The Board shall approve an application to conduct clinical instruction in Arizona that meets the requirements in A.R.S. Title 32, Chapter 15 and this Chapter, and is in the best interest of the public. An applicant who is denied approval to conduct clinical instruction in Arizona may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
 - F. If the Board finds that a nursing program located and approved in another state or territory of the United States does not meet requirements for nursing programs prescribed in this Article the Board may take other disciplinary action depending on the severity of the offense after offering a hearing conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
 1. Students enrolled at the time of rescission of approval shall not be granted licensure unless the applicant meets all applicable licensure requirements.
 2. The Board shall ensure that the applicant has completed a curriculum that is equivalent to that of an approved nursing program.

Historical Note

New Section R4-19-217 renumbered from R4-19-215 and amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

ARTICLE 3. LICENSURE**R4-19-301. Licensure by Examination**

- A. An applicant for licensure by examination shall:
 1. Submit a verified application to the Board on a form furnished by the Board that provides the following information about the applicant:
 - a. Full legal name and all former names used by the applicant;
 - b. Mailing address, including declared primary state of residence, e-mail address, and telephone number;
 - c. Place and date of birth;
 - d. Ethnic category and marital status, at the applicant's discretion;
 - e. Social Security number for an applicant who lives or works in the United States;

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- f. Post-secondary education, including the names and locations of all schools attended, graduation dates, and degrees received, if applicable;
 - g. Current employer or practice setting, including address, position, and dates of service, if employed or practicing in nursing or health care;
 - h. Information regarding the applicant's compliance with the practice or education requirements in R4-19-312;
 - i. Any state, territory, or country in which the applicant holds or has held a registered or practical nursing license and the license number and status of the license, including original state of licensure, if applicable;
 - j. The date the applicant previously filed an application for licensure in Arizona, if applicable;
 - k. Responses to questions regarding the applicant's background on the following subjects:
 - i. Current investigation or pending disciplinary action by a nursing regulatory agency in the United States or its territories;
 - ii. Action taken on a nursing license by any other state;
 - iii. Undesignated offenses, felony charges, convictions and plea agreements, including deferred prosecution;
 - iv. Misdemeanor charges, convictions and plea agreements, including deferred prosecution, that are required to be reported under A.R. S. § 32-3208;
 - v. Unprofessional conduct as defined in A.R.S. § 32-1601;
 - vi. Substance use disorder within the last 5 years;
 - vii. Current participation in an alternative to discipline program in any other state;
 - l. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background; and.
 - m. Certification in nursing including category, specialty, name of certifying body, date of certification, and expiration date.
 - 2. Submit proof of United States citizenship or alien status as specified in A.R.S. § 41-1080;
 - 3. Submit a completed fingerprint card on a form provided by the Board or prints for the purpose of obtaining a criminal history report under A.R.S. § 32-1606 if the applicant has not submitted a fingerprint card or prints to the Board within the last two years; and
 - 4. Pay the applicable fees.
- B.** If an applicant is a graduate of a pre-licensure nursing program in the United States that has been assigned a program code by the National Council of State Boards of Nursing during the period of the applicant's attendance, the applicant shall submit one of the following:
- 1. If the program is an Arizona-approved program, the transcript required in subsection (B)(2) or a statement signed by a nursing program administrator or designee verifying that:
 - a. The applicant graduated from or is eligible to graduate from a registered nursing program for a registered nurse applicant; or
 - b. The applicant graduated from or is eligible to graduate from a practical nursing program or graduated from a registered nursing program and completed Board-prescribed role delineation education for a practical nurse applicant; or
 - 2. If the program is located either in Arizona or in another state or territory and meets educational standards that are substantially comparable to Board standards for educational programs under Article 2 when the applicant completed the program, an official transcript sent directly from one of the following as:
 - a. Evidence of graduation or eligibility for graduation from a diploma registered nursing program, associate degree registered nursing program, or baccalaureate or higher degree registered nursing program for a registered nurse applicant.
 - b. Evidence of graduation or eligibility for graduation of a practical nursing program, associate degree registered nursing program, or baccalaureate or higher degree registered nursing program for a practical nurse applicant.
- C.** If an applicant is a graduate of a pre-licensure international nursing program and lacks items required in subsection (B), the applicant shall comply with subsection (A), submit a self report on the status of any international nursing license, and submit the following:
- 1. To demonstrate nursing program equivalency, one of the following:
 - a. If the applicant graduated from a Canadian nursing program, evidence of a passing score on the English language version of either the Canadian Nurses' Association Testing Service, the Canadian Registered Nurse Examination, NCLEX or an equivalent examination;
 - b. A Certificate or Visa Screen Certificate issued by the Commission on Graduates of Foreign Nursing Schools (CGFNS), or a report from CGFNS that indicates an applicant's program is substantially comparable to a U.S. program; or
 - c. A report from any other credential evaluation service (CES) approved by the Board.
 - 2. If a graduate of an international pre-licensure nursing program subsequently obtains a degree in nursing from an accredited U.S. nursing program, the requirement for a CES equivalency report may be waived by the Board, however the applicant is not eligible for a multi-state compact license.
 - 3. If an applicant's pre-licensure nursing program provided classroom instruction, textbooks, or clinical experiences in a language other than English, a test of written, oral, and spoken English is required. Clinical experiences are deemed to have been provided in a language other than English if the principal or official language of the country or region where the clinical experience occurred is a language other than English, according to the United States Department of State.
 - 4. An applicant who is required to demonstrate English language proficiency shall ensure that one of the following is submitted to the Board directly from the testing or certifying agency:
 - a. Evidence of a minimum score of 84 with a minimum speaking score of 26 on the Internet-based Test of English as a Foreign Language (TOEFL),
 - b. Evidence of a minimum score of 6.5 overall with minimum of 6.0 on each module of the Academic Exam of the International English Language Test Service (IELTS) Examination,
 - c. Evidence of a minimum score of 55 overall with a minimum score of 50 on each section of the Pearson Test of English Academic exam.
 - d. A Visa Screen Certificate from CGFNS,

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- e. A CGFNS Certificate,
 - f. Evidence of a similar minimum score on another written and spoken English proficiency exam determined by the Board to be equivalent to the other exams in this subsection, or
 - g. Evidence of employment for a minimum of 960 hours within the past five years as a nurse in a country or territory where the principal language is English, according to the United States Department of State.
- D.** An applicant for a registered nurse license shall attain one of the following:
- 1. A passing score on the NCLEX-RN;
 - 2. A score of 1600 on the NCLEX-RN, if the examination was taken before July 1988; or
 - 3. A score of not less than 350 on each part of the SBTPE for registered nurses.
- E.** An applicant for a practical nurse license shall attain:
- 1. A passing score on the NCLEX-PN;
 - 2. A score of not less than 350 on the NCLEX-PN, if the examination was taken before October 1988; or
 - 3. A score of not less than 350 on the SBTPE for practical nurses.
- F.** The Board shall grant a license to practice as a registered or practical nurse to any applicant who meets the criteria established in statute and this Article. An applicant who is denied a license by examination may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the license. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.
- G.** If the Board receives an application from a graduate of a nursing program and the program's approval was rescinded under R4-19-212 at any time during the applicant's nursing education, the Board shall ensure that the applicant has completed a basic curriculum that is equivalent to that of a Board-approved nursing program and may do any of the following:
- 1. Grant licensure, if the program's approval was reinstated during the applicant's period of enrollment and the program provides evidence that the applicant completed a curriculum equivalent to that of a Board-approved nursing program;
 - 2. By order, require successful completion of remedial education while enrolled in a Board approved nursing program which may include clinical experiences, before granting licensure; or
 - 3. Return or deny the application if the education was not equivalent and no remediation is possible.

Historical Note

Former Section II, Part I; Amended effective January 20, 1975 (Supp. 75-1). Amended effective December 7, 1976 (Supp. 76-5). Former Section R4-19-24 repealed, new Section R4-19-24 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-24 repealed, new Section R4-19-24 adopted effective May 9, 1984 (Supp. 84-3). Former Section R4-19-24 renumbered as Section R4-19-301 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R.

1420, effective July 1, 2017 (Supp. 17-2).

R4-19-302. Licensure by Endorsement

- A.** An applicant for a license by endorsement shall submit all of the information required in R4-19-301(A).
- B.** In addition to the information required in subsection (A), an applicant for a license by endorsement shall:
- 1. Submit evidence of a passing examination score in accordance with:
 - a. R4-19-301(E) for a registered nurse applicant, or
 - b. R4-19-301(F) for a practical nurse applicant.
 - 2. Submit the following:
 - a. Evidence of previous or current license in another state or territory of the United States,
 - b. Information related to the nurse's practice for the purpose of collecting nursing workforce data, and
 - c. One of the following:
 - i. Completion of a pre-licensure nursing program that has been assigned a nursing program code by the National Council of State Boards of Nursing (NCSBN) at the time of program completion and the program meets educational standards substantially comparable to Board standards for educational programs in Article 2;
 - ii. If the applicant completed a pre-licensure nursing program that has been assigned a program code by the NCSBN but the program's approval was rescinded under A.R.S. § 32-1606(B)(8) or removed from the list of approved programs under A.R.S. § 32-1644(D) or R4-19-212 during the applicant's enrollment in the program, proof of completion of the program and completion of any remedial education required by the Board to mitigate the deficiencies in the applicant's initial nursing program;
 - iii. If the applicant graduated from a U.S. nursing program before 1986 and the applicant was issued an initial license in another state or territory of the United States without being required to obtain additional education or experience, proof both of program completion and initial licensure without additional educational or experiential requirements;
 - iv. If the applicant graduated from an international nursing program, proof of meeting the requirements in R4-19-301.
 - v. If the Board finds that the documentation submitted by the applicant does not fulfill one of the requirements in (B)(2)(b)(i) through (iv), but the applicant has submitted verified employer evaluations demonstrating applicant's safe practice as a registered or practical nurse in another state for a minimum of two years full-time during the past three years and applicant otherwise meets licensure requirements, the Board may grant a single-state only license if the Board determines that licensure is in the best interest of the public.
- C.** The Board shall grant a license to practice as a registered or practical nurse to any applicant who meets the criteria established in statute and this Article. An applicant who is denied a license by endorsement may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the license. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

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Historical Note

Former Section II, Part II; Amended effective December 7, 1976 (Supp. 76-5). Former Section R4-19-25 repealed, new Section R4-19-25 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-25 repealed, new Section R4-19-25 adopted effective May 9, 1984 (Supp. 84-3). Former Section R4-19-25 renumbered and amended as Section R4-19-302 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-303. Requirements for Credential Evaluation Service

- A. A CES seeking Board approval shall submit documentation to the Board demonstrating that it:
1. Provides a credential evaluation to determine comparability of registered nurse or practical nurse programs in other countries to nursing education in the United States;
 2. Evaluates original source documents;
 3. Has five or more years of experience in evaluating nursing educational programs or employs personnel that have this experience;
 4. Employs staff with expertise in evaluating nursing programs;
 5. Has access to resources pertinent to the field of nursing education and the evaluation of nursing programs;
 6. Issues a report on each applicant, and supplies the Board with a sample of such a report, regarding the comparability of the applicant's nursing educational program to nursing education in the United States that includes:
 - a. The current name of the applicant including any names formerly used by the applicant;
 - b. Source and description of the documents evaluated;
 - c. Name and nature of the nursing education program, including status of the parent institution;
 - d. Dates applicant attended;
 - e. References consulted;
 - f. A seal or some other security measure;
 - g. Notification of any falsification or misrepresentation of documents by the applicant;
 - h. A report on licensure examination results for the applicant, if an exam was required for licensure in the international jurisdiction; and
 - i. The status of any international nursing licenses held by the applicant.
 7. Has a quality control program that includes at a minimum:
 - a. Standards regarding the use of original documents;
 - b. Verification of authenticity of documents and translations;
 - c. Processes and procedures to prevent and detect fraud;
 - d. Policies for maintaining confidentiality of applicant educational records;
 - e. Responsiveness to applicants, including ensuring that reports are issued no later than eight weeks from the receipt of an applicant's documents; and
 - f. Tracking of and notification to the Board of any trends in falsification or misrepresentation of documents;

8. Follows or exceeds the standards of the National Association of Credentialing Services (NACES) or an equivalent organization;
 9. Responds to Board requests for information in a timely and thorough manner; and
 10. Agrees to notify the Board before any changes in any of the above criteria.
- B. If a CES fails to comply with the provisions of subsection (A), the Board may rescind its approval of the CES.
- C. The Board shall approve a credential evaluation service that meets the criteria established in this Section. A CES applicant who is denied approval or whose approval is revoked may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part III; Former Section R4-19-26 repealed, new Section R4-19-26 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-26 renumbered and amended as Section R4-19-27, new Section R4-19-26 adopted effective May 9, 1984 (Supp. 84-3). Former Section R4-19-27 renumbered as Section R4-19-303 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 1802, effective May 18, 1999 (Supp. 99-2). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-303 renumbered to R4-19-304; new Section R4-19-303 made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-304. Temporary License

- A. Subject to subsection (B), the Board shall issue a temporary license if:
1. An applicant:
 - a. Is qualified under:
 - i. A.R.S. § 32-1635 and applies for a temporary registered nursing license, or is qualified under A.R.S. § 32-1640 and applies for a temporary practical nursing license; and
 - ii. R4-19-301 for applicants for licensure by examination, or is qualified under R4-19-302 for applicants for licensure by endorsement; and
 - b. Submits an application for a temporary license with the applicable fee required under A.R.S. § 32-1643(A)(9); and
 - c. Submits an application for a license by endorsement or examination with the applicable fee required under A.R.S. § 32-1643(A).
 2. An applicant is seeking a license by examination, meets the requirements of R4-19-312(D), and the Board receives a report from the Arizona Department of Public Safety (DPS), verifying that DPS has no criminal history record information, as defined in A.R.S. § 41-1701, relating to the applicant or that any criminal history reported has been reviewed by the executive director or the director's designee and determined not to pose a threat to public health, safety, or welfare; or
 3. An applicant is seeking a license by endorsement, meets the requirements in R4-19-312(B), and the applicant submits evidence that the applicant has a current license in good standing in another state or territory of the United

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States or, if no current license, a previous license in good standing that was not the subject of an investigation or pending discipline; or

4. An applicant who does not meet the practice requirements in R4-19-312(B) or (D), but provides evidence that the applicant has applied for enrollment in a refresher or other competency program approved by the Board, may practice nursing under a temporary license during the clinical portion of the program only.
- B. An applicant who has a criminal history, a history of disciplinary action by a regulatory agency, a pending complaint before the Board, or answers affirmatively to any criminal background or disciplinary question in the application is not eligible for a temporary license or extension of a temporary license without Board approval.
- C. A temporary license is valid for a maximum of 12 months unless extended for good cause under subsection (D) of this Section.
- D. An applicant with a temporary license may apply for and the Board, the Executive Director or the Executive Director's designee may grant an extension of the temporary license period for good cause. Good cause means reasons beyond the control of the temporary licensee, such as unavoidable delays in obtaining information required for licensure.
- E. An applicant who receives a temporary license but does not meet the criteria for a regular license within the established period under subsections (C) and (D) is no longer eligible for a temporary license except for the purpose of completing a refresher or other competency program under subsection (A)(4) of this Section.

Historical Note

Former Section II, Part IV; Amended effective January 20, 1975 (Supp. 75-1). Former Section R4-19-27 repealed, new Section R4-19-27 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-27 renumbered and amended as Section R4-19-28. Former Section R4-19-26 renumbered and amended as Section R4-19-27 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-27 renumbered and amended as Section R4-19-304 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-304 renumbered to R4-19-305; new Section R4-19-304 renumbered from R4-19-303 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Chapter Section references updated under subsections (A)(2) and (A)(4) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-305. License Renewal

- A. An applicant for renewal of a registered or practical nursing license shall:
 1. Submit a verified application to the Board on a form furnished by the Board that provides all of the following information about the applicant:
 - a. Full legal name, mailing address, e-mail address, telephone number and declared primary state of residence;
 - b. A listing of all states in which the applicant is currently licensed, or, since the last renewal, was previously licensed or has been denied licensure;

- c. Marital status and ethnic category, at the applicant's discretion;
 - d. Information regarding qualifications, including:
 - i. Educational background;
 - ii. Employment status;
 - iii. Practice setting; and
 - iv. Other information related to the nurse's practice for the purpose of collecting nursing work-force data.
 - e. Responses to questions regarding the applicant's background on the following subjects:
 - i. Criminal convictions for offenses involving drugs or alcohol since the time of last renewal;
 - ii. Undesignated offenses and felony charges, convictions and plea agreements including deferred prosecution;
 - iii. Misdemeanor charges, convictions and plea agreements, including deferred prosecution, that are required to be reported under A.R.S. § 32-3208;
 - iv. Unprofessional conduct as defined in A.R.S. § 32-1601 since the time of last renewal;
 - v. Substance use disorder within the last five years;
 - vi. Current participation in an alternative to discipline program in any other state; and
 - vii. Disciplinary action or investigation related to the applicant's nursing license by any other state nursing regulatory agency since the last renewal.
 - f. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
 - g. Information related to the applicant's current or most recent nursing practice setting, including position, address, telephone number, and dates of practice;
 - h. Information regarding the applicant's compliance with the practice or education requirements in R4-19-312;
 - i. National certification in nursing including specialty, name of certifying body, date of certification, certification number, and expiration date, if applicable; and for an applicant certified as a registered nurse practitioner or clinical nurse specialist the patient population of the certification; and
2. Pay fees for renewal authorized by A.R.S. § 32-1643 (A)(6); and
3. Pay an additional fee for late renewal authorized by A.R.S. § 32-1643(A)(7) if the application for renewal is submitted after May 1 of the year of renewal.
- B. A license expires on August 1 of the year of renewal indicated on the license.
- C. A licensee who fails to submit a renewal application before expiration of a license shall not practice nursing until the Board issues a renewal license.
- D. If the applicant holds a license or certificate that has been or is currently revoked, surrendered, denied, suspended or placed on probation in another jurisdiction, the applicant is not eligible to renew or reactivate a license until a review or investigation has been completed and a decision regarding eligibility for renewal or reactivation is made by the Board.
- E. The Board shall renew the license of any registered or practical nurse applicant who meets the criteria established in statute and this Article. An applicant who is denied renewal of a license may request a hearing by filing a written request with the Board within 30 days of service of the Board's order deny-

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ing renewal of the license. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part V; Repealed effective January 20, 1975 (Supp. 75-1). New Section R4-19-28 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-28 renumbered and amended as Section R4-19-29. Former Section R4-19-27 renumbered and amended as Section R4-19-28 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-28 renumbered and repealed as Section R4-19-305 effective February 21, 1986 (Supp. 86-1). New Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-305 renumbered to R4-19-306; new Section R4-19-305 renumbered from R4-19-304 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2).

R4-19-306. Inactive License

- A. A licensee in good standing may submit to the Board either as a separate written document or as part of the renewal application, a request to transfer to inactive status, or retirement status under A.R.S. §§ 32-1606(A)(10) and 32-1636(E).
- B. The Board shall send a written notice to the licensee granting inactive or retirement status or denying the request. A licensee denied a request for transfer to inactive or retirement status may request a hearing by filing a written request with the Board within 30 days of service of the denial of the request. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part VI; Amended effective January 20, 1975 (Supp. 75-1). Amended effective December 7, 1976 (Supp. 76-5). Former Section R4-19-29 repealed, new Section R4-19-29 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-29 renumbered and amended as Section R4-19-30 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-28 renumbered and amended as Section R4-19-29 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-29 renumbered as Section R4-19-306 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-306 renumbered to R4-19-307; new Section R4-19-306 renumbered from R4-19-305 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-307. Repealed**Historical Note**

Former Section II, Part VII; Former Section R4-19-30 renumbered and amended as Section R4-19-45, new Section R4-19-30 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-30 renumbered and amended as Section R4-19-31. Former Section R4-19-29 renumbered and amended as R4-19-30 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-29 renumbered and amended as Section R4-19-307 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended

by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-307 renumbered to R4-19-308; new Section R4-19-307 renumbered from R4-19-306 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-308. Change of Name or Address

- A. A licensee or applicant shall notify the Board, in writing or electronically through the Board website, of any legal change in name within 30 days of the change, and submit a copy of the official document verifying the name change.
- B. A licensee or applicant shall notify the Board in writing or electronically through the Board website of any change in mailing address within 30 days.

Historical Note

Former Section II, Part VII; Former Section R4-19-31 repealed, new Section R4-19-31 adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-31 renumbered and amended as Section R4-19-32. Former Section R4-19-30 renumbered and amended as Section R4-19-31 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-31 renumbered as Section R4-19-308 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended effective December 3, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 4819, effective December 7, 2000 (Supp. 00-4). Former Section R4-19-308 renumbered to R4-19-309; new Section R4-19-308 renumbered from R4-19-307 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

R4-19-309. School Nurse Certification Requirements

- A. An applicant for initial school nurse certification shall hold a current license in good standing or multistate privilege to practice as a registered nurse in Arizona.
- B. An initial or renewal of certificate expires six years after the issue date on the certificate.
- C. The Board shall grant a school nurse certificate to any applicant who meets the criteria established in statute and this Article. An applicant who is denied a school nurse certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the certificate. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section II, Part IX; Repealed effective February 20, 1980 (Supp. 80-1). Former Section R4-19-31 renumbered and amended as Section R4-19-32 effective May 9, 1984 (Supp. 84-3). Former Section R4-19-32 renumbered as Section R4-19-309 (Supp. 86-1). Repealed effective July 19, 1995 (Supp. 95-3). New Section made by final rulemaking at 8 A.A.R. 1813, effective March 20, 2002 (Supp. 02-1). Former Section R4-19-309 renumbered to R4-19-311; new Section R4-19-309 renumbered from R4-19-308 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019

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(Supp. 19-2).

R4-19-310. Certified Registered Nurse

A registered nurse who has been certified by a nursing certification organization accredited by the Accreditation Board for Specialty Nursing Certification, the National Commission for Certifying Agencies, or an equivalent accrediting agency as determined by the Board is deemed certified for the purposes of A.R.S. § 32-1601(5).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-311. Nurse Licensure Compact

The Board shall implement A.R.S. §§ 32-1668 and 32-1669 according to the provisions of the Nurse Licensure Compact Model Rules and Regulations for RNs and LPN/VNs, published by the National Council of State Boards of Nursing, Inc., 111 E. Wacker Dr., Suite 2900, Chicago, IL 60601, www.ncsbn.org, November 13, 2012, and no later amendments or editions, which is incorporated by reference and on file with the Board.

Historical Note

New Section renumbered from R4-19-309 and amended by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 18 A.A.R. 2485, effective September 11, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 2852, effective September 11, 2013 (Supp. 13-3).

R4-19-312. Practice Requirement

- A. The Board shall not issue a license or renew the license of an applicant who does not meet the applicable requirements in subsections (B), (C), and (D).
- B. An applicant for licensure by endorsement or renewal shall either have completed a post-licensure nursing program or practiced nursing at the applicable level of licensure for a minimum of 960 hours in the five years before the date on which the application is received. This requirement is satisfied if the applicant verifies that the applicant has:
 1. Completed a post-licensure nursing education program at a school that is accredited under R4-19-201(A) and obtained a degree, or an advanced practice certificate in nursing within the past five years; or
 2. Practiced for a minimum of 960 hours within the past five years where the nurse:
 - a. Worked for compensation or as a volunteer, as a licensed nurse in the United States or an international jurisdiction, and performed one or more acts under A.R.S. § 32-1601(21) as an RN if applying for RN renewal or licensure or A.R.S. § 32-1601(17) as an LPN if applying for LPN renewal or licensure; or
 - b. Held a position for compensation or as a volunteer in the United States or an international jurisdiction that required or recommended, in the job description, the level of licensure being sought or renewed; or
 - c. Engaged in clinical practice as part of an RN-to-Bachelor of Science in Nursing, Masters, Doctoral or Nurse Practitioner program.
- C. Care of family members does not meet the requirements of subsection (B)(2) unless the applicant submits evidence:
 1. That the applicant is providing care as part of a medical foster home; or
 2. That the specific care provided by the applicant was:

- a. Ordered by another health care provider who is authorized to prescribe and was responsible for the care of the patient,
- b. The type of care would typically be authorized by a third-party payer, and
- c. The care was documented and reviewed by the health care provider.

- D. An applicant for licensure by either examination or endorsement, who does not meet the requirements of subsection (B), shall have completed the clinical portion of a pre-licensure nursing program within two years of the date of licensure.
- E. A licensee or applicant who fails to satisfy the requirements of subsection (B) or (D), shall submit evidence of satisfactory completion of a Board-approved refresher or competency program. The Board may issue a temporary license stamped "for refresher course only" to any applicant who meets all requirements of this Article except subsection (B) or (D) and provides evidence of applying for enrollment in a Board-approved refresher or competency program.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in subsection (B)(2)(a) were updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2). A.R.S. Section references updated under subsection (B)(2)(a) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2).

R4-19-313. Background

- A. All applicants convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a Board order under A.R.S. § 32-1664(F) and R4-19-405 unless the individual is precluded from licensure under A.R.S. § 32-1606(B)(17). If the evaluation identifies sexual behaviors of a predatory nature, the Board shall deny licensure or renewal of licensure.
- B. All individuals reporting a substance use disorder in the last five years may be subject to a Board order for an evaluation under A.R.S. § 32-1664(F) and R4-19-405 to determine safety to practice.
- C. The Board may order the evaluation of other individuals on a case-by-case basis under A.R.S. § 32-1664(F) and R4-19-405.

Historical Note

New Section made by final rulemaking at 19 A.A.R. 1308, effective July 6, 2013 (Supp. 13-2).

ARTICLE 4. REGULATION**R4-19-401. Standards Related to Licensed Practical Nurse Scope of Practice**

- A. A licensed practical nurse shall engage in practical nursing as defined in A.R.S. § 32-1601 only under the supervision of a registered nurse or licensed physician.
- B. A LPN's nursing practice is limited to those activities for which the LPN has been prepared through basic practical nursing education in accordance with A.R.S. § 32-1637(1) and those additional skills that are obtained through subsequent nursing education and within the scope of practice of a LPN as determined by the Board.
- C. A LPN shall:

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1. Practice within the legal boundaries of practical nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C.19;
 2. Demonstrate honesty and integrity;
 3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and licensed practical nursing standards;
 4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of practical nursing practice.
 5. Maintain competence through ongoing learning and application of knowledge in practical nursing practice.
 6. Protect confidential information unless obligated by law to disclose the information;
 7. Report unprofessional conduct, as defined in A.R.S. § 32-1601(24) and further specified in R4-19-403 and R4-19-814, to the Board;
 8. Respect a client's rights, concerns, decisions, and dignity;
 9. Maintain professional boundaries; and
 10. Respect a client's property and the property of others.
- D.** In participating in the nursing process and implementing client care across the lifespan, a LPN shall:
1. Contribute to the assessment of the health status of clients by:
 - a. Recognizing client characteristics that may affect the client's health status;
 - b. Gathering and recording assessment data;
 - c. Demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in client condition in an ongoing manner to the supervising registered nurse or physician;
 2. Contribute to the development and modification of the plan of care by:
 - a. Planning episodic nursing care for a client whose condition is stable or predictable;
 - b. Assisting the registered nurse or supervising physician in identification of client needs and goals; and
 - c. Determining priorities of care together with the supervising registered nurse or physician;
 3. Implement aspects of a client's care consistent with the LPN scope of practice in a timely and accurate manner including:
 - a. Following nurse and physician orders and seeking clarification of orders when needed;
 - b. Administering treatments, medications, and procedures;
 - c. Attending to client and family concerns or requests;
 - d. Providing health information to clients as directed by the supervising RN or physician or according to an established educational plan;
 - e. Promoting a safe client environment;
 - f. Communicating relevant and timely client information with other health team members regarding:
 - i. Client status and progress,
 - ii. Client response or lack of response to therapies,
 - iii. Significant changes in client condition, and
 - iv. Client needs and special requests, and
 - g. Documenting the nursing care the LPN provided;
 4. Contribute to evaluation of the plan of care by:
 - a. Gathering, observing, recording, and communicating client responses to nursing interventions; and
 - b. Modifying the plan of care in collaboration with a registered nurse based on an analysis of client responses.
- E.** A LPN assigns and delegates nursing activities. The LPN shall:
1. Assign nursing care within the LPN scope of practice to other LPNs;
 2. Delegate nursing tasks to unlicensed assistive personnel (UAPs). In maintaining accountability for the delegation, the LPN shall ensure that the:
 - a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
 - b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
 - c. Results of the task are reasonably predictable;
 - d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
 - e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
 - f. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
 - g. LPN provides supervision and feedback to the UAP; and
 - h. LPN observes and communicates the outcomes of the delegated task.

Historical Note

Former Section III, Part II; Amended effective February 20, 1980 (Supp. 80-1). Former Section R4-19-42 renumbered as Section R4-19-401 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Subsection (C)(7) amended at request of Board, Office File No. M11-423, filed November 18, 2011 (Supp. 11-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in subsection (C)(7) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). A.R.S. Section reference updated under subsection (C)(7) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-402. Standards Related to Registered Nurse Scope of Practice

- A.** A registered nurse (RN) shall perform only those nursing activities for which the RN has been prepared through basic registered nursing education and those additional skills which are obtained through subsequent nursing education and within the scope of practice of an RN as determined by the Board.
- B.** A RN shall:
1. Practice within the legal boundaries of registered nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C. 19;
 2. Demonstrate honesty and integrity;
 3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and registered nursing standards;
 4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of registered nursing practice;
 5. Maintain competence through ongoing learning and application of knowledge in registered nursing practice;

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6. Protect confidential information unless obligated by law to disclose the information;
 7. Report unprofessional conduct, as defined in A.R.S. § 32-1601(24) and further specified in R4-19-403 and R4-19-814, to the Board;
 8. Respect a client's rights, concerns, decisions, and dignity;
 9. Maintain professional boundaries;
 10. Respect a client's property and the property of others; and
 11. Advocate on behalf of a client to promote the client's best interest.
- C.** In utilizing the nursing process to plan and implement nursing care for clients across the life-span, a RN shall:
1. Conduct a nursing assessment of a client in which the nurse:
 - a. Recognizes client characteristics that may affect the client's health status;
 - b. Gathers or reviews comprehensive subjective and objective data and detects changes or missing information;
 - c. Applies nursing knowledge in the integration of the biological, psychological, and social aspects of the client's condition; and
 - d. Demonstrates attentiveness by providing ongoing client surveillance and monitoring;
 2. Use critical thinking and nursing judgment to analyze client assessment data to:
 - a. Make independent nursing decisions and formulate nursing diagnoses; and
 - b. Determine the clinical implications of client signs, symptoms, and changes, as either expected, unexpected, or emergent situations;
 3. Based on assessment and analysis of client data, plan strategies of nursing care and nursing interventions in which the nurse:
 - a. Identifies client needs and goals;
 - b. Formulates strategies to meet identified client needs and goals;
 - c. Modifies defined strategies to be consistent with the client's overall health care plan; and
 - d. Prioritizes strategies based on client needs and goals;
 4. Provide nursing care within the RN scope of practice in which the nurse:
 - a. Administers prescribed aspects of care including treatments, therapies, and medications;
 - b. Clarifies health care provider orders when needed;
 - c. Implements independent nursing activities consistent with the RN scope of practice;
 - d. Institutes preventive measures to protect client, others, and self;
 - e. Intervenes on behalf of a client when problems are identified;
 - f. Promotes a safe client environment;
 - g. Attends to client concerns or requests;
 - h. Communicates client information to health team members including:
 - i. Client concerns and special needs;
 - ii. Client status and progress;
 - iii. Client response or lack of response to interventions; and
 - iv. Significant changes in client condition; and
 - i. Documents the nursing care the RN has provided;
 5. Evaluate the impact of nursing care including the:
 - a. Client's response to interventions;
 - b. Need for alternative interventions;
 - c. Need to communicate and consult with other health team members; and
 - d. Need to revise the plan of care;
- D.** A RN assigns and delegates nursing activities. The RN shall:
1. Assign nursing care within the RN scope of practice to other RNs;
 2. Assign nursing care to a LPN within the LPN scope of practice based on the RN's assessment of the client and the LPN's ability;
 3. Supervise, monitor, and evaluate the care assigned to a LPN; and
 4. Delegate nursing tasks to UAPs. In maintaining accountability for the delegation, an RN shall ensure that the:
 - a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
 - b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
 - c. Results of the task are reasonably predictable;
 - d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
 - e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
 - f. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
 - g. RN provides supervision and feedback to the UAP; and
 - h. RN observes and communicates the outcomes of the delegated task.

Historical Note

Former Section III, Part I; Amended effective February 20, 1980 (Supp. 80-1). Former Section R4-19-43 renumbered as Section R4-19-402 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Section repealed, new Section made by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Subsection (B)(7) amended at request of Board, Office File No. M11-423, filed November 18, 2011 (Supp. 11-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in subsection (B)(7) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). A.R.S. Section reference updated under subsection (B)(7) under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-403. Unprofessional Conduct

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For purposes of A.R.S. § 32-1601(24)(d), any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public includes one or more of the following:

1. A pattern of failure to maintain minimum standards of acceptable and prevailing nursing practice;
2. Intentionally or negligently causing physical or emotional injury;
3. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any family member of a patient or resident;
4. Engaging in sexual conduct with a patient, resident, or any family member of a patient or resident who does not have a pre-existing relationship with the nurse, or any conduct in the work place that a reasonable person would interpret as sexual;
5. Abandoning or neglecting a patient who requires immediate nursing care without making reasonable arrangement for continuation of care;
6. Removing a patient's life support system without appropriate medical or legal authorization;
7. Failing to maintain for a patient record that accurately reflects the nursing assessment, care, treatment, and other nursing services provided to the patient;
8. Falsifying or making a materially incorrect, inconsistent, or unintelligible entry in any record:
 - a. Regarding a patient, health care facility, school, institution, or other work place location; or
 - b. Pertaining to obtaining, possessing, or administering any controlled substance as defined in the federal Uniform Controlled Substances Act, 21 U.S.C. 801 et seq., or Arizona's Uniform Controlled Substances Act, A.R.S. Title 36, Chapter 27;
9. Failing to take appropriate action to safeguard a patient's welfare or follow policies and procedures of the nurse's employer designed to safeguard the patient;
10. Failing to take action in a health care setting to protect a patient whose safety or welfare is at risk from incompetent health care practice, or to report the incompetent health care practice to employment or licensing authorities;
11. Failing to report to the Board a licensed nurse whose work history includes conduct, or a pattern of conduct, that leads to or may lead to an adverse patient outcome;
12. Assuming patient care responsibilities that the nurse lacks the education to perform, for which the nurse has failed to maintain nursing competence, or that are outside the scope of practice of the nurse;
13. Failing to supervise a person to whom nursing functions are delegated;
14. Delegating services that require nursing judgment to an unauthorized person;
15. Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, employer, co-worker, or member of the public.
16. Removing, without authorization, a narcotic, drug, controlled substance, supply, equipment, or medical record from any health care facility, school, institution, or other work place location;
17. A pattern of using or being under the influence of alcohol, drugs, or a similar substance to the extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in any health care facility, school, institution, or other work location;
18. Obtaining, possessing, administering, or using any narcotic, controlled substance, or illegal drug in violation of any federal or state criminal law, or in violation of the policy of any health care facility, school, institution, or other work location at which the nurse practices;
19. Providing or administering any controlled substance or prescription-only drug for other than accepted therapeutic or research purposes;
20. Engaging in fraud, misrepresentation, or deceit in taking a licensing examination or on an initial or renewal application for a license or certificate;
21. Impersonating a nurse licensed or certified under this Chapter;
22. Permitting or allowing another person to use the nurse's license for any purpose;
23. Advertising the practice of nursing with untruthful or misleading statements;
24. Practicing nursing without a current license or while the license is suspended, or practicing as a nurse practitioner without current national certification, if required pursuant to R4-19-505;
25. Failing to:
 - a. Furnish in writing a full and complete explanation of a matter reported pursuant to A.R.S. § 32-1664, or
 - b. Respond to a subpoena issued by the Board;
26. Making a written false or inaccurate statement to the Board or the Board's designee in the course of an investigation;
27. Making a false or misleading statement on a nursing or health care related employment or credential application concerning previous employment, employment experience, education, or credentials;
28. If a licensee or applicant is charged with a felony or a misdemeanor involving conduct that may affect patient safety, failing to notify the Board in writing, as required under A.R.S. § 32-3208, within 10 days of being charged. The licensee or applicant shall include the following in the notification:
 - a. Name, address, telephone number, social security number, and license number, if applicable;
 - b. Date of the charge; and
 - c. Nature of the offense;
29. Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction. The nurse or applicant shall include the following in the notification:
 - a. Name, address, telephone number, social security number, and license number, if applicable;
 - b. Date of the conviction; and
 - c. Nature of the offense;
30. For a registered nurse granted prescribing privileges, any act prohibited under R4-19-511(D); or
31. Practicing in any other manner that gives the Board reasonable cause to believe the health of a patient or the public may be harmed.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-44 repealed, new Section R4-19-44 adopted effective May 9, 1984 (Supp. 84-3). Amended by adding Paragraphs 18 through 22 effective July 16, 1984 (Supp. 84-4). Former Section R4-19-44 renumbered and amended as Section R4-19-403 effective February 21, 1986 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Antiquated statute reference in opening subsection

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revised at the request of Board under A.R.S. § 41-1011(C), Office File No. M11-189, filed May 16, 2011 (Supp. 11-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in the opening subsection was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). A.R.S. Section reference updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-404. Re-issuance or Subsequent Issuance of License

- A. The Board may restore a license to a nurse whose license has been suspended after the period of suspension if the licensee provides written evidence that all requirements or conditions prescribed or ordered in the consent agreement or Board order for suspension have been met to the satisfaction of the Board. The Board may place conditions or limitations on the restored license. The license of a nurse who fails to provide such evidence of fulfilling the requirements or conditions prescribed by the Board shall remain on suspended status until such submission and acceptance by the Board.
- B. A person whose nursing license is denied, revoked, or voluntarily surrendered under A.R.S. § 32-1663 may apply to the Board to issue or re-issue the license:
 1. Five years from the date of denial or revocation, or
 2. In accordance with the terms of a voluntary surrender agreement.
- C. A person who applies for issuance or re-issuance of a license under the conditions of subsection (B) is subject to the following terms and conditions:
 1. The person shall submit a written application for issuance or re-issuance of the license that contains substantial evidence that the basis for surrendering, denying, or revoking the license has been removed and that the issuance or re-issuance of the license will not be a threat to public health or safety.
 2. Safe practice.
 - a. Under A.R.S. § 32-1664(F), the Board for reasonable cause may require a combination of mental, physical, nursing competency, psychological, or psychiatric evaluations, or any combination of evaluations, reports, and affidavits that the Board considers necessary to determine the person's competence and conduct to safely practice nursing.
 - b. Under A.R.S. 32-1664(K) the Board may issue subpoenas and compel the attendance of witnesses and the production of records and documentary evidence relevant to the person's ability to safely practice nursing.
 3. After receipt of the application, the information required under subsection (C)(2), and the completion of an investigation, the Board shall place the application on the agenda of a regularly scheduled Board meeting.
 4. After consideration of the application and any information required under subsection (C)(2), the Board may:
 - a. Grant the license with or without conditions or limitations;
 - b. If other licensure requirements have been met, grant, with or without conditions, a temporary license for the sole purpose of allowing the applicant to successfully complete an approved nurse refresher course; or

- c. Deny the license if the Board determines that licensure might be harmful or dangerous to the health of a patient or the public.
5. If the Board orders a refresher course described in subsection (C)(4)(b) the Board shall consider the applicant's performance in the approved refresher course and any other evidence, if available, of the applicant's safety to practice, and either deny the license under subsection (C)(4)(c) or grant the license with or without conditions or limitations.
6. An applicant who is denied issuance or re-issuance of a license shall have 30 days from the date of issuance of the notice of denial from the Board to file a written request for hearing with the Board. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

Former Section R4-19-30 renumbered and amended as Section R4-19-45 effective February 20, 1980 (Supp. 80-1). Former Section R4-19-45 renumbered as Section R4-19-404 (Supp. 86-1). Section repealed, new Section adopted effective July 19, 1995 (Supp. 95-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4).

R4-19-405. Board-ordered Evaluations

- A. Under A.R.S. § 32-1664(F), the Board may order a licensee or CNA certificate-holder to undergo an evaluation by an independent qualified evaluator for the purposes of determining the licensee's or certificate holder's safety and competence to practice. Evaluations may be in the areas of:
 1. Nursing knowledge or skills or both;
 2. Mental functioning, including but not limited to neuropsychological evaluation, and other cognition evaluations;
 3. Medical status including but not limited to medical review of drug screen results, chronic pain evaluation, physical examination, and biological testing;
 4. Psychiatric or psychological status including but not limited to substance abuse evaluation, boundary or sexual misconduct evaluations, and psychological testing; or
 5. Other similar evaluations that the Board determines are necessary to evaluate a licensee or certificate holder's ability to safely practice.
- B. Before making the decision to order the evaluation, the Board shall review the allegations and investigative findings.
- C. The Board retains the discretion to use an evaluator based on the evaluator's licensure history, the Board's past experience with the evaluator, and the quality of the evaluation provided. Before conducting a Board-ordered evaluation, a potential evaluator shall submit documentation that the evaluator:
 1. Possesses expertise and educational credentials in the area that the Board has ordered an evaluation;
 2. Holds a license or certificate in good standing with a licensing or certifying board located in the United States and discloses any past licensure disciplinary actions and criminal history;
 3. Will provide equipment and environmental conditions necessary to conduct a valid evaluation;
 4. Has no current or past treatment, collegial, or social relationship with the licensee or certificate holder, any family member of the licensee or certificate holder, or the licensee's or certificate holder's legal counsel;
 5. Will not enter into a treatment relationship with the licensee or certificate holder unless the relationship is

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- unavoidable due to geographical location or the specific expertise of the evaluator; and
6. Agrees to keep information provided by the Board under subsection (D) confidential as evidenced by a signed confidentiality agreement provided by the Board.
- D.** Upon receipt of the evaluator's signed confidentiality agreement, the Board may provide confidential investigative information and documents to the evaluator for the purpose of disclosing the reason for the evaluation, the focus of the evaluation, and the conduct causing the Board to order the evaluation including:
1. The complaint and all information that has been received during the investigation of the complaint. Documents may include but are not limited to employment records, medical records, arrest records, conviction and sentencing records, excluding FBI fingerprint results, drug screen results, pharmacy profiles, witness statements, past licensure history, and a summary of information obtained during investigative interviews; and
 2. The specific questions for which the Board is seeking answers; and
- E.** The evaluator shall provide the following information to the Board:
1. A professional report that is objective, thorough, timely, accurate, and defensible;
 2. Evaluation findings including diagnosis if appropriate and assessment of ability to practice safely;
 3. Recommendations for further evaluation, treatment, and remediation; and
 4. Suggestions for assuring safe practice and compliance with treatment and remediation recommendations, if any.
- C.** The Board shall accept advanced practice certifications from programs that meet the following qualifications:
1. The certification program:
 - a. Is accredited by the National Commission for Certifying Agencies, the Accreditation Board for Specialty Nursing Certification, or an equivalent organization as determined by the Board;
 - b. Establishes educational requirements for certification that are consistent with the requirements in R4-19-505;
 - c. Has an application process and credential review that requires an applicant to submit original source documentation of the applicant's education and clinical practice in the advanced practice role and population focus, if applicable, for which certification is granted; and
 - d. Is national in the scope of its credentialing.
 2. The certification program uses an examination as a basis for certification in the advanced practice role and population focus, as applicable that meets all of the following criteria:
 - a. The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community both initially and every five years;
 - b. The examination assesses entry-level practice in the advanced practice role and population focus, if applicable;
 - c. The examination assesses the knowledge, skills, and abilities essential for the delivery of safe and effective advanced nursing care to clients;
 - d. Examination items are reviewed for content validity, cultural sensitivity, and correct scoring using an established mechanism, both before first use and periodically; items are reviewed for currency at least every three years;
 - e. The examination is evaluated for psychometric performance and conforms to psychometric standards that are routinely utilized for other types of high-stakes testing;
 - f. The passing standard is established using accepted psychometric methods and is re-evaluated periodically;
 - g. Examination security is maintained through established procedures;
 - h. A re-take policy is in place; and
 - i. Conditions for taking the certification examination are consistent with standards of the testing community;
 3. Certification is issued upon passing the examination and meeting all other certification requirements;
 4. The certification program periodically provides for re-certification that includes review of qualifications and continued competence;
 5. The certification program provides timely communication to the Board regarding licensee or applicant certification status, changes in an individual's certification status, exam results and changes in the certification program, including qualifications, test plan, and scope of practice; and
 6. The certification program has an evaluation process to provide quality assurance in its certificate program.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-46 renumbered and amended as Section R4-19-405 effective February 21, 1986 (Supp. 86-1). Repealed effective July 19, 1995 (Supp. 95-3). New Section made by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4).

ARTICLE 5. ADVANCED PRACTICE REGISTERED NURSING**R4-19-501. Roles and Population Foci of Advanced Practice Registered Nursing (APRN); Certification Programs**

- A.** The Board recognizes the following APRN roles;
1. Registered nurse practitioner (RNP) in a population focus including Certified Nurse Midwife as a population focus of RNP;
 2. Clinical Nurse Specialist (CNS) in a population focus; and
 3. Certified Registered Nurse Anesthetist (CRNA).
- B.** RNPs and CNSs shall practice within one or more population foci, consistent with their education and certification. Population foci include:
1. Family-individual across the life span;
 2. Adult-gerontology primary or acute care;
 3. Neonatal;
 4. Pediatric primary or acute care;
 5. Women's health-gender related;
 6. Psychiatric-mental health;
 7. For Certified Nurse Midwives, women's health gender related including childbirth and neonatal care;
 8. Other foci that have been recognized by the Board previously and new foci that meet the following conditions:
 - a. There is an accredited educational program and a national certifying process that meets the requirements of subsection (C); and

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D. The Board shall determine whether a certification program meets the requirements of this Section. The following certification programs meet the requirements of this Section as of the effective date of this rulemaking:

1. For RNP:
 - a. American Academy of Nurse Practitioner certification programs;
 - i. Adult nurse practitioner,
 - ii. Family nurse practitioner,
 - iii. Gerontologic nurse practitioner,
 - iv. Adult health-gerontological nurse practitioner.
 - b. American Nurses Credentialing Center certification programs:
 - i. Acute care nurse practitioner (adult/gerontology),
 - ii. Adult nurse practitioner,
 - iii. Family nurse practitioner,
 - iv. Gerontological nurse practitioner,
 - v. Pediatric nurse practitioner,
 - vi. Adult psychiatric and mental health nurse practitioner,
 - vii. Family psychiatric and mental health nurse practitioner,
 - viii. Adult health-gerontological nurse practitioner,
 - c. Pediatric Nursing Certification Board certification programs:
 - i. Pediatric nurse practitioner primary care,
 - ii. Pediatric nurse practitioner acute care,
 - d. National Certification Corporation for Obstetric, Gynecological, and Neonatal Nursing Specialties certification programs;
 - i. Women's health nurse practitioner,
 - ii. Neonatal nurse practitioner,
 - e. For a nurse-midwife, the American Midwifery Certification Board certification program in nurse midwifery,
 - f. AACN Certification Corporation certification programs:
 - i. Adult acute care nurse practitioner,
 - ii. Adult-gerontology acute care nurse practitioner,
2. For CNS:
 - a. AACN Certification Corporation certification programs:
 - i. Adult acute and critical care CNS,
 - ii. Pediatric acute and critical care CNS,
 - iii. Neonatal acute and critical care CNS,
 - b. American Nurses Credentialing Center certification:
 - i. Adult psychiatric-mental health CNS,
 - ii. Family psychiatric-mental health CNS,
 - iii. Gerontological CNS,
 - iv. Adult health CNS,
 - v. Pediatric CNS.

3. For CRNA, National Board of Certification and Recertification for Nurse Anesthetists.

E. The Board shall approve a certification program that meets the criteria established in this Section. An entity that seeks approval of a certification program and is denied approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Former Section IV, Part I. Former Section R4-19-53 renumbered as Section R4-19-501 (Supp. 86-1). Former Section R4-19-501 renumbered to R4-19-502, new Sec-

tion R4-19-501 adopted effective November 18, 1994 (Supp. 94-4). Amended effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 7 A.A.R. 3213, effective July 12, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-502. Requirements for APRN Programs

- A. An educational institution or other entity that offers an APRN program in this state for RNP or CNS roles shall ensure that the program:
1. Is offered by or affiliated with a college or university that is accredited under A.R.S. § 32-1644;
 2. For new programs, the college or university offering the program has at least one additional nationally accredited nursing program as defined in R4-19-101 or otherwise provides substantial evidence of the ability to attain national APRN program accreditation for all graduating cohorts;
 3. Is a formal educational program, that is part of a masters or doctoral program or a post-masters program in nursing with a concentration in an advanced practice registered nursing role and population focus under R4-19-501;
 4. Is nationally accredited, or has achieved candidacy status for national accreditation by an approved national nursing accrediting agency as defined in R4-19-101;
 5. Offers a curriculum that covers the scope of practice for both the role of advanced practice as specified in A.R.S. § 32-1601 and the population focus including:
 - a. Three separate graduate level courses in:
 - i. Advanced physiology and pathophysiology, including general principles across the lifespan;
 - ii. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches;
 - iii. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad category agents;
 - b. Diagnosis and management of diseases across practice settings including diseases representative of all systems;
 - c. Preparation that provides a basic understanding of the principles for decision making in the identified role;
 - d. Preparation in the core competencies for the identified APRN role including legal, ethical and professional responsibilities; and
 - e. Role preparation in an identified population focus under R4-19-501.
 6. Verifies that each student has an unencumbered license to practice as an RN in the state of clinical practice;
 7. Includes a minimum of 500 hours of faculty supervised clinical practice (programs that prepare students for more than one role or population focus shall have 500 hours of clinical practice in each role and population focus);
 8. Notifies the Board of any changes in hours of clinical practice, accreditation status, denial or deferral of accreditation or program administrator and responds to Board requests for information;
 9. Has financial resources sufficient to support accreditation standards and the educational goals of the program;
 10. Establishes academic, professional, and conduct standards that determine admission to the program, progression in the program, and graduation from the program

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- that are consistent with sound educational practices and recognized standards of professional conduct;
11. Establishes provisions for advanced placement for individuals holding a graduate degree in nursing who are seeking education in an APRN role and population focus, provided that advanced placement students master the same APRN competencies as students in the graduate-level APRN program; and
 12. Provides the Board an application for approval under the provisions of R4-19-209(B) before making changes to the:
 - a. Scope of the program, or
 - b. Level of educational preparation provided.
- B.** A CNS or RNP program shall appoint the following personnel:
1. An APRN program administrator who:
 - a. Holds a current unencumbered RN license or multi-state privilege to practice in Arizona and a current unencumbered APRN certificate issued by the Board;
 - b. Holds an earned doctorate in nursing or health-related field if appointed after the effective date of this Section;
 - c. Has at least two years clinical experience as an APRN; and
 - d. Holds current national certification as an APRN.
 2. A lead faculty member who is educated and certified both nationally and by the Board in the same role and population focus to coordinate the educational component for the role and population focus in the advanced practice registered nursing program.
 3. Nursing faculty to teach any APRN course that includes a clinical learning experience who have the following qualifications:
 - a. A current unencumbered RN license or multi-state privilege to practice registered nursing in Arizona;
 - b. A current unencumbered Arizona APRN certificate,
 - c. A graduate degree in nursing or a health related field in the population focus,
 - d. Two years of APRN clinical experience, and
 - e. Current knowledge, competence and certification as an APRN in the role and population focus consistent with teaching responsibilities.
 4. Adjunct or part-time clinical faculty employed solely to supervise clinical nursing experiences shall meet all of the faculty qualifications for the APRN program they are teaching.
 5. Interdisciplinary faculty who teach non-clinical courses shall have advanced preparation in the areas of course content.
 6. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace faculty. A clinical preceptor shall be approved by program administration or faculty and:
 - a. Hold a current unencumbered license or multistate privilege to practice as a registered nurse or physician in the state in which the preceptor practices or, if employed by the federal government, holds a current unencumbered RN or physician license in the United States;
 - b. Have at least one year clinical experience as a physician or an advanced practice nurse
 - c. Practice in a population focus comparable to that of the APRN program;
 - d. For nurse preceptors, have at least one of the following:
 - i. Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
 - ii. Current Board certification in the advanced practice role and population focus of the course or program in which the student is enrolled; or
 - iii. If an advanced practice preceptor cannot be found who meets the requirements of subsection (B)(6)(d)(i) or (ii), educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and approved by the Board.
- C.** An entity that offers a CRNA program in Arizona shall maintain full national program accreditation with no limitations from the Council on Accreditation of Nurse Anesthesia Educational Programs or an equivalent agency approved by the Board. The program shall notify the Board of all program accreditation actions within 30 days of official notification by the accrediting agency.

Historical Note

Former Section IV, Part II; Amended effective February 20, 1980 (Supp. 80-1). Former Section R4-19-54 repealed, new Section R4-19-54 adopted effective July 20, 1981 (Supp. 81-4). Former Section R4-19-54 renumbered as Section R4-19-502 (Supp. 86-1). Section repealed, new Section R4-19-502 renumbered from R4-19-501 and Section heading amended effective November 18, 1994 (Supp. 94-4). Section repealed, new Section R4-19-502 adopted effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-503. Application for Approval of an Advanced Practice Registered Nursing Program; Approval by Board

- A.** An administrator of an educational institution that proposes to offer a CNS or RNP program shall submit an application that includes all of the following information to the Board:
1. Role, population focus that meets the criteria in R4-19-501 program administrator and lead faculty member as required in R4-19-502(B);
 2. Name, address, and evidence verifying institutional accreditation status of the affiliated educational institution and program accreditation status of current nursing programs offered by the educational institution;
 3. The mission, goals, and objectives of the program consistent with generally accepted standards for advanced practice education in the role and population focus of the program;
 4. List of the required courses, and a description, measurable objectives, and content outline for each required course consistent with curricular requirements in R4-19-502;
 5. A proposed time schedule for implementation of the program and attaining national accreditation;
 6. The total hours allotted for both didactic instruction and supervised clinical practicum in the program;
 7. A program proposal that provides evidence of sufficient financial resources, clinical opportunities and available faculty and preceptors for the proposed enrollment and planned expansion;
 8. A self-study that provides evidence of compliance with R4-19-502;

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- B. An entity that wishes to offer a CRNA program shall submit evidence of current accreditation by the Council on Accreditation of Nurse Anesthesia Education Programs or an equivalent organization.
- C. The Board shall approve an advanced practice registered nursing program if approval is in the best interest of the public and the program meets the requirements of this Article. The Board may grant approval for a period of two years or less to an advanced practice nursing program where the program meets all the requirements of this Article except for accreditation by a national nursing accrediting agency, based on the program's presentation of evidence that it has applied for accreditation and meets accreditation standards.
- D. An educational institution or entity that is denied approval of an advanced practice registered nursing program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying its application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
- E. Approval of an advanced practice registered nursing program expires 12 months from the date of approval if a class of students is not admitted within that time.
- C. The Board shall, following a Board-conducted survey and report, rescind the approval or limit the ability of a program to admit students if the program fails to comply with R4-19-502 within the time set by the Board in the notice of deficiencies provided to the program administrator.
 - 1. The Board shall serve the program administrator with a written notice of proposed rescission of approval or limitation of admission of students that states the grounds for the rescission or limitation. The program administrator has 30 days to submit a written request for a hearing to show cause why approval should not be rescinded or admissions limited. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
 - 2. Upon the effective date of a decision to rescind program approval, the affected advanced practice registered nursing program shall immediately cease operation and be removed from the official approved-status listing. An advanced practice registered nursing program that is ordered to cease operations shall assist currently enrolled students to transfer to an approved nursing program.
- D. A disciplinary action, denial of approval, or notice of deficiency may be issued against an RNP or CNS nursing program for any of the following acts of unprofessional conduct:
 - 1. Failure to maintain minimum standards of acceptable and prevailing educational practice;
 - 2. For a program that was served with a notice of deficiencies within the preceding three years and timely corrected the noticed deficiencies, subsequent noncompliance with the standards in this Article;
 - 3. Utilization of students to meet staffing needs in health care facilities;
 - 4. Non-compliance with the program or parent institution mission or goals, program design, objectives, or policies;
 - 5. Failure to provide the variety and number of clinical learning opportunities necessary for students to achieve program outcomes or minimal competence;
 - 6. Student enrollments without adequate faculty, facilities, or clinical experiences;
 - 7. Ongoing or repetitive employment of unqualified faculty;
 - 8. Failure to comply with Board requirements within designated time-frames;
 - 9. Fraud or deceit in advertising, promoting or implementing a nursing program;
 - 10. Material misrepresentation of fact by the program in any advertisement, application or information submitted to the Board;
 - 11. Failure to allow Board staff to visit the program or conduct an investigation;
 - 12. Any other evidence that gives the Board reasonable cause to believe the program's conduct may be a threat to the safety and well-being of students, faculty or potential patients.

Historical Note

Former Section IV, Part III; Amended effective Nov. 17, 1978 (Supp. 78-6). Amended effective February 20, 1980 (Supp. 80-1). Amended by adding subsection (F) effective July 20, 1981 (Supp. 81-4). Amended by adding subsection (G) effective September 15, 1982 (Supp. 82-5). Former Section R4-19-55 renumbered as Section R4-19-503 (Supp. 86-1). Former Section R4-19-503 repealed, new Section adopted effective November 18, 1994 (Supp. 94-4). Former Section R4-19-503 renumbered to Section R4-19-504; new Section R4-19-503 adopted effective November 25, 1996 (Supp. 86-1). Amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-504. Notice of Deficiency; Unprofessional Program Conduct

- A. The Board may periodically survey an advanced practice registered nursing program under its jurisdiction to determine whether criteria for approval are being met.
- B. The Board shall, upon determining that an advanced practice registered nursing program is not in compliance with this Article, provide to the program administrator a written notice of deficiencies that establishes a reasonable time, based upon the number and severity of deficiencies, to correct the deficiencies. The time for correction may not exceed 18 months.
 - 1. The program administrator shall, within 30 days from the date of service of the notice of deficiencies, consult with the Board or designated Board representative and, after consultation, file a plan to correct each of the identified deficiencies.
 - 2. The program administrator may, within 30 days from the date of service of the notice of deficiencies, submit a written request for a hearing before the Board to appeal the Board's determination of deficiencies. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
 - 3. If the Board's determination is not appealed or is upheld upon appeal, the Board may conduct periodic evaluations of the program during the time of correction to determine whether the deficiencies have been corrected.

Historical Note

Former R4-19-504 renumbered to R4-19-505; new R4-19-504 made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-505. Requirements for Initial APRN Certification

- A. An applicant for certification as an advanced practice registered nurse, shall:
 - 1. Hold a current Arizona registered nurse (RN) license in good standing or an RN license in good standing from a compact party state with multistate privileges, and not be

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- a participant in an alternative to discipline program in any jurisdiction; and
2. Submit a verified application to the Board on a form provided by the Board that provides all of the following:
 - a. Full legal name and all former names used by the applicant;
 - b. Current mailing address, including primary state of residence and telephone number;
 - c. Place and date of birth;
 - d. RN license number, application for RN license, or copy of a multistate compact RN license;
 - e. Social security number for an applicant who lives or works in the United States;
 - f. Current e-mail address;
 - g. Educational background, including the name and location of basic nursing program, the institution that awarded the highest degree held and any and all advanced practice registered nursing education programs or schools attended including the number of years attended, the length of each program, the date of graduation or completion, and the type of degree or certificate awarded;
 - h. Role and population focus, as applicable for which the applicant is applying;
 - i. Current employer or practice setting, including address, position, and dates of service, if employed or practicing in nursing or health care;
 - j. Evidence of national certification or recertification as an advanced practice registered nurse in the role and population focus, if applicable, of the application and by a certification program that meets the requirements of R4-19-501(C). The applicant shall include the name of the certifying organization, population focus, certification number, date of certification, and expiration date;
 - k. For applicants holding a multistate compact RN license in a state other than Arizona:
 - i. State of original licensure and license number;
 - ii. State of current compact RN license, license number and expiration date;
 - iii. Date of taking RN licensure exam and name of exam;
 - iv. Whether the applicant ever submitted an application for and was granted an Arizona license and, if applicable, the date of Arizona licensure;
 - v. Other information related to the nurse's practice for the purpose of collecting nursing workforce data; and
 - vi. State of licensure and license number of all RN licenses held,
 - l. Responses regarding the applicant's background on the following subjects:
 - i. Current investigation or pending disciplinary action by a nursing regulatory agency in the United States or its territories;
 - ii. Undesignated offense and felony charges, convictions and plea agreements including deferred prosecution;
 - iii. Misdemeanor charges, convictions, and plea agreements, including deferred prosecution, that are required to be reported under A.R.S. § 32-3208;
 - iv. Actions taken on a nursing license by any other state;
 - v. Unprofessional conduct as defined in A.R.S. § 32-1601;
 - vi. Substance use disorder within the last five years;
 - vii. Current participation in an alternative to discipline program in any other state; and
 - m. Information that the applicant meets the criteria in R4-19-506(A) or (C).
 3. Submit a fingerprint card on a form provided by the Board or prints if the applicant has not submitted fingerprints to the Board within the last two years.
 4. Submit an official transcript from an institution accredited under A.R.S. § 32-1644 either sent directly from the institution or obtained from a Board-approved database that provides evidence of:
 - a. A graduate degree with a major in nursing for RNP and CNS Applicants, or
 - b. A graduate degree associated with a CRNA program for a CRNA applicant.
 5. The applicant shall cause the program to provide the Board with evidence of completion of an APRN program in the role and population focus of the application through submission of an official letter or other official program document sent either directly from the program, or from a Board-approved data base. The APRN program shall meet one of the following criteria during the period of the applicant's attendance in the program:
 - a. The program was part of a graduate degree, or postmasters program at an institution accredited under A.R.S. § 32-1644; or
 - b. The program was approved or recognized in the U.S jurisdiction of program location for the purpose granting APRN licensure or certification.
 6. For an applicant who completed an advanced practice or graduate program in a foreign jurisdiction, submit an evaluation from the Commission on Graduates of Foreign Nursing Schools or a Board-approved credential evaluation service that indicates the applicant's program is comparable to a U.S. graduate nursing or APRN program.
 7. Submit the required fee.
- B.** If the applicant satisfies all other requirements, the Board shall continue to certify:
1. An RNP without a graduate degree with a major in nursing if the applicant:
 - a. Meets all other requirements for certification; and
 - b. Ensures that the U.S. jurisdiction of an applicant's previous RNP licensure or certification submits evidence of the applicant's certification or licensure in the nurse practitioner role and population focus that either is current or was current at least six months before the application was received by the Board, and was originally issued:
 - i. Before January 1, 2001, if the RNP applicant lacks a graduate degree; or
 - ii. Before November 13, 2005 if the RNP's graduate degree is in a health-related area other than nursing.
 2. An RNP or CNS applicant without evidence of national certification who received initial advanced practice certification or licensure in another state not later than July 1, 2004 and provides evidence, directly from the jurisdiction, that the certification or licensure is current.
 3. A CNS applicant without evidence of completion of a CNS program who received initial certification or advanced practice licensure in this or another state not later than November 13, 2005 and provides evidence,

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directly from the jurisdiction, that the certificate or license is current.

4. A CRNA who completed a CRNA program before the effective date of this Section without evidence of a graduate degree.
5. A CNS applicant who completed a women's health clinical nurse specialist program that was part of a graduate degree in nursing program under subsection (A), without evidence of national certification upon submission of the following:
 - a. A description of the applicant's scope of practice that is consistent with A.R.S. § 32-1601(7);
 - b. One of the following:
 - i. A letter from a faculty member who supervised the applicant during the graduate program attesting to the applicant's competence to practice within the defined scope of practice;
 - ii. A letter from a current supervisor verifying the applicant's competence in the defined scope of practice; or
 - iii. A letter from a physician, RNP, or CNS who has worked with the applicant within the past two years attesting to the applicant's competence in the defined scope of practice; and
 - c. A form verifying that the applicant has practiced a minimum of 500 hours in the population focus within the past two years, which may include clinical practice time in a CNS program.
- C. The Board shall issue a certificate to practice as an RNP in a population focus, a CNS in a population focus, or a registered nurse anesthetist to a registered nurse who meets the criteria in this Section. An applicant who is denied a certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective February 20, 1980 (Supp. 80-1). Former Section R4-19-56 repealed, new Section R4-19-56 adopted effective July 16, 1984 (Supp. 84-4). Former Section R4-19-56 renumbered as Section R4-19-504 (Supp. 86-1). Former Section R4-19-504 renumbered to R4-19-505, new Section R4-19-504 adopted effective November 18, 1994 (Supp. 94-4). Former Section R4-19-504 renumbered to Section R4-10-505; new Section R4-19-504 renumbered from R4-19-503 and amended effective November 25, 1996 (Supp. 96-4). Amended effective January 10, 1997 (Supp. 97-1). Amended by final rulemaking at 5 A.A.R. 3911, effective September 28, 1999 (Supp. 99-3). Former R4-19-505 renumbered to R4-19-508; new R4-19-505 renumbered from R4-19-504 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in subsection (A)(7)(a) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under subsection (B)(5)(a), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final

rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-506. Expiration of APRN Certificate; Practice Requirement; Renewal

- A. An advanced practice certificate issued after July 1, 2004, expires when the certificate holder's RN license expires, or when national certification expires, whichever occurs first. Certificates issued on or before July 1, 2004, or those issued without proof of national certification under R4-19-505(B)(5) and (B)(2) do not expire unless the RN license expires under A.R.S. § 32-1642 or the nurse has not practiced advanced practice nursing at the applicable level of certification for a minimum of 960 hours in the five years before the date the application is received. This requirement is satisfied if the applicant verifies that the applicant has:
 1. Completed an advanced practice nursing education program within the past five years; or
 2. Practiced for a minimum of 960 hours within the past five years where the nurse:
 - a. Worked for compensation or as a volunteer, as an APRN and performed one or more acts under A.R.S. § 32-1601(7) for a CNS, A.R.S. § 32-1601(20) for an RNP or A.R.S. § 32-1634.04 for a CRNA; or
 - b. Held a position for compensation or as a volunteer that required, preferred or recommended, in the job description, the level of advanced practice certification being sought or renewed.
- B. A registered nurse requesting renewal of an advanced practice certificate or an RNP certificate issued after July 1, 2004 shall provide evidence of current national certification or recertification under R4-19-505(A)(2)(j). This provision does not apply to a CNS granted a waiver of certification.
- C. An advanced practice nurse who does not satisfy the practice requirement of subsection (A) shall complete coursework or continuing education activities at the graduate or advanced practice level that include, at minimum, 45 contact hours of advanced pharmacology and 45 contact hours in a subject or subjects related to the role and population focus of certification. Upon completion of the coursework, the nurse shall engage in a period of precepted clinical practice as specified in this subsection;
 1. Precepted clinical practice shall be directly supervised by an advanced practice nurse in the same role and population focus as the certification being renewed or a physician who engages in practice with the same population focus as the certification being renewed.
 2. Practice hours completed during the time-frame specified below may be applied to reduce the number of precepted clinical practice hours, except that in no case shall the hours be reduced by more than half the requirement. The nurse shall complete hours according to the following schedule:
 - a. 300 hours if the applicant has practiced less than 960 hours in only the last five years;
 - b. 600 hours if the applicant has not practiced 960 hours in the last five years, but has practiced at least 960 hours in the last six years;
 - c. 1000 hours if the applicant has not practiced at least 960 hours in the last six years, but has practiced 960 hours in the last seven to 10 years; or
 - d. If the nurse has not practiced 960 hours of advanced practice nursing in the role and population focus being renewed in more than 10 years, complete a program of study as recommended by an approved advanced practice nursing program that includes, at minimum, 500 hours of faculty supervised clinical

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practice in the role and population focus of certification. An applicant who qualifies for any option in subsection (C)(2)(a) through (c) may complete the requirements of this subsection to satisfy the practice requirement.

- D. An applicant who, in addition to not meeting the requirements for continued APRN certification, does not meet the requirements for RN renewal, shall fulfill all RN renewal requirements before satisfying the requirements of this Section.
- E. The Board shall renew a certificate to practice as a registered nurse practitioner in a population focus, a clinical nurse specialist in a population focus, or a registered nurse anesthetist for a registered nurse who meets the criteria in this Section. An applicant who is denied renewal of a certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Section R4-19-506 renumbered from R4-19-505 effective November 18, 1994 (Supp. 94-4). Former Section R4-19-506 renumbered to R4-19-510, new Section R4-19-506 adopted effective November 25, 1996 (Supp. 96-4). Former R4-19-506 renumbered to R4-19-510; new Section R4-19-506 made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citations in subsection (A)(2)(a) were updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section references updated under subsection (A)(2)(a), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-507. Temporary Advanced Practice Certificate; Temporary Prescribing and Dispensing Authority

- A. Based on the registered nurse's qualifications, the Board may issue a temporary certificate to practice as a registered nurse practitioner or a clinical nurse specialist in a population focus or a registered nurse anesthetist. A registered nurse who is applying for a temporary certificate shall:
 1. Apply for certification as an advanced practice nurse;
 2. Submit an application for a temporary certificate;
 3. Demonstrate authorization to practice as a registered nurse in Arizona on either a permanent or temporary Arizona license in good standing or a multistate compact privilege;
 4. Meet all requirements of R4-19-505 or meet the requirements of R4-19-505 with the exception of national certification for RNP and CNS applicants unless exempt under R4-19-505(B); and
 5. Submit evidence that the applicant:
 - a. Has applied for and is eligible to take an approved national advanced practice certification exam in the role and population focus of the application;
 - b. Has requested that the certification program transmit all exam results directly to the Board; or

- c. For a CRNA, holds national certification according to R4-19-501.

- B. If an applicant fails to meet criteria for national advanced practice certification or has failed a certification exam, the applicant is not eligible for a temporary certificate.
- C. The Board may issue temporary prescribing and dispensing authority for RNP applicants, if the applicant:
 1. Meets all application requirements for temporary certification in this Section,
 2. Applies for and meets all requirements for prescribing and dispensing authority under R4-19-511,
 3. Has been certified or licensed as a nurse practitioner or nurse midwife with prescribing and dispensing authority in the same role and population focus in another state or territory of the United States,
 4. Either holds current national certification as a registered nurse practitioner or nurse midwife in the population focus of the application or is exempt from national certification under R4-19-505(B), and
 5. Meets the practice requirement of R4-19-506(A)(2).
- D. Temporary certification as an advanced practice nurse and temporary prescribing and dispensing authority expire in six months and may be renewed for an additional six months for good cause. Good cause means reasons beyond the control of the temporary certificate holder such as unavoidable delays in obtaining information required for certification.
- E. Notwithstanding subsection (D), the Board shall withdraw a temporary advanced practice certificate and temporary prescribing and dispensing authority under any one of the following conditions. The temporary certificate holder:
 1. Does not meet requirements for RN licensure in this state or the RN license is suspended or revoked,
 2. Fails to renew the RN license upon expiration,
 3. Loses the multistate compact privilege,
 4. Fails the national certifying examination, fails to maintain current national certification, as required by R4-19-505, or
 5. Violates a statute or rule of the Board.
- F. An applicant who is denied a temporary certificate or temporary prescribing and dispensing authority may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the temporary certification or authority. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-508. Standards Related to Registered Nurse Practitioner Scope of Practice

- A. An RNP shall refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation or condition occurs in a patient that is beyond the RNP's knowledge and experience.
- B. In addition to the scope of practice permitted a registered nurse, a registered nurse practitioner, under A.R.S. §§ 32-1601

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(20) and 32-1606(B)(12), may perform the following acts within the limits of the population focus of certification:

1. Examine a patient and establish a medical diagnosis by client history, physical examination, and other criteria.
2. For a patient who requires the services of a health care facility:
 - a. Admit the patient to the facility,
 - b. Manage the care the patient receives in the facility, and
 - c. Discharge the patient from the facility.
3. Order and interpret laboratory, radiographic, and other diagnostic tests, and perform those tests that the RNP is qualified to perform.
4. Prescribe, order, administer and dispense therapeutic measures including pharmacologic agents and devices if authorized under R4-19-511, and non-pharmacological interventions including, but not limited to, durable medical equipment, nutrition, home health care, hospice, physical therapy and occupational therapy.
5. Identify, develop, implement, and evaluate a plan of care for a patient to promote, maintain, and restore health.
6. Perform therapeutic procedures that the RNP is qualified to perform.
7. Delegate therapeutic measures to qualified assistive personnel including medical assistants under R4-19-509.
8. Perform additional acts that the RNP is qualified to perform and that are generally recognized as being within the role and population focus of certification.

- C. An RNP shall only provide health care services including prescribing and dispensing within the RNP's population focus and role and for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

Historical Note

Adopted effective February 25, 1987 (Supp. 87-1). Former Section R4-19-505 renumbered to R4-19-506, new Section R4-19-505 renumbered from R4-19-504 effective November 18, 1994 (Supp. 94-4). Former Section R4-19-505 repealed, new Section R4-19-505 renumbered from R4-19-504 and amended effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). Former R4-19-508 renumbered to R4-19-513; new R4-19-508 renumbered from R4-19-505 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 1483, effective June 2, 2007 (Supp. 07-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore one of the A.R.S. citations in subsection (B) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under subsection (B), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-509. Delegation to Medical Assistants

- A. Under A.R.S. §§ 32-1456 and 32-1601(20), an RNP may delegate patient care to a medical assistant in an office or outpatient setting. The RNP shall verify that a medical assistant to whom the RNP delegates meets at least one of the following qualifications:

1. Completed an approved medical assistant training program as defined in A.A.C. R4-16-101(3);
 2. If a graduate of an unapproved medical assistant training program, passed the medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists;
 3. Completed an unapproved medical assistant training program and was employed as a medical assistant on a continuous basis since completion of the program before February 2, 2000;
 4. Was directly supervised by the same registered nurse practitioner for at least 2000 hours before February 2, 2000; or
 5. Completed a medical services training program of the Armed Forces of the United States.
- B. An RNP may delegate the following acts to a medical assistant who is under the direct supervision of the RNP and demonstrates competency in the performance of the act:
1. Obtain vital signs;
 2. Perform venipuncture and draw blood;
 3. Perform capillary puncture;
 4. Perform pulmonary function testing;
 5. Perform electrocardiography;
 6. Perform patient screening using established protocols;
 7. Perform dosage calculations as applicable to written orders;
 8. Apply pharmacology principles to prepare and administer oral, inhalant, topical, otic, optic, rectal, vaginal and parenteral medications (excluding intravenous medications);
 9. Maintain medication and immunization records;
 10. Assist provider with patient care;
 11. Perform Clinical Laboratory Improvement Amendments (CLIA) waived hematology, chemistry, urinalysis, microbiological and immunology testing;
 12. Screen test results;
 13. Obtain specimens for microbiological testing;
 14. Obtain patient history;
 15. Instruct patients according to their needs to promote health maintenance and disease prevention;
 16. Prepare a patient for procedures or treatments;
 17. Document patient care and education;
 18. Perform first aid procedures;
 19. Perform whirlpool treatments;
 20. Perform diathermy treatments;
 21. Perform electronic galvitation stimulation treatments;
 22. Perform ultrasound therapy;
 23. Perform massage therapy (subject to regulation by massage therapy board);
 24. Apply traction treatments;
 25. Apply Transcutaneous Nerve Stimulation unit treatments;
 26. Apply hot and cold pack treatments; and
 27. Administer small volume nebulizer treatments.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). New Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore one of the A.R.S. citations in subsection (A) was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6,

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2013 (Supp. 13-2). A.R.S. Section reference updated under subsection (A), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-510. Expired**Historical Note**

Section renumbered from R4-19-506 and amended effective November 25, 1996 (Supp. 96-4). Section repealed made by final rulemaking at 10 A.A.R. 792, effective April 3, 2004 (Supp. 04-1). Section R4-19-510 renumbered from R4-19-506 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1093, effective March 24, 2011 (Supp. 11-2).

R4-19-511. Prescribing and Dispensing Authority; Prohibited Acts

- A.** The Board shall authorize a registered nurse practitioner (RNP) to prescribe and dispense (P&D) drugs and devices within the RNP's population focus only if the RNP does all of the following:
1. Obtains authorization by the Board to practice as an RNP;
 2. Applies for prescribing and dispensing privileges on the application for RNP certification;
 3. Submits a completed verified application on a form provided by the Board that contains all of the following information:
 - a. Name, address, e-mail address and home telephone number;
 - b. Arizona registered nurse license number, or copy of compact license;
 - c. RNP population focus;
 - d. RNP certification number issued by the Board; and
 - e. Business address and telephone number;
 4. Submits evidence of a minimum of 45 contact hours of education within the three years immediately preceding the application, covering one or both of the following topics consistent with the population focus of education and certification:
 - a. Pharmacology, or
 - b. Clinical management of drug therapy, and
 5. Submits the required fee.
- B.** An applicant who is denied P & D authority may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the P & D authority. Board hearings shall comply with A.R.S. Title 41, Chapter 6, Article 10, and 4 A.A.C. 19, Article 6, of this Chapter.
- C.** An RNP shall not prescribe or dispense drugs or devices without Board authority or in a manner inconsistent with law. The Board may impose an administrative or civil penalty for each violation, suspend the RNP's P & D authority, or impose other sanctions under A.R.S. § 32-1606(C). In determining the appropriate sanction, the Board shall consider factors such as the number of violations, the severity of each violation, and the potential for or existence of patient harm.
- D.** In addition to acts listed under R4-19-403, for an RNP who prescribes or dispenses a drug or device, a practice that is or might be harmful to the health of a patient or the public, includes one or more of the following:
1. Prescribing a controlled substance to oneself, a member of the RNP's family or any other person with whom the RNP has a relationship that may affect the RNP's ability to use independent, objective and sound judgment when prescribing;

2. Providing any controlled substance or prescription-only drug or device for other than accepted therapeutic purposes;
 3. Delegating the prescribing and dispensing of drugs or devices to any other person;
 4. Prescribing for a patient that is not in the RNP's population focus of education and certification except as authorized in subsection (D)(5)(d); and
 5. Prescribing, dispensing, or furnishing a prescription drug or a prescription-only device to a person unless the RNP has examined the person and established a professional relationship, except when the RNP is engaging in one or more of the following:
 - a. Providing temporary patient care on behalf of the patient's regular treating and licensed health care professional;
 - b. Providing care in an emergency medical situation where immediate medical care or hospitalization is required by a person for the preservation or health, life, or limb;
 - c. Furnishing a prescription drug to prepare a patient for a medical examination; or
 - d. Prescribing antimicrobials to a person who is believed to be at substantial risk as a contact of a patient who has been examined and diagnosed with a communicable disease by the prescribing RNP even if the contact is not in the population focus of the RNP's certification.
 6. Prescribing or dispensing any controlled substance or prescription-only drug or device in a manner that is inconsistent with other state or federal requirements.
- E.** An RNP shall not dispense a Schedule II Controlled Substance that is an opioid, except for an opioid that is for medication assisted treatment for substance use disorders.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by emergency rulemaking at 24 A.A.R. 1678, filed and effective May 23, 2018, valid for 180 days, A.R.S. 41-1026(D) (Supp. 18-2). Emergency renewed with amendments at 24 A.A.R. 3335, filed and effective November 9, 2018, valid for an additional 180 days (Supp. 18-4). Emergency expired. Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-512. Prescribing Drugs and Devices

- A.** An RNP granted P & D authority by the Board may:
1. Prescribe drugs and devices;
 2. Provide for refill of prescription-only drugs and devices for one year from the date of the prescription.
- B.** An RNP with P & D authority who wishes to prescribe a controlled substance shall obtain a DEA registration number before prescribing a controlled substance. The RNP shall file the DEA registration number with the Board.
- C.** An RNP with a DEA registration number may prescribe:
1. A Schedule II controlled substance as defined in the federal Controlled Substances Act, 21 U.S.C. § 801 et seq., or Arizona's Uniform Controlled Substances Act, A.R.S. Title 36, Chapter 27, but shall not prescribe refills of the prescription;

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2. A Schedule III or IV controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, and may prescribe a maximum of five refills in six months; and
 3. A Schedule V controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, and may prescribe refills for a maximum of one year.
- D.** An RNP whose DEA registration is revoked or expires shall not prescribe controlled substances. An RNP whose DEA registration is revoked or limited shall report the action to the Board.
- E.** In all outpatient settings or at the time of hospital discharge, an RNP with P & D authority shall personally provide a patient or the patient's representative with the name of the drug, directions for use, and any special instructions, precautions, or storage requirements necessary for safe and effective use of the drug if any of the following occurs:
1. A new drug is prescribed or there is a change in the dose, form, or direction for use in a previously prescribed drug;
 2. In the RNP's professional judgment, these instructions are warranted; or
 3. The patient or patient's representative requests instruction.
- F.** An RNP with P & D authority shall ensure that all prescription orders contain the following:
1. The RNP's name, address, telephone number, and population focus;
 2. The prescription date;
 3. The name of the patient and either the address of the patient or a blank for the address if the prescription is not being dispensed by the RNP;
 4. The full name of the drug, strength, dosage form, and directions for use;
 5. The letters "DAW", "dispense as written", "do not substitute", "medically necessary" or any similar statement on the face of the prescription form if intending to prevent substitution of the drug;
 6. The RNP's DEA registration number, if applicable; and
 7. The RNP's signature.
- Historical Note**
- Former R4-19-512 renumbered to R4-19-514; new R4-19-512 made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).
- R4-19-513. Dispensing Drugs and Devices**
- A.** A registered nurse practitioner (RNP) granted prescribing and dispensing authority by the Board may:
1. Dispense drugs and devices to patients;
 2. Dispense samples of drugs packaged for individual use without a prescription order or additional labeling;
 3. Only dispense drugs and devices obtained directly from a pharmacy, manufacturer, wholesaler, or distributor; and
 4. Allow other personnel to assist in the delivery of medications provided that the RNP retains responsibility and accountability for the dispensing process.
- B.** If dispensing a drug or device, an RNP with dispensing authority shall:
1. Ensure that the patient has a written prescription that complies with R4-19-512(F) and contains the address of the patient and inform the patient that the prescription may be filled by the prescribing RNP or by a pharmacy of the patient's choice;
 2. Affix a prescription number to each prescription that is dispensed;
 3. Ensure that all original prescriptions are preserved for a minimum of seven years and make the original prescriptions available at all times for inspection by the Board of Nursing, Board of Pharmacy, and law enforcement officers in performance of their duties; and
 4. Report the dispensing of controlled substances to the Board of Pharmacy's Controlled Substance Prescription Monitoring Program as required in A.R.S. § 36-2608.
- C.** An RNP practicing in a public health facility operated by this state or a county or in a qualifying community health center under A.R.S. § 32-1921(D) and (F) may dispense drugs or devices to patients without a written prescription if the public health facility or the qualifying community health center adheres to all storage, labeling, safety, and recordkeeping rules of the Board of Pharmacy.
- D.** An RNP who dispenses a drug shall ensure that a label is affixed that contains all of the following information:
1. Dispensing RNP's name and population focus;
 2. Address and telephone number of the location from which the drug is dispensed;
 3. Date dispensed;
 4. Patient's name and address;
 5. Name and strength of the drug, quantity in the container, directions for use, and any cautionary statements necessary for the safe and effective use of the drug;
 6. Manufacturer and lot number; and
 7. Prescription order number.
- E.** An RNP who dispenses a drug or device shall ensure that the following information about the drug or device is entered into the patient's medical record:
1. Name of the drug, strength, quantity, directions for use, and number of refills;
 2. Date dispensed;
 3. Therapeutic reason;
 4. Manufacturer and lot number; and
 5. Prescription order number.
- F.** An RNP with dispensing authority shall:
1. Keep all drugs in a locked cabinet or room in an area that is not accessible to patients;
 2. If dispensing a controlled substance:
 - a. Control access by a written policy that specifies:
 - i. Those persons allowed access, and
 - ii. Procedures to report immediately the discovery of a shortage or illegal removal of drugs to a local law enforcement agency and provide that agency and the DEA with a written report within seven days of the discovery.
 - b. Maintain and make available to the Board upon request an ongoing inventory and record of:
 - i. A Schedule II controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, separately from all other records, and a prescription for a Schedule II controlled substance in a separate prescription file; and
 - ii. A Schedule III, IV, or V controlled substance, as defined in the federal Controlled Substances Act or Arizona's Uniform Controlled Substances Act, in a form that is readily retrievable from other records.
- G.** If a prescription order is refilled, an RNP with P & D authority shall record the following information on the back of the prescription order or in the patient's medical record:
1. Date refilled,

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2. Quantity dispensed if different from the full amount of the original prescription;
3. RNP's name or identifiable initials, and
4. Manufacturer and lot number.

H. Under the supervision of an RNP with P & D authority, other personnel may:

1. Receive and record a prescription refill request from a patient or a patient's representative;
2. Receive and record a verbal refill authorization from the RNP including:
 - a. The RNP's name;
 - b. Date of refill;
 - c. Name, directions for use, and quantity of drug; and
 - d. Manufacturer and lot number;
3. Prepare and affix a prescription label; and
4. Prepare a drug or device for delivery, provided that the dispensing RNP:
 - a. Inspects the drug or device and initials the label before issuing to the patient to ensure compliance with the prescription; and
 - b. Ensures that the patient is informed of the name of the drug or device, directions for use, precautions, and storage requirements.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 4300, effective October 18, 1999 (Supp. 99-4). Former R4-19-513 renumbered to R4-19-515; new R4-19-513 renumbered from R4-19-508 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2).

R4-19-514. Standards Related to Clinical Nurse Specialist Scope of Practice

In addition to the functions of a registered nurse, a CNS, under A.R.S. § 32-1601(7), may perform one or more of the following for an individual, family, or group within the population focus of certification and for which competency has been maintained:

1. Conduct an advanced assessment, analysis, and evaluation of a patient's complex health needs;
2. Establish primary and differential health status diagnoses;
3. Direct health care as an advanced clinician;
4. Develop, implement, and evaluate a treatment plan according to a patient's need for specialized nursing care;
5. Establish nursing standing orders, algorithms, and practice guidelines related to interventions and specific plans of care;
6. Manage health care according to written protocols;
7. Facilitate system changes on a multidisciplinary level to assist a health care facility and improve patient outcomes cost-effectively;
8. Consult with the public and professionals in health care, business, and industry in the areas of research, case management, education, and administration;
9. Perform psychotherapy if certified as a clinical nurse specialist in psychiatric and mental health nursing;
10. Prescribe and dispense durable medical equipment; or
11. Perform additional acts that the clinical nurse specialist is qualified to perform.

Historical Note

Adopted effective November 25, 1996 (Supp. 96-4). Section R4-19-514 renumbered from R4-19-512 and amended by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1,

provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in the opening subsection was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 1438, effective July 6, 2013 (Supp. 13-2). A.R.S. Section reference updated under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-515. Repealed

Historical Note

Section adopted by final rulemaking at 6 A.A.R. 335, effective December 20, 1999 (Supp. 99-4). Section R4-19-515 renumbered from R4-19-513 by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Repealed by final rulemaking at 18 A.A.R. 2140, effective August 8, 2012 (Supp. 12-3).

R4-19-516. Repealed

Historical Note

New Section made by final rulemaking at 11 A.A.R. 3804, effective November 12, 2005 (Supp. 05-3). Repealed by final rulemaking at 18 A.A.R. 2140, effective August 8, 2012 (Supp. 12-3).

ARTICLE 6. RULES OF PRACTICE AND PROCEDURE

R4-19-601. Expired

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 618, effective December 31, 2001 (Supp. 02-1). Section R4-19-601 renumbered from R4-19-602 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-602. Letter of Concern

A letter of concern issued by the Board is not an appealable agency action as defined in A.R.S. § 41-1092.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-602 renumbered to R4-19-601; new Section R4-19-602 made by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-603. Representation

Any person subject to a hearing may participate in the hearing and may be represented by legal counsel. The Board shall not pay for the person's legal counsel.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-603 repealed; new Section R4-19-603 renumbered from R4-19-604 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-604. Notice of Hearing; Response

- A.** The Board, in consultation with the Office of Administrative Hearings, as necessary shall prepare and serve a written notice of hearing on all parties under A.R.S. § 41-1092.05.
- B.** In addition to the notice requirements in A.R.S. § 41-1092.05(D), the Board shall include the following in the notice:

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1. The full name, address, and license number, if any, of the licensee, certificate holder, program, or applicant;
 2. The name, mailing address, and telephone number of the Board's executive director or Board designee if the hearing is to be conducted by the Board;
 3. A statement that a hearing will proceed without a party's presence if a party fails to attend or participate in the hearing;
 4. The names and mailing addresses of persons to whom notice is being given, including the Attorney General representing the state at the hearing; and
 5. Any other matters relevant to the proceedings.
- C.** The party named in the notice of hearing shall file a written response under A.R.S. § 32-1664 within 30 days after service of the notice of hearing. The response shall contain:
1. The party's name, address, and telephone number;
 2. Whether the party has legal representation and, if so, the name and address of the attorney;
 3. A response to the allegations contained in the notice of hearing; and
 4. Any other matters relevant to the proceedings.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-604 renumbered to R4-19-603; new Section R4-19-604 renumbered from R4-19-605 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-605. Expired**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-605 renumbered to R4-19-604; new Section R4-19-605 renumbered from R4-19-606 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-606. Expired**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-606 renumbered to R4-19-605; new Section R4-19-606 renumbered from R4-19-607 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-607. Recommended Decision

The Administrative Law Judge who conducts the hearing shall make a recommended decision under A.R.S. § 41-1092.08. The Board shall immediately transmit a copy of the recommended decision to each party. Each party may file a memorandum of objections for consideration at the next Board meeting that contains the reasons why the recommended decision is in error or requires correction, and includes appropriate citations to the record, statutes, or rules in support of each objection.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-607 renumbered to R4-19-606; new Section R4-19-607 renumbered from R4-19-612 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-608. Rehearing or Review of Decision

- A.** A party may file a motion for rehearing or review of a decision under A.R.S. §§ 41-1092.09 and 32-1665.
- B.** The Board may grant a rehearing or review of the decision for any of the following causes materially affecting the moving party's rights:
1. Irregularity in the administrative proceedings of the Board or the administrative law judge, or any order, or abuse of discretion, which deprived the moving party of a fair hearing;
 2. Misconduct of the Board, the administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or exclusion of evidence or other errors of law occurring during the pendency of the proceeding or at the administrative hearing; or
 7. The decision is not justified by the evidence or is contrary to law.
- C.** Upon the Board's receipt of a motion for rehearing or review, the Board may affirm or modify the decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in subsection (B). An order granting a rehearing shall specify with particularity the grounds for the order. Any rehearing shall cover only those specified matters.
- D.** Within the time limits of A.R.S. § 41-1092.09, the Board may order a rehearing or review on its own initiative for any of the reasons in subsection (B). The Board shall specify the grounds for the rehearing or review in the order.
- E.** When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days of such service, serve opposing affidavits.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1). Section R4-19-608 renumbered from R4-19-614 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-609. Effectiveness of Orders

- A.** Except as provided in subsection (B), a decision is final upon expiration of the time for filing a request for rehearing or review or upon denial of such a request, whichever is later. If the Board grants a rehearing or review, the decision is stayed until another order is issued.
- B.** If it finds that the public health, safety, or welfare imperatively requires emergency action, the Board may proceed under A.R.S. § 41-1092.11(B), ordering summary suspension of a license while other proceedings are pending. If the Board orders a summary suspension, a party shall exhaust the party's administrative remedies by filing a motion for rehearing or review under A.R.S. § 41-1092.09(B) before seeking judicial review of the decision.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1). Section R4-19-609 renumbered from R4-19-615 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-610. Expired

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Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1).

R4-19-611. Expired**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1).

R4-19-612. Renumbered**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section renumbered to R4-19-607 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-613. Expired**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective December 31, 2001 (Supp. 02-1).

R4-19-614. Renumbered**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section renumbered to R4-19-608 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-615. Renumbered**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Section renumbered to R4-19-609 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

ARTICLE 7. PUBLIC PARTICIPATION PROCEDURES**R4-19-701. Expired****Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2692, effective August 31, 2011 (Supp. 11-4).

R4-19-702. Petition for Rulemaking; Review of Agency Practice or Substantive Policy Statement; Objection to Rule Based Upon Economic, Small Business, or Consumer Impact

A person may petition the Board, requesting the making of a final rule, or a review of an existing agency practice or substantive policy statement that the petitioner alleges to constitute a rule under A.R.S. § 41-1033, or objecting to a rule under A.R.S. § 41-1056.01, by filing a petition which contains the following:

1. The name, current address, and telephone number of the person submitting the petition.
2. For the making of a new rule, the specific language of the proposed rule.
3. For amendment of a current rule, the *Arizona Administrative Code* (A.A.C.) Section number, the Section heading, and the specific language of the current rule, with any language to be deleted stricken through but legible, and any new language underlined.
4. For repeal of a current rule, the A.A.C. Section number and Section heading proposed for repeal.
5. The reasons the rule should be made, specifically stating in reference to an existing rule, why the rule is inadequate, unreasonable, unduly burdensome, or otherwise

not acceptable. The petitioner may provide additional supporting information including:

- a. Any statistical data or other justification, with clear references to attached exhibits;
 - b. An identification of any person or segment of the public that would be affected and how they would be affected; and
 - c. If the petitioner is a public agency, a summary of relevant issues raised in any public hearing, or written comments offered by the public.
6. For a review of an existing agency practice or substantive policy statement alleged to constitute a rule, the reasons the existing agency practice or substantive policy statement constitutes a rule and the proposed action requested of the Board.
 7. For an objection to a rule based upon the economic, small business, or consumer impact, evidence of any of the following grounds:
 - a. The actual economic, small business, or consumer impact significantly exceeded the impact estimated in the economic, small business, and consumer impact statement submitted during the making of the rule.
 - b. The actual economic, small business, or consumer impact was not estimated in the economic, small business, and consumer impact statement submitted during the making of the rule and that actual impact imposes a significant burden on persons subject to the rule.
 - c. The Board did not select the alternative that imposes the least burden and costs to persons regulated by the rule, including paperwork and other compliance costs, necessary to achieve the underlying regulatory objective.
 8. The signature of the person submitting the petition.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 1419, effective July 6, 2013 (Supp. 13-2).

R4-19-703. Oral Proceedings

- A. The Board shall schedule an oral proceeding on all rulemakings and publish the notice as prescribed in A.R.S. § 41-1023. A Board member, the executive director, or a Board staff member shall serve as presiding officer at an oral proceeding.
- B. The Board shall record all oral proceedings either by an electronic recording device or stenographically, and any resulting cassette tapes or transcripts, registers, and all written comments received shall become part of the official record.
- C. The presiding officer shall conduct an oral proceeding according to A.R.S. § 41-1023; and
 1. Request each person in attendance register;
 2. Obtain the following information from any person who intends to speak:
 - a. Name and whether the person represents another;
 - b. Position with regard to the proposed rule; and
 - c. Approximate length of time needed to speak;
 3. Open the proceeding by identifying the subject matter of the rules under consideration and the purpose of the proceeding;
 4. Present the agenda;
 5. Ensure that a Board representative explains the background and general content of the proposed rules;
 6. Limit comments to a reasonable period, and prevent undue repetition of comments;

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7. Announce the address for written public comments and the date and time for the close of record; and
8. Close the proceeding if there are no persons in attendance within 15 minutes after the posted meeting time.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-703 repealed; new Section R4-19-703 renumbered from R4-19-704 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-704. Petition for Altered Effective Date

- A. A person wishing to alter the effective date of a rule shall file a written petition that contains:
 1. The name, current address, and telephone number of the person submitting the petition;
 2. Identification of the proposed rule;
 3. If the person is petitioning for an immediate effective date, a demonstration that the immediate date is necessary for one or more of the reasons in A.R.S. § 41-1032(A);
 4. If the person is petitioning for a later effective date, more than 60 days after filing of the rule, a demonstration under A.R.S. § 41-1032(B) that good cause exists for, and the public interest will not be harmed by, the later effective date; and
 5. The signature of the person submitting the petition.
- B. The Board shall make a decision and notify the petitioner of the decision within 60 days of receipt of the petition.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-704 renumbered to R4-19-703; new Section R4-19-704 renumbered from R4-19-705 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-705. Written Criticism of an Existing Rule

- A. Any person may file with the Board a written criticism of an existing rule that contains:
 1. The rule addressed, and
 2. The reason the existing rule is inadequate, unduly burdensome, unreasonable, or improper.
- B. The Board shall acknowledge receipt of any criticism within 10 working days and shall place the criticism in the official record for review by the Board under A.R.S. § 41-1056.

Historical Note

Adopted effective October 10, 1996 (Supp. 96-4). Former Section R4-19-705 renumbered to R4-19-704; new Section R4-19-705 renumbered from R4-19-706 and amended by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

R4-19-706. Renumbered**Historical Note**

Adopted effective October 10, 1996 (Supp. 96-4). Renumbered to R4-19-705 by final rulemaking at 9 A.A.R. 1288, effective June 3, 2003 (Supp. 03-2).

ARTICLE 8. CERTIFIED AND LICENSED NURSING ASSISTANTS AND CERTIFIED MEDICATION ASSISTANTS

R4-19-801. Common Standards for Nursing Assistant (NA) and Certified Medication Assistant (CMA) Training Programs

- A. Program Administrative Responsibilities
 1. Any person or entity offering a training program under this Article shall, before accepting tuition from prospec-

tive students, and at all times thereafter, provide program personnel including a coordinator and instructors, as applicable, who meet the requirements of this Article.

2. If at any time, a person or entity offering a training program cannot provide a qualified instructor for its students, it shall immediately cease instruction and, if the training program cannot provide a qualified instructor within 5 business days, the training program shall offer all enrolled students a refund of all tuition and fees the students have paid to the program.
3. A training program shall obtain and maintain Board approval or re-approval as specified in this Article and A.R.S. § 32-1650.01 (B) before advertising the program, accepting any tuition, fees, or other funds from prospective students, or enrolling students.
4. A training program that uses external clinical facilities shall execute a written agreement with each external clinical facility.
5. A training program that requires students to pay tuition for the program shall:
 - a. Make all program costs readily accessible on the school's website with effective dates,
 - b. Publicly post any increases in costs on the school's website 30 days in advance of the increase;
 - c. Include in the cost calculation and public posting, all fees directly paid to the program including but not limited to tuition, lab fee, clinical fee, enrollment fee, insurance, books, uniform, health screening, credit card fee and state competency exam fee; and
 - d. Provide a description of all program costs to the student that are not directly paid to the program.
6. Before collecting any tuition or fees from a student, a training program shall notify each prospective student of Board requirements for certification and licensure including:
 - a. Legal presence in the United States; and
 - b. For licensure, criminal background check requirements, and ineligibility under A.R.S. § 32-1606(B)(15) and (16).
7. Within the first 14 days of the program and before 50% of program instruction occurs, a training program shall transmit to the Board-approved test vendor, accurate and complete information regarding each enrolled student for the purposes of tracking program enrollment, attrition and completion. Upon receipt of accurate completion information, the vendor shall issue a certificate of completion to the program for each successful graduate.
8. A training program shall provide the Board, or its designee, access to all training program records, students and staff at any time, including during an announced or unannounced visit. A program's refusal to provide such access is grounds for withdrawal of Board approval.
9. A training program shall provide each student with an opportunity to anonymously and confidentially evaluate the course instructor, curriculum, classroom environment, clinical instructor, clinical setting, textbook and resources of the program;
10. A training program shall provide and implement a plan to evaluate the program that includes the frequency of evaluation, the person responsible, the evaluative criteria, the results of the evaluation and actions taken to improve the program. The program shall evaluate the following elements at a minimum every two years:
 - a. Student evaluations consistent with subsection (A)(9);

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- b. First-time pass rates on the written and manual skills certification exams for each admission cohort;
 - c. Student attrition rates for each admission cohort;
 - d. Resolution of student complaints and grievances in the past two years; and
 - e. Review and revision of program policies.
11. A training program shall submit written documentation and information to the Board regarding the following program changes within 30 days of instituting the change:
- a. For a change or addition of an instructor or coordinator, the name, RN license number, and documentation that the coordinator or instructor meets the applicable requirements of R4-19-802(B) and (C) for NA programs and R4-19-803 (B) for CMA programs;
 - b. For a change in classroom location, the previous and new location, and a description of the new classroom;
 - c. For a change in a clinical facility, the name and address of the new facility and a copy of the signed clinical contract;
 - d. For a change in the name or ownership of the training program, the former name or owners and the new name or owners; and
 - e. For a decrease in hours of the program, a written revised curriculum document that clearly highlights new content, strikes out deleted content and includes revised hours of instruction, as applicable.
- B. Policies and Procedures**
1. A training program shall promulgate and enforce written policies and procedures that comply with state and federal requirements, and are consistent with the policies and procedures of the parent institution, if any. The program shall provide effective and review dates for each policy or procedure.
 2. A training program shall provide a copy of its policies and procedures to each student on or before the first day the student begins the program.
 3. The program shall promulgate and enforce the following policies with accompanying procedures:
 - a. Admission requirements including:
 - i. Criminal background, health and drug screening either required by the program or necessary to place a student in a clinical agency; and
 - ii. English language, reading and math skills necessary to comprehend course materials and perform duties safely.
 - b. Student attendance policy, ensuring that a student receives the hours and types of instruction as reported to the Board in the program's most recent application to the Board and as required in this Article. If absences are permitted, the program shall ensure that each absence is remediated by providing and requiring the student to complete learning activities that are equivalent to the missed curriculum topics, clinical experience or skill both in substance and in classroom or clinical time.
 - c. A final examination policy that includes the following provisions:
 - i. Require that its students score a minimum 75% correct answers on a comprehensive secure final examination with no more than one re-take. The program may allow an additional re-take following documented, focused remediation based on past test performance. Any re-take examination must contain different items than the failed exam, address all course competencies, and be documented with score, date administered and proctor in the student record; and
 - ii. Require that each student demonstrate, to program faculty, satisfactory performance of each practical skill as prescribed in the curriculum before performance of that skill on patients or residents without the instructor's presence, direct observation, and supervision.
- C. Classroom and clinical instruction**
1. During clinical training sessions, a training program shall ensure that each student is identified as a student by a name badge or another means readily observable to staff, patients, and residents.
 2. A training program shall not utilize, or allow the clinical facility to utilize, students as staff during clinical training sessions.
 3. A training program shall provide a clean, comfortable, distraction-free learning environment for didactic teaching and skill practice.
 4. A training program shall provide, in either electronic or paper format, a written curriculum to each student on or before the first day of class that includes a course description, course hours including times of instruction and total course hours, instructor information, passing requirements, course goals, and a topical schedule containing date, time and topic for each class session.
 5. For each unit or class session the program shall provide, to its students, written:
 - a. Measurable learner-centered objectives,
 - b. An outline of the material to be taught, and
 - c. The learning activities or reading assignment.
 6. A training program shall utilize an electronic or paper textbook corresponding to the course curriculum that has been published within the previous five years. Unless granted specific permission by the publisher, a training program shall not utilize copies of published materials in lieu of an actual textbook.
 7. A training program shall provide, to all program instructors and enrolled students, access to the following instructional and educational resources:
 - a. Reference materials, corresponding to the level of the curriculum; and
 - b. Equipment and supplies necessary to practice skills.
 8. A training program instructor shall:
 - a. Plan each learning experience;

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- b. Ensure that the curriculum meets the requirements of this Section;
 - c. Prepare written course goals, lesson objectives, class content and learning activities;
 - d. Schedule and achieve course goals and objectives by the end of the course; and
 - e. Require satisfactory performance of all critical elements of each skill under R4-19-802(H) for nursing assistant and R4-19-803(D)(4) for medication assistant before allowing a student to perform the skill on a patient or resident without the instructor's presence at the bedside.
 - 9. A qualified RN instructor shall be present at all times and during all scheduled classroom, skills laboratory and clinical sessions. In no instance shall a nursing assistant or other unqualified person provide any instruction, reinforcement, evaluation or independent activities in the classroom or skills laboratory.
 - 10. A qualified RN instructor shall supervise any student who provides care to patients or residents by:
 - a. Remaining in the clinical facility and focusing attention on student learning needs during all student clinical experiences;
 - b. Providing the instructor's current and valid contact information to students and facility staff during the instructor's scheduled teaching periods;
 - c. Observing each student performing tasks taught in the training program;
 - d. Documenting each student's performance each day, consistent with course skills and clinical objectives;
 - e. During the clinical session, engaging exclusively in activities related to the supervision of students; and
 - f. Reviewing all student documentation.
- D. Records**
- 1. A training program shall maintain the following program records either electronically or in paper form for a minimum of three years for NA programs and five years for CMA programs:
 - a. Curriculum and course schedule for each admission cohort;
 - b. Results of state-approved written and manual skills testing;
 - c. Documentation of program evaluation under subsection (A)(10);
 - d. A copy of any Board reports, applications, or correspondence, related to the program; and
 - e. A copy of all clinical contracts, if using outside clinical agencies.
 - 2. A training program shall maintain the following student records either electronically or in paper form for a minimum of three years for NA programs and five years for CMA programs:
 - a. A record of each student's legal name, date of birth, address, telephone number, e-mail address and Social Security number, if available;
 - b. A completed skill checklist containing documentation of student level of competency performing the skills in R4-19-802(F) for nursing assistant, and in R4-19-803(D)(4) for medication assistants;
 - c. An accurate attendance record, which describes any make-up class sessions and reflects whether the student completed the required number of hours in the course;
 - d. Scores for each test, quiz, or exam and whether such test, quiz, or exam was retaken; and
 - e. For NA programs only, a copy of a document providing proof of legal presence in the United States as specified in A.R.S. § 41-1080 to be remitted to the Board's designated testing vendor in order to facilitate timely placement of program graduates on a nursing assistant registry.
- E. Certifying Exam Passing Standard:** A training program and each site of a consolidated program under R4-19-802(E) shall attain, at a minimum, an annual first-time passing rate on the manual skill and written certifying examinations that is equal to the Arizona average pass rate for all candidates on each examination minus 20 percentage points. The Board may waive this requirement for programs with less than five students taking the exam during the year. The Board shall issue a notice of deficiency under R4-19-805 to any program with five or more students taking the exam that fails to achieve the minimum passing standard in any calendar year.
- F. Distance Learning; Innovative Programs**
- 1. A training program may be offered using real-time interactive distance technologies such as interactive television and web based conferencing if the program meets the requirements of this Article.
 - 2. Before a training program may offer, advertise, or recruit students for an on-line, innovative or other non-traditional program, the program shall submit an application for innovative applications in education under R4-19-214 and receive Board approval.
- G. Site visits:** A training program shall permit the Board, and its designee, including another state agency, to conduct an onsite scheduled evaluation for initial Board approval and renewal of approval in accordance with R4-19-804 and announced or unannounced site visits at any other time the Board deems necessary.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). A.R.S. Section reference updated under subsection (A)(6), under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-802. Nursing Assistant (NA) Program Requirements**A. Organization and Administration**

- 1. A nursing assistant program may be offered by:
 - a. An educational institution licensed by the State Board for Private Postsecondary Education,
 - b. A public educational institution or a program funded by a local, state or federal governmental agency,
 - c. A health care institution licensed by the Arizona Department of Health Services or a federally authorized health care institution,
 - d. A private business that meets the requirements of this Article and all other legal requirements to operate a business in Arizona.
- 2. If a nursing assistant program is offered by a private business, the program shall meet the following requirements.
 - a. Hold insurance covering any potential or future claims for damages resulting from any aspect of the

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program or a hold a surety bond from a surety company with a financial strength rating of "A minus" or better by Best's Credit Ratings, Moody's Investors Service, Standard and Poor's rating service or another comparable rating service as determined by the Board in the amount of a minimum of \$15,000. The program shall ensure that:

- i. Bond or insurance distributions are limited to students or former students with a valid claim for instructional or program deficiencies;
 - ii. The amount of the bond or insurance is sufficient to reimburse the full amount of collected tuition and fees for all students during all enrollment periods of the program; and
 - iii. The bond or insurance is maintained for an additional 24 months after program closure; and
- b. Upon initial use and remodeling, provide the Board with a fire inspection report from the Office of the State Fire Marshall or the local authority with jurisdiction, indicating that each program classroom and skill lab location is in compliance with the applicable fire code.
3. Programs approved by the Board before the effective date of this Section shall comply with subsection (A)(2) within one year of the effective date. If a program does not charge tuition or fees, the bond requirement is waived.
 4. A Medicare or Medicaid certified long-term care facility-based nursing assistant program shall not require a student to pay a fee for any portion of the program including the initial attempt on the state competency exam.
 5. In addition to the policies required in R4-19-801(B), the Board may approve a nursing assistant program to offer an advanced placement option to a student with a background in health care. A nursing assistant program wishing to offer an advance placement option shall submit their advanced placement policy to the Board and receive approval before implementing the policy. The program shall include, at a minimum, the following provisions in its policy:
 - a. Advanced placement is limited to students with at least one year full-time employment in the direct provision of health care within the past five years or students who have successfully completed course work that included direct patient care experiences in allied health, medicine or nursing in the past five years.
 - b. The program, at a minimum, shall require an advanced placement student to meet the same outcomes as regular students on all examinations and skill performance demonstrations.
 - c. The program shall require an advanced placement student to successfully accomplish all clinical objectives during a minimum of 16 hours of clinical practice under the direct supervision and observation of a qualified instructor and in a long-term care facility.
 - d. Upon successful completion of advanced placement and any other program requirements, the program shall credit the graduate with the same number of didactic, laboratory and clinical hours as the regular graduate.

B. Program coordinator qualifications and responsibilities

1. Program coordinator qualifications include:
 - a. Holding a current, registered nurse license that is active and in good standing or multistate privilege to

practice as an RN under A.R.S. Title 32, Chapter 15; and

- b. Possessing at least two years of nursing experience at least one year of which is in the provision of long-term care facility services.
2. A director of nursing in a health care facility may assume the role of a program coordinator for a nursing assistant training program that is housed in the facility but shall not function as a program instructor.
 3. A program coordinator's responsibilities include:
 - a. Supervising and evaluating the program;
 - b. Ensuring that instructors meet Board qualifications and there are sufficient instructors to provide for a clinical ratio not to exceed 10 students per instructor;
 - c. Ensuring that the program meets the requirements of this Article; and
 - d. Ensuring that the program meets federal requirements regarding clinical facilities under 42 CFR 483.151.
 4. Other than the director of nursing in a long-term care facility, a program coordinator may also serve as a program instructor.
- C. Program instructor qualifications and duties**
1. Program instructor qualifications include:
 - a. Holding a current, registered nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15 and provide documentation of a minimum of one year full time or 1500 hours employment providing direct care as a registered nurse in any setting; and
 - b. At a minimum, one of the following:
 - i. Successful completion of a three semester credit course on adult teaching and learning concepts offered by an accredited post-secondary educational institution,
 - ii. Completion of a 40 hour continuing education program in adult teaching and learning concepts that was awarded continuing education credit by an accredited organization,
 - iii. One year of full-time or 1500 hours experience teaching adults as a faculty member or clinical educator, or
 - iv. One year of full time or 1500 hours experience supervising nursing assistants, either in addition to or concurrent with the one year of experience required in subsection (C)(1)(a).
 2. In addition to the program instruction requirements in R4-19-801(C), a nursing assistant program instructor shall provide on-site supervision for each student placed in a health care facility not to exceed 10 students per instructor;

D. Clinical and classroom hour requirements and resources

1. A nursing assistant training program shall ensure each graduate receives a minimum of 120 hours of total instruction consisting of:
 - a. Instructor-led teaching in a classroom setting for a minimum of 40 hours;
 - b. Instructor-supervised skills practice and testing in a laboratory setting for a minimum of 20 hours; and
 - c. Instructor-supervised clinical experiences for a minimum of 40 hours, consistent with the goals of the program. Clinical requirements include the following:
 - i. The program shall provide students with clinical orientation to any clinical setting utilized.

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- ii. The program shall provide a minimum of 20 hours of direct resident care in a long-term care facility licensed by the Department of Health Services, except as provided in subsection (iv). Direct resident care does not include orientation and clinical pre and post conferences.
 - iii. If another health care facility is used for additional required hours, the program shall ensure that the facility provides opportunities for students to apply nursing assistant skills similar to those provided to long-term care residents.
 - iv. If a long-term care facility licensed by the Department of Health Services is not available within 50 miles of the training program's classroom, the program may provide the required clinical hours in a facility or unit that cares for residents or patients similar to those residing in a long-term care facility.
 - d. To meet the 120 hour minimum program hour requirement, a NA program shall designate an additional 20 hours to classroom, skill or clinical instruction based upon the educational needs of the program's students and program resources.
 - 2. A nursing assistant training program shall ensure that equipment and supplies are in functional condition and sufficient in number for each enrolled student to practice required skills. At a minimum, the program shall provide:
 - a. Hospital-type bed, over-bed table, linens, linen protectors, pillows, privacy curtain, call-light and night-stand;
 - b. Thermometers, stethoscopes, including a teaching stethoscope, aneroid blood pressure cuffs, and a scale;
 - c. Realistic skill training equipment, such as a manikin or model, that provides opportunity for practice and demonstration of perineal care;
 - d. Personal care supplies including wash basin, towels, washcloths, emesis basin, rinse-free wash, tooth brushes, disposable toothettes, dentures, razor, shaving cream, emery board, orange stick, comb, shampoo, hair brush, and lotion;
 - e. Clothes for dressing residents including undergarments, socks, hospital gowns, shirts, pants and shoes or non-skid slippers;
 - f. Elimination equipment including fracture bed pans, bed pans, urinals, ostomy supplies, adult briefs, specimen cups, graduate cylinder, and catheter supplies;
 - g. Aseptic and protective equipment including running water, sink, soap, paper towels, clean disposable gloves, surgical masks, particulate respirator mask for demonstration purposes, gowns, hair protectors and shoe protectors;
 - h. Restorative equipment including wheelchair, gait belt, walker, anti-embolic hose, adaptive equipment, and cane;
 - i. Feeding supplies including cups, glasses, dishes, straws, standard utensils, adaptive utensils and clothing protectors;
 - j. Clean dressings, bandages and binders; and
 - k. Documentation forms.
- E. Consolidated Programs**
1. A nursing assistant program may request, in writing, to consolidate more than one site of a program under one program approval for convenience of administration. The site of a program is where didactic instruction occurs.
- The Board may approve the request for a consolidated program if all the following conditions are met:
- a. The program is not based in a long-term care facility;
 - b. The program does not offer an innovative program as defined in R4-19-214 at any consolidated site;
 - c. A single RN administrator has authority and responsibility for all sites including hiring, retention and evaluation of all program personnel;
 - d. Curriculum and policies are identical for all sites;
 - e. Instructional delivery methods are substantially similar at all sites;
 - f. Didactic, lab practice and clinical hours are identical for all sites;
 - g. The program presents sufficient evidence that all sites have comparable resources, including classroom, skill lab, clinical facilities and staff. Evidence may include pictures, videos, documentation of equipment purchase and instructor resumes;
 - h. The program provides an application to the Board a minimum of 30 days before consolidation of the program or use of the new site;
 - i. The site is fully staffed before accepting students;
 - j. The program evaluates each site separately under R4-19-801(A)(9);
 - k. The program arranges for the test vendor to provide a separate program number for each site;
2. There have been no substantiated complaints against the program or failure to follow the provisions of this Article in the past two years.
 3. The program shall notify the Board if a site is closed or has not been used in two years.
 4. A program that has been Board-approved as a consolidated program may request to add additional sites 30 days in advance of site utilization. The Board may approve the new site if the site meets the criteria in subsection (E)(1).
 5. The Board may deny a request to consolidate programs or add a site if the requirements of this section are not met. Denial of such a request is not a disciplinary action and does not affect the program's approval status.
 6. The Board shall not renew or visit any site that was not used in the previous approval period.
- F. Curriculum:** a nursing assistant training program shall provide classroom and clinical instruction regarding each of the following subjects:
1. Communication, interpersonal skills, and documentation;
 2. Infection control;
 3. Safety and emergency procedures, including abdominal thrusts for foreign body airway obstruction and cardiopulmonary resuscitation;
 4. Patient or resident independence;
 5. Patient or resident rights, including the right to:
 - a. Confidentiality;
 - b. Privacy;
 - c. Be free from abuse, mistreatment, and neglect;
 - d. Make personal choices;
 - e. Obtain assistance in resolving grievances and disputes;
 - f. Security of a patient's or resident's personal property; and
 - g. Be free from restraints;
 6. Recognizing and reporting abuse, mistreatment or neglect to a supervisor;
 7. Basic nursing assistant skills, including:
 - a. Taking vital signs, height, and weight using standing, wheelchair and bed scales;

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- b. Maintaining a patient's or resident's environment;
 - c. Observing and reporting pain;
 - d. Assisting with diagnostic tests including obtaining specimens;
 - e. Providing care for patients or residents with drains and tubes including catheters and feeding tubes;
 - f. Recognizing and reporting abnormal patient or resident physical, psychological, or mental changes to a supervisor;
 - g. Applying clean bandages;
 - h. Providing peri-operative care; and
 - i. Assisting in admitting, transferring, or discharging patients or residents.
8. Personal care skills, including:
- a. Bathing, skin care, and dressing;
 - b. Oral and denture care;
 - c. Shampoo and hair care;
 - d. Fingernail care;
 - e. Toileting, perineal, and ostomy care;
 - f. Feeding and hydration, including proper feeding techniques and use of assistive devices in feeding; and
9. Age specific, mental health, and social service needs, including:
- a. Modifying the nursing assistant's behavior in response to patient or resident behavior,
 - b. Demonstrating an awareness of the developmental tasks and physiologic changes associated with the aging process,
 - c. Responding to patient or resident behavior,
 - d. Allowing the resident or patient to make personal choices and providing and reinforcing other behavior consistent with the individual's dignity,
 - e. Providing culturally sensitive care,
 - f. Caring for the dying patient or resident, and
 - g. Using the patient's or resident's family as a source of emotional support for the resident or patient;
10. Care of the cognitively impaired patient or resident including:
- a. Understanding and addressing the unique needs and behaviors of patients or residents with dementia or other cognitive impairment,
 - b. Communicating with cognitively impaired patients or residents,
 - c. Reducing the effects of cognitive impairment, and
 - d. Appropriate responses to the behavior of cognitively impaired individuals.
11. Skills for basic restorative services, including:
- a. Body mechanics;
 - b. Resident self-care;
 - c. Assistive devices used in transferring, ambulating and dressing;
 - d. Range of motion exercises;
 - e. Bowel and bladder training;
 - f. Care and use of prosthetic and orthotic devices; and
 - g. Turning and positioning a resident in bed, transferring a resident between bed and chair and positioning a resident in a chair.
12. Health care team member skills including the role of the nursing assistant and others on the health care team, time management and prioritizing work; and
13. Legal aspects of nursing assistant practice, including:
- a. Requirements for licensure and registry placement and renewal.
 - b. Delegation of nursing tasks,
 - c. Ethics,
 - d. Advance directives and do-not-resuscitate orders, and
 - e. Standards of conduct under R4-19-814.
14. Body structure and function, together with common diseases and conditions.
- G.** Curriculum sequence: A nursing assistant training program shall provide a student with a minimum of 16 hours instruction in the subjects identified in subsections (F)(1) through (F)(6) before allowing a student to care for patients or residents.
- H.** Skills: A nursing assistant instructor shall verify and document that the following skills are satisfactorily performed by each student before allowing the student to perform the skill on a patient or resident without the instructor present:
- 1. Hand hygiene, gloving and gowning; and
 - 2. Skills in subsection (F)(7), (8) and (11)(a), (c), (d), (f), and (g).
- I.** One-year approval: following receipt and review of a complete initial application as specified in R4-19-804 the Board may approve the program for a period that does not exceed one year, if requirements are met, without a site visit.
- J.** A Medicare or Medicaid certified long-term care facility-based program shall provide in its initial and each renewal application, a signed, sworn, and notarized document, executed by the program coordinator, affirming that the program does not require a nursing assistant student to pay a fee for any portion of the program including the initial attempt on the state competency exam.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 23 A.A.R. 1420, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-803. Certified Medication Assistant Program Requirements

- A.** Organization and Administration: A certified medication assistant (CMA) program may only be offered by those entities identified in A.R.S. § 32-1650.01(A).
- B.** Instructor qualifications and duties
- 1. A medication assistant program instructor shall:
 - a. Hold a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15;
 - b. Possess at least two years or 3,000 hours of direct care nursing experience; and
 - c. Have administered medications to residents of a long-term care facility for a minimum of 40 hours.
 - 2. Duties of a medication assistant instructor include, but are not limited to:
 - a. Ensuring that the program meets the requirements of this Article;
 - b. Planning each learning experience;
 - c. Teaching a curriculum that meets the requirements of this Section;
 - d. Implementing student and program evaluation policies that meet or exceed the requirements R4-19-801(A)(9) and (10);
 - e. Administering not less than three secure unit examinations and one comprehensive final exam consisting

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- tent with the course curriculum and the requirements of R4-19-801(B)(3)(c) and;
- f. Requiring each student to demonstrate satisfactory performance of all critical elements of each skill in subsection (D)(4) before allowing a student to perform the skill on a patient or resident without the instructor's presence and direct observation;
 - g. Being physically present and attentive to students in the classroom and clinical setting at all times during all sessions;
3. A program instructor shall supervise only one student for the first 12 hours of each student's clinical experience; no more than three students for the next 12 hours of each student's clinical experience; and no more than five students for the next 16 hours of each student's clinical experience;
- C. Clinical and classroom hour requirements and resources**
1. A medication assistant training program shall ensure each graduate received a minimum of 100 hours of total instruction consisting of:
 - a. Instructor-led didactic instruction for a minimum of 45 hours;
 - b. Instructor supervised skill practice and testing for a minimum of 15 hours;
 - c. Instructor supervised medication administration for a minimum of 40 hours in a long-term care facility licensed by the Department of Health Services.
 2. A medication assistant program shall ensure that equipment and supplies are in functional condition and sufficient in number for each enrolled student to practice required skills in subsection (D)(3) and (D)(4). At a minimum, the program shall provide the following:
 - a. A medication cart similar to one used in the clinical practice facility;
 - b. Simulated medications and packaging consistent with resident medications;
 - c. Pill crushers, pill splitters, medication cups and hand hygiene supplies;
 - d. Medication administration record forms; and
 - e. Current drug references, calculator and any other equipment used to administer medications safely.
- D. Curriculum:** a medication assistant training program shall provide classroom and clinical instruction in each of the following subjects.
1. Role of certified medication assistant (CMA) in Arizona including allowable acts, conditions, delegation and restrictions;
 2. Principles of medication administration including:
 - a. Terminology,
 - b. Laws affecting drug administration,
 - c. Drug references,
 - d. Medication action,
 - e. Medication administration across the human life-span,
 - f. Dosage calculation,
 - g. Medication safety,
 - h. Asepsis, and
 - i. Documentation.
 3. Medication properties, uses, adverse effects, administration and care implications for the following types of medications:
 - a. Vitamins, minerals, and herbs,
 - b. Antimicrobials,
 - c. Eye and ear medications,
 - d. Skin medications,
 - e. Cardiovascular medications,
 - f. Respiratory medications,
 - g. Gastrointestinal medications,
 - h. Urinary system medications and medications to attain fluid balance,
 - i. Endocrine/reproductive medications,
 - j. Musculoskeletal medications,
 - k. Nervous system/sensory system medications and
 - l. Psychotropic medications.
 4. Medication administration theory and skill practice in administration of:
 - a. Oral tablets, capsules, and solutions;
 - b. Ear drops, eye drops and eye ointments;
 - c. Topical lotions, ointments and solutions;
 - d. Rectal suppositories; and
 - e. Nasal drops and sprays.
 5. Any other topics deemed by the program or the Board as necessary and pertinent to the safe administration of medications.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3).

R4-19-804. Initial Approval and Re-Approval Training Programs

- A.** An applicant for initial training program approval shall submit an application packet to the Board at least 90 days before the expected starting date of the program. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper plus one electronic copy of the entire packet. The Board does not accept notebooks, spiral bound documents, manuals or books.
- B.** The Board may impose disciplinary action including denial on any training program that has advertised, conducted classes, recruited or collected money from potential students before receiving Board approval or after expiration of approval except for completing instruction to students who enrolled before the expiration date.
- C.** A program applying for initial approval shall include all of the following in their application packet:
 1. Name, address, web address, telephone number, e-mail address and fax number of the program;
 2. Identity of all program owners or sponsoring institutions;
 3. Name, license number, telephone number, e-mail address and qualifications of the program coordinator as required in R4-19-802;
 4. Name, license number, telephone number, e-mail address and qualifications of each program instructor including clinical instructors as required in either R4-19-802 for NA programs or R4-19-803 for CMA programs;
 5. Name, telephone number, e-mail address and qualifications any person with administrative oversight of the training program, such as an owner, supervisor or director;
 6. Accreditation status of the training program, if any, including the name of the accrediting body and date of last review;
 7. Name, address, telephone number and contact person, for all health care institutions which will be clinical sites for the program;
 8. Medicare certification status of all clinical sites, if any;
 9. Evidence of program compliance with this Article including all of the following:

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- a. Program description that includes the length of the program, number of hours of clinical, laboratory and classroom instruction, and program goals consistent with federal, state, and if applicable, private postsecondary requirements;
 - b. A list and description of classroom facilities, equipment, and instructional tools the program will provide;
 - c. Written curriculum and course schedule according to the provisions of this Article;
 - d. A copy of the documentation that the program will use to verify student attendance, instructor presence and skills;
 - e. Copy of signed, current clinical contracts;
 - f. The title, author, name, year of publication, and publisher of all textbooks the program will require students to use;
 - g. A copy of course policies and any other materials that demonstrate compliance with this Article and the statutory requirements in Title 32, Chapter 15;
 - h. A plan to evaluate the program that meets requirements in R4-19-801(A)(10);
 - i. An implementation plan including start date and a description of how the program will provide oversight to ensure all requirements of this Article are met;
 - j. A self-assessment checklist of the application contents and their location in the application, on a form provided by the Board; and
 - k. Other requirements as requested consistent with R4-19-802 for nursing assistant programs and R4-19-803 for medication assistant programs.
- D. Re-approval of Training Programs**
- 1. A training program applying for re-approval shall submit a paper and electronic application and accompanying materials to the Board before expiration of the current approval. The applicant program shall ensure that all documents submitted are unbound, typed or word processed, single-sided, and on white, letter-size paper. The Board does not accept notebooks, spiral bound documents, manuals or books. A program or site of a consolidated program that did not hold any classes in the previous approval period is not eligible for renewal of approval.
 - 2. The program shall include the following with the renewal application:
 - a. A program description and course goals;
 - b. Name, license number, and qualifications of current program personnel
 - c. A copy of the current curriculum which meets the applicable requirements in either R4-19-802 or R4-19-803;
 - d. The dates of each program offering, number of students who have completed the program, and the results of the state-approved written and manual skills tests, including first-time pass rates since the last program review;
 - e. A copy of current program policies, consistent with R4-19-801;
 - f. Any change in resources, contracts, or clinical facilities since the previous approval or changes that were not previously reported to the Board;
 - g. The program evaluation plan with findings regarding required evaluation elements under R4-19-801(A)(10);
 - h. The title, author, year of publication, and publisher of the textbook used by the program;
 - i. Copies of the redacted records of one program graduate;
 - j. The total number of enrolled students and graduates for each year since the last approval;
 - k. The total number of persons taking the state-approved exam in the past two years; if the number is less than 10, a comprehensive plan to increase program enrollment;
 - l. A self-assessment checklist of the application contents and their location in the application, on a form provided by the Board; and
 - m. Other requirements as requested consistent with R4-19-802 for nursing assistant programs and R4-19-803 for medication assistant programs.
- E.** Upon determination of administrative completeness of either an initial or renewal application, the Board, through its authorized representative, shall schedule and conduct a site visit of a NA program, unless one year only approval is granted on an initial application. The Board may conduct a site visit of a CMA program. Site visits are for the purpose of verifying compliance with this Article. Site visits may be conducted in person or through the use of distance technology.
- F.** Following an evaluation of the program application and a site visit, if applicable, the Board may approve or renew the approval of the program for two years for a nursing assistant program and up to four years for a medication assistant program, if the program renewal application and site visit findings, as applicable, meet the requirements of this Article, and A.R.S. Title 32, Chapter 15 and renewal is in the best interest of the public. If the program does not meet these requirements, the Board may issue a notice of deficiency under R4-19-805 or take disciplinary action.
- G.** A program may request an administrative hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for program approval or renewal of approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
- H.** The owner, operator, administrator or coordinator of a program that is denied approval or renewal of approval shall not be eligible to conduct, own or operate a new or existing program for a period of two years from the date of denial.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-805. Deficiencies and Rescission of Program Approval, Unprofessional Program Conduct, Voluntary Termination, Disciplinary Action, and Reinstatement

A. Deficiencies

- 1. Upon determining that a training program has not complied with this Article, the Board s may issue a written notice of deficiency to the program. The Board shall establish a reasonable period of time, based upon the number and severity of deficiencies, for correction of the deficiencies. Under no circumstances, however, shall the period for correction of deficiencies exceed six months.
 - a. Within ten days from the date that the notice of deficiency is served, the program shall submit a plan of correction to the Board.

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- b. The Board, through its authorized representative, may approve the plan of correction or require modifications to the plan if the plan does not adequately address the deficiencies.
 - c. The Board may conduct periodic evaluations and site visits during the period of correction to ascertain the program's progress toward correcting the deficiencies.
 - d. The Board shall evaluate the program's compliance, at a regularly scheduled Board meeting following the period of correction to determine whether the program has corrected the deficiencies.
2. The Board may rescind the approval of a training program or take other disciplinary action under A.R.S. § 32-1663, based on the number and severity of violations if the program engages in any of the following:
 - a. Failure to submit a plan of correction to the Board within ten days of service of a notice of deficiency.
 - b. Failure to comply with the requirements of this Article within the period set by the Board in the notice of deficiency;
 - c. Noncompliance with federal, state, or, if applicable, private postsecondary requirements;
 - d. Failure to permit a scheduled or unannounced Board site visit or failure to allow a Board representative access to program documents, staff or students during a site visit or investigation;
 - e. Loaning or transferring Board program approval to another entity or facility, including a facility with the same ownership;
 - f. Offering, advertising, recruiting, or enrolling students in a training program before Board approval is granted;
 - g. Conducting a training program after expiration of Board approval without filing an application for renewal of approval before the expiration date;
 - h. For a long-term care based nursing assistant program, charging for any portion of the program;
 - i. Committing an act of unprofessional program conduct.
- B. Unprofessional program conduct.** A notice of deficiency or a disciplinary action including denial of approval or rescission of approval may be issued against a training program for any of the following acts of unprofessional conduct:
 1. Failing to maintain minimum standards of acceptable and prevailing educational practice;
 2. Any violation of this Article;
 3. Utilization of students as labor rather than for educational purposes in a health care facility;
 4. Failing to follow the program's or parent institution's mission or goals, program design, objectives, or policies;
 5. Failing to provide the classroom, laboratory or clinical teaching hours required by this Article or described in the program description;
 6. Enrolling students in a program without adequate faculty, facilities, or clinical experiences, as required by this Article;
 7. Permitting unqualified persons to supervise teaching-learning experiences in any portion of the program;
 8. Failing to comply with Board requirements within designated timeframes;
 9. Engaging in fraud, misrepresentation or deceit in advertising, recruiting, promoting or implementing the program;
 10. Making a false, inaccurate or misleading statement to the Board or the Board's designee in the course of an investigation, or on any application or information submitted to the Board or on the program's public website;
11. Failing to supervise students in the clinical setting in accordance with this Article or allowing more than the maximum students per clinical instructor prescribed in this Article;
12. Engaging in any other conduct that gives the Board reasonable cause to believe the program's conduct may be a threat to the safety or welfare of students, faculty, patients or the public.
13. Failing to:
 - a. Furnish in writing a full and complete explanation of a matter reported pursuant to A.R.S. § 32-1664, or
 - b. Respond to a subpoena issued by the Board;
14. Failing to take appropriate action to safeguard a patient's or resident's welfare or follow policies and procedures of the program or clinical site designed to safeguard the patient or resident;
15. Failing to promptly provide make-up classroom, laboratory, or clinical hours, with adequate notice to students, equivalent educational content, and reasonable scheduling, when shortages of hours were caused by the program or program instructors;
16. Failing to promptly remove, or adequately discipline or train, program instructors whose conduct violates this Article or may be a threat to the safety or welfare of students, patients, residents, or the public.
17. Engaging in retaliatory, threatening, or intimidating conduct toward current, prospective or former program students, instructors, other staff, or the public, who make complaints about any aspect of the program to program staff or the Board.
- C. Disciplinary Action.** If the Board issues disciplinary action against the approval of a nursing assistant or medication assistant training program, the program may request a hearing by filing a written request with the Board within 30 days of service of the Board's order. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10, and 4 A.A.C. 19, Article 6.
- D. Voluntary termination**
 1. If a training program is voluntarily terminating before renewal, the program shall submit a written notice of termination to the Board.
 2. The program coordinator shall continue the training program, including retaining necessary instructors, until the last student is transferred or has completed the training program.
 3. Within 15 days after the termination of a training program, the administrator or a program representative shall notify the Board in writing of the permanent location and availability of all program records.
 4. A program that fails to renew its approval with the Board shall be considered voluntarily terminated unless there is a complaint against the program.
- E. Re-issuance of approval**
 1. If the Board revokes the approval of a training program, the owner, administrator or coordinator of the revoked program may apply for re-issuance of program approval after a period of two years by complying with the requirements of this Article. The owner, administrator and coordinator of a program that had its approval revoked shall not own, administer or coordinate a training program for a period of two years from the date of program revocation.
 2. If the Board, in lieu of revocation, accepts a voluntarily surrender of a program's approval, the program's owner,

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administrator or coordinator may apply for reissuance of the program's approval after a period of two years. The owner, administrator and coordinator of a program that voluntarily surrendered its approval shall not own, administer or coordinate a training program for a period of two years from the date of the surrender of approval.

3. A training program owner, administrator or coordinator whose program approval was voluntarily surrendered or that had its approval rescinded or revoked shall submit a complete reissuance application packet in writing that contains all of the information and documentation required of programs applying for initial approval. In addition, the program shall provide substantial evidence that the basis for revocation or voluntary surrender no longer exist and that reissuance of program approval is in the best interest of the public.
4. The Board may reissue approval to a training program that meets the requirements of this Article. A program that is denied reissuance of approval may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying reissuance. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3).

R4-19-806. Initial Nursing Assistant Licensure (LNA) and Medication Assistant Certification

A. An applicant for initial licensed nursing assistant (LNA) licensure or CMA certification shall submit the following to the Board:

1. A verified application on a form furnished by the Board that provides the following information about the applicant:
 - a. Full legal name and any and all former names used by the applicant;
 - b. Current mailing address, including county of residence, e-mail address and telephone number;
 - c. Place and date of birth;
 - d. Social Security number;
 - e. Ethnic category and marital status at the applicant's discretion;
 - f. Educational background, including the name of the training program attended, and date of graduation and for medication assistant, proof of high school or equivalent education completion as required in A.R.S. § 32-1650-02(A)(4);
 - g. Current employer, including address and telephone number, type of position, and dates of employment, if employed in health care;
 - h. A list of all states in which the applicant is or has been included on a nursing assistant registry or been licensed or certified as a nursing or medication assistant and the license or certificate number, if any;
 - i. For medication assistant, proof of LNA licensure and 960 hours or 6 months full time employment as a CNA or LNA in the past year, as required in A.R.S. § 32-1650.02;
 - j. Responses to questions regarding the applicant's background on the following subjects:
 - i. Current investigation or pending disciplinary action by a nursing, nursing assistant or medication assistant regulatory agency in the United States or its territories;
 - ii. Action taken on a nursing assistant or medication assistant license, certification or registry designation in any other state;
 - iii. Felony conviction or conviction of an undesignated or other similar offense and the date of absolute discharge of sentence;
 - iv. Unprofessional conduct as defined in A.R.S. § 32-1601;
 - v. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
2. Proof of satisfactory completion of a nursing assistant or medication assistant training program that meets the requirements of this Article;
3. Proof of United States citizenship or alien status as specified in A.R.S. § 41-1080;
4. For LNA applicants, one or more fingerprint cards or fingerprints;
5. For CMA applicants, one or more fingerprint cards or fingerprints, as required by A.R.S. § 32-1606(B)(15) if a fingerprint background report has not been received by the Board in the past two years; and
6. Applicable fees under A.R.S. § 32-1643 and R4-19-808.

B. An applicant for licensure as a nursing assistant shall submit a passing score on a Board-approved nursing assistant examination and provide one of the following criteria:

1. Proof that the applicant has completed a Board-approved nursing assistant training program within the past two years;
2. Proof that the applicant has completed a nursing assistant training program approved in another state or territory of the United States consisting of at least 120 hours within the past two years;
3. Proof that the applicant has completed a nursing assistant program approved in another state or territory of the United States of at least 75 hours of instruction in the past two years and proof of working as a nursing assistant for an additional number of hours in the past two years that together with the hours of instruction, equal at least 120 hours;
4. Proof that the applicant either holds a nursing license in good standing in the U.S. or territories, has graduated from an approved nursing program, or otherwise meets educational requirements for a registered or practical nursing license in Arizona;
5. Documentation sent directly from the program that the applicant successfully completed a nursing course or courses as part of an RN or LPN program approved in either this or another state in the last 2 years that included:
 - a. Didactic content regarding long-term care clients; and
 - b. Forty hours of instructor-supervised direct patient care in a long-term care or comparable facility; or
6. Documentation of a minimum of 100 hours of military health care training, as evidenced by military records, and proof of working in health care within the past 2 years.

C. An applicant for medication assistant shall meet the qualifications of A.R.S. §§ 32-1650.02 and 32-1650.03. An applicant who wishes to use part of a nursing program in lieu of completion of a Board approved medication assistant training program under A.R.S. § 32-1650.02 shall submit the following:

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1. An official transcript from a Board approved nursing program showing a grade of C or higher in a 45 hour or 3 semester credit, or equivalent, pharmacology course; and
 2. A document signed by both the applicant's clinical instructor and the nursing program administrator verifying that the applicant completed 40 hours of supervised medication administration in a long-term care facility.
- D. Certifying Exam**
1. A LNA applicant shall take and pass both portions of the certifying exam within 2 years:
 - a. Of program completion for graduates of nursing assistant programs approved in Arizona or another state, or
 - b. Of the date of the first test for all other applicants.
 2. A CMA applicant shall take and pass both portions of the certifying exam within one year:
 - a. Of program completion for graduates of Board-approved programs, or
 - b. Of the date of the first test for all other applicants.
 3. An applicant may re-take the failed portion or portions of a certifying exam, under conditions prescribed in written policy by the exam vendor, until a passing score is achieved or their time expires under subsections (D)(1) or (2).
- E.** An applicant who does not take or pass an examination within the time period specified in subsection (D) shall enroll in and successfully complete a Board approved training program in the certification category before being permitted to retake an examination.
- F.** The Board may license a nursing assistant or certify a medication assistant applicant who meets the applicable criteria in this Article and A.R.S. Title 32, Chapter 15 if licensure or certification is in the best interest of the public.
- G.** An applicant who is denied licensure or certification may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.
- H.** Medication assistant certification expires when nursing assistant licensure expires.
- D.** In addition to the other requirements of this Section, an applicant for licensure or certification by endorsement shall provide evidence that the applicant:
1. Is or has been, within the last 2 years, listed as active on a nursing assistant register or a substantially equivalent register by another state or territory of the United States with no substantiated complaints or discipline; and
 2. For nursing assistant, meets one or more of the following criteria:
 - a. Regardless of job title or description, performed nursing assistant activities for a minimum of 160 hours for an employer or as part of a nursing or allied health program in the past two years; or
 - b. Has completed a nursing assistant training program and passed the required examination within the past two years.
 3. In addition to the above requirements, for medication assistant certification, meets the practice requirements of A.R.S. § 32-1650.04 and pays applicable fees under R4-19-808.
- E.** The Board may license a nursing assistant or certify a medication assistant applicant who meets the applicable criteria in this Article if certification is in the best interest of the public.
- F.** An applicant who is denied licensure or certification may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying the application for licensure or certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-808. Fees Related to Certified Medication Assistant

- A.** The Board shall collect the following fees related medication assistant certification:
1. Initial application for certification by exam, \$50.00.
 2. Fingerprint processing, \$50.00.
 3. Application for certification by endorsement, \$50.00.
- B.** If an individual or entity submits a dishonored check, draft order or note, the Board may collect, from the provider of the instrument, the amount allowed under A.R.S. § 44-6852.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 5004, effective November 15, 2002 (Supp. 02-4). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-807. Nursing Assistant Licensure and Medication Assistant Certification by Endorsement

- A.** An applicant for LNA or CMA by endorsement shall submit all of the information, documentation, and fees required in R4-19-806.
- B.** An applicant who has been employed for less than one year shall list all employers during the past two years.
- C.** An applicant for nursing assistant licensure by endorsement shall meet the training program criteria in R4-19-806(B). An applicant for medication assistant endorsement shall, in addition, provide evidence satisfactory completion of a training program that meets the requirements of A.R.S. § 32-1650.04 and pass a competency examination as prescribed in A.R.S. § 32-1650.03.

R4-19-809. Nursing Assistant Licensure and Medication Assistant Certificate Renewal

- A.** An applicant for renewal of a LNA license or a CMA certificate shall:
1. Submit a verified application to the Board on a form furnished by the Board that provides all of the following information about the applicant:

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- a. Full legal name, mailing address including county of residence, e-mail address and telephone number;
 - b. Marital status and ethnicity at the applicant's discretion;
 - c. Current health care employer including name, address, telephone number, dates of employment and type of setting;
 - d. If the applicant fails to meet the practice requirements in subsections (A)(2) for nursing assistant or (A)(3) for medication assistant renewal, documentation that the applicant has completed a Board-approved training program for the licensure or certification sought and passed both the written and manual skills portions of the competency examination within the past two years;
 - e. Responses to questions that address the applicant's background:
 - i. Any investigation or disciplinary action by a nursing regulatory agency or nursing assistant regulatory agency in the United States or its territories not previously disclosed by the applicant to the Board;
 - ii. Felony conviction or conviction of undesignated offense and date of absolute discharge of sentence since licensed, certified or last renewed, and
 - iii. Unprofessional conduct committed by the applicant as defined in A.R.S. § 32-1601 since the time of last renewal and not previously disclosed by the applicant to the Board;
 - iv. Any disciplinary action or investigation related to the applicant's nursing or nursing assistant license or medication assistant certificate, nursing assistant certificate or registry listing by any other state regulatory agency since issuance of the license or certificate, or since last renewal and not previously disclosed to the Board.
 - v. Explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
 - f. For LNA renewal, employment as a nursing assistant, performing nursing assistant tasks for an employer or the applicant's performance of nursing assistant activities as part of a nursing or allied health program for a minimum of 160 hours every two years since the last license or certificate was issued, or
 - g. For CMA renewal, employment as a medication assistant for a minimum of 160 hours within the last 2 years, and
 - h. Pay applicable fees pursuant to A.R.S. § 32-1643 and R4-19-808.
- B.** An applicant's license or certificate expires every two years on the last day of the applicant's birth month. If an applicant fails to timely renew the license or certificate, the applicant shall:
1. Not work or practice as an LNA or CMA until the Board issues a renewal license or certificate; and
 2. Pay any late fee imposed by the Board.
- C.** If an applicant's license or certificate was, or is currently, revoked, surrendered, denied, suspended or placed on probation in another jurisdiction, the applicant is not eligible to renew or reactivate the applicant's Arizona license or certificate until a review or investigation has been completed and a decision made by the Board.
- D.** The Board may renew an LNA license and CMA certificate of an applicant who meets the criteria established in statute and this Article. An applicant who is denied renewal of a license or certificate may request a hearing by filing a written request with the Board within 30 days of service of the Board's order denying renewal of the license or certificate. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6 of this Chapter.
- Historical Note**
- New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).
- R4-19-810. Certified Nursing Assistant Registry; Licensed Nursing Assistant Registry**
- A.** The Board shall maintain a Certified Nursing Assistant (CNA) Registry and a Licensed Nursing Assistant (LNA) Registry. All individuals listed in either Registry shall provide proof to the Board, either directly or through the Board's test vendor, of legal presence in the United States as specified in A.R.S. § 41-1080. Both Registries meet the requirements of A.R.S. § 32-1606(B)(11).
1. To be placed on the CNA Registry, an applicant shall either:
 - a. Have successfully completed an approved nursing assistant training program and passed the nursing assistant written and manual skills competency evaluation within the past two years; or
 - b. For endorsement, be listed on another state's nursing assistant registry.
 2. To renew CNA Registry status under A.R.S. § 32-1642(E), an applicant shall submit an application that includes verified statements establishing:
 - a. Whether applicant has performed nursing assistant or nursing related services for at least eight hours within the past 24 months. An applicant must complete this work requirement to be eligible for renewal.
 - b. Whether the applicant's listing on any registry in any other state includes documented findings of abuse, neglect or misappropriation of property.
 3. The Executive Director shall include the following information in the CNA Registry for each registered individual:
 - a. Full legal name and any other names used;
 - b. Address of record;
 - c. County of residence;
 - d. The date of initial placement on the registry;
 - e. Dates and results of both the written and manual skills portions of the nursing assistant competency examination;
 - f. Date of expiration of current registration, if applicable;
 - g. Any substantiated complaints of abuse, neglect or misappropriation of property; and
 - h. Registry status such as active or expired as applicable.
- B.** An LNA applicant who meets the qualifications under subsection (A)(1) and the licensure requirements of this Article shall be placed on an LNA Registry. The Executive Director shall

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include the following information in the LNA Registry for each licensed individual:

1. Information contained in subsection (A)(3);
 2. Status of the license and any Board actions on the license, such as active, denied, expired, or revoked, as applicable.
- C. The Executive Director shall include the following information in the applicable Registry for an individual if the Board, or the United States Department of Health and Human Services (HHS) finds that the individual has violated relevant law. For a finding by the Board or HHS, the Executive Director shall include:
1. The finding, including the date of the decision, and a reference to each statute, rule, or regulation violated; and
 2. The sanction, if any, including the date of action and the duration of action, if time-limited.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-811. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Repealed by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

R4-19-812. Change of Name or Address

- A. An applicant, CNA, LNA, or CMA certificate holder shall notify the Board, in writing or electronically through the Board's website of any legal name change within 30 days of the change, and submit a copy of the official document verifying the name change.
- B. An applicant, CNA, LNA, or CMA certificate holder shall notify the Board in writing or electronically through the Board's website of any change of address within 30 days of the address change.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-813. Performance of Nursing Assistant Tasks; Performance of Medication Assistant Tasks

- A. A CNA or LNA may perform the following tasks as delegated by a licensed nurse:
 1. Tasks for which the nursing assistant has been trained through the curriculum identified in R4-19-802, and
 2. Tasks learned through inservice or educational training if the task meets the following criteria and the nursing assistant has demonstrated competence performing the task:
 - a. The task can be safely performed according to clear, exact, and unchanging directions;

- b. The task poses minimal risk to the patient or resident and the consequences of performing the task improperly are not life-threatening or irreversible;
- c. The results of the task are reasonably predictable; and
- d. Assessment, interpretation, or decision-making is not required during the performance or at the completion of the task.

- B. A licensed nursing assistant who is also certified as a medication assistant under A.R.S. § 32-1650.02 may administer medications under the conditions imposed by A.R.S. § § 32-1650 through 32-1650.07.

- C. A licensed nursing assistant under this Article shall:

1. Recognize the limits of the licensee's personal knowledge, skills, and abilities;
2. No change
3. Inform the registered nurse, licensed practical nurse, or another person authorized to delegate the task about the licensee's ability to perform the task before accepting the assignment;
4. Accept delegation, instruction, and supervision from a licensed nurse or another person authorized to delegate a task;
5. Not perform any task that requires a judgment based on nursing knowledge;
6. Acknowledge responsibility for personal actions necessary to complete an accepted assigned task;
7. Follow the plan of care, if available;
8. Observe, report, and record signs, symptoms, and changes in the patient or resident's condition in an ongoing and timely manner; and
9. Retain responsibility for all assigned tasks without delegating any tasks to another person.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2).

R4-19-814. Standards of Conduct for Licensed Nursing Assistants and Certified Medication Assistants

For purposes of A.R.S. § 32-1601(24)(d), a practice or conduct that is or might be harmful or dangerous to the health of a patient or the public and constitutes a basis for disciplinary action on a LNA license and a CMA certificate includes the following:

1. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any member of the patient's or resident's family;
2. Engaging in sexual conduct with a patient, resident, or any member of the patient's or resident's family who does not have a pre-existing relationship with the licensee or any conduct while on duty or in the presence of a patient or resident that a reasonable person would interpret as sexual;
3. Leaving an assignment or abandoning a patient or resident who requires care without properly notifying the immediate supervisor;
4. Failing to accurately and timely document care and treatment provided to a patient or resident, including, for a CMA, medications administered or not administered;
5. Falsifying or making a materially incorrect entry in a health care record;

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6. Failing to follow an employer's policies and procedures, designed to safeguard the patient or resident;
7. Failing to take action to protect a patient or resident whose safety or welfare is at risk from potential or actual incompetent health care practice, or to report the practice to the immediate supervisor or a facility administrator;
8. Failing to report signs, symptoms, and changes in patient or resident conditions to the immediate supervisor in an ongoing and timely manner;
9. Violating the rights or dignity of a patient or resident;
10. Violating a patient or resident's right of privacy by disclosing confidential information or knowledge concerning the patient or resident, unless disclosure is otherwise required by law;
11. Neglecting or abusing a patient or resident physically, verbally, emotionally, or financially;
12. Failing to immediately report to a supervisor and the Board any observed or suspected abuse or neglect, including a resident or patient's report of abuse or neglect;
13. Soliciting, or borrowing, property or money from a patient or resident, or any member of the patient's or resident's family, or the patient's or resident's guardian;
14. Soliciting or engaging in the sale of goods or services unrelated to the licensee's health care assignment with a patient or resident, or any member of the patient or resident's immediate family, or guardians;
15. Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, resident, employer, co-worker, or member of the public.
16. Repeated use or being under the influence of alcohol, medication, or any other substance to the extent that judgment may be impaired and practice detrimentally affected or while on duty in any work setting;
17. Accepting or performing patient or resident care tasks that the licensee lacks the education, competence or legal authority to perform;
18. Removing, without authorization, narcotics, drugs, supplies, equipment, or medical records from any work setting;
19. Obtaining, possessing, using, or selling any narcotic, controlled substance, or illegal drug in violation of any employer policy or any federal or state law;
20. Permitting or assisting another person to use the licensee's license or CMA certificate holder's certificate or identity for any purpose;
21. Making untruthful or misleading statements in advertisements of the individual's practice as a licensed nursing assistant or certified medication assistant;
22. Offering or providing licensed nursing assistant or certified medication assistant services for compensation without a designated registered nurse supervisor;
23. Threatening, harassing, or exploiting an individual;
24. Using violent or abusive behavior in any work setting;
25. Failing to cooperate with the Board during an investigation by:
 - a. Not furnishing in writing a complete explanation of a matter reported under A.R.S. § 32-1664;
 - b. Not responding to a subpoena or written request for information issued by the Board;
 - c. Not completing and returning a Board-issued questionnaire within 30 days; or
 - d. Not informing the Board of a change of address or phone number within 10 days of each change;
26. Cheating on the competency exam or providing false information on an initial or renewal application for licensure or certification;
27. Making a false or inaccurate statement to the Board or the Board's designee during the course of an investigation;
28. Making a false or misleading statement on a nursing assistant, medication assistant or health care related employment or credential application;
29. If an applicant, licensee or CMA certificate holder is charged with a felony or a misdemeanor, involving conduct that may affect patient safety, failing to notify the Board, in writing, within 10 working days of being charged under A.R.S. § 32-3208. The applicant, licensee or CMA certificate holder shall include the following in the notification:
 - a. Name, current address, telephone number, Social Security number, and license and certificate number, if applicable;
 - b. Date of the charge; and
 - c. Nature of the offense;
30. Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction. The applicant, licensee or CMA certificate holder shall include the following in the notification:
 - a. Name, current address, telephone number, Social Security number, and license and CMA certificate number, if applicable;
 - b. Date of the conviction;
 - c. Nature of the offense;
31. For a medication assistant, performance of any acts associated with medication administration not specifically authorized by A.R.S. § 32-1650 et seq; and
32. Practicing in any other manner that gives the Board reasonable cause to believe that the health of a patient, resident, or the public may be harmed.
33. Violation of any other state or federal laws, rules or regulations.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 11 A.A.R. 4254, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4621, effective January 31, 2009 (Supp. 08-4). Antiquated statute reference in opening subsection revised at the request of Board under A.R.S. § 41-1011(C), Office File No. M11-189, filed May 16, 2011 (Supp. 11-2). Pursuant to authority of A.R.S. § 41-1011(C), Laws 2012, Ch. 152, § 1, provides for A.R.S. references to be corrected to reflect the renumbering of definitions. Therefore the A.R.S. citation in the opening subsection was updated. Agency request filed July 12, 2012, Office File No. M12-242 (Supp. 12-3). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). A.R.S. Section reference updated under subsection under Laws 2015, Ch. 262, effective July 1, 2016 (Laws 2015, Ch. 262, § 23) at file number R16-186 (Supp. 16-3).

R4-19-815. Reissuance or Subsequent Issuance of a Nursing Assistant License or Medication Assistant Certificate

- A. A person whose LNA license or CMA certificate was denied, revoked, or voluntarily surrendered pursuant to A.R.S. § 32-1663 may apply to the Board to issue or re-issue the license or certificate:

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1. Five years from the date of denial or revocation, or
 2. In accordance with the terms of a voluntary surrender agreement.
- B.** A person who applies for issuance or re-issuance of a license or certificate under the conditions of subsection (A) is subject to the following terms and conditions:
1. The applicant shall submit a written application for issuance or re-issuance of the license or certificate that contains substantial evidence that the basis for surrendering, denying, or revoking the license or certificate has been removed and that the issuance or re-issuance of the license or certificate will not be a threat to public health or safety.
 2. Safe practice:
 - a. Pursuant to A.R.S. § 32-1664(F), the Board for reasonable cause may require a combination of mental, physical, nursing competency, psychological, or psychiatric evaluations, or any combination of evaluations, reports, and affidavits that the Board considers necessary to determine the person's competence and conduct to safely practice as an LNA or CMA.
 - b. The Board may require the applicant to be tested for competency, or retake and successfully complete a Board approved training program and pass the required examination, all at the applicant's expense.
- C.** The Board shall consider the application, and may designate a time for the applicant to address the Board at a regularly scheduled meeting.
- D.** After considering the application, the Board may:
1. Grant certification, with or without conditions or limitations, or
 2. Deny the application.
- E.** An applicant who is denied issuance or re-issuance of LNA licensure or CMA certification may request a hearing by filing a written request with the Board within 30 days of service of the Board's order. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10 and 4 A.A.C. 19, Article 6, of this Chapter.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 757, effective February 4, 2000 (Supp. 00-1). Amended by final rulemaking at 20 A.A.R. 1859, effective September 8, 2014 (Supp. 14-3). Amended by exempt rulemaking at 22 A.A.R. 1900, effective July 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 919, effective June 3, 2019 (Supp. 19-2).

Arizona Administrative CODE

4 A.A.C. 22 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 4

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

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Questions about these rules? Contact:

Name: Justin Bohall, Executive Director
Address: Board of Examiners in Osteopathic Medicine and Surgery
1740 W. Adams St., Suite 2410
Phoenix, AZ 85007
Telephone: (602) 771-2522
Fax: (480) 657-7715
E-mail: Justin.bohall@azdo.gov
Website: www.azdo.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 17-1, 1-12 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 4. PROFESSIONS AND OCCUPATIONS**CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY**

Authority: A.R.S. § 32-1801 et seq.

ARTICLE 1. GENERAL PROVISIONS

New Article 1 consisting of Sections R4-22-101, R4-22-103, and R4-22-104 adopted and former rules R4-22-05 and R4-22-06 amended and renumbered as Sections R4-22-105 and R4-22-106 effective June 29, 1987.

Former Article 1 consisting of Sections R4-22-01, R4-22-02, R4-22-04 thru R4-22-07, R4-22-09, R4-22-10, and R4-22-12 repealed and Sections R4-22-08 and R4-22-11 amended and renumbered as R4-22-05 and R4-22-06 effective June 29, 1987.

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CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

ARTICLE 1. GENERAL PROVISIONS

R4-22-101. Definitions

In addition to the definitions in A.R.S. § 32-1800, in this Chapter:
 “ABHES” means Accrediting Bureau of Health Education Schools.

“ABMS” means American Board of Medical Specialties.

“ACCME” means the Accreditation Council for Continuing Medical Education.

“ACGME” means the Accreditation Council on Graduate Medical Education.

“AOA” means the American Osteopathic Association.

“AOIA” means the American Osteopathic Information Association.

“Approved internship,” “approved preceptorship,” and “approved residency” mean training accredited by the AOA or ACGME.

“CAAHEP” means Commission on Accreditation of Allied Health Education Programs.

“CME” means continuing medical education.

“COMLEX” means Comprehensive Osteopathic Medical Licensing Examination.

“Continuing medical education” means a course, program, or other training that the Board approves for license renewal.

“Controlled substance” means a drug, substance, or immediate precursor, identified, defined, or listed in A.R.S. Title 36, Chapter 27, Article 2.

“FCVS” means Federal Credentials Verification Service.

“Licensee” means an individual who holds a current license issued under A.R.S. Title 32, Chapter 17.

“MAP” means Monitored Aftercare Program.

“NBME” means the National Board of Medical Examiners.

“NBOME” means the National Board of Osteopathic Medical Examiners.

“Post-graduate training program” means an approved internship or residency.

“USMLE” means United States Medical Licensing Examination.

Historical Note

Former Rule 1. Former Section R4-22-01 repealed, new Section R4-22-101 adopted effective June 29, 1987 (Supp. 87-2). Former Section R4-22-101 renumbered to R4-22-109, new Section R4-22-101 adopted effective May 3, 1993 (Supp. 93-2). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1). New Section made by final rulemaking at 12 A.A.R. 2765, effective September 9, 2006 (Supp. 06-3). Amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-102. Fees and Charges

A. Under the specific authority provided by A.R.S. §§ 32-1826(A) and 32-1871(A)(5), the Board establishes and shall collect the following fees for the Board’s licensing activities:

1. Application for license to practice osteopathic medicine, \$400;
2. Application for a temporary license to practice osteopathic medicine, \$250;

3. Issuance of initial license, \$180 (prorated);
4. Biennial renewal of license, \$636 plus the penalty and reimbursement fees specified in A.R.S. § 32-1826(B), if applicable;
5. Locum tenens registration, \$300;
6. Annual registration of an approved internship, residency, or clinical fellowship program or short-term residency program, \$50;
7. Teaching license, \$318;
8. Five-day educational teaching permit, \$106; and
9. Annual registration to dispense drugs and devices, \$240 (initial registration fee is prorated).

B. Under the specific authority provided by A.R.S. § 32-1826(C), the Board establishes and shall collect the following charges for services provided by the Board:

1. Verifying a license to practice osteopathic medicine issued by the Board and copy of licensee’s complaint history, \$10;
2. Issuing a duplicate license, \$10;
3. Processing fingerprints for a state and federal criminal records check, \$50;
4. Providing a list of physicians licensed by the Board, \$25.00 if for non-commercial use or \$100 if for commercial use;
5. Copying records, documents, letters, minutes, applications, and files, 25¢ per page;
6. Copying an audio tape, \$35.00; and
7. Providing information in a digital medium not requiring programming, \$100.

C. Except as provided under A.R.S. § 41-1077, the fees listed in subsection (A) are not refundable.

Historical Note

Adopted effective January 24, 1984 (Supp. 84-1). Section R4-22-02 repealed effective June 29, 1987 (Supp. 87-2).

New Section R4-22-102 adopted effective August 7, 1992 (Supp. 92-3). Section R4-22-102 renumbered to R4-22-106; new Section R4-22-102 renumbered from R4-22-108 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3). Amended by final rulemaking at 25 A.A.R. 1793, effective August 31, 2019 (Supp. 19-3).

R4-22-103. Submitting Documents to the Board

An individual who wants the Board to consider a document at a meeting or hearing shall submit the document to the Board at least 15 days before the meeting or hearing or at another time as directed by the Board.

Historical Note

Former Section R4-22-04 repealed, new Section R4-22-103 adopted effective June 29, 1987 (Supp. 87-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). Section R4-22-103 renumbered to R4-22-105; new Section R4-22-103 made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-104. Licensing Time Frames

A. The overall time frame described in A.R.S. § 41-1072(2) for each type of license issued by the Board is listed in Table 1. An applicant and the Executive Director of the Board may agree in writing to extend the substantive review and overall time frames by no more than 25 percent of the overall time-frame listed in Table 1.

B. The administrative completeness review time frame described in A.R.S. § 41-1072(1) for each type of license issued by the Board is listed in Table 1. The administrative completeness

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review time frame for a particular license begins on the date the Board receives an application package for that license.

1. If the application package is incomplete, the Board shall send to the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review and overall time frames are suspended from the postmark date on the notice until the date the Board receives the missing document or incomplete information.
 2. If the application package is complete, the Board shall send to the applicant a written notice of administrative completeness.
 3. If the Board grants or denies a license during the administrative completeness review time frame, the Board shall not issue a separate written notice of administrative completeness.
- C. The substantive review time frame described in A.R.S. § 41-1072(3) for each type of license issued by the Board is listed in Table 1. The substantive review time frame begins on the postmark date of the Board's notice of administrative completeness.
1. During the substantive review time frame, the Board may make one comprehensive written request for additional information or documentation. The substantive review and overall time frames are suspended from the postmark date on the comprehensive written request for additional information or documentation until the Board receives the additional information or documentation. The Board and applicant may agree in writing to allow the Board to submit supplemental requests for additional information.
 2. The Board shall send a written notice of approval to an applicant who meets the requirements of A.R.S. Title 32, Chapter 17 and this Chapter.
 3. The Board shall send a written notice of denial to an applicant who fails to meet the requirements of A.R.S. Title 32, Chapter 17 or this Chapter.
- D. The Board shall administratively close an applicant's file if the applicant fails to submit the information or documentation required under subsection (B)(1) or (C)(1) within 360 days from the date on which the application package was originally submitted. If an individual whose file is administratively closed wishes to be licensed, the individual shall file another application package and pay the application fee.
- E. The Board shall grant or deny the following licenses within seven days after receipt of an application:
1. Ninety-day extension of locum tenens registration,
 2. Waiver of continuing education requirements for a particular period,
 3. Extension of time to complete continuing education requirements,
 4. Five-day educational training permit,
 5. Extension of one-year renewable training permit, and
 6. Renewal of retired status.
- F. In computing any time frame prescribed in this Section, the day of the act or event that begins the time frame is not included. The computation includes intermediate Saturdays, Sundays, and official state holidays. If the last day of a time frame falls on a Saturday, Sunday, or official state holiday, the next business day is the time frame's last day.

Historical Note

Former Rule 4. Amended effective May 2, 1978 (Supp. 78-3). Former Section R4-22-05 repealed, new Section R4-22-104 adopted effective June 29, 1987 (Supp. 87-2). Section R4-22-104 renumbered to R4-22-203; new Section R4-22-104 renumbered from R4-22-212 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 763, effective May 12, 2017 (Supp. 17-1).

Table 1. Time Frames (in days)

Type of License	Statutory Authority	Overall Time Frame	Administrative Completeness Time Frame	Substantive Review Time Frame
License	A.R.S. § 32-1822	120	30	90
License Renewal	A.R.S. § 32-1825	120	30	90
Temporary License	A.R.S. § 32-1834	30	20	10
90-day Locum Tenens Registration	A.R.S. § 32-1823	60	30	30
One-year Renewable Training Permit	A.R.S. § 32-1829(A)	60	30	30
Short-term Training Permit	A.R.S. § 32-1829(C)	60	30	30
One-year Training Permit at Approved School or Hospital	A.R.S. § 32-1830	60	30	30
Two-year Teaching License	A.R.S. § 32-1831	60	30	30
Registration to Dispense Drugs and Devices	A.R.S. § 32-1871	90	30	60
Renewal of Registration to Dispense Drugs and Devices	A.R.S. §§ 32-1826(A)(11) and 32-1871	60	30	30
Approval of Educational Program for Medical Assistants	A.R.S. § 32-1800(17)	60	30	30
Retired Status	A.R.S. § 32-1832	90	30	60

Historical Note

New Table 1, under Section R4-22-104, renumbered from R4-22-212 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 763, effective May 12, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 1793, effective August 31, 2019 (Supp. 19-3).

R4-22-105. Equivalents to an Approved Internship or Residency

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For purposes of A.R.S. § 32-1822, the equivalent of an approved internship or approved residency is any of the following:

1. One or more years of a fellowship training program approved by the AOA or the ACGME; or
2. A current certification by the AOA in an osteopathic medical specialty.

Historical Note

Former Rule 8. Amended by adding subsection (D) effective January 24, 1984 (Supp. 84-1). Former Section R4-22-08 amended and renumbered as Section R4-22-105 effective June 29, 1987 (Supp. 87-2). Section repealed by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). New Section R4-22-105 renumbered from R4-22-103 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-106. Specialist Designation

- A. The Board approves specialty boards recognized by the:
 1. American Osteopathic Association Bureau of Osteopathic Specialists and listed in the *Handbook of the Bureau of Osteopathic Specialists* (BOS), revised March 2013, available from the AOA at 142 E. Ontario Street, Chicago, IL 60611, 800-621-1773, or www.osteopathic.org; and
 2. American Board of Medical Specialties (ABMS) and listed in the *ABMS Guide to Medical Specialties*, 2013, available from the ABMS at 222 N. LaSalle Street, Suite 1500, Chicago, IL 60601, 312-436-2600, or www.abms.org.
- B. The Board incorporates the materials listed in subsection (A) by reference. The materials include no future editions or amendments. The Board shall make the materials available at the Board office and on its web site.

Historical Note

Adopted effective May 8, 1978 (Supp. 78-3). Former Section R4-22-11 amended and renumbered as Section R4-22-106 effective June 29, 1987 (Supp. 87-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). Section R4-22-106 renumbered to R4-22-108; new Section R4-22-106 renumbered from R4-22-102 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-107. Petition for Rulemaking or Review

- A. A person may petition the Board under A.R.S. § 41-1033 for either a:
 1. Rulemaking action relating to a Board rule, including making a new rule or amending or repealing an existing rule; or
 2. Review of an existing Board practice or substantive policy statement alleged to constitute a rule.
- B. A person shall submit to the Board a written petition including the following information:
 1. Name, address, e-mail address, and telephone and fax numbers of the person submitting the petition;
 2. Name of any person represented by the person submitting the petition;
 3. If requesting a rulemaking action:
 - a. Statement of the rulemaking action sought, including the A.A.C. citation of all existing rules, and the specific language of a new rule or rule amendment; and
 - b. Reasons for the rulemaking action, including an explanation of why the existing rule is inadequate, unreasonable, unduly burdensome, or unlawful;

4. If requesting a review of an existing practice or a substantive policy statement:
 - a. Subject matter of the existing practice or substantive policy statement, and
 - b. Reasons why the existing practice or substantive policy statement constitutes a rule; and
5. Dated signature of the person submitting the petition.
- C. A person may submit supporting information with a petition.
- D. A person may submit a petition and any supporting information by e-mail, hand delivery, or the U.S. Postal Service.
- E. The Board shall send the person submitting a petition a written response within 60 days of the date the Board receives the petition.

Historical Note

Adopted effective August 7, 1992 (Supp. 92-3). Section R4-22-107 repealed; new Section R4-22-107 renumbered from R4-22-115 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-108. Rehearing or Review of Decision

- A. The Board shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10 and rules established by the Office of Administrative Hearings.
- B. Except as provided in subsection (I), a party is required to file a motion for rehearing or review of a decision of the Board to exhaust the party's administrative remedies.
- C. A party may amend a motion for rehearing or review at any time before the Board rules on the motion.
- D. The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
 1. Irregularity in the proceedings of the Board, or any order or abuse of discretion, that deprived the moving party of a fair hearing;
 2. Misconduct of the Board, its staff, an administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
 5. Excessive penalty;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings;
 7. The Board's decision is a result of passion or prejudice; or
 8. The findings of fact or decision is not justified by the evidence or is contrary to law.
- E. The Board may affirm or modify a decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in subsection (D). An order modifying a decision or granting a rehearing shall specify with particularity the grounds for the order.
- F. When a motion for rehearing or review is based upon affidavits, the affidavits shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits.
- G. Not later than 10 days after the date of a decision, after giving parties notice and an opportunity to be heard, the Board may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on motion of a party. The Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion.
- H. If a rehearing is granted, the Board shall hold the rehearing within 60 days after the issue date on the order granting the rehearing.

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- I.** If the Board makes a specific finding that a particular decision needs to be effective immediately to preserve the public peace, health, or safety and that a review or rehearing of the decision is impracticable, unnecessary, or contrary to the public interest, the Board shall issue the decision as a final decision without an opportunity for rehearing or review.
- J.** A party that has exhausted the party's administrative remedies may appeal a final order of the Board under A.R.S. Title 12, Chapter 7, Article 6.

Historical Note

Adopted effective August 7, 1992 (Supp. 92-3). Amended by final rulemaking at 18 A.A.R. 2488, effective November 10, 2012 (Supp. 12-3). Section R4-22-108 renumbered to R4-22-102; new Section R4-22-108 renumbered from R4-22-106 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-109. Renumbered**Historical Note**

Former Rule 1. Former Section R4-22-01 repealed, new Section R4-22-101 adopted effective June 29, 1987 (Supp. 87-2). Renumbered from R4-22-101 effective May 3, 1993 (Supp. 93-2). Former R4-22-109 renumbered to R4-22-207 by final rulemaking at 12 A.A.R. 2765, effective September 9, 2006 (Supp. 06-3).

R4-22-110. Renumbered**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). Section R4-22-110 renumbered to R4-22-401 by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-111. Renumbered**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). Section R4-22-111 renumbered to R4-22-402 by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-112. Renumbered**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). Section R4-22-112 renumbered to R4-22-403 by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-113. Repealed**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Section repealed by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

R4-22-114. Repealed**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Section repealed by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

R4-22-115. Renumbered**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Section R4-22-115 renumbered to R4-22-107 by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

ARTICLE 2. LICENSING**R4-22-201. Application Required**

An individual or entity that seeks a license or other approval from the Board shall complete and submit an application form prescribed by the Board. The Board has prescribed the following application forms, which are available from the Board office or web site:

1. License,
2. Temporary license,
3. License renewal,
4. Locum tenens registration,
5. Initial registration to dispense,
6. Registration to dispense renewal,
7. Renewable one-year post-graduate training permit,
8. Renewal of post-graduate training permit,
9. Short-term training permit,
10. Two-year teaching license, and
11. Approval of an educational program for medical assistants.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3). Amended by final rulemaking at 25 A.A.R. 1793, effective August 31, 2019 (Supp. 19-3).

R4-22-202. Determining Qualification for Licensure

- A.** To obtain a license, an applicant shall submit:
1. The application form specified in R4-22-201;
 2. The proof required under A.R.S. § 32-1822(A);
 3. A list of all Board-certified specializations, the certifying entity, and a copy of each certification or letter verifying specialization;
 4. A list of each health care facility or employer at which the applicant obtained practice experience. If the applicant has not passed an examination approved under R4-22-203 within the last seven years, the Board may obtain verification of practice experience from the health care facilities or employers listed for the last seven years;
 5. A malpractice claim or suit questionnaire for each instance of medical malpractice in which there was an award, settlement, or payment;
 6. A full set of fingerprints and the charge specified in R4-22-102(B);
 7. A passport-size picture taken within the last 60 days; and
 8. The application fee required under R4-22-102(A).
- B.** In addition to the materials required under subsection (A), an applicant shall have the following information submitted directly to the Board by the specified entity:
1. Professional Education Verification form or an official transcript submitted by the osteopathic college from which the applicant graduated;
 2. Verification of Postgraduate Training form submitted by each postgraduate facility or program at which the applicant trained;
 3. Verification of passing an examination approved under R4-22-203 submitted by the examining entity; and
 4. Verification of licensure form submitted by every state in which the applicant is or has been licensed as an osteopathic physician.
- C.** If an applicant has established a credentials portfolio with the FCVS or AOIA, the applicant may request that the FCVS for-

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ward to the Board some or all of the materials required under subsection (B).

- D.** The Board shall conduct a substantive review of the information submitted under subsections (A) and (B) and determine whether the applicant is qualified for licensure by virtue of:

1. Possessing the knowledge and skills necessary to practice medicine safely and skillfully;
2. Demonstrating a history of professional conduct; and
3. Possessing the physical, mental, and emotional fitness to practice medicine.

- E.** If the substantive review referenced in subsection (D) does not yield sufficient information for the Board to determine whether an applicant is qualified for licensure, the Board shall request that the applicant appear before the Board for an interview.

1. The Board shall conduct an application interview in the same manner as an informal hearing conducted under A.R.S. § 32-1855 and shall accord the applicant the same rights as a respondent.
2. In conjunction with an application interview, the Executive Director or Board may require that the applicant, at the applicant's expense:
 - a. Provide additional documentation,
 - b. Submit to a physical or psychological examination,
 - c. Submit to a practice assessment evaluation,
 - d. Pass an approved special purposes competency examination listed in R4-22-203(A)(3), or
 - e. Fulfill any combination of the requirements listed in subsections (E)(2)(a) through (d).

- F.** If the substantive review referenced in subsection (D) reveals that an applicant has been subject to disciplinary action or criminal conviction, the Board shall consider the following factors to determine whether the applicant has been rehabilitated from the conduct underlying the disciplinary action or criminal conviction:

1. Nature of the disciplinary or criminal action including charges and final disposition;
2. Whether all terms of court-ordered sentencing or Board-issued order were satisfied;
3. Whether the disciplinary action or criminal conviction was set aside, dismissed with prejudice, or reduced;
4. Whether a diversion program was entered and completed;
5. Whether the circumstances, relationships, or personal attributes that caused or contributed to the underlying conduct changed;
6. Personal and professional references attesting to rehabilitation; and
7. Other information the Board determines demonstrates whether the applicant has been rehabilitated.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).
Amended by final rulemaking at 25 A.A.R. 1793, effective August 31, 2019 (Supp. 19-3).

R4-22-203. Examination; Practice Equivalency to an Examination

- A.** Approved examinations. For the purposes of licensing, the Board approves the following examinations:

1. All levels and parts of the COMLEX required by the NBOME with a passing score determined by the NBOME;
2. All levels and parts of the USMLE required by the NBME with a passing score determined by the NBME; and

3. A special purposes competency examination given by the NBOME or NBME to an applicant at the request of the Board, with a passing score established by the NBOME or NBME.

- B.** Practice equivalency to an examination. If an applicant has not passed an approved examination within the seven years before the date of application, the Board shall find that the applicant has practice experience equivalent to an approved examination if the applicant submits documentation of all of the following:

1. On the date of application and continuously until the date the applicant is issued or denied a license, the applicant holds:
 - a. An active license to practice osteopathic medicine issued by another state, or
 - b. An active permit or temporary license to practice in an approved residency or fellowship;
2. For at least seven of the 10 years immediately before the date of application, the applicant:
 - a. Was in clinical practice providing direct patient care, or
 - b. Was in the second or later year of an approved residency or fellowship; and
 - c. Has completed a certification examination provided by a specialty board under R4-22-106; and
3. Within two years immediately before the date of application, the applicant completed at least 40 hours of approved CME, defined and documented as specified in R4-22-207.

Historical Note

New Section renumbered from R4-22-104 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-204. License Issuance; Effective Date of License

- A.** Within 90 days after an applicant for licensure receives notice from the Board that the applicant is approved, but no later than 360 days after the date on which the application was originally submitted, the approved applicant shall submit to the Board the license issuance fee required by A.R.S. § 32-1826(A) and the following information in writing:

1. Practice address and telephone number,
2. Residential address, and
3. A statement of whether the practice address or residential address should be used by the Board as the address of record.

- B.** The Board shall issue a license to an approved applicant that is effective on the date the information required under subsection (A) is received.

- C.** The Board shall administratively close an approved applicant's file if the approved applicant fails to submit the information required within the time specified under subsection (A). If an applicant whose file is administratively closed wishes to be considered further for licensure, the applicant shall reapply by complying with R4-22-202.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-205. License Renewal

To renew a license, the licensee shall submit to the Board the renewal application required under R4-22-201. Failure to receive notice of the need to renew does not excuse failure to renew timely.

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Historical Note

New Section made by final rulemaking at 20 A.A.R.
2654, effective November 8, 2014 (Supp. 14-3).

R4-22-206. Procedure for Application to Reenter Practice

- A.** The procedures in this Section apply only to an osteopathic physician who:
1. Was licensed and practiced as an osteopathic physician in Arizona or another jurisdiction, and
 2. Currently is not licensed and practicing as an osteopathic physician in Arizona or another jurisdiction.
- B.** All applicants to reenter practice shall:
1. Submit the application required under R4-22-201, including all documents specified in the application; and
 2. Pay the fee specified in R4-22-102(A).
- C.** In addition to complying with subsection (B), an applicant who has been out of practice for less than two years and has no disciplinary history shall submit documentation of completing at least 40 hours of Category 1-A or Category 1 CME in the applicant's intended field of practice within the two years before the date the application to reenter practice is approved.
- D.** In addition to complying with subsection (B), an applicant who has been out of practice for two or more years and has no disciplinary history shall attend a Board meeting and:
1. Discuss with the Board evidence that the applicant remains competent to practice medicine; and
 2. Develop a reentry plan designed to ensure that the applicant is competent to practice medicine. The re-entry plan may include any or all of the following, at the discretion of the Board:
 - a. Taking a competency or specialty examination;
 - b. Taking continuing education;
 - c. Completing a practice assessment program;
 - d. Practicing under supervision or with restrictions; and
 - e. Submitting to a physical or psychological examination.
- E.** In addition to complying with subsection (B), an applicant who has been out of practice and has a history of disciplinary action shall attend a Board meeting and:
1. Establish to the Board's satisfaction that the applicant is rehabilitated from the underlying unprofessional conduct. In determining whether the applicant is rehabilitated, the Board shall consider the factors listed in R4-22-202(F); and
 2. If the Board determines that the applicant is rehabilitated, take the actions listed in subsection (D) to ensure that the applicant is competent to practice medicine.

Historical Note

New Section made by final rulemaking at 20 A.A.R.
2654, effective November 8, 2014 (Supp. 14-3).

R4-22-207. Continuing Medical Education; Waiver; Extension of Time to Complete

- A.** Under A.R.S. § 32-1825(B), a licensee is required to obtain 40 hours of Board-approved CME in the two years before license renewal. The Board shall approve the CME of a licensee if the CME complies with the following:
1. At least 24 hours are obtained by completing CME classified by the AOA as Category 1A,
 2. No more than 16 hours are obtained by completing CME classified as American Medical Association Category 1 approved by an ACCME-accredited CME provider, and
 3. At least the number of CME hours specified under A.R.S. § 32-3248.02 address opioid-related, substance use disorder-related, or addiction-related prescribing and are obtained under subsection (A)(1) or (2).

- B.** A licensee may fulfill 40 hours of the CME requirement for a biennial license renewal period by participating in an approved postgraduate training program or preceptorship during that biennial license renewal period.
- C.** The Board shall accept the following documentation as evidence of compliance with the CME requirement:
1. For a CME under subsection (A)(1):
 - a. The AOA printout of the licensee's CME, or
 - b. A copy of the certificate of attendance from the provider of the CME showing:
 - i. Licensee's name,
 - ii. Title of the CME,
 - iii. Name of the provider of the CME,
 - iv. Category of the CME,
 - v. Number of hours in the CME, and
 - vi. Date of attendance;
 2. For a CME under subsection (A)(2):
 - a. A copy of the certificate of attendance from the provider of the CME showing the information listed in subsection (C)(1)(b); or
 - b. A specialty board's printout showing a licensee's completion of CME.
 3. For a CME under subsection (B), either a letter from the Director of Medical Education or a certificate of completion for the approved postgraduate training program or preceptorship.
- D.** Waiver of CME requirements. To obtain a waiver under A.R.S. § 32-1825(C) of the CME requirements, a licensee shall submit to the Board a written request that includes the following:
1. The period for which the waiver is requested,
 2. CME completed during the current license period and the documentation required under subsection (C), and
 3. Reason that a waiver is needed and the applicable documentation:
 - a. For military service. A copy of current orders or a letter on official letterhead from the licensee's commanding officer;
 - b. For absence from the United States. A copy of pages from the licensee's passport showing exit and reentry dates;
 - c. For disability. A letter from the licensee's treating physician stating the nature of the disability; or
 - d. For circumstances beyond the licensee's control:
 - i. A letter from the licensee stating the nature of the circumstances, and
 - ii. Documentation that provides evidence of the circumstances.
- E.** The Board shall grant a request for waiver of CME requirements that:
1. Is based on a reason listed in subsection (D)(3),
 2. Is supported by the documentation required under subsection (D)(3),
 3. Is filed no sooner than 60 days before and no later than 30 days after the license renewal date, and
 4. Will promote the safe and professional practice of osteopathy in this state.
- F.** Extension of time to complete CME requirements. To obtain an extension of time under A.R.S. § 32-1825(C) to complete the CME requirements, a licensee shall submit to the Board a written request that includes the following:
1. Ending date of the requested extension,
 2. CME completed during the current license period and the documentation required under subsection (C),
 3. Proof the licensee is registered for additional CME sufficient to enable the licensee to complete all CME required

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for license renewal before the end of the requested extension, and

4. Licensee's attestation that the CME obtained under the extension will be reported only to fulfill the current license renewal requirement and will not be reported on a subsequent license renewal application.

G. The Board shall grant a request for an extension that:

1. Specifies an ending date no later than May 1 following the license renewal date,
2. Includes the documentation and attestation required under subsection (F),
3. Is submitted no sooner than 60 days before and no later than 30 days after the license renewal date, and
4. Will promote the safe and professional practice of osteopathy in this state.

Historical Note

Section R4-22-207 renumbered from R4-22-109 and amended by final rulemaking at 12 A.A.R. 2765, effective September 9, 2006 (Supp. 06-3). Amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 763, effective May 12, 2017 (Supp. 17-1). Amended by final rulemaking at 25 A.A.R. 1793, effective August 31, 2019 (Supp. 19-3).

R4-22-208. Reserved

R4-22-209. Reserved

R4-22-210. Reserved

R4-22-211. Reserved

R4-22-212. Confidential Program for Treatment and Rehabilitation of Impaired Osteopathic Physicians

- A.** To protect the public health and safety, a licensee is required by A.R.S. § 32-1822 to be physically, mentally, and emotionally able to practice medicine.
- B.** If the Board determines that a licensee may be impaired by substance abuse and there is evidence of an imminent danger to the public health and safety, the Board's Executive Director, with the concurrence of investigative staff, the medical consultant, or a Board member, may enter into:
 1. A consent agreement with the licensee to restrict the licensee's practice if there is evidence that a restriction of the licensee's practice is needed to mitigate the danger to the public health and safety;
 2. A stipulated agreement with the licensee requiring the licensee to complete a Board-approved evaluation and treatment program for abuse or misuse of chemical substances if there is evidence the program would be successful in enabling the licensee to return to practice safely; and
 3. A stipulated agreement with the licensee to enter a Monitored Aftercare Program (MAP) if there is evidence the licensee intends to comply with a program for rehabilitation.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1388, effective June 4, 2006 (Supp. 06-2). Section R4-22-212 renumbered to Section R4-22-104; new Section R4-22-212 made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

Table 1. Renumbered

Historical Note

Table 1 made by final rulemaking at 12 A.A.R. 1388, effective June 4, 2006 (Supp. 06-2). Table 1 renumbered to R4-22-104, Table 1 by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

ARTICLE 3. DISPENSING DRUGS

R4-22-301. Registration to Dispense Required

- A.** An osteopathic physician shall register with the Board annually if the osteopathic physician:
 1. Maintains a supply of controlled substances, as defined in A.R.S. § 32-1901(13), prescription-only drugs, as defined in A.R.S. § 32-1901(76), or prescription-only devices, as defined in A.R.S. § 32-1901(75), excluding manufacturers' samples;
 2. Prescribes the items listed in subsection (A)(1) to a patient of the osteopathic physician for use outside the office of the osteopathic physician; and
 3. Obtains payment for the items listed in subsection (A)(1) at a practice location in Arizona.
- B.** To register with the Board to dispense, an osteopathic physician shall:
 1. Submit the form referenced in R4-22-201,
 2. Submit a copy of the osteopathic physician's current Drug Enforcement Administration certificate of registration for each location from which the osteopathic physician will dispense a controlled substance, and
 3. Pay the fee authorized by A.R.S. § 32-1826(A)(11).
- C.** An osteopathic physician who is registered with the Board to dispense shall renew the registration by December 31 of each year by complying with subsection (B). If an osteopathic physician submits a timely and complete application to renew a registration to dispense, the osteopathic physician may continue to dispense until the Board approves or denies the renewal application.
- D.** If an osteopathic physician fails to submit a timely and complete application to renew a registration to dispense, the osteopathic physician shall immediately cease dispensing.
 1. If the osteopathic physician wishes to resume dispensing, the osteopathic physician shall register with the Board by complying with subsection (B) and shall not dispense until the osteopathic physician receives notice from the Board that the registration is approved.
 2. If the osteopathic physician does not wish to resume dispensing, the osteopathic physician shall, as required by A.R.S. § 32-1871(F), submit to the Board an inventory disposal form, which is available from the Board office or on its web site.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-302. Packaging and Inventory

- A.** An osteopathic physician shall dispense a controlled substance or prescription-only drug in a prepackaged or light-resistant container with a consumer safety cap that complies with standards specified in the official compendium, as defined at A.R.S. § 32-1901(55), and state and federal law, unless a patient or the patient's representative requests a non-safety cap.
- B.** An osteopathic physician shall ensure that a dispensed controlled substance or prescription-only drug is labeled with the following information:
 1. The name, address, and telephone number of the dispensing osteopathic physician;

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2. The date the controlled substance or prescription-only drug is dispensed;
 3. The patient's name;
 4. The name of the controlled substance or prescription-only drug, strength, dosage, form, name of manufacturer, quantity dispensed, directions for use, and any cautionary statement necessary for the safe and effective use of the controlled substance or prescription-only drug; and
 5. A beyond-use date not to exceed one year from the date of dispensing or the manufacturer's expiration date if less than one year.
- C. An osteopathic physician shall:
1. Secure all controlled substances in a locked cabinet or room;
 2. Control access to the locked cabinet or room by a written procedure that includes, at a minimum:
 - a. Designation of the persons who have access to the locked cabinet or room, and
 - b. Procedures for recording requests for access to the locked cabinet or room;
 3. Make the written procedure required under subsection (C)(2) available on demand by the Board or its authorized representative for inspection or copying;
 4. Store prescription-only drugs so they are not accessible to patients; and
 5. Store controlled substances and prescription-only drugs not requiring refrigeration in an area where the temperature does not exceed 85° F.
- D. An osteopathic physician shall maintain a dispensing log for all controlled substances and the prescription-only drug nalbuphine hydrochloride (Nubain) dispensed. The osteopathic physician shall ensure that the dispensing log includes the following information on a separate inventory sheet for each controlled substance or prescription-only drug:
1. Date the drug is dispensed;
 2. Patient's name;
 3. Name of controlled substance or prescription-only drug, strength, dosage, form, and name of manufacturer;
 4. Number of dosage units dispensed;
 5. Running total of each controlled substance or prescription-only drug dispensed; and
 6. Written signature of the osteopathic physician next to each entry.
- E. An osteopathic physician may use a computer to maintain the dispensing log required under subsection (D) if the log is quickly accessible through either on-screen viewing or printing a copy.
- F. This Section does not apply to a prepackaged manufacturer sample of a controlled substance or prescription-only drug unless otherwise provided by federal law.
- B. Before dispensing a controlled substance, prescription-only drug, or prescription-only device, an osteopathic physician shall review the prepared controlled substance, prescription-only drug, or prescription-only device to ensure that:
1. The container label and contents comply with the prescription; and
 2. The patient is informed of the name of the controlled substance, prescription-only drug, or prescription-only device, directions for use, precautions, and storage requirements.
- C. An osteopathic physician shall purchase all controlled substance, prescription-only drugs, or prescription-only devices dispensed from a manufacturer or distributor approved by the United State Food and Drug Administration or a pharmacy holding a current permit from the Arizona Board of Pharmacy.
- D. The individual who prepares a controlled substance, prescription-only drug, or prescription-only device for dispensing shall countersign and date the original prescription form.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-304. Recordkeeping and Reporting Shortages

- A. An osteopathic physician who dispenses a controlled substance or prescription-only drug shall ensure that an original prescription order, as defined in A.R.S. § 32-1901(77), for the controlled substance or prescription-only drug dispensed is dated, consecutively numbered in the order in which originally dispensed, and filed separately from patient medical records. The osteopathic physician shall ensure that original prescription orders are maintained in three separate files, as follows:
1. Schedule II controlled substances, which are listed at A.R.S. § 36-2513;
 2. Schedule III, IV, and V controlled substances, which are defined or listed at A.R.S. §§ 36-2514 through 36-2516, and
 3. Prescription-only drugs.
- B. An osteopathic physician shall ensure that purchase orders and invoices for all dispensed controlled substances and prescription-only drugs are maintained for three years from the date on the purchase order or invoice in three separate files as follows:
1. Schedule II controlled substances;
 2. Schedule III, IV, and V controlled substances and nalbuphine; and
 3. All other prescription-only drugs.
- C. An osteopathic physician who discovers a theft or loss of a controlled substance or dangerous drug, as defined in A.R.S. Title 36, Chapter 27, Article 2, from the physician's office shall:
1. Immediately notify the local law enforcement agency,
 2. Provide the local law enforcement agency with a written report, and
 3. Send a copy of the report to the U.S. Drug Enforcement Administration and the Board within seven days of the discovery of the theft or loss.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-303. Prescribing and Dispensing Requirements

- A. An osteopathic physician who dispenses a controlled substance, prescription-only drug, or prescription-only device shall record the following information on the patient's medical record:
1. Name, strength, dosage, and form of the controlled substance, prescription-only drug, or prescription-only device dispensed;
 2. Quantity or volume dispensed;
 3. Date of dispensing;
 4. Medical reasons for dispensing; and
 5. Number of refills authorized.

R4-22-305. Inspections; Denial and Revocation

- A. An osteopathic physician shall allow the Board or its representative access to the physician's office and the records required under this Article for inspection of compliance with A.R.S. § 32-1871 and this Article.
- B. Failure to comply with A.R.S. § 32-1871 and this Article is unprofessional conduct and grounds for revocation of the phy-

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sician's registration to dispense or denial of renewal of registration to dispense.

- C. The Board shall revoke an osteopathic physician's registration to dispense upon the occurrence of the following:
1. Suspending, revoking, surrendering, or canceling the physician's license;
 2. Failing to timely renew the physician's license; or
 3. Restricting the physician's ability to prescribe or administer medication, including loss or expiration of the physician's Drug Enforcement Administration Certificate of Registration.
- D. If the Board denies a registration to dispense to an osteopathic physician, the physician may appeal the decision by filing a written request with the Board no later than 30 days after service of the notice of denial.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

ARTICLE 4. MEDICAL ASSISTANTS**R4-22-401. Approval of Educational Programs for Medical Assistants**

- A. For purposes of this Section, a Board-approved medical assistant training program is a program:
1. Accredited by the CAAHEP;
 2. Accredited by the ABHES;
 3. Accredited by any accrediting agency recognized by the United States Department of Education; or
 4. Designed and offered by a licensed osteopathic physician, that meets or exceeds the standards of one of the accrediting programs listed in subsections (A)(1) through (A)(3), and the licensed osteopathic physician verifies that those who complete the program have the entry level competencies referenced in R4-22-402.
- B. A person seeking approval of a training program for medical assistants shall submit to the Board the application required under R4-22-201 and verification that the program meets the requirements in subsection (A).

Historical Note

Section R4-22-401 renumbered from R4-22-110 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-402. Medical Assistants – Authorized Procedures

- A. A medical assistant may, under the direct supervision of a licensed osteopathic physician, perform the medical procedures listed in the Commission on Accreditation of Allied Health Education Programs' *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*, revised 2008. This material is incorporated by reference, does not include any later revisions, amendments or editions, is on file with the Board, and may be obtained from the Commission on Accreditation of Allied Health Education Programs, 1361 Park Street, Clearwater, FL 33756, 727-210-2350, or www.caahep.org.
- B. Additionally, a medical assistant working under the direct supervision of a licensed osteopathic physician may:
1. Perform physical medicine modalities, including administering whirlpool treatments, diathermy treatments, electronic galvanic stimulation treatments, ultrasound therapy, massage therapy, and traction treatments;
 2. Apply Transcutaneous Nerve Stimulation units and hot and cold packs;
 3. Administer small volume nebulizers;
 4. Draw blood;

5. Prepare proper dosages of medication and administer the medication as directed by the physician;
6. Assist in minor surgical procedures;
7. Perform urine analyses, strep screens, and urine pregnancy tests;
8. Perform EKGs; and
9. Take vital signs.

Historical Note

Section R4-22-402 renumbered from R4-22-111 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-403. Medical Assistant Training Requirement

- A. The licensed osteopathic physician who will provide direct supervision to a medical assistant shall ensure that the medical assistant satisfies one of the following training requirements before the medical assistant is employed:
1. Completes an approved medical assistant training program,
 2. Completes an unapproved medical assistant training program and passes a medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists, or
 3. Completes a medical services training program of the Armed Forces of the United States.
- B. This Section does not apply to a person who completed a medical assistant training program before August 7, 2004, and was employed continuously as a medical assistant since completing the program.

Historical Note

Section R4-22-403 renumbered from R4-22-112 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

ARTICLE 5. OFFICE-BASED SURGERY**R4-22-501. Definitions**

In this Article,

"ACLS" means advanced cardiac life support performed according to certification standards of the American Heart Association.

"Auscultation" means the act of listening to sounds within the human body either directly or through use of a stethoscope or other means.

"BLS" means basic life support performed according to certification standards of the American Heart Association.

"Capnography" means monitoring the concentration of exhaled carbon dioxide of a sedated patient to determine adequacy of the patient's ventilatory function.

"Deep sedation" means a drug-induced depression of consciousness during which a patient:

- Cannot be easily aroused, but
- Responds purposefully following repeated or painful stimulation, and
- May partially lose the ability to maintain ventilatory function.

"Discharge" means a written or electronic documented termination of office-based surgery provided to a patient.

"Emergency" means an immediate threat to the life or health of a patient.

"General anesthesia" means a drug-induced loss of consciousness during which a patient:

- Can not be aroused even with painful stimulus; and

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May partially or completely lose the ability to maintain ventilatory, neuromuscular, or cardiovascular function or airway.

“Health care professional” means a registered nurse or a registered nurse practitioner, as defined in A.R.S. § 32-1601, physician assistant, as defined in A.R.S. § 32-2501, and any individual authorized to perform surgery under A.R.S. Title 32 who participates in office-based surgery.

“Informed consent” means advising a patient of the:
Purpose for and alternatives to office-based surgery,
Risks associated with office-based surgery, and
Possible benefits and complications from office-based surgery.

“Malignant hyperthermia” means a life-threatening condition in an individual who has a genetic sensitivity to inhalant anesthetics and depolarizing neuromuscular blocking drugs that occurs during or after the administration of an inhalant anesthetic or depolarizing neuromuscular blocking drug.

“Minimal sedation” means a drug-induced state during which:
A patient responds to verbal commands,
Cognitive function and coordination may be impaired, and
A patient's ventilatory and cardiovascular functions are unaffected.

“Moderate sedation” means a drug-induced depression of consciousness during which:
A patient responds to verbal commands or light tactile stimulations, and
No interventions are required to maintain ventilatory or cardiovascular function.

“Monitor” means to assess the condition of a patient.

“Office-based surgery” means a medical procedure performed by an osteopathic physician in the physician's office or other practice location that is not part of a licensed hospital or licensed ambulatory surgical center while using sedation.

“PALS” means pediatric advanced life support performed according to certification standards of the American Academy of Pediatrics or the American Heart Association.

“Rescue” means to correct adverse physiologic consequences of deeper than intended level of sedation and return the patient to the intended level of sedation.

“Staff member” means an individual who:
Is not a health care professional, and
Assists with office-based surgery under the supervision of the osteopathic physician performing the office-based surgery.

“Transfer” means a physical relocation of a patient from the office or other practice location of an osteopathic physician to a licensed health care institution.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-502. Health Care Institution License

An osteopathic physician who performs office-based surgery shall obtain a health care institution license as required by the Arizona Department of Health Services under A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-503. Administrative Provisions

- A.** An osteopathic physician who performs office-based surgery shall:
 1. Establish, document, and implement written policies and procedures that cover:
 - a. Patients' rights,
 - b. Informed consent,
 - c. Care of patients in an emergency, and
 - d. Transfer of patients to a local accredited or licensed acute-care hospital;
 2. Ensure that a staff member who assists with or a health care professional who participates in office-based surgery:
 - a. Has sufficient education, training, and experience to perform assigned duties;
 - b. If applicable, has a current license or certification required to perform assigned duties; and
 - c. Performs only those acts that are within the scope of practice established in the staff member's or health care professional's governing statutes;
 3. Ensure that the office or other practice location where office-based surgery is performed has all equipment necessary for:
 - a. The physician to perform the office-based surgery safely,
 - b. The physician or health care professional to administer the sedation safely,
 - c. The physician or health care professional to monitor the use of sedation, and
 - d. The physician and health care professional administering the sedation to rescue a patient after the sedation is administered if the patient enters into a deeper state of sedation than was intended by the physician;
 4. Ensure that a copy of the patients' rights policy is provided to each patient before performing office-based surgery;
 5. Obtain informed consent from the patient before performing office-based surgery that:
 - a. Authorizes the office-based surgery, and
 - b. Authorizes the office-based surgery to be performed at the specific practice location; and
 6. Review all policies and procedures at least every 12 months and update as needed.
- B.** An osteopathic physician who performs office-based surgery shall comply with:
 1. The local jurisdiction's fire code;
 2. The local jurisdiction's building codes for construction and occupancy;
 3. The bio-hazardous waste and hazardous waste standards in 18 A.A.C. 13, Article 14; and
 4. The controlled substances administration, supply, and storage standards in 4 A.A.C. 23, Article 5.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-504. Procedure and Patient Selection

- A.** An osteopathic physician shall ensure that each office-based surgery performed:
 1. Can be performed safely with the equipment, staff members, and health care professionals at the physician's office;

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2. Is of duration and degree of complexity that allows a patient to be discharged from the physician's office within 24 hours;
 3. Is within the education, training, experience, skills, and licensure of the physician; and
 4. Is within the education, training, experience, skills, and licensure of the staff members and health care professionals at the physician's office.
- B.** An osteopathic physician shall not perform office-based surgery if the patient:
1. Has a medical condition or other condition that indicates the procedure should not be performed in the physician's office, or
 2. Will require inpatient services at a hospital.

Historical Note

New Section made by final rulemaking at 20 A.A.R.
2654, effective November 8, 2014 (Supp. 14-3).

R4-22-505. Sedation Monitoring Standards

- A.** An osteopathic physician who performs office-based surgery when minimal sedation is administered to a patient shall ensure from the time sedation is administered until post-sedation monitoring begins that a quantitative method of assessing the patient's oxygenation, such as pulse oximetry, is used.
- B.** An osteopathic physician who performs office-based surgery when moderate or deep sedation is administered to a patient shall ensure from the time sedation is administered until post-sedation monitoring begins that:
1. A quantitative method of assessing the patient's oxygenation, such as pulse oximetry, is used;
 2. The patient's ventilatory function is monitored by any of the following:
 - a. Direct observation,
 - b. Auscultation, or
 - c. Capnography;
 3. The patient's circulatory function is monitored by:
 - a. Having a continuously displayed electrocardiogram,
 - b. Documenting arterial blood pressure and heart rate at least every five minutes, and
 - c. Evaluating the patient's cardiovascular function by pulse plethysmography;
 4. The patient's temperature is monitored if the physician expects the patient's temperature to fluctuate; and
 5. A licensed and qualified health care professional, other than the physician performing the office-based surgery, is:
 - a. Present throughout the office-based surgery, and
 - b. Has the sole responsibility of attending to the patient.

Historical Note

New Section made by final rulemaking at 20 A.A.R.
2654, effective November 8, 2014 (Supp. 14-3).

R4-22-506. Perioperative Period; Patient Discharge

An osteopathic physician performing office-based surgery shall ensure all of the following:

1. The physician is physically present in the room where office-based surgery is performed while the office-based surgery is performed;
2. After the office-based surgery is performed and until the patient's post-sedation monitoring is discontinued, a physician is at the physician's office and sufficiently free of other duties to respond to an emergency;
3. If using minimal sedation, the physician or a health care professional certified in ACLS, PALS, or BLS is at the

- physician's office and sufficiently free of other duties to respond to an emergency until the patient is discharged;
4. If using moderate or deep sedation, the physician or a health care professional certified in ACLS or PALS is at the physician's office and sufficiently free of other duties to respond to an emergency until the patient is discharged;
 5. A discharge is documented in the patient's medical record including:
 - a. The date and time of the patient's discharge, and
 - b. A description of the patient's medical condition at the time of discharge; and
 6. The patient receives discharge instructions and receipt of the discharge instructions is documented in the patient's medical record.

Historical Note

New Section made by final rulemaking at 20 A.A.R.
2654, effective November 8, 2014 (Supp. 14-3).

R4-22-507. Emergency Drugs; Equipment and Space Used for Office-based Surgery

- A.** In addition to the requirements in R4-22-503(A)(3) and R4-22-504(A)(1), an osteopathic physician who performs office-based surgery shall ensure that the physician's office has at a minimum:
1. The following:
 - a. A reliable oxygen source with a SaO₂ monitor;
 - b. Suction;
 - c. Resuscitation equipment, including a defibrillator;
 - d. Emergency drugs; and
 - e. A cardiac monitor;
 2. The equipment for patient monitoring according to the standards in R4-22-505;
 3. Space large enough to:
 - a. Allow access to the patient during office-based surgery, recovery, and any emergency;
 - b. Accommodate all equipment necessary to perform the office-based surgery; and
 - c. Accommodate all equipment necessary for sedation monitoring;
 4. A source of auxiliary electrical power available in the event of a power failure;
 5. Equipment, emergency drugs, and resuscitative capabilities required under this Section for patients less than 18 years of age, if office-based surgery is performed on these patients; and
 6. Procedures to minimize the spread of infection.
- B.** An osteopathic physician who performs office-based surgery shall:
1. Ensure that all equipment used for office-based surgery is maintained, tested, and inspected according to manufacturer specifications; and
 2. Maintain documentation of manufacturer-recommended maintenance of all equipment used in office-based surgery.

Historical Note

New Section made by final rulemaking at 20 A.A.R.
2654, effective November 8, 2014 (Supp. 14-3).

R4-22-508. Emergency and Transfer Provisions

- A.** An osteopathic physician who performs office-based surgery shall ensure that a health care professional who participates in or a staff member who assists with office-based surgery receives instruction in the following:
1. Policy and procedure in cases of emergency,
 2. Policy and procedure for office evacuation, and

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3. Safe and timely patient transfer.

- B.** When performing office-based surgery, an osteopathic physician shall not use any drug or agent that may trigger malignant hyperthermia.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 7

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 7. EDUCATION

CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

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Questions about these rules? Contact:

Name: Charles Tack, Executive Director
Address: State Board for Charter Schools
1616 W. Adams St., Suite 170
Phoenix, AZ 85007
or
P.O. Box 18328
Phoenix, AZ 85005
Telephone: (602) 364-3080
E-mail: Charles.Tack@asbes.az.gov
Website: <https://asbes.az.gov>

The release of this Chapter in Supp. 19-3 replaces Supp. 17-1, 1-17 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

This chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 7. EDUCATION

CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

Authority: A.R.S. § 15-182

Editor's Note: 7 A.A.C. 5 made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1).

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APPLICATION FOR CHARTER REPLICATION**

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ARTICLE 1. GENERAL PROVISIONS

Article 1, consisting of R7-5-101, made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1).

R7-5-101. Definitions

In this Chapter, the following definitions apply:

“Academic performance dashboard” means color-coded graphics that represent a charter school’s academic performance by measure for the three most recent fiscal years and identifies whether the schools operated by the charter holder meet the minimum academic performance expectations.

“Academic Performance Framework” means a document publicly available and posted on the Board’s web site that sets forth the minimum academic performance expectations for charter schools, measures of progress towards meeting the expectations, and consequences of failing to meet the expectations.

“Accounting industry regulatory body” means any state or federal regulatory body that has authority to discipline a certified public accountant or audit firm.

“Administrative completeness review time frame” means the number of days from the Board’s receipt of a submission for Board consideration until the Board staff determines whether the submission contains all components and is formatted as required by statute and rule.

“Annual application cycle” means the process the Board conducts each year to receive and review new charter application packages and grant or deny a charter.

“Applicant” means a person that applies to the Board for a new charter.

“Application” means the Board-approved forms and instructions used by an applicant or charter holder to apply for a new charter, transfer a charter as provided under R7-5-302(A)(1), transfer a charter school as provided under R7-5-302(A)(2), or renew or replicate a charter sponsored by the Board.

“Application package” means an application form, narratives, and documents, including exhibits and attachments, submitted by an applicant or charter holder.

“ASBCS Online” means the Board’s web-based interface, which is accessible through the web site of the Arizona State Board for Charter Schools.

“Audit” means a charter holder’s annual audit required under A.R.S. § 15-914.

“Audit contract” means an engagement letter provided by an audit firm that describes the terms of a contract between a charter holder and the audit firm.

“Authorized representative” means an individual with the power to bind an applicant contractually according to the applicant’s Articles of Incorporation, operating agreement, or by-laws.

“Board” means the Arizona State Board for Charter Schools.

“CAP” means corrective action plan.

“Charter” means a contract between a person and the Board to operate a charter school under A.R.S. § 15-181 et seq.

“Charter holder” means a person that enters into a charter with the Board.

“Charter representative” means an individual with the power to bind a charter holder contractually according to the charter

holder’s Articles of Incorporation, operating agreement, or by-laws and is the point of contact with the Board for the purposes of communication and accountability to charter terms and conditions.

“Charter school” has the meaning specified at A.R.S. § 15-101.

“Date of notice” means the date on which an electronic notification is sent by the Board to an applicant or charter holder through the authorized representative or charter representative.

“Day” means a business day.

“Demonstration of sufficient progress” means the process for a charter holder to show the charter holder is making progress towards achieving the minimum academic performance expectations specified in the Academic Performance Framework.

“Department” means the Arizona Department of Education.

“Education Service Provider” means an organization that contracts with or has a governance relationship with an applicant or charter holder to provide academic services, administrative services or both. These organizations may also be commonly referred to as Charter Management Organizations or Education Management Organizations.

“Financial performance dashboard” means a color-coded graphic that represents a charter holder’s financial performance by measure for the most recent audited fiscal years and identifies whether the charter holder’s financial performance meets the minimum financial performance expectations.

“Financial Performance Framework” means a document publicly available and posted on the Board’s web site, and incorporated herein by reference, that sets forth the minimum financial performance expectations for charter holders, measures of performance, and consequences of failing to meet the expectations.

“Fiscal year” means the 12-month period beginning July 1 and ending June 30.

“Initial financial response” means the first response submitted to the Board by a charter holder assigned a summative financial performance rating of “Intervention” under R7-5-402. In its response, the charter holder must:

Provide the charter holder’s annual budget for the fiscal year that begins on the July 1 following the fiscal year end of the most recent audit conducted under R7-5-504 and the charter holder’s budget for each quarter in the fiscal year;

Provide a quarterly financial report for each applicable quarter as defined in R7-5-509(B)(3);

Provide a schedule of debt and lease obligations and the current outstanding balances for each;

Summarize the factors that caused or contributed to the charter holder’s financial performance in the audited fiscal year; and

Summarize the specific actions taken or being taken to improve the charter holder’s financial performance in the fiscal year that begins on the July 1 following the fiscal year end of the most recent audit conducted under R7-5-504.

“June 30 quarterly financial report” means the report for the quarter ending June 30 submitted to the Board by a charter holder assigned a summative financial performance rating of

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“Intervention” under R7-5-402. In the June 30 report, the charter holder must include:

An unaudited balance sheet (statement of financial position) that identifies the charter holder’s results at June 30 and the charter holder’s unrestricted and restricted cash balances. Minimally, the charter holder’s restricted cash balance must include the charter holder’s unspent Classroom Site Fund monies;

An unaudited income statement (statement of activities) that identifies the charter holder’s results for the year ended June 30;

The charter holder’s budget that includes actual results versus budgeted results for the quarter ending June 30; and

The charter holder’s calculation of its performance on all six of the Financial Performance Framework’s measures.

“Operational performance dashboard” means a color-coded graphic that represents a charter holder’s operational performance by measure for up to the five most recent fiscal years and identifies whether the charter holder’s operational performance meets the minimum operational performance expectations.

“Operational Performance Framework” means a document publicly available and posted on the Board’s web site that sets forth the minimum operational performance expectations for charter holders, measures of performance, and consequences of failing to meet the expectations.

“Overall time frame” means the number of days after receipt of a submission for Board consideration until the Board decides whether to grant or deny the request contained in the submission. The overall time frame consists of both the administrative completeness review time frame and the substantive review time frame.

“Peer review” means an external quality-control review, required by generally accepted government auditing standards, which determines whether an audit firm’s internal quality-control system exists, is operating effectively, and provides assurance that established policies and procedures and applicable auditing standards are being followed.

“Performance expectations” means the minimum academic, financial, and operational performance expectations established by the Board.

“Person” means an individual, partnership, corporation, association, or public or private organization of any kind.

“Principals” means the officers, directors, members, partners, or board of an applicant or charter holder.

“Quarterly financial report” means the report for the quarters ending September 30, December 31 and March 31 submitted to the Board by a charter holder assigned a summative financial performance rating of “Intervention” under R7-5-402. In each quarterly report, the charter holder must include:

An unaudited balance sheet (statement of financial position) that identifies the charter holder’s results at the quarter end date and the charter holder’s unrestricted and restricted cash balances. Minimally, the charter holder’s restricted cash balance must include the charter holder’s unspent Classroom Site Fund monies;

An unaudited income statement (statement of activities) that identifies the charter holder’s results year-to-date for the quarter end date;

The charter holder’s budget for the applicable quarter that includes actual results versus budgeted results; and

The charter holder’s calculation of its performance on the default, unrestricted days liquidity, adjusted net income and average daily membership measures.

“Serious impact finding” means an issue identified by the Board that the Board believes has or potentially has a detrimental impact on the operation of the charter school or students, such as threat to the health and safety of children, failure to meet the academic needs of children, gross violation of generally accepted accounting principles that increases the opportunity for fraud or theft, or repeated issues of noncompliance.

“Substantive review time frame” means the number of days after a submission for Board consideration is determined to be administratively complete until the Board decides whether to grant or deny the request contained in the submission.

“Sufficiently qualified” means the Board’s determination that an applicant’s knowledge, experience, qualifications, current and prior charter compliance, capacity, personal and professional background, and creditworthiness indicate an ability to implement a charter or operate a charter school in accordance with federal and state law and the performance expectations established by the Board.

“Supervising certified public accountant” means the certified public accountant responsible for leading the audit of a charter school or signing the final audit report.

“Technical Review Panel” means individuals approved by the Executive Director of the Board who use their expertise in charter school development, curriculum, and finance to assist the Executive Director by conducting a preliminary evaluation of an application package.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

ARTICLE 2. APPLICATION FOR A NEW CHARTER; APPLICATION FOR CHARTER REPLICATION

R7-5-201. Application for a New Charter

- A. By March 31 of each year, the Board shall approve and make available on ASBCS Online an application for a new charter for a specified annual application cycle.
- B. A person that wants to establish a charter school shall submit a complete application package by the submission deadline identified in the application.
- C. A person may submit a complete application package by using:
 1. The web-based application wizard on ASBCS Online; or
 2. An alternative submission process. Before using an alternative submission process, the person shall hand deliver or mail a signed, notarized waiver request to the Board, in the form and by the waiver deadline identified in the application, and shall waive the right to have the Board

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consider an application package submitted through ASBCS Online during the same annual application cycle. The Board shall not accept an application package through the alternative submission process unless a waiver request has been submitted by the waiver deadline and acknowledged as timely by the Board.

- D.** An applicant for a new charter shall ensure the submitted application package contains all the information, materials, documents, and attachments identified in the application and A.R.S. § 15-183(A), including the new charter application processing fee specified under R7-5-202, and is in the format specified in the application.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Amended by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-202. New Charter Application Processing Fee

As specifically authorized under A.R.S. § 15-183(CC), the Board establishes and shall collect a new charter application processing fee of \$6,500 for each application package submitted to the Board.

1. An applicant shall pay the new charter application processing fee in the form of a single personal or cashier's check that:
 - a. Is made payable to Arizona State Board for Charter Schools,
 - b. Has the applicant's name imprinted on the front of the check, and
 - c. Is delivered by mail or hand to the Board office during regular business hours by the submission deadline.
2. Board staff shall deem an application package administratively incomplete under R7-5-203(B) if the new charter application processing fee is not received by the submission deadline.
3. Board staff shall deposit all checks within five days of submission. If an applicant's check is dishonored for any reason, Board staff shall:
 - a. Deem the application package administratively incomplete under R7-5-203(B), and
 - b. Require the applicant to pay any future fees to the Board by cashier's check.
4. If an application package is found to be administratively incomplete under R7-5-203(B) and the applicant paid the new charter application processing fee, the Board shall refund the fee to the applicant by mailing a refund check to the authorized representative at the address provided in the application package.
5. If an application package is found to be administratively complete under R7-5-203(B), the new charter application processing fee becomes non-refundable except as required under A.R.S. § 41-1077(A).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Section R7-5-202 renumbered to Section R7-5-203; new Section R7-5-202 made by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-203. Time Frames for Granting or Denying a New Charter

- A.** For granting or denying a new charter, the time frames are:
 1. Administrative completeness review time frame: 25 days;
 2. Substantive review time frame: 175 days; and
 3. Overall time frame: 200 days.
- B.** An applicant for a new charter shall submit to the Board an administratively complete application package by the submission deadline. An application package is complete if:
 1. The application package is from the current application cycle;
 2. The application package contains all the information, materials, documents, attachments, signatures, and notarizations identified in the application;
 3. All the application package's components are formatted as required;
 4. All curriculum samples address the required standard;
 5. All templates are unmodified and completed; and
 6. The application processing fee required under R7-5-202 is paid.
- C.** The administrative completeness review time frame listed in subsection (A)(1) begins the day after the Board receives an application package.
- D.** If an application package is administratively complete, Board staff shall send the applicant a written notice of administrative completeness.
- E.** If an application package is administratively incomplete, Board staff shall:
 1. Send the applicant a written notice of deficiency that states the reasons the application package is administratively incomplete;
 2. Administratively close the applicant's file; and
 3. Refund the new charter application processing fee paid under R7-5-202.
- F.** If an applicant receives a written notice of deficiency under subsection (E) and if the submission deadline has not yet passed, the applicant may correct the deficiencies in the administratively incomplete application package and submit a new application package in the same annual application cycle by complying with R7-5-201.
- G.** If an applicant receives a written notice of deficiency under subsection (E) and believes the application package was erroneously designated as administratively incomplete, the applicant may submit a written request for reconsideration to the Board within 10 days after the date of the notice of deficiency.
- H.** An applicant that submits a written request for reconsideration under subsection (G) shall ensure the request:
 1. Contains a clear statement indicating how the previously submitted application package fulfilled each of the requirements identified as deficient; and
 2. Has no new or additional information, documents, or materials included or attached.
- I.** Within 10 days after receiving a request for reconsideration, Board staff shall review the request and:
 1. Determine whether the request complies with the requirements in subsection (H) and if not, send the applicant written notice the request was not submitted properly and the applicant's file remains closed;
 2. If Board staff determines the application package was erroneously designated as administratively incomplete, reopen the applicant's file and send the applicant a written notice of administrative completeness; or
 3. If Board staff determines the application package was correctly designated as administratively incomplete, send the applicant written notice the applicant's file remains closed.
- J.** If Board staff does not provide a notice of deficiency or administrative completeness to the applicant within the admin-

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administrative completeness review time frame, the application package is deemed administratively complete.

- K. The substantive review time frame listed in subsection (A)(2) begins when an application package is determined to be administratively complete. Board staff shall ensure the substantive review is conducted according to R7-5-204.
- L. Within the time provided in subsection (A)(3), Board staff shall provide the applicant with written notice of the Board's decision to grant or deny a charter.
 - 1. The Board shall deny a charter if the Board determines the application package does not meet the requirements of statute or rule or the applicant is not sufficiently qualified to operate a charter school. Board staff shall include in the written notice the basis for the denial and other information required under A.R.S. § 41-1092.03. An applicant that receives a notice of denial may:
 - a. Submit a new application package under R7-5-201 in a later annual application cycle; or
 - b. Appeal the Board's decision under A.R.S. Title 41, Chapter 6, Article 10.
 - 2. The Board shall grant a charter if it determines that the application package meets the requirements of statute and rule and the applicant is sufficiently qualified to operate a charter school.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Section R7-5-203 renumbered to Section R7-5-204; new Section R7-5-203 renumbered from R7-5-202 and amended by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-204. Review of Administratively Complete Application Package for a New Charter, Technical Assistance, and In-person Interview

- A. The Board shall ensure an administratively complete application package for a new charter is reviewed as follows:
 - 1. The Technical Review Panel shall score an application package using the evaluation criteria identified in the application to determine whether the application package meets the Board's requirements.
 - 2. The Technical Review Panel shall assign an application package a score of "Meets the Criteria," "Approaches the Criteria," or "Falls below the Criteria" for each evaluation criterion.
 - a. The Technical Review Panel shall score an evaluation criterion "Meets the Criteria" when the application section within which that evaluation criterion is identified:
 - i. Addresses the evaluation criterion fully with specific and accurate information;
 - ii. Reflects a thorough understanding of the evaluation criterion; and
 - iii. Is clear and coherent.
 - b. The Technical Review Panel shall score an evaluation criterion "Approaches the Criteria" when the application section within which that evaluation criterion is identified:
 - i. Addresses the evaluation criterion partially or lacks specific and accurate information for some aspect of the evaluation criterion;
 - ii. Presents a partial understanding of the evaluation criterion; or
 - iii. Is not clear and coherent.
- c. The Technical Review Panel shall score an evaluation criterion "Falls below the Criteria" when the application section within which that evaluation criterion is identified fails to address the evaluation criterion.
- 3. An application package meets the Board's requirements if:
 - a. No evaluation criterion is scored "Falls below the Criteria;"
 - b. No more than one evaluation criterion in each application section is scored "Approaches the Criteria;" and
 - c. At least 95 percent of the evaluation criteria in the educational plan, operational plan, and business plan is scored "Meets the Criteria."
- B. Board staff shall conduct a background and credit check of each principal and authorized representative of the applicant and determine whether each principal and authorized representative possesses a valid fingerprint clearance card issued by the State of Arizona. If an issue arises during the background and credit check of any principal or authorized representative, Board staff shall provide the principal or authorized representative written notice of the issue and an opportunity to provide a written response addressing the issue. The Board shall consider information obtained from the background and credit check when making the decision to grant or deny a new charter.
- C. If an application package fails to meet the Board's requirements specified under subsection (A)(3), Board staff shall provide written notice to the applicant. Board staff shall include in the notice:
 - 1. The reasons the application package failed to meet the Board's requirements;
 - 2. Comments of the Technical Review Panel, which will serve as technical assistance and suggestions for improving the application package; and
 - 3. The options specified under subsection (D).
- D. If an applicant receives notice under subsection (C), the applicant may, within 20 days of the date of notice, submit to the Board:
 - 1. A revised application package, or
 - 2. A written request that the previously submitted and scored application package be forwarded to the Board.
- E. If an applicant that receives notice under subsection (C) fails to act under subsection (D), Board staff shall close the applicant's file. An applicant whose file is closed and wants to obtain a new charter shall apply again under R7-5-201 in a later annual application cycle.
- F. If an applicant submits a revised application package under subsection (D), the Technical Review Panel shall score the revised application package as specified under subsection (A). If the revised application package fails to meet the Board's requirements as specified under subsection (A)(3), Board staff shall provide written notice to the applicant of the intent to close the file. Board staff shall include with the notice the comments of the Technical Review Panel.
- G. An applicant that receives notice under subsection (F) may, within 20 days after the date of notice, submit a written request that the revised application package be forwarded to the Board. If a written request is not submitted, Board staff shall close the applicant's file. An applicant whose file is closed and wants to obtain a new charter shall apply again under R7-5-201 in a later annual application cycle.
- H. At least 30 days before the last Board meeting before the substantive review time frame expires, and within 90 days after determining an application package meets the Board's require-

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ments under subsection (A)(3) or receiving an applicant's request under subsection (D)(2) or (G), the principals and authorized representative of the applicant shall make themselves available for an in-person interview with two or more members of the Technical Review Panel. In the interview, the members of the Technical Review Panel shall assess:

1. The applicant's understanding of the components presented in the application package;
 2. The applicant's capacity to implement a plan to operate a charter school in accordance with the performance expectations established by the Board;
 3. The applicant's clarification of any issue revealed in the course of the due diligence process for the applicant any principal, authorized representative, or Education Service Provider; and
 4. Any other factor relevant to determining whether the applicant is sufficiently qualified to operate a charter school.
- I.** Board staff shall provide an applicant with at least seven days written notice of the date, time, and place of the meeting at which the Board will consider the applicant's application package and determine whether to grant or deny a new charter to the applicant. The Board shall use the following information to determine whether the applicant is sufficiently qualified to operate a charter school:
1. The application package;
 2. The scoring rubric completed by the Technical Review Panel;
 3. The results of the in-person interview of the applicant's principals and authorized representative;
 4. Information obtained through investigation and verification of the employment, experience, and education backgrounds, fingerprint clearance card, and creditworthiness of each principal and authorized representative of the applicant;
 5. Information concerning any current or former charter operations for any principal, authorized representative, or Education Service Provider of the applicant;
 6. Board staff report; and
 7. Testimony presented at the Board meeting.
- J.** After the Board meeting held under subsection (I), Board staff shall provide written notice to the applicant regarding the Board's decision to grant or deny a new charter to the applicant. If the Board denies a new charter to the applicant, the Board shall include the information required under A.R.S. § 41-1092.03 in the written notice.
- Historical Note**
- New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section R7-5-204 renumbered to Section R7-5-205; new Section R7-5-204 renumbered from R7-5-203 and amended by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).
- R7-5-205. Execution of a New Charter**
- A.** After the Board decides to grant a new charter but before the charter is signed, the applicant shall submit to the Board the following:
1. A completed I.R.S. Form W-9, Request for Taxpayer Identification Number and Certification, obtained from the Department or online at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>;
 2. The following information for each charter school approved for educational use:
 - a. Certificate of occupancy; and
 - b. Fire marshal report; or
 - c. If either the certificate of occupancy or fire marshal report is not available, a completed Occupancy Compliance Assurance and Understanding form obtained from the Board;
 3. A completed General Statement of Assurances form obtained from the Department;
 4. A statement indicating where all public notices of meetings will be posted as required under A.R.S. § 38-431.02; and
 5. A copy of the lease agreement or other documentation of a secured charter school facility for each charter school.
- B.** The Board President or designee and authorized representative of the applicant shall sign the charter within 12 months after the Board's decision to grant the charter.
1. If the charter is not timely signed, the Board's decision to grant the new charter expires unless the applicant applies for and is granted a good-cause extension to execute the charter under R7-5-206.
 2. If an applicant that is granted a new charter but does not timely sign the charter and does not obtain a good-cause extension wants to obtain a new charter, the applicant shall apply again under R7-5-201 in a later annual application cycle.
- C.** A charter holder shall begin providing educational instruction no later than the second fiscal year after the Board's decision to grant the charter unless the charter holder is granted a good-cause extension to execute a charter under R7-5-206 or good-cause suspension of a charter under R7-5-207.
1. A charter holder that is granted a good-cause extension to execute a charter under R7-5-206 or good-cause suspension of a charter under R7-5-207 shall begin providing educational instruction no later than the third fiscal year after the Board's decision to grant the charter.
 2. If a charter holder does not begin providing educational instruction as required under subsection (C) or (C)(1), the Board shall issue the charter holder a notice of intent to revoke the charter in accordance with A.R.S. § 15-183(I).
- D.** At least 10 days before beginning to provide educational instruction, a charter holder shall submit to the Board the following written proof that the charter school is in compliance with federal, state, and local laws relating to health, safety, civil rights, and insurance:
1. Charter school contact information;
 2. Insurance policy binder issued by an insurance company licensed to do business in Arizona;
 3. County health certificate for each charter school at which students will be taught;
 4. Evidence of a public meeting, required by A.R.S. § 15-183(C)(7), at least 30 days before the charter holder opens a charter school;
 5. Certificate of attendance of the charter representative or principal at the special education training for new charters offered by the Department; and
 6. Any other documents required to demonstrate compliance with federal, state, and local laws relating to health, safety, civil rights, and insurance.
- E.** If a charter holder submitted an Occupancy Compliance Assurance and Understanding form under subsection (A)(2), the Board shall not advise the Department to initiate state aid funding until Board staff determines the required certificate of occupancy and fire marshal report submissions are complete and sufficient.

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- F. A new charter is effective upon signing by both parties for 15 years beginning on the date stated in the charter, unless revoked under A.R.S. § 15-183(I).

Historical Note

New Section R7-5-205 renumbered from R7-5-204 and amended by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-206. Good-cause Extension to Execute a New Charter

- A. Before the Board's decision to grant a new charter expires under R7-5-205(B), an applicant that has not yet executed the charter may submit to the Board a written request for a good-cause extension to execute a charter. The applicant shall ensure the written request for a good-cause extension to execute a charter:

1. Explains and provides evidence of why the applicant is unable to implement the plans contained in the application package and execute the charter within the allotted 12 months;
2. Explains the applicant's new timeline for implementing the plans contained in the application package and why the new timeline is viable and adequate to enable the applicant to execute the charter by the new timeline; and
3. Provides clear and specific action steps with target completion dates that will enable the applicant to implement the plans contained in the application package in accordance with the new timeline and the requirements of R7-5-205(C)(1).

- B. The Board shall grant a good-cause extension to execute a charter if an applicant demonstrates good cause. When deciding whether the applicant demonstrates good cause, the Board shall consider:

1. The timeliness of the request for a good-cause extension and the proposed extension date;
2. The viability of the applicant's new timeline for implementing the plans contained in the application package;
3. Whether the new timeline is adequate to begin providing educational instruction as required under R7-5-205(C)(1) and complies with the plans contained in the application package;
4. The circumstances the applicant indicates affected the applicant's ability to execute the charter within the allotted 12 months;
5. Whether there have been changes in the principals of the applicant; and
6. The extent to which the applicant is in compliance with all applicable federal, state, and local laws.

- C. The Board shall not grant more than one good-cause extension to execute a particular charter.

- D. If the Board grants a good-cause extension to execute a charter, the Board shall specify the date by which the applicant shall execute the charter and begin providing educational instruction based on the timeline provided by the applicant and the requirements of R7-5-205(C)(1). If the applicant does not execute the charter by the specified date, the Board's decision to grant the charter expires.

Historical Note

Section R7-5-206 made by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-207. Good-cause Suspension of a New Charter

- A. Before the first day of the fiscal year in which a charter holder must begin providing educational instruction, the charter

holder, if eligible under subsection (B), may submit to the Board a written request for a good-cause suspension of the charter.

- B. A charter holder is eligible to apply for a good-cause suspension of the charter if:

1. The charter holder has not been granted a good-cause extension to execute the charter;
2. The charter holder has not begun providing educational instruction under the charter; and
3. The charter holder has not received or has returned state equalization or other state or federal funding for which provision of instruction is a requirement of receipt.

- C. The charter holder shall ensure the written request for a good-cause suspension of a charter:

1. Explains and provides evidence for why the charter holder is unable to implement the plans contained in the application package and begin providing educational instruction as required under R7-5-205(C);
2. Explains the charter holder's new timeline for implementing the plans contained in the application package and why the new timeline is viable and adequate to enable the charter holder to operate a charter school in accordance with the charter and performance expectations established by the Board; and
3. Provides clear and specific action steps with target completion dates that will enable the charter holder to implement the plans contained in the application package in accordance with the new timeline and the requirements of R7-5-205(C)(1).

- D. The Board shall grant a good-cause suspension of a charter if the charter holder demonstrates good cause. When deciding whether the charter holder demonstrates good cause, the Board shall consider:

1. Whether the charter holder is eligible under subsection (B) for a good-cause suspension of a charter;
2. The timeliness of the request for a good-cause suspension of a charter and the proposed extension date;
3. The viability of the charter holder's new timeline for implementing the plans contained in the application package;
4. Whether the new timeline is adequate to begin providing educational instruction as required under R7-5-205(C)(1) and complies with the plans contained in the application package;
5. The circumstances the charter holder indicates affected the charter holder's ability to begin providing educational instruction as required under R7-5-205(C);
6. Whether there have been changes in the principals of the charter holder; and
7. The extent to which the charter holder is in compliance with all applicable federal, state, and local laws and terms of the charter.

- E. The Board shall not grant more than one good-cause suspension of a particular charter to any charter holder.

- F. A charter holder granted a good-cause suspension of the charter shall not apply to receive any state equalization or other state or federal funding for which provision of instruction is a requirement of receipt until the fiscal year in which the charter holder plans to begin providing educational instruction. The holder of a suspended charter shall promptly return any funding it receives before the fiscal year in which it begins providing educational instruction.

- G. A charter holder granted a good-cause suspension of a charter shall begin providing educational instruction as required by R7-5-205(C). If a charter holder does not begin providing educational instruction as required, the Board shall issue the char-

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ter holder a notice of intent to revoke the charter in accordance with A.R.S. § 15-183(I).

Historical Note

Section R7-5-207 made by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-208. Application for Replication Charter

- A. The charter holder of an existing high quality charter school may be eligible to apply for a replication charter rather than a new charter. A replication charter allows the charter holder to implement the existing educational program, corporate and governance structure, and financial and operational processes at a new charter school.
- B. A charter holder that wishes to apply for a replication charter shall submit to the Board a Replication Eligibility form. Board staff shall review the form and determine whether the charter holder is eligible to apply for a replication charter. A charter holder is eligible to apply for a replication charter if the charter holder is in compliance with provisions of its charter, contractual agreements with the Board, federal and state law and this Chapter, and meets the academic and financial eligibility requirements specified in the replication application instructions, which are publicly available and posted on the Board's web site.
- C. Within 15 days after receiving a Replication Eligibility form, Board staff shall provide written notice to the charter holder of whether the charter holder may apply for a replication charter and, if eligible, shall make the replication application available to the charter holder.
- D. If a charter holder submits an application package for a replication charter by the last business day of September, Board staff shall process the application package in an expedited manner and ensure the application package is considered at the Board's meeting in November.
- E. As required under A.R.S. § 41-1073, the Board establishes the following time frames for approving or disapproving a replication charter:
 1. Administrative review time frame: 15 days;
 2. Substantive review time frame: 50 days; and
 3. Overall time frame: 65 days.
- F. The provisions at R7-5-205(A), regarding execution of a new charter, apply to a replication charter.
- G. R7-5-206, regarding a good-cause extension to execute a new charter, and R7-5-207, regarding good-cause suspension of a new charter, do not apply to a replication charter.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

ARTICLE 3. POST-CHARTER ACTIONS**R7-5-301. Application for Charter Renewal; Early Renewal of Charter**

- A. The Board shall make available on its web site instructions regarding eligibility and submission requirements for renewal and early renewal of a charter.
- B. A charter holder shall submit to the Board electronically through ASBCS Online the renewal application package identified in subsection (E) or the early renewal application package identified in subsection (L). The Board shall not accept a paper submission.

- C. The Board shall provide the charter holder at least 72-hours' written notice of the date, time, and location of the Board meeting at which the Board will consider the charter holder's renewal or early renewal application package. The charter holder shall attend the Board meeting.
- D. At least 18 months before a charter is scheduled to expire, the Board shall provide the charter holder with a renewal application that is customized based on the charter holder's performance history. The Board shall require a charter holder that does not meet the performance expectations specified in Article 4 to submit more information than a charter holder that does meet the performance expectations.
- E. As required under A.R.S. § 15-183(I), a charter holder that intends to seek renewal of the charter shall submit to the Board a renewal application package at least 15 months before the charter is scheduled to expire.
- F. The Board shall not consider a renewal application package that is not submitted by the date specified in subsection (E).
- G. As part of the charter renewal process, Board staff shall conduct an academic-systems-review site visit, as described in R7-5-506, of the charter holder.
- H. The Board shall notify a charter holder of the Board's decision to renew or deny renewal of the charter at least 12 months before the charter is scheduled to expire.
- I. As specified under A.R.S. § 15-183(I), the Board may deny renewal of a charter if the Board determines the charter holder failed to meet or make sufficient progress toward the academic performance expectations or failed to meet the operational performance expectations specified in Article 4, meet the financial performance expectations specified in Article 4, complete the obligations of the charter, or comply with federal or state law or this Chapter. If the Board denies renewal of a charter, Board staff shall provide written notice to the charter holder that includes the information required under A.R.S. § 41-1092.03(A).
- J. A charter holder is eligible to apply for early renewal of the charter if the charter holder:
 1. Submits to the Board a letter of intent to apply for early renewal at least 24 months before the charter is scheduled to expire;
 2. Has operated a school under the charter for at least five years;
 3. Meets the performance expectations specified in Article 4; and
 4. Had no compliance matters within the last three years that required action by the Board or other governmental entity.
- K. Within 15 days after receiving a letter of intent to apply for early renewal under subsection (J)(1), Board staff shall provide written notice to the charter holder of whether the charter holder is eligible to apply for early renewal and, if eligible, shall provide the charter holder with the renewal application referenced in subsection (D).
- L. A charter holder that receives notification under subsection (K) of eligibility to apply for early renewal shall submit to the Board the early renewal application package no later than one month after the charter holder receives notification under subsection (K).
- M. A charter holder applying for early renewal shall continue to meet the eligibility requirements specified in subsection (J) until the Board considers the early renewal application package at the Board meeting referenced under subsection (C). The Board shall not consider an early renewal application package submitted by a charter holder that has a change in eligibility status.

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- N. Within three months after a charter holder timely submits an early renewal application package, Board staff shall conduct an academic-systems-review site visit, as described in R7-5-506, of the charter holder and shall place the charter holder's early renewal application package on an agenda for Board consideration.
- O. As specified under A.R.S. § 15-183(I)(2), the Board may deny early renewal of a charter if the Board determines the charter holder failed to meet or make sufficient progress toward the academic performance expectations or failed to meet the operational performance expectations specified in Article 4, meet the financial performance expectations specified in Article 4, complete the obligations of the charter, or comply with federal or state law or this Chapter. If the Board denies early renewal of a charter, Board staff shall provide written notice to the charter holder that includes the information required under A.R.S. § 41-1092.03(A).

Historical Note

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section R7-5-301 renumbered to R7-5-501; new Section R7-5-301 made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

R7-5-302. Charter Transfer Application

- A. A charter transfer application may be used to do either of the following:
 1. Transfer a charter to the Board; or
 2. Transfer a charter school that has operated under an existing charter for at least three years to its own charter with the same educational program and financial and operational processes.
- B. The Board shall make available on its web site instructions regarding eligibility and submission requirements for transfers specified under subsection (A).
- C. A charter holder that intends to transfer as specified under subsection (A) shall submit to the Board a letter of intent to transfer.
- D. Within 15 days after receiving a letter of intent to transfer, Board staff shall provide written notice to the charter holder of whether the charter holder may apply for transfer.
- E. A charter holder eligible to transfer under subsection (D) shall submit to the Board a paper charter transfer application package until electronic submission through ASBCS Online is available. After electronic submission through ASBCS Online is available, the Board shall not accept a paper submission.
- F. For a transfer to occur on July 1, a charter holder shall submit the letter of intent to transfer by the last business day of November of the prior fiscal year and the transfer application package by the last business day of February of the prior fiscal year.
- G. The Board shall provide the charter holder at least 72-hours' written notice of the date, time, and location of the Board meeting at which the Board will consider the charter holder's transfer application package. The charter holder shall attend the Board meeting.
- H. As required under A.R.S. § 41-1073, the Board establishes the following time frames for approving or disapproving a charter transfer:
 1. Administrative review time frame: 15 days;
 2. Substantive review time frame: 60 days; and
 3. Overall time frame: 75 days.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 577,

effective February 7, 2006 (Supp. 06-1). Section R7-5-302 renumbered to R7-5-510; new Section R7-5-302 made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-303. Charter Amendment Requests

- A. A change to a charter requires the consent of both the Board and charter holder. To obtain the Board's consent to a change to a charter, the charter holder shall submit a charter amendment request to the Board.
- B. A charter holder shall not act in a manner contrary to the terms of the charter without obtaining the Board's prior consent to the change.
- C. The Board shall make available on its web site instructions regarding eligibility and submissions requirements for each amendment request listed under subsection (D).
- D. The Board shall accept requests for the following charter amendments:
 1. Add or remove a grade level to a charter;
 2. Addition of or change to an Arizona Online Instruction Program of Instruction; as expressly authorized under A.R.S. § 15-183(X), the Board shall charge a non-refundable processing fee of \$3,000 for each grade category involved in the charter amendment request;
 3. Change in charter holder entity name;
 4. Change in legal status of the charter holder;
 5. Change of entity that holds the charter;
 6. Change in charter mission;
 7. Increase or decrease the number of annual instructional days;
 8. Change in program of instruction including methods of instruction, criteria for promotion, and graduation requirements;
 9. Exception from state procurement requirements;
 10. Exception from the Uniform System of Financial Records for Charter Schools;
 11. Change charter holder governance;
 12. Change the mailing or physical address of the charter holder;
 13. Change charter representative;
 14. Increase or decrease the number of students the charter holder may serve;
 15. Add a charter school to an existing charter;
 16. Close a charter school under an existing charter;
 17. Change membership of a charter school governing body;
 18. Change the name of a charter school;
 19. Change the mailing or physical address of a charter school;
 20. Increase or decrease the grades served at a particular charter school; and
 21. Transfer of a charter school from the current charter to another existing charter with the same educational program and financial and operational processes.
- E. A charter holder shall submit an amendment request listed under subsection (D) to the Board electronically through ASBCS Online. The Board shall not accept a paper amendment request unless agreed to by Board staff and the charter holder before the amendment request is submitted.
- F. As required under A.R.S. § 41-1073, the Board establishes the following time frames for approving or disapproving a charter amendment request:
 1. Administrative review time frame: 20 days;
 2. Substantive review time frame: 40 days; and
 3. Overall time frame: 60 days.
- G. To determine the date on which the Board will approve or disapprove an amendment request listed under subsection (D), the charter holder shall consult the Board's meeting and sub-

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mission-deadline schedule, which is posted on the Board's web site and ASBCS Online.

- H. The Board shall provide the charter holder at least 72-hours' written notice of the date, time, and location of the Board meeting at which the Board will consider the charter holder's administratively and substantively complete amendment request. The charter holder shall attend the Board meeting.
- I. The Board has delegated to staff authority to approve charter amendment requests listed under subsection (D) for which the standards for approval can be applied without the exercise of discretion.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section R7-5-303 renumbered to R7-5-502; new Section R7-5-303 made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-304. Renumbered**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section R7-5-304 renumbered to R7-5-601 at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1).

ARTICLE 4. MINIMUM PERFORMANCE EXPECTATIONS**R7-5-401. Minimum Academic Performance Expectations**

- A. The Board shall assess a charter holder's achievement of the minimum academic performance expectations using student achievement measures, specified in the Academic Performance Framework, that are indicators of academic performance.
 - 1. The Board may assess a charter holder's achievement of the minimum academic performance expectations at any time.
 - 2. The Board shall assess a charter holder's achievement of the minimum academic performance expectations:
 - a. Annually when state assessment data are released for the previous year;
 - b. During the five-year-interval review required under A.R.S. § 15-183(I);
 - c. When considering the following submitted by the charter holder:
 - i. An application for a new charter;
 - ii. An application to transfer a charter school from an existing charter contract to a separate charter contract;
 - iii. A request to change the legal status of the charter holder; or
 - iv. A request to change the entity that holds the charter;
 - d. When considering an expansion request submitted by the charter holder to:
 - i. Add a new charter school to an existing charter;
 - ii. Add one or more grade levels to a charter;
 - iii. Increase the number of students the charter holder may serve;
 - iv. Add an Arizona Online Instruction program; or
 - v. Replicate an existing charter;
 - e. When considering a charter contract renewal request submitted by the charter holder;
 - f. Upon receipt of information that a charter school operated by the charter holder failed to meet the minimum academic performance expectations for three consecutive years;

- g. Upon receipt of information that a charter school operated by the charter holder has been assigned a letter grade of "F" by the Department; and
- h. When making a decision related to the charter holder's achievement of the minimum academic performance expectations or compliance with its charter, other contractual agreements with the Board, federal and state law, and this Chapter.

- B. The Board shall annually assign a charter holder an overall academic performance rating that reflects the degree to which the charter holder achieved the minimum academic performance expectations.
- C. The Board shall determine a charter holder meets the minimum academic performance expectations if all charter schools operated by the charter holder receive an annual overall academic performance rating of "meets standard," "above standard," or "exceeds standard" in the most recent year for which data are available. A charter holder that meets the minimum academic performance expectations may be:
 - 1. Waived from some of the academic performance supervision requirements described in Article 5; and
 - 2. Entitled to reduced submission requirements:
 - a. Regarding requests made to the Board; and
 - b. During the five-year-interval review required under A.R.S. § 15-183(I).
- D. The Board shall determine a charter holder does not meet the minimum academic performance expectations if one or more of the charter schools operated by the charter holder did not receive an overall academic performance rating of "meets standard," "above standard," or "exceeds standard" in the most recent year for which data are available. A charter holder that does not meet the minimum academic performance expectations:
 - 1. Shall be required to demonstrate sufficient progress towards achieving the minimum academic performance expectations;
 - 2. May be subject to heightened submission requirements:
 - a. Regarding requests made to the Board; and
 - b. During the five-year-interval review required under A.R.S. § 15-183(I); and
 - 3. May be subject to charter oversight as specified in Article 6.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Section repealed; new Section R7-5-401 made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-402. Minimum Financial Performance Expectations

- A. The Board shall assess a charter holder's achievement of the minimum financial performance expectations using data contained in the annual audit required under A.R.S. § 15-914 and conducted according to the standards specified in R7-5-504 and average daily membership calculations completed by the Department using student attendance data submitted to the Department by the charter holder.
 - 1. The Board may assess a charter holder's achievement of the minimum financial performance expectations at any time.
 - 2. The Board shall assess a charter holder's achievement of the minimum financial performance expectations:
 - a. During the five-year-interval review required under A.R.S. § 15-183(I);
 - b. When considering a charter contract renewal request submitted by the charter holder;

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- c. Upon receipt of information that a charter school operated by the charter holder failed to meet the minimum academic performance expectations for three consecutive years;
 - d. Upon receipt of information that a charter school operated by the charter holder has been assigned a letter grade of "F" by the Department; and
 - e. When making a decision related to the charter holder's achievement of the minimum academic performance expectations or compliance with its charter, other contractual agreements with the Board, federal and state law, and this Chapter.
- B.** The Board shall annually assign a charter holder a summative financial performance rating, based on measures specified in the Financial Performance Framework.
 - 1. The Board shall assign a summative financial performance rating of "Good Standing" if the charter holder receives no measures rated "below standard" and no more than one measure rated "approaches standard" based on the most recent audit conducted under R7-5-504.
 - 2. The Board shall assign a summative financial performance rating of "Adequate Standing" if the charter holder receives no measures rated "below standard" and two or more measures rated "approaches standard" based on the most recent audit conducted under R7-5-504.
 - 3. The Board shall assign a summative financial performance rating of "Intervention" if the charter holder receives one or more measures rated "below standard" based on the most recent audit conducted under R7-5-504 or if the charter holder has received a summative financial performance rating of "Adequate Standing" for three consecutive years.
- C.** A charter holder assigned a summative financial performance rating of "Good Standing" or "Adequate Standing" based on the most recent audit conducted under R7-5-504 is financially eligible to submit to the Board, if the charter holder meets all other eligibility criteria, an expansion request to:
 - 1. Add a new charter school to an existing charter;
 - 2. Add one or more grade levels to a charter;
 - 3. Increase the number of students the charter holder may serve;
 - 4. Add an Arizona Online Instruction program;
 - 5. Replicate an existing charter;
 - 6. Transfer an existing charter school to its own charter contract; or
 - 7. Transfer an existing charter school or charter contract from the current charter holder to an existing charter holder with a different financial performance dashboard.
- D.** A charter holder assigned a summative financial performance rating of "Intervention" based on the most recent audit conducted under R7-5-504 is not eligible to submit to the Board an expansion request specified in R7-5-402(C)(1)-(7).
- E.** The Board shall require a charter holder assigned a summative financial performance rating of "Intervention" based on the most recent audit conducted under R7-5-504 to prepare the financial intervention submissions as described in R7-5-509.
- F.** The Board shall determine that a charter holder assigned a summative financial performance rating of "Intervention" is "Not on Probation" if, after Board staff's review of the charter holder's submissions made under R7-5-509 and R7-5-501(C), all the following are true:
 - 1. The measure or measures rated "below standard" based on the most recent audit conducted under R7-5-504 will likely improve to at least an "approaches standard" rating when calculations are completed using the charter holder's next audit conducted under R7-5-504.
 - 2. None of the Financial Performance Framework's other measures will likely be rated "below standard" when calculations are completed using the charter holder's next audit conducted under R7-5-504.
 - 3. Since Board staff made the determination in R7-5-509(D), the Board has not substantiated any complaints involving late payroll checks to employees, or health insurance or liability insurance cancellation due to nonpayment and has not substantiated any complaints involving failure to make required retirement plan contributions or received notification from the Arizona State Retirement System of delinquent retirement contributions.
 - 4. Since Board staff made the determination in R7-5-509(D), the charter holder has not been required to make any submissions under R7-5-501(C).
- G.** The Board shall determine that a charter holder assigned a summative financial performance rating of "Intervention" is "On Probation" if, after Board staff's review of the charter holder's submissions made under R7-5-509 and R7-5-501(C), one or more of the following are true:
 - 1. One or more of the measures rated "below standard" based on the most recent audit conducted under R7-5-504 will likely continue to be rated "below standard" when calculations are completed using the charter holder's next audit conducted under R7-5-504.
 - 2. One or more of the Financial Performance Framework's other measures will likely be rated "below standard" when calculations are completed using the charter holder's next audit conducted under R7-5-504.
 - 3. Since Board staff made the determination in R7-5-509(D), the Board has substantiated at least one complaint involving late payroll checks to employees, or health insurance or liability insurance cancellation due to nonpayment or has substantiated at least one complaint involving failure to make required retirement plan contributions or received notification from the Arizona State Retirement System of delinquent retirement contributions.
 - 4. Since Board staff made the determination in R7-5-509(D), the charter holder has been required to make at least one submission under R7-5-501(C).
- H.** After Board staff's review of the charter holder's submissions made under R7-5-509 and R7-5-501(C), the Board shall determine that a charter holder is "On Probation" if within the most recent five-year period the charter holder has been assigned three summative financial performance ratings of "Intervention" and two summative financial performance ratings of "Adequate Standing."
- I.** If, based on the next audit conducted under R7-5-504, a charter holder identified as "Not on Probation" under subsection F is assigned a summative performance rating of "Intervention," then the Board shall determine that the charter holder is "On Probation."
- J.** The Board shall determine that a charter holder meets the minimum financial performance expectations if the charter holder:
 - 1. Receives a summative financial performance rating of "Good Standing" or "Adequate Standing" based on the most recent audit conducted under R7-5-504; or
 - 2. Receives a determination of "Not on Probation" under subsection (F).
- K.** The Board shall determine that a charter holder does not meet the minimum financial performance expectations if the charter holder receives a determination of "On Probation" under subsection (G) or subsection (H). A charter holder that does not meet the minimum financial performance expectations:

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1. May be subject to charter oversight specified in Article 6 unless and until the charter holder achieves the minimum financial performance expectations;
 2. Shall be required to submit to the Board a financial action plan that:
 - a. Details the specific steps being taken by the charter holder to improve its financial performance in the fiscal year that begins on the July 1 following the June 30 quarterly financial report,
 - b. Identifies the milestones the charter holder will use throughout the fiscal year to benchmark its performance against, and
 - c. Has been developed and approved by the charter holder's governing board; and
 3. Shall be required to submit quarterly financial reports to the Board until the Board receives the charter holder's next audit conducted under R7-5-504.
- L.** The Board shall determine that a charter holder does not meet the minimum financial performance expectations if the charter holder receives a determination of "On Probation" under subsection (I). A charter holder that does not meet the minimum financial performance expectations under subsection (I):
1. May be subject to charter oversight as specified in Article 6 unless and until the charter holder achieves the minimum financial performance expectations; and
 2. Shall be required to submit to the Board a financial action plan that:
 - a. Details the specific steps being taken by the charter holder to improve its financial performance in the fiscal year that begins on the July 1 following the June 30 quarterly financial report,
 - b. Identifies the milestones the charter holder will use throughout the fiscal year to benchmark its performance against, and
 - c. Has been developed and approved by the charter holder's governing board.
- M.** Board staff shall report to the Board at a public meeting the audited year performance and June 30 quarterly financial report performance by measure for each charter holder that does not meet the Board's minimum financial performance expectations.
- N.** If a charter holder fails to submit or fails to submit timely the information required by subsections (K)(2), (K)(3) or (L)(2), the failure shall be noted in the charter holder's operational performance dashboard posted on ASBCS Online.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

R7-5-403. Minimum Operational Performance Expectations

- A.** The Board shall assess a charter holder's achievement of the minimum operational performance expectations. To avoid duplicative reporting burdens, the Board shall use data collected from a variety of sources that reflect on the charter holder's compliance with the charter contract, other contractual agreements with the Board, federal and state law, and this Chapter.
1. The Board may assess a charter holder's achievement of the minimum operational performance expectations at any time.
 2. The Board shall assess a charter holder's achievement of the minimum operational performance expectations:

- a. When considering the following submitted by the charter holder:
 - i. An application for a new charter;
 - ii. An application to transfer a charter school from an existing charter contract to a separate charter contract;
 - iii. A request to change the legal status of the charter holder;
 - iv. A request to change the entity that holds the charter; or
 - v. A request to change program of instruction including methods of instruction, criteria for promotion, or graduation requirements;
 - b. When considering an expansion request submitted by the charter holder to:
 - i. Add a new charter school to an existing charter,
 - ii. Add one or more grade levels to a charter,
 - iii. Increase the number of students the charter holder may serve,
 - iv. Add an Arizona Online Instruction program, or
 - v. Replicate an existing charter;
 - c. During the five-year-interval review required under A.R.S. § 15-183(I);
 - d. When considering an application for charter renewal submitted by the charter holder;
 - e. Upon receipt of information that a charter school operated by the charter holder failed to meet the minimum academic performance expectations for three consecutive years; and
 - f. Upon receipt of information that a charter school operated by the charter holder has been assigned a letter grade of "F" by the Department.
- B.** The Board shall annually assign a charter holder an overall operational performance rating based on the measures specified in the Operational Performance Framework, which reflect the degree to which the charter holder achieved the minimum operational performance expectations. The Board shall make each charter holder's operational performance dashboard publicly available and post it on ASBCS Online.
- C.** The Board shall determine a charter holder meets the minimum operational performance standard if the charter holder receives no measure rated "falls far below standard" and no more than five measures rated "does not meet standard" for the evaluated year.
- D.** The Board shall determine a charter holder meets the minimum operational performance expectations if the charter holder receives an overall rating of "meets the Board's operational performance standard" in both of the two most recent years for which an overall rating was calculated and has no measure rated "falls far below standard" in the current year.
- E.** The Board shall determine a charter holder does not meet the minimum operational performance expectations if the charter holder receives an overall rating of "does not meet the Board's operational performance standard" in at least one of the two most recent years for which an overall rating was calculated or has at least one measure rated "falls far below standard" in the current year.
- F.** If the Board determines a charter holder does not meet the minimum operational performance expectations, the Board shall consider charter oversight under Article 6.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-404. Development and Use of Performance Frameworks

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- A. The Board shall revise the Academic, Financial, and Operational Performance Frameworks as needed. During the process of revision, the Board shall provide the public with notice and an opportunity to comment on proposed revisions. The Board shall adopt revisions at a public meeting.
- B. The Board shall ensure the Academic Performance Framework includes considerations for non-traditional charter schools, including small charter schools with very low enrollment and those designated by the Department as alternative schools.
- C. Use of the Academic Performance Framework is contingent on a charter school's receipt of an annual achievement profile under A.R.S. § 15-241. The Board shall assign a rating of "no rating" to a charter school that does not provide enough data to make a calculation.
- D. If the Department does not timely release annual achievement profiles under A.R.S. § 15-241, rather than assigning a rating of "no rating" to all charter schools, the Board may use the most recent available data for each measure.
- 4. Correspondence from an insurance provider related to cancellation of health or liability insurance due to non-payment;
- 5. Notice of termination of line of credit whether initiated by financial institution or charter holder when replacement credit line is not in effect; or
- 6. Withdrawals from debt service reserve funds.
- D. By September 1 of each year, each charter holder must notify the Board, in writing, of whether they have an agreement or contract with an Education Service Provider for the current school year. If the charter holder has an agreement or contract with an Education Service Provider, then the charter holder must provide:
 - 1. The name of the Education Service Provider; and
 - 2. A written statement describing the services provided to the charter holder's charter school or schools by the Education Service Provider.
- E. Each charter school must conspicuously and permanently post a link on its website to the charter school's academic performance dashboard and the charter holder's financial and operational performance dashboards on the Board's website. For new schools, the link must be conspicuously posted by September 1 of the charter school's first school year of operation.
- F. If the charter holder fails to submit or fails to timely submit the information required in subsection (C) or subsection (D) or fails to post the link required in subsection (E) on the charter school's website, the failure shall be noted in the charter holder's operational performance dashboard posted on ASBCS Online.
- G. If the specified deadline has not passed, Board staff may grant a charter holder an extension to submit a CAP or other response required under subsection (C), subsection (D), subsection (E), R7-5-502(G), R7-5-504(G), R7-5-505(D), R7-5-505(E), R7-5-506(B)(2), R7-5-507(C), R7-5-509(B), or R7-5-509(F). In determining whether to grant an extension, Board staff shall consider the following, as applicable:
 - 1. Whether the charter school at issue was in session when the Board provided notice to the charter holder;
 - 2. Whether the charter school at issue was in session during the period provided in the notice for the charter holder to respond to the Board; and
 - 3. Whether additional time is required by the charter holder because of the number or complexity of matters to be addressed.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

ARTICLE 5. CHARTER SUPERVISION**R7-5-501. General Supervision**

- A. A charter holder shall:
 - 1. Comply with the provisions of its charter, contractual agreements with the Board, federal and state laws, and this Chapter; and
 - 2. Meet the minimum performance expectations specified in Article 4.
- B. The Board may supervise a charter holder's compliance with subsection (A) using any of the following means:
 - 1. Oral or written communication with:
 - a. The charter representative or authorized charter school personnel; and
 - b. Representatives of federal, state, and local agencies having jurisdiction over operation of the charter school or having authority to investigate or adjudicate allegations of misconduct by any member of the charter school's staff;
 - 2. Collection and review of reports, audits, data, records, documents, files, and communication from any source relating to any activity or program conducted by or for the charter school;
 - 3. A site visit as described in R7-5-502;
 - 4. Annual academic performance review as described in R7-5-503;
 - 5. Annual audit and financial performance review as described in R7-5-504 and, if necessary, the financial intervention submissions as described in R7-5-509;
 - 6. Operational performance review as described in R7-5-505;
 - 7. Five-year-interval review of academic, financial, and operational performance, as described in R7-5-506; and
 - 8. Complaints as described in R7-5-507.
- C. A charter holder must report the following to the Board within 10 days of receipt or occurrence:
 - 1. Any notice from a lender or landlord regarding default;
 - 2. Filing a petition for bankruptcy;
 - 3. Any notice from the Internal Revenue Service, Arizona State Retirement System, Arizona Department of Revenue, or Arizona Department of Economic Security regarding a tax lien, levy or garnishment;

Historical Note

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section repealed; new Section renumbered from R7-5-301 and amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

R7-5-502. Site Visits

- A. A designee of the Board or Department may conduct a site visit of a charter school to review or evaluate the charter holder's compliance with R7-5-501(A).
- B. A designee of the Board or Department may conduct a site visit to corroborate information submitted to the Board or Department and to gather information, documentation, and testimony that permit the Board to evaluate the charter holder's compliance with R7-5-501(A).
- C. A designee of the Board or Department who conducts a site visit shall do so during regular operational hours of the charter school or at any other reasonable time.

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- D. A designee of the Board or Department may conduct either an announced or unannounced site visit.
 - E. Upon request by a designee of the Board or Department, a charter holder shall open for inspection all records, documents, and files relating to any activity or program conducted by or for the charter school or the charter holder relating to the charter school.
 - F. Upon request by a designee of the Board or Department, a charter holder shall provide access to all school facilities.
 - 1. During a site visit, a charter holder shall provide access to classrooms for the purpose of counting students, observing a program of instruction, or documenting individuals providing instruction.
 - 2. In conducting a site visit, the designee of the Board or the Department shall make every effort not to disrupt the classroom environment.
 - G. The Board or Department shall inform a charter holder in writing of any issue identified during a site visit and specify any further action required by the charter holder. To assist with this requirement, Board staff shall direct the charter holder to submit a CAP, as described in R7-5-510, which addresses the issue.
- Historical Note**
- New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section repealed; new Section renumbered from R7-5-303 and amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-503. Annual Academic Performance Review

- A. When the Department releases the annual achievement profile under A.R.S. § 15-241, the Board shall:
 - 1. Calculate an overall academic rating for each charter school sponsored by the Board using the Academic Performance Framework, and
 - 2. Make the annual overall academic performance dashboard publicly available and post it on ASBCS Online.
- B. If the Board determines a charter holder does not meet the Board's minimum academic performance expectations, as defined under R7-5-401(D), the Board shall require the charter holder to demonstrate sufficient progress towards achieving the minimum academic performance expectations.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section repealed; new Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-504. Annual Audit and Financial Performance Review

- A. By July 1 of each year, the Board shall make available on its web site written requirements regarding the audit each charter school is required to submit annually under A.R.S. §§ 15-183(E)(6) and 15-914.
- B. Before beginning the audit, a charter holder or the audit firm shall submit for the Board's approval a copy of the audit contract the charter holder intends to execute with an audit firm.
 - 1. Board staff shall approve the audit contract unless the Board has knowledge that one of the following is applicable:
 - a. A person employed by the audit firm has been convicted under federal or state law of a crime indicating lack of business integrity or honesty;
 - b. The audit firm or supervising certified public accountant is subject to a current or pending disciplinary action or a regulatory action requiring the audit firm or supervising certified public accountant to complete conditions specified by an accounting industry regulatory body;
 - c. The audit firm violates or fails to meet generally accepted auditing standards or generally accepted government auditing standards as identified by an accounting industry regulatory body;
 - d. The audit firm receives an opinion of "fail" during the audit firm's most recent peer review;
 - e. An auditor scheduled to work on the audit fails to meet the continuing professional education requirements prescribed by generally accepted government auditing standards; or
 - f. The audit firm fails to agree to adhere to the audit requirements specified in subsection (A).
- 2. Within 10 days after receiving a copy of an audit contract under subsection (B), the Board shall provide the charter holder and audit firm written notice whether the audit contract is approved.
- 3. If the Board disapproves an audit contract submitted under subsection (B), the Board shall include the reason for the disapproval in the written notice provided under subsection (B)(2). If the charter holder or audit firm provides documentation to the Board demonstrating the cause for the disapproval no longer exists, Board staff shall approve the audit contract and provide written notice to the charter holder and audit firm.
- C. A charter holder or the audit firm that conducts an audit for the charter holder shall submit the annual audit to the Board for a determination whether the audit is complete. Within five days after receiving the annual audit, Board staff shall provide the charter holder and audit firm written notice whether the audit is complete.
- D. Board staff shall find an audit is incomplete if it does not comply with all requirements specified under subsection (A) or if the audit is prepared by an audit firm that fails to meet the requirements under subsection (B)(1)(a)-(e). If Board staff finds an audit is incomplete, Board staff shall include the reason for the finding in the notice provided under subsection (C). If the charter holder or audit firm provides documentation to the Board demonstrating the reason for the finding no longer exists, Board staff shall find the annual audit is complete and provide written notice to the charter holder and audit firm.
- E. A charter holder that fails to submit timely a complete audit may be subject to charter oversight as specified in Article 6.
- F. Board staff shall review each audit deemed complete.
- G. The Board shall annually calculate a performance rating for each charter holder using the Financial Performance Framework, the annual audit submitted to the Board by the charter holder and the average daily membership calculations completed by the Department using student attendance data submitted to the Department by the charter holder. The Board shall make each charter holder's financial performance dashboard publicly available and post it on ASBCS Online.
- H. Board staff shall send notice to a charter holder after the audit is reviewed unless the Board has been notified the charter holder will not be operating during the next fiscal year.
 - 1. If the Board identifies an issue in the audit, Board staff shall direct the charter holder to address the issue and may require the charter holder to submit a CAP, as described in R7-5-510.
 - 2. The Board shall require a charter holder that receives a summative financial performance rating of "Intervention" under R7-5-402 to prepare the financial intervention submissions as described in R7-5-509.
- I. If Board staff identifies a serious impact finding in the audit, the charter holder shall be subject to charter oversight as spec-

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ified in Article 6 unless the charter holder provides credible evidence to the Board that the charter holder's next audit will find the charter holder in compliance.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section repealed; new Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

R7-5-505. Operational Performance Review

- A. Board staff shall conduct a site visit to a charter school during the charter school's first year of operation, and thereafter as specified in R7-5-502, to evaluate the charter holder's compliance with its charter, other contractual agreements with the Board, federal and state law, and this Chapter.
- B. Before conducting the first-year site visit specified under subsection (A), Board staff shall ask the charter holder to identify dates within a specified time frame not conducive to an unscheduled first-year site visit. This includes dates of an early release, parent conferences, or school not being in session.
- C. Board staff may conduct a compliance check of a charter holder's operational performance at any time. The Board shall conduct a compliance check when:
 1. The charter holder seeks to amend the charter or makes another request of the Board; or
 2. A lending institution, bond rating agency, or similar entity that has a loan or bond arrangement with the charter holder contacts Board staff to discuss the charter holder's current standing with the Board.
- D. Within 10 days after completing the site visit under subsection (A), Board staff shall provide the charter holder with written notice of any compliance issues identified and, if applicable, require the charter holder to submit a CAP as described in R7-5-510.
- E. Within 10 days after completing a compliance check under subsection (C), Board staff shall provide the charter holder with written notice of any compliance issues identified and specify a deadline for addressing the issues.
- F. After receiving the notice provided under subsection (E), the charter holder shall provide the Board with written notice demonstrating that all identified compliance issues have been addressed by the specified deadline.
- G. The Board shall require a charter holder that fails to provide the notice required under subsection (F) or fails to demonstrate that all identified compliance issues have been addressed to appear before the Board and:
 1. May subject the charter holder's requests to heightened review,
 2. Shall not place the charter holder's requests on a Board agenda, and
 3. May subject the charter holder to charter oversight as described in Article 6.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-506. Five-year-interval Review

- A. As required under A.R.S. § 15-183(I)(3), the Board shall review a charter holder at five-year intervals for:
 1. Compliance with its charter, other contractual agreements with the Board, federal and state law, and this Chapter; and
 2. Achievement of the minimum performance expectations specified in Article 4.

- B. Board staff shall provide a charter holder with notice of a five-year-interval review. Board staff shall include in the notice:
 1. The information the charter holder is required to submit to the Board,
 2. The deadline by which the charter holder shall submit the required information, and
 3. A request for the charter holder to identify dates within a specified time frame not conducive to an unscheduled academic-systems-review site visit. This includes dates of an early release, parent conferences, or school not being in session.
- C. The Board shall require a charter holder to review and confirm information concerning the charter's mission statement, program of instruction, instructional days, school calendar, charter representative, grade levels served, enrollment cap, principals, school site, and charter holder locations and, as applicable submit requests for appropriate post-charter actions as described in Article 3.
- D. A charter holder that fails to submit the information required by the deadline specified in subsection (B) shall appear before the Board and may be subject to charter oversight as described in Article 6.
- E. As part of a five-year-interval review, Board staff shall conduct an unscheduled academic-systems-review site visit, in accordance with R7-5-502, to gather evidence regarding the charter holder's implementation of a comprehensive program of instruction and a method to measure pupil progress toward outcomes required in the charter. Using the information provided by the charter holder under subsection (B)(3), Board staff shall provide written notice to the charter holder of the two-week interval during which Board staff will conduct the unscheduled academic-systems-review site visit.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

R7-5-507. Complaints

- A. To make a complaint regarding a charter holder, a person shall submit to the Board a document through ASBCS Online that:
 1. Alleges with particularity the charter holder is not in compliance with its charter, other contractual agreements with the Board, federal or state law, or this Chapter;
 2. Includes a statement of the facts on which the allegation of violation is based; and
 3. Includes supporting evidence, if available.
- B. Board staff shall review the complaint to determine whether the complaint is within the Board's jurisdiction.
 1. If Board staff determines the complaint is not within the Board's jurisdiction but may be within the jurisdiction of another agency, Board staff shall inform the complainant of the agency that has jurisdiction and that the complainant may file the complaint with the appropriate agency; or
 2. If Board staff determines the complaint is within the Board's jurisdiction, Board staff shall, within five days after receiving the complaint, send a copy to the charter holder complained against.
- C. A charter holder complained against shall, within 10 days after receiving a copy of the complaint provided under subsection (B)(2), provide a written response to the Board that addresses each allegation, the statement of facts, and supporting evidence in the complaint. The charter holder may include evidence of compliance with the response. Board staff may grant the charter holder an extension to submit the written response.

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- D. Board staff shall review the complaint and the charter holder's response to determine whether a violation of the charter, other contractual agreements with the Board, federal or state law, or this Chapter can be substantiated. Board staff shall conduct further investigation if additional information is needed. Board staff may place the charter holder on an agenda for the Board to determine whether the charter holder is in compliance with the charter, other contractual agreements with the Board, federal and state law, and this Chapter.
- E. Within 10 days after receiving the charter holder's response under subsection (C), Board staff shall send:
1. The complainant a copy of the response, and
 2. The complainant and charter holder notice of the final action to be taken.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-508. Demonstration of Sufficient Progress towards Minimum Academic Performance Expectations

- A. The Board shall require a charter holder to demonstrate the charter holder is making sufficient progress towards achieving the minimum academic performance expectations if:
1. The Board determines under R7-5-401(D) the charter holder does not meet the minimum academic performance expectations; or
 2. A charter school operated by the charter holder is assigned a letter grade of "F" by the Department.
- B. Within 30 days after issuing overall ratings, the Board shall provide the charter holder with a written notification of the charter holder's progress toward meeting the minimum academic performance expectations.
- C. If a charter school operated by a charter holder receives an overall rating of "does not meet" or "falls far below" for three consecutive years, the Board shall conclude the charter holder has failed to demonstrate sufficient progress.
- D. If the Board concludes a charter holder has failed to demonstrate sufficient progress, the charter holder may be subject to charter oversight as specified in Article 6.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-509. Financial Intervention Submissions

- A. The Board shall require a charter holder assigned a summative financial performance rating of "Intervention" under R7-5-402 to prepare an initial financial response, quarterly financial reports and a June 30 quarterly financial report.
- B. Board staff shall provide written notice to a charter holder that is required to submit an initial financial response. Board staff shall ensure the notice includes the following:
1. Information on how to access the charter holder's financial performance dashboard,
 2. The deadline, which will be set 30 calendar days from the written notice's date, for submitting the initial financial response to the Board, and
 3. The quarters that must be addressed in the charter holder's initial financial response.
 - a. If the written notice date is between October 1 and December 31, the initial financial response must address the quarter ending September 30.
 - b. If the written notice date is between January 1 and March 31, the initial financial response must address the quarters ending September 30 and December 31.
 - c. If the written notice date is between April 1 and June 30, the initial financial response must address the

quarters ending September 30, December 31 and March 31.

- d. If the written notice date is after June 30, the initial financial response must address the quarters ending September 30, December 31, March 31 and June 30.
- C. Board staff shall review the initial financial response and prepare a report on the initial financial response. Board staff's report will answer each of the following questions and briefly explain the basis for each answer:
1. Is there a sound explanation for why the charter holder underperformed on the Financial Performance Framework's measures?
 2. Did the charter holder perform at a level just below or well below the Financial Performance Framework's measure targets?
 3. In what direction is the charter holder's financial health heading?
 4. Do the charter holder's proposed or implemented actions address the problems that contributed to or caused the charter holder's underperformance on the Financial Performance Framework's measures and are they realistic to implement?
- D. Board staff shall place the charter holder in the intervention tier that aligns with the following criteria:
1. If the charter holder's financial performance dashboard based on the most recent audit conducted under R7-5-504 indicates a rating of "below standard" for the going concern or default measure and indicates a rating of "approaches standard" on zero or more measures, then the charter holder shall be placed in intervention tier 1 notwithstanding subsection (D)(5).
 2. If the charter holder's financial performance dashboard based on the most recent audit conducted under R7-5-504 indicates a rating of "below standard" on two or more measures and indicates a rating of "approaches standard" on zero or more measures, then the charter holder shall be placed in intervention tier 1 unless the charter holder is placed in intervention tier 2 under subsection (D)(5).
 3. If the charter holder's financial performance dashboard based on the most recent audit conducted under R7-5-504 indicates a rating of "below standard" on one measure other than the going concern measure or default measure and indicates a rating of "approaches standard" on zero or more measures, then the charter holder shall be placed in intervention tier 2 unless the charter holder is placed in intervention tier 1 under subsections (D)(4), (D)(6), (D)(7), (D)(8) or (D)(9).
 4. If the report prepared by Board staff identifies a "No" as the answer to the question identified in subsection (C)(4), then the charter holder shall be placed in intervention tier 1.
 5. If the charter holder's initial financial response supports that the charter holder has cured the default, then the charter holder shall either be:
 - a. Removed from the intervention process if the default measure was the only measure for which the charter holder received a rating of "below standard" based on the most recent audit conducted under R7-5-504, or
 - b. Placed in intervention tier 2 instead of intervention tier 1 if the charter holder had received a rating of "below standard" on only one other measure based on the most recent audit conducted under R7-5-504.
 6. If the charter holder was required to submit a corrective action under R7-5-504(H)(1) based on the most recent audit conducted under R7-5-504 for failure to pay taxes

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- or contributions due to the Internal Revenue Service, Arizona Department of Revenue, Arizona Department of Economic Security or Arizona State Retirement System, failure to have sufficient cash at June 30 to cover the charter holder's unspent Classroom Site Fund balance, or failure to maintain worker's compensation insurance or liability insurance, then the charter holder shall be placed in intervention tier 1.
7. If the Board has substantiated in the audited fiscal year, subsequent fiscal year or both at least one complaint involving late payroll checks to employees, or health insurance or liability insurance cancellation due to non-payment or if the Board has substantiated in the audited fiscal year, subsequent fiscal year or both at least one complaint involving failure to make required retirement plan contributions or received notification from the Arizona State Retirement System of delinquent retirement contributions, then the charter holder shall be placed in intervention tier 1.
 8. If the charter holder has been required to make at least one submission under R7-5-501(C) in the audited fiscal year, subsequent fiscal year or both, then the charter holder shall be placed in intervention tier 1.
 9. If the charter holder's performance fluctuates from a summative financial performance rating of "Intervention" to a summative financial performance rating of "Adequate Standing" and then back to a summative financial performance rating of "Intervention" within the most recent three-year period, then the charter holder shall be placed in intervention tier 1.
- E.** Within 30 calendar days after receiving an initial financial response, Board staff shall provide the charter holder with written notice that includes the following:
1. The charter holder's intervention tier as determined under subsection (D);
 2. The quarterly financial report requirements and submission deadlines;
 3. The availability of Board staff's report specified in subsection (C); and
 4. Any differences identified between the calculations included by the charter holder in its initial financial response and those completed by Board staff.
- F.** The submission deadlines for quarterly financial reports submitted subsequent to the initial financial response are as follows:
1. October 30 for the quarter ending September 30;
 2. January 30 for the quarter ending December 31;
 3. April 30 for the quarter ending March 31; and
 4. July 30 for the quarter ending June 30.
- G.** For each quarterly financial report submitted subsequent to the initial financial response and prior to the June 30 quarterly financial report, Board staff shall determine the charter holder's current performance and compare Board staff's results to the charter holder's calculation results. Within 30 calendar days of each quarterly financial report's receipt, Board staff shall notify the charter holder in writing of:
1. The submission deadline for the next quarterly financial report; and
 2. Any differences identified between the calculations completed by the charter holder and those completed by Board staff.
- H.** Within 45 calendar days after receiving a June 30 quarterly financial report, Board staff shall:
1. Determine the charter holder's probation status under R7-5-402(F)-(H);
 2. Update the charter holder's financial performance dashboard to reflect the charter holder's probation status; and
 3. Notify the charter holder of its probation status and, if applicable, the deadline for submitting the information identified in R7-5-402(K)(2)-(3).
- I.** For each charter holder placed in intervention tier 1 under subsection (D), Board staff shall visit each school operated by the charter holder to conduct a physical count of students and compare the information observed and obtained onsite with the number of students reported to the Department. Time permitting, Board staff may visit each school operated by a charter holder placed in intervention tier 2 under subsection (D).
- J.** The charter holder's initial financial response, quarterly financial reports and June 30 quarterly financial report and Board staff's report under subsection (C) shall be posted on ASBCS Online.
- K.** If a charter holder fails to submit or fails to submit timely a required initial financial response, required quarterly financial report or June 30 quarterly financial report, the failure shall be noted in the charter holder's operational performance dashboard posted on ASBCS Online.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

R7-5-510. Corrective Action Plan

- A.** Board staff shall require a charter holder to prepare a CAP for:
1. Any issue identified during a site visit described in R7-5-502 or R7-5-505,
 2. An issue identified through the audit described in R7-5-504, or
 3. Actions taken by the Board to withhold up to 10 percent of the charter holder's monthly state aid as described in R7-5-601 and R7-5-605.
- B.** Board staff shall provide written notice to a charter holder required to prepare a CAP. Board staff shall ensure the written notice includes the following:
1. An explanation of why the charter holder is required to submit a CAP,
 2. A description of the issue,
 3. A list of the specific information required in the CAP,
 4. The deadline for submitting the CAP to the Board,
 5. The time during which the charter holder is required to implement the CAP, and
 6. The consequences if the charter holder fails to submit or implement the CAP.
- C.** Within 10 days after receiving the CAP, Board staff shall provide written notice to the charter holder that:
1. A complete CAP was received and implementation is required; or
 2. Additional information is required and the deadline for submitting the additional information to the Board.
- D.** Board staff shall monitor, through site visits and review of documentary evidence, the charter holder's implementation of the CAP until the Board determines the issue has been corrected.
- E.** If a charter holder fails to submit a required CAP, fails to submit additional information required under subsection (C)(2), or fails to implement the CAP timely, the charter holder may be subject to charter oversight as specified in Article 6.

CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

Historical Note

New Section R7-5-510 renumbered from R7-5-302 and amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

ARTICLE 6. CHARTER OVERSIGHT**R7-5-601. Charter Oversight: General Provisions**

- A. Before the Board determines a charter holder is not in compliance with its charter, other contractual agreements with the Board, federal or state laws, or this Chapter and decides whether to impose charter oversight, the Board shall provide notice to the charter holder.
- B. The Board shall provide the charter holder with at least 72-hours' notice of the date, time, and location of the meeting at which the Board will decide whether to impose charter oversight. The Board shall include in the notice the purpose of the meeting and why the Board is considering imposing charter oversight.
- C. In determining the appropriate charter oversight action to take, the Board shall consider the following, as applicable:
 1. Threat to the health or safety of children;
 2. Whether the charter holder's historical compliance record indicates repeated or multiple breaches of the provisions of its charter, other contractual agreements with the Board, federal or state laws, or this Chapter;
 3. Whether the charter holder has failed to meet the minimum academic performance expectations specified under R7-5-401;
 4. Length of time the issue has been occurring;
 5. The charter holder's compliance with and response to Board investigation by providing necessary information and documentation within requested time frames;
 6. Whether there has been a misuse of funds; and
 7. Any other factor that bears on the charter holder's ability and willingness to comply with its charter, other contractual agreements with the Board, federal and state laws, and this Chapter.
- D. Charter oversight actions available to the Board include, but are not limited to the following:
 1. Imposing a civil penalty, as authorized under A.R.S. § 15-185 and described under R7-5-604;
 2. Requesting the Department withhold up to 10 percent of a charter holder's monthly state aid as authorized under A.R.S. § 15-185 and described under R7-5-605 and requiring the charter holder to submit a CAP as described under R7-5-510;
 3. Entering into a consent agreement with a charter holder as described under R7-5-606;
 4. Issuing a notice of intent to revoke a charter as authorized under A.R.S. § 15-183 and described under R7-5-607; and
 5. Revoking a charter as authorized under A.R.S. § 15-183 and described under R7-5-607.

Historical Note

New Section R7-5-601 renumbered from R7-5-304 and amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-602. Oversight of Charter Schools Assigned a Letter Grade of "F" by the Department

- A. If the Department notifies the Board, as required under A.R.S. § 15-241, that a charter school has been assigned a letter grade of "F," the Board shall require the charter holder to appear before the Board for consideration of whether the Board will issue a notice of intent to revoke the charter under R7-5-607 or

restore the charter to acceptable performance through a consent agreement under R7-5-606.

- B. Upon receipt of the Department's notice under subsection (A), the Board shall provide written notice to the charter holder that the school has been designated a failing school.
- C. Within 30 days after receipt of the notice provided under subsection (B), the charter holder shall:
 1. As required under A.R.S. § 15-241, provide written notice to the parents or guardians of all students attending the school that the Department has assigned the school a letter grade of "F" because the school is demonstrating a failing level of performance. The charter holder shall provide to the Board a copy of the notice required under this subsection;
 2. Provide the Board with a list of the names and mailing addresses of the parents or guardians of all students attending the school; and
 3. Ensure the charter school's public communications that make a statement concerning the charter school's academic performance, including the charter school's web site and promotional materials, accurately describe the charter school's most current annual achievement profile assigned by the Department.
- D. The Board shall provide the charter holder with at least 72 hours' written notice of the date, time, and location of the public meeting at which the Board will consider whether to restore the charter to acceptable performance or revoke the charter. In making this decision, the Board shall consider all relevant factors including:
 1. Whether the charter holder complied fully with the provisions of subsection (C);
 2. Whether the charter holder failed to meet the minimum academic performance expectations based on student achievement measures specified in the Academic Performance Framework;
 3. Whether the charter holder has demonstrated, under R7-5-508, sufficient progress toward achieving the minimum academic performance expectations;
 4. Whether the charter holder meets the minimum financial performance expectations;
 5. Whether the charter holder timely complied with Board requests for information and documents;
 6. Whether the charter holder's historical compliance record indicates repeated or multiple breaches of its charter, other contractual agreements with the Board, federal or state law, or this Chapter; and
 7. Any other factor the Board determines has a bearing on the charter holder's ability or willingness to comply with the provisions of its charter, other contractual agreements with the Board, federal and state law, and this Chapter.
- E. If the Board decides to restore the charter to acceptable performance, the Board shall enter into a consent agreement with the charter holder as provided under R7-5-606. If the Board decides to revoke the charter, the Board shall issue a notice of intent to revoke the charter as provided under R7-5-607.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

R7-5-603. Oversight of Charter Schools Assigned a Letter Grade of "D" by the Department

- A. Within 30 days after the Department notifies a charter holder under A.R.S. § 15-241 that a charter school operated by the

CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

charter holder has been assigned a letter grade of “D,” the charter holder shall:

1. Comply fully with A.R.S. § 15-241 by providing written notice to the parents or guardians of all students attending the school. The charter holder shall include the following in the notice:
 - a. The Department has assigned the charter school a letter grade of “D;”
 - b. The charter holder is required under A.R.S. § 15-241.02 to prepare an improvement plan within 90 days after the charter school was assigned a letter grade of “D;” and
 - c. The charter holder is required to present the improvement plan to the Board at a public meeting;
 2. Provide the Board a copy of the notice required under subsection (A)(1);
 3. Provide the Board with a list of the names and mailing addresses of the parents or guardians of all students attending the school; and
 4. Ensure the charter school’s public communications that make a statement concerning the charter school’s academic performance, including the charter school’s web site and promotional materials, accurately describe the charter school’s most current academic performance rating assigned by the Department.
- B.** The Board shall require a charter holder that fails to comply fully with subsection (A) to appear before the Board for consideration of the charter holder’s noncompliance and may subject the charter holder to additional charter oversight.
- C.** Under A.R.S. § 15-241.02, the Board is required to revoke the charter of a charter school if the Board determines the improvement plan required under subsection (A)(1)(b) was not properly implemented.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-604. Civil Penalty for Fingerprinting Violation

- A.** After identifying a violation of A.R.S. §§ 15-183, 15-512 or both, Board staff shall provide the charter holder with written notice of noncompliance with statutory fingerprinting requirements and the date, time, and location of the Board meeting at which the Board will consider whether to impose a civil penalty under A.R.S. § 15-185.
- B.** If the Board determines a charter holder has failed to comply with the statutory fingerprinting requirements in A.R.S. §§ 15-183 or 15-512, the Board may impose a civil penalty of \$1,000 per occurrence as provided under A.R.S. § 15-185.
- C.** Within 30 days after a civil penalty is imposed under subsection (B), the charter holder may submit to the Board a written appeal of the civil penalty. The charter holder shall include the following information in the written appeal:
 1. Name and address of the appellant;
 2. Concise statement of the reason for the appeal;
 3. Relief sought; and
 4. If the appellant will be represented by an attorney, the attorney’s name, address, and telephone number.
- D.** The Board shall hold a hearing to consider the appeal within 60 days after receiving the appeal.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-605. Withholding State Funds

- A.** Under A.R.S. § 15-185, if the Board determines at a public meeting that a charter holder is not in compliance with its

charter or federal or state law, the Board may request the Department to withhold up to 10 percent of the charter holder’s monthly apportionment of state aid.

- B.** If the Board decides to request that the Department withhold part of the charter holder’s monthly apportionment of state aid, the Board shall provide written notice to the charter holder. The Board shall include the following in the notice:
 1. The reason the withholding is being imposed,
 2. The percentage of the charter holder’s monthly apportionment of state aid to be withheld,
 3. The date on which the withholding will begin, and
 4. Actions required by the charter holder before the full amount of state aid is restored.
- C.** If a percentage of the charter holder’s monthly apportionment of state aid is withheld for six months and the charter holder has not completed the actions required under subsection (B)(4), the Board shall consider the charter holder’s noncompliance and may subject the charter holder to additional charter oversight including issuing a notice of intent to revoke under R7-5-607.
- D.** If a percentage of the charter holder’s monthly apportionment of state aid is withheld for failure to submit an audit for two months, the Board shall consider the charter holder’s noncompliance and may subject the charter holder to additional charter oversight including issuing a notice of intent to revoke under R7-5-607.
- E.** When the Board determines the charter holder is in compliance with its charter and federal and state law, the Board shall request that the Department restore the full amount of state aid to the charter holder.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-606. Consent Agreement

- A.** If the Board determines that a charter holder is not in compliance with its charter, other contractual agreements with the Board, federal or state law, or this Chapter, the Board may enter into a consent agreement with the charter holder to resolve the noncompliance.
- B.** The Board shall include the following in a consent agreement:
 1. The reason for the consent agreement;
 2. The facts and conditions to which the Board and charter holder agreed;
 3. The actions the charter holder must take to demonstrate compliance and avoid further charter oversight;
 4. The time within which the charter holder is to complete the actions specified under subsection (B)(3); and
 5. After approval by both the Board and charter holder, the signatures of both the Board president and charter representative.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

R7-5-607. Revocation

- A.** If the Board determines that a charter holder is not in compliance with its charter, federal or state law, or this Chapter, the Board may issue a written notice of intent to revoke the charter as authorized under A.R.S. § 15-183.
- B.** When a charter holder receives a notice of intent to revoke and notice of hearing, the charter holder shall:
 1. Within 48 hours after receiving the notice of intent to revoke and notice of hearing, provide written notice that includes the following to all staff and the parents or guardians of all students attending the school:

CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

- a. A notice of intent to revoke has been received;
 - b. The notice of intent to revoke may be inspected at the charter school location; and
 - c. The date, time, and location of the hearing set with the Office of Administrative Hearings; and
2. Within 20 days after receiving the notice of intent to revoke, provide the Board with:
 - a. A copy of the notice required under subsection (B)(1), and
 - b. A list of the names and mailing addresses of the parents or guardians of all students attending the school.
- C. Both the Board and charter holder shall appear for an administrative hearing before an administrative law judge at the Office of Administrative Hearings on the date provided in the notice of intent to revoke.
 - D. After the administrative hearing under subsection (C) and receipt of the decision of the administrative law judge, the Board shall hold a public meeting at which the Board shall:
 1. Decide whether to accept, reject, or modify the decision of the administrative law judge; and
 2. Take action on the charter.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

Arizona Administrative CODE

9 A.A.C. 7 Supp. 19-3

www.azsos.gov

This Chapter contains a rule Section definition that was omitted when codifying amendments in Supp. 18-3.

Title 9

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 9. HEALTH SERVICES

CHAPTER 7. RADIATION CONTROL

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

An amendment to the definition "Extremity" was inadvertently omitted when codifying changes to Section R9-7-102 by final expedited rulemaking in Supp 18-3. The definition has been listed as filed at 24 A.A.R. 2151 and is effective July 12, 2018. No other changes have been made to this file since the expiration of Section R9-7-1122 in Supp. 18-4 (Supp. 19-3.)

Questions about the expired rules in this Chapter?

Contact:

Name: The Governor's Regulatory Review Council
Address: 100 N. 15th Ave. #305
Phoenix, AZ 85007
Telephone: (602) 542-2058

Questions about rules in this Chapter? Contact:

Name: Robert Lane, Chief
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Ave., Suite 200
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
E-mail: Robert.Lane@azdhs.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 18-4, 1-265 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

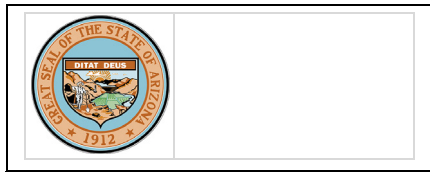
EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 9. HEALTH SERVICES**CHAPTER 7. RADIATION CONTROL**

Laws 1964, Chapter 30, established the Arizona Atomic Energy Commission. Laws 1980, Chapter 206, abolished the Commission, and created the Arizona Radiation Regulatory Agency (ARRA) and the Radiation Regulatory Hearing Board.

Laws 2017, Ch. 313, transferred the Radiation Regulatory Agency to the Arizona Department of Health Services and renamed it the Bureau of Radiation Control. The rules in this Chapter (9 A.A.C. 7) were originally promulgated under 12 A.A.C. 1 and were recodified at 24 A.A.R. 813 with Section and agency references revised under Laws 2017, Ch. 313. The historical notes of the rules as codified in 12 A.A.C. 1 remain in the Chapter; therefore 12 A.A.C. 1 as released in Supp. 18-1 should be archived with this Chapter (Supp. 18-1).

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ARTICLE 1. GENERAL PROVISIONS

R9-7-101. Scope and Incorporated Materials

- A. Except as otherwise specifically provided, this Chapter applies to all persons who receive, possess, use, transfer, own, or acquire any source of radiation.
- B. This Chapter does not apply to any person that is subject to regulation by the Nuclear Regulatory Commission.
- C. State control of source material, byproduct material, and special nuclear material in quantities not sufficient to form a critical mass is subject to the provisions of the agreement between the state and the U.S. Nuclear Regulatory Commission, signed March 30, 1967 and incorporated by reference. This incorporated material contains no later editions or amendments, and together with all other incorporated materials in this Chapter, is available for inspection or copying at the Arizona Department of Health Services, Bureau of Radiation Control, 4814 S. 40th St., Phoenix, AZ 85040.
- D. Federal regulations incorporated by reference in this Chapter are available from the U.S. Government Printing Office, P.O. Box 979050, St. Louis, MO 63197-9000 and <http://www.gpo-access.gov/cfr/>.

Historical Note

New Section R9-7-101 recodified from R12-1-101 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-102. Definitions

Terms defined in A.R.S. § 30-651 have the same meanings when used in this Chapter, unless the context otherwise requires. Additional subject-specific definitions are used in other Articles.

“A1” means the maximum activity of special form radioactive material permitted in a type A package. These values are either listed in 10 CFR 71, Appendix A, Table A-1, or may be derived in accordance with the procedures prescribed in 10 CFR 71, Appendix A, revised January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

“A2” means the maximum activity of radioactive material, other than special form radioactive material, low specific activity (LSA) material, and surface contaminated object (SCO) material, permitted in a Type A package. These values are either listed in 10 CFR 71, Appendix A, Table A-1, or may be derived in accordance with the procedure prescribed in 10 CFR 71, Appendix A, revised January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

“Absorbed dose” means the energy imparted by ionizing radiation per unit mass of irradiated material. The units of absorbed dose are the gray (Gy) and the rad.

“Accelerator” means any machine capable of accelerating electrons, protons, deuterons, or other charged particles in a vacuum and of discharging the resultant particulate or other radiation into a medium at energies usually in excess of 1 MeV. For purposes of this definition, “particle accelerator” is an equivalent term.

“Accelerator produced material” means any material made radioactive by irradiating it in a particle accelerator.

“Act” means A.R.S. Title 30, Chapter 4.

“Activity” means the rate of disintegration, transformation, or decay of radioactive material. The units of activity are the becquerel (Bq) and the curie (Ci).

“Adult” means an individual 18 or more years of age.

“Agreement State” means any state with which the United States Nuclear Regulatory Commission has entered into an effective agreement under Section 274(b) of the Atomic Energy Act of 1954, as amended (73 Stat. 689). “Nonagreement State” means any other state.

“Airborne radioactive material” means any radioactive material dispersed in the air in the form of aerosols, dusts, fumes, mists, vapors, or gases.

“Airborne radioactivity area” means a room, enclosure, or area in which airborne radioactive materials, composed wholly or partly of licensed radioactive material, exist in concentrations:

In excess of the derived air concentrations (DACs) specified in Appendix B, Table I of Article 4 of these rules; or

That an individual present in the area without respiratory protective equipment could exceed, during the hours an individual is present in a week, an intake of 0.6 percent of the annual limit on intake (ALI) or 12 DAC-hours.

“ALARA” means as low as is reasonably achievable, making every reasonable effort to maintain exposures to radiation as far below the dose limits in these rules as is practical, consistent with the purpose for which the licensed or registered activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed or registered sources of radiation in the public interest.

“Analytical x-ray equipment” means equipment used for x-ray diffraction or x-ray-induced fluorescence analysis.

“Analytical x-ray system” means a group of components utilizing x-rays to determine the elemental composition or to examine the microstructure of materials.

“Annual” means done or performed yearly. For purposes of Chapter 1, any required activity done or performed within plus or minus two weeks of the annual due date is considered done or performed in a timely manner.

“Approved individual” means an individual whom the licensee has determined to be trustworthy and reliable for unescorted access in accordance with subpart B of this part and who has completed the training required by 10 CFR 37.43(c).

“Authorized medical physicist” means an individual who meets the requirements in R9-7-711; or is identified as an authorized medical physicist or teletherapy physicist on:

A specific medical use license issued by the Department, the NRC, or another Agreement State;

A medical use permit issued by a NRC master material licensee;

A permit issued by the Department, the NRC, or another Agreement State broad scope medical use licensee; or

A permit issued by a NRC master material license broad scope medical use permittee.

“Authorized nuclear pharmacist” means a pharmacist who meets the requirements in R9-7-712; or is:

Identified as an authorized nuclear pharmacist on a specific license issued by the Department, the NRC, or another Agreement State that authorizes medical use or the practice of nuclear pharmacy;

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Identified as an authorized nuclear pharmacist on a permit issued by a NRC master material licensee that authorizes medical use or the practice of nuclear pharmacy;

Identified as an authorized nuclear pharmacist on a permit issued by the Department, the NRC, or another Agreement State broad scope medical use licensee that authorizes medical use or the practice of nuclear pharmacy; or

Identified as an authorized nuclear pharmacist on a permit issued by a NRC master material license broad scope medical use permittee that authorizes medical use or the practice of nuclear pharmacy; or

Identified as an authorized nuclear pharmacist by a commercial nuclear pharmacy that has been authorized to identify authorized nuclear pharmacists; or

Designated as an authorized nuclear pharmacist in accordance with R9-7-311(G).

“Authorized user” means a physician, dentist, or podiatrist who meets the requirements in R9-7-719, R9-7-723, R9-7-727, R9-7-728, or R9-7-744; or is identified as an authorized user on:

The Department, NRC, or another Agreement State license that authorizes the medical use of radioactive material;

A permit issued by a NRC master material licensee that is authorized to permit the medical use of radioactive material;

A permit issued by the Department, the NRC, or another Agreement State specific licensee of broad scope that is authorized to permit the medical use of radioactive material; or

A permit issued by a NRC master material license broad scope permittee that is authorized to permit the medical use of radioactive material.

“Background investigation” means an assessment of an individual’s prior actions and experience conducted by a licensee or applicant, to support the determination of the individual’s trustworthiness and reliability in accordance with 10 CFR 37.25.

“Background radiation” means radiation from cosmic sources; not technologically enhanced naturally occurring radioactive material, including radon (except as a decay product of source or special nuclear material); and global fallout as it exists in the environment from the testing of nuclear explosive devices or from past nuclear accidents, such as Chernobyl, that contribute to background radiation and are not under the control of a licensee. “Background radiation” does not include sources of radiation regulated by the Department.

“Becquerel” (Bq) means the International System (SI) unit for activity and is equal to 1 disintegration per second (dps or tps).

“Bioassay” means the determination of kinds, quantities, or concentrations, and in some cases, the locations of radioactive material in the human body, whether by direct measurement, in vivo counting, or by analysis and evaluation of materials excreted or removed from the human body. For purposes of these rules, “radiobioassay” is an equivalent term.

“Brachytherapy” means a method of radiation therapy in which an encapsulated source or group of sources is utilized to

deliver beta or gamma radiation at a distance of up to a few centimeters, by surface, intracavitary or interstitial application.

“Byproduct material” means:

Any radioactive material, except special nuclear material, yielded in or made radioactive by exposure to the radiation incident to the process of producing or utilizing special nuclear material;

The tailings or wastes produced by the extraction or concentration of uranium or thorium from ore processed primarily for its source material content, including discrete surface wastes resulting from uranium or thorium solution extraction processes. Underground ore bodies depleted by these solution extraction operations do not constitute “byproduct material” within this definition;

Any discrete source of radium-226 that is produced, extracted, or converted after extraction, for use for a commercial, medical, or research activity; or any material that, has been made radioactive by use of a particle accelerator; and is produced, extracted, or converted after extraction, for use for a commercial, medical, or research activity; and

Any discrete source of naturally occurring radioactive material, other than source material, that the NRC, in consultation with the Administrator of the Environmental Protection Agency, the Secretary of Energy, the Secretary of Homeland Security, and the head of any other appropriate federal agency, determines would pose a threat similar to the threat posed by a discrete source of radium-226 to the public health and safety or the common defense and security and; before, on, or after August 8, 2005, is extracted or converted after extraction for use in a commercial, medical, or research activity.

“Calendar quarter” means not less than 12 consecutive weeks nor more than 14 consecutive weeks. The first calendar quarter of each year shall begin in January and subsequent calendar quarters shall be so arranged such that no day is included in more than one calendar quarter and no day in any one year is omitted from inclusion within a calendar quarter. A licensee or registrant shall not change the method of determining calendar quarters for purposes of this Chapter except at the beginning of a calendar year.

“Calibration” means the determination of:

The response or reading of an instrument relative to a series of known radiation values over the range of the instrument, or

The strength of a source of radiation relative to a standard.

“Carrier” means a person engaged in the transportation of passengers or property by land or water as a common, contract, or private carrier, or by civil aircraft.

“Certifiable cabinet x-ray system” means an existing uncertified x-ray system that meets or has been modified to meet the certification requirements specified in 21 CFR 1020.40, revised April 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

“Certificate holder” means a person who has been issued a certificate of compliance or other package approval by the Department or NRC.

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“Certificate of Compliance” (CoC) means the certificate issued by the NRC under 10 CFR 71, Subpart D, (Revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.), which authorizes the design of a package for the transportation of radioactive material.

“Certified cabinet x-ray system” means an x-ray system that has been certified in accordance with 21 CFR 1010.2, as being manufactured and assembled on or after April 10, 1975, in accordance with the provisions of 21 CFR 1020.40, both sections revised April 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

“CFR” means Code of Federal Regulations.

“Chelating agent” means amine polycarboxylic acids, hydroxycarboxylic acids, gluconic acid, and polycarboxylic acids.

“Civil penalty” means the monetary fine which may be imposed on licensees by the Department, pursuant to A.R.S. § 39-687, for violations of the Act, this Chapter, or license conditions.

“Collective dose” means the sum of the individual doses received in a given period of time by a specified population from exposure to a specified source of radiation.

“Committed dose equivalent” (HT,50) means the dose equivalent to organs or tissues of reference (T) that will be received from an intake of radioactive material by an individual during the 50-year period following the intake.

“Committed effective dose equivalent” (HE,50) is the sum of the products of the weighting factors applicable to each of the body organs or tissues that are irradiated and the committed dose equivalent to each of these organs or tissues ($HE,50 = \sum w_T HT,50$).

“Consortium” means an association of medical use licensees and a PET radionuclide production facility in the same geographical area that jointly own or share in the operation and maintenance cost of the PET radionuclide production facility that produces PET radionuclides for use in producing radioactive drugs within the consortium for noncommercial distributions among its associated members for medical use. The PET radionuclide production facility within the consortium must be located at an educational institution or a federal facility or a medical facility.

“Contamination” means the presence of a radioactive substance on a surface in quantities in excess of 0.4 Bq/cm^2 ($1 \times 10^{-5} \text{ } \mu\text{Ci/cm}^2$) for beta and gamma emitters and low toxicity alpha emitters, or 0.04 Bq/cm^2 ($1 \times 10^{-6} \text{ } \mu\text{Ci/cm}^2$) for all other alpha emitters.

“Fixed contamination” means contamination that cannot be removed from a surface during normal conditions of transport.

“Non-fixed contamination” means contamination that can be removed from a surface during normal conditions of transport.

“Criticality Safety Index (CSI)” means the dimensionless number (rounded up to the next tenth) assigned to and placed on the label of a fissile material package, to designate the degree of control of accumulation of packages, overpacks or freight containers containing fissile material during transportation. Determination of the criticality safety index is described

in 10 CFR 71.22, 10 CFR 71.23, and 10 CFR 71.59. The criticality safety index for an overpack, freight container, consignment or conveyance containing fissile material packages is the arithmetic sum of the criticality safety indices of all the fissile material packages contained within the overpack, freight container, consignment or conveyance.

“Curie” means a unit of quantity of radioactivity. One curie (Ci) is that quantity of radioactive material which decays at the rate of 3.7×10^{10} transformations per second (tps).

“Current license or registration” means a license or registration issued by the Department and for which the licensee has paid the license or registration fee for the current year according to R9-7-1304.

“Deep-dose equivalent” (Hd), which applies to external whole body exposure, is the dose equivalent at a tissue depth of 1 centimeter (1000 mg/cm^2).

“Depleted uranium” means the source material uranium in which the isotope uranium-235 is less than 0.711 weight percent of the total uranium present. Depleted uranium does not include special nuclear material.

“Discrete source” means a radionuclide that has been processed so that its concentration within a material has been purposely increased for use for commercial, medical, or research activities.

“Dose” is a generic term that means absorbed dose, dose equivalent, effective dose equivalent, committed dose equivalent, committed effective dose equivalent, total organ dose equivalent, or total effective dose equivalent. For purposes of these rules, “radiation dose” is an equivalent term.

“Dose equivalent” (HT) means the product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest. The units of dose equivalent are the sievert (Sv) and rem.

“Dose limits” means the permissible upper bound of radiation doses established in accordance with these rules. For purposes of these rules, “limits” is an equivalent term.

“Dosimeter” (See “Individual monitoring device”)

“Effective dose equivalent” (HE) means the sum of the products of the dose equivalent to each organ or tissue (HT) and the weighting factor (w_T) applicable to each of the body organs or tissues that are irradiated ($HE = \sum w_T HT$).

“Effluent release” means any disposal or release of radioactive material into the ambient atmosphere, soil, or any surface or subsurface body of water.

“Embryo/fetus” means the developing human organism from conception until the time of birth.

“Enclosed beam x-ray system” means an analytical x-ray system constructed in such a way that access to the interior of the enclosure housing the x-ray source during operation is precluded except through bypassing of interlocks or other safety devices to perform maintenance or servicing.

“Enclosed radiography” means industrial radiography conducted by using cabinet radiography or shielded room radiography.

“Cabinet radiography” means industrial radiography conducted by using an x-ray machine in an enclosure not designed for human admittance and which is so shielded that every location on the exterior meets the conditions for an “unrestricted area.”

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“Shielded room radiography” means industrial radiography conducted using an x-ray machine in an enclosure designed for human admittance and which is so shielded that every location of the exterior meets the conditions for an “unrestricted area.”

“Entrance or access point” means any opening through which an individual or extremity of an individual could gain access to radiation areas or to licensed radioactive materials. This includes entry or exit portals of sufficient size to permit human entry, irrespective of their intended use.

“Exhibit” for purposes of these rules, is equivalent in meaning to the word “Schedule” as found in previously issued rules, current license conditions, and regulation guide.

“Explosive material” means any chemical compound, mixture, or device which produces a substantial instantaneous release of gas and heat spontaneously or by contact with sparks or flame.

“Exposure” means:

Being subjected to ionizing radiation or radioactive materials.

The quotient of dQ by dm where “dQ” is the absolute value of the total charge of the ions of one sign produced in air when all the electrons (negatrons and positrons) liberated by photons in a volume element of air having mass “dm” are completely stopped in air. The special unit of exposure is the roentgen (R).

“Exposure rate” means the exposure per unit of time.

“External dose” means that portion of the dose equivalent received from any source of radiation outside the body.

“Extremity” means hand, elbow, arm below the elbow, foot, knee, and leg below the knee.

“Fail-safe characteristics” means a design feature which causes beam port shutters to close, or otherwise prevents emergence of the primary beam, upon the failure of a safety or warning device.

“FDA” means the United States Food and Drug Administration.

“Field radiography” means industrial radiography, utilizing a portable or mobile x-ray system, which is not conducted in a shielded enclosure.

“Field station” means a facility where radioactive sources may be stored or used and from which equipment is dispatched to temporary job sites.

“Former U.S. Atomic Energy Commission (AEC) or U.S. Nuclear Regulatory Commission (NRC) licensed facilities” means nuclear reactors, nuclear fuel reprocessing plants, uranium enrichment plants, or critical mass experimental facilities where AEC or NRC licenses have been terminated.

“Generally applicable environmental radiation standards” means standards issued by the U.S. Environmental Protection Agency (EPA), 40 CFR 190 and 191, revised July 1, 2013, incorporated by reference, and available under R9-7-101, under the authority of the Atomic Energy Act of 1954, as amended, that impose limits on radiation exposures or levels, or concentrations or quantities of radioactive material, in the general environment outside the boundaries of locations under the control of persons possessing or using radioactive material. This incorporated material contains no future editions or amendments.

“Gray” (Gy) means the International System (SI) unit of absorbed dose and is equal to 1 joule per kilogram. One gray equals 100 rad.

“Hazardous waste” means those wastes designated as hazardous in A.R.S. § 49-921(5).

“Healing arts” means the practice of medicine, dentistry, osteopathy, podiatry, chiropractic, and veterinary medicine.

“Health care institution” means every place, institution, or building which provides facilities for medical services or other health-related services, not including private clinics or offices which do not provide overnight patient care.

“High radiation area” means an area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving a dose equivalent in excess of 1 mSv (0.1 rem) in one hour at 30 centimeters from the radiation source or 30 centimeters from any surface that the radiation penetrates.

“Human use” means the internal or external administration of radiation or radioactive materials to human beings.

“Impound” means to abate a radiological hazard. Actions which may be taken by the Department in impounding a source of radiation include seizing the source of radiation, controlling access to an area, and preventing a radiation machine from being utilized.

“Indian Tribe” means an Indian or Alaska native Tribe, band, nation, pueblo, village, or community that the Secretary of the Interior acknowledges to exist as an Indian Tribe pursuant to the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a.

“Individual” means any human being.

“Individual monitoring” means the assessment of:

Dose equivalent

By the use of individual monitoring devices, or

By the use of survey data, or

Committed effective dose equivalent

By bioassay; or

By determination of the time-weighted air concentrations to which an individual has been exposed, that is, DAC-hours. (See the definition of DAC-hours in Article 4).

“Individual monitoring device” means a device designed to be worn by a single individual for the assessment of dose equivalent. For purposes of this Chapter, “dosimeter” and “personnel dosimeter,” are equivalent terms. Examples of individual monitoring devices are film badges, thermoluminescence dosimeters (TLDs), pocket ionization chambers, optical stimulation devices, and personal (“lapel”) air sampling devices.

“Individual monitoring equipment” means one or more individual monitoring devices. For purposes of this Chapter, “personnel monitoring equipment” is an equivalent term.

“Industrial radiography” means the examination of the macroscopic structure of materials by non-destructive methods utilizing sources of ionizing radiation.

“Injection tool” means a device used for controlled subsurface injection of radioactive tracer material.

“Inspection” means an examination or observation by a representative of the Department, including but not limited to tests, surveys, and monitoring to determine compliance with rules,

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orders, requirements and conditions of the License or certificate of registration.

“Interlock” means a device arranged or connected such that the occurrence of an event or condition is required before a second event or condition can occur or continue to occur.

“Internal dose” means that portion of the dose equivalent received from radioactive material taken into the body.

“Irradiate” means to expose to radiation.

“Laser” (light amplification by the stimulated emission of radiation) means any device which can produce or amplify electromagnetic radiation with wavelengths in the range of 180 nanometers to 1 millimeter primarily by the process of controlled stimulated emission.

“Lens dose equivalent” (LDE) means the external exposure of the lens of the eye and is taken as the dose equivalent at a tissue depth of 0.3 centimeters (300 mg/cm²).

“License” means the grant of authority, issued pursuant to Articles 3 and 14 of this Chapter and A.R.S. §§ 30-671, 30-672, and 30-721 et seq., to acquire, possess, transfer, and use sources of radiation. The types of licenses issued by the Department are described in R9-7-1302.

“Licensed material” means radioactive material received, possessed, used, transferred, or disposed of under a general or specific license issued by the Department.

“Licensed practitioner” means a person licensed or otherwise authorized by law to practice medicine, dentistry, osteopathy, chiropractic, podiatry, or naturopathy in this state.

“Licensee” means any person who is licensed by the Department under this Chapter to acquire, possess, transfer, or use sources of radiation.

“Licensing State” means any state having regulations equivalent to this Chapter relating to, and an effective program for the regulation of, naturally occurring and accelerator-produced radioactive material (NARM).

“Limits” (See “Dose limits”)

“Local components” means those parts of an analytical x-ray system that are struck by x-rays, including radiation source housings, port and shutter assemblies, collimator, sample holders, cameras, goniometer, detectors and shielding but not including power supplies, transformers, amplifiers, readout devices, and control panels.

“Logging supervisor” means the individual who provides personal supervision of the utilization of sources of radiation at the well site.

“Logging tool” means a device used subsurface to perform well logging.

“Lost or missing licensed or registered source of radiation” means licensed or registered source of radiation the location of which is unknown. Included are licensed radioactive material or a registered radiation source that has been shipped but has not reached its planned destination and whose location cannot be readily traced or ascertained in the transportation system.

“Low-level waste” means waste material which contains radioactive nuclides in concentrations or quantities which exceed applicable standards for unrestricted release but does not include:

High-level waste, such as irradiated reactor fuel, liquid waste from reprocessing irradiated reactor fuel, or solids into which any such liquid waste has been converted;

Waste material containing transuranic elements with contamination levels greater than 10 nanocuries per gram (370 kilobecquerels per kilogram) of waste material;

The tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its source material content.

“Low Specific Activity (LSA) material” means radioactive material with limited specific activity which is nonfissile or is excepted under 10 CFR 71.15, and which satisfies the descriptions and limits set forth in the following section. Shielding materials surrounding the LSA material may not be considered in determining the estimated average specific activity of the package contents. The LSA material must be in one of three groups:

LSA—I.

Uranium and thorium ores, concentrates of uranium and thorium ores, and other ores containing naturally occurring radionuclides that are intended to be processed for the use of these radionuclides;

Natural uranium, depleted uranium, natural thorium or their compounds or mixtures, provided they are unirradiated and in solid or liquid form;

Radioactive material other than fissile material, for which the A2 value is unlimited; or

Other radioactive material in which the activity is distributed throughout and the estimated average specific activity does not exceed 30 times the value for exempt material activity concentration determined in accordance with appendix A.

LSA—II.

Water with tritium concentration up to 0.8 TBq/liter (20.0 Ci/liter); or

Other radioactive material in which the activity is distributed throughout and the estimated average specific activity does not exceed 10–4 A2/g for solids and gases, and 10–5 A2/g for liquids.

LSA—III. Solids (e.g., consolidated wastes, activated materials), excluding powders, that satisfy the requirements of 10 CFR 71.77, in which:

The radioactive material is distributed throughout a solid or a collection of solid objects, or is essentially uniformly distributed in a solid compact binding agent (such as concrete, bitumen, ceramic, etc.);

The radioactive material is relatively insoluble, or it is intrinsically contained in a relatively insoluble material, so that even under loss of packaging, the loss of radioactive material per package by leaching, when placed in water for 7 days will not exceed 0.1 A2; and

The estimated average specific activity of the solid, excluding any shielding material, does not exceed $2 \times 10^{-3} \text{ A2/g}$.

“Major processor” means a user processing, handling, or manufacturing radioactive material exceeding Type A quantities as unsealed sources or material or exceeding four times Type B quantities as sealed sources but does not include nuclear medicine programs, universities, industrial radiographers, or small

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industrial programs. Type A and B quantities are defined in 10 CFR 71.4, revised January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

“Medical dose” means a radiation dose intentionally delivered to an individual for medical examination, diagnosis, or treatment.

“Member of the public” means any individual except when that individual is receiving an occupational dose.

“MeV” means Mega Electron Volt which equals 1 million volts (106 eV).

“Mineral logging” means any well logging performed in a borehole drilled for the purpose of exploration for minerals other than oil or gas.

“Minor” means an individual less than 18 years of age.

“Monitoring” means the measurement of radiation, radioactive material concentrations, surface area activities, or quantities of radioactive material, and the use of the results of these measurements to evaluate potential exposures and doses. For purposes of these rules, “radiation monitoring” and “radiation protection monitoring” are equivalent terms.

“Multiplier” means a letter representing a number. The use of a multiplier is based on the code given below:

<i>Prefix</i>	<i>Multiplier Symbol</i>	<i>Value</i>
eka	E	10 ¹⁸
peta	P	10 ¹⁵
tera	T	10 ¹²
giga	G	10 ⁹
mega	M	10 ⁶
kilo	k	10 ³
milli	m	10 ⁻³
micro	u	10 ⁻⁶
nano	n	10 ⁻⁹
pico	p	10 ⁻¹²
femto	f	10 ⁻¹⁵
atto	a	10 ⁻¹⁸

“NARM” means any naturally occurring or accelerator-produced radioactive material. It does not include byproduct, source, or special nuclear material. This term should not be confused with “NORM” which is defined as naturally occurring radioactive material.

“Normal operating procedures” means the entire set of instructions necessary to accomplish the intended use of the source of radiation. These procedures shall include, but are not limited to, sample insertion and manipulation, equipment alignment, routine maintenance by the licensee, and data recording procedures which are related to radiation safety.

“Natural radioactivity” means the radioactivity of naturally occurring radioactive substances.

“NRC” means Nuclear Regulatory Commission, the U.S. Nuclear Regulatory Commission, or its duly authorized representatives.

“NRC Document Control Desk” means the Nuclear Regulatory Document Control Desk. ATTN: Document Control

Desk, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

“Nuclear waste” means any highway route controlled quantity (defined in 49 CFR 173.403, revised October 1, 2012, incorporated by reference, and available under R9-7-101; this incorporated material contains no future editions or amendments) of source, byproduct, or special nuclear material required to be in NRC-approved packaging while transported to, through, or across state boundaries to a disposal site, or to a collection point for transport to a disposal site. Additional requirements associated with transportation of radioactive material can be found in Article 15.

“Occupational dose” means the dose received by an individual in the course of employment in which the individual’s assigned duties involve exposure to sources of radiation, whether in the possession of a licensee, registrant, or other person. Occupational dose does not include a dose received from background radiation, medical administration of radiation to the individual, exposure to an individual who has been administered radioactive material and released in accordance with R9-7-717, voluntary participation in a medical research program, or as a member of the public.

“Open beam system” means an analytical x-ray system in which an individual could place some body part in the primary beam path during normal operation.

“Package” means the packaging together with its radioactive contents as presented for transport.

“Particle accelerator” (See “Accelerator”)

“Permanent radiographic installation” means a fixed, shielded installation or structure designed or intended for industrial radiography and in which industrial radiography is regularly performed.

“Personnel dosimeter” (See “Individual monitoring device”)

“Personnel monitoring equipment” (See “Individual monitoring device”)

“Personal supervision” means supervision in which the supervising individual is physically present at the site where sources of radiation and associated equipment are being used, watching the performance of the supervised individual and in such proximity that immediate assistance can be given if required.

“PET” (See Positron Emission Tomography (PET))

“Pharmacist” means an individual licensed by this state to compound and dispense drugs, prescriptions, and poisons.

“Physician” means an individual licensed pursuant to A.R.S. Title 32, Chapters 13 or 17.

“Positron Emission Tomography (PET)” means an imaging technique using radionuclides to produce high resolution images of the body’s biological functions.

“Positron Emission Tomography radionuclide production facility” means a facility operating a cyclotron or accelerator for the purpose of producing PET radionuclides.

“Preceptor” means an individual who provides, directs, or verifies training and experience required for an individual to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist, or a Radiation Safety Officer.

“Primary beam” means radiation which passes through an aperture of the source housing by a direct path from the x-ray

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tube or a radioactive source located in the radiation source housing.

“Public dose” means the dose received by a member of the public from radiation from radioactive material released by a licensee or registrant, or exposure to a source of radiation used in a licensed or registered operation. It does not include an occupational dose or a dose received from background radiation, medical administration of radiation to the individual, exposure to an individual who has been administered radioactive material and released in accordance with R9-7-717, or voluntary participation in a medical research program.

“Pyrophoric liquid” means any liquid that ignites spontaneously in dry or moist air at or below 130° F (54.4° C).

“Pyrophoric solid” means any solid material, other than one classed as an explosive, which under normal conditions is liable to cause fires through friction, retained heat from manufacturing or processing, or which can be ignited readily and, when ignited, burns so vigorously and persistently that it creates a serious transportation, handling, or disposal hazard. Included are spontaneously combustible and water-reactive materials.

“Qualified expert” means an individual certified in the appropriate field by the American Board of Radiology or the American Board of Health Physics, or having equivalent qualifications that provide the knowledge and training to measure ionizing radiation, to evaluate safety techniques, and to advise regarding radiation protection needs; or an individual certified in Therapeutic Radiological Physics or X-ray and Radium Physics by the American Board of Radiology, or having equivalent qualifications that provide training and experience in the clinical applications of radiation physics to radiation therapy, to calibrate radiation therapy equipment. The detailed requirements for a particular qualified expert may be provided in the respective Articles of this Chapter. For clarification purposes, a qualified expert is not always an authorized medical physicist; however, an authorized medical physicist is included within the definition of “qualified expert.”

“Quality Factor” (Q) means the modifying factor, listed in Tables I and II of this Article, that is used to derive dose equivalent from absorbed dose.

“Quarter” (See “Calendar quarter”)

“Rad” means the special unit of absorbed dose. One rad equals 100 ergs per gram, or 0.01 gray.

“Radiation” means alpha particles, beta particles, gamma rays, x-rays, neutrons, high-speed electrons, high-speed protons, and other particles capable of producing ions. For purposes of these rules, this term is synonymous with ionizing radiation. Equivalent terminology for non-ionizing radiation is defined in Article 14.

“Radiation area” means any area accessible to individuals, in which radiation levels could result in an individual receiving a dose equivalent in excess of 0.05 mSv (0.005 rem) in one hour at 30 centimeters from the source of radiation or from any surface that the radiation penetrates.

“Radiation dose” (See “Dose”)

“Radiation machine” means any device capable of producing radiation except those devices with radioactive material as the only source of radiation.

“Radiation Safety Officer” (RSO) means the individual and who for license conditions:

Meets the requirements in 10 CFR 35.50(a) or (c)(1) and 10 CFR 35.59, (revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); or is identified as a Radiation Safety Officer on a specific medical use license issued by the NRC or an Agreement State; or a medical use permit issued by a NRC master material licensee; or

Who, for registration conditions, is designated by the registrant as the individual who has the knowledge, authority, and responsibility to apply appropriate radiation protection principles to ensure radiation safety and compliance with the Act, this Chapter and any registration conditions.

“Radiation Safety Officer” (RSO) means the individual and who for license conditions:

Meets the requirements of R9-7-407, and for a medical license meets the training requirements of R9-7-710 or is identified as a Radiation Safety Officer on a specific medical use license issued by the Department, the NRC, or another Agreement State; or a medical use permit issued by a NRC master material licensee; or

Who meets the requirements in R9-7-512 on a specific industrial license issued by the Department, the NRC, or another Agreement State; or an industrial use permit issued by a NRC master material licensee; or

Who, for registration conditions, is designated by the registrant as the individual who has the knowledge, authority, and responsibility to apply appropriate radiation protection principles to ensure radiation safety and compliance with the Act, this Chapter and any registration conditions.

“Radioactive marker” means radioactive material placed subsurface or on a structure intended for subsurface use for the purpose of depth determination or direction orientation.

“Radioactive material” means any solid, liquid, or gas which emits radiation spontaneously.

“Radioactivity” means emission of electromagnetic energy or particles or both during the transformation of unstable atomic nuclei.

“Radiographer” means any individual who performs or personally supervises industrial radiographic operations and who is responsible to the licensee or registrant for assuring compliance with the requirements of this Chapter and all conditions of the license or certificate of registration.

“Radiographer’s assistant” means any individual who, under the personal supervision of a radiographer, uses sources of radiation, radiographic exposure devices, related handling tools, or survey instruments in industrial radiography.

“Registrant” means any person who is registered with the Department and is legally obligated to register with the Department pursuant to these rules and the Act.

“Registration” is the process by which a person becomes a registrant pursuant to Article 2 or 14 of this Chapter. With the exception of registration of persons who install or service radiation machines, the types of registrations issued by the Department are described in R9-7-1302.

“Regulations of the U.S. Department of Transportation” means the federal regulations in 49 CFR 107, 171 through 180, revised October 1, 2013, incorporated by reference, and avail-

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able under R9-7-101. This incorporated material contains no future editions or amendments.

“Rem” means the special unit of dose equivalent (see “Dose equivalent”). The dose equivalent in rem is equal to the absorbed dose in rad multiplied by the quality factor (1 rem = 0.01 sievert).

“Research and Development” means exploration, experimentation, or the extension of investigative findings and theories of a scientific or technical nature into practical application for experimental and demonstration purposes, including the experimental production and testing of models, devices, equipment, materials, and processes. Research and Development does not include the internal or external administration of radiation or radioactive material to human beings.

“Restricted area” means any area where the licensee or registrant controls access for purposes of protecting individuals from exposure to radiation and radioactive material. A restricted area does not include any areas used for residential quarters, although a room or separate rooms in a residential building may be set apart as a restricted area.

“Roentgen” (R) means the special unit of exposure and is equal to the quantity of x or gamma radiation which causes ionization in air equal to 258 microcoulomb per kilogram (see “Exposure”).

“Safety system” means any device, program, or administrative control designed to ensure radiation safety.

“Sealed source” means radioactive material that is permanently bonded or fixed in a capsule or matrix designed to prevent release and dispersal of the radioactive material under the most severe conditions which are likely to be encountered in normal use and handling.

“Sealed Source and Device Registry” means the national registry that contains all the registration certificates, generated by both the NRC and the Agreement States, that summarize the radiation safety information for the sealed sources and devices and describe the licensing and use conditions approved for each source or device.

“Shallow dose equivalent” (HS), which applies to the external exposure of the skin of the whole body or the skin of an extremity, is taken as the dose equivalent at a tissue depth of 0.007 centimeter (7 mg/cm²).

“Shielded position” means the location within a radiographic exposure device or storage container which, by manufacturer’s design, is the proper location for storage of the sealed source.

“Sievert” means the SI unit of dose equivalent (see “Dose equivalent”). The dose equivalent in sievert is equal to the absorbed dose in gray multiplied by the quality factor (1 Sv = 100 rem).

“Site boundary” means that line beyond which the land or property is not owned, leased, or otherwise controlled by the licensee or registrant.

“Source changer” means a device designed and used for replacement of sealed sources in radiographic exposure devices, including those also used for transporting and storage of sealed sources.

“Source holder” means a housing or assembly into which a radioactive source is placed for the purpose of facilitating the handling and use of the source in well-logging operations.

“Source material” means:

Uranium or thorium, or any combination of uranium or thorium, in any physical or chemical form; or

Ores that contain by weight 1/20 of 1 percent (0.05 percent) or more of uranium, thorium, or any combination of uranium and thorium.

Source material does not include special nuclear material.

“Source material milling” means any activity that results in the production of byproduct material as defined by the second subsection under the definition of “Byproduct material.”

“Source of radiation” or “source” means any radioactive material or any device or equipment emitting, or capable of producing, radiation.

“Special form radioactive material” means radioactive material that satisfies all of the following conditions:

It is either a single solid piece or is contained in a sealed capsule that can be opened only by destroying the capsule;

The piece or capsule has at least one dimension not less than 5 millimeters (0.2 inch); and

It satisfies the test requirements specified in 10 CFR 71.75, revised January 1, 2013, incorporated by reference, available under R9-7-101. This incorporated material contains no future editions or amendments. A special form encapsulation designed in accordance with the U.S. Nuclear Regulatory Commission requirements in effect on June 30, 1983, and constructed prior to July 1, 1985, may continue to be used. A special form encapsulation designed in accordance with the requirements of 10 CFR 71.4 in effect on March 31, 1996 (see 10 CFR part 71, revised as of January 1, 1996), and constructed before April 1, 1998; and special form material that was successfully tested before September 10, 2015 in accordance with the requirements of 10 CFR 71.75(d) in effect before September 10, 2015 may continue to be used. Any other special form encapsulation must meet the specifications of this definition.

“Special nuclear material in quantities not sufficient to form a critical mass” means Uranium enriched in the isotope U-235 in quantities not exceeding 350 grams of contained U-235; Uranium-233 in quantities not exceeding 200 grams; Plutonium in quantities not exceeding 200 grams; or any combination of them in accordance with the following formula: for each kind of special nuclear material, determine the ratio between the quantity of that special nuclear material and the quantity specified above for the same kind of special nuclear material. The sum of such ratios for all of the kinds of special nuclear material in combination shall not exceed one. For example, the following quantities in combination would not exceed the limitation and are within the formula:

$$\frac{XgmsU235}{350} + \frac{YgmsU233}{200} + \frac{ZgmsPu}{200} \leq 1$$

“Storage area” means any location, facility, or vehicle which is used to store, transport, or secure a radiographic exposure device, storage container, sealed source, or other source of radiation when it is not in use.

“Storage container” means a device in which sealed sources are transported or stored.

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“Subsurface tracer study” means the release of a substance tagged with radioactive material for the purpose of tracing the movement or position of the tagged substance in the well-bore or adjacent formation.

“Survey” means an evaluation of the production, use, release, disposal, or presence of sources of radiation or any combination thereof under a specific set of conditions to determine actual or potential radiation hazards. Such evaluations include, but are not limited to, tests, physical examination and measurements of levels of radiation or concentration of radioactive material present.

“TEDE” (See “Total Effective Dose Equivalent”)

“Teletherapy” means therapeutic irradiation in which the source of radiation is at a distance from the body.

“Temporary job site” means any location where sources of radiation are used other than the specified locations listed on a license document. Storage of sources of radiation at a temporary jobsite shall not exceed six months unless the Department has granted an amendment authorizing storage at that jobsite.

“Test” means the process of verifying compliance with an applicable rule, order, or license condition.

“These rules” means all Articles of 9 A.A.C. 7.

“Total Effective Dose Equivalent” (TEDE) means the sum of the effective dose equivalent (for external exposures) and the committed effective dose equivalent (for internal exposures).

“Total Organ Dose Equivalent” (TODE) means the sum of the deep-dose equivalent and the committed dose equivalent to the organ receiving the highest dose. Determination of TODE is described in R9-7-411.

“Tribal official” means the highest ranking individual that represents Tribal leadership, such as the Chief, President, or Tribal Council leadership.

“Unrefined and unprocessed ore” means ore in its natural form prior to any processing, such as grinding, roasting, beneficiating, or refining. Processing does not include sieving or encapsulation of ore or preparation of samples for laboratory analysis.

“Unrestricted area” means any area access to which is not controlled by the licensee for purposes of protection of individuals from exposure to radiation and radioactive material. Any area used for residential quarters is an unrestricted area.

“Uranium - natural, depleted, enriched.”

Natural uranium means uranium (which may be chemically separated) with the naturally occurring distribution of uranium isotopes (approximately 0.711 weight percent uranium-235, and the remainder by weight essentially uranium-238).

Depleted uranium means uranium containing less uranium-235 than the naturally occurring distribution of uranium isotopes.

Enriched uranium means uranium containing more uranium-235 than the naturally occurring distribution of uranium isotopes.

“U.S. Department of Energy” means the Department of Energy established by P.L. 95-91, August 4, 1977, 91 Stat. 565, 42 U.S.C. 7101 et seq., to the extent that the Department of Energy exercises functions formerly vested in the U.S. Atomic Energy Commission, its Chairman, members, officers,

and components; and transferred to the U.S. Energy Research and Development Administration and to the administrator of that agency under sections 104(b), (c), and (d) of the Energy Reorganization Act of 1974 (P.L. 93-438, October 11, 1974, 88 Stat. 1233 at 1237, 42 U.S.C. 5814, effective January 19, 1975) and retransferred to the Secretary of Energy under Section 301(a) of the Department of Energy Organization Act (P.L. 95-91, August 4, 1977, 91 Stat. 565 at 577-578, 42 U.S.C. 7151, effective October 1, 1977).

“Very high radiation area” means an area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving an absorbed dose that exceeds 5 grays (500 rads) in one hour at one meter from a radiation source or one meter from any surface that the radiation penetrates.

“Waste” (See “Low-level waste”)

“Waste handling licensees” means persons licensed to receive and store radioactive wastes prior to disposal and persons licensed to dispose of radioactive waste.

“Week” means seven consecutive days starting on Sunday.

“Well-bore” means a drilled hole in which wireline service operations and subsurface tracer studies are performed.

“Well-logging” means the lowering and raising of measuring devices or tools which may contain sources of radiation into well-bores or cavities for the purpose of obtaining information about the well and adjacent formations.

“Whole body” means, for purposes of external exposure, head, trunk including male gonads, arms above the elbow, or legs above the knee.

“Wireline” means an armored cable containing one or more electrical conductors which is used to lower and raise logging tools in the well-bore.

“Wireline service operation” means any evaluation or mechanical service which is performed in the well-bore using devices on a wireline.

“Worker” means any individual engaged in work under a license or registration issued by the Department and controlled by employment or contract with a licensee or registrant.

“WL” means working level, any combination of short-lived radon daughters in 1 liter of air that will result in the ultimate emission of $1.3E + 5$ MeV of potential alpha particle energy. The short-lived radon daughters are – for radon-222: polonium-218, lead-214, bismuth-214, and polonium-214; and for radon-220: polonium-216, lead-212, bismuth-212, and polonium-212.

“WLM” means working level month, an exposure to one working level for 170 hours (2,000 working hours per year divided by 12 months per year is approximately equal to 170 hours per month).

“Workload” means the degree of use of an x-ray or gamma-ray source per unit time.

“Year” means the period of time beginning in January used to determine compliance with the provisions of these rules. The licensee or registrant may change the starting date of the year used to determine compliance by the licensee or registrant provided that the change is made at the beginning of the year and that no day is omitted or duplicated in consecutive years.

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Historical Note

New Section R9-7-102 recodified from R12-1-102 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

When the Department recodified Section R9-7-102 it inadvertently left out the definition for "Tribal Official;" the definition has been added; the definitions of "Extremity" "Registration" and "Worker" were also corrected with language as originally codified in 12 A.A.C. 1 (Supp. 18-2). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3). An amendment to the definition "Extremity" was inadvertently omitted when codifying changes to this Section by final expedited rulemaking in Supp 18-3. The definition has been listed as filed at 24 A.A.R. 2151 and is effective July 12, 2018 (Supp. 19-3.)

R9-7-103. Exemptions

- A.** Common and contract carriers, freight forwarders, and warehousemen who are subject to 49 CFR 107.109, 107.111, 107.113, 171.2, 171.3, 172.200, 173.1, 173.3, 173.4, 173.401, 175.3, 175.10, 176.3, 176.5, 176.11, 176.24, 176.27, and 177.801, revised October 1, 2007, of the U.S. Department of Transportation, or 39 CFR 111.1 of the U.S. Postal Service, revised July 1, 2007, incorporated by reference, and available under R9-7-101, and who if need be, store radioactive material, for periods of less than 72 hours, in the regular course of their carriage for another, are exempt from this Chapter. The incorporated materials above contain no future editions or amendments.
- B.** Any U.S. Department of Energy contractor or subcontractor and any U.S. Nuclear Regulatory Commission contractor or subcontractor of the following categories operating within this state are exempt from this Chapter to the extent that such contractor or subcontractor under the contract receives, possesses, uses, transfers, or acquires sources of radiation:
 1. Prime contractors performing work for the Department of Energy at U.S. Government-owned or controlled sites, including the transportation of sources of radiation to or from such sites and the performance of contract services during temporary interruptions of such transportation;
 2. Prime contractors of the Department of Energy performing research or development, manufacture, storage, testing or transportation of nuclear weapons or components thereof;
 3. Prime contractors of the Department of Energy using or operating nuclear reactors or other nuclear devices in a United States Government-owned vehicle or vessel; and
 4. Any other prime contractor or subcontractor of the Department of Energy or of the Nuclear Regulatory Commission when the state and the Nuclear Regulatory Commission jointly determine:
 - a. That the exemption of the prime contractor or subcontractor is authorized by law; and
 - b. That under the terms of the contract or subcontract, there is adequate assurance that the work thereunder can be accomplished without undue risk to the public health and safety.
- C.** Any licensee who delivers to a carrier for transport any package which contains radioactive material having a specific activity of 74 kBq/kg (2 nanocuries per gram) or less, is exempt from the provisions of this Chapter with respect to that package.
- D.** Any physician licensed by a State to dispense drugs in the practice of medicine is exempt from 10 CFR 71.5 with respect to transport by the physician of licensed material for use in the practice of medicine. However, any physician operating under

this exemption must be licensed under 10 CFR part 35 and/or R9-7-703.

Historical Note

New Section R9-7-103 recodified from R12-1-103 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-104. Prohibited Uses

- A.** A person shall not use the following fluoroscopic devices:
 1. Hand-held fluoroscopic screens,
 2. Shoe-fitting fluoroscopic devices.
- B.** Except as specifically authorized by law, a person shall not use sources of ionizing radiation for the purpose of screening an individual or inspecting an individual for:
 1. Concealed weapons,
 2. Hazardous materials,
 3. Stolen property, or
 4. Contraband.
- C.** Unless there is a medical or dental indication for the exposure and the exposure is prescribed by a licensed practitioner, a person shall not deliberately expose an individual to the useful beam from:
 1. An ionizing radiation machine; or
 2. A non-ionizing radiation source, having a radiation beam known to be harmful to human tissue.

Historical Note

New Section R9-7-104 recodified from R12-1-104 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-105. Quality Factors for Converting Absorbed Dose to Dose Equivalent

- A.** As used in these rules, the quality factors for converting absorbed dose to dose equivalent are shown in Table I.

TABLE I. QUALITY FACTORS AND ABSORBED DOSE EQUIVALENCIES

TYPE OF RADIATION	Quality Factor (Q)	Absorbed Dose Equal to a Unit Dose Equivalent ^a
X, gamma, or beta radiation and high-speed electrons		1
Alpha particles, multiple-charged particles, fission fragments, and heavy particles of unknown charge	20	0.05
Neutrons of unknown energy	10	0.1
High-energy protons	10	0.1

^a The absorbed dose in gray is equal to 1 Sv or the absorbed dose in rad is equal to 1 rem.

- B.** If it is more convenient to measure the neutron fluence rate than to determine the neutron dose equivalent rate in sievert per hour or rem per hour, 0.01 Sv (1 rem) of neutron radiation of unknown energies may, for purposes of these rules, be assumed to result from a total fluence of 25 million neutrons per square centimeter incident upon the body. If sufficient information exists to estimate the approximate energy distribution of the neutrons, the licensee or registrant may use the flu-

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ence rate per unit dose equivalent or the appropriate Q value from Table II to convert a measured tissue dose in gray or rad to dose equivalent in sievert or rem.

TABLE II. MEAN QUALITY FACTORS, Q, AND FLUENCE PER UNIT DOSE EQUIVALENT FOR MONOENERGETIC NEUTRONS

	Neutron Energy (meV)	Quality Factor (Q)	Fluence per Unit Dose Equivalent ^b (neutrons cm ⁻² r _{em} ⁻¹)	Fluence per Unit Dose Equivalent ^b (neutrons cm ⁻² S _v ⁻¹)
(thermal)	2.5E-8	2	980E+6	980E+8
	1E-7	2	980E+6	980E+8
	1E-6	2	810E+6	810E+8
	1E-5	2	810E+6	810E+8
	1E-4	2	840E+6	840E+8
	1E-3	2	980E+6	980E+8
	1E-2	2.5	1010E+6	1010E+8
	1E-1	7.5	170E+6	170E+8
	5E-1	11	39E+6	39E+8
	1	11	27E+6	27E+8
	2.5	9	29E+6	29E+8
	5	8	23E+6	23E+8
	7	7	24E+6	24E+8
	10	6.5	24E+6	24E+8
	14	7.5	17E+6	17E+8
	20	8	16E+6	16E+8
	40	7	14E+6	14E+8
	60	5.5	16E+6	16E+8
	1E+2	4	20E+6	20E+8
	2E+2	3.5	19E+6	19E+8
	3E+2	3.5	16E+6	16E+8
	4E+2	3.5	14E+6	14E+8

^a Value of quality factor (Q) at the point where the dose equivalent is maximum in a 30-centimeter diameter cylinder tissue-equivalent phantom.

^b Monoenergetic neutrons incident normally on a 30-centimeter diameter cylinder tissue-equivalent phantom.

Historical Note

New Section R9-7-105 and Tables 1 and 2 recodified from R12-1-105, Tables 1 and 2 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-106. Units of Activity

For purposes of these rules, activity is expressed in the SI unit of becquerel (Bq) or in the special unit of curie (Ci), or their multiples, or disintegrations or transformations per unit of time. The definitions for these units are located in R9-7-102.

Historical Note

New Section R9-7-106 recodified from R12-1-106, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-107. Misconduct

A. A licensee, registrant, applicant for a license or certificate of registration, or employee of a licensee, registrant, or applicant; or any contractor (including a supplier or consultant), subcontractor, or employee of a contractor or subcontractor of any licensee or certificate of registration holder who provides to any licensee, registrant, applicant, contractor, or subcontractor, any components, equipment, materials, or other goods or ser-

vices that relate to a licensee's, registrant's, or applicant's activities in this Chapter, shall not:

1. Knowingly engage in conduct that violates or will result in a violation by a licensee, registrant, or applicant, of any statute, rule, regulation, or order; or any term, condition, or limitation of any license or registration issued by the Department; or
 2. Knowingly submit to the Department, or a licensee, registrant, or applicant, or a licensee's, registrant's, or applicant's contractor or subcontractor, information that is incomplete or inaccurate.
- B. The Board shall impose the applicable civil penalty listed in R9-7-1216 on a person who violates subsection (A)(1) or (A)(2). For this purpose the person is classified as a Division II licensee and the violation is classified as a Severity II violation.
- C. For the purposes of this Section, "misconduct" means conduct prohibited under subsection (A).
- D. A person who is not a licensee, registrant, or applicant and knowingly violates a rule for the safe use of radiation sources in 9 A.A.C. 7 is subject to the enforcement actions in 9 A.A.C. 7, Article 12.

Historical Note

New Section R9-7-107 recodified from R12-1-107, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 2. REGISTRATION, INSTALLATION, AND SERVICE OF IONIZING RADIATION-PRODUCING MACHINES; AND CERTIFICATION OF MAMMOGRAPHY FACILITIES

R9-7-201. Exemptions

- A. Electronic equipment that produces X-radiation incidental to its operation for other purposes is exempt from the registration and notification requirements of this Article, provided that an exposure rate, from any accessible surface, averaged over an area of 10 centimeters squared (1.55 inches squared) does not exceed 5 microsieverts (0.5 milliroentgen) per hour at 5 centimeters (2.0 inches).
- B. The production, testing, or factory servicing of the electronic equipment in subsection (A) is not exempt from the requirements of this Article.
- C. Radiation machines in storage or in transit to or from storage are exempt from the requirements of this Article.
- D. Radiation machines rendered incapable of producing radiation are exempt from the requirements of this Article.

Historical Note

New Section R9-7-201 recodified from R12-1-201, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-202. Application for Registration of Ionizing Radiation Producing Machines

- A. A person shall not use a radiation machine except as authorized in this Article.
- B. A person possessing a nonexempt radiation machine shall apply for registration of the machine with the Department within 30 days after its installation. The person applying for registration of a radiation-producing machine shall use the application forms provided by the Department. The applicant shall provide the information identified in Appendix A of this Article.
- C. In addition to the application form or forms, the applicant shall remit the appropriate registration or licensing fee in R9-7-1306 and provide other information required by R9-7-208.
- D. Each applicant that applies for registration of a stationary x-ray system, with the exception of applicants from bone densitometry, cabinet radiography, podiatry, dental, bone mineral

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analyzer and mammography facilities, shall provide a scale drawing of the room in which the x-ray system is located, or provide measurements from the radiation source to the surrounding barrier surfaces. The drawing shall denote the type of materials and the thickness (or lead equivalence) of each barrier of the room (walls, ceilings, floors, doors, windows). The drawing shall also denote the type and frequency of occupancy in adjacent areas, including those above and below the x-ray room of concern (e.g., hallways, offices, parking lots, and lavatories). Estimates of workload shall also be provided with the drawing.

- E. An applicant proposing to use a particle accelerator for medical purposes shall not use the particle accelerator until the Department inspection required in R9-7-914 has been completed.

Historical Note

New Section R9-7-202 recodified from R12-1-202, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-203. Application for Registration of Servicing and Installation

- A. Each person who is engaged in the business of installing or offering to install radiation machines shall apply for registration. For purposes of this Chapter, install includes selling and servicing, or offering to sell or service, x-ray machines in Arizona.
- B. The applicant shall complete the application for registration on forms that request information required by A.R.S. § 30-672.01, provided by the Department.

Historical Note

New Section R9-7-203 recodified from R12-1-203, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-204. Issuance of Notice of Registration

- A. Upon determining that the application meets the requirements of the Act and this Article, the Department shall issue a Notice of Registration.
- B. All radiation machines located at the same facility may be registered using one Notice of Registration.

Historical Note

New Section R9-7-204 recodified from R12-1-204, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-205. Expiration of Notice of Registration or Certification

- A. Except as provided in subsection (B), a Notice of Registration, issued according to R9-7-204, or a certificate issued according to R9-7-208, expires at the end of the day on the expiration date stated in the Notice of Registration or certificate.
- B. If an application for renewal is filed by the registrant or certificate holder not less than 30 days prior to the expiration of the Notice of Registration or certificate, the Notice of Registration or certificate does not expire until a final determination is made by the Department on the renewal application.

Historical Note

New Section R9-7-205 recodified from R12-1-205, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-206. Assembly, Installation, Removal from Service, and Transfer

- A. A person who assembles, or installs ionizing radiation machines in this state shall notify the Department in writing within 15 days of:
1. The name and address of the person possessing the machine that was assembled or installed;

2. The manufacturer, model, and serial number of each radiation machine with the tube housing model number and serial number, maximum kVp, and maximum mA, assembled or installed; and
3. The date each machine was assembled or installed, or the first clinical procedure is performed.

- B. Any person who possesses a radiation machine registered by the Department shall notify the Department within 15 days of the machine being taken out of service. The written notification shall contain the name and address of the person receiving the machine, if it is sold, leased, or transferred to another person; the manufacturer, model, and serial number of the machine; and the date the machine was taken out of service.
- C. In the case of diagnostic x-ray systems that contain certified components, an assembler shall, within 15 days following completion of the assembly, submit to the Department a copy of the assembler's report (FDA Report No. 2579) prepared in compliance with requirements in 21 CFR 1020.30(d), revised April 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. The report shall suffice in lieu of any other report by the assembler, if it contains the information required in subsection (A).
- D. A person shall not make, sell, lease, transfer, lend, assemble, service, or install radiation machines or the supplies used in connection with radiation machines unless the supplies and equipment when properly placed in operation and used, meet the requirements of these rules.

Historical Note

New Section R9-7-206 recodified from R12-1-206, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-207. Reciprocal Recognition of Out-of-state Radiation Machines

- A. If any radiation machine is to be brought into the state for temporary use, the person proposing to bring the radiation machine into the state shall provide written notice to the Department at least three working days before the radiation machine is to be used in the state. The notice shall include the type of radiation machine; the nature, duration, and scope of use; and the exact location where the radiation machine is to be used. If, for a specific case, the three working-day period would impose an undue hardship, the person may upon application to the Department, obtain permission to proceed sooner.
- B. In addition, the owner of the radiation machine and the person possessing the machine while in the state shall:
1. Comply with all applicable rules of the Department;
 2. Upon request, supply the Department with a copy of the machine's registration and other information regarding the safe operation of the machine while it is in the state; and
 3. Upon request, supply the Department with the work authorization from the Department, machine registration, operating and emergency procedures, utilization log, survey instrument and associated calibration record, and training records for all users.
- C. A radiation machine shall not be operated within the state on a temporary basis in excess of 180 calendar days per year.

Historical Note

New Section R9-7-207 recodified from R12-1-207, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-208. Certification of Mammography Facilities

An applicant seeking certification of a facility according to A.R.S. § 30-672(J) shall:

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1. Provide evidence with the application that a quality assurance program has been established and is in use under R9-7-614(B)(1) and (2),
2. Provide evidence with the application that physicians reading mammographic images have the training and experience required in A.R.S. § 32-2842, and
3. Provide evidence with the application that physicians reading mammographic images have met the minimum criteria established by their respective licensing boards, as required in A.R.S. § 32-2842(C).

Historical Note

New Section R9-7-208 recodified from R12-1-208, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-209. Notifications

- A. A registrant shall notify the Department within 30 days of any change to the information contained in the notice of registration or a certificate issued according to R9-7-208.
- B. A person who possesses a radiation machine registered by the Department shall notify the Department within 15 days if the machine is discarded or transferred to another person. In the notice, the person shall provide the name and address of the person who receives the machine, if it is sold, leased, or transferred to another person; the manufacturer, model, and serial number of the machine; and the date the machine was taken out of service.

Historical Note

New Section R9-7-209 recodified from R12-1-209, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Appendix A. Application Information

An application shall contain the following information as required in R9-7-202(B), before a registration will be issued. The Department shall provide an application form to an applicant with a guide, if available, or shall assist the applicant to ensure that only correct information is provided on the application.

Name and mailing address of applicant	Use location
Person responsible for radiation safety program	Telephone number
Type of facility	Facility subtype
Legal structure and ownership	Signature of certifying agent
Radiation machine information	Equipment identifiers
Shielding information	Scale drawing, if applicable
Equipment operator instructions and restrictions	Physicist name and training, if applicable
Classification of professional in charge	
Record of calibration for therapy units	Type of request: amendment, new, or renewal
Protection survey results, if applicable	
Type of industrial radiography program, if applicable	
Radiation Safety Officer name, if applicable	Contact person
Other registration requirements listed in Articles 2, 6, 8, 9, and 11	Appropriate fee listed in Article 13 schedule

Historical Note

New Article 2, Appendix A recodified from 12 A.A.C. 1, Article 2, Appendix A, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 3. RADIOACTIVE MATERIAL LICENSING**R9-7-301. Ownership, Control, or Transfer of Radioactive Material**

- A. In addition to the requirements of this Article, all licensees are subject to the requirements of 9 A.A.C. 7, Article 1, Article 4, and Article 10. Licensees engaged in industrial radiographic operations are subject to the requirements of 9 A.A.C. 7, Article 5; licensees using radioactive material in the practice of medicine are subject to the requirements of 9 A.A.C. 7, Article 7; licensees transporting radioactive material are subject to the requirements contained in 9 A.A.C. 7, Article 15; and licensees using radioactive material in well logging operations are subject to the requirements in 9 A.A.C. 7, Article 17.
- B. Notwithstanding any other provisions of this Article, any person may own radioactive material, provided that the ownership does not include the actual possession, custody, use, or physical transfer of radioactive material or the manufacture or production of any article that contains radioactive material without the applicable certification, license, or registration.
- C. A manufacturer, processor, or producer of any equipment, device, commodity, or other product that contains source material or radioactive material whose subsequent possession, use, transfer, or disposal by all other persons is exempt from regulatory requirements may only obtain authority to transfer possession or control of the material from the U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

Historical Note

New Section R9-7-301 recodified from R12-1-301, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-302. Source Material; Exemptions

- A. Any person is exempt from this Article to the extent the person receives, possesses, uses, delivers or transfers source material in any chemical mixture, compound, solution, or alloy in which the source material is by weight less than 1/20th of 1 percent (0.0005) of the mixture, compound, solution, or alloy.
- B. Any person is exempt from this Article to the extent the person receives, possesses, uses, or transfers unrefined and unprocessed ore containing source material, provided that, the person does not refine or process the ore except as authorized in a specific license.
- C. Any person is exempt from this Article if the person receives, possesses, uses, or transfers:
 1. Any quantities of thorium contained in:
 - a. Incandescent gas mantles;
 - b. Vacuum tubes;
 - c. Welding rods;
 - d. Electric lamps for illuminating purposes provided that each lamp does not contain more than 50 milligrams of thorium;
 - e. Germicidal lamps, sunlamps, and lamps for outdoor or industrial lighting, provided that each lamp does not contain more than 2 grams of thorium;
 - f. Rare earth metals, compounds, mixtures, or products containing not more than 0.25 percent by weight thorium, uranium, or any combination of thorium and uranium; or
 - g. Individual neutron dosimeters, provided that each dosimeter does not contain more than 50 milligrams of thorium;
 2. Source material contained in the following products:

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- a. Glazed ceramic tableware manufactured before August 27, 2013, provided that the glaze contains not more than 20 percent source material by weight;
 - b. Glassware containing not more than 2 percent by weight source material, glass enamel, and glass enamel frit containing not more than 10 percent source material by weight, but not including commercially manufactured glass brick, pane glass, ceramic tile or other glass, glass enamel or ceramic used in construction; or
 - c. Piezoelectric ceramic containing not more than 2 percent source material by weight;
3. Photographic film, negatives, and prints containing uranium or thorium;
 4. Any finished product or part fabricated of, or containing, tungsten-thorium or magnesium-thorium alloys, provided that the thorium content of the alloy does not exceed 4 percent by weight and that the exemption contained in this subsection does not authorize the chemical, physical, or metallurgical treatment or processing of the finished product or part;
 5. Uranium contained in counterweights installed in aircraft, rockets, projectiles, and missiles, or stored or handled in connection with installation or removal of counterweights, provided that:
 - a. The counterweights are manufactured in accordance with a specific license issued by the U.S. Nuclear Regulatory Commission, authorizing distribution by the licensee according to 10 CFR 40;
 - b. Each counterweight has been impressed with the following legend clearly legible through any plating or other covering: "DEPLETED URANIUM";
 - c. Each counterweight is durably and legibly labeled or marked with the identification of the manufacturer and the statement: "UNAUTHORIZED ALTERATIONS PROHIBITED"; and
 - d. The exemption contained in this item does not authorize the chemical, physical, or metallurgical treatment or processing of any counterweight other than repair or restoration of any plating or other covering; and
 - e. The requirements specified in subsections (C)(5)(b) and (c) do not apply to counterweights manufactured prior to December 31, 1969; provided, that these counterweights are impressed with the legend, "CAUTION – RADIOACTIVE MATERIAL – URANIUM."
 6. Natural or depleted uranium metal used as shielding and constituting part of any shipping container; provided that:
 - a. The shipping container is conspicuously and legibly impressed with the legend "CAUTION – RADIOACTIVE SHIELDING – URANIUM," and
 - b. The uranium metal is encased in mild steel or equally fire resistant metal with minimum wall thickness of 1/8 inch (3.2 mm).
 7. Thorium contained in finished optical lenses, provided that each lens does not contain more than 30 percent of thorium by weight, and that the exemption contained in this item does not authorize either:
 - a. The shaping, grinding, or polishing of a thoriated lens or manufacturing processes other than the assembly of a thoriated lens into optical systems and devices without any alteration of the lens; or
 - b. The receipt, possession, use, or transfer of thorium contained in contact lenses, spectacles, or the eye-pieces of binoculars or other optical instruments;
 8. Uranium contained in detector heads of fire detection units, provided that each detector head contains not more than 5 nanocuries (185 Bq) of uranium; or
 9. Thorium contained in any finished aircraft engine part containing nickel-thoria alloy, provided that:
 - a. The thorium is dispersed in the nickel-thoria alloy in the form of finely divided thoria (thorium dioxide), and
 - b. The thorium content in the nickel-thoria alloy does not exceed 4 percent by weight.
- D.** The exemptions in subsection (C) do not authorize the manufacture of any of the products described.

Historical Note

New Section R9-7-302 recodified from R12-1-302, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R.

2151, effective July 12, 2018 (Supp. 18-3).

R9-7-303. Radioactive Material Other Than Source Material; Exemptions**A.** Exempt concentrations

1. Except as provided in subsection (A)(3) and (A)(4), any person is exempt from this Article if the person receives, possesses, uses, transfers, owns, or acquires products or materials containing radioactive material in concentrations not in excess of those listed in Exhibit A.
2. This Section shall not be deemed to authorize the import of radioactive material or products containing radioactive material.
3. A manufacturer, processor, or producer of a product or material is exempt from the requirements for a license issued under R9-7-311(A) or the requirements of this Article to the extent that this person transfers radioactive material contained in a product or material in concentrations not in excess of those specified in Exhibit A of this Article and introduced into the product or material by a licensee holding a specific license issued by the NRC expressly authorizing such introduction. This exemption does not apply to the transfer of radioactive material contained in any food, beverage, cosmetic, drug, or other commodity or product designed for ingestion or inhalation by, or application to, a human being.
4. A person shall not introduce radioactive material into a product or material knowing or having reason to believe that it will be transferred to persons exempt under subsection (A)(1) or equivalent Regulations of the U.S. Nuclear Regulatory Commission or any Agreement State or Licensing State, except in accordance with a license issued under 10 CFR 32.11.

B. Exempt items

1. Except for persons who apply radioactive material to, or persons who incorporate radioactive material into the following products, or persons who initially transfer for sale or distribution the following products, a person is exempt from this Chapter to the extent that the person receives, possesses, uses, transfers, owns, or acquires the following products:
 - a. Timepieces, hands, or dials containing not more than the following specified quantities of radioactive material and not exceeding the following specified levels of radiation:
 - i. 925 megabecquerels (25 millicuries) of tritium per timepiece;
 - ii. 185 megabecquerels (5 millicuries) of tritium per hand;

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- iii. 555 megabecquerels (15 millicuries) of tritium per dial (bezels when used shall be considered part of the dial);
- iv. 3.7 megabecquerels (100 microcuries) of promethium-147 per watch or 7.4 megabecquerels (200 microcuries) of promethium-147 per any other timepiece;
- v. 740 kBq (20 microcuries) of promethium-147 per watch hand or 1.48 megabecquerels (40 microcuries) of promethium-147 per other timepiece hand;
- vi. 2.22 megabecquerels (60 microcuries) of promethium-147 per watch dial or 4.44 MBq (120 microcuries) of promethium-147 per other timepiece dial (bezels, when used, shall be considered part of the dial);
- vii. The levels of radiation from hands and dials containing promethium-147 shall not exceed, when measured through 50 milligrams per square centimeter of absorber:
 - (1) For wrist watches, 1.0 μ Gy (0.1 millirad) per hour at 10 centimeters from any surface of the watch;
 - (2) For pocket watches, (0.1 millirad) per hour at 1 centimeter from any surface;
 - (3) For any other timepiece, 2.0 μ Gy (0.2 millirad) per hour at 10 centimeters from any surface;
- viii. 37 kBq (1 microcurie) of radium-226 per timepiece in intact timepieces manufactured prior to November 30, 2007;
- b. Static elimination devices which contain, as a sealed source or sources, radioactive material consisting of a total of not more than 18.5 MBq (500 μ Ci) of polonium-210 per device.
 - i. Ion generating tubes designed for ionization of air that contain, as a sealed source or sources, radioactive material consisting of a total of not more than 18.5 MBq (500 μ Ci) of polonium-210 per device or of a total of not more than 1.85 GBq (50 mCi) of hydrogen-3 (tritium) per device.
 - ii. Such devices authorized before October 23, 2012 for use under the general license then provided in R9-7-306 and equivalent regulations of the NRC or Agreement State and manufactured, tested, and labeled by the manufacturer in accordance with the specifications contained in a specific license issued by the NRC.
- c. Balances of precision containing not more than 37 megabecquerels (1 millicurie) of tritium per balance or not more than 18.5 megabecquerels (0.5 millicurie) of tritium per balance part manufactured before December 17, 2007;
- d. Marine compasses containing not more than 27.75 gigabecquerels (750 millicuries) of tritium gas and other marine navigational instruments containing not more than 9.25 gigabecquerels (250 millicuries) of tritium gas manufactured before December 17, 2007;
- e. Ionization chamber smoke detectors containing not more than 37 kBq (1 microcurie) of americium-241 per detector in the form of a foil and designed to protect life and property from fires;
- f. Electron tubes: Provided that each tube does not contain more than one of the following specified quantities of radioactive material:
 - i. 5.55 GBq (150 millicuries) of tritium per microwave receiver protector tube or 370 megabecquerels (10 millicuries) of tritium per any other electron tube;
 - ii. 37 kBq (1 microcurie) of cobalt 60;
 - iii. 185 kBq (5 microcuries) of nickel 63;
 - iv. 1.11 megabecquerels (30 microcuries) of krypton 85;
 - v. 185 kBq (5 microcuries) of cesium 137;
 - vi. 1.11 megabecquerels (30 microcuries) of promethium-147;
 - vii. And provided further, that the level of radiation due to radioactive material contained in each electron tube does not exceed 10 μ Gy (1 millirad) per hour at 1 centimeter from any surface when measured through 7 milligrams per square centimeter of absorber. The term "electron tubes" includes spark gap tubes, power tubes, gas tubes, including glow lamps, receiving tubes, microwave tubes, indicator tubes, pick-up tubes, radiation detection tubes, and any other completely sealed tube that is designed to conduct or control electrical current;
- g. Ionizing radiation measuring instruments containing, for purposes of internal calibration or standardization, one or more sources of radioactive material provided that:
 - i. Each source contains no more than one exempt quantity set forth in Exhibit B of this Article; and
 - ii. Each instrument contains no more than 10 exempt quantities. For the purposes of this subsection, an instrument's source or sources may contain either one type or different types of radionuclide and an individual exempt quantity may be composed of fractional parts of one or more of the exempt quantities in Exhibit B of this Article, provided the sum of the fractions do not exceed unity;
 - iii. For the purposes of subsection (B)(1)(h) only, 185 kBq (50 nanocurie) of americium-241 is considered an exempt quantity under Exhibit B of this Article;
- h. Any person who desires to apply radioactive material to, or to incorporate radioactive material into, the products exempted in subsection (B)(1)(a), or who desires to initially transfer for sale or distribution such products containing radioactive material, should apply for a specific license pursuant to R9-7-311 of this Article, which license states that the product may be distributed by the licensee to persons exempt from the rules pursuant to subsection (A)(1).
- 2. Self-luminous products containing tritium, krypton-85, or promethium-147:
 - a. Except for persons who manufacture, process, initially transfer for sale or distribution, or produce self-luminous products containing tritium, krypton-85, or promethium-147, and except as provided in subsection (B)(2)(c), a person is exempt from this Chapter if the person receives, possesses, uses, owns, transfers or acquires tritium, krypton-85 or

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- promethium-147 in self-luminous products manufactured, processed, produced, imported, initially transferred for sale or distribution, or transferred under a specific license issued by the U.S. Nuclear Regulatory Commission and described in 10 CFR 32.22, and the license authorizes the transfer of the products to persons who are exempt from regulatory requirements.
- b. Any person who desires to manufacture, process, or produce, or initially transfer for sale or distribution self-luminous products containing tritium, krypton-85, or promethium-147 for use under subsection (B)(2)(a), should apply for a license:
 - i. Under 10 CFR 32 and for a certificate of registration in accordance with 10 CFR 32.210, and
 - ii. As described in R9-7-311.
 - c. A person is exempt from this Chapter if the person receives, possesses, uses, or transfers articles containing less than 3.7 kBq (100 nanocuries) of radium-226, manufactured prior to October 1, 1978.
3. Gas and aerosol detectors containing byproduct material
 - a. Except for persons who manufacture, process, initially transfer for sale or distribution, or produce gas and aerosol detectors containing radioactive material, a person is exempt from this Chapter if the person receives, possesses, uses, transfers, owns, or acquires radioactive material in gas and aerosol detectors designed to protect life or property from fires and airborne hazards, provided that detectors containing radioactive material shall be manufactured, imported, or transferred according to a specific license issued by the U.S. Nuclear Regulatory Commission and described in 10 CFR 32.26, or equivalent regulations of an Agreement or Licensing State, this exemption also covers gas and aerosol detectors manufactured or distributed before November 30, 2007 in accordance with a specific license issued by the U.S. Nuclear Regulatory Commission, or equivalent regulations of an Agreement or Licensing State and the license authorizes the transfer of the detectors to persons who are exempt from regulatory requirements.
 - b. Gas and aerosol detectors previously manufactured and distributed to general licensees in accordance with a specific license issued by an Agreement State are exempt under subsection (B)(3)(a), provided that the device is labeled in accordance with the specific license authorizing distribution of the general licensed device, and that the detectors meet the requirements of the regulations of the U.S. Nuclear Regulatory Commission.
 - c. Any person who desires to manufacture, process, or produce gas and aerosol detectors containing byproduct material, or to initially transfer such products for use under subsection (B)(3)(a), should apply for a license under 10 CFR 32.26 and for a certificate of registration in accordance with 10 CFR 32.210.
 4. Certain industrial devices
 - a. Except for persons who manufacture, process, produce, or initially transfer for sale or distribution industrial devices containing byproduct material designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage, or qualitative or quantitative chemical composition, or for producing an ionized atmosphere, any person is exempt from the requirements for a license set forth in this Chapter to the extent that such person receives, possesses, uses, transfers, owns, or acquires byproduct material, in these certain detecting, measuring, gauging, or controlling devices and certain devices for producing an ionized atmosphere, and manufactured, processed, produced, or initially transferred in accordance with a specific license issued under R9-7-311 of this Article, which license authorizes the initial transfer of the device for use under this section. This exemption does not cover sources not incorporated into a device, such as calibration and reference sources.
 - b. Any person who desires to manufacture, process, produce, or initially transfer, for sale or distribution, industrial devices containing byproduct material for use under subsection (B)(4)(a), shall apply for a license described in R9-7-311 and for a certificate of registration in accordance with 10 CFR 32.210.
- C. Exempt quantities
 1. Except as provided in subsections (C)(2), (3), and (7), a person is exempt from this Chapter if the person receives, possesses, uses, transfers, owns, or acquires radioactive material in individual quantities each of which does not exceed the applicable quantity set forth in Exhibit B of this Article.
 2. This subsection does not authorize the production, packaging, or repackaging or transfer of radioactive material for purposes of commercial distribution, or the incorporation of radioactive material into products intended for commercial distribution.
 3. Except as specified in this subsection, a person shall not, for purposes of commercial distribution, transfer radioactive material in the individual quantities set forth in Exhibit B of this Article, knowing or having reason to believe the described quantities of radioactive material will be transferred to persons exempt under subsection (C) or equivalent regulations of the U.S. Nuclear Regulatory Commission or any Agreement State or Licensing State. A person may transfer radioactive material for commercial distribution under a specific license issued by the U.S. Nuclear Regulatory Commission under 10 CFR 32.18 which license states that the radioactive material may be transferred by the licensee to persons exempt under this subsection or the equivalent regulations of the U.S. Nuclear Regulatory Commission or any Agreement State or Licensing State.
 4. Sources containing exempt quantities of radioactive material shall not be bundled or placed in close proximity for the purpose of using the radiation from the combined sources in place of a single source, containing a licensable quantity of radioactive material.
 5. Possession and use of bundled or combined sources containing exempt quantities of radioactive material in unregistered devices by persons exempt from licensing is prohibited.
 6. Any person, who possesses radioactive material received or acquired before September 25, 1971, under the general license issued under R9-7-311(A) of this Article or similar general license of an Agreement State or the NRC, is exempt from the requirements for a license issued under R9-7-311(A) of this Article to the extent that this person possesses, uses, transfers, or owns radioactive material.
 7. No person may, for purposes of producing an increased radiation level, combine quantities of radioactive material

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covered by the exemption described in subsection (C)(6) so that the aggregate quantity exceeds the limits set forth in Exhibit B, except for radioactive material combined within a device placed in use before May 3, 1999, or as otherwise permitted by the rules in this Section.

Historical Note

New Section R9-7-303 recodified from R12-1-303, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-304. License Types

- A. Activities requiring license. Except as provided in 10 CFR 30.3 (revised January 1, 2013, incorporated by reference, and available under R9-7-101; this incorporated material contains no future editions or amendments), in subsection (B)(1), and for persons exempt as provided in R9-7-302 and R9-7-303 of this Article, no person shall manufacture, produce, transfer, receive, acquire, own, possess, or use byproduct material except as authorized in a specific or general license issued in accordance with the regulations in this chapter and in accordance with 10 CFR 30.3.
- B. Licenses for radioactive materials are of two types: general and specific.
 1. A general license is provided by rule, grants authority to a person for certain activities involving radioactive material, and is effective without the filing of an application with the Department or the issuance of a licensing document to a particular person. However, registration with the Department may be required by the particular general license.
 2. The Department issues a specific license to a named person who has filed an application for a license under the applicable provision of this Chapter. A specific licensee is subject to all of the applicable rules in this Chapter and any limitation contained in the license document.

Historical Note

New Section R9-7-304 recodified from R12-1-304, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-305. General Licenses – Source Material

- A. This subsection grants a general license that authorizes commercial and industrial firms; research, educational, and medical institutions; and state and local government agencies to use, and transfer not more than 6.8 kg (15 pounds) of source material at any one time for research, development, educational, commercial, or operational purposes. A person authorized under this subsection shall not receive more than 68.2 kg (150 pounds) of source material in one calendar year.
- B. A person who receives, possesses, uses, or transfers source material under a general license granted under subsection (A) is exempt from the provisions of 9 A.A.C. 7, Article 4 and Article 10, provided the receipt, possession, use, or transfer is within the terms of the general license. This exemption does not apply to any person who is also in possession of source material under a specific license issued under this Article.
- C. This subsection grants a general license that authorizes a person to receive acquire, possess, use, or transfer depleted uranium contained in industrial products and devices provided:
 1. The depleted uranium is contained in the industrial product or device for the purpose of providing a concentrated mass in a small volume of the product or device;
 2. The industrial products or devices have been manufactured or initially transferred in accordance with a specific

license governed by R9-7-311(J), or a specific license issued by the U.S. Nuclear Regulatory Commission or an Agreement State that authorizes manufacture of the products or devices for distribution to persons generally licensed by the U.S. Nuclear Regulatory Commission or an Agreement State;

3. The person files an ARRA 23 “Registration Certificate -- Use of Depleted Uranium Under General License” with the Department. The person shall provide the information requested on the certificate and listed in Exhibit E. The person shall submit the information within 30 days after first receipt or acquisition of the depleted uranium, returning the completed registration certificate to the Department. The person shall report in writing to the Department any change in information originally submitted to the Department on ARRA 23. The person shall submit the change report within 30 days after the effective date of the described change.
- D. A person who receives, acquires, possesses, or uses depleted uranium according to the general license provided under subsection (C) shall:
 1. Not introduce depleted uranium, in any form, into a chemical, physical, or metallurgical treatment or process, except a treatment or process for repair or restoration of any plating or other covering of the depleted uranium;
 2. Not abandon the depleted uranium;
 3. Transfer the depleted uranium as prescribed in R9-7-318. If the transferee receives the depleted uranium under a general license established by subsection (C), the transferor shall furnish the transferee with a copy of this Section and a copy of the registration certificate. If the transferee receives the depleted uranium under a general license governed by a regulation of the U.S. Nuclear Regulatory Commission or an Agreement State that is equivalent to subsection (C), the transferor shall furnish the transferee a copy of the equivalent rule and a copy of the registration certificate, accompanied by a letter explaining that use of the product or device is regulated by the U.S. Nuclear Regulatory Commission or an Agreement State under requirements substantially similar to those in this Section;
 4. Within 30 days of any transfer, report in writing to the Department the name and address of the person receiving the depleted uranium; and
 5. Not export depleted uranium except under a license issued by the U.S. Nuclear Regulatory Commission in accordance with 10 CFR 110.
- E. A person who receives, acquires, possesses, uses, or transfers depleted uranium in accordance with a general license granted under subsection (C) is exempt from the requirements of 9 A.A.C. 7, Articles 4 and 10 with respect to the depleted uranium covered by that general license.

Historical Note

New Section R9-7-305 recodified from R12-1-305, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-306. General License – Radioactive Material Other Than Source Material

- A. Certain measuring, gauging or controlling devices and certain devices for producing light or an ionized atmosphere.
 1. This subsection grants a general license to a commercial or industrial firm; a research, educational or medical institution; an individual conducting business; or a state or local government agency to receive, acquire, possess,

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- use, or transfer radioactive material contained in devices designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage, or qualitative or quantitative chemical composition, or for producing light or an ionized atmosphere, according to the provisions of 10 CFR 31.5(b), (c), and (d), (Revised January 1, 2013, incorporated by reference, and available under R9-7-101. The incorporated material contains no future editions or amendments.
2. A general licensee shall receive a device from one of the specific licensees described in this Section or through a transfer made under subsection (A)(4)(k).
 3. A general license in subsection (A)(1) applies only to radioactive material contained in devices that have been manufactured or initially transferred and labeled in accordance with the requirements contained in:
 - a. A specific license issued under R9-7-311(A), or
 - b. An equivalent specific license issued by the NRC or another Agreement State.
 - c. An equivalent specific license issued by a State with rules or regulations comparable to this Section.
 4. A person who acquires, receives, possesses, uses, or transfers radioactive material in a device licensed under subsection (A)(1) or through a transfer made under subsection (A)(4)(h), shall:
 - a. Ensure that all labels and safety statements affixed to a device at the time of receipt and bearing a statement that removal of the label is prohibited are maintained and not removed, and comply with all instructions and precautions on the labels.
 - b. Ensure that the device is tested for leakage of radioactive material and proper operation of the on-off mechanism and indicator, if any, at no longer than six-month intervals or at other intervals as specified on the label.
 - i. A general licensee need not test a device that contains only krypton for leakage of radioactive material; and
 - ii. A general licensee need not test a device for leakage of radioactive material if the device contains only tritium, not more than 3.7 megabecquerels (100 microcuries) of other beta and/or gamma emitting material, or 370 kilobecquerels (10 microcuries) of alpha emitting material, or the device is held in storage, in the original shipping container, before initial installation.
 - c. Ensure that the tests required by subsection (A)(4)(b) and other testing, installation, servicing, and removal from installation involving the radioactive material or its shielding or containment, are performed:
 - i. In accordance with the device label instructions, or
 - ii. By a person holding a specific license under R9-7-311(A) or in accordance with the provisions of a specific license issued by the NRC or an Agreement State which authorizes distribution of devices to persons generally licensed by the NRC or an Agreement State.
 - d. Maintain records of compliance with the requirements in subsections (A)(4)(b) and (c) that show the results of tests; the dates that required activities were performed, and the names of persons performing required activities involving radioactive material
- from the installation and its shielding or containment. The records shall be maintained for three years from the date of the recorded event or until transfer or disposal of the device.
- e. Immediately suspend operation of a device if there is a failure of, or damage to, or any indication of a possible failure of or damage to, the shielding of the radioactive material or the on-off mechanism or indicator, or upon the detection of 185 becquerel (0.005 microcurie) or more of removable radioactive material.
 - i. A general licensee shall not operate the device until it has been repaired by the manufacturer or another person holding a specific license to repair this type of device that was issued by the Department under R9-7-311(A), the NRC, or an Agreement State which authorizes distribution of devices to persons generally licensed by the NRC or an Agreement State.
 - ii. If necessary the general licensee shall dispose of the device and any radioactive material from the device by transfer to a person authorized by a specific license to receive the radioactive material in the device or as otherwise approved by the Department.
 - iii. Within 30 days of an event governed by subsection (A)(4)(e) the general licensee shall furnish a report that contains a brief description of the event and the remedial action taken and, in the case of detection of 185 Becquerel (0.005 microcurie) or more of removable radioactive material or failure of or damage to a source likely to result in contamination of the general licensee's facility or the surrounding area, if applicable, a plan for ensuring that the general licensee's facility and surrounding area, if applicable, are acceptable for unrestricted use. The radiological criteria for unrestricted use in R9-7-452 may be used to prepare the plan, as determined by the Department, on a case-by-case basis.
 - f. Not abandon a device that contains radioactive material.
 - g. Not export a device that contains radioactive material except in accordance with 10 CFR 110, revised January 1, 2013, incorporated by reference, and available under R9-7-101. The incorporated material contains no future editions or amendments.
 - h. Transfer or dispose of a device that contains radioactive material only by export as authorized in subsection (A)(4)(g), transfer to another general licensee as authorized in subsection (A)(4)(k) or a person who is authorized to receive the device by a specific license issued by the Department, the NRC, or an Agreement State, or collection as waste if authorized by equivalent regulations of an Agreement State, or the NRC, or as otherwise approved under subsection (A)(4)(j).
 - i. Within 30 days after the transfer or export of a device to a specific licensee, furnish a report to the Department. The report shall:
 - i. Identify the device by manufacturer's (or initial transferor's) name, model number, and serial number;

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- ii. Provide the name, address, and license number of the person receiving the device (license number not applicable if exported); and
 - iii. Provide the date of transfer or export.
 - j. Obtain written Department approval before transferring a device to any other specific licensee that is not authorized in accordance with subsection (A)(4)(h).
 - k. Transfer a device to another general licensee only:
 - i. If the device remains in use at a particular location. The transferor shall provide the transferee with a copy of this Section, a copy of R9-7-443, R9-7-445, and R9-7-448 and any safety documents identified on the device label. Within 30 days of the transfer, the transferor shall report to the Department the manufacturer's (or initial transferor's) name; the model number and the serial number of the device transferred; the transferee's name and mailing address for the location of use; and the name, title, and telephone number of the responsible individual appointed by the transferee in accordance with subsection (A)(4)(n); or
 - ii. If the device is held in storage in the original shipping container at its intended location of use before initial use by a general licensee, and by a person that is not a party to the transaction.
 - l. Comply with the provisions of R9-7-443, R9-7-444, R9-7-445, R9-7-447, and R9-7-448 for reporting and notification of radiation incidents, theft or loss of licensed material, and is exempt from the other requirements of 9 A.A.C. 7, Articles 4 and 10.
 - m. Respond to written requests from the Department to provide information relating to the general license within 30 days from the date on the request, or a longer time period specified in the request. If the general licensee cannot provide the requested information within the specified time period, the general licensee shall request a longer period to supply the information before expiration of the time period, providing the Department with a written justification for the request.
 - n. Appoint an individual responsible for knowledge of applicable laws and possessing the authority to take actions required to comply with applicable radiation safety laws. The general licensee, through this individual, shall ensure the day-to-day compliance with applicable radiation safety laws. This provision does not relieve the general licensee of responsibility.
 - o. Register, in accordance with subsections (A)(4)(p) and (q), any device that contains at least 370 megabecquerels (10 millicuries) of cesium-137, 3.7 megabecquerels (0.1 millicuries) of strontium-90, 37 megabecquerels (1 millicurie) of cobalt-60, or 37 megabecquerels (1 millicurie) of americium-241 or any other transuranic (i.e., element with atomic number greater than uranium (92)), based on the activity indicated on the label. Each address for a location of use, as described under subsection (A)(4)(q)(iv), represents a separate general licensee and requires a separate registration and fee.
 - p. Register each device annually with the Department and pay the fee required by R9-7-1306, Category D4, if in possession of a device that meets the criteria in subsection (A)(4)(o). The general licensee shall register by verifying, correcting, and adding to the information provided in a request for registration received from the Department. The registration information shall be submitted to the Department within 30 days from the date on the request for registration. In addition, a general licensee holding devices meeting the criteria of subsection (A)(4)(o) is subject to the bankruptcy notification requirements in R9-7-313(D).
 - q. In registering a device, furnish the following information and any other registration information specifically requested by the Department:
 - i. Name and mailing address of the general licensee;
 - ii. Information about each device, including the manufacturer (or initial transferor), model number, serial number, radioisotope, and activity (as indicated on the label);
 - iii. Name, title, and telephone number of the responsible individual appointed by the general licensee under subsection (A)(4)(n);
 - iv. Address or location at which each device is used and stored. For a portable device, the address of the primary place of storage;
 - v. Certification by the responsible individual that the information concerning each device has been verified through a physical inventory and review of label information; and
 - vi. Certification by the responsible individual that the individual is aware of the requirements of the general license.
 - r. Report a change in mailing address for the location of use or a change in the name of the general licensee to the Department within 30 days of the effective date of the change. For a portable device, a report of address change is only required for a change in the device's primary place of storage.
 - s. Not use a device if the device has not been used for a period of two years. If a device with shutters is not being used, the general licensee shall ensure that the shutters are locked in the closed position. The testing required by subsection (A)(4)(b) need not be performed during a period of storage. However, if a device is put back into service or transferred to another person, and has not been tested during the required test interval, the general licensee shall ensure that the device is tested for leakage before use or transfer and that the shutter is tested before use. A device kept in standby for future use is excluded from the two-year time limit in this subsection if the general licensee performs a quarterly physical inventory regarding the standby devices.
5. A person that is generally licensed by an Agreement State with respect to a device that meets the criteria in subsection (A)(4)(o) is exempt from registration requirements if the device is used in an area subject to Department jurisdiction for a period less than 180 days in any calendar year. The Department does not request registration information from a general licensee if the device is exempted from licensing requirements in subsection (A)(4)(o).
 6. The general license granted under subsection (A)(1) is subject to the provisions of 9 A.A.C. 7, Articles 1, 3, 12, and 15, and A.R.S. §§ 30-654(B)(13), 30-657(A) and (B), 30-681, and 30-685 through 30-689.
 7. The general license in subsection (A)(1) does not authorize the manufacture or import of devices containing byproduct material.
- B. Luminous safety devices for aircraft**

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1. This subsection grants a general license that authorizes a person to own, receive, acquire, possess, and use tritium or promethium-147 contained in luminous safety devices for use in aircraft, provided that each device contains not more than 370 gigabecquerels (10 curies) of tritium or 11.1 gigabecquerels (300 millicuries) of promethium-147; and each device has been manufactured, assembled, initially transferred, or imported according to a specific license issued by the U.S. Nuclear Regulatory Commission, or each device has been manufactured or assembled according to the specifications contained in a specific license issued to the manufacturer or assembler of the device by the Department or any Agreement State or Licensing State in accordance with licensing requirements equivalent to those in 10 CFR 32.53.
 2. A person who owns, receives, acquires, possesses, or uses a luminous safety device according to the general license granted in subsection (B)(1) is:
 - a. Exempt from the requirements of 9 A.A.C. 7, Article 4 and Article 10 except that the person shall comply with the reporting and notification provisions of R9-7-443, R9-7-444, R9-7-445, R9-7-447, and R9-7-448;
 - b. Not authorized to manufacture, assemble, repair, or import a luminous safety device that contains tritium or promethium-147;
 - c. Not authorized to export luminous safety devices containing tritium or promethium-147;
 - d. Not authorized to own, receive, acquire, possess, or use radioactive material contained in instrument dials; and
 - e. Subject to the provisions of 9 A.A.C. 7, Articles 1, 3, 12, and 15 and A.R.S. §§ 30-654(B)(13), 30-657(A) and (B), 30-681, and 30-685 through 30-689.
 - C. This subsection grants a general license that authorizes a person who holds a specific license to own, receive, possess, use, and transfer radioactive material if the Department issues the license; or special nuclear material if the NRC issues the license. For americium-241, radium-226, and plutonium contained in calibration or reference sources, this subsection grants a general license in accordance with the provisions of subsections (C)(1), (2), and (3). For plutonium, ownership is included in the licensed activities.
 1. This subsection grants a general license for calibration or reference sources that have been manufactured according to the specifications contained in a specific license issued to the manufacturer or importer of the sources by the U.S. Nuclear Regulatory Commission under 10 CFR 32.57 or 10 CFR 70.39. This general license also governs calibration or reference sources that have been manufactured according to specifications contained in a specific license issued to the manufacturer by the Department, an Agreement State, or a Licensing State, according to licensing requirements equivalent to those contained in 10 CFR 32.57 or 10 CFR 70.39, revised January 1, 2013, incorporated by reference, and available under R9-7-101. The incorporated material contains no future editions or amendments.
 2. A general license granted under subsection (C) or (C)(1) is subject to the provisions of 9 A.A.C. 7, Articles 1, 3, 4, 10, 12, and 15 and A.R.S. §§ 30-654(B)(13), 30-657(A) and (B), 30-681, and 30-685 through 30-689. In addition, a person who owns, receives, acquires, possesses, uses, or transfers one or more calibration or reference sources under a general license granted under subsection (C) or (C)(1) shall:
 - a. Not possess at any one time, at any location of storage or use, more than 185 kBq (5 microcuries) of americium-241, plutonium, or radium-226 in calibration or reference sources;
 - b. Not receive, possess, use, or transfer a calibration or reference source unless the source, or the storage container, bears a label that includes one of the following statements, as applicable, or a substantially similar statement that contains the same information:
 - i. The receipt, possession, use and transfer of this source, Model _____, Serial No. _____, are subject to a general license and the regulations of the U.S. Nuclear Regulatory Commission or a state with which the Commission has entered into an agreement for the exercise of regulatory authority. Do not remove this label.
CAUTION – RADIOACTIVE MATERIAL – THIS SOURCE CONTAINS (name of the appropriate material) – DO NOT TOUCH RADIOACTIVE PORTION OF THIS SOURCE.
 - ii. The receipt, possession, use and transfer of this source, Model _____, Serial No. _____, are subject to a general license and the regulations of any Licensing State. Do not remove this label.
CAUTION – RADIOACTIVE MATERIAL – THIS SOURCE CONTAINS RADIUM-226. DO NOT TOUCH RADIOACTIVE PORTION OF THIS SOURCE.
3. The general license granted under subsection (C) or (C)(1) does not authorize the manufacture or import of calibration or reference sources that contain americium-241, plutonium, or radium-226.
4. The general license granted under subsections (C) or (C)(1) does not authorize the manufacture or export of calibration or reference sources that contain americium-241, plutonium, or radium-226.
- D. This subsection grants a general license that authorizes a person to receive, possess, use, transfer, own, or acquire carbon-14 urea capsules, which contain one microcurie of carbon-14 urea for “in vivo” human diagnostic use:
 1. Except as provided in subsections (D)(2) and (3), a physician is exempt from the requirements for a specific license, provided that each carbon-14 urea capsule for “in vivo” diagnostic use contains no more than 1 microcurie.
 2. A physician who desires to use the capsules for research involving human subjects shall obtain a specific license

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issued according to the specific licensing requirements in this Article.

3. A physician who desires to manufacture, prepare, process, produce, package, repack, or transfer carbon-14 urea capsules for commercial distribution shall obtain a specific license from the Department, issued according to the requirements in 10 CFR 32.21, (Revised January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.)
 4. Nothing in this subsection relieves physicians from complying with applicable FDA and other federal and state requirements governing receipt, administration, and use of drugs.
- E. This subsection grants a general license that authorizes any physician, clinical laboratory, or hospital to use radioactive material for certain "in vitro" clinical or laboratory testing.
1. The general licensee is authorized to receive, acquire, possess, transfer, or use, for any of the following stated tests, the following radioactive materials in prepackaged units:
 - a. Iodine-125, in units not exceeding 370 kilobecquerel (10 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or radiation from such material, to human beings or animals.
 - b. Iodine-131, in units not exceeding 370 kilobecquerel (10 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
 - c. Carbon-14, in units not exceeding 370 kilobecquerel (10 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
 - d. Hydrogen-3 (tritium), in units not exceeding 1.85 megabecquerel (50 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
 - e. Iron-59, in units not exceeding 740 kilobecquerel (20 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
 - f. Cobalt-57 or selenium-75, in units not exceeding 370 kilobecquerels (10 microcuries) each for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
 - g. Mock iodine-125 reference or calibration sources, in units not exceeding 1.85 kBq (50 nanocurie) of iodine-129 and 185 becquerel (5 nanocurie) of americium-241 each, for use in "in vitro" clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation from such material, to human beings or animals.
 2. A person shall not acquire, receive, possess, use, or transfer radioactive material according to the general license established by this subsection until the person has filed with the Department ARRA-9, "Certificate -- "In Vitro" Testing with Radioactive Material Under General License," provided the information listed in Exhibit E, and received a validated copy of ARRA-9, which indicates the assigned certification number. The physician, clinical laboratory, or hospital shall furnish on ARRA-9 the following information:
 - a. Name, telephone number, and address of the physician, clinical laboratory, or hospital; and
 - b. A statement that the physician, clinical laboratory, or hospital has radiation measuring instruments to carry out "in vitro" clinical or laboratory tests with radioactive material and that tests will be performed only by personnel competent to use the instruments and handle the radioactive material.
 3. A person who receives, acquires, possesses, or uses radioactive material according to the general license granted under this subsection shall:
 - a. Not possess at any one time, in storage or use, a combined total of not more than 7.4 megabecquerels (200 microcuries) of iodine-125, iodine-131, iron-59, cobalt-57, or selenium-75 in excess of 7.4 megabecquerels (200 microcuries), or acquire or use in any one calendar month more than 18.5 megabecquerels (500 microcuries) of these radionuclides.
 - b. Store the radioactive material, until used, in the original shipping container or in a container that provides equivalent radiation protection.
 - c. Use the radioactive material only for the uses authorized by subsection (E).
 - d. Not transfer radioactive material to a person who is not authorized to receive it according to a license issued by the Department, the U.S. Nuclear Regulatory Commission, or any Agreement State or Licensing State, or in any manner other than in an unopened, labeled shipping container received from the supplier.
 - e. Not dispose of a mock iodine-125 reference or calibration source described subsection (E)(1) except as authorized by R9-7-434.
 - f. Package or prepackage a unit bearing a durable, clearly visible label: identifying the radioactive contents as to chemical form and radionuclide, and indicating that the amount of radioactivity does not exceed 0.37 megabecquerel (10 microcuries) of iodine-131, iodine-125, selenium-75, or carbon-14; 1.85 megabecquerels (50 microcuries) of hydrogen-3 (tritium); or 0.74 megabecquerel (20 microcuries) of iron-59; or Mock Iodine-125 in units not exceeding 1.85 kilobecquerels (0.05 microcurie) of iodine-129 and 0.185 kilobecquerel (0.005 microcurie) of americium-241 each; or cobalt-57 in units not exceeding 0.37 megabecquerel (10 microcuries).
 - g. Package to display the radiation caution symbol and the words, "Caution, Radioactive Material", and "Not for Internal or External Use in Humans or Animals."
 4. The general licensee shall not receive, acquire, possess, transfer, or use radioactive material according to subsection (E)(1):
 - a. Except as prepackaged units that are labeled according to the provisions of a specific license issued by the U.S. Nuclear Regulatory Commission, or any Agreement State that authorizes the manufacture and distribution of iodine-125, iodine-131, carbon-14, hydrogen-3 (tritium), iron-59, cobalt-57, selenium-75, or mock iodine-125 for distribution to persons generally licensed under subsection (E) or its equivalent federal law; and

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- b. Unless one of the following statements, or a substantially similar statement that contains the same information, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure that accompanies the package:
 - i. This radioactive material may be acquired, received, possessed, and used only by physicians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation from such material, to human beings or animals. The acquisition, receipt, possession, use, and transfer are subject to the regulations and a general license of the U.S. Nuclear Regulatory Commission or of a state with which the Commission has entered into an agreement for the exercise of regulatory authority.

Name of manufacturer
 - ii. This radioactive material shall be acquired, received, possessed, and used only by physicians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation from such material, to human beings or animals. The receipt, acquisition, possession, use, and transfer are subject to the regulations and a general license of a Licensing State.

Name of manufacturer
5. A physician, clinical laboratory or hospital that possesses or uses radioactive material under a general license granted by subsection (E):
 - a. Shall report to the Department in writing, any change in the information furnished on the ARRA-9. The report shall be furnished within 30 days after the effective date of the change; and
 - b. Is exempt from the requirements of 9 A.A.C. 7, Article 4 and Article 10 with respect to radioactive material covered by the general license, except that a person using mock iodine-125 sources, described in subsection (E)(1)(g), shall comply with the provisions of R9-7-434, R9-7-443, and R9-7-444 of this Chapter.
6. For the purposes of subsection (E), a licensed veterinary care facility is considered a "clinical laboratory."
- F. This subsection grants a general license that authorizes a person to own, receive, acquire, possess, use, and transfer strontium-90, contained in ice detection devices, provided each device contains not more than 1.85 megabecquerels (50 microcuries) of strontium-90 and each device has been manufactured or imported in accordance with a specific license issued by the U.S. Nuclear Regulatory Commission or each device has been manufactured according to the specifications contained in a specific license issued by the Department or any Agreement State to the manufacturer of the device under licensing requirements equivalent to those in 10 CFR 32.61. A person who receives, owns, acquires, possesses, uses, or transfers strontium-90 contained in ice detection devices under a general license in accordance with subsection (F):
 1. Shall, upon occurrence of visually observable damage, such as a bend or crack or discoloration from overheating, discontinue use of the device until it has been inspected, tested for leakage, and repaired by a person who holds a specific license from the U.S. Nuclear Regulatory Commission or an Agreement State to manufacture or service ice detection devices; or dispose of the device according to the provisions of R9-7-434;
 2. Shall assure that each label, affixed to the device at the time of receipt, which bears a statement that prohibits removal of the labels, maintained on the device; and
 3. Is exempt from the requirements of 9 A.A.C. 7, Article 4 and Article 10, except that the user of an ice detection device shall comply with the provisions of R9-7-434, R9-7-443, and R9-7-444.
 4. Shall not manufacture, assemble, disassemble, repair, or import an ice detection device that contains strontium-90.
 5. Is subject to the provisions of 9 A.A.C. 7, Articles 1, 3, 12, and 15, and A.R.S. §§ 30-654(B), 30-657(A) and (B), 30-681, and 30-685 through 30-689.
- G. This subsection grants a general license that authorizes a person to acquire, receive, possess, use, or transfer, in accordance with the provisions of subsections (H) and (I), radium-226 contained in the following products manufactured prior to November 30, 2007.
 1. Antiquities originally intended for use by the general public. For the purposes of this subsection, antiquities mean products originally intended for use by the general public and distributed in the late 19th and early 20th centuries, such as radium emanator jars, revigators, radium water jars, radon generators, refrigerator cards, radium bath salts, and healing pads.
 2. Intact timepieces containing greater than 0.037 megabecquerel (1 microcurie), nonintact timepieces, and timepiece hands and dials no longer installed in timepieces.
 3. Luminous items installed in air, marine, or land vehicles.
 4. All other luminous products, provided that no more than 100 items are used or stored at the same location at any one time.
 5. Small radium sources containing no more than 0.037 megabecquerel (1 microcurie) of radium-226. For the purposes of this subsection, "small radium sources" means discrete survey instrument check sources, sources contained in radiation measuring instruments, sources used in educational demonstrations (such as cloud chambers and spinthariscopes), electron tubes, lightning rods, ionization sources, static eliminators, or as designated by the NRC.
- H. Persons who acquire, receive, possess, use, or transfer byproduct material under the general license issued in subsection (G) are exempt from the provisions 9 A.A.C. 7, Articles 1, 3, 4, 7, 10, 12, and 15 and A.R.S. §§ 30-654(B)(13), 30-657(A) and (B), 30-681, and 30-685 through 30-689, to the extent that the receipt, possession, use, or transfer of byproduct material is within the terms of the general license; provided, however, that this exemption shall not be deemed to apply to any such person specifically licensed under this chapter. Any person who acquires, receives, possesses, uses, or transfers byproduct material in accordance with the general license in subsection (G):
 1. Shall notify the Department should there be any indication of possible damage to the product so that it appears it could result in a loss of the radioactive material. A report containing a brief description of the event, and the remedial action taken, must be furnished to the Department within 30 days.
 2. Shall not abandon products containing radium-226. The product, and any radioactive material from the product, may only be disposed of according to Article 4 or by transfer to a person authorized by a specific license to

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receive the radium-226 in the product or as otherwise approved by the Department.

3. Shall not export products containing radium-226 except in accordance with 10 CFR 110 revised January 1, 2013, incorporated by reference, and available under R9-7-101. The incorporated material contains no future editions or amendments.
 4. Shall dispose of products containing radium-226 at a disposal facility authorized to dispose of radioactive material in accordance with any federal or state solid or hazardous waste law, including the Solid Waste Disposal Act, as authorized under the Energy Policy Act of 2005, by transfer to a person authorized to receive radium-226 by a specific license issued under Article 3, equivalent regulations of an Agreement State, or the NRC.
 5. Shall respond to written requests from the Department to provide information relating to the general license within 30 calendar days of the date of the request, or other time specified in the request. If the general licensee cannot provide the requested information within the allotted time, it shall, within that same time period, request a longer period to supply the information by providing the Department Director a written justification for the request.
- I. The general license in subsection (G) does not authorize the manufacture, assembly, disassembly, repair, or import of products containing radium-226, except that timepieces may be disassembled and repaired.

Historical Note

New Section R9-7-306 recodified from R12-1-306, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-307. Reserved**Historical Note**

Section R9-7-307 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-308. Filing Application for Specific Licenses

- A. An applicant for a specific license shall file a Department application. The applicant shall prepare the application in duplicate, one copy for the Department and the other for the applicant.
- B. The Department may at any time after the filing of the original application, and before the expiration of the license, require further statements in order to enable the Department to determine whether the application should be granted or denied or whether a license should be modified or revoked.
- C. Each application shall contain the information specified in Exhibit (E) of this Article and be signed by the applicant, licensee, or person duly authorized to act for the applicant or licensee.
- D. Unless R9-7-1302 precludes combination with a license of another category, an application for a specific license may include a request for a license that authorizes more than one activity.
- E. In the application, the applicant may incorporate by reference information contained in previous applications, statements, or reports filed with the Department provided the references are clear and specific.
- F. The Department shall make applications and documents submitted to the Department available for public inspection, but may withhold any document or part of a document from public inspection if disclosure of its content is not required in the

public interest and would adversely affect the interest of a person concerned.

- G. Except as provided in subsections (G)(1), (2), and (3), an application for a specific license to use byproduct material in the form of a sealed source or in a device that contains the sealed source must either identify the source or device by manufacturer and model number as registered with the Department, with the NRC, or with an Agreement State, or, for a source or a device containing radium-226 or accelerator-produced radioactive material, with the Department, the NRC, or an Agreement State under 10 CFR 32.210 revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
1. For sources or devices manufactured before October 23, 2012, that are not licensed under R9-7-306, R9-7-310, R9-7-311 or registered with the NRC or with an Agreement State, and for which the applicant is unable to provide all categories of information specified in 10 CFR 32.210(c) the application must include:
 - a. All available information identified in 10 CFR 32.210(c) concerning the source, and, if applicable, the device; and
 - b. Sufficient additional information to demonstrate that there is reasonable assurance that the radiation safety properties of the source or device are adequate to protect health and minimize danger to life and property. Such information must include a description of the source or device, a description of radiation safety features, the intended use and associated operating experience, and the results of a recent leak test.
 2. For sealed sources and devices allowed to be distributed without registration of safety information, the applicant may supply only the manufacturer, model number, and radionuclide and quantity.
 3. If it is not feasible to identify each sealed source and device individually, the applicant may propose constraints on the number and type of sealed sources and devices to be used and the conditions under which they will be used, in lieu of identifying each sealed source and device.
- H. A certificate holder or licensee who no longer manufactures or initially transfers any of the sealed source(s) or device(s) covered by a particular certificate issued with the Department, with the NRC, or with an Agreement State shall request inactivation of the registration or license with the Department, with the NRC, or with an Agreement State program that the device is currently registered by in accordance with 10 CFR 32.211 revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

Historical Note

New Section R9-7-308 recodified from R12-1-308, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-309. General Requirements for Issuance of Specific Licenses

A license application shall be approved if the Department determines that:

1. The applicant is qualified by reason of training and experience to use the material in question for the purpose requested according to these rules, in a manner that will minimize danger to public health and safety or property;

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2. The applicant's proposed equipment, facilities, and procedures are adequate to minimize danger to public health and safety or property;
3. The issuance of the license will not be inimical to the health and safety of the public;
4. The applicant satisfies all applicable special requirements in R9-7-310, R9-7-311, R9-7-322, R9-7-323, and 9 A.A.C. 7, Articles 5, 7, and 17; and
5. The applicant demonstrates that a letter has been sent, return receipt requested, to the Mayor's office of the city, town, or, if not within an incorporated community, to the County Board of Supervisors of the county in which the applicant proposes to operate which describes:
 - a. The nature of the proposed activity involving radioactive material; and
 - b. The facility, including use and storage areas.

Historical Note

New Section R9-7-309 recodified from R12-1-309, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-310. Special Requirements for Issuance of Specific Broad Scope Licenses

A. The Department shall issue three classes of academic and industrial broad scope licenses, and only a single class A medical broad scope license.

1. The license may authorize the radioactive materials in multi-curie quantities, and may authorize other radioactive materials and forms in addition to those listed in subsection (A)(1)(a). A license is a broad scope class A license if it:
 - a. Contains the exact wording "Any radioactive material with Atomic Number 3 through 83" or "Any radioactive material with Atomic Number 84 through 92" in License Item 6; and
 - b. Contains the word "any" to authorize the chemical or physical form of the materials in License Item 7;
2. A broad scope class B license is any specific license which authorizes the acquisition, possession, use, and transfer of the radioactive materials specified in Exhibit C of 9 A.A.C. 7, Article 3 in any chemical or physical form and in quantities determined as follows:
 - a. The possession limit, if only one radionuclide is possessed, is the quantity specified for that radionuclide in Exhibit C, Column I; or
 - b. The possession limit for multiple radionuclides is determined as follows: The sum of the ratios for all radionuclides possessed under the license shall not exceed unity (1). The ratio for each radionuclide is determined by dividing the quantity possessed by the applicable quantity in Exhibit C, Column I.
3. A broad scope class C license is any specific license authorizing the possession and use of the radioactive materials specified in Exhibit C of 9 A.A.C. 7, Article 3 in any chemical or physical form and in quantities determined as follows:
 - a. The possession limit, if only one radionuclide is possessed, is the quantity specified for that radionuclide in Exhibit C, Column II; or
 - b. The possession limit for multiple radionuclides is determined as follows: The sum of the ratios for all radionuclides possessed under the license shall not exceed unity (1). The ratio for each radionuclide is determined by dividing the quantity possessed by the applicable quantity in Exhibit C, Column II.

B. The Department shall approve:

1. An application for a class A broad scope license if:

- a. The applicant satisfies the general requirements specified in R9-7-309;
- b. The applicant has engaged in a reasonable number of activities involving the use of radioactive material. For purposes of this subsection, the requirement of "reasonable number of activities" can be satisfied by showing that the applicant has five years of experience in the use of radioactive material. The Department may accept less than five years of experience if the applicant's qualifications are adequate for the scope of the proposed license; and
- c. The applicant has established administrative controls and provisions relating to organization, management, procedures, recordkeeping, material control, accounting, and management review that are necessary to assure safe operations, including:
 - i. Establishment of a radiation safety committee composed of a radiation safety officer, a representative of management, and persons trained and experienced in the safe use of radioactive material;
 - ii. Appointment of a radiation safety officer who is qualified by training and experience in radiation protection, and who is available for advice and assistance on radiation safety matters; and
 - iii. Establishment of appropriate administrative procedures to assure:
 - (1) Control of procurement and use of radioactive material;
 - (2) Completion of safety evaluations of proposed uses of radioactive material which take into consideration matters such as the adequacy of facilities and equipment, training and experience of the user, and operating or handling procedures; and
 - (3) Review, approval, and recording by the radiation safety committee of safety evaluations of proposed uses prepared in accordance with this subsection prior to use of the radioactive material.

2. An application for a class B broad scope license if:

- a. The applicant satisfies the general requirements specified in R9-7-309; and
- b. The applicant has established administrative controls and provisions relating to organization, management, procedures, recordkeeping, material control, accounting, and management review that are necessary to assure safe operations, including:
 - i. Appointment of a radiation safety officer who is qualified by training and experience in radiation protection, and available for advice and assistance on radiation safety matters; and
 - ii. Establishment of appropriate administrative procedures to assure:
 - (1) Control of procurement and use of radioactive material;
 - (2) Completion of safety evaluations of proposed uses of radioactive material which take into consideration matters such as the adequacy of facilities and equipment, training and experience of the user, and the operating or handling procedures; and
 - (3) Review, approval, and recording by the radiation safety officer of safety evaluations of proposed uses prepared according to subsection (B)(2)(b)(ii) prior to use of

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- the radioactive material.
3. An application for a class C broad scope license if:
 - a. The applicant satisfies the general requirements specified in R9-7-309; and
 - b. The applicant submits a statement that radioactive material will be used only by, or under the direct supervision of, individuals who have received:
 - i. A college degree at the bachelor level, or equivalent training and experience, in the physical or biological sciences or in engineering; and
 - ii. At least 40 hours of training and experience in the safe handling of radioactive material, the characteristics of ionizing radiation, units of dose and quantities, radiation detection instrumentation, and biological hazards of exposure to radiation appropriate to the type and forms of radioactive material to be used; and
 - c. The applicant has established administrative controls and provisions relating to procurement of radioactive material, procedures, recordkeeping, material control and accounting, and management review necessary to assure safe operations.
 - C. Unless specifically authorized, broad-scope licensees shall not:
 1. Conduct tracer studies in the environment involving direct release of radioactive material;
 2. Acquire, receive, possess, use, own, import, or transfer devices containing 3.7 petabecquerels (100,000 curies) or more of radioactive material in sealed sources used for irradiation of materials;
 3. Conduct activities for which a specific license is issued under R9-7-311 and 9 A.A.C. 7, Articles 5, 7, or 17; or
 4. Add or cause the addition of radioactive material to any food, beverage, cosmetic, drug, or other product designed for ingestion or inhalation by, or application to, a human being.
 - D. Radioactive material possessed under the class A broad scope license shall only be used by, or under the direct supervision of, individuals approved by the licensee's radiation safety committee.
 - E. Radioactive material possessed under the class B broad scope license shall only be used by, or under the direct supervision of, individuals approved by the licensee's radiation safety officer.
 - F. Radioactive material possessed under the class C broad scope license shall only be used by, or under the direct supervision of, individuals who satisfy the requirements of R9-7-310(B)(3)(b).
- b. The applicant submits sufficient information relating to the design, manufacture, prototype testing, quality control, labels, proposed uses, installation, servicing, leak testing, operating and safety instructions, and potential hazards of the device to provide reasonable assurance that:
 - i. The device can be safely operated by persons not having training in radiological protection;
 - ii. Under ordinary conditions of handling, storage, and use of the device, the radioactive material contained in the device will not be released or inadvertently removed from the device, and it is unlikely that any person will receive a dose in excess of 10 percent of the limits specified in R9-7-408; and
 - iii. Under accident conditions (such as fire and explosion) associated with handling, storage, and use of the device, it is unlikely that any person would receive an external radiation dose or dose commitment in excess of the following organ doses:
 - (1) Whole body; head and trunk; active blood-forming organs; gonads; or lens of eye: 150 mSv (15 rem)
 - (2) Hands and forearms; feet and ankles; localized areas of skin averaged over areas no larger than 1 square centimeter; 2 Sv (200 rem)
 - (3) Other organs: 500 mSv (50 rem)
 - c. Each device bears a durable, legible, clearly visible label or labels that contain in a clearly identified and separate statement:
 - i. Instructions and precautions necessary to assure safe installation, operating, and servicing of the device (documents such as operating and service manuals may be identified in the label and used to provide this information);
 - ii. The requirement, or lack of requirement, for leak testing, or for testing any on-off mechanism and indicator, including the maximum time interval for the testing, and the identification of radioactive material by isotope, quantity of radioactivity, and date of determination of the quantity; and
 - iii. The information called for in one of the following statements in the same or substantially similar form:
 The receipt, possession, use, and transfer of this device, Model _____, Serial No. _____, are subject to a general license or the equivalent and the regulations of the U.S. Nuclear Regulatory Commission or a state with which the Nuclear Regulatory Commission has entered into an agreement for the exercise of regulatory authority. This label shall be maintained on the device in a legible condition. Removal of this label is prohibited.

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(name of manufacturer or distributor)

The receipt, possession, use and transfer of this device, Model _____, Serial No. _____, are subject to a general license or the equivalent, and the regulations of a Licensing State. This label shall be maintained on the device in a leg-

Historical Note

New Section R9-7-310 recodified from R12-1-310, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-311. Special Requirements for a Specific License to Manufacture, Assemble, Repair, or Distribute Commodities, Products, or Devices that Contain Radioactive Material

- A. Licensing the manufacture and distribution of devices to persons generally licensed under R9-7-306(A).
 1. The Department shall grant a specific license to manufacture or distribute each device that contains radioactive material, excluding special nuclear material, to persons generally licensed under R9-7-306(A) or equivalent regulations of the U.S. NRC, an Agreement State, or the Licensing State if:
 - a. The applicant satisfies the requirements of R9-7-309;

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ible condition. Removal of this label is prohibited.

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(name of manufacturer or distributor)

- d. The model, serial number, and name of manufacturer or distributor may be omitted from the label if the information location is specified in labeling affixed to the device;
 - e. Each device with a separable source housing that provides the primary shielding for the source also bears, on the source housing, a durable label that provides the device model number and serial number, the isotope and quantity, the words, "Caution-Radioactive Material," the radiation symbol described in R9-7-428, and the name of the manufacturer or initial distributor; and
 - f. Each device meets the criteria in 10 CFR 31.5(c)(13)(i) (revised January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments) and bears a permanent (e.g., embossed, etched, stamped, or engraved) label affixed to the source housing, if separable, or the device if the source housing is not separable, that includes the words, "Caution-Radioactive Material," and, if practicable, the radiation symbol described in R9-7-428.
 - g. The device has been registered in the Sealed Source and Device Registry.
2. In the event the applicant desires that the device undergo mandatory testing at intervals longer than six months, either for proper operation of the on-off mechanism and indicator, if any, or for leakage of radioactive material or for both, the application shall contain sufficient information to demonstrate that the longer interval is justified by performance characteristics of the device or similar devices and by design features which have a significant bearing on the probability or consequences of leakage of radioactive material from the device or failure of the on-off mechanism and indicator. In determining the acceptable interval for the test for leakage of radioactive material, the Department shall consider information which includes, but is not limited to:
 - a. Primary containment (source capsule),
 - b. Protection of primary containment,
 - c. Method of sealing containment,
 - d. Containment construction materials,
 - e. Form of contained radioactive material,
 - f. Maximum temperature withstood during prototype tests,
 - g. Maximum pressure withstood during prototype tests,
 - h. Maximum quantity of contained radioactive material,
 - i. Radiotoxicity of contained radioactive material, and
 - j. Operating experience with identical devices or similarly designed and constructed devices.
 3. In the event the applicant desires that the general licensee under R9-7-306(A), or under equivalent regulations of the NRC or an Agreement State or Licensing State, be authorized to install the device, collect the sample to be analyzed by a specific licensee for leakage of radioactive material, service the device, test the on-off mechanism and indicator, or remove the device from installation, the application shall include written instructions to be followed by the general licensee, estimated calendar quarter doses associated with the activity or activities, and bases for the estimates. The submitted information shall demonstrate that performance of the activity or activities by an individual untrained in radiological protection, in addition to other handling, storage, and use of devices under the general license, is unlikely to cause that individual to receive a dose in excess of 10 percent of the limits specified in R9-7-408.
 4. A licensee authorized under subsection (A) to distribute a device to a generally licensed person shall provide, if a device that contains radioactive material is to be transferred for use under the general license granted in R9-7-306(A), the name of each person that is licensed under R9-7-311(A) and the information specified in this subsection for each person to whom a device will be transferred. The licensee shall provide this information before the device may be transferred. In the case of transfer through another person, the licensee shall provide the listed information to the intended user before initial transfer to the other person.
 - a. The licensee shall provide:
 - i. A copy of the general license, issued under R9-7-306(A),
 - ii. A copy of R9-7-443 and R9-7-445,
 - iii. A list of the services that can only be performed by a specific licensee,
 - iv. Information on authorized disposal options, including estimated costs of disposal, and
 - v. A list of civil penalties for improper disposal.
 - b. The licensee shall:
 - i. Report on a quarterly basis to the responsible Agreement State or NRC all transfers of devices to persons for use under a general license in accordance with 10 CFR 32.52, revised January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
 - ii. Maintain all information concerning transfers and receipts of devices that supports the reports required by subsection (A)(4)(b)(i).
 - iii. Maintain records required by subsection (A)(4)(b)(i) for a period of three years following the date of the recorded event.
 5. If radioactive material is to be transferred in a device for use under an equivalent general license of the NRC or another Agreement State, each person that is licensed under R9-7-304(B) shall provide the information specified in this subsection to each person to whom a device will be transferred. The licensee shall provide this information before the device is transferred. In the case of transfer through another person, the licensee shall provide the listed information to the intended user before initial transfer to the other person. The licensee shall provide:
 - a. A copy of the Agreement State's requirements that are equivalent to R9-7-306(A), R9-7-443, and R9-7-445, and to A.R.S. § 30-657. If a copy of NRC regulations is provided to a prospective general licensee in lieu of the Agreement State's requirements, the licensee shall explain in writing that use of the device is regulated by the Agreement State. If certain requirements do not apply to a particular device, the licensee may omit the requirement from the material provided;

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- b. A list of the services that can only be performed by a specific licensee;
 - c. Information on authorized disposal options, including estimated costs of disposal; and
 - d. The name, title, address, and telephone number of the individual at the Agreement State regulatory agency who can provide additional information.
6. A licensee may propose to the Department an alternate method of informing the customer.
7. If a licensee has notified the Department of bankruptcy under R9-7-313(E) or is terminating under R9-7-319, the licensee shall provide, upon request, to the Department, the NRC, or another Agreement State, records of the disposition as required under A.R.S. § 30-657.
8. A licensee authorized to transfer a device to a generally licensed person, shall comply with the following requirements:
- a. The person licensed under subsection (A) shall report all transfers of devices to persons for use under a general license obtained under R9-7-306(A), and all receipts of devices from persons licensed under R9-7-306(A) to the Department, the NRC, or other affected Agreement State. The report shall be submitted on a quarterly basis, in a clear and legible form, and contain the following information:
 - i. The identity of each general licensee by name and mailing address for the location of use. If there is no mailing address for the location of use, the person licensed under subsection (A) shall submit an alternate address for the general licensee, along with information on the actual location of use;
 - ii. The name, title, and telephone number of a person identified by the general licensee as having knowledge of and authority to take required actions to ensure compliance with the applicable laws;
 - iii. The date of transfer;
 - iv. The type, model number, and serial number of the device transferred; and
 - v. The quantity and type of radioactive material contained in the device.
 - b. If one or more intermediaries will temporarily possess the device at the intended place of use before its possession by the intended user, the report shall include the information required of the general licensee in subsection (A)(4) for both the intended user and each intermediary, clearly identifying the intended user and each intermediary.
 - c. For devices received from a general licensee, licensed under R9-7-306(A), the report shall include:
 - i. The identity of the general licensee by name and address;
 - ii. The type, model number, and serial number of the device received;
 - iii. The date of receipt; and
 - iv. In the case of a device not initially transferred by the reporting licensee, the name of the manufacturer or initial transferor.
 - d. If the person licensed under subsection (A) makes a change to a device possessed by a general licensee so that the label must be changed to update required information, the report shall identify the general licensee, the device, and the changes to information on the device label.
 - e. The report shall cover a calendar quarter, be filed within 30 days of the end of each calendar quarter, and clearly indicate the period covered by the report.
 - f. The report shall clearly identify the person licensed under subsection (A) submitting the report and include the license number of the license.
 - g. If no transfers are made to or from persons generally licensed under R9-7-306(A) during a reporting period, the person licensed under subsection (A) shall submit a report indicating the lack of activity.
9. The licensee shall maintain records of all transfers for Department inspection. Records shall be maintained for three years after termination of the license to manufacture the generally licensed devices regulated under R9-7-306(A).
- B.** The Department shall grant a specific license to manufacture, assemble, repair, or initially transfer luminous safety devices that contain tritium or promethium-147 for use in aircraft, for distribution to persons generally licensed under R9-7-306(B), if the applicant satisfies:
- 1. The general requirements specified in R9-7-309; and
 - 2. The requirements of 10 CFR 32.53 through 32.56 revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- C.** The Department shall grant a specific license to manufacture or initially transfer calibration or reference sources that contain americium-241, radium-226, or plutonium for distribution to persons generally licensed under R9-7-306(C) if the applicant satisfies:
- 1. The general requirements of R9-7-309; and
 - 2. The requirements of 10 CFR 32.57, 32.58, 32.59, and 70.39, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- D.** The Department shall grant a specific license to distribute radioactive material for use by a physician under the general license in R9-7-306(D) if:
- 1. The general requirements of R9-7-309; and
 - 2. The requirements of 10 CFR 32.57, 32.58, 32.59, and 70.39, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- E.** The Department shall grant for a specific license to manufacture or distribute radioactive material for use under the general license of R9-7-306(E) if:
- 1. The applicant satisfies the general requirements specified in R9-7-309.
 - 2. The radioactive material is to be prepared for distribution in prepackaged units of:
 - a. Iodine-125 in units not exceeding 370 kBq (10 microcuries) each;
 - b. Iodine-131 in units not exceeding 370 kBq (10 microcuries) each;
 - c. Carbon-14 in units not exceeding 370 kBq (10 microcuries) each;
 - d. Hydrogen-3 (tritium) in units not exceeding 1.85 MBq (50 microcuries) each;
 - e. Iron-59 in units not exceeding 740 kBq (20 microcuries) each;
 - f. Cobalt-57 or selenium-75 in units not exceeding 370 kilobecquerels (10 microcuries) each;
 - g. Mock iodine-125 in units not exceeding 1.85 kBq (50 nanocuries) of iodine-129 and 185 Bq (5 nanocuries) of americium-241 each.

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3. Each prepackaged unit bears a durable, clearly visible label:
 - a. Identifying the radioactive contents as to chemical form and radionuclide and indicating that the amount of radioactivity does not exceed 370 kilobecquerels (10 microcuries) of iodine-125, iodine-131, cobalt-57, selenium-75, or carbon-14; 1.85 megabecquerels (50 microcuries) of hydrogen-3 (tritium); 740 kilobecquerels (20 microcuries) of iron-59; or mock iodine-125 in units not exceeding 1.85 kilobecquerels (0.05 microcurie) of iodine-129 and 185 becquerels (0.005 microcurie) of americium-241 each; and
 - b. Displaying the radiation caution symbol described in R9-7-428, the words, "CAUTION, RADIOACTIVE MATERIAL," and the phrase "Not for Internal or External Use in Humans or Animals."
 4. One of the following statements, or a substantially similar statement that contains the information called for in the following statements appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure that accompanies the package:
 - a. This radioactive material may be received, acquired, possessed, and used only by physicians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation from the radioactive material, to human beings or animals. Its receipt, acquisition, possession, use, and transfer are subject to the regulations and a general license of the U.S. Nuclear Regulatory Commission or of a state with which the Commission has entered into an agreement for the exercise of regulatory authority.

Name of Manufacturer
 - b. This radioactive drug may be received, acquired, possessed, and used only by physicians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation from the radioactive material, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of a Licensing State.

Name of Manufacturer
 5. The label affixed to the unit, or the leaflet or brochure that accompanies the package, contains adequate information about the precautions to be observed in handling and storing the specified radioactive material. In the case of the mock iodine-125 reference or calibration source, the information accompanying the source must also contain directions to the licensee regarding the waste disposal requirements set out in R9-7-434.
- F.** The Department shall grant for a specific license to manufacture and distribute ice detection devices to persons generally licensed under R9-7-306(F) if the applicant satisfies:
1. The general requirements of R9-7-309; and
 2. The criteria of 10 CFR 32.61 and 32.62, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- G.** The Department shall grant a specific license to manufacture, prepare, or transfer for commercial distribution radioactive drugs that contain radioactive material for use by a person authorized in accordance with Article 7 of this Chapter, if the applicant meets all of the requirements in 10 CFR 30.32(j) or 10 CFR 32.72, revised January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
1. Authorization under this Section to produce Positron Emission Tomography (PET) radioactive drugs for non-commercial transfer to medical use licensees in its consortium does not relieve the licensee from complying with applicable FDA, other federal, and state requirements governing radioactive drugs.
 2. Each licensee authorized under this Section to produce PET radioactive drugs for noncommercial transfer to medical use licensees in its consortium shall:
 - a. Satisfy the labeling requirements in R9-7-431 for each PET radioactive drug transport radiation shield and each syringe, vial, or other container used to hold a PET radioactive drug intended for noncommercial distribution to members of its consortium.
 - b. Possess and use instrumentation to measure the radioactivity of the PET radioactive drugs intended for noncommercial distribution to members of its consortium and meet the procedural, radioactivity measurement, instrument test, instrument check, and instrument adjustment requirements in R9-7-449.
 3. A licensee that is a pharmacy authorized under this Section to produce PET radioactive drugs for noncommercial transfer to medical use licensees in its consortium shall require that any individual who prepares PET radioactive drugs be an:
 - a. Authorized nuclear pharmacist that meets the requirements in R9-7-712, or
 - b. Individual under the supervision of an authorized nuclear pharmacist as specified in R9-7-706.
 4. A pharmacy, authorized under this Section to produce PET radioactive drugs for noncommercial transfer to medical use licensees in its consortium that allows an individual to work as an authorized nuclear pharmacist, shall meet the requirements of R9-7-712.
- H.** The Department shall grant a specific license to manufacture and distribute generators or reagent kits that contain radioactive material for preparation of radiopharmaceuticals by persons licensed according to 9 A.A.C. 7, Article 7 if:
1. The applicant satisfies the general requirements of R9-7-309;
 2. The applicant submits evidence that:
 - a. The generator or reagent kit is to be manufactured, labeled and packaged according to the Federal Food, Drug, and Cosmetic Act or the Public Health Service Act, a new drug application (NDA) approved by the Food and Drug Administration (FDA), a biologic product license issued by FDA, or a "Notice of Claimed Investigational Exemption for a New Drug" (IND) that has been accepted by the FDA; or
 - b. The manufacture and distribution of the generator or reagent kit are not subject to the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act.
 3. The applicant submits information on the radionuclide; chemical and physical form, packaging including maximum activity per package, and shielding provided by the packaging of the radioactive material contained in the generator or reagent kit;
 4. The label affixed to the generator or reagent kit contains information on the radionuclide, including quantity, and date of assay; and

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5. The label affixed to the generator or reagent kit, or the leaflet or brochure that accompanies the generator or reagent kit, contains:
 - a. Adequate information, from a radiation safety standpoint, on the procedures to be followed and the equipment and shielding to be used in eluting the generator or processing radioactive material with the reagent kit; and
 - b. A statement that this generator or reagent kit (as appropriate) is approved for use by persons licensed by the Department under 9 A.A.C. 7, Article 7 or equivalent licenses of the U.S. Nuclear Regulatory Commission or an Agreement State or Licensing State. The labels, leaflets or brochures required by this subsection supplement the labeling required by FDA and they may be separate from or, with the approval of FDA, combined with the labeling required by FDA.
- I. The Department shall grant a specific license to manufacture and distribute sources and devices that contain radioactive material to a person licensed in accordance with Article 7 of this Chapter for use as a calibration, transmission, or reference source or for medical purposes, if the applicant meets all of the requirements in 10 CFR 32.74, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- J. Requirements for license to manufacture and distribute industrial products containing depleted uranium for mass volume applications.
 1. The Department shall grant a specific license to manufacture industrial products and devices that contain depleted uranium for use under R9-7-305(C) or equivalent regulations of the U.S. Nuclear Regulatory Commission or an Agreement State if:
 - a. The applicant satisfies the general requirements in R9-7-309;
 - b. The applicant submits sufficient information relating to the design, manufacture, prototype testing, quality control procedures, labeling or marking, proposed uses, and potential hazards of the industrial product or device to provide reasonable assurance that possession, use, or transfer of the depleted uranium in the product or device is not likely to cause any individual to receive a radiation dose in excess of 10 percent of the limits specified in R9-7-408;
 - c. The applicant submits sufficient information regarding the industrial product or device and the presence of depleted uranium for a mass volume application in the product or device to provide reasonable assurance that unique benefits will accrue to the public because of the usefulness of the product or device.
 2. In the case of an industrial product or device whose unique benefits are questionable, the Department shall approve an application for a specific license under this subsection only if the product or device is found to combine a high degree of utility and low probability of uncontrolled disposal and dispersal of significant quantities of depleted uranium into the environment.
 3. The Department may deny any application for a specific license under this subsection if the end use or uses of the industrial product or device cannot be reasonably foreseen.
 4. Each person licensed under subsection (J)(1) shall:
 - a. Maintain the level of quality control required by the license in the manufacture of the industrial product or device and the installation of the depleted uranium into the product or device;
 - b. Label or mark each unit to:
 - i. Identify the manufacturer of the product or device, the number of the license under which the product or device was manufactured or initially transferred, the fact that the product or device contains depleted uranium, and the quantity of depleted uranium in each product or device; and
 - ii. State that the receipt, possession, use, and transfer of the product or device are subject to a general license or the equivalent and the regulations of the U.S. Nuclear Regulatory Commission or an Agreement State;
 - c. Assure that the depleted uranium, before being installed in each product or device, has been impressed with the following legend, clearly legible through any plating or other covering: "Depleted Uranium";
 - d. Furnish a copy of the general license contained in R9-7-305(C) and a copy of ARRA-23 to each person to whom depleted uranium in a product or device is transferred for use under a general license contained in R9-7-305(C); or
 - e. Furnish a copy of the general license contained in the U.S. Nuclear Regulatory Commission's or Agreement State's regulation equivalent to R9-7-305(C) and a copy of the U.S. Nuclear Regulatory Commission's or Agreement State's certificate, or alternatively, furnish a copy of the general license contained in R9-7-305(C) and a copy of ARRA-23 to each person to whom depleted uranium in a product or device is transferred for use under a general license of the U.S. Nuclear Regulatory Commission or an Agreement State, with a document explaining that use of the product or device is regulated by the U.S. Nuclear Regulatory Commission or an Agreement State under requirements substantially the same as those in R9-7-305(C);
 - f. Report to the Department all transfers of industrial products or devices to persons for use under the general license in R9-7-305(C). The report shall identify each general licensee by name and address, an individual by name or position who serves as the point of contact person for the general licensee, the type and model number of device transferred, and the quantity of depleted uranium contained in the product or device. The report shall be submitted within 30 days after the end of each calendar quarter in which a product or device is transferred to the generally licensed person. If no transfers have been made to persons generally licensed under R9-7-305(C) during the reporting period, the report shall so indicate;
 - i. Report to the U.S. Nuclear Regulatory Commission all transfers of industrial products or devices to persons for use under the U.S. Nuclear Regulatory Commission general license in 10 CFR 40.25; or
 - ii. Report to the responsible state agency all transfers of devices manufactured and distributed under subsection (J)(4)(f) for use under a general license in that state's regulations equivalent to R9-7-305(C);

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- iii. The report required in subsection (J)(4)(f)(i) or (ii) shall identify each general licensee by name and address, an individual by name or position who serves as the contact person for the general licensee, the type and model number of the device transferred, and the quantity of depleted uranium contained in the product or device. The report shall be submitted within 30 days after the end of each calendar quarter in which a product or device is transferred to the generally licensed person;
- iv. If no transfers have been made to U.S. Nuclear Regulatory Commission licensees during the reporting period, this information shall be reported to the U.S. Nuclear Regulatory Commission;
- v. If no transfers have been made to general licensees within a particular Agreement State during the reporting period, this information shall be reported to the responsible Agreement state agency; and
- vi. Keep records showing the name, address, and contact person for each general licensee to whom depleted uranium in industrial products or devices is transferred for use under a general license provided in R9-7-305(C) or equivalent regulations of the U.S. Nuclear Regulatory Commission or of an Agreement State. The records shall be maintained for a period of three years and show the date of each transfer, the quantity of depleted uranium in each product or device transferred, and compliance with the reporting requirements of this Section.

- K. A licensee who manufactures nationally tracked sources, as defined in Article 4, shall:
 1. Serialize the sources in accordance with 10 CFR 32.201, revised January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments; and
 2. Report manufacturing activities in accordance with R9-7-454.

Historical Note

New Section R9-7-311 recodified from R12-1-311, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
 Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-312. Issuance of Specific Licenses

- A. Upon determination that a license application meets the requirements of the Act and Department rules, the Department shall grant a specific license that may contain conditions or limitations if the Department has determined that additional requirements regarding the proposed activity will protect health and safety.
- B. The Department may incorporate in any license at the time of issuance, or thereafter by rule or order, additional requirements and conditions with respect to the licensee's receipt, possession, use, and transfer of radioactive material in order to:
 1. Minimize danger to public health and safety or property;
 2. Require reports and recordkeeping, and provide for inspections of activities under the license as may be necessary to protect health and safety; and
 3. Prevent loss or theft of material subject to this Article.
- C. The Department may verify information contained in an application and secure additional information necessary to make a determination on issuance of a license and whether any special

conditions should be attached to the license. The Department may inspect the facility or location where radioactive materials would be possessed or used, and discuss details of the proposed possession or use of the radioactive materials with the applicant or representatives designated by the applicant.

Historical Note

New Section R9-7-312 recodified from R12-1-312, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-313. Specific Terms and Conditions

- A. Each license issued under this Article is subject to all provisions of A.R.S. Title 30, Chapter 4 and to all rules, regulations, and orders of the Department.
- B. A licensee shall not transfer, assign, or in any manner dispose of a license issued or granted under this Article or a right to possess or utilize radioactive material granted by any license issued under this Article unless the Department finds that the transfer is consistent with the Department's statutes and rules, and gives its consent in writing. An application for transfer of license must include:
 1. The identity, technical and financial qualifications of the proposed transferee; and
 2. Financial assurance for decommissioning information required by R9-7-323.
- C. Each person licensed by the Department under this Article shall confine the use and possession of the material licensed to the locations and purposes authorized in the license.
- D. Each license issued pursuant to the rules in Articles 3, 5, 7, and 15 of this Chapter shall be deemed to contain the provisions set forth in the Act, whether or not these provisions are expressly set forth in the license.
- E. The Department may incorporate, in any license issued pursuant to the rules in this Chapter, at the time of issuance, or thereafter by appropriate rule, regulation or order, such additional requirements and conditions with respect to the licensee's receipt, possession, use and transfer of byproduct material as it deems appropriate or necessary in order to:
 1. Promote the common defense and security;
 2. Protect health or to minimize danger to life or property;
 3. Protect restricted data; or
 4. Require such reports and the keeping of such records, and to provide for such inspections of activities under the license as may be necessary or appropriate to effectuate the purposes of the Act and rules thereunder.
- F. Licensees required to submit emergency plans in accordance with R9-7-322 shall follow the emergency plan approved by the Department. The licensee may change the approved plan without Department approval only if the changes do not reduce the commitment of the plan. The licensee shall furnish the change to the Department and to affected offsite response organizations within six months after the change is made. Proposed changes that reduce, or potentially reduce, the commitment of the approved emergency plan may not be implemented without prior application to and prior approval by the Department.
- G. Each person licensed under this Section and each general licensee that is required to register under R9-7-306(A)(4)(o) shall notify the Department in writing if the licensee decides to permanently discontinue any or all activities involving materials authorized under the license. A specific licensee or general licensee shall notify the Department, in writing:
 1. Immediately following the filing of a petition for bankruptcy under any Chapter of Title 11 of the United States Code if the petition for bankruptcy is by or against:
 - a. The licensee;

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- b. An entity (as defined in the bankruptcy code) controlling the licensee or listing the license or licensee as property of the estate; or
 - c. An affiliate (as defined in the bankruptcy code) of the licensee.
- 2. Providing the following information:
 - a. The bankruptcy court in which the petition for bankruptcy was filed, and
 - b. The bankruptcy case title and number, and
 - c. The date the petition was filed.
- H. Each licensee preparing technetium-99m radiopharmaceuticals from molybdenum-99/technetium-99m generators or rubidium-82 from strontium-82/rubidium-82 generators shall test the generator eluates for molybdenum-99 breakthrough or strontium-82 and strontium-85 contamination, respectively, in accordance with R9-7-720. The licensee shall record the results of each test and retain each record for three years after the record is made.
- I. Inalienability of Licenses
 - 1. No license issued or granted pursuant to the regulations in this part shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Department, after securing full information, finds that the transfer is in accordance with the provisions of this act and gives its consent in writing.
 - 2. An application for transfer of license must include:
 - a. The identity, technical and financial qualifications of the proposed transferee; and
 - b. Financial assurance for decommissioning information required by R9-7-323, 10 CFR 40.3 and 10 CFR 70.25.

Historical Note

New Section R9-7-313 recodified from R12-1-313, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-314. Expiration of License

Except as provided in R9-7-315(B), each specific license expires at the end of the day, in the month and year stated on the license.

Historical Note

New Section R9-7-314 recodified from R12-1-314, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-315. Renewal of License

- A. An applicant shall file an application for renewal of a specific license according to R9-7-308.
- B. If a licensee files a renewal application not less than 30 days before the license expiration date and the existing license and associated renewal application is in proper form, the existing license does not expire until a final renewal determination is made by the Department.

Historical Note

New Section R9-7-315 recodified from R12-1-315, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-316. Amendment of Licenses at Request of Licensee

An applicant shall file an application for amendment of a specific license by complying with R9-7-308 and specifying the grounds for the amendment.

Historical Note

New Section R9-7-316 recodified from R12-1-316, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-317. Department Action on Applications to Renew or**Amend**

In considering an application by a licensee to renew or amend a specific license, the Department shall apply the criteria set forth in R9-7-309, R9-7-310, or R9-7-311, as applicable.

Historical Note

New Section R9-7-317 recodified from R12-1-317, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-318. Transfer of Radioactive Material

- A. A licensee shall not transfer radioactive material except as authorized under this Section.
- B. Except as otherwise provided in the license and subject to the provisions of subsections (C) and (D), any licensee may transfer radioactive material:
 - 1. To the Department, after receiving prior approval from the Department;
 - 2. To the Department of Energy;
 - 3. To any person exempt from the rules in this Article to the extent permitted under the exemption;
 - 4. To any person authorized to receive radioactive material under terms of a general license or its equivalent, or a specific license or equivalent licensing document, issued by the Department, the U.S. Nuclear Regulatory Commission, or any Agreement State or Licensing State, or to any person otherwise authorized to receive radioactive material by the Federal Government or any agency of the Federal Government, the Department, any Agreement State or Licensing State; or
 - 5. As otherwise authorized by the Department in writing.
- C. Before transferring radioactive material to a specific licensee of the Department, the U.S. Nuclear Regulatory Commission, or an Agreement State or Licensing State, or to a general licensee who is required to register with the Department, the U.S. Nuclear Regulatory Commission, or an Agreement State or Licensing State prior to receipt of the radioactive material, the licensee transferring the material shall verify that the transferee's license authorizes the receipt of the type, form, and quantity of radioactive material to be transferred.
- D. The transferor shall use one or more of the following methods for the verification required by subsection (C):
 - 1. The transferor shall possess, and read, a current copy of the transferee's specific license or registration certificate;
 - 2. The transferor shall possess a written certification by the transferee that the transferee is authorized by license or registration certificate to receive the type, form, and quantity of radioactive material to be transferred, specifying the license or registration certificate number, issuing agency, and expiration date;
 - 3. For emergency shipments the transferor shall accept oral certification by the transferee that the transferee is authorized by license or registration certificate to receive the type, form, and quantity of radioactive material to be transferred, specifying the license or registration certificate number, issuing agency, and expiration date; provided the oral certification is confirmed in writing within 10 days;
 - 4. The transferor shall obtain information equivalent to that in subsection (D)(1) to (3) compiled by a reporting service from official records of the Department, the U.S. Nuclear Regulatory Commission, or the licensing agency of an Agreement State or Licensing State regarding the identity of any licensee and the scope and expiration date of any license, registration, or certificate; or
 - 5. When none of the methods of verification described in subsections (D)(1) to (4) are readily available or when a transferor desires to verify that information received by

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one of the above methods is correct or up-to-date, the transferor shall obtain and record confirmation from the Department, the U.S. Nuclear Regulatory Commission, or the licensing agency of an Agreement State or Licensing State that the transferee is licensed to receive the radioactive material.

- E. A transferor shall prepare and transport radioactive material as prescribed in the provisions of 9 A.A.C. 7, Article 15.

Historical Note

New Section R9-7-318 recodified from R12-1-318, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-319. Modification, Revocation, or Termination of a License

- A. The terms and conditions of all licenses are subject to amendment, revision, or modification, and a license may be suspended or revoked by reason of amendments to the Department's statutes or rules and orders issued by the Department.
- B. The Department may revoke, suspend, or modify any license, in whole or in part, for any material false statement in the application; any omission or misstatement of fact required by statute, rule, or order, or because of conditions revealed by the application or any report, record, or inspection or other means that would cause the Department to refuse to grant a license; or any violation of license terms and conditions, or the Department's statutes, rules, or orders.
- C. Except in cases of willfulness or those in which the public health, interest, or safety requires otherwise, the Department shall not modify, suspend, or revoke a license unless, before the institution of proceedings, facts or conduct that may warrant action have been called to the attention of the licensee in writing and the licensee has been accorded an opportunity to demonstrate or achieve compliance.
- D. The Department may terminate a specific license upon a written request by the licensee that provides evidence the licensee has met the termination criteria in R9-7-451 and R9-7-452, and the decommissioning requirements in R9-7-323.
- E. Specific licenses, including expired licenses, continue in effect until terminated by written notice to the licensee, when the Department determines that the licensee has:
1. Properly disposed of all radioactive material;
 2. Made a reasonable effort to eliminate residual radioactive contamination, if present;
 3. Performed an accurate radiation survey that demonstrates the premises are suitable for release in accordance with the criteria for decommissioning in R9-7-323;
 4. Submitted other information that is sufficient to demonstrate that the premises are suitable for release in accordance with the criteria for decommissioning in R9-7-323.
 5. Provided records to the Department that detail the disposal of all radioactive material in unsealed form with a half-life greater than 120 days, and copies of the records required by 10 CFR 30.35(g), January 1, 2004, which is incorporated by reference and on file with the Department. This incorporation by reference contains no future editions or amendments.

Historical Note

New Section R9-7-319 recodified from R12-1-319, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-320. Reciprocal Recognition of Licenses

- A. This subsection grants a general license to perform specific licensed activities in Arizona for a period not to exceed 180 days in any calendar year to any person who holds a specific license from an Agreement State, where the licensee maintains

an office for directing the licensed activity and retaining radiation safety records, is granted a general license to conduct the same activity involving the use of radioactive material from the U.S. Nuclear Regulatory Commission, Licensing State, or any Agreement State, provided that:

1. The license does not limit the activity to specific installations or locations;
 2. Following the first notification, application, and payment of fees, the licensee shall notify the Department three days prior to entering the state and prior to each non-consecutive visit while reciprocity remains in effect.
 3. The out-of-state licensee complies with all applicable statutes, now or hereafter in effect, rules, and orders of the Department and with all the terms and conditions of the license, except those terms and conditions inconsistent with applicable statutes, rules and orders of the Department;
 4. The out-of-state licensee supplies any other information the Department requests; and
 5. The out-of-state licensee does not transfer or dispose of radioactive material possessed or used under the general license provided in this Section except by transfer to a person:
 - a. Specifically licensed by the Department or by the U.S. Nuclear Regulatory Commission to receive the radioactive material; or
 - b. Exempt under R9-7-303(A).
- B. Notwithstanding the provisions of subsection (A)(1), this subsection grants a general license to manufacture, install, transfer, demonstrate, or service a device described in R9-7-306(A)(1) to any person who holds a specific license issued by the U.S. Nuclear Regulatory Commission, Licensing State, or an Agreement State authorizing the same activities within areas subject to the jurisdiction of the licensing body, provided that:
1. The person files a report with the Department within 30 days after the end of each calendar quarter in which any device is transferred to or installed in this State. Each report shall identify the general licensee to whom the device is transferred by name and address, the type of device transferred, and the quantity and type of radioactive material contained in the device;
 2. The device has been manufactured, labeled, installed, and serviced according to the applicable provisions of the specific license issued to the person by the U.S. Nuclear Regulatory Commission or an Agreement State;
 3. The person entering the state ensures that any labels required to be affixed to the device under rules of the authority which licensed manufacture of the device bear the following statement: "Removal of this label is prohibited"; and
 4. The holder of the specific license furnishes a copy of the general license contained in R9-7-306(A)(1), or equivalent rules of the agency having jurisdiction over the manufacture or distribution of the device, to each general licensee to whom the licensee transfers the device or on whose premises the device is installed.
- C. The Department may withdraw, limit, or qualify the acceptance of any specific license or equivalent licensing document issued by another agency, or any product distributed under a license, upon determining that an action is necessary to prevent undue hazard to public health and safety, or property.
- D. Before radioactive material can be used at a temporary job site within the state at any federal facility, a specific licensee shall determine the jurisdictional status of the job site. If the jurisdictional status is unknown, the specific licensee shall contact

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the controlling federal agency to determine whether the job site is under exclusive federal jurisdiction.

- E. Before using radioactive material at a job site under exclusive federal jurisdiction, a specific licensee shall:
 1. Obtain authorization from the NRC; and
 2. Use the radioactive material in accordance with applicable NRC regulations and orders, and be able to demonstrate to the Department that the correct license fee was paid to the NRC.
- F. Before radioactive material can be used at a temporary job site in another state, a specific licensee shall obtain authorization from the state, if it is an Agreement State, or from the NRC for any non-Agreement State, either by filing for reciprocity or applying for a specific license.

Historical Note

New Section R9-7-320 recodified from R12-1-320, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-321. Reserved**Historical Note**

Section R9-7-321 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-322. The Need for an Emergency Plan for Response to a Release of Radioactive Material

- A. For purposes of this Section, "Emergency Plan" means a procedure that will be followed when an accident occurs involving licensed radioactive materials for which an offsite response may be needed from organizations, such as police, fire, or medical organizations.
- B. Each application to possess radioactive materials in unsealed form, on foils or plated sources, or sealed in glass in excess of the quantities in Exhibit D, "Radioactive Material Quantities Requiring Consideration for an Emergency Plan" shall contain either:
 1. An evaluation showing that the maximum dose to a person off-site due to a release of radioactive materials would not exceed 1 rem effective dose equivalent or 5 rems to the thyroid; or
 2. An emergency plan for responding to a release of radioactive material.
- C. One or more of the following factors may be used to support an evaluation submitted under subsection (B)(1):
 1. The radioactive material is physically separated so that only a portion could be involved in an accident.
 2. All or part of the radioactive material is not subject to release during an accident because of the way it is stored or packaged;
 3. The release fraction in the respirable size range would be lower than the release fraction shown in Exhibit D due to the chemical or physical form of the material;
 4. The solubility of the radioactive material would reduce the dose received;
 5. Facility design or engineered safety features in the facility would cause the release fraction to be lower than shown in Exhibit D;
 6. Operating restrictions or procedures would prevent a release fraction as large as that shown in Exhibit D; or
 7. Other factors appropriate for the specific facility.
- D. An emergency plan for responding to a release of radioactive material submitted under subsection (B)(2) shall include the following information:
 1. A brief description of the licensee's facility and areas near the site that could expose a member of the public to a dose equal to or greater than the levels expressed in subsection (B)(1).
 2. An identification of each type of radioactive materials accident for which protective actions may be needed.
 3. A classification system for classifying accidents as alerts or site area emergencies.
 4. Identification of the means of detecting each type of accident in a timely manner.
 5. A brief description of the means and equipment for mitigating the consequences of each type of accident, including those provided to protect workers onsite, and a description of the program for maintaining the equipment.
 6. A brief description of the methods and equipment to assess releases of radioactive materials.
 7. A brief description of the responsibilities of licensee personnel responsible for promptly notifying offsite response organizations and the Department; also responsibilities for developing, maintaining, and updating the plan.
 8. A commitment to and a brief description of the means to promptly notify offsite response organizations and request off-site assistance, including medical assistance for the treatment of contaminated and injured onsite workers when appropriate. A control point shall be established. The notification and coordination shall be planned so that unavailability of some personnel, parts of the facility, and some equipment will not prevent the notification and coordination. The licensee shall also commit to notify the Department immediately after notification of the appropriate off-site response organizations and not later than one hour after the licensee declares an emergency.
 9. A brief description of the types of information on facility status, radioactive releases, and recommended protective actions, if necessary, to be given to off-site response organizations and to the Department.
 10. A brief description of the frequency, performance objectives, and plans for the training that the licensee will provide workers on how to respond to an emergency including any special instructions and orientation tours the licensee would offer to fire, police, medical, and other emergency personnel. The training shall familiarize personnel with site-specific emergency procedures. Also, the training shall thoroughly prepare site personnel for their responsibilities in the event of accident scenarios postulated as most probable for the specific site, including the use of team training for such scenarios.
 11. A brief description of the means of restoring the facility to a safe condition after an accident.
 12. Provisions for conducting quarterly communications checks with off-site response organizations and biennial onsite exercises to test response to simulated emergencies. Quarterly communications checks with off-site response organizations shall include the verifying and updating of all necessary telephone numbers. The licensee shall invite off-site response organizations to participate in the biennial exercises. Their participation is not required. Exercises shall use accident scenarios postulated as most probable for the specific site and the scenarios shall not be known to most exercise participants. The licensee shall critique each exercise, using individuals without direct implementation responsibility for the plan. Critiques of exercises shall evaluate the appropriateness of the plan, emergency procedures, facilities, equipment, training of personnel, and overall effectiveness of the response. Deficiencies found by the critiques shall be corrected.

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13. A certification that the applicant has met its responsibilities in A.R.S. §§ 26-341 through 26-353 (Emergency Planning and Community Right-to-Know Act of 1986), if applicable to the applicant's activities at the proposed place of use of the radioactive material.
- E. The licensee shall allow 60 days for the off-site response organizations, expected to respond in case of an accident, to comment on the licensee's emergency plan before submitting it to the Department. The licensee shall provide any comments received within the 60 days to the Department with the emergency plan.
4. The ability to meet the provisions of this Section, for which the cost estimate may be based on meeting the criteria specified in this Section; and
5. An adequate contingency factor, including:
 - a. Identification of and justification for using the key assumptions contained in the DCE;
 - b. A description of the method of assuring funds for decommissioning including means for adjusting cost estimates and associated funding levels periodically over the life of the facility;
 - c. A certification by the licensee that financial assurance for decommissioning has been provided in the amount of the cost estimate for decommissioning; and
 - d. An original signed copy of the financial instrument obtained to satisfy the requirements of subsection (F) unless a previously submitted and accepted financial instrument continues to cover the cost estimate for decommissioning.

Historical Note

New Section R9-7-322 recodified from R12-1-322, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-323. Financial Assurance and Recordkeeping for Decommissioning

- A. For purposes of terminating specific licensed activities:
 1. "Decommissioning" means to remove a radioactive material use facility safely from service and to reduce residual radioactivity to a level that permits release of the property for unrestricted use and termination of the radioactive material use license.
 2. "Byproduct material" as used in 10 CFR 30, means "radioactive material" which is defined in A.R.S. § 30-651.
 3. "Facility" means the entire site of radioactive material use, or any separate building or outdoor area where it is used.
 4. "Appendix B to Part 30" as used in 10 CFR 30, means Appendix E in 9 A.A.C. 7, Article 4.
 5. "Financial security" means having a net worth of not less than \$10,000.
- B. When applying, each non-government applicant for a specific license that authorizes the possession and use of radioactive material, and each non-government holder of a license to possess and use radioactive material issued before the effective date of this Section, shall submit to the Department a decommissioning funding plan or certification of financial security, as required in A.R.S. § 30-672(H). A licensee required to meet the requirements in subsection (C) is exempt from the requirements in this subsection.
- C. When applying, each applicant for a specific license that authorizes the possession and use of radioactive material, and each holder of a license to possess and use radioactive material issued before the effective date of this Section, shall submit to the Department a decommissioning funding plan or certification of financial assurance that meets the requirements in 10 CFR 30.35, 40.36, and 70.25, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. Each decommissioning funding plan shall be submitted to the Department for review and approval and shall contain a detailed cost estimate for decommissioning, in an amount reflecting:
 1. The cost of an independent contractor to perform all decommissioning activities;
 2. The cost of meeting the R9-7-452(B) criteria for unrestricted use, provided that, if the applicant or licensee can demonstrate its ability to meet the provisions of R9-7-452(C), the cost estimate may be based on meeting the R9-7-452(C) criteria;
 3. The volume of onsite subsurface material containing residual radioactivity that will require remediation to meet the criteria for license termination;
- D. Each licensee required to provide financial assurance for decommissioning a radioactive material facility under this Section shall maintain records of information important to the safe and effective decommissioning of the facility in an identified location until the license is terminated by the Department. The licensee shall maintain the following records during the decommissioning process:
 1. Records of spills or other unusual occurrences involving the spread of contamination in and around the facility, equipment, and site. These records may be limited to instances when contamination remains after any cleanup procedures or when there is reasonable likelihood that contaminants may have spread to inaccessible areas as in the case of possible seepage into porous materials such as concrete. The licensee shall keep records identifying the involved radionuclides and associated quantities, forms, and concentrations.
 2. As-built drawings showing modifications of structures and equipment in restricted areas where radioactive materials are used and stored, and locations of possible inaccessible contamination. If drawings are not available, the licensee shall provide appropriate records describing each location of possible contamination.
 3. Records of the cost estimate performed for the decommissioning funding plan or of the amount certified for decommissioning, and records of the funding method used for assuring funds if either a funding plan or certification is used.
- E. Decommissioning procedures:
 1. Upon expiration or termination of principal activities a licensee shall notify the Department in writing whether the licensee is discontinuing licensed activities. The licensee shall begin decommissioning its facility within 60 days after the Department receives notice of the decision to permanently terminate principal activities, or within 12 months after receipt of notice, submit to the Department a decommissioning plan, as prescribed in 10 CFR 30.36(g)(1), 40.42(g)(1), and 70.38(g)(1), revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. The licensee shall begin decommissioning upon approval of the plan if the license has expired or no licensed activities have been conducted at the licensee's facility for a period of 24 months.
 2. In addition to the notification requirements in subsection (E)(1), the licensee shall maintain in effect all decommissioning financial assurances required by this Section. The

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financial assurances shall be increased or may be decreased as appropriate to cover the cost estimate established for decommissioning in subsection (E)(1). The licensee may reduce the amount of the financial assurance following approval of the decommissioning plan, provided the radiological hazard is decreasing and the licensee has the approval of the Department.

3. The Department shall extend the time periods established in subsection (E)(1) if a new time period is in the best interest of public health and safety.
 - a. The licensee shall submit a request for an extension no later than 30 days after the Department receives the notice required in subsection (E)(1).
 - b. If a licensee has requested an extension, the licensee is not required to commence decommissioning activities required in subsection (E)(1), until the Department has made a determination on the request submitted to the Department under subsection (E)(3)(a).
 4. Except as provided in subsection (E)(5), the licensee shall complete decommissioning of a facility as soon as practicable but no later than 24 months following the initiation of decommissioning; and except as provided in subsection (E)(5), when decommissioning involves the entire facility, the licensee shall request license termination as soon as practicable but no later than 24 months following initiation of decommissioning.
 5. The Department shall approve a request for an alternate schedule for completion of decommissioning and license termination if the Department determines that the alternative is warranted by consideration of the conditions specified in 10 CFR 30.36(i), 40.42(i), and 70.38(i), revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
 6. As a final step in decommissioning, the licensee shall meet the requirements specified in 10 CFR 30.36(j), 40.42(j), and 70.38(j), revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- F.** Each person licensed under this Article shall keep records of information important to the decommissioning of a facility in an identified location until the site is released for unrestricted use. Before licensed activities are transferred or assigned in accordance with R9-7-318, licensees shall transfer all records described in subsections (F)(1) through (F)(4) to the new licensee. In this case, the new licensee will be responsible for maintaining these records until the license is terminated. If records important to the decommissioning of a facility are kept for other purposes, reference to these records and their locations may be used. Information the Department considers important to decommissioning consists of:
1. Records of spills or other unusual occurrences involving the spread of contamination in and around the facility, equipment, or site. These records may be limited to instances when contamination remains after any cleanup procedures or when there is reasonable likelihood that contaminants may have spread to inaccessible areas as in the case of possible seepage into porous materials such as concrete. These records must include any known information on identification of involved nuclides, quantities, forms, and concentrations.
 2. As-built drawings and modifications of structures and equipment in restricted areas where radioactive materials are used and/or stored, and of locations of possible inaccessible contamination such as buried pipes which may be subject to contamination. If required drawings are referenced, each relevant document need not be indexed individually. If drawings are not available, the licensee shall substitute appropriate records of available information concerning these areas and locations.
 3. Except for areas containing depleted uranium used only for shielding or as penetrators in unused munitions, a list contained in a single document and updated every 2 years, of the following:
 - a. All areas designated and formerly designated as restricted areas as defined under R9-7-102;
 - b. All areas outside of restricted areas that require documentation under subsection (F)(1);
 - c. All areas outside of restricted areas where current and previous wastes have been buried as documented under R9-7-441; and
 - d. All areas outside of restricted areas that contain material such that, if the license expired, the licensee would be required to either decontaminate the area to meet the criteria for decommissioning in R9-7-451 or R9-7-452; or apply for approval for disposal under R9-7-435.
 4. Records of the cost estimate performed for the decommissioning funding plan or of the amount certified for decommissioning, and records of the funding method used for assuring funds if either a funding plan or certification is used.
- G.** In providing financial assurance under this section, each licensee shall use the financial assurance funds only for decommissioning activities and each licensee shall monitor the balance of funds held to account for market variations. The licensee shall replenish the funds, and report such actions to the Department, as follows:
1. If, at the end of a calendar quarter, the fund balance is below the amount necessary to cover the cost of decommissioning, but is not below 75 percent of the cost, the licensee shall increase the balance to cover the cost, and shall do so within 30 days after the end of the calendar quarter.
 2. If, at any time, the fund balance falls below 75 percent of the amount necessary to cover the cost of decommissioning, the licensee shall increase the balance to cover the cost, and shall do so within 30 days of the occurrence.
 3. Within 30 days of taking the actions required by subsection (G)(1) or (G)(2), the licensee shall provide a written report of such actions to the Director of the Department, and state the new balance of the fund.
- H.** The financial instrument must include the licensee's name, license number, and docket number, and the name, address, and other contact information of the issuer, and, if a trust is used, the trustee. When any of the foregoing information changes, the licensee must, within 30 days, submit financial instruments to the Department reflecting such changes. The financial instrument submitted must be a signed original or signed original duplicate, except where a copy of the signed original is specifically permitted. Financial assurance for decommissioning must be provided by one or more of the following methods:
1. Prepayment. Prepayment is the deposit before the start of operation into an account segregated from licensee assets and outside the licensee's administrative control of cash or liquid assets such that the amount of funds would be sufficient to pay decommissioning costs. Prepayment must be made into a trust account, and the trustee and the trust must be acceptable to the Department.

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2. A surety method, insurance, or other guarantee method. These methods guarantee that decommissioning costs will be paid. A surety method may be in the form of a surety bond, or letter of credit. A parent company guarantee of funds for decommissioning costs based on a financial test may be used if the guarantee and test are approved by the Department. For commercial corporations that issue bonds, a guarantee of funds by the applicant or licensee for decommissioning costs based on a financial test may be used if the guarantee and test are approved by the Department. For commercial companies that do not issue bonds, a guarantee of funds by the applicant or licensee for decommissioning costs may be used if the guarantee and test are approved by the Department. For nonprofit entities, such as colleges, universities, and nonprofit hospitals, a guarantee of funds by the applicant or licensee may be used if the guarantee and test are approved by the Department. Except for an external sinking fund, a parent company guarantee or a guarantee by the applicant or licensee may not be used in combination with any other financial methods used to satisfy the requirements of this section. A guarantee by the applicant or licensee may not be used in any situation where the applicant or licensee has a parent company holding majority control of the voting stock of the company. Any surety method or insurance used to provide financial assurance for decommissioning must contain the following conditions:
 - a. The surety method or insurance must be open-ended or, if written for a specified term, such as five years, must be renewed automatically unless 90 days or more prior to the renewal date, the issuer notifies the Department, the beneficiary, and the licensee of its intention not to renew. The surety method or insurance must also provide that the full face-value amount be paid to the beneficiary automatically prior to the expiration without proof of forfeiture if the licensee fails to provide a replacement acceptable to the Department within 30 days after receipt of notification of cancellation.
 - b. The surety method or insurance must be payable to a trust established for decommissioning costs. The trustee and trust must be acceptable to the Department. An acceptable trustee includes an appropriate State or Federal government agency or an entity which has the authority to act as a trustee and whose trust operations are regulated and examined by a Federal or State agency.
 - c. The surety method or insurance must remain in effect until the Department has terminated the license.
3. An external sinking fund in which deposits are made at least annually, coupled with a surety method, insurance, or other guarantee method, the value of which may reduce by the amount being accumulated in the sinking fund. An external sinking fund is a fund established and maintained by setting aside funds periodically in an account segregated from licensee assets and outside the licensee's administrative control in which the total amount of funds would be sufficient to pay decommissioning costs at the time termination of operation is expected. An external sinking fund must be in the form of a trust. If the other guarantee method is used, no surety or insurance may be combined with the external sinking fund. The surety, insurance, or other guarantee provisions must be as stated in subsection (H)(2).
4. In the case of Federal, State, or local government licensees, a statement of intent containing a cost estimate for decommissioning, and indicating that funds for decommissioning will be obtained when necessary.
5. When a governmental entity is assuming custody and ownership of a site, an arrangement that is deemed acceptable by such governmental entity.

Historical Note

New Section R9-7-323 recodified from R12-1-323, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-324. Public Notification and Public Participation

Upon the receipt of a license termination plan (LTP) or decommissioning plan from a licensee, or a proposal by a licensee for decommissioning of a site in accordance with R9-7-452(C) and (D) or for other events when the Department deems a notice to be in the public interest, the Department shall:

1. Notify and solicit comments from:
 - a. State and local governments and any Indian Nation or other indigenous people who have legal rights that could be affected by the decommissioning, and
 - b. The Arizona Department of Environmental Quality for cases in which the licensee proposes to decommission a site in accordance with R9-7-452(D).
2. Publish the notice in the Arizona Administrative Register and use other methods of publication such as local newspapers, letters to local organizations, or any other method that is reasonably calculated to provide notice, and solicit comments from affected parties.

Historical Note

New Section R9-7-324 recodified from R12-1-324, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-325. Timeliness in Decommissioning Facilities

- A. "Principal activities," as used in this Section, means activities authorized by the license that are essential to achieving the purposes for which the license was issued or amended. Storage, during which licensed material is not accessed for use, or disposal and other activities incidental to decontamination or decommissioning are not principal activities.
- B. Each specific license revoked by the Department expires at midnight on the date of the Department's final determination to revoke the license, the expiration date stated in the determination, or as otherwise provided by Department order.
- C. Each specific license continues in effect, beyond the expiration date if necessary, with respect to possession of radioactive material, until the Department notifies the licensee in writing that the license is terminated. During this time, the licensee shall:
 1. Limit actions involving radioactive material to those related to decommissioning;
 2. Continue to control entry to restricted areas until they are suitable for release in accordance with NRC requirements; and
 3. Pay the applicable annual fee for the license category listed in R9-7-1306.
- D. Within 60 days of the occurrence of any of the following, each licensee shall notify the Department in writing of the occurrence and either begin decommissioning its site, or any separate building or outdoor area that contains residual radioactivity, so that the building or outdoor area is suitable for release in accordance with Department requirements, or submit within 12 months of notification a decommissioning plan,

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if required by R9-7-323, and begin decommissioning upon approval of that plan if:

1. The license expires in accordance with subsection (B) or R9-7-314, unless the licensee submits a renewal application in accordance with R9-7-315;
2. The licensee decides to permanently terminate principal activities at the entire site or in any separate building or outdoor area that contains residual radioactivity such that the building or outdoor area is unsuitable for release in accordance with Department requirements;
3. No principal activities under the license have been conducted for a period of 24 months; or
4. No principal activities have been conducted for a period of 24 months in any separate building or outdoor area that contains residual radioactivity such that the building or outdoor area is unsuitable for release in accordance with Department requirements.

Historical Note

New Section R9-7-325 recodified from R12-1-325, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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Exhibit A. Exempt Concentrations

Element (atomic number)	Isotope	Column I Gas Concentration ($\mu\text{Ci/ml}$) ^{1/}	Column II Liquid and Solid Concentration ($\mu\text{Ci/ml}$) ^{2/}	Element (atomic number)	Isotope	Column I Gas Concentration ($\mu\text{Ci/ml}$) ^{1/}	Column II Liquid and Solid Concentration ($\mu\text{Ci/ml}$) ^{2/}
Antimony (51)	Sb-122		3×10^{-4}	Gold (79)	Au-196		2×10^{-3}
	Sb-124		2×10^{-4}		Au-198		5×10^{-4}
	Sb-125		1×10^{-3}		Au-199		2×10^{-3}
Argon (18)	Ar-37	1×10^{-3}		Hafnium (72)	Hf-181		7×10^{-4}
	Ar-41	4×10^{-7}					
Arsenic (33)	As-73		5×10^{-3}	Hydrogen (1)	H-3	5×10^{-6}	3×10^{-2}
	As-74		5×10^{-4}				
	As-76		2×10^{-4}	Indium (49)	In-113m		1×10^{-2}
	As-77		8×10^{-4}		In-114m		2×10^{-4}
Barium (56)	Ba-131		2×10^{-3}	Iodine	I-126	3×10^{-9}	2×10^{-5}
	Ba-140		3×10^{-4}		I-131	3×10^{-9}	2×10^{-5}
Beryllium (4)	Be-7		2×10^{-2}		I-132	8×10^{-8}	6×10^{-4}
					I-133	1×10^{-8}	7×10^{-5}
Bismuth (83)	Bi-206		4×10^{-4}		I-134	2×10^{-7}	1×10^{-3}
Bromine (35)	Br-82	4×10^{-7}	3×10^{-3}	Iridium (77)	Ir-190		2×10^{-3}
					Ir-192		4×10^{-4}
Cadmium (48)	Cd-109		2×10^{-3}		Ir-194		3×10^{-4}
	Cd-115m		3×10^{-4}	Iron (26)	Fe-55		8×10^{-3}
	Cd-115		3×10^{-4}		Fe-59		6×10^{-4}
Calcium (20)	Ca-45		9×10^{-5}	Krypton (36)	Kr-85m	1×10^{-6}	
	Ca-47		5×10^{-4}		Kr-85	3×10^{-6}	
Carbon (6)	C-14	1×10^{-6}	8×10^{-3}	Lanthanum (57)	La-140		2×10^{-4}
Cerium (58)	Ce-141		9×10^{-4}	Lead (82)	Pb-203		4×10^{-3}
	Ce-143		4×10^{-4}	Lutetium (71)	Lu-177		1×10^{-3}
	Ce-144		1×10^{-4}				
Cesium (55)	Cs-131		2×10^{-2}	Manganese (25)	Mn-52		3×10^{-4}
	Cs-134m		6×10^{-2}		Mn-54		1×10^{-3}
	Cs-134		9×10^{-5}		Mn-56		1×10^{-3}
Chlorine (17)	Cl-38	9×10^{-7}	4×10^{-3}	Mercury (80)	Hg-197m		2×10^{-3}
					Hg-197		3×10^{-3}
Chromium (24)	Cr-51		2×10^{-2}		Hg-203		2×10^{-4}
Cobalt (27)	Co-57		5×10^{-3}	Molybdenum (42)	Mo-99		2×10^{-3}
	Co-58		1×10^{-3}				
	Co-60		5×10^{-4}	Neodymium (60)	Nd-147		6×10^{-4}
Copper (29)	Cu-64		3×10^{-3}		Nd-149		3×10^{-3}
				Nickel (28)	Ni-65		1×10^{-3}
Dysprosium (66)	Dy-165		4×10^{-3}				
	Dy-166		4×10^{-4}	Niobium (Columbium)(41)	Nb-95	1×10^{-3}	
Erbium (68)	Er-169		9×10^{-4}		Nb-97		9×10^{-3}
	Er-171		1×10^{-5}	Osmium (76)	Os-185		7×10^{-4}
Europium (63)	Eu-152 ($T_{1/2}=9.2 \text{ h}$)		6×10^{-4}		Os-191m		3×10^{-2}
	Eu-155		2×10^{-3}		Os-191		2×10^{-3}
					Os-193		6×10^{-4}
Fluorine (9)	F-18	2×10^{-6}	8×10^{-3}	Palladium (46)	Pd-103		3×10^{-3}
					Pd-109		9×10^{-4}
Gadolinium (64)	Gd-153		2×10^{-3}	Phosphorus (15)	P-32		2×10^{-4}
	Gd-159		8×10^{-4}				
Gallium (31)	Ga-72		4×10^{-4}	Platinum (78)	Pt-191		1×10^{-3}
					Pt-193m		1×10^{-2}
					Pt-197m		1×10^{-2}
Germanium (32)	Ge-71		2×10^{-2}		Pt-197		1×10^{-3}
				Potassium (19)	K-42		3×10^{-3}

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Exhibit A. Exempt Concentration (Continued)

Element (atomic number)	Isotope	Column I Gas Concentration ($\mu\text{Ci/ml}$) ^{1/}	Column II Liquid and Solid Concentration ($\mu\text{Ci/ml}$) ^{2/}	Element (atomic number)	Isotope	Column I Gas Concentration ($\mu\text{Ci/ml}$) ^{1/}	Column II Liquid and Solid Concentration ($\mu\text{Ci/ml}$) ^{2/}
Praseodymium (59)	Pr-142		3×10^{-4}	Tellurium (52)	Te-125m		2×10^{-3}
	Pr-143		5×10^{-4}		Te-127m		6×10^{-4}
Promethium (61)	Pm-147		2×10^{-3}		Te-127		3×10^{-3}
	Pm-149		4×10^{-4}		Te-129m		3×10^{-4}
Rhenium (75)	Re-183		6×10^{-3}		Te-131m		6×10^{-4}
	Re-186		9×10^{-4}		Te-132		3×10^{-4}
	Re-188		6×10^{-4}	Terbium (65)	Tb-160		4×10^{-4}
Rhodium (45)	Rh-103m		1×10^{-1}	Thallium (81)	Tl-200		4×10^{-3}
	Rh-105		1×10^{-3}		Tl-201		3×10^{-3}
Rubidium (37)	Rb-86		7×10^{-4}		Tl-202		1×10^{-3}
Ruthenium (44)	Ru-97		4×10^{-3}		Tl-204		1×10^{-3}
	Ru-103		8×10^{-4}	Thulium (69)	Tm-170		5×10^{-4}
	Ru-105		1×10^{-3}		Tm-171		5×10^{-3}
	Ru-106		1×10^{-4}	Tin (50)	Sn-113		9×10^{-4}
Samarium (62)	Sm-153		8×10^{-4}		Sn-125		2×10^{-4}
Scandium (21)	Sc-46		4×10^{-4}	Tungsten (Wolfram) (74)	W-181		4×10^{-3}
	Sc-47		9×10^{-4}		W-187		7×10^{-4}
	Sc-48		3×10^{-4}	Vanadium (23)	V-48		3×10^{-4}
Selenium (34)	Se-75		3×10^{-3}	Xenon (54)	Xe-131m	4×10^{-6}	
Silicon (14)	Si-31		9×10^{-3}		Xe-133	3×10^{-6}	
					Xe-135	1×10^{-6}	
Silver (47)	Ag-105		1×10^{-3}	Ytterbium (70)	Yb-175		1×10^{-3}
	Ag-110m		3×10^{-4}	Yttrium (39)	Y-90		2×10^{-4}
	Ag-111		4×10^{-4}		Y-91m		3×10^{-2}
Sodium (11)	Na-24		2×10^{-3}		Y-91		3×10^{-4}
Strontium (38)	Sr-85		1×10^{-3}		Y-92		6×10^{-4}
	Sr-89		1×10^{-4}		Y-93		3×10^{-4}
	Sr-91		7×10^{-4}	Zinc (30)	Zn-65		1×10^{-3}
	Sr-92		7×10^{-4}		Zn-69m		7×10^{-4}
Sulfur (16)	S-35	9×10^{-8}	6×10^{-4}		Zn-69		2×10^{-2}
Tantalum (73)	Ta-182		4×10^{-4}	Zirconium (40)	Zr-95		6×10^{-4}
Technetium (43)	Tc-96m		1×10^{-1}		Zr-97		2×10^{-4}
	Tc-96		1×10^{-3}	Beta and/or gamma emitting radioactive material not listed above with half-life less than three years		1×10^{-10}	1×10^{-6}

NOTE 1: Many radioisotopes disintegrate into isotopes which are also radioactive. In expressing the concentrations in Schedule A the activity stated is that of the parent isotope and takes into account the daughters.

^{1/} Values are given in Column I only for those materials normally used as gases

^{2/} $\mu\text{Ci/gm}$ are for solids

NOTE 2: For purposes of Section 303 where there is involved a combination of isotopes, the limit for the combination should be derived as follows: Determine for each isotope in the product the ratio between the concentration present in the product and the exempt concentration established in Schedule A for the specific isotope when not in combination. The sum of such ratios may not exceed "1" (i.e., unity).

EXAMPLE:

$$\frac{\text{Concentration of Isotope A in Product}}{\text{Exempt concentration of Isotope A}} + \frac{\text{Concentration of Isotope B in Product}}{\text{Exempt concentration of Isotope B}} \leq 1$$

Historical Note

New Article 3, Exhibit A recodified from 12 A.A.C. 1, Article 3, Exhibit A, effective March 22, 2018 (Supp. 18-1).

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Exhibit B. Exempt Quantities

<u>Material</u>	<u>Microcuries</u>	<u>Material</u>	<u>Microcuries</u>
Antimony-122 (Sb-122)	100	Indium-113m (In-113m)	100
Antimony-124 (Sb-124)	10	Indium-114m (In-114m)	10
Antimony-125 (Sb-125)	10	Indium-115m (In-115m)	100
Arsenic-73 (As-73)	100	Indium-115 (In-115)	10
Arsenic-74 (As-74)	10	Iodine-123 (I-123)	100
Arsenic-76 (As-76)	10	Iodine-125 (I-125)	1
Arsenic-77 (As-77)	100	Iodine-126 (I-126)	1
Barium-131 (Ba-131)	10	Iodine-129 (I-129)	0.1
Barium-133 (Ba-133)	10	Iodine-131 (I-131)	1
Barium-140 (Ba-140)	10	Iodine-132 (I-132)	10
Bismuth-210 (Bi-210)	1	Iodine-133 (I-133)	1
Bromine-82 (Br-82)	10	Iodine-134 (I-134)	10
Cadmium-109 (Cd-109)	10	Iodine-135 (I-135)	10
Cadmium-115m (Cd-115m)	10	Iridium-192 (Ir-192)	10
Cadmium-115 (Cd-115)	100	Iridium-194 (Ir-194)	100
Calcium-45 (Ca-45)	10	Iron-52 (Fe-52)	10
Calcium-47 (Ca-47)	10	Iron-55 (Fe-55)	100
Carbon-14 (C-14)	100	Iron-59 (Fe-59)	10
Cerium-141 (Ce-141)	100	Krypton-85 (Kr-85)	100
Cerium-143 (Ce-143)	100	Krypton-87 (Kr-87)	10
Cerium-144 (Ce-144)	1	Lanthanum-140 (La-140)	10
Cesium-129 (Cs-129)	100	Lutetium-177 (Lu-177)	100
Cesium-131 (Cs-131)	1,000	Manganese-52 (Mn-52)	10
Cesium-134m (Cs-134m)	100	Manganese-54 (Mn-54)	10
Cesium-134 (Cs-134)	1	Manganese-56 (Mn-56)	10
Cesium-135 (Cs-135)	10	Mercury-197m (Hg-197m)	100
Cesium-136 (Cs-136)	10	Mercury-197 (Hg-197)	100
Cesium-137 (Cs-137)	10	Mercury-203 (Hg-203)	10
Chlorine-36 (Cl-36)	10	Molybdenum-99 (Mo-99)	100
Chlorine-38 (Cl-38)	10	Neodymium-147 (Nd-147)	100
Chromium-51 (Cr-51)	1,000	Neodymium-149 (Nd-149)	100
Cobalt-57 (Co-57)	100	Nickel-59 (Ni-59)	100
Cobalt-58m (Co-58m)	10	Nickel-63 (Ni-63)	10
Cobalt-58 (Co-58)	10	Nickel-65 (Ni-65)	100
Cobalt-60 (Co-60)	1	Niobium-93m (Nb-93m)	10
Copper-64 (Cu-64)	100	Niobium-95 (Nb-95)	10
Dysprosium-165 (Dy-165)	10	Niobium-97 (Nb-97)	10
Dysprosium-166 (Dy-166)	100	Osmium-185 (Os-185)	10
Erbium-169 (Er-169)	100	Osmium-191m (Os-191m)	100
Erbium-171 (Er-171)	100	Osmium-191 (Os-191)	100
Europium-152 (Eu-152) (9.2 h)	100	Osmium-193 (Os-193)	100
Europium-152 (Eu-152) (13 yr)	1	Palladium-103 (Pd-103)	100
Europium-154 (Eu-154)	1	Palladium-109 (Pd-109)	100
Europium-155 (Eu-155)	10	Phosphorus-32 (P-32)	10
Fluorine-18 (F-18)	1,000	Platinum-191 (Pt-191)	100
Gadolinium-153 (Gd-153)	10	Platinum-193m (Pt-193m)	100
Gadolinium-159 (Gd-159)	100	Platinum-193 (Pt-193)	100
Gallium-67 (Ga-67)	100	Platinum-197m (Pt-197m)	100
Gallium-72 (Ga-72)	10	Platinum-197 (Pt-197)	100
Germanium-68 (Ge-68)	10	Polonium-210 (Po-210)	0.1
Germanium-71 (Ge-71)	100	Potassium-42 (K-42)	10
Gold-195 (Au-195)	10	Potassium-43 (K-43)	10
Gold-198 (Au-198)	100	Praseodymium-142 (Pr-142)	100
Gold-199 (Au-199)	100	Praseodymium-143 (Pr-143)	100
Hafnium-181 (Hf-181)	10	Promethium-147 (Pm-147)	10
Holmium-166 (Ho-166)	100	Promethium-149 (Pm-149)	10
Hydrogen-3 (H-3)	1,000	Rhenium-186 (Re-186)	100
Indium-111 (In-111)	100	Rhenium-188 (Re-188)	100

CHAPTER 7. RADIATION CONTROL

Exhibit B. Exempt Quantities (Continued)

<u>Material</u>	<u>Microcuries</u>	<u>Material</u>	<u>Microcuries</u>
Rhodium-103m (Rh-103m)	100	Tellurium-129m (Te-129m)	10
Rhodium-105 (Rh-105)	100	Tellurium-129 (Te-129)	100
Rubidium-81 (Rb-81)	10	Tellurium-131m (Te-131m)	10
Rubidium-86 (Rb-86)	10	Tellurium-132 (Te-132)	10
Rubidium-87 (Rb-87)	10	Terbium-160 (Tb-160)	10
Ruthenium-97 (Ru-97)	100	Thallium-200 (Tl-200)	100
Ruthenium-103 (Ru-103)	10	Thallium-201 (Tl-201)	100
Ruthenium-105 (Ru-105)	10	Thallium-202 (Tl-202)	100
Ruthenium-106 (Ru-106)	1	Thallium-204 (Tl-204)	10
Samarium-151 (Sm-151)	10	Thulium-170 (Tm-170)	10
Samarium-153 (Sm-153)	100	Thulium-171 (Tm-171)	10
Scandium-46 (Sc-46)	10	Tin-113 (Sn-113)	10
Scandium-47 (Sc-47)	100	Tin-125 (Sn-125)	10
Scandium-48 (Sc-48)	10	Tungsten-181 (W-181)	10
Selenium-75 (Se-75)	10	Tungsten-185 (W-185)	10
Silicon-31 (Si-31)	100	Tungsten-187 (W-187)	100
Silver-105 (Ag-105)	10	Vanadium-43 (V-43)	10
Silver-110m (Ag-110m)	1	Xenon-131m (Xe-131m)	1,000
Silver-111 (Ag-111)	100	Xenon-133 (Xe-133)	100
Sodium-22 (Na-22)	10	Xenon-135 (Xe-135)	100
Sodium-24 (Na-24)	10	Ytterbium-175 (Yb-175)	100
Strontium-85 (Sr-85)	10	Yttrium-87 (Y-87)	10
Strontium-89 (Sr-89)	1	Yttrium-88 (Y-88)	10
Strontium-90 (Sr-90)	0.1	Yttrium-90 (Y-90)	10
Strontium-91 (Sr-91)	10	Yttrium-91 (Y-91)	10
Strontium-92 (Sr-92)	10	Yttrium-92 (Y-92)	100
Sulfur-35 (S-35)	100	Yttrium-93 (Y-93)	100
Tantalum-182 (Ta-182)	10	Zinc-65 (Zn-65)	10
Technetium-96 (Tc-96)	10	Zinc-69m (Zn-69m)	100
Technetium-97m (Tc-97m)	100	Zinc-69 (Zn-69)	1,000
Technetium-97 (Tc-97)	100	Zirconium-93 (Zr-93)	10
Technetium-99m (Tc-99m)	100	Zirconium-95 (Zr-95)	10
Technetium-99 (Tc-99)	10	Zirconium-97 (Zr-97)	10
Tellurium-125m (Te-125m)	10	Any radionuclide material not	
Tellurium-127m (Te-127m)	10	listed above other than alpha-	
Tellurium-127 (Te-127)	100	emitting radioactive material	0.1

Historical Note

New Article 3, Exhibit B recodified from 12 A.A.C. 1, Article 3, Exhibit B, effective March 22, 2018 (Supp. 18-1).

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Exhibit C. Limits for Class B and C Broad Scope Licenses (R9-7-310)

Radioactive Material	Col. I curies	Col. II curies	Radioactive Material	Col. I curies	Col. II curies
Antimony-122	1	0.01	Iodine-134	10	0.1
Antimony-124	1	0.01	Iodine-135	1	0.1
Antimony-125	1	0.01	Iridium-192	1	0.1
Arsenic-73	10	0.1	Iridium-194	10	0.1
Arsenic-74	1	0.01	Iron-55	10	0.1
Arsenic-76	1	0.01	Iron-59	1	0.1
Arsenic-77	10	0.1	Krypton-85	100	1.
Barium-131	10	0.1	Krypton-87	10	0.1
Barium-140	1	0.01	Lanthanum-140	1	0.1
Beryllium-7	10	0.1	Lutetium-177	10	0.1
Bismuth-210	0.1	0.001	Manganese-52	1	0.1
Bromine-82	10	0.1	Manganese-54	1	0.1
Cadmium-109	1	0.01	Manganese-56	10	0.1
Cadmium-115m	1	0.01	Mercury-197m	10	0.1
Cadmium-115	10	0.1	Mercury-197	10	0.1
Calcium-45	1	0.01	Mercury-203	1	0.1
Calcium-47	10	0.1	Molybdenum-99	10	0.1
Carbon-14	100	1.	Neodymium-147	10	0.1
Cerium-141	10	0.1	Neodymium-149	10	0.1
Cerium-143	10	0.1	Nickel-59	10	0.1
Cerium-144	0.1	0.001	Nickel-63	1	0.1
Cesium-131	100	1.	Nickel-65	10	0.1
Cesium-134m	100	1.	Niobium-93m	1	0.1
Cesium-134	0.1	0.001	Niobium-95	1	0.1
Cesium-135	1	0.01	Niobium-97	100	1.
Cesium-136	10	0.1	Osmium-185	1	0.1
Cesium-137	0.1	0.001	Osmium-191m	100	1.
Chlorine-36	1	0.01	Osmium-191	10	0.1
Chlorine-38	100	1.	Osmium-193	10	0.1
Chromium-51	100	1.	Palladium-103	10	0.1
Cobalt-57	10	0.1	Palladium-109	10	0.1
Cobalt-58m	100	1.	Phosphorus-32	1	0.01
Cobalt-58	1	0.01	Platinum-191	10	0.1
Cobalt-60	0.1	0.001	Platinum-193m	100	1.
Copper-64	10	0.1	Platinum-193	10	0.1
Dysprosium-165	100	1.	Platinum-197m	100	1.
Dysprosium-166	10	0.1	Platinum-197	10	0.1
Erbium-169	10	0.1	Polonium-210	0.01	0.0001
Erbium-171	10	0.1	Potassium-42	1	0.01
Europium-152 (9.2 h)	10	0.1	Praseodymium-142	10	0.1
Europium-152 (13 yr)	0.1	0.001	Praseodymium-143	10	0.1
Europium-154	0.1	0.001	Promethium-147	1	0.01
Europium-155	1	0.01	Promethium-149	10	0.1
Fluorine-18	100	1.	Radium-226	0.01	0.0001
Gadolinium-153	1	0.1	Rhenium-186	10	0.1
Gadolinium-159	10	0.1	Rhenium-188	10	0.1
Gallium-72	10	0.1	Rhodium-103m	1,000	10
Germanium-71	100	1.	Rhodium-105	10	0.1
Gold-198	10	0.1	Rubidium-86	1	0.01
Gold-199	10	0.1	Rubidium-87	1	0.01
Hafnium-181	1	0.1	Ruthenium-97	100	1.
Holmium-166	10	0.1	Ruthenium-103	1	0.01
Hydrogen-3	100	1.	Ruthenium-105	10	0.1
Indium-113m	100	1.	Ruthenium-106	0.1	0.001
Indium-114m	1	0.1	Samarium-151	1	0.01
Indium-115m	100	1.	Samarium-153	10	0.1
Indium-115	1	0.1	Scandium-46	1	0.01
Iodine-125	0.1	0.001	Scandium-47	10	0.1
Iodine-126	0.1	0.001	Scandium-48	1	0.01
Iodine-129	0.1	0.001	Selenium-75	1	0.01
Iodine-131	0.1	0.001	Silicon-31	10	0.1
Iodine-132	10	0.1	Silver-105	1	0.01
Iodine-133	1	0.1	Silver-110m	0.1	0.001

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Exhibit C. Limits for Class B and C Broad Scope Licenses (R9-7-310) (Continued)

Radioactive Material	Col. I curies	Col. II curies	Radioactive Material	Col. I curies	Col. II curies
Silver-111	10	0.1	Thulium-170	1	0.01
Sodium-22	0.1	0.001	Thulium-171	1	0.01
Sodium-24	1	0.01	Tin-113	1	0.01
Strontium-85	1,000	10	Tin-125	1	0.01
Strontium-85	1	0.01	Tungsten-181	1	0.01
Strontium-89	1	0.01	Tungsten-185	1	0.01
Strontium-90	0.01	0.0001	Tungsten-197	10	0.1
Strontium-91	10	0.1	Vanadium-43	1	0.01
Strontium-92	10	0.1	Xenon-131m	1,000	10
Sulfur-35	100	0.1	Xenon-133	100	1.
Tantalum-182	1	0.01	Xenon-135	100	1.
Technetium-96	10	0.1	Ytterbium-175	10	0.1
Technetium-97m	10	0.1	Yttrium-90	1	0.01
Technetium-97	10	0.1	Yttrium-91	1	0.01
Technetium-99m	100	1.	Yttrium-92	10	0.1
Technetium-99	1	0.01	Yttrium-93	1	0.01
Tellurium-125m	1	0.01	Zinc-65	1	0.01
Tellurium-127m	1	0.01	Zinc-69m	10	0.1
Tellurium-127	10	0.1	Zinc-69	100	1.
Tellurium-129m	1	0.01	Zirconium-93	1	0.01
Tellurium-129	100	1.	Zirconium-95	1	0.01
Tellurium-131m	10	0.1	Zirconium-97	1	0.01
Tellurium-132	1	0.01	Any radioactive		
Terbium-160	1	0.01	material other than		
Thallium-200	10	0.1	source material,		
Thallium-201	10	0.1	special nuclear		
Thallium-202	10	0.1	material, or alpha		
Thallium-204	1	0.01	emitting radioactive		
			material not listed above.	0.1	0.001

Historical Note

New Article 3, Exhibit C recodified from 12 A.A.C. 1, Article 3, Exhibit C, effective March 22, 2018 (Supp. 18-1).

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Exhibit D. Radioactive Material Quantities Requiring Consideration for an Emergency Plan (R9-7-322)

<u>Radioactive Material</u>	<u>Release Fraction</u>	<u>Quantity (Ci)</u>			
Actinium-228	0.001	4,000	Polonium-210	.01	10
Americium-241	.001	2	Potassium-42	.01	9,000
Americium-242	.001	2	Promethium-145	.01	4,000
Americium-243	.001	2	<u>Radioactive Material</u>	<u>Release Fraction</u>	<u>Quantity (Ci)</u>
Antimony-124	.01	4,000	Promethium-147	.01	4,000
Antimony-126	.01	6,000	Radium-226	.001	100
Barium-133	.01	10,000	Ruthenium-106	.01	200
Barium-140	.01	30,000	Samarium-151	.01	4,000
Bismuth-207	.01	5,000	Scandium-46	.01	3,000
Bismuth-210	.01	600	Selenium-75	.01	10,000
Cadmium-109	.01	1,000	Silver-110m	.01	1,000
Cadmium-113	.01	80	Sodium-22	.01	9,000
Calcium-45	.01	20,000	Sodium-24	.01	10,000
Californium-252	.001	9 (20 mg)	Strontium-89	.01	3,000
Carbon-14 (Non CO)	.01	50,000	Strontium-90	.01	90
Cerium-141	.01	10,000	Sulfur-35	.5	900
Cerium-144	.01	300	Technetium-99	.01	10,000
Cesium-134	.01	2,000	Technetium-99m	.01	400,000
Cesium-137	.01	3,000	Tellurium-127m	.01	5,000
Chlorine-36	.5	100	Tellurium-129m	.01	5,000
Chromium-51	.01	300,000	Terbium-160	.01	4,000
Cobalt-60	.001	5,000	Thulium-170	.01	4,000
Copper-64	.01	200,000	Tin-113	.01	10,000
Curium-242	.001	60	Tin-123	.01	3,000
Curium-243	.001	3	Tin-126	.01	1,000
Curium-244	.001	4	Titanium-44	.01	100
Curium-245	.001	2	Vanadium-48	.01	7,000
Europium-152	.01	500	Xenon-133	1.0	900,000
Europium-154	.01	400	Yttrium-91	.01	2,000
Europium-155	.01	3,000	Zinc-65	.01	5,000
Gadolinium-153	.01	5,000	Zirconium-93	.01	400
Germanium-68	.01	2,000	Zirconium-95	.01	5,000
Gold-198	.01	30,000	Any other beta-gamma emitter	.01	10,000
Hafnium-172	.01	400	Mixed fission products	.01	1,000
Hafnium-181	.01	7,000	Mixed corrosion products	.01	10,000
Holmium-166m	.01	100	Contaminated equipment		
Hydrogen-3	.5	20,000	beta-gamma	.001	10,000
Indium-114m	.01	1,000	Irradiated material, any form		
Iodine-125	.5	10	other than solid non-		
Iodine-131	.5	10	combustible	.01	1,000
Iridium-192	.001	40,000	Irradiated material, solid non-		
Iron-55	.01	40,000	combustible	.001	10,000
Iron-59	.01	7,000	Mixed radioactive waste,		
Krypton-85	1.0	6,000,000	beta-gamma	.01	1,000
Lead-210	.01	8	Packaged mixed waste, beta gamma	.001	10,000
Manganese-56	.01	60,000	Any other alpha emitter	.001	2
Mercury-203	.01	10,000	Contaminated equipment, alpha	.0001	20
Molybdenum-99	.01	30,000	Packaged waste, alpha	.0001	20
Neptunium-237	.001	2	Combinations of radioactive materials listed above:		
Nickel-63	.01	20,000	For combinations of radioactive materials, consideration of the		
Niobium-94	.01	300	need for an emergency plan is required if the sum of the ratios		
Phosphorus-32	.5	100	of the quantity of each radioactive material authorized to the		
Phosphorus-33	.5	1,000	quantity listed for that material in Exhibit D exceeds 1.		

NOTE: Waste packaged in Type B containers does not require an

Historical Note

New Article 3, Exhibit D recodified from 12 A.A.C. 1, Article 3, Exhibit D, effective March 22, 2018 (Supp. 18-1).

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Exhibit E. Application Information**1. Radioactive Material (RAM) Specific License Application Information**

An applicant shall provide the following information in a specific license application before a license is issued to the applicant. The Department shall provide an application form to an applicant with a guide, when possible, to ensure that correct information is provided in the application:

Name and mailing address of applicant	Use location
Contact person	Telephone number
Users of RAM	Training of users
Radiation Safety Officer identity (RSO)	Duties of RSO
Description of RAM and uses	Description of radiation detection/ measurement instruments and their calibration
Personnel monitoring	Bioassay program
Facility description	Survey program
Leak test program	Records management program
Instruction to personnel	Waste disposal program
Emergency procedures	Procedures for ordering, receiving, and opening packages
Description of animal use	Licensing fee provided with application
Copy of letter-of-intent programs	Description of ALARA and quality management to local governing body
Description of transportation procedures	Certifying signature
Legal structure of licensee's operation	
Other licensing requirements listed in: R9-7-310, R9-7-311, R9-7-312, R9-7-511, R9-7-703, and R9-7-1721	

2. Radioactive Material (RAM) General License Application Information

An applicant shall provide the following information on a registration certificate. The certificate will be validated and returned to the applicant if the information provided is complete.

Name and address	Telephone number
Where will the radioactive material be used	Address of use location
Description of radioactive material use	Date
Authorizing signature and printed name	Position of person signing the form

Historical Note

New Article 3, Exhibit E recodified from 12 A.A.C. 1, Article 3, Exhibit E, effective March 22, 2018 (Supp. 18-1).

ARTICLE 4. STANDARDS FOR PROTECTION AGAINST IONIZING RADIATION**R9-7-401. Purpose**

- A.** Article 4 establishes standards for protection against ionizing radiation resulting from activities conducted according to licenses or registrations issued by the Department. These rules are issued according to A.R.S. Title 30, Chapter 4, as amended.
- B.** The requirements of Article 4 are designed to control the receipt, possession, use, transfer, and disposal of sources of radiation by any licensee or registrant so the total dose equivalent to an individual, including radiation exposure resulting from all sources of radiation other than radiation prescribed by a physician in the practice of medicine, radiation received while voluntarily participating in a medical research program, and background radiation, does not exceed the standards for protection against radiation prescribed in this Article. However, this Article does not limit actions that may be necessary to protect health and safety.

Historical Note

New Section R9-7-401 recodified from R12-1-401, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-402. Scope

Except as specifically provided in other Articles, Article 4 applies to persons licensed or registered by the Department to receive, possess, use, transfer, or dispose of sources of ionizing radiation.

Historical Note

New Section R9-7-402 recodified from R12-1-402, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-403. Definitions

The following definitions apply in this Article, unless the context otherwise requires:

“Air-purifying respirator” means respiratory protective equipment with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

“ALI” means annual limit on intake, the derived limit for the amount of radioactive material taken into the body of an adult worker by inhalation or ingestion in a year. ALI is the smaller value of intake of a given radionuclide in a year by the Reference Man that would result in a committed effective dose equivalent of 0.05 Sv (5 rem) or a committed dose equivalent of 0.5 Sv (50 rem) to any individual organ or tissue. ALI values for intake by ingestion and by inhalation of selected radionuclides are given in Appendix B, Table I, Columns 1 and 2.

“Assigned protection factor” or “APF” means the expected workplace level of respirator protection that would be provided by a properly functioning respirator or a class of respirators to properly fitted and trained users. Operationally, the inhaled concentration can be estimated by dividing the ambient airborne concentration by the APF.

“Atmosphere-supplying respirator” means respiratory protective equipment that supplies the equipment user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

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“Class” means a classification scheme for inhaled material according to the material’s rate of clearance from the lung. Materials are classified as D, W, or Y, which applies to a range of clearance half-times: for Class D, days, of less than 10 days, for Class W, weeks, from 10 to 100 days, and for Class Y, years, of greater than 100 days (see Introduction, Appendix B). For purposes of these rules, “lung class” and “inhalation class” are equivalent terms.

“Constraint” or “dose constraint” means a value above which specified licensee or registrant actions are required.

“Critical group” means the group of individuals reasonably expected to receive the greatest exposure to residual radioactivity for any applicable set of circumstances.

“DAC” means derived air concentration, the concentration of a given radionuclide in air which, if breathed by Reference Man for a working year of 2,000 hours under conditions of light work, results in an intake of one ALI. For purposes of these rules, the condition of light work is an inhalation rate of 1.2 cubic meters of air per hour for 2,000 hours in a year. DAC values are given in Appendix B, Table I, Column 3.

“DAC-hour” means derived air concentration-hour, the product of the concentration of radioactive material in air, expressed as a fraction or multiple of the derived air concentration for each radionuclide, and the time of exposure to that radionuclide, in hours. A licensee or registrant may take 2,000 DAC-hours to represent one ALI, equivalent to a committed effective dose equivalent of 0.05 Sv (5 rem).

“Declared pregnant woman” means a woman who has voluntarily informed the licensee or registrant in writing of her pregnancy and the estimated date of conception. The declaration remains in effect until the declared pregnant woman withdraws the declaration in writing or is no longer pregnant.

“Decommission” means to remove a facility or site safely from service and reduce residual radioactivity to a level that permits release of the property for unrestricted use and termination of the license or release of the property under restricted conditions and the termination of the license.

“Demand respirator” means an atmosphere-supplying respiratory protective equipment that admits breathing air to the face piece only when a negative pressure is created inside the face piece by inhalation.

“Deterministic effect” (See “Nonstochastic effect”)

“Disposable respirator” means respiratory protective equipment for which maintenance is not intended and that is designed to be discarded after excessive breathing resistance, sorbent depletion, physical damage, or end-of-service-life renders it unsuitable for use. Examples of this type of device include a disposable half-mask respirator or a disposable, escape-only, self-contained breathing apparatus (SCBA).

“Distinguishable from background” means that the detectable concentration of a radionuclide is statistically greater than the background concentration of that radionuclide in the vicinity of a site or, in the case of structures, in similar materials using accepted measurement, survey, and statistical techniques.

“Dosimetry processor” means an individual or an organization that processes and evaluates individual monitoring devices in order to determine the radiation dose delivered to the monitoring devices.

“Filtering face piece (dust mask)” means a particulate respirator that operates under a negative pressure with a filter as an

integral part of the face piece or with the entire face piece composed of the filtering medium, not equipped with elastomeric sealing surfaces and adjustable straps.

“Fit factor” means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

“Fit test” means the use of protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

“Helmet” means a rigid respiratory inlet covering that also provides head protection against impact and penetration.

“Hood” means a respiratory inlet covering that completely covers the head, neck, and may also cover portions of the shoulders and torso.

“Inhalation class” (See “Class”)

“Loose-fitting face piece” means a respiratory inlet covering that is designed to form a partial seal with the face.

“Lung class” (See “Class”)

“Nationally tracked source” means a sealed source that contains a quantity equal to or greater than Category 1 or Category 2 levels of radioactive material listed in 10 CFR 20, Appendix E, revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. In this context sealed source does not mean material encapsulated solely for disposal, or nuclear material contained in any fuel assembly, sub-assembly, fuel rod, or fuel pellet.

“Negative pressure respirator (tight fitting)” means respiratory protective equipment in which the air pressure inside the face piece is negative during inhalation with respect to the ambient air pressure outside the respirator.

“Nonstochastic effect” means a health effect, the severity of which varies with the dose and for which a threshold is believed to exist. Radiation-induced cataract formation is an example of a nonstochastic effect. For purposes of these rules, “deterministic effect” is an equivalent term and “threshold” means that which if not exceeded, poses no risk or likelihood of an effect to occur.

“Planned special exposure” means an infrequent exposure to radiation received while employed, but separate from and in addition to the annual occupational dose limits.

“Positive pressure respirator” means respiratory protective equipment in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

“Powered air-purifying respirator” or “PAPR” means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

“Pressure demand respirator” means a positive pressure, atmosphere-supplying respirator that admits breathing air to the face piece when the positive pressure is reduced inside the face piece by inhalation.

“Probabilistic effect” (See “Stochastic effect”)

“Qualitative fit test” or “QLFT” means a pass or fail fit test to assess the adequacy of respirator fit that relies on the individual’s response to the test agent.

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“Quantitative fit test” or “QNFT” means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

“Reference Man” means a hypothetical aggregation of human physical and physiological characteristics determined by international consensus. These characteristics may be used by researchers and public health workers to standardize results of experiments and to relate biological insult to a common base. A description of Reference Man is contained in the International Commission on Radiological Protection report, ICRP Publication 23, “Report of the Task Group on Reference Man,” published in 1975 by Pergamon Press, incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.

“Residual radioactivity” means radioactivity in structures, materials, soils, groundwater, or other media at a site, resulting from activities under a licensee’s control. This includes radioactivity from all licensed and unlicensed sources used by the licensee, but excludes background radiation. It also includes radioactive materials that remain at the site because of routine or accidental release of radioactive material at the site or a previous burial at the site, even if the licensee complied with reagent provisions of 9 A.A.C. 7.

“Respiratory protective equipment” means an apparatus, such as a respirator, used to reduce an individual’s intake of airborne radioactive materials.

“Sanitary sewerage” means a system of public sewers for carrying off waste water and refuse, but excluding sewage treatment facilities, septic tanks, and leach fields owned or operated by the licensee or registrant.

“Self-contained breathing apparatus” or “SCBA” means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

“Stochastic effect” means a health effect that occurs randomly and for which the probability of the effect occurring, rather than its severity, is assumed to be a linear function of dose without a threshold. Hereditary effects and cancer incidence are examples of stochastic effects. For purposes of these rules, “probabilistic effect” is an equivalent term.

“Supplied-air respirator” or “SAR” or “airline respirator” means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

“Tight-fitting face piece” means a respiratory inlet covering that forms a complete seal with the face.

“User seal check” or “fit check” means an action conducted by the respirator user to determine if the respirator is properly seated to the face. Examples include negative pressure check, positive pressure check, irritant smoke check, or isoamyl acetate check.

“Very-high radiation area” means an area, accessible to individuals, in which radiation levels from radiation sources external to an individual’s body could result in the individual receiving an absorbed dose in excess of 5 Gy (500 rad) in one hour at one meter from a radiation source or one meter from any surface that the radiation penetrates. (At very high doses received at high dose rates, units of absorbed dose, the gray and rad should be used, rather than units of dose equivalent, the sievert and rem).

“Weighting factor” w_T for an organ or tissue (T) means the proportion of the risk of stochastic effects resulting from irradiation of that organ or tissue to the total risk of stochastic effects when the whole body is irradiated uniformly. For calculating the effective dose equivalent, the values of w_T are:

ORGAN DOSE WEIGHTING FACTORS	
Organ or Tissue	w_T
Gonads	0.25
Breast	0.15
Red bone marrow	0.12
Lung	0.12
Thyroid	0.03
Bone surfaces	0.03
Remainder	0.30 ^a
Whole Body	1.00 ^b
^a 0.30 results from 0.06 for each of five “remainder” organs, excluding the skin and the lens of the eye, that receive the highest doses.	
^b For the purpose of weighting the external whole body dose, for adding it to the internal dose, a single weighting factor, $w_T = 1.0$, has been specified. The use of other weighting factors for external exposure will be approved by the Department on a case-by-case basis.	

Historical Note

New Section R9-7-403 recodified from R12-1-403, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-404. Units and Quantities

- A. Each licensee or registrant shall use the Standard International (SI) units becquerel, gray, sievert, and coulomb per kilogram, or the special units curie, rad, rem, and roentgen, including multiples and subdivisions, and shall clearly indicate the units of all quantities on records required by this Article.
- B. The licensee or registrant shall make a clear distinction among the quantities entered on the records required by this Article, such as, total effective dose equivalent, total organ dose equivalent, shallow dose equivalent, lens dose equivalent, deep dose equivalent, or committed effective dose equivalent.

Historical Note

New Section R9-7-404 recodified from R12-1-404, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-405. Form of Records

- A. A licensee or registrant shall ensure that each record required by this Article is legible throughout the specified retention period. The record shall be the original, a reproduced copy, or a microform, provided that the copy or microform is authenticated by authorized personnel and that the microform is capable of producing a clear copy throughout the required retention period. As an alternative the record may be stored in electronic media capable of producing legible records during the required retention period. Records, such as letters, drawings, and specifications, shall include all pertinent information, such as stamps, initials, and signatures. A licensee or registrant shall maintain adequate safeguards against tampering with and loss of records.
- B. In the records required by this Article, a licensee or registrant may record quantities in SI units in parentheses following each of the required units, curie, rad, and rem, and include multiples and subdivisions.
- C. Notwithstanding subsection (B), the licensee or registrant shall ensure that information is recorded in the International System

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of Units (SI) or in SI and the units specified in subsection (B) on each shipment manifest as required in R9-7-439(A).

- D. A licensee or registrant shall make a clear distinction among the quantities entered on the records required by this Section (e.g., total effective dose equivalent, shallow-dose equivalent, lens dose equivalent, deep-dose equivalent, committed effective dose equivalent).

Historical Note

New Section R9-7-405 recodified from R12-1-405, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-406. Implementation

Any existing license or registration condition that is more restrictive than this Article remains in force until amendment or renewal of the license or registration.

Historical Note

New Section R9-7-406 recodified from R12-1-406, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-407. Radiation Protection Programs

- A. Each licensee or registrant shall develop, document, and implement a radiation protection program sufficient to ensure compliance with the provisions of Article 4.
- B. The licensee or registrant shall use, to the extent practical, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and public doses that are as low as is reasonably achievable (ALARA).
- C. The licensee or registrant shall, at intervals not to exceed 12 months, review the radiation protection program content and implementation.
- D. To implement the ALARA requirements in subsection (B), and notwithstanding the requirements in R9-7-416, each licensee or registrant governed by 9 A.A.C. 7, Article 3 shall limit air emissions of radioactive material to the environment so that individual members of the public likely to receive the highest dose will not receive a total effective dose equivalent in excess of 0.1mSv (10 mrem) per year from the emissions. If a licensee or registrant subject to this requirement exceeds this limit, the licensee or registrant shall report the incident to the Department, in accordance with R9-7-444, and take prompt corrective action to prevent additional violations.
- E. Records.
- Each licensee or registrant shall maintain records of the radiation protection program, including:
 - The provisions of the program; and
 - Audits and other reviews of program content and implementation.
 - A licensee or registrant shall retain the records required by subsection (E)(1)(a) for three years after the termination of the license or registration. The licensee or registrant shall retain the records required by subsection (E)(1)(b) for three years after the record is made.
 - The following licensees and registrants are exempt from the record requirements contained in this subsection:
 - B6-General Medical,
 - C9-Gas Chromatograph,
 - C10-General Industrial,
 - D15-Possession Only,
 - E2-X-ray Machine class B, and
 - E3-X-ray Machine class C.

Historical Note

New Section R9-7-407 recodified from R12-1-407, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-408. Occupational Dose Limits for Adults

- A. Each licensee or registrant shall control the occupational dose to individual adults, except for planned special exposures required in R9-7-413, to the following dose limits:
- An annual limit, which is the more limiting of:
 - The total effective dose equivalent being equal to 0.05 Sv (5 rem); or
 - The sum of the deep-dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 0.5 Sv (50 rem).
 - The annual limits to the lens of the eye, to the skin, and to the extremities which are:
 - A lens dose equivalent of 0.15 Sv (15 rem), and
 - A shallow dose equivalent of 0.5 Sv (50 rem) to the skin of the whole body or to the skin of any extremity.
- B. Doses received in excess of the annual limits, including doses received during accidents, emergencies, and planned special exposures, shall be subtracted from the limits for planned special exposures that the individual may receive during the current year and during the individual's lifetime. See R9-7-413.
- C. The assigned deep-dose equivalent and shallow-dose equivalent are, for the portion of the body receiving the highest exposure, determined as follows:
- The deep-dose equivalent, lens dose equivalent, and shallow-dose equivalent may be assessed from surveys or other radiation measurements for the purpose of demonstrating compliance with the occupational dose limits, if the individual monitoring device was not in the region of highest potential exposure, or the results of individual monitoring are unavailable.
 - If a protective apron is worn and monitoring is conducted as specified in R9-7-419(B), the effective dose equivalent for external radiation shall be determined as follows:
 - If only one individual monitoring device is used and it is located at the neck outside the protective apron, and the reported dose exceeds 25% of the limit specified in subsection (A), the reported deep-dose equivalent value multiplied by 0.3 is the effective dose equivalent for external radiation; or
 - When individual monitoring devices are worn, both under the protective apron at the waist and outside the protective apron at the neck, the effective dose equivalent for external radiation is assigned the value of the sum of the deep-dose equivalent reported for the individual monitoring device located at the waist under the protective apron multiplied by 1.5 and the deep-dose equivalent reported for the individual monitoring device located at the neck outside the protective apron multiplied by 0.04.
 - When the external exposure is determined by measurement with an external personal monitoring device, the deep-dose equivalent must be used in place of the effective dose equivalent, unless the effective dose equivalent is determined by a dosimetry method approved by the Department. The assigned deep-dose equivalent shall be determined for the part of the body that receives the highest exposure. The assigned shallow-dose equivalent is the dose averaged over the contiguous 10 square centimeters of skin that receives the highest exposure. The deep-dose equivalent, lens-dose equivalent, and shallow-dose equivalent may be assessed from surveys or other radiation measurements for the purpose of demonstrating compliance with the occupational dose limits, if the individual monitoring device was not in the region of highest poten-

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tial exposure, or the results of individual monitoring are unavailable.

- D. Derived air concentration (DAC) and annual limit on intake (ALI) values are presented in Table I of Appendix B and may be used to determine the individual's dose and to demonstrate compliance with the occupational dose limits.
- E. Notwithstanding the annual dose limits, the licensee shall limit the soluble Uranium intake by an individual to 10 milligrams in a week in consideration of chemical toxicity. See footnote 3 of Appendix B.
- F. The licensee or registrant shall reduce the dose that an individual may receive in the current year by the amount of occupational dose received while employed occupationally as a radiation worker by all previous employers. See R9-7-412.

Historical Note

New Section R9-7-408 recodified from R12-1-408, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-409. Summation of External and Internal Doses

- A. If a licensee or registrant is required to monitor according to both R9-7-419(B) and (C), the licensee or registrant shall add external and internal doses, and use the sum to demonstrate compliance with dose limits. If the licensee or registrant is required to monitor only according to R9-7-419(B) or only according to R9-7-419(C), summation is not required to demonstrate compliance with dose limits. The licensee or registrant may demonstrate compliance with the requirements for summation of external and internal doses according to subsections (B), (C), and (D). The dose equivalents for the lens of the eye, the skin, and the extremities are not included in the summation but are subject to separate limits (See R9-7-408(A)(2)).
- B. If the only intake of radionuclides is by inhalation, the total effective dose equivalent limit is not exceeded if the sum of the deep-dose equivalent divided by the total effective dose equivalent limit, and one of the following, does not exceed unity (1):
 1. The sum of the fractions of the inhalation ALI for each radionuclide, or
 2. The total number of derived air concentration-hours (DAC-hours) for all radionuclides divided by 2,000, or
 3. The sum of the calculated committed effective dose equivalents to all significantly irradiated organs or tissues (T) calculated from bioassay data using applicable biological models and expressed as a fraction of the annual limit. For purposes of this requirement, an organ or tissue is deemed to be significantly irradiated if, for that organ or tissue, the product of the weighting factors, W_T , and the committed dose equivalent, $H_{T,50}$, per unit intake is greater than 10% of the maximum weighted value of $H_{T,50}$, that is, $W_T H_{T,50}$, per unit intake for any organ or tissue.
- C. If the occupationally exposed individual also receives an intake of radionuclides by oral ingestion greater than 10% of the applicable oral ALI, the licensee or registrant shall account for this intake and include it in demonstrating compliance with the limits.
- D. The licensee or registrant shall evaluate and, to the extent practical, account for intakes through wounds or skin absorption. The intake through intact skin has been included in the calculation of DAC for Hydrogen-3 and does not need to be evaluated or accounted for according to this subsection.

Historical Note

New Section R9-7-409 recodified from R12-1-409, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-410. Determination of External Dose from Airborne Radioactive Material

- A. Each licensee shall, when determining the dose from airborne radioactive material, include the contribution to the deep-dose equivalent, lens dose equivalent, and shallow dose equivalent from external exposure to the radioactive cloud. See Appendix B, footnotes 1 and 2.
- B. Airborne radioactivity measurements and DAC values shall not be used as the primary means to assess the deep-dose equivalent when the airborne radioactive material includes radionuclides other than noble gases or if the cloud of airborne radioactive material is not relatively uniform. The determination of the deep-dose equivalent to an individual shall be based upon measurements using instruments or individual monitoring devices.

Historical Note

New Section R9-7-410 recodified from R12-1-410, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-411. Determination of Internal Exposure

- A. For purposes of assessing dose used to determine compliance with occupational dose equivalent limits, each licensee or registrant shall, when required according to R9-7-419, take suitable and timely measurements of:
 1. Concentrations of radioactive materials in air in work areas,
 2. Quantities of radionuclides in the body,
 3. Quantities of radionuclides excreted from the body, or
 4. Combinations of these measurements,
- B. Unless respiratory protective equipment is used, as provided in R9-7-425, or the assessment of intake is based on bioassays, the licensee or registrant shall assume that an individual inhales radioactive material at the airborne concentration in which the individual is present.
- C. When specific information on the physical and biochemical properties of the radionuclides taken into the body or the behavior of the material in an individual is known, the licensee or registrant may:
 1. Use that information to calculate the committed effective dose equivalent, and, if used, the licensee or registrant shall document that information in the individual's record;
 2. Upon prior approval of the Department, adjust the DAC or ALI values to reflect the actual physical and chemical characteristics of airborne radioactive material, for example, aerosol size distribution or density; and
 3. Separately assess the contribution of fractional intakes of Class D, W, or Y compounds of a given radionuclide to the committed effective dose equivalent. See Appendix B.
- D. If the licensee or registrant chooses to assess intakes of Class Y material using the measurements given in subsection (A)(2) or (3), the licensee or registrant may delay the recording and reporting of the assessments for periods up to seven months, unless otherwise required by R9-7-444 or R9-7-445. This delay permits the licensee or registrant to make additional measurements basic to the assessments.
- E. If the identity and concentration of each radionuclide in a mixture are known, the fraction of the DAC applicable to the mixture for use in calculating DAC-hours is either:
 1. The sum of the ratios of the concentration to the appropriate DAC value, that is, D, W, or Y from Appendix B for each radionuclide in the mixture; or

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2. The ratio of the total concentration for all radionuclides in the mixture to the most restrictive DAC value for any radionuclide in the mixture.
- F. If the identity of each radionuclide in a mixture is known, but the concentration of one or more of the radionuclides in the mixture is not known, the DAC for the mixture is the most restrictive DAC of any radionuclide in the mixture.
- G. If a mixture of radionuclides in air exists, a licensee may disregard certain radionuclides in the mixture if:
 1. The licensee uses the total activity of the mixture to demonstrate compliance with the dose limits in R9-7-408 and complies with the monitoring requirements in R9-7-419;
 2. The concentration of any radionuclide disregarded is less than 10% of its DAC; and
 3. The sum of these percentages for all of the radionuclides disregarded in the mixture does not exceed 30%.
- H. When determining the committed effective dose equivalent, the following information may be considered:
 1. In order to calculate the committed effective dose equivalent, the licensee may assume that the inhalation of 1 ALI, or an exposure of 2,000 DAC-hours, results in a committed effective dose equivalent of 0.05 Sv (5 rem) for radionuclides that have their ALIs or DACs based on the committed effective dose equivalent.
 2. For an ALI and the associated DAC determined by the nonstochastic organ dose limit of 0.5 Sv (50 rem), the intake of radionuclides that would result in a committed effective dose equivalent of 0.05 Sv (5 rem), that is, the stochastic ALI, is listed in parentheses in Table I of Appendix B. The licensee may, as a simplifying assumption, use the stochastic ALI to determine committed effective dose equivalent. However, if the licensee or registrant uses the stochastic ALI, the licensee shall also demonstrate that the limit in R9-7-408(A)(1)(b) is met.

Historical Note

New Section R9-7-411 recodified from R12-1-411, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-412. Determination of Prior Occupational Dose

- A. For each individual who is likely to receive in a year an occupational dose that requires monitoring according to R9-7-419 the licensee shall:
 1. Determine the occupational radiation dose received during the current year, and
 2. Attempt to obtain the records of lifetime cumulative occupational radiation dose.
- B. Before permitting an individual to participate in a planned special exposure, the licensee or registrant shall determine:
 1. The internal and external doses from all previous planned special exposures; and
 2. All doses in excess of the limits received during the lifetime of the individual, including doses received during accidents and emergencies; and
 3. All lifetime, cumulative, occupational radiation doses.
- C. In complying with the requirements of subsection (A), a licensee or registrant shall:
 1. Accept, as a record of the occupational dose that the individual received during the current year, a written and signed statement from the individual, or from the individual's most recent employer for work involving radiation exposure, that discloses the nature and the amount of any occupational dose that the individual received during the current year; and
 2. Accept, as the record of lifetime cumulative radiation dose, an up-to-date Department Form Y (available from

the Department) or equivalent, signed by the individual and countersigned by an appropriate official of the most recent employer for work involving radiation exposure, or the individual's current employer, if the individual is not employed by the licensee or registrant; and

3. Obtain reports of the individual's dose equivalent from the most recent employer for work involving radiation exposure, or the individual's current employer, if the individual is not employed by the licensee or registrant, by telephone, telegram, facsimile, or letter. The licensee or registrant shall request a written verification of the dose data if the authenticity of the transmitted report cannot be established.
- D. Records.**
1. The licensee or registrant shall record the exposure history, as required by subsection (A), on Department Form Y (available from the Department) or a similar clear and legible record of all the information required by this subsection. The form or record shall show each period in which the individual received occupational exposure to radiation or radioactive material and shall be signed by the individual who received the exposure. For each period for which the licensee or registrant obtains reports, the licensee or registrant shall use the dose shown in the report for preparing Department Form Y or its equivalent. For any period in which the licensee or registrant does not obtain a report, the licensee or registrant shall place a notation on Department Form Y or its equivalent indicating each period of time for which there is no data.
 2. The licensee or registrant is not required to reevaluate the separate external dose equivalents and internal committed dose equivalents or intakes of radionuclides assessed according to the rules in Article 4 in effect before January 1, 1994. Occupational exposure histories obtained and recorded on Department Form Y or its equivalent before January 1, 1994, would not have included effective dose equivalent but may be used in the absence of specific information on the intake of radionuclides by the individual.
 3. If the licensee or registrant is unable to obtain a complete record of an individual's current and previously accumulated occupational dose, the licensee or registrant shall:
 - a. In establishing administrative controls under R9-7-408(F) for the current year, reduce the allowable dose limit for the individual by 12.5 mSv (1.25 rem) for each quarter for which records were unavailable and the individual was engaged in activities that could have resulted in occupational radiation exposure; and
 - b. Not subject the individual to planned special exposures.
 4. The licensee or registrant shall retain current and prior records on Department Form Y or its equivalent for three years after the Department terminates each pertinent license or registration requiring this record. The licensee or registrant shall retain records used in preparing Department Form Y or its equivalent for three years after the record is made.

Historical Note

New Section R9-7-412 recodified from R12-1-412, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-413. Planned Special Exposures

- A. A licensee or registrant may authorize an adult worker to receive doses in addition to and accounted for separately from

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the doses received under the limits specified in R9-7-408, provided that each of the following conditions is satisfied:

1. The licensee or registrant authorizes a planned special exposure only in an exceptional situation when alternatives that might avoid the dose estimated from the planned special exposure are unavailable or impractical.
2. The licensee or registrant, and employer if the employer is not the licensee or registrant, specifically authorizes the planned special exposure, in writing, before the exposure occurs.
3. Before a planned special exposure, the licensee or registrant ensures that each individual involved is:
 - a. Informed in writing of the purpose of the planned special exposure;
 - b. Informed in writing of the estimated doses, associated potential risks, and specific radiation levels or other conditions that might be involved in performing the task; and
 - c. Instructed in the measures to be taken to keep the dose ALARA, considering other risks that may be present.
4. Before permitting an individual to participate in a planned special exposure, the licensee or registrant shall ascertain prior doses as required by R9-7-412(B) for each individual involved.
5. Subject to R9-7-408(B), the licensee or registrant shall not authorize a planned special exposure that would cause an individual to receive a dose from all planned special exposures and all doses that exceed:
 - a. The numerical value of any of the dose limits in R9-7-408(A) in any year, and
 - b. Five times the annual dose limits in R9-7-408(A) during the individual's lifetime.
6. The licensee or registrant shall maintain records of a planned special exposure in accordance with subsections (B) and (C) and submit a written report to the Department within 30 days after the date of any planned special exposure conducted in accordance with this Section, informing the Department that a planned special exposure was conducted and indicating the date the planned special exposure occurred and the information required by subsection (B).
7. The licensee or registrant shall record the best estimate of the dose resulting from the planned special exposure in the individual's record and inform the individual, in writing, of the dose within 30 days after the date of the planned special exposure. The dose from a planned special exposure shall not be considered in controlling future occupational dose of the individual according to R9-7-408(A) but shall be included in evaluations required by subsections (A)(4) and (A)(5).

B. Records.

1. For each planned special exposure, the licensee or registrant shall maintain records that describe:
 - a. The exceptional circumstances requiring the use of a planned special exposure,
 - b. The name of the management official who authorized the planned special exposure and a copy of the signed authorization,
 - c. What actions were necessary,
 - d. Why the actions were necessary,
 - e. What precautions were taken to assure that doses were minimized in accordance with R9-7-407(B),
 - f. What individual and collective doses were expected,
 - g. The doses actually received in the planned special exposure, and

- h. The process through which the employee involved in the planned special exposure has been informed in writing of the information contained in subsection (A)(3).

2. The licensee or registrant shall retain the records for three years after the Department terminates each pertinent license or registration.

- C. A licensee shall submit a report to the Department no later than 30 days after a planned special exposure conducted in accordance with subsection (A). The report shall contain the date of the planned exposure and the information required by subsection (B).

Historical Note

New Section R9-7-413 recodified from R12-1-413, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-414. Occupational Dose Limits for Minors

The annual occupational dose limits for minors are 10% of the annual occupational dose limits specified for adult workers in R9-7-408.

Historical Note

New Section R9-7-414 recodified from R12-1-414, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-415. Dose Equivalent to an Embryo or Fetus

- A. A licensee or registrant shall ensure that the dose equivalent to an embryo or fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 5 mSv (0.5 rem). Records shall be maintained according to R9-7-419(E)(4) and (5).
- B. The licensee or registrant shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman to satisfy the limit in subsection (A).
- C. For purposes of this Section, the dose equivalent to the embryo or fetus is the sum of:
 1. The deep-dose equivalent to the declared pregnant woman; and
 2. The dose equivalent to the embryo or fetus resulting from radionuclides in the embryo or fetus and radionuclides in the declared pregnant woman.
- D. If the dose equivalent to the embryo or fetus is found to have exceeded 5 mSv (0.5 rem) or is within 0.5 mSv (0.05 rem) of this dose by the time the woman declares the pregnancy to the licensee or registrant, the licensee or registrant shall be deemed to be in compliance with subsection (A) if the additional dose equivalent to the embryo or fetus does not exceed 0.5 mSv (0.05 rem) during the remainder of the pregnancy.

Historical Note

New Section R9-7-415 recodified from R12-1-415, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-416. Dose Limits for Individual Members of the Public

- A. Each licensee or registrant shall conduct operations so that:
 1. The total effective dose equivalent to any individual member of the public from the licensed or registered operation does not exceed 1 mSv (0.1 rem) in a year, excluding the dose contribution from background radiation, medical administration of radiation, exposure to an individual who has been administered radioactive material and released in accordance with R9-7-719, voluntary participation in a medical research program, and the licensee's or registrant's disposal of radioactive material into sanitary sewerage in accordance with R9-7-436; and

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2. The dose in any unrestricted area from an external source excluding the dose contribution from an individual who has been administered radioactive material and released in accordance with R9-7-719, does not exceed 0.02 mSv (0.002 rem) in any one hour.
- B.** Registrants possessing radiation machines in operation before August 10, 1994, are exempt from the requirement in subsection (A)(1). Operation of these machines shall be conducted so that the total effective dose equivalent to any individual member of the public does not exceed 5 mSv (0.5 rem) in a year.
- C.** A licensee, registrant, or an applicant for a license or registration may apply for Department authorization to operate with an annual dose limit of 5 mSv (0.5 rem) for an individual member of the public. The application shall include the following information:
1. An explanation of the need for and the expected duration of operations in excess of the limit in subsection (A), and
 2. The licensee's or registrant's program to assess and control dose within the 5 mSv (0.5 rem) annual limit; and
 3. The procedures to be followed to maintain the dose in accordance with R9-7-407(B).
- D.** A licensee or registrant shall comply with the U.S. Environmental Protection Agency's applicable environmental radiation standards in 40 CFR 190, 2003 edition, published July 1, 2003, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, which are incorporated by reference, on file with the Department and contain no future editions or amendments.
- E.** The Department may impose additional restrictions on radiation levels in unrestricted areas and on the total quantity of radionuclides that a licensee or registrant may release in effluents in order to restrict the collective dose.
- F.** Each licensee or registrant shall make or cause to be made surveys of radiation levels in unrestricted areas and radioactive materials contained in effluents released to unrestricted areas.
- G.** Each licensee or registrant shall:
1. Demonstrate by measurement or calculation that the total effective dose equivalent to the individual likely to receive the highest dose from the licensed or registered operation does not exceed the annual dose limit; or
 2. Demonstrate that:
 - a. The annual average concentrations of radioactive material released in gaseous and liquid effluents at the boundary of the unrestricted area do not exceed the values specified in Appendix B, Table II; and
 - b. If an individual were continually present in an unrestricted area, the dose from external sources would not exceed 0.02 mSv (0.002 rem) in an hour and 0.5 mSv (0.05 rem) in a year.
- H.** Upon approval from the Department, the licensee or registrant may adjust the effluent concentration values in Appendix B, Table II for members of the public, to take into account the actual physical and chemical characteristics of the effluents, such as aerosol size distribution, solubility, density, radioactive decay equilibrium, and chemical form.
- I.** Each licensee or registrant shall maintain records sufficient to demonstrate compliance with the dose limit for individual members of the public and shall retain the records for three years after the Department terminates each pertinent license or registration.
- A.** A licensee in possession of any sealed source shall ensure that:
1. Each sealed source, except as specified in subsection (B), is tested for leakage or contamination and the test results are received before the sealed source is put into use unless the licensee has a certificate from the transferor indicating that the sealed source was tested within six months before transfer to the licensee or registrant.
 2. Each sealed source that is not designed to emit alpha particles is tested for leakage or contamination at intervals not to exceed six months or at alternative intervals approved by the Department, after evaluation of information specified by R9-7-311(D)(2) or equivalent information specified by an Agreement State, a Licensing State, or the U.S. Nuclear Regulatory Commission.
 3. Each sealed source that is designed to emit alpha particles is tested for leakage or contamination at intervals not to exceed three months or at alternative intervals approved by the Department, after evaluation of information specified by R9-7-311(D)(2) or equivalent information specified by an Agreement State, a Licensing State, or the Nuclear Regulatory Commission.
 4. Each sealed source suspected of damage or leakage is tested for leakage or contamination before further use.
 5. Tests for leakage for all sealed sources, except brachytherapy sources manufactured to contain radium, are capable of detecting the presence of 185 Bq (0.005 μ Ci) of radioactive material on a test sample. The person conducting the test shall take test samples from the sealed source or from the surfaces of the container in which the sealed source is stored or mounted on which contamination could accumulate. For a sealed source contained in a device, the person conducting the test shall obtain test samples when the source is in the "off" position.
 6. The test for leakage from brachytherapy sources containing radium is capable of detecting an absolute leakage rate of 37 Bq (0.001 μ Ci) of Radon-222 in a 24-hour period when the collection efficiency for Radon-222 and its daughters has been determined with respect to collection method, volume, and time.
 7. Tests for contamination from radium daughters are taken on the interior surface of brachytherapy source storage containers and are capable of detecting the presence of 185 Bq (0.005 μ Ci) of a radium daughter which has a half-life greater than four days.
- B.** A licensee need not perform tests for leakage or contamination on the following sealed sources:
1. Sealed sources containing only radioactive material with a half-life of less than 30 days;
 2. Sealed sources containing only radioactive material as a gas;
 3. Sealed sources containing 3.7 MBq (100 μ Ci) or less of beta or photon-emitting material or 370 kBq (10 μ Ci) or less of alpha-emitting material;
 4. Sealed sources containing only Hydrogen-3;
 5. Seeds of Iridium-192 encased in nylon ribbon; and
 6. Sealed sources, except teletherapy and brachytherapy sources, which are stored, not being used, and identified as in storage. The licensee shall test each sealed source for leakage or contamination and receive the test results before any use or transfer unless it has been tested for leakage or contamination within six months before the date of use or transfer.
- C.** Persons specifically authorized by the Department, an Agreement State, a Licensing State, or the U.S. Nuclear Regulatory Commission shall perform tests for leakage or contamination from sealed sources.

Historical Note

New Section R9-7-416 recodified from R12-1-416, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-417. Testing for Leakage or Contamination of Sealed Sources

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- D. A licensee shall maintain for Department inspection test results in units of becquerel or microcurie.
- E. The following is considered evidence that a sealed source is leaking:
 1. The presence of 185 Bq (0.005 μ Ci) or more of removable contamination on any test sample.
 2. Leakage of 37 Bq (0.001 μ Ci) of Radon-222 per 24 hours for brachytherapy sources manufactured to contain radium.
 3. The presence of removable contamination resulting from the decay of 185 Bq (0.005 μ Ci) or more of radium.
- F. A licensee shall immediately withdraw a leaking sealed source from use and shall take action to prevent the spread of contamination. The leaking sealed source shall be repaired or disposed of in accordance with this Article.
- G. A licensee shall file a report with the Department within five days if the test for leakage or contamination indicates a sealed source is leaking or contaminated. The report shall include the equipment involved, the test results, and the corrective action taken.
- H. A licensee shall maintain records of the tests for leakage required in subsection (A) for three years after the records are made.

Historical Note

New Section R9-7-417 recodified from R12-1-417, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-418. Surveys and Monitoring

- A. Each licensee or registrant shall make, or cause to be made, surveys if surveys are:
 1. Necessary for the licensee or registrant to comply with Article 4, and
 2. Reasonable under the circumstances to evaluate:
 - a. The magnitude and extent of radiation levels, and
 - b. Concentrations or quantities of residual radioactivity, and
 - c. The potential radiological hazards of the radiation levels and residual radioactivity detected.
- B. All personnel dosimeters, except for direct and indirect reading pocket ionization chambers and those dosimeters used to measure the dose to any extremity, that require processing to determine the radiation dose and that are used by licensees and registrants to comply with R9-7-408, with other applicable provisions of these rules, or with conditions specified in a license or registration shall be processed and evaluated by a dosimetry processor:
 1. Holding current personnel dosimetry accreditation from the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology, according to NVLAP procedures published March 1994 as NIST Handbook 150, and NIST Handbook 150-4, published August 1994, which is incorporated by reference, published by the U.S. Government Printing Office, Washington D.C. 20402-9325, and on file with the Department. The material incorporated by reference contains no future editions or amendments;
 2. Approved in this accreditation process for the type of radiation or radiations included in the NVLAP program that most closely approximates the type of radiation or radiations for which the individual wearing the dosimeter is monitored; and
 3. Film badges must be replaced at periods not to exceed one month; other personnel dosimeters processed and

evaluated by an accredited NVLAP processor must be replaced at periods not to exceed three months.

- C. The licensee or registrant shall ensure that adequate precautions are taken to prevent a deceptive exposure of an individual monitoring device and that personnel monitoring devices are issued to, and used by only the individual to whom the monitoring device has been first issued during any reporting period.
- D. A licensee shall ensure that survey instruments and personnel dosimeters that are used to make quantitative measurements are calibrated in accordance with R9-7-449.
- E. Records.
 1. Each licensee or registrant shall maintain records showing the results of surveys required by this Section and R9-7-433(B). The licensee or registrant shall retain these records for three years after the record is made.
 2. The licensee or registrant shall retain each of the following records for three years after the Department terminates the license or registration:
 - a. Records of the survey results used to determine the dose from external sources of radiation, in the absence of or in combination with individual monitoring data, and provide an assessment of individual dose equivalents;
 - b. Records of the results of measurements and calculations used to determine individual intakes of radioactive material and to assess an internal dose;
 - c. Records showing the results of air sampling, surveys, and bioassays required according to R9-7-425(A)(3)(a) and (b);
 - d. Records of the measurement and calculation results used to evaluate the release of radioactive effluents to the environment; and
 - e. Notwithstanding subsection (A) of this part, records from surveys describing the location and amount of subsurface residual radioactivity identified at the site must be kept with records important for decommissioning, and such records must be retained in accordance with R9-7-323, as applicable.

Historical Note

New Section R9-7-418 recodified from R12-1-418, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-419. Conditions Requiring Individual Monitoring of External and Internal Occupational Dose

- A. Each licensee or registrant shall monitor exposures from sources of radiation at levels sufficient to demonstrate compliance with the occupational dose limits of this Article.
- B. At minimum each licensee or registrant shall supply and require the use of individual monitoring devices by the following personnel:
 1. Adults likely to receive, in one year, an intake in excess of 10% of the applicable ALI in Table I, Columns 1 and 2, of Appendix B;
 2. Minors and declared pregnant women likely to receive, in one year, a committed effective dose equivalent in excess of 0.5 mSv (0.05 rem);
 3. Adults likely to receive, in one year from radiation sources external to the body, a dose in excess of 10 percent of the limits in R9-7-408(A);
 4. Minors likely to receive, in one year, from radiation sources external to the body, a deep dose equivalent in excess of 1 mSv (0.1 rem), a lens dose equivalent in excess of 1.5 mSv (0.15 rem), or a shallow dose equivalent

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- lent to the skin or to the extremities in excess of 5 mSv (0.5 rem);
5. Declared pregnant women likely to receive during the entire pregnancy, from radiation sources external to the body, a deep dose equivalent in excess of 1 mSv (0.1 rem) (Note: All of the occupational doses in R9-7-408 continue to be applicable to the declared pregnant worker as long as the embryo/fetus dose limit is not exceeded.);
 6. Individuals entering a high or very high radiation area;
 7. Individuals operating mobile x-ray equipment as described in R9-7-608;
 8. Individuals holding animals for diagnostic x-ray procedures, as described in R9-7-613;
 9. Individuals servicing enclosed beam x-ray systems with bypassed interlocks, as described in R9-7-803;
 10. Individuals operating open beam fluoroscopic systems and ancillary personnel working in the room when the fluoroscopic system is in use, except when relieved of this requirement by registration condition;
 11. Individuals performing well logging, as described in Article 17;
 12. Individuals, wearing a finger or wrist individual monitoring device, during the operation of an open-beam or hand held analytical x-ray system or equipment with no safety devices as described in R9-7-806(C) and (F); and
 13. Individuals, wearing a finger or wrist individual monitoring device, performing repairs that require the presence of a primary beam of the analytical x-ray system or equipment, as described in R9-7-806(C) and (F).
- C. Each licensee shall monitor the occupational intake of radioactive material by and assess the committed effective dose equivalent to:
1. Adults likely to receive, in one year, an intake in excess of 10 percent of the applicable ALI in Table 1, Columns 1 and 2, of Appendix B;
 2. Minors likely to receive, in one year, a committed effective dose equivalent in excess of 1 mSv (0.1 rem); and
 3. Declared pregnant women likely to receive, during the entire pregnancy, a committed effective dose equivalent in excess of 1 mSv (0.1 rem).
- D. Each licensee or registrant shall require that all individual monitoring devices be located on individuals according to the following requirements:
1. An individual monitoring device, used to obtain the dose equivalent to an embryo or fetus of a declared pregnant woman according to R9-7-415, shall be located under the protective apron at the waist. A qualified expert shall be consulted to determine the dose equivalent to the embryo or fetus if this individual monitoring device has a monthly reported dose equivalent value that exceeds 0.5 millisieverts (50 millirem). For purposes of this subsection, the value for determining the dose equivalent to an embryo or fetus under R9-7-415(C), for occupational exposure to radiation from medical fluoroscopic equipment, is the value reported by the individual monitoring device worn at the waist underneath the protective apron, which has been corrected for the particular individual and the work environment by a qualified expert.
 2. An individual monitoring device used for lens dose equivalent shall be located at the neck or an unshielded location closer to the eye, outside the protective apron.
 3. If only one individual monitoring device is used to determine the effective dose equivalent for external radiation, according to R9-7-408(C)(2)(a), the device shall be located at the neck outside the protective apron. If a second individual monitoring device is used for the same purpose, it shall be located under the protective apron at the waist. A second individual monitoring device is required for a declared pregnant woman.
 4. An individual, wearing an extremity personnel monitoring device, during the operation of an open-beam or hand-held analytical x-ray system with no safety devices or an individual performing repairs in the presence of a primary beam of the analytical x-ray system or equipment, as described in R9-7-806(C) and (F), shall wear the device on the individual's finger or wrist.
- E. Records.
1. Each licensee or registrant shall maintain records of doses received by all individuals for whom monitoring is required according to this Section, and records of doses received during planned special exposures, accidents, and emergency conditions. Assessments of dose equivalent and records made using units in effect before January 1, 1994, need not be changed. These records shall include, when applicable:
 - a. The deep-dose equivalent to the whole body, lens dose equivalent, shallow-dose equivalent to the skin, and shallow-dose equivalent to the extremities;
 - b. The estimated intake of radionuclides;
 - c. The committed effective dose equivalent assigned to the intake of radionuclides;
 - d. The specific information used to assess the committed effective dose equivalent according to R9-7-411(A) and (C), and when required R9-7-419;
 - e. The total effective dose equivalent when required by R9-7-409; and
 - f. The total of the deep-dose equivalent and the committed dose to the organ receiving the highest total dose;
 2. The licensee or registrant shall make entries of the records specified in subsection (D)(1), at intervals not to exceed one year;
 3. The licensee or registrant shall maintain at the inspection site the records specified in subsection (D)(1) in a clear and legible method that contains all the information required by this subsection;
 4. The licensee or registrant shall maintain the records of dose to an embryo or fetus with the records of dose to the declared pregnant woman. The declaration of pregnancy, including the estimated date of conception, shall also be kept on file but may be maintained separately from the dose records; and
 5. The licensee or registrant shall retain each required form or record for three years after the Department terminates each pertinent license or registration requiring the record.

Historical Note

New Section R9-7-419 recodified from R12-1-419, at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R.

2151, effective July 12, 2018 (Supp. 18-3).

R9-7-420. Control of Access to High Radiation Areas

- A. A licensee or registrant shall ensure that each entrance or access point to a high radiation area has one or more of the following features:
1. A control device that, upon entry into the area, causes the level of radiation to be reduced below the level at which an individual might receive a deep-dose equivalent of 1 mSv (0.1 rem) in one hour at 30 centimeters from the source from any surface that the radiation penetrates;
 2. A control device that energizes a conspicuous visible or audible alarm signal so that the individual entering the

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high radiation area and the supervisor of the activity are made aware of the entry; or

3. Entryways that are locked, except during periods when access to the areas is required, with positive control over each individual entity.
- B. In place of the controls required by subsection (A) for a high radiation area, the licensee or registrant may substitute continuous direct or electronic surveillance that is capable of preventing unauthorized entry.
- C. The licensee or registrant may apply to the Department for approval of alternative methods for controlling access to high radiation areas.
- D. The licensee or registrant shall establish the controls required by subsections (A) and (C) in a way that does not prevent individuals from leaving a high radiation area.
- E. The licensee or registrant is not required to control each entrance or access point to a room or other area that is a high radiation area solely because of the presence of radioactive materials prepared for transport and packaged and labeled in accordance with the regulations of the U.S. Department of Transportation, provided that:
 1. The packages do not remain in the area longer than three days, and
 2. The dose rate at 1 meter from the external surface of any package does not exceed 0.1 mSv (0.01 rem) per hour.
- F. The licensee or registrant is not required to control entrance or access to rooms or other areas in hospitals solely because of the presence of patients containing radioactive material, provided that there are personnel in attendance who are taking the necessary precautions to prevent the exposure of individuals to radiation or radioactive material in excess of the established limits in Article 4 and operate in accordance with R9-7-407(B) and the provisions of the licensee's or registrant's radiation protection program.
- G. The registrant is not required to control entrance or access to rooms or other areas containing sources of radiation capable of producing a high radiation area if the registrant has met all the specific requirements for access and control specified in other applicable Articles, such as Article 5 for industrial radiography, Article 6 for x-rays in the healing arts, and Article 9 for particle accelerators.

Historical Note

New Section R9-7-420 recodified from R12-1-420, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-421. Control of Access to Very-high Radiation Areas

- A. In addition to the requirements in R9-7-420, a licensee or registrant shall institute measures to ensure that an individual is not able to gain unauthorized or inadvertent access to areas in which radiation levels could be encountered at 5 Gy (500 rad) or more in one hour at 1 meter from a source or from any surface that the radiation penetrates. This requirement does not apply to rooms or areas in which diagnostic x-ray systems are the only source of radiation or non-self-shielded irradiators.
- B. The registrant is not required to control entrance or access to rooms or other areas containing sources of radiation capable of producing a very high radiation area, described in subsection (A), if the registrant has met all requirements for access and control specified in other applicable Articles, such as Article 5 for industrial radiography, Article 6 for x-rays in the healing arts, and Article 9 for particle accelerators.
- C. Each licensee or registrant shall maintain records of tests made according to R9-7-422(B)(9) on entry control devices for very-high radiation areas. These records shall include the date, time, and results of each test of function.

- D. The licensee or registrant shall retain the records required by this Section for three years after the record is made.

Historical Note

New Section R9-7-421 recodified from R12-1-421, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-422. Control of Access to Irradiators (Very-high Radiation Areas)

- A. This Section applies to licensees or registrants with sources of radiation in non-self-shielded irradiators. This Section does not apply to sources of radiation that are used in teletherapy, industrial radiography, or completely self-shielded irradiators in which the source of radiation is both stored and operated within the same shielding radiation barrier and, in the designed configuration of the irradiator, is always physically inaccessible to any individual and cannot create high levels of radiation in an area that is accessible to any individual.
- B. A licensee or registrant shall ensure that each area in which radiation levels may exceed 5 Gy (500 rad) in one hour at 1 meter from a source that is used to irradiate materials meets the following requirements:
 1. Each entrance or access point shall be equipped with entry control devices that:
 - a. Function automatically to prevent any individual from inadvertently entering a very high radiation area;
 - b. Permit deliberate entry into the area only after a control device is actuated that causes the radiation level within the area, from the source of radiation, to be reduced below that at which it would be possible for an individual to receive a deep-dose equivalent in excess of 1 mSv (0.1 rem) in one hour; and
 - c. Prevent operation of the source of radiation if it would produce radiation levels in the area that could result in a deep-dose equivalent to an individual in excess of 1 mSv (0.1 rem) in one hour.
 2. If the control devices required in subsection (B)(1) fail to function, additional control devices shall be provided so that:
 - a. The radiation level within the area, from the source of radiation, is reduced below that at which it would be possible for an individual to receive a deep-dose equivalent in excess of 1 mSv (0.1 rem) in one hour; and
 - b. Conspicuous visible and audible alarm signals are generated so that an individual entering the area is aware of the hazard. The individual who enters the very-high radiation area after an alarm signals shall be familiar with the process and equipment. Before entering, the individual shall ensure that a second individual is present and aware of the first person's actions.
 3. The licensee or registrant shall provide control devices so that, upon failure or removal of physical radiation barriers other than the sealed source's shielded storage container:
 - a. The radiation level from the source of radiation is reduced below that at which it would be possible for an individual to receive a deep-dose equivalent in excess of 1 mSv (0.1 rem) in one hour, and
 - b. Conspicuous visible and audible alarm signals are generated so that potentially affected individuals are aware of the hazard. Potentially affected individuals shall notify the licensee or registrant of the failure or removal of the physical barriers.

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4. When the shield for stored sealed sources is a liquid, the licensee or registrant shall provide means to monitor the integrity of the shield and to signal, automatically, loss of adequate shielding.
 5. Physical radiation barriers that comprise permanent structural components, such as walls, that have no credible probability of failure or removal in ordinary circumstances need not meet the requirements of subsections (B)(3) and (4).
 6. The licensee or registrant shall equip each area with devices that will automatically generate conspicuous visible and audible alarm signals to alert personnel in the area before the source of radiation can be put into operation and in time for any individual in the area to operate a clearly identified control device, installed in the area, and which can prevent the source of radiation from being put into operation.
 7. The licensee or registrant shall control each area by use of administrative procedures and devices necessary to ensure that the area is cleared of personnel before each use of the source of radiation.
 8. The licensee or registrant shall check each area by radiation measurement to ensure that, before the first individual's entry into the area after any use of the source of radiation, the radiation level from the source of radiation in the area will not expose an individual to a deep-dose equivalent in excess of 1 millisievert (0.1 rem) in one hour.
 9. The licensee or registrant shall test the entry control devices required in subsection (B)(1) for proper functioning and keep records according to R9-7-421.
 - a. Testing shall be conducted before initial operation with the source of radiation on any day, unless operations were continued uninterrupted from the previous day;
 - b. Testing shall be conducted before resumption of operation of the source of radiation after any unintentional interruption;
 - c. The licensee or registrant shall submit to the Department a schedule of testing; and
 - d. The licensee or registrant shall include in the schedule a listing of the periodic testing that will be followed.
 10. The licensee or registrant shall not conduct operations, other than those necessary to place the source of radiation in a safe condition or effect repairs on controls, unless control devices are functioning properly.
 11. The licensee or registrant shall control entry and exit portals that are used in transporting materials to and from the irradiation area, and that are not intended for use by personnel, with devices and administrative procedures necessary to physically protect and warn against inadvertent entry by an individual through one of the portals. Exit portals for irradiated materials shall be equipped to detect and signal the presence of any uncontained radioactive material that is carried toward an exit and automatically prevent contained radioactive material from being carried out of the area.
- C.** A licensee, registrant, or applicant seeking a license or registration for a source of radiation within the purview of subsection (B) that will be used in a variety of positions or in locations, such as open fields or forests, that make it impractical to comply with certain requirements of subsection (B) may apply to the Department for approval of alternative safety measures. Alternative safety measures shall provide personnel protection at least equivalent to that specified in subsection (B). At least one of the alternative measures shall be an entry-preventing interlock control, based on a measurement of the radiation that ensures the absence of high radiation levels before an individual can gain access to the area where the sources of radiation are used.
- D.** A licensee or registrant shall provide the entry control devices required by subsections (B) and (C) in such a way that no individual will be prevented from leaving the area.
- E.** Records.
1. Each licensee or registrant shall maintain records of tests made according to subsection (B)(9) on entry control devices for very-high radiation areas. These records shall include the date and results of each test of function.
 2. The licensee or registrant shall retain the records for three years from the date the record is made.
- Historical Note**
New Section R9-7-422 recodified from R12-1-422, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-423. Use of Process or Other Engineering Controls**
A licensee shall use, to the extent practicable, process or other engineering controls, such as containment, decontamination, or ventilation, to control the concentration of radioactive material in air.
- Historical Note**
New Section R9-7-423 recodified from R12-1-423, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-424. Use of Other Controls**
- A.** If it is not practical to apply process or other engineering controls to control concentrations of radioactive material in the air to values below those that define an airborne radioactivity area, the licensee shall, consistent with maintaining the total effective dose equivalent according to R9-7-407(B), increase monitoring and limit intakes by one or more of the following means:
1. Control access,
 2. Limit exposure times,
 3. Use respiratory protection equipment, or
 4. Use other controls.
- B.** If the licensee performs an ALARA analysis to determine whether or not respirators should be used, the licensee may consider safety factors other than radiological factors. The licensee shall also consider the impact of respirator use on workers' industrial health and safety.
- Historical Note**
New Section R9-7-424 recodified from R12-1-424, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-425. Use of Individual Respiratory Protection Equipment**
- A.** If a licensee assigns or permits the use of respiratory protection equipment to limit the intake of radioactive material,
1. Except as provided in subsection (A)(2), the licensee shall use only respiratory protection equipment that is tested and certified by the National Institute for Occupational Safety and Health (NIOSH).
 2. If the licensee wishes to use equipment that has not been tested or certified by NIOSH, or for which there is no schedule for testing or certification, the licensee shall submit an application to the Department and request authorization for use of this equipment, except as otherwise provided in this Section. The licensee shall provide evidence with the application that the material and performance characteristics of the equipment provide the asserted degree of protection under anticipated conditions

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- of use. The licensee shall demonstrate the degree of protection by providing reliable test information.
3. The licensee shall implement and maintain a respiratory protection program that includes:
 - a. Air sampling sufficient to identify the potential hazard, permit proper equipment selection, and estimate doses;
 - b. Surveys and bioassays, as necessary, to evaluate actual intakes;
 - c. Testing of respirators for operability (user seal check for face sealing devices and functional check for other devices) immediately before each use;
 - d. Written procedures regarding:
 - i. Monitoring, including air sampling and bioassays;
 - ii. Supervision and training of respirator users;
 - iii. Fit testing;
 - iv. Respirator selection;
 - v. Breathing air quality;
 - vi. Inventory and control;
 - vii. Storage, issuance, maintenance, repair, testing, and quality assurance of respiratory protection equipment;
 - viii. Recordkeeping; and
 - ix. Limitations on periods of respirator use and relief from respirator use;
 - e. Determination by a physician that each individual user is able to use respiratory protection equipment:
 - i. Before the initial fitting of a face-sealing respirator;
 - ii. Before the first field use of a non-face-sealing respirator, and
 - iii. Every 12 months after initial fitting or first use, or periodically at a frequency determined by a physician; and
 - f. Fit testing, with a fit factor ≥ 10 times the APF for a negative pressure device and a fit factor ≥ 500 for any positive pressure, continuous flow, and pressure-demand device, before the first field use of tight-fitting, face-sealing respirators and periodically after first use at least yearly. The licensee shall perform fit testing with the face piece operating in the negative pressure mode.
 4. The licensee shall advise each respirator user that the user may leave the area at any time for relief from respirator use, in the event of equipment malfunction, physical or psychological distress, procedural or communication failure, significant deterioration of operating conditions, or any other condition that might require relief.
 5. The licensee shall consider manufacturer limitations regarding respirator type and mode of use. When selecting a respiratory device, the licensee shall provide for vision correction, adequate communication, low temperature work environments, and the concurrent use of other safety or radiological protection equipment. The licensee shall use equipment in a manner that does not interfere with the proper operation of the respirator.
 6. The licensee shall provide standby rescue persons whenever one-piece atmosphere-supplying suits, or any combination of supplied air respiratory protection device and personnel protective equipment are used from which an unaided individual would have difficulty extricating himself or herself. The licensee shall equip standby rescue persons with respiratory protection devices or other apparatus designed for potential hazards and anticipated conditions of use. The standby rescue persons shall observe or otherwise maintain continuous communication with the workers (visual, voice, signal line, telephone, radio, or other suitable means), and be immediately available to assist them in case of a failure of the air supply or for any other reason that requires relief from distress. The licensee shall provide at least one standby rescue person for every five workers, who is immediately available to assist any worker using this type of equipment and provide effective emergency rescue if needed.
 7. The licensee shall supply atmosphere-supplying respirators with respirable air of grade D quality or better as defined by the Compressed Gas Association in publication G-7.1, "Commodity Specification for Air," 1997 and included in the regulations of OSHA (29 CFR 1910.134(i)(1)(ii)(A) through (E), July 1, 2003, incorporated by reference and on file with the Department, containing no future editions or amendments). Grade D quality air criteria include:
 - a. Oxygen content (v/v) of 19.5-23.5%;
 - b. Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less;
 - c. Carbon monoxide (CO) content of 10 ppm or less;
 - d. Carbon dioxide content of 1,000 ppm or less; and
 - e. Lack of noticeable odor.
 8. The licensee shall ensure that no objects, materials, or substances, such as facial hair, or any conditions that interfere with the face-to-face piece seal or valve function, and that are under the control of the respirator wearer, are present between the skin of the wearer's face and the sealing surface of a tight-fitting respirator face piece.
 9. In estimating the dose to individuals from intake of airborne radioactive materials, the licensee shall use the concentration of radioactive material in the air that is inhaled when respirators are worn, which is determined by dividing the ambient concentration in air without respiratory protection by the assigned protection factor. If the dose is later found to be greater than the estimated dose, the licensee shall modify the calculation using the corrected value. If the dose is later found to be less than the estimated dose, the licensee may modify the calculation using the corrected value.
- B. The licensee shall use Appendix A to select equipment and associated assigned protection factors.
 - C. A licensee shall apply to the Department for authorization to use assigned protection factors in excess of those specified in Appendix A. To apply for authorization the licensee shall:
 1. State the reason for the higher protection factors; and
 2. Demonstrate that the requested respiratory protective equipment provides the higher protection factors under the proposed conditions of use.
 - D. The licensee shall notify the Department in writing at least 30 days before the date that respiratory protective equipment is first used according to subsection (A) or (C).

Historical Note

New Section R9-7-425 recodified from R12-1-425, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-426. Security of Stored Sources of Radiation

A licensee or registrant shall secure from unauthorized removal or access licensed or registered sources of radiation that are stored in unrestricted areas.

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Historical Note

New Section R9-7-426 recodified from R12-1-426, at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-427. Control of Sources of Radiation Not in Storage

- A. A licensee shall control and maintain constant surveillance of licensed radioactive material that is in an unrestricted area and is not in storage or in a patient.
- B. A registrant shall maintain control of radiation machines that are in an unrestricted area and not in storage.

Historical Note

New Section R9-7-427 recodified from R12-1-427, at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-428. Caution Signs

- A. Unless otherwise authorized by the Department, a licensee or registrant shall use the symbol prescribed by this Section with the colors magenta, or purple, or black on yellow background as the standard radiation symbol. The symbol prescribed is the three-bladed design as follows:

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- 1. Cross-hatched area is to be magenta, purple, or black; and
- 2. The background is to be yellow.



- B. Notwithstanding the requirements of subsection (A), licensees or registrants are authorized to label sources of radiation, source holders, or device components containing sources of radiation that are subjected to high temperatures, with conspicuously etched or stamped radiation caution symbols that lack the color scheme required in subsection A.
- C. In addition to the contents of signs and labels prescribed in this Article, the licensee or registrant shall provide, on or near the required signs and labels, additional information to make individuals aware of potential radiation exposures and to minimize the exposures.

Historical Note

New Section R9-7-428 recodified from R12-1-428, at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-429. Posting

- A. A licensee or registrant shall post each radiation area with a conspicuous sign or signs bearing the radiation symbol and the words "CAUTION, RADIATION AREA."
- B. The licensee or registrant shall post each high radiation area with a conspicuous sign or signs bearing the radiation symbol and the words "CAUTION, HIGH RADIATION AREA" or "DANGER, HIGH RADIATION AREA."
- C. The licensee or registrant shall post each very-high radiation area with a conspicuous sign or signs bearing the radiation symbol and the words "GRAVE DANGER, VERY HIGH RADIATION AREA."
- D. The licensee shall post each airborne radioactivity area with a conspicuous sign or signs bearing the radiation symbol and the words "CAUTION, AIRBORNE RADIOACTIVITY AREA" or "DANGER, AIRBORNE RADIOACTIVITY AREA."

- E. The licensee shall post each area or room in which there is used or stored an amount of licensed material exceeding 10 times the quantity of licensed material specified in Appendix C with a conspicuous sign or signs bearing the radiation symbol and the words "CAUTION, RADIOACTIVE MATERIAL(S)" or "DANGER, RADIOACTIVE MATERIAL(S)."

Historical Note

New Section R9-7-429 recodified from R12-1-429, at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-430. Exceptions to Posting Requirements

- A. A licensee or registrant is not required to post caution signs in areas or rooms containing sources of radiation for periods of less than eight hours, if each of the following conditions is met:
 - 1. The sources of radiation are constantly attended during these periods by an individual who takes precautions necessary to prevent exposure of individuals to sources of radiation in excess of limits established in this Article; and
 - 2. The area or room is subject to the licensee's or registrant's control.
- B. A licensee or registrant is not required to post a caution sign in a room or other area in a hospital that is occupied by an individual who has been administered radioactive material, if the individual meets the criteria for release in R9-7-719.
- C. A licensee or registrant is not required to post a caution sign in a room or area because of the presence of a sealed source, provided the radiation level at 30 centimeters from the surface of the sealed source container or housing does not exceed 0.05 mSv (0.005 rem) per hour.
- D. A hospital or clinic licensee is exempt from the posting requirements in R9-7-429 for a teletherapy room if:
 - 1. Access to the room is controlled according to R9-7-731; and
 - 2. Personnel in attendance take necessary precautions to prevent the inadvertent exposure of workers, other patients, and members of the public to radiation that exceeds the limits established in this Chapter.
- E. A registrant is not required to post a caution sign in a room or area because of the presence of radiation machines used solely for diagnosis in the healing arts.

Historical Note

New Section R9-7-430 recodified from R12-1-430, at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-431. Labeling Containers and Radiation Machines

- A. A licensee shall ensure that each container of licensed material is labeled with a durable, clearly visible radiation symbol and the words "CAUTION, RADIOACTIVE MATERIAL" or "DANGER, RADIOACTIVE MATERIAL." The label shall also provide information, such as the radionuclides present, an estimate of the quantity of radioactivity, the date for which the radioactivity is estimated, radiation level, kind of material, and mass enrichment, to permit an individual handling or using a container, or working in the vicinity of a container, to take precautions to avoid or minimize exposure.
- B. Before removal or disposal of an empty, uncontaminated container to an unrestricted area, each licensee shall remove or deface the radioactive material label or otherwise clearly indicate that the container no longer contains radioactive materials.
- C. Each registrant shall ensure that each radiation machine is labeled in a conspicuous manner to caution an individual that radiation is produced when it is energized.

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- D. A licensee shall label each syringe and vial that contains a radiopharmaceutical used in the practice of medicine with the radiopharmaceutical content. Each syringe shield and vial shield shall be labeled, unless the label on the syringe or vial is visible when shielded. The label shall contain the radiopharmaceutical name or its abbreviation, the clinical procedure to be performed, or the name of the person being administered the radiopharmaceutical. Color-coding syringe shields and vial shields does not meet the labeling requirement.

Historical Note

New Section R9-7-431 recodified from R12-1-431, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-432. Labeling Exemptions

A licensee is not required to label:

1. Containers holding licensed material in quantities less than the quantities listed in Appendix C;
2. Containers holding licensed material in concentrations less than those specified in Table III of Appendix B;
3. Containers attended by an individual who takes precautions necessary to prevent exposure of individuals to radiation in excess of the limits established in this Article;
4. Containers holding radioactive material that do not exceed the limits for excepted quantity or article as defined and limited in 49 CFR 173.403, and 173.421 through 173.424, and are transported, packaged, and labeled in accordance with 49 CFR 172.436 through 172.440 (Revised October 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.);
5. Containers that are accessible only to individuals authorized to handle, use, or work in the vicinity of the containers, if the contents are identified to these individuals by a readily available written record, retained as long as the container is in use for the purpose indicated on the record. (Examples of containers of this type are containers in locations such as water-filled canals, storage vaults, or hot cells.); or
6. Installed manufacturing or process equipment, such as piping and tanks.

Historical Note

New Section R9-7-432 recodified from R12-1-432, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-433. Procedures for Receiving and Opening Packages

- A. Each licensee who expects to receive a package containing quantities of radioactive material in excess of a Type A quantity, as defined in 10 CFR 71.4, January 1, 2005, which is incorporated by reference, published by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. The material incorporated by reference contains no future editions or amendments. The licensee shall make arrangements to receive:
1. The package when the carrier offers it for delivery; or
 2. The notification of the arrival of the package at the carrier's terminal and to take possession of the package expeditiously.
- B. Each licensee shall:
1. Monitor the external surfaces of a package, labeled with a Radioactive White I, Yellow II, or Yellow III as specified in 49 CFR 172.403 and 172.436 through 172.440, October 1, 2004, which are incorporated by reference, published by the Office of Federal Register, National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. The material

incorporated by reference contains no future editions or amendments. The licensee shall test the package for radioactive contamination, unless the package contains only radioactive material in the form of gas or in special form, as defined in R9-7-102; and

2. Monitor the external surfaces of a package, labeled with a Radioactive White I, Yellow II, or Yellow III as specified in subsection (B)(1), for radiation levels unless the package contains quantities of radioactive material that are less than or equal to the Type A quantity, defined in 10 CFR 71, and referenced in subsection (A); and
 3. Monitor all packages known to contain radioactive material for radioactive contamination and radiation levels if there is evidence of degradation of package integrity, such as packages that are crushed, wet, or damaged.
- C. The licensee shall perform the monitoring required by subsection (B) as soon as practical after receipt of the package, but not later than three hours after the package is received at the licensee's facility if it is received during the licensee's normal working hours, or not later than three hours from the beginning of the next working day if it is received after working hours.
- D. The licensee shall immediately notify the final delivery carrier and the Department by telephone when:
1. Removable radioactive surface contamination exceeds 22 dpm/cm² for beta-gamma emitting radionuclides or 2.2 dpm/cm² for alpha-emitting radionuclides, wiping a minimum surface area of 300 square centimeters (46 square inches), or the entire surface if less than 300 square centimeters (46 square inches); or
 2. External radiation levels exceed the limits of 2 millisieverts (200 millirem) per hour.
- E. Each licensee shall:
1. Establish, maintain, and retain written procedures for safely opening packages that contain radioactive material, and
 2. Ensure that the procedures are followed and that due consideration is given to special instructions for the type of package being opened.
- F. Licensees transferring special form sources in vehicles owned or operated by the licensee to and from a work site are exempt from the contamination monitoring requirements of subsection (B) but are not exempt from the monitoring requirement in subsection (B) for measuring radiation levels that ensures that the source of radiation is still properly lodged in its shield.

Historical Note

New Section R9-7-433 recodified from R12-1-433, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-434. General Requirements for Waste Disposal

- A. A licensee shall dispose of licensed material only:
1. By transfer to an authorized recipient as provided in R9-7-439 or in Article 3, or to the U.S. Department of Energy;
 2. By decay in storage, according to R9-7-438(C);
 3. By release in effluents within the limits in R9-7-416; or
 4. As authorized according to R9-7-435, R9-7-436, R9-7-437, R9-7-438, or R9-7-438.01;
- B. To receive waste that contains licensed material from other persons, a person shall be specifically licensed for:
1. Treatment prior to disposal,
 2. Treatment or disposal by incineration,
 3. Decay in storage,
 4. Disposal at a land disposal facility licensed according to Article 3, or

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5. Storage until transferred to a storage or disposal facility authorized to receive the waste.

Historical Note

New Section R9-7-434 recodified from R12-1-434, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-435. Method for Obtaining Approval of Proposed Disposal Procedures

For disposal of licensed material generated in the licensee's operations, a licensee or applicant for a license may apply to the Department for approval of proposed disposal procedures, not otherwise authorized in this Chapter. Each application shall include:

1. A description of the waste containing licensed material to be disposed of, including the physical and chemical properties that have an impact on risk evaluation;
2. The proposed manner and conditions of waste disposal;
3. An analysis and evaluation of pertinent information on the nature of the environment;
4. The nature and location of other potentially affected facilities; and
5. An analysis and procedure to ensure that doses comply with R9-7-407(B), and are within the dose limits in this Article.

Historical Note

New Section R9-7-435 recodified from R12-1-435, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-436. Disposal by Release into Sanitary Sewerage System

- A. A licensee may discharge licensed material into sanitary sewerage if each of the following conditions is satisfied:
1. The material is readily soluble or is readily dispersible biological material, in water;
 2. The quantity of licensed radioactive material that the licensee releases into the sewer in one month divided by the average monthly volume of water released into the sewer by the licensee or registrant does not exceed the concentration listed in Appendix B, Table III; and
 3. If more than one radionuclide is released, the following conditions shall also be satisfied:
 - a. The licensee shall determine the fraction of the limit in Appendix B, Table III represented by discharges into sanitary sewerage by dividing the actual monthly average concentration of each radionuclide released by the licensee or registrant into the sewer by the concentration of that radionuclide listed in Appendix B, Table III;
 - b. The sum of the fractions for each radionuclide required by subsection (A)(3)(a) does not exceed unity; and
 - c. The total quantity of licensed radioactive material that the licensee releases into the sanitary sewerage in a year does not exceed 185 GBq (5 Ci) of Hydrogen-3, 37 GBq (1 Ci) of Carbon-14, and 37 GBq (1 Ci) of all other radioactive materials combined.
- B. Excreta from individuals undergoing medical diagnosis or therapy with radioactive material are not subject to the limitations contained in subsection (A).

Historical Note

New Section R9-7-436 recodified from R12-1-436, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-437. Treatment or Disposal by Incineration

A licensee shall treat or dispose of licensed material by incineration only in the amounts and forms specified in R9-7-438 or as specifically approved by the Department according to R9-7-435.

Historical Note

New Section R9-7-436 recodified from R12-1-436, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-438. Disposal of Specific Wastes

- A. A licensee may dispose of the following licensed material as if it were not radioactive:
1. 1.85 kBq (0.05 μ Ci), or less, of Hydrogen-3 or Carbon-14 per gram of medium used for liquid scintillation counting; and
 2. 1.85 kBq (0.05 μ Ci), or less, of Hydrogen-3 or Carbon-14 per gram of animal tissue, averaged over the weight of the entire animal.
 3. 1.85 kBq (0.05 μ Ci), or less, of Iodine-125 per gram of medium used in analyzing in vitro laboratory samples and associated sample holders contaminated during the laboratory procedure.
- B. A licensee shall not dispose of tissue, contaminated with radioactive material, according to subsection (A)(2) in a manner that would permit its use either as food for humans or as animal feed.
- C. A licensee may hold radioactive material with a physical half-life of less than or equal to 120 days for decay in storage before disposal without regard to its radioactivity, and is exempt from the requirements of R9-7-434, provided:
1. The licensee monitors the radioactive material at the surface before disposal and determines that its radioactivity cannot be distinguished from the background radiation level with an appropriate radiation detection survey meter set on its most sensitive scale and with no interposed shielding; and
 2. The licensee removes or obliterates all radiation labels, except for radiation labels on materials that are within containers and that will be managed as biomedical waste after they have been released from the licensee.
- D. The licensee shall maintain records in accordance with R9-7-441.

Historical Note

New Section R9-7-438 recodified from R12-1-438, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-438.01. Disposal of Certain Radioactive Material

- A. Licensed material as defined in the definition of radioactive material in R9-7-102 may be disposed of in accordance with this Article, even though it is not defined as low-level radioactive waste. Therefore, any licensed radioactive material being disposed of at a facility, or transferred for ultimate disposal at a facility licensed by the Department, must meet the requirements of R9-7-439.
- B. A licensee may dispose of radioactive material, as defined in the definition of radioactive material in R9-7-102, at a disposal facility authorized to dispose of such material in accordance with any federal or state solid or hazardous waste law, including the Solid Waste Disposal Act, as authorized under the Energy Policy Act of 2005.

Historical Note

New Section R9-7-438.01 recodified from R12-1-438.01, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-439. Transfer for Disposal and Manifests

- A. Any licensee shipping radioactive waste intended for ultimate disposal at a licensed land disposal facility (for purposes of this rule "land disposal facility" means the land, buildings, structures, and equipment that are intended to be used for the disposal of radioactive waste. A geologic repository is not a land disposal facility) shall comply with 10 CFR 20.2006 and

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10 CFR 20 Appendix G, published January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

- B.** An authorized representative of the waste generator shall provide the certification required in 10 CFR 20, Appendix G, Section II, which is incorporated by reference in subsection (A).

Historical Note

New Section R9-7-439 recodified from R12-1-439, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-440. Compliance with Environmental and Health Protection Regulations

Nothing in R9-7-434, R9-7-435, R9-7-436, R9-7-437, R9-7-438, or R9-7-439 relieves the licensee from complying with other applicable federal, state, and local rules or regulations governing any other toxic or hazardous properties of materials that may be disposed of according to the rules listed in Article 4 of this Chapter.

Historical Note

New Section R9-7-440 recodified from R12-1-440, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-441. Records of Waste Disposal

- A.** Each licensee shall maintain records of the disposal of licensed materials made in accordance with R9-7-435, R9-7-436, R9-7-437, R9-7-438, and disposal by burial in soil, including burials authorized before February 25, 1985.
- B.** The licensee shall retain the records required by subsection (A) until the Department terminates each pertinent license requiring the record. The licensee shall provide for the disposition of these records prior to license termination.

Historical Note

New Section R9-7-441 recodified from R12-1-441, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-442. Department Inspection of Shipments of Waste

Each shipment of waste to a disposal facility, licensed under R9-7-1302(D)(11), is subject to inspection by the Department before shipment or transportation. The waste shipper shall notify the Department not less than five working days before the scheduled shipment or transportation of waste to a licensed disposal facility.

Historical Note

New Section R9-7-442 recodified from R12-1-442, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-443. Reports of Stolen, Lost, or Missing Licensed or Registered Sources of Radiation

- A.** Each licensee or registrant shall report to the Department by telephone as follows:
1. Immediately after it becomes known to the licensee that licensed radioactive material in an aggregate quantity equal to or greater than 1,000 times the quantity specified in Appendix C is stolen, lost, or missing under circumstances that indicate to the licensee that an exposure could result to individuals in unrestricted areas;
 2. Within 30 days after it becomes known to the licensee that licensed radioactive material in an aggregate quantity greater than 10 times the quantity specified in Appendix C is stolen, lost, or missing, and is still missing; and
 3. Immediately after it becomes known to the registrant that a radiation machine is stolen, lost, or missing.
- B.** Each licensee or registrant required to make a report according to subsection (A) shall, within 30 days after making the telephone report, make a written report to the Department that contains the following information:
1. A description of the licensed or registered source of radiation involved, including, for radioactive material, the

kind, quantity, and chemical and physical form; and, for radiation machines, the manufacturer, model, serial number, type, and maximum energy of radiation emitted;

2. A description of the circumstances under which the loss or theft occurred;
 3. A statement of disposition, or probable disposition, of the licensed or registered source of radiation;
 4. Exposures of individuals to radiation, circumstances under which the exposures occurred, and the possible total effective dose equivalent to persons in unrestricted areas;
 5. Actions that have been taken, or will be taken, to recover the source of radiation; and
 6. Procedures or measures that have been, or will be, adopted to ensure against a recurrence of the loss or theft of licensed or registered sources of radiation.
- C.** After filing the written report, the licensee or registrant shall also report additional substantive information on the loss or theft within 30 days after the licensee or registrant learns of the information.
- D.** The licensee or registrant shall provide the Department with the names of individuals who may have received an exposure to radiation as a result of an incident reported to the Department under subsection (B).

Historical Note

New Section R9-7-443 recodified from R12-1-443, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-444. Reports of Exposures, Radiation Levels, and Concentrations of Radioactive Material Exceeding the Limits

- A.** In addition to the notification required by R9-7-445, each licensee or registrant shall submit a written report within 30 days after learning of any of the following:
1. Incidents for which notification is required by R9-7-445;
 2. Doses in excess of any of the following:
 - a. The occupational dose limits for adults in R9-7-408;
 - b. The occupational dose limits for a minor in R9-7-414;
 - c. The limits for an embryo or fetus of a declared pregnant woman in R9-7-415;
 - d. The limits for an individual member of the public in R9-7-416;
 - e. Any applicable limit in the license or registration; or
 - f. The ALARA limit on air emissions in R9-7-407;
 3. Levels of radiation or concentrations of radioactive material in:
 - a. A restricted area in excess of applicable limits in the license or registration, or
 - b. An unrestricted area in excess of 10 times the applicable limit in this Article or in the license or registration, whether or not this involves an exposure of any individual to a dose in excess of the limits in R9-7-416;
 4. Radiation levels or concentrations of radioactive material in excess of the standards in 40 CFR 190, 2003 edition, published July 1, 2003, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408 which is incorporated by reference and on file with the Department, if the licensee is subject to these federal standards, or there is a license condition referencing the 40 CFR 190 standards. This incorporation by reference contains no future editions or amendments.
- B.** Contents of reports.

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1. Each report shall contain a description of each individual's exposure to radiation and radioactive material, including as applicable:
 - a. Estimates of each individual's dose;
 - b. The levels of radiation and concentrations of radioactive material involved;
 - c. The cause of the elevated exposures, dose rates, or concentrations; and
 - d. Corrective steps taken or planned to ensure against a recurrence, including the schedule for achieving conformance with applicable limits, generally applicable environmental standards, and associated license or registration conditions.
 2. Each report filed according to subsection (A) shall include for each occupationally overexposed individual: name, Social Security number, and date of birth. With respect to the limit for an embryo or fetus in R9-7-415, the identifiers in the report should be those of the declared pregnant woman. The report shall be prepared so that information regarding each overexposed individual is stated in a separate and detachable part of the report.
- C. All licensees or registrants who make reports according to subsection (A) shall submit the report in writing to the Department.

Historical Note

New Section R9-7-444 recodified from R12-1-444, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-445. Notification of Incidents

- A. Immediate notification: Each licensee or registrant shall immediately report to the Department any event involving a radiation source that may have caused or threatens to cause any of the following conditions:
1. An individual to receive:
 - a. A total effective dose equivalent of 0.25 Sv (25 rem) or more;
 - b. A lens dose equivalent of 0.75 Sv (75 rem) or more; or
 - c. A shallow-dose equivalent to the skin or extremities of 2.5 Gy (250 rads) or more; or
 2. The release of radioactive material, inside or outside of a restricted area, so if an individual had been present for 24 hours, the individual could have received five times the annual limit on intake (this subsection do not apply to a location where personnel are not normally stationed during routine operations, such as a hot-cell or process enclosure).
- B. Twenty-four hour notification: Each licensee or registrant shall, within 24 hours of discovery of the event, report to the Department any event involving loss of control of a radiation source possessed by the licensee or registrant that may have caused, or threatens to cause, any of the following conditions:
1. An individual to receive, in a period of 24 hours
 - a. A total effective dose equivalent exceeding 0.05 Sv (5 rem);
 - b. A lens dose equivalent exceeding 0.15 Sv (15 rem); or
 - c. A shallow-dose equivalent to the skin or extremities exceeding 0.5 Gy (50 rads); or
 2. The release of radioactive material, inside or outside of a restricted area, so, if an individual had been present for 24 hours, the individual could have received an intake in excess of one occupational annual limit of intake (this subsection does not apply to a location where personnel

are not normally stationed during routine operations, such as a hot-cell or process enclosure).

- C. A licensee or registrant shall prepare any report filed with the Department according to this Section so that names of individuals who have received exposure to radiation or radioactive material are stated in a separate and detachable part of the report.
- D. A licensee or registrant shall report to the Department by telephone in response to the requirements of this Section.
- E. If the Department does not respond to the initial telephone call, the licensee or registrant shall report to the Department of Public Safety and continue with reasonable efforts to contact the Department Duty Officer until contact is made.
- F. The provisions of this Section do not apply to a dose that results from a planned special exposure, if the dose is within the limits for planned special exposures and reported according to R9-7-413(C).

Historical Note

New Section R9-7-445 recodified from R12-1-445, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-446. Notifications and Reports to Individuals

- A. Requirements for notification and reports to individuals of exposure to radiation or radioactive material are specified in R9-7-1004.
- B. In addition to the reporting requirements in R9-7-444 and R9-7-445, each licensee or registrant shall notify the individual exposed to radiation or radioactive material. The notice to the exposed individual shall be provided no later than the date the report is submitted to the Department and shall comply with R9-7-1004(A).

Historical Note

New Section R9-7-446 recodified from R12-1-446, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-447. Vacating Premises

- A. If a facility has been used for activities involving radioactive material a licensee shall notify the Department in writing of the intent to vacate the facility no less than 45 days before relinquishing possession or control of the facility.
- B. If a facility is contaminated with radioactive material, a licensee vacating the facility shall decontaminate it using Department-approved procedures.
- C. The Department shall inspect a vacated facility to determine whether it is contaminated with radioactive material.

Historical Note

New Section R9-7-447 recodified from R12-1-447, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-448. Additional Reporting

- A. Each licensee shall notify the Department as soon as possible, but not later than four hours after the discovery of an event, and take immediate protective actions necessary to avoid exposures to radiation or radioactive materials that could exceed the limits specified in this Chapter or releases of licensed material that could exceed the limits specified in this Chapter. For purposes of this Section, event means a radiation accident involving a fire, explosion, gas release, or similar occurrence.
- B. Each licensee shall notify the Department within 24 hours after discovering any of the following events involving licensed material:
1. A contamination event that:
 - a. Requires that anyone having access to the contaminated area be restricted for more than 24 hours by

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the imposition of additional radiological controls to prohibit entry into the area; and

- b. Involves a quantity of radioactive material greater than five times the lowest annual limit on intake specified in Appendix B of this Article; and
 - c. Results in access to the contaminated area being restricted for a reason other than to allow radionuclides with a half-life of less than 24 hours to decay prior to decontamination.
2. An event in which equipment is disabled or fails to function as designed when:
 - a. The equipment is part of a system designed to prevent releases exceeding the limits specified in this Chapter, to prevent exposures to radiation and radioactive materials exceeding limits specified in this Chapter, or to mitigate the consequences of an accident; and
 - b. The equipment performs a safety function; and
 - c. No redundant equipment is available and operable to perform the required safety function.
 3. An event that requires urgent medical treatment of an individual with radioactive contamination on the individual's clothing or body.
 4. A fire or explosion damaging any licensed material or any device, container, or equipment containing licensed material when:
 - a. The quantity of material involved is greater than five times the lowest annual limit on intake specified in Appendix B of this Article, and
 - b. The damage affects the integrity of the licensed material or its container.
- C.** Each licensee shall make reports required by subsections (A) and (B) above by telephone to the Department. To the extent that the information is available at the time of notification, the information provided in these reports shall include:
1. The callers's name, official title, and call back telephone number;
 2. A description of the event, including date and time;
 3. The exact location of the event;
 4. The isotopes, quantities, and chemical and physical form of the licensed material involved; and
 5. Any personnel radiation exposure data available.
- D.** Each licensee who makes a report required by subsection (A) or (B) shall submit to the Department a written follow-up report within 30 days of the initial report. Written reports prepared as required by other rules may be submitted to fulfill this requirement if the reports contain all of the required information in this subsection. The report shall include the following:
1. A description of the event, including the probable cause and the manufacturer and model number (if applicable) of any equipment that failed or malfunctioned;
 2. The exact location of the event;
 3. The isotopes, quantities, and chemical and physical form of the licensed material involved;
 4. Date and time of the event;
 5. Corrective actions taken or planned and the results of any evaluations or assessments; and
 6. The extent of personnel exposure to radiation or to radioactive materials without identification of each exposed individual by name.
- E.** Each licensee that makes a report required by subsection (A) or (B) shall submit a written follow-up report to the Department within 60 days after the initial report.

Historical Note

New Section R9-7-448 recodified from R12-1-448, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-449. Survey Instruments and Pocket Dosimeters

- A.** Each licensee or registrant shall ensure that survey instruments used to show compliance with this Article have been calibrated before first use, annually, and following repair, unless otherwise specified in this Chapter.
- B.** To satisfy the requirements of subsection (A), the licensee or registrant shall:
1. For each scale to be calibrated, calibrate two readings separated by at least 50 percent of scale rating; and
 2. Conspicuously note on the instrument the apparent radiation level, in appropriate units for the type of survey instrument being used and the date of calibration.
- C.** Each licensee or registrant shall check each survey instrument for proper operation with the dedicated check source after calibration and before each use.
- D.** The licensee or registrant shall retain a record of each calibration required in subsection (A) for three years. The record shall include:
1. A description of the calibration procedure; and
 2. A description of the source used, the certified dose rates from the source, the rates indicated by the instrument being calibrated, the correction factors deduced from the calibration data, the signature of the individual who performed the calibration, and the date of calibration.
- E.** To meet the requirements of subsections (A), (B), and (C), the licensee or registrant may obtain the services of persons licensed or registered by the Department, the NRC, an Agreement State, or a Licensing State to perform calibrations of survey instruments. Licensing records of the service person authorization shall be maintained for three years by the licensee or registrant obtaining the service.
- F.** Each licensee or registrant shall ensure that pocket dosimeters used to show compliance with this Article:
1. Have been evaluated for proper operation annually and following repair, using a procedure acceptable to the Department, unless a more frequent evaluation is required by license condition (Unless the dosimeter is electronic, the evaluation of the dosimeter shall include a drift test over a 24-hour period.); and
 2. Meet the performance criteria listed in R9-7-523(C) and R9-7-1130(C).
- G.** Records of personnel dosimeter operational checks shall be maintained for three years.

Historical Note

New Section R9-7-449 recodified from R12-1-449, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-450. Sealed Sources

- A.** A licensee shall only receive, possess, and use radioactive materials contained in a sealed source that has been manufactured, labeled, packaged, and distributed in accordance with a specific license for its manufacture and distribution. The license to manufacture and distribute a sealed source shall be issued by the Department, the U.S. Nuclear Regulatory Commission, a Licensing State, or another Agreement State.
- B.** A licensee who possesses and uses a sealed source, or any device or equipment that contains a sealed source, shall follow the radiation safety and handling instructions approved by the Department or follow the radiation safety and handling instructions furnished by the manufacturer on the label attached to the source, on the permanent container of the source, or in a leaflet or brochure that accompanies the source, and maintain the instructions in a legible and conveniently available form. If the handling instructions, leaflet, or bro-

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chure is no longer available and a copy cannot be obtained from the manufacturer, the licensee shall notify the Department that the source handling information is no longer available.

C. Inventories:

1. An inventory shall be conducted at intervals not to exceed six months, unless a shorter interval is specified by license condition.
2. The records of the inventory shall be maintained for three years from the date of the inventory, and shall be available for inspection by the Department.
3. The information recorded shall include:
 - a. The kind and quantity of radioactive material,
 - b. The model and serial number of the source or the device in which it is mounted,
 - c. The location of the sealed source,
 - d. The date of the inventory, and
 - e. The signature of the person performing the inventory.

D. Any licensee who possesses and uses sealed sources in the practice of medicine shall conduct a physical inventory according to the requirements in 9 A.A.C. 7, Article 7.

E. Sealed sources, containing radioactive material, shall not be opened unless authorized by license condition.

F. Sealed sources and machines, devices, or equipment containing sealed sources shall be used in accordance with procedures described in the manufacturer's instructions and the safety precautions described in the Nuclear Regulatory Commission Sealed Sources and Device Registry, unless the instructions or precautions conflict with these rules or license condition.

Historical Note

New Section R9-7-450 recodified from R12-1-450, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-451. Termination of a Radioactive Material License or a Licensed Activity

A. As the final step before terminating a radioactive material use program licensed under R9-7-312, the licensee shall:

1. Certify to the Department the disposition of all licensed material, including accumulated wastes, by submitting a complete description of a disposal plan with signed receipts from all licensed persons receiving the licensed material; and
2. Conduct a radiation survey of the premises where the licensed activities were carried out to demonstrate that the premises are suitable for release in accordance with the criteria for decommissioning in R9-7-452 and submit to the Department a report of the results of this survey, unless the licensee demonstrates in some other manner acceptable to the Department that the premises are suitable for release in accordance with the criteria for decommissioning in R9-7-452.

B. Before terminating a licensed program, each licensee authorized to possess radioactive material with a half-life greater than 120 days, in any unsealed form, shall forward the following records to the Department:

1. Records of disposal of the licensed material required by R9-7-435, R9-7-436, R9-7-437, and R9-7-438; and
2. Records required by R9-7-418.

C. If a licensed activity is transferred or assigned in accordance with subsection (E), each licensee authorized to possess radioactive material with a half-life greater than 120 days, in any unsealed form, shall transfer the following records to the new licensee and the new licensee shall maintain these records until the license is terminated:

1. Records of disposal of licensed material required by R9-7-435, R9-7-436, R9-7-437, and R9-7-438; and
2. Records required by R9-7-418.

D. Before the Department terminates a license, each licensee shall forward the records required by subsection (E) to the Department.

E. A person licensed under R9-7-312 shall maintain required records regarding decommissioning of a facility in a location identified on the license until the Department releases the site for unrestricted use. Before transfer or assignment of licensed activities, a licensee shall transfer all records required by this Section to the transferee. If records relating to facility decommissioning are kept for other purposes, the transferee shall refer to these records and provide their location on the transferee's application for a license. The transferee shall maintain the records until the Department terminates the transferee's new license. The new licensee shall maintain the following decommissioning records for Department review:

1. Records of spills or other occurrences involving the spread of contamination in and around the facility, equipment, or site. The licensee shall maintain a record of any instance when contamination remains after cleanup procedures or there is a reasonable likelihood that a contaminant has spread to an inaccessible area, as in the case of possible seepage into porous material such as concrete. These records shall include any known information that identifies any radionuclide involved and its quantity, form, and concentration.
2. As-built drawings showing modifications of structures and equipment in restricted areas where radioactive materials are used or stored, and locations of possible inaccessible contamination, such as buried pipes. If as-built drawings are referenced, the licensee need not index each relevant document individually. If drawings are not available, the licensee shall provide records with known information concerning these areas and locations, as prescribed in subsection (E)(1).
3. Except for areas that contain depleted uranium used only for shielding or as penetrators in unused munitions, a list, contained in a single document and updated every two years, of the following:
 - a. Any area designated or formerly designated as a restricted area as defined under R9-7-102;
 - b. Any area outside of a restricted area for which documentation is required under subsection (B)(1);
 - c. Any area outside of a restricted area where wastes have been buried;
 - d. Any area outside of a restricted area that contains regulated radioactive material that will require the licensee to either decontaminate the area for decommissioning under R9-7-452 or obtain disposal approval under R9-7-435; and
 - e. Any restricted area where wastes have been buried.
4. Records of the cost estimate performed for the decommissioning funding plan or the amount certified by the Department for decommissioning and the method for assuring funding, if either a funding plan or certification is used.

Historical Note

New Section R9-7-451 recodified from R12-1-451, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-452. Radiological Criteria for License Termination

A. General provisions and scope:

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1. The criteria in this Section apply to the decommissioning of facilities licensed under Article 3 of this Chapter. The criteria do not apply to uranium and thorium recovery facilities already subject to 10 CFR 40, Appendix A, or to uranium solution extraction facilities.
 2. The criteria in this Section do not apply to sites that:
 - a. Have been decommissioned before the effective date of this Section; or
 - b. Have previously submitted and received Department approval of a license termination plan (LTP) or decommissioning plan.
 3. If a site has been decommissioned and the license terminated in accordance with the criteria in this Section, the Department shall not require additional cleanup unless, based on new information, the Department determines that the criteria of this Section were not met and residual radioactivity at the site is a threat to public health and safety.
 4. When calculating the TEDE for the average member of the critical group, a licensee shall use the peak annual dose expected within the first 1000 years after decommissioning.
- B.** Radiological criteria for unrestricted use. The Department considers a site acceptable for unrestricted use if the licensee reduces residual radioactivity, distinguishable from background radiation, to a TEDE for an average member of the critical group that does not exceed 0.15 mSv (15 mrem) per year, including radiation from groundwater sources of drinking water, and the residual radioactivity is as low as reasonably achievable (ALARA). To determine the level that is ALARA, the Department and the licensee shall take into account any detriment, such as deaths from transportation accidents, that is likely to result from decontamination and waste disposal.
- C.** Criteria for license termination under restrictive conditions. The Department considers a site acceptable for license termination if the licensee meets all of the following restrictive conditions:
1. The licensee demonstrates that a reduction in residual radioactivity, necessary to comply with subsection (B), will result in net public or environmental harm or is not being made because the residual level of radioactivity is ALARA. To determine the level that is ALARA, the Department and the licensee shall take into account any detriment, such as deaths from transportation accidents, that is likely to result from decontamination and waste disposal;
 2. The licensee establishes one or more legally enforceable institutional controls that reduce residual radioactivity, distinguishable from background radiation, to a TEDE for the average member of the critical group that does not exceed (0.15 mSv) 15 mrem per year, including radiation from groundwater sources of drinking water;
 3. The licensee demonstrates financial assurance that complies with R9-7-323(C), which enables an independent third party, including a governmental custodian of the site, to assume and carry out responsibilities for control and maintenance of the site and funds placed into a trust segregated from the licensee's assets and outside the licensee's administrative control, and in which the adequacy of the trust funds is to be assessed based on an assumed annual 1 percent real rate of return on investment;
 4. The licensee submits a decommissioning plan or License Termination Plan (LTP) to the Department, indicating the licensee's intent to decommission in accordance with R9-7-323 and specifying that the licensee intends to decommission by restricting use of the site. The licensee shall document in the LTP or decommissioning plan how comments from individuals and institutions in the community, who may be affected by the decommissioning, have been sought and addressed after analysis.
- a. If a licensee is restricting use of the site, the licensee shall seek comments from the public concerning the proposed decommissioning, regarding all of the following matters:
 - i. Whether the institutional controls proposed by the licensee will reduce residual radioactivity, distinguishable from background radiation, to a TEDE for the average member of the critical group that does not exceed 0.15 mSv (15 mrem) per year; are enforceable; and do not impose an unreasonable burden on the local community or other affected parties; and
 - ii. Whether the licensee has provided financial assurance that complies with R9-7-323(C), which enables an independent third party, including a governmental custodian of the site, to assume and carry out responsibilities for control and maintenance of the site;
 - b. In seeking comments on the issues identified in subsection (C)(4)(a), the licensee shall provide for:
 - i. Participation by representatives of a broad cross section of community interests that may be affected by the decommissioning;
 - ii. An opportunity for a comprehensive discussion of the issues by all of the community representatives; and
 - iii. A publicly available document that contains or access to each oral and written comment that reflects the viewpoints of community representatives on each issue and the extent of agreement or disagreement among representatives on each issue; and
5. The licensee reduces residual radioactivity, distinguishable from background radiation, at the site so that if the institutional controls are no longer in effect, the TEDE for the average member of the critical group is as low as reasonably achievable and does not exceed 1 mSv (100 mrem) per year; unless the licensee:
 - a. Demonstrates that a further reduction in residual radioactivity necessary to comply with subsection (C)(5) is not technically achievable or economically feasible, or will result in net public or environmental harm;
 - b. Provides for durable institutional controls; and
 - c. Provides financial assurance that complies with R9-7-323(C), which enables an independent third party, including a governmental custodian of the site, to carry out periodic rechecks of the site, no less frequently than every five years; assures that each institutional control remains in place according to subsection (C)(3); and assumes and carries out responsibilities for maintenance of the institutional control.
- D.** Alternate criteria for license termination:
1. Based on circumstances that relate to a specific license, the Department may terminate the license using the following alternate criteria for subsections (B) or (C)(2), if the licensee demonstrates that the TEDE from residual radioactivity, distinguishable from background radiation, for an average member of the critical group does not exceed 0.15 mSv (15 mrem) per year, and if the licensee:

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- a. Ensures that public health and safety is protected by submitting an analysis of possible sources of exposure, prepared by a independent qualified expert, which indicates whether it is likely that the dose from all human-made sources combined, other than medical sources, is more than the 1 mSv/y (100 mrem/y) limit in R9-7-416;
 - b. Employs to the extent practicable, restrictions on site use, according to the provisions of subsection (C) to minimize exposures at the site;
 - c. Reduces doses to ALARA levels, taking into consideration any detriments such as traffic accidents expected to potentially result from decontamination and waste disposal; d.Submits a decommissioning plan or License Termination Plan (LTP) to the Department that indicates the licensee's intent to decommission in accordance with R9-7-323, and specifies that the licensee proposes to decommission by use of alternate criteria. The licensee shall document in the decommissioning plan or LTP how comments from individuals and institutions in the community, who may be affected by the decommissioning, have been sought and addressed after analysis. In seeking comments, the licensee shall provide for:
 - i. Participation by representatives of a broad cross section of community interests that may be affected by the decommissioning;
 - ii. An opportunity for a comprehensive discussion of the issues by all of the community representatives; and
 - iii. A publicly available document that contains or access to each oral and written comment that reflects viewpoints of community representatives on each issue and the extent of agreement and disagreement among the representatives on each issue; and
 - e. Has provided sufficient financial assurance in the form of a trust fund to enable an independent third party, including a governmental custodian of a site, to assume and carry out responsibilities for any necessary control and maintenance of the site.
2. The use of alternate criteria to terminate a license requires approval by the Department after consideration of any comments provided by the U.S. Environmental Protection Agency and any public comments submitted under subsection (E).
- E. Public notification and public participation:**
1. Upon the receipt of an LTP or decommissioning plan from a licensee, or a proposal by a licensee for release of a site under subsection (C) or (D), or whenever the Department determines that notice will serve the public interest, the Department shall notify and solicit comments from:
 - a. Local and state governments in the vicinity of the site and any Indian Nation or other indigenous people that have treaty or statutory rights that could be affected by the decommissioning; and
 - b. The U.S. Environmental Protection Agency.
 2. To comply with subsection(E)(1) the Department shall publish a notice in a local newspaper, send letters to state or local organizations on its mailing list, hold a public hearing that is readily accessible to individuals in the vicinity of the site, and solicit comments from the public.
- F. Minimization of contamination.** After the effective date of this Section, an applicant for a license, other than a renewal, shall

describe in the application how facility design and procedures for operation will facilitate eventual decommissioning and minimize, to the extent practicable, the generation of radioactive waste and contamination of the facility and the environment.

1. Applicants for standard design certifications, standard design approvals, and manufacturing licenses shall describe in the application how facility design will minimize, to the extent practicable, contamination of the facility and the environment, facilitate eventual decommissioning, and minimize, to the extent practicable, the generation of radioactive waste.
 2. Licensees shall, to the extent practical, conduct operations to minimize the introduction of residual radioactivity into the site, including the subsurface, in accordance with the existing radiation protection requirements in this Article and radiological criteria for license termination in this Article.
- G.** The Department considers a site acceptable for unrestricted use if the residual radioactivity, distinguishable from background radiation, is equal to or less than the values in Table 1.

Historical Note

New Section R9-7-452 recodified from R12-1-452, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Table 1. Acceptable Surface Contamination¹ Levels

Radionuclide ¹	Average ^{2,3}	Maximum ^{2,4}	Removable ^{2,5}
U-nat, U-235, U-238, and associated decay products	5,000 dpm/100 cm ²	15,000 dpm/100cm ²	1,000 dpm/100 cm ²
Transuranics, Ra-226, Ra-228, Th-230, Pa-231, Ac-227, I-125, I-129	100dpm/100cm ²	300 dpm/100cm ²	20dpm/100cm ²
Th-nat, Th-232, Sr-90, Ra-223, Ra-224, U-232, I-126, I-131, I-133	1000 dpm/100cm ²	3000 dpm/100cm ²	200 dpm/100cm ²
Beta-gamma (Exceptions noted above)	5,000 dpm/100 cm ²	15,000 dpm/100cm ²	1,000 dpm/100 cm ²

¹ Where surface contamination by both alpha-and beta-gamma-emitting radionuclides exists, the limits established for alpha-and beta-gamma-emitting radionuclides apply independently.

² As used in this table, dpm (disintegrations per minute) means the rate of emission by radioactive material as determined by correcting the counts per minute observed on an instrument calibrated for background, efficiency, and geometric factors associated with the instrumentation, in accordance with R9-7-449.

³ Measurements of average contamination level shall not be averaged over more than one square meter. For objects of less surface area, the average shall be derived for each object.

⁴ The maximum contamination level applies to an area of not more than 100 cm².

⁵ The amount of removable radioactive material per 100 cm² of surface area shall be determined by wiping that area with dry filter or soft absorbent paper, applying moderate pressure, and assessing the amount of radioactive material on the wipe with an instrument calibrated in accordance with R9-7-449. When removable contamination on objects of surface area A (where A is less than 100 sq. cm) is determined, the entire surface shall be wiped and the con-

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tamination level multiplied by 100/A to convert to a “per 100 sq. cm” basis.

Historical Note

New Article 4, Table 1 recodified from 12 A.A.C. 1, Article 4, Table 1, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-453. Reports to Individuals of Exceeding Dose Limits

Any licensee or registrant that reports a personnel exposure to the Department in accordance with R9-7-413(A)(6), R9-7-444, or R9-7-452 shall:

1. Notify the exposed individual of the exposure addressed in the report; and
2. Transmit the report to the exposed individual at the same time the Department is notified of the exposure.

Historical Note

New Section R9-7-453 recodified from R12-1-453, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-454. Nationally Tracked Sources

- A. A licensee who manufactures, receives, transfers, disassembles, or disposes of a nationally tracked source shall complete and submit to the Nuclear Regulatory Commission’s National Source Tracking System and the Department, a National Source Tracking Transaction Report that contains the information required in 10 CFR 20.2207(a) through (e), revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. The report shall be submitted by the close of the next business day after the transaction using a reporting method specified in 10 CFR 20.2207(f), revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

- B. The initial National Source Tracking Transaction Report shall contain the information required in subsection (A), be submitted using a method specified in 10 CFR 20.2207(f) and include the additional information required by 10 CFR 20.2207(h)(1) through (6), revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- C. A licensee shall correct any error in previously filed National Source Tracking Transaction Reports or file a new report for any missed transaction within five business days of the discovery of the error or missed transaction in accordance with 10 CFR 20.2207(g), revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- D. A licensee who receives a nationally tracked sealed source shall not disassemble the source unless specifically authorized to do so by the Department.

Historical Note

New Section R9-7-454 recodified from R12-1-454, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-455. Security Requirements for Portable Gauges

- A. A licensee that uses a portable gauge shall use a minimum of two independent controls to maintain security while:
1. Transporting a portable gauge; and
 2. Storing a portable gauge.
- B. Each control shall form a tangible barrier that will prevent unauthorized removal whenever a portable gauge is not under the control and constant surveillance of the licensee.
- C. A licensee shall employ controls approved by the Department.

Historical Note

New Section R9-7-455 recodified from R12-1-455, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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Appendix A. Assigned Protection Factors for Respirators^a

	Operating mode	Assigned Protection Factors
I. Air Purifying Respirators [Particulate^b only]^c:		
Filtering face piece disposable ^d	Negative	(^d)
Face piece, half ^e	Negative Pressure	10
Face piece, full	Negative Pressure	100
Face piece, half	Powered Air-purifying Respirators	50
Face piece, full	Powered Air-purifying Respirators	1000
Helmet/hood	Powered Air-purifying Respirators	1000
Face piece, loose-fitting	Powered Air-purifying Respirators	25
II. Atmosphere supplying respirators [particulate, gases and vapors^f]:		
1. Air-line respirator:		
Face piece, half	Demand	10
Face piece, half	Continuous Flow	50
Face piece, half	Pressure Demand	50
Face piece, full	Demand	100
Face piece, full	Continuous Flow	1000
Face piece, full	Pressure Demand	1000
Helmet/hood	Continuous Flow	1000
Face piece, loose-fitting	Continuous Flow	25
Suit	Continuous Flow	(^g)
2. Self-contained breathing Apparatus (SCBA):		
Face piece, full	Demand	^h 100
Face piece, full	Pressure Demand	¹ 10,000
Face piece, full	Demand, Recirculating	^h 100
Face piece, full	Positive Pressure Recirculating	¹ 10,000
III. Combination Respirators:		
Any combination of air-purifying and atmosphere-supplying respirators	Assigned protection factor for type and mode of operation as listed above	

^a These assigned protection factors apply only in a respiratory protection program that meets the requirements of this Article. They are applicable only to airborne radiological hazards and may not be appropriate if chemical or other respiratory hazards exist instead of, or in addition to, radioactive hazards. A licensee shall comply with Department of Labor regulations, regarding selection and use of respirators for those circumstances.

Radioactive contaminants for which the concentration values in Table 1, Column 3 of Appendix B are based on internal dose due to inhalation may, in addition, present external exposure hazards at higher concentrations. Under these circumstances, limitations on occupancy may have to be governed by external dose limits.

^b A licensee shall equip air purifying respirators of APF<100 with particulate filters that are at least 95 percent efficient. The licensee shall equip air purifying respirators of APF=100 with particulate filters that are at least 99 percent efficient. The licensee shall equip air purifying respirators of APF>100 with particulate filters that are at least 99.97 percent efficient.

^c A licensee may apply to the Commission for the use of an APF greater than 1 for sorbent cartridges as protection against airborne radioactive gases and vapors, similar to radioiodine.

^d A Licensee may permit an individual to use this type of respirator if the individual has not been medically screened or fit tested on the device, provided that no credit is taken for use of these respirators in estimation of intake or dose. It is also recognized that it is difficult to perform an effective positive or negative pressure pre-use user seal check on this type of device. All other respiratory protection program requirements listed in 10 CFR 20.1703, January 2000 Edition, and published January 1, 2000, apply and are incorporated by reference and available for review at the Department and Secretary of State. This incorporation by reference contains no future editions or amendments. There is no assigned protection factor for these devices. However, a licensee may use an APF equal to 10 if the licensee can demonstrate a fit factor of at least 100 by use of a validated or evaluated, qualitative or quantitative fit test.

^e Under-chin type only. No distinction is made in this appendix between elastomeric half-masks with replaceable cartridges and those designed with the filter medium as an integral part of the face piece (disposable or reusable disposable). Both types are acceptable as long as the seal area of the latter contains some substantial type of seal-enhancing material, such as rubber or plastic, two or more suspension straps are adjustable, the filter medium is at least 95 percent efficient, and all other requirements of this Article are met.

^f The assigned protection factors for gases and vapors are not applicable to radioactive contaminants that present an absorption or submersion hazard. For tritium oxide vapor, approximately one-third of the intake occurs by absorption through the skin so that an overall pro-

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tection factor of 3 is appropriate when atmosphere-supplying respirators are used to protect against tritium oxide. Exposure to radioactive noble gases is not considered a significant respiratory hazard and protective actions for these contaminants should be based on external (submersion) dose considerations.

^g No NIOSH approval schedule is currently available for atmosphere supplying suits. This equipment may be used in an acceptable respiratory protection program as long as all the other minimum program requirements, with the exception of fit testing, are met. The minimum program requirements are provided in 10 CFR 20.1703.

^h The licensee shall implement institutional controls to assure that these devices are not used in areas immediately dangerous to life or health (IDLH).

ⁱ This type of respirator may be used as an emergency device in unknown concentrations for protection against inhalation hazards. External radiation hazards and other limitations to permitted exposure such as skin absorption shall be taken into account in these circumstances. This device may not be used by any individual who experiences perceptible outward leakage of breathing gas while wearing the device.

Historical Note

New Appendix A recodified from 12 A.A.C. 1, Article 4, Appendix A, effective March 22, 2018 (Supp. 18-1).

Appendix B. Annual Limits on Intake (ALI) and Derived Air Concentrations (DAC) of Radionuclides for Occupational Exposure; Effluent Concentrations; Concentrations for Release to Sanitary Sewerage

Introduction

For each radionuclide, Table I indicates the chemical form which is to be used for selecting the appropriate ALI or DAC value. The ALIs and DACs for inhalation are given for an aerosol with an activity median aerodynamic diameter (AMAD) of 1 μm , micron, and for three classes (D,W,Y) of radioactive material, which refer to their retention (approximately days, weeks, or years) in the pulmonary region of the lung. This classification applies to a range of clearance half-times for D if less than 10 days, for W from 10 to 100 days, and for Y greater than 100 days. Table II provides concentration limits for airborne and liquid effluents released to the general environment. Table III provides concentration limits for discharges to sanitary sewerage.

Note:

The values in Tables I, II, and III are presented in the computer "E" notation. In this notation a value of 6E-02 represents a value of 6×10^{-2} or 0.06, 6E+2 represents 6×10^2 or 600, and 6E+0 represents 6×10^0 or 6.

Table I "Occupational Values"

Note that the columns in Table I of this Appendix captioned "Oral Ingestion ALI," "Inhalation ALI," and "DAC" are applicable to occupational exposure to radioactive material.

The ALIs in this Appendix are the annual intakes of given radionuclide by "Reference Man" which would result in either (1) a committed effective dose equivalent of 0.05 Sv (5 rem), stochastic ALI, or (2) a committed dose equivalent of 0.5 Sv (50 rem) to an organ or tissue, nonstochastic ALI. The stochastic ALIs were derived to result in a risk, due to irradiation of organs and tissues, comparable to the risk associated with deep-dose equivalent to the whole body of 0.05 Sv (5 rem). The derivation includes multiplying the committed dose equivalent to an organ or tissue by a weighting factor, W_T . This weighting factor is the proportion of the risk of stochastic effects resulting from irradiation of the organ or tissue, T, to the total risk of stochastic effects when the whole body is irradiated uniformly. The values of W_T are listed under the definition of weighting factor in R9-7-403. The nonstochastic ALIs were derived to avoid nonstochastic effects, such as prompt damage to tissue or reduction in organ function.

A value of $W_T = 0.06$ is applicable to each of the five organs or tissues in the "remainder" category receiving the highest dose equivalents, and the dose equivalents of all other remaining tissues may be disregarded. The following portions of the GI tract -- stomach, small intestine, upper large intestine, and lower large intestine -- are to be treated as four separate organs.

Note that the dose equivalents for an extremity, skin, and lens of the eye are not considered in computing the committed effective dose equivalent but are subject to limits that shall be met separately.

When an ALI is defined by the stochastic dose limit, this value alone is given. When an ALI is determined by the nonstochastic dose limit to an organ, the organ or tissue to which the limit applies is shown, and the ALI for the stochastic limit is shown in parentheses. Abbreviated organ or tissue designations are used:

LLI wall	=	lower large intestine wall,
St. wall	=	stomach wall,
Blad wall	=	bladder wall, and
Bone surf	=	Bone surface.

The use of the ALIs listed first, the more limiting of the stochastic and nonstochastic ALIs, will ensure that nonstochastic effects are avoided and that the risk of stochastic effects is limited to an acceptably low value. If, in a particular situation involving a radionuclide for which the nonstochastic ALI is limiting, use of that nonstochastic ALI is considered unduly conservative, the licensee may use the stochastic ALI to determine the committed effective dose equivalent. However, the licensee shall also ensure that the 0.5 Sv (50 rem) dose equivalent limit for any organ or tissue is not exceeded by the sum of the external deep-dose equivalent plus the internal committed dose equivalent to that organ, not the effective dose. For the case where there is no external dose contribution, this would be demonstrated if the sum of the fractions of the nonstochastic ALIs (ALI_{ns}) that contribute to the committed dose equivalent to the organ receiving the highest dose does not exceed unity, that is, $\Sigma (\text{intake (in } \mu\text{Ci)}) / ALI_{ns} \leq 1.0$. If there is an external deep dose equivalent contribution of H_d , then this sum must be less than $1 - (H_d/50)$, instead of ≤ 1.0 .

Note that the dose equivalents for an extremity, skin, and lens of the eye are not considered in computing the committed effective dose equivalent but are subject to limits that must be met separately.

The derived air concentration (DAC) values are derived limits intended to control chronic occupational exposures. The relationship between the DAC and the ALI is given by:

$$DAC = ALI(\text{in } \mu\text{Ci}) / (2000 \text{ hours per working year} \times 60 \text{ minutes/hour} \times 2 \times 10^4 \text{ ml per minute}) = [ALI / 2.4 \times 10^9] \mu\text{Ci/ml},$$

where 2×10^4 ml is the volume of air breathed per minute at work by Reference Man under working conditions of light work.

The DAC values relate to one of two modes of exposure: either external submersion or the internal committed dose equivalents resulting from inhalation of radioactive materials. DACs based

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upon submersion are for immersion in a semi-infinite cloud of uniform concentration and apply to each radionuclide separately.

The ALI and DAC values include contributions to exposure by the single radionuclide named and any in-growth of daughter radionuclides produced in the body by decay of the parent. However, intakes that include both the parent and daughter radionuclides shall be treated by the general method appropriate for mixtures.

The values of ALI and DAC do not apply directly when the individual both ingests and inhales a radionuclide, when the individual is exposed to a mixture of radionuclides by either inhalation or ingestion or both, or when the individual is exposed to both internal and external irradiation. See R9-7-407. When an individual is exposed to radioactive materials which fall under several of the translocation classifications of the same radionuclide, such as Class D, Class W, or Class Y, the exposure may be evaluated as if it were a mixture of different radionuclides.

It should be noted that the classification of a compound as Class D, W, or Y is based on the chemical form of the compound and does not take into account the radiological half-life of different radionuclides. For this reason, values are given for Class D, W, and Y compounds, even for very short-lived radionuclides.

Table II "Effluent Concentrations"

The columns in Table II of this Appendix captioned "Effluents," "Air," and "Water" are applicable to the assessment and control of dose to the public, particularly in the implementation of the provisions of R9-7-415. The concentration values given in Columns 1 and 2 of Table II are equivalent to the radionuclide concentrations which, if inhaled or ingested continuously over the course of a year, would produce a total effective dose equivalent of 0.5 mSv (0.05 rem).

Consideration of nonstochastic limits has not been included in deriving the air and water effluent concentration limits because nonstochastic effects are presumed not to occur at or below the dose levels established for individual members of the public. For radionuclides, where the nonstochastic limit was governing in deriving the occupational DAC, the stochastic ALI was used in deriving the corresponding airborne effluent limit in Table II. For this reason, the DAC and airborne effluent limits are not always proportional as they were in earlier versions of Appendix A of Article 4.

The air concentration values listed in Table II, Column 1 were derived by one of two methods. For those radionuclides for which the stochastic limit is governing, the occupational stochastic inhalation ALI was divided by 2.4×10^9 , relating the inhalation ALI to the DAC, as explained above, and then divided by a factor of 300. The factor of 300 includes the following components: a factor of 50 to relate the 0.05 Sv (5 rem) annual occupational dose limit to the 0.1 rem limit for members of the public, a factor of 3 to adjust for the difference in exposure time and the inhalation rate for a worker and that for members of the public; and a factor of 2 to adjust the occupational values, derived for adults, so that they are applicable to other age groups.

For those radionuclides for which submersion, that is external dose, is limiting, the occupational DAC in Table I, Column 3 was divided by 219. The factor of 219 is composed of a factor of 50, as described above, and a factor of 4.38 relating occupational exposure for 2,000 hours per year to full-time exposure (8,760 hours per year). Note that an additional factor of 2 for age considerations is not warranted in the submersion case.

The water concentrations were derived by taking the most restrictive occupational stochastic oral ingestion ALI and dividing by 7.3×10^7 . The factor of 7.3×10^7 (ml) includes the following components: the factors of 50 and 2 described above and a factor of 7.3×10^5 (ml) which is the annual water intake of Reference Man.

Note 2 of this Appendix provides groupings of radionuclides which are applicable to unknown mixtures of radionuclides. These groupings, including occupational inhalation ALIs and DACs, air and water effluent concentrations, and releases to sewer, require demonstrating that the most limiting radionuclides in successive classes are absent. The limit for the unknown mixture is defined when the presence of one of the listed radionuclides cannot be definitely excluded as being present either from knowledge of the radionuclide composition of the source or from actual measurements.

Table III "Releases to Sewers"

The monthly average concentrations for release to sanitary sewerage are applicable to the provisions in R9-7-435. The concentration values were derived by taking the most restrictive occupational stochastic oral ingestion ALI and dividing by 7.3×10^6 (ml). The factor of 7.3×10^6 (ml) is composed of a factor of 7.3×10^5 (ml), the annual water intake by Reference Man, and a factor of 10, such that the concentrations, if the sewage released by the licensee were the only source of water ingested by a Reference Man during a year, would result in a committed effective dose equivalent of 0.5 rem.

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LIST OF ELEMENTS

<u>Name</u>	<u>Symbol</u>	<u>Atomic Number</u>	<u>Name</u>	<u>Symbol</u>	<u>Atomic Number</u>
Actinium	Ac	89	Molybdenum	Mo	42
Aluminum	Al	13	Neodymium	Nd	60
Americium	Am	95	Neptunium	Np	93
Antimony	Sb	51	Nickel	Ni	28
Argon	Ar	18	Niobium	Nb	41
Arsenic	As	33	Nitrogen	N	7
Astatine	At	85	Osmium	Os	76
Barium	Ba	56	Oxygen	O	8
Berkelium	Bk	97	Palladium	Pd	46
Beryllium	Be	4	Phosphorus	P	15
Bismuth	Bi	83	Platinum	Pt	78
Bromine	Br	35	Plutonium	Pu	94
Cadmium	Cd	48	Polonium	Po	84
Calcium	Ca	20	Potassium	K	19
Californium	Cf	98	Praseodymium	Pr	59
Carbon	C	6	Promethium	Pm	61
Cerium	Ce	58	Protactinium	Pa	91
Cesium	Cs	55	Radium	Ra	88
Chlorine	Cl	17	Radon	Rn	86
Chromium	Cr	24	Rhenium	Re	75
Cobalt	Co	27	Rhodium	Rh	45
Copper	Cu	29	Rubidium	Rb	37
Curium	Cm	96	Ruthenium	Ru	44
Dysprosium	Dy	66	Samarium	Sm	62
Einsteinium	Es	99	Scandium	Sc	21
Erbium	Er	68	Selenium	Se	34
Europium	Eu	63	Silicon	Si	14
Fermium	Fm	100	Silver	Ag	47
Fluorine	F	9	Sodium	Na	11
Francium	Fr	87	Strontium	Sr	38
Gadolinium	Gd	64	Sulfur	S	16
Gallium	Ga	31	Tantalum	Ta	73
Germanium	Ge	32	Technetium	Tc	43
Gold	Au	79	Tellurium	Te	52
Hafnium	Hf	72	Terbium	Tb	65
Holmium	Ho	67	Thallium	Tl	81
Hydrogen	H	1	Thorium	Th	90
Indium	In	49	Thulium	Tm	69
Iodine	I	53	Tin	Sn	50
Iridium	Ir	77	Titanium	Ti	22
Iron	Fe	26	Tungsten	W	74
Krypton	Kr	36	Uranium	U	92
Lanthanum	La	57	Vanadium	V	23
Lead	Pb	82	Xenon	Xe	54
Lutetium	Lu	71	Ytterbium	Yb	70
Magnesium	Mg	12	Yttrium	Y	39
Manganese	Mn	25	Zinc	Zn	30
Mendelevium	Md	101	Zirconium	Zr	40
Mercury	Hg	80			

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
1	Hydrogen-3	Water, DAC includes skin absorption	8E+4	8E+4	2E-5	1E-7	1E-3	1E-2
		Gas (HT or T ₂) Submersion ¹ : Use above values as HT and T ₂ oxidize in air and in the body to HTO.						
4	Beryllium-7	W, all compounds except those given for Y	4E+4	2E+4	9E-6	3E-8	6E-4	6E-3
		Y, oxides, halides, and nitrates	-	2E+4	8E-6	3E-8	-	-
4	Beryllium-10	W, see ⁷ Be	1E+3	2E+2	6E-8	2E-10	-	--
		LLI wall (1E+3)	-	-	-	-	2E-5	2E-4
		Y, see ⁷ Be	-	1E+1	6E-9	2E-11	-	-
6	Carbon-11 ²	Monoxide	-	1E+6	5E-4	2E-6	-	-
		Dioxide	-	6E+5	3E-4	9E-7	-	-
		Compounds	4E+5	4E+5	2E-4	6E-7	6E-3	6E-2
6	Carbon-14	Monoxide	-	2E+6	7E-4	2E-6	-	-
		Dioxide	-	2E+5	9E-5	3E-7	-	-
		Compounds	2E+3	2E+3	1E-6	3E-9	3E-5	3E-4
7	Nitrogen-13 ²	Submersion ¹	-	-	4E-6	2E-8	-	-
8	Oxygen-15 ²	Submersion ¹	-	-	4E-6	2E-8	-	-
9	Fluorine-18 ²	D, fluorides of H, Li, Na, K, Rb, Cs, and Fr	5E+4	7E+4	3E-5	1E-7	-	-
		St wall (5E+4)	-	-	-	-	7E-4	7E-3
		W, fluorides of Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, As, Sb, Bi, Fe, Ru, Os, Co, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, V, Nb, Ta, Mn, Tc, and Re	-	9E+4	4E-5	1E-7	-	-
		Y, Lanthanum fluoride	-	8E+4	3E-5	1E-7	-	-
11	Sodium-22	D, all compounds	4E+2	6E+2	3E-7	9E-10	6E-6	6E-5
11	Sodium-24	D, all compounds	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
12	Magnesium-28	D, all compounds except those given for W	7E+2	2E+3	7E-7	2E-9	9E-6	9E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	1E+3	5E-7	2E-9	-	-
13	Aluminum-26	D, all compounds except those given for W	4E+2	6E+1	3E-8	9E-11	6E-6	6E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	9E+1	4E-8	1E-10	-	-
14	Silicon-31	D, all compounds except those given for W and Y	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, oxides, hydroxides, carbides, and nitrates	-	3E+4	1E-5	5E-8	-	-
		Y, aluminosilicate glass	-	3E+4	1E-5	4E-8	-	-
14	Silicon-32	D, see ³¹ Si	2E+3	2E+2	1E-7	3E-10	-	-
		LLI wall (3E+3)	-	-	-	-	4E-5	4E-4
		W, see ³¹ Si	-	1E+2	5E-8	2E-10	-	-
		Y, see ³¹ Si	-	5E+0	2E-9	7E-12	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
15	Phosphorus-32	D, all compounds except phosphates given for W	6E+2	9E+2	4E-7	1E-9	9E-6	9E-5
		W, phosphates of Zn^{2+} , S^{3+} , Mg^{2+} , Fe^{3+} , Bi^{3+} , and Lanthanides	-	4E+2	2E-7	5E-10	-	-
15	Phosphorus-33	D, see ^{32}P	6E+3	8E+3	4E-6	1E-8	8E-5	8E-4
		W, see ^{32}P	-	3E+3	1E-6	4E-9	-	-
16	Sulfur-35	Vapor	1E+4	6E-6	2E-8	-	-	-
		D, sulfides and sulfates except those given for W	1E+4	2E+4	7E-6	2E-8	-	-
		LLI wall (8E+3)	6E+3	-	-	-	1E-4	1E-3
		W, elemental sulfur, sulfides of Sr, Ba, Ge, Sn, Pb, As, Sb, Bi, Cu, Ag, Au, Zn, Cd, Hg, W, and Mo. Sulfates of Ca, Sr, Ba, Ra, As, Sb, and Bi	-	2E+3	9E-7	3E-9	-	-
17	Chlorine-36	D, chlorides of H, Li, Na, K, Rb, Cs, and Fr	2E+3	2E+3	1E-6	3E-9	2E-5	2E-4
		W, chlorides of Lanthanides, Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, Ge, Sn, Pb, As, Sb, Bi, Fe, Ru, Os, Co, Rh, Ir, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, Hf, V, Nb, Ta, Cr, Mo, W, Mn, Tc, and Re	-	2E+2	1E-7	3E-10	-	-
17	Chlorine-38 ²	D, see ^{36}Cl	2E+4	4E+4	2E-5	6E-8	-	-
		St wall (3E+4)	-	-	-	-3E-4	3E-3	-
		W, see ^{36}Cl	-	5E+4	2E-5	6E-8	-	-
17	Chlorine-39 ²	D, see ^{36}Cl	2E+4	5E+4	2E-5	7E-8	-	-
		St wall (4E+4)	-	-	-	-5E-4	5E-3	-
		W, see ^{36}Cl	-	6E+4	2E-5	8E-8	-	-
18	Argon-37	Submersion ¹	-	-	1E+0	6E-3	-	-
18	Argon-39	Submersion ¹	-	-	2E-4	8E-7	-	-
18	Argon-41	Submersion ¹	-	-	3E-6	1E-8	-	-
19	Potassium-40	D, all compounds	3E+2	4E+2	2E-7	6E-10	4E-6	4E-5
19	Potassium-42	D, all compounds	5E+3	5E+3	2E-6	7E-9	6E-5	6E-4
19	Potassium-43	D, all compounds	6E+3	9E+3	4E-6	1E-8	9E-5	9E-4
19	Potassium-44 ²	D, all compounds	2E+4	7E+4	3E-5	9E-8	-	-
		St wall (4E+4)	-	-	-	-	5E-4	5E-3
19	Potassium-45 ²	D, all compounds	3E+4	1E+5	5E-5	2E-7	-	-
		St wall (5E+4)	-	-	-	-	7E-4	7E-3

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
20	Calcium-41	W, all compounds	3E+3	4E+3	2E-6	-	-	-
			Bone surf (4E+3)	Bone surf (4E+3)	-	5E-9	6E-5	6E-4
20	Calcium-45	W, all compounds	2E+3	8E+2	4E-7	1E-9	2E-5	2E-4
20	Calcium-47	W, all compounds	8E+2	9E+2	4E-7	1E-9	1E-5	1E-4
21	Scandium-43	Y, all compounds	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
21	Scandium-44m	Y, all compounds	5E+2	7E+2	3E-7	1E-9	7E-6	7E-5
21	Scandium-44	Y, all compounds	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
21	Scandium-46	Y, all compounds	9E+2	2E+2	1E-7	3E-10	1E-5	1E-4
21	Scandium-47	Y, all compounds	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
21	Scandium-48	Y, all compounds	8E+2	1E+3	6E-7	2E-9	1E-5	1E-4
21	Scandium-49 ²	Y, all compounds	2E+4	5E+4	2E-5	8E-8	3E-4	3E-3
22	Titanium-44	D, all compounds except those given for W and Y	3E+2	1E+1	5E-9	2E-11	4E-6	4E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	3E+1	1E-8	4E-11	-	-
		Y, SrTiO	-	6E+0	2E-9	8E-12	-	-
22	Titanium-45	D, see ⁴⁴ Ti	9E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		W, see ⁴⁴ Ti	-	4E+4	1E-5	5E-8	-	-
		Y, see ⁴⁴ Ti	-	3E+4	1E-5	4E-8	-	-
23	Vanadium-47 ²	D, all compounds except those given for W	3E+4	8E+4	3E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, oxides, hydroxides, carbides, and halides	-	1E+5	4E-5	1E-7	-	-
23	Vanadium-48	D, see ⁴⁷ V	6E+2	1E+3	5E-7	2E-9	9E-6	9E-5
		W, see ⁴⁷ V	-	6E+2	3E-7	9E-10	-	-
23	Vanadium-49	D, see ⁴⁷ V	7E+4	3E+4	1E-5	-	-	-
			LLI wall (9E+4)	Bone surf (3E+4)	-	5E-8	1E-3	1E-2
		W, see ⁴⁷ V	-	2E+4	8E-6	2E-8	-	-
24	Chromium-48	D, all compounds except those given for W and Y	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, halides and nitrates	-	7E+3	3E-6	1E-8	-	-
		Y, oxides and hydroxides	-	7E+3	3E-6	1E-8	-	-
24	Chromium-49 ²	D, see ⁴⁸ Cr	3E+4	8E+4	4E-5	1E-7	4E-4	4E-3
		W, see ⁴⁸ Cr	-	1E+5	4E-5	1E-7	-	-
		Y, see ⁴⁸ Cr	-	9E+4	4E-5	1E-7	-	-
24	Chromium-51	D, see ⁴⁸ Cr	4E+4	5E+4	2E-5	6E-8	5E-4	5E-3
		W, see ⁴⁸ Cr	-	2E+4	1E-5	3E-8	-	-
		Y, see ⁴⁸ Cr	-	2E+4	8E-6	3E-8	-	-
25	Manganese-51 ²	D, all compounds except those given for W	2E+4	5E+4	2E-5	7E-8	3E-4	3E-3
		W, oxides, hydroxides, halides, and nitrates	-	6E+4	3E-5	8E-8	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
25	Manganese-52m ²	D, see ⁵¹ Mn	3E+4	9E+4	4E-5	1E-7	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
		W, see ⁵¹ Mn	-	1E+5	4E-5	1E-7	-	-
25	Manganese-52	D, see ⁵¹ Mn	7E+2	1E+3	5E-7	2E-9	1E-5	1E-4
		W, see ⁵¹ Mn	-	9E+2	4E-7	1E-9	-	-
25	Manganese-53	D, see ⁵¹ Mn	5E+4	1E+4	5E-6	-	7E-4	7E-3
				Bone surf (2E+4)	-	3E-8	-	-
		W, see ⁵¹ Mn	-	1E+4	5E-6	2E-8	-	-
25	Manganese-54	D, see ⁵¹ Mn	2E+3	9E+2	4E-7	1E-9	3E-5	3E-4
		W, see ⁵¹ Mn	-	8E+2	3E-7	1E-9	-	-
25	Manganese-56	D, see ⁵¹ Mn	5E+3	2E+4	6E-6	2E-8	7E-5	7E-4
		W, see ⁵¹ Mn	-	2E+4	9E-6	3E-8	-	-
26	Iron-52	D, all compounds except those given for W	9E+2	3E+3	1E-6	4E-9	1E-5	1E-4
		W, oxides, hydroxides, and halides	-	2E+3	1E-6	3E-9	-	-
26	Iron-55	D, see ⁵² Fe	9E+3	2E+3	8E-7	3E-9	1E-4	1E-3
		W, see ⁵² Fe	-	4E+3	2E-6	6E-9	-	-
26	Iron-59	D, see ⁵² Fe	8E+2	3E+2	1E-7	5E-10	1E-5	1E-4
		W, see ⁵² Fe	-	5E+2	2E-7	7E-10	-	-
26	Iron-60	D, see ⁵² Fe	3E+1	6E+0	3E-9	9E-12	4E-7	4E-6
		W, see ⁵² Fe	-	2E+1	8E-9	3E-11	-	-
27	Cob9alt-55	W, all compounds except those given for Y	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, oxides, hydroxides, halides, and nitrates	-	3E+3	1E-6	4E-9	-	-
27	Cobalt-56	W, see ⁵⁵ Co	5E+2	3E+2	1E-7	4E-10	6E-6	6E-5
		Y, see ⁵⁵ Co	4E+2	2E+2	8E-8	3E-10	-	-
27	Cobalt-57	W, see ⁵⁵ Co	8E+3	3E+3	1E-6	4E-9	6E-5	6E-4
		Y, see ⁵⁵ Co	4E+3	7E+2	3E-7	9E-10	-	-
27	Cobalt-58m	W, see ⁵⁵ Co	6E+4	9E+4	4E-5	1E-7	8E-4	8E-3
		Y, see ⁵⁵ Co	-	6E+4	3E-5	9E-8	-	-
27	Cobalt-58	W, see ⁵⁵ Co	2E+3	1E+3	5E-7	2E-9	2E-5	2E-4
		Y, see ⁵⁵ Co	1E+3	7E+2	3E-7	1E-9	-	-
27	Cobalt-60m ²	W, see ⁵⁵ Co	1E+6	4E+6	2E-3	6E-6	-	-
			St wall (1E+6)	-	-	-	2E-2	2E-1
		Y, see ⁵⁵ Co	-	3E+6	1E-3	4E-6	-	-
27	Cobalt-60	W, see ⁵⁵ Co	5E+2	2E+2	7E-8	2E-10	3E-6	3E-5
		Y, see ⁵⁵ Co	2E+2	3E+1	1E-8	5E-11	-	-
27	Cobalt-61 ²	W, see ⁵⁵ Co	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		Y, see ⁵⁵ Co	2E+4	6E+4	2E-5	8E-8	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
27	Cobalt-62m ²	W, see ⁵⁵ Co St wall	4E+4 (5E+4)	2E+5 -	7E-5 -	2E-7 -	- 7E-4	- 7E-3
28	Nickel-56	Y, see ⁵⁵ Co D, all compounds except those given for W W, oxides, hydroxides, and carbides Vapor	- 1E+3 -	2E+5 2E+3 1E+3	6E-5 8E-7 5E-7	2E-7 3E-9 2E-9	- 2E-5 -	- 2E-4 -
28	Nickel-57	D, see ⁵⁶ Ni W, see ⁵⁶ Ni Vapor	2E+3 - -	5E+3 3E+3 6E+3	2E-6 1E-6 3E-6	7E-9 4E-9 9E-	2E-5 - -	2E-4 - -
28	Nickel-59	D, see ⁵⁶ Ni W, see ⁵⁶ Ni Vapor	2E+4 - -	4E+3 7E+3 2E+3	2E-6 3E-6 8E-7	5E-9 1E-8 3E-9	3E-4 - -	3E-3 - -
28	Nickel-63	D, see ⁵⁶ Ni W, see ⁵⁶ Ni Vapor	9E+3 - -	2E+3 3E+3 8E+2	7E-7 1E-6 3E-7	2E-9 4E-9 1E-9	1E-4 - -	1E-3 - -
28	Nickel-65	D, see ⁵⁶ Ni W, see ⁵⁶ Ni Vapor	8E+3 - -	2E+4 3E+4 2E+4	1E-5 1E-5 7E-6	3E-8 4E-8 2E-8	1E-4 - -	1E-3 - -
28	Nickel-66	D, see ⁵⁶ Ni LLI wall	4E+2 (5E+2)	2E+3 -	7E-7 -	2E-9 -	- 6E-6	- 6E-5
		W, see ⁵⁶ Ni Vapor	- -	6E+2 3E+3	3E-7 1E-6	9E-10 4E-9	- -	- -
29	Copper-60 ²	D, all compounds except those given for W and Y St wall	3E+4 (3E+4)	9E+4 -	4E-5 -	1E-7 -	- 4E-4	- 4E-3
		W, sulfides, halides, and nitrates Y, oxides and hydroxides	- -	1E+5 1E+5	5E-5 4E-5	2E-7 1E-7	- -	- -
29	Copper-61	D, see ⁶⁰ Cu W, see ⁶⁰ Cu Y, see ⁶⁰ Cu	1E+4 - -	3E+4 4E+4 4E+4	1E-5 2E-5 1E-5	4E-8 6E-8 5E-8	2E-4 - -	2E-3 - -
29	Copper-64	D, see ⁶⁰ Cu W, see ⁶⁰ Cu Y, see ⁶⁰ Cu	1E+4 - -	3E+4 2E+4 2E+4	1E-5 1E-5 9E-6	4E-8 3E-8 3E-8	2E-4 - -	2E-3 - -
29	Copper-67	D, see ⁶⁰ Cu W, see ⁶⁰ Cu Y, see ⁶⁰ Cu	5E+3 - -	8E+3 5E+3 5E+3	3E-6 2E-6 2E-6	1E-8 7E-9 6E-9	6E-5 - -	6E-4 - -
30	Zinc-62	Y, all compounds	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
30	Zinc-63 ²	Y, all compounds St wall	2E+4 (3E+4)	7E+4 -	3E-5 -	9E-8 -	- 3E-4	- 3E-3

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
30	Zinc-65	Y, all compounds	4E+2	3E+2	1E-7	4E-10	5E-6	5E-5
30	Zinc-69m	Y, all compounds	4E+3	7E+3	3E-6	1E-8	6E-5	6E-4
30	Zinc-69 ²	Y, all compounds	6E+4	1E+5	6E-5	2E-7	8E-4	8E-3
30	Zinc-71m	Y, all compounds	6E+3	2E+4	7E-6	2E-8	8E-5	8E-4
30	Zinc-72	Y, all compounds	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
31	Gallium-65 ²	D, all compounds except those given for W	5E+4 St wall (6E+4),	2E+5	7E-5	2E-7	-	-
		W, oxides, hydroxides, carbides, halides, and nitrates	-	2E+5	8E-5	3E-7	-	-
31	Gallium-66	D, see ⁶⁵ Ga	1E+3	4E+3	1E-6	5E-9	1E-5	1E-4
		W, see ⁶⁵ Ga	-	3E+3	1E-6	4E-9	-	-
31	Gallium-67	D, see ⁶⁵ Ga	7E+3	1E+4	6E-6	2E-8	1E-4	1E-3
		W, see ⁶⁵ Ga	-	1E+4	4E-6	1E-8	-	-
31	Gallium-68 ²	D, see ⁶⁵ Ga	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ⁶⁵ Ga	-	5E+4	2E-5	7E-8	-	-
31	Gallium-70 ²	D, see ⁶⁵ Ga	5E+4 St wall (7E+4)	2E+5	7E-5	2E-7	-	-
		W, see ⁶⁵ Ga	-	2E+5	8E-5	3E-7	-	-
31	Gallium-72	D, see ⁶⁵ Ga	1E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see ⁶⁵ Ga	-	3E+3	1E-6	4E-9	-	-
31	Gallium-73	D, see ⁶⁵ Ga	5E+3	2E+4	6E-6	2E-8	7E-5	7E-4
		W, see ⁶⁵ Ga	-	2E+4	6E-6	2E-8	-	-
32	Germanium-66	D, all compounds except those given for W	2E+4	3E+4	1E-5	4E-8	3E-4	3E-3
		W, oxides, sulfides, and halides	-	2E+4	8E-6	3E-8	-	-
32	Germanium-67 ²	D, see ⁶⁶ Ge	3E+4 St wait (4E+4)	9E+4	4E-5	1E-7	-	-
		W, see ⁶⁶ Ge	-	1E+5	4E-5	1E-7	-	-
32	Germanium-68	D, see ⁶⁶ Ge	5E+3	4E+3	2E-6	5E-9	6E-5	6E-4
		W, see ⁶⁶ Ge	-	1E+2	4E-8	1E-10	-	-
32	Germanium-69	D, see ⁶⁶ Ge	1E+4	2E+4	6E-6	2E-8	2E-4	2E-3
		W, see ⁶⁶ Ge	-	8E+3	3E-6	1E-8	-	-
32	Germanium-71	D, see ⁶⁶ Ge	5E+5	4E+5	2E-4	6E-7	7E-3	7E-2
		W, see ⁶⁶ Ge	-	4E+4	2E-5	6E-8	-	-
32	Germanium-75 ²	D, see ⁶⁶ Ge	4E+4 St wall (7E+4)	8E+4	3E-5	1E-7	-	-
		W, see ⁶⁶ Ge	-	8E+4	4E-5	1E-7	-	-
32	Germanium-77	D, see ⁶⁶ Ge	9E+3	1E+4	4E-6	1E-8	1E-4	1E-3
		W, see ⁶⁶ Ge	-	6E+3	2E-6	8E-9	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
32	Germanium-78 ²	D, see ⁶⁶ Ge	2E+4 St wall (2E+4)	2E+4 -	9E-6 -	3E-8 -	- 3E-4	- 3E-3
		W, see ⁶⁶ Ge	-	2E+4	9E-6	3E-8	-	-
33	Arsenic-69 ²	W, all compounds	3E+4 St wall (4E+4)	1E+5 -	5E-5 -	2E-7 -	- 6E-4	- 6E-3
33	Arsenic-70 ²	W, all compounds	1E+4	5E+4	2E-5	7E-8	2E-4	2E-3
33	Arsenic-71	W, all compounds	4E+3	5E+3	2E-6	6E-9	5E-5	5E-4
33	Arsenic-72	W, all compounds	9E+2	1E+3	6E-7	2E-9	1E-5	1E-4
33	Arsenic-73	W, all compounds	8E+3	2E+3	7E-7	2E-9	1E-4	1E-3
33	Arsenic-74	W, all compounds	1E+3	8E+2	3E-7	1E-9	2E-5	2E-4
33	Arsenic-76	W, all compounds	1E+3	1E+3	6E-7	2E-9	1E-5	1E-4
33	Arsenic-77	W, all compounds	4E+3 LLI wall (5E+3)	5E+3 -	2E-6 -	7E-9 -	- 6E-5	- 6E-4
33	Arsenic-78 ²	W, all compounds	8E+3	2E+4	9E-6	3E-8	1E-4	1E-3
34	Selenium-70 ²	D, all compounds except those given for W	2E+4	4E+4	2E-5	5E-8	1E-4	1E-3
		W, oxides, hydroxides, carbides, and elemental Se	1E+4	4E+4	2E-5	6E-8	-	-
34	Selenium-73m ²	D, see ⁷⁰ Se	6E+4	2E+5	6E-5	2E-7	4E-4	4E-3
		W, see ⁷⁰ Se	3E+4	1E+5	6E-5	2E-7	-	-
34	Selenium-73	D, see ⁷⁰ Se	3E+3	1E+4	5E-6	2E-8	4E-5	4E-4
		W, see ⁷⁰ Se	-	2E+4	7E-6	2E-8	-	-
34	Selenium-75	D, see ⁷⁰ Se	5E+2	7E+2	3E-7	1E-9	7E-6	7E-5
		W, see ⁷⁰ Se	-	6E+2	3E-7	8E-10	-	-
34	Selenium-79	D, see ⁷⁰ Se	6E+2	8E+2	3E-7	1E-9	8E-6	8E-5
		W, see ⁷⁰ Se	-	6E+2	2E-7	8E-10	-	-
34	Selenium-81m ²	D, see ⁷⁰ Se	4E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		W, see ⁷⁰ Se	2E+4	7E+4	3E-5	1E-7	-	-
34	Selenium-81 ²	D, see ⁷⁰ Se	6E+4 St wall (8E+4)	2E+5 -	9E-5 -	3E-7 -	- 1E-3	- 1E-2
		W, see ⁷⁰ Se	-	2E+5	1E-4	3E-7	-	-
34	Selenium-83 ²	D, see ⁷⁰ Se	4E+4	1E+5	5E-5	2E-7	4E-4	4E-3
		W, see ⁷⁰ Se	3E+4	1E+5	5E-5	2E-7	-	-
35	Bromine-74m ²	D, bromides of H, Li, Na, K, Rb, Cs, and Fr	1E+4 St wall (2E+4)	4E+4 -	2E-5 -	5E-8 -	- 3E-4	- 3E-3

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
		W, Bromides of lanthanides, Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, Ge, Sn, Pb, As, Sb, Bi, Fe, Ru, Os, Co, Rh, Ir, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, Hf, V, Nb, Ta, Mn, Tc, and Re	-	4E+4	2E-5	6E-8	-	-
35	Bromine-74 ²	D, sec ^{74m} Br	2E+4	7E+4	3E-5	1E-7	-	-
		St wall (4E+4)	-	-	-	-	5E-4	5E-3
		W, sec ^{74m} Br	-	8E+4	4E-5	1E-7	-	-
35	Bromine-75 ²	D, sec ^{74m} Br	3E+4	5E+4	2E-5	7E-8	-	-
		St wall (4E+4)	-	-	-	-	5E-4	5E-3
		W, sec ^{74m} Br	-	5E+4	2E-5	7E-8	-	-
35	Bromine-76	D, sec ^{74m} Br	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
		W, sec ^{74m} Br	-	4E+3	2E-6	6E-9	-	-
35	Bromine-77	D, sec ^{74m} Br	2E+4	2E+4	1E-5	3E-8	2E-4	2E-3
		W, sec ^{74m} Br	-	2E+4	8E-6	3E-8	-	-
35	Bromine-80m	D, sec ^{74m} Br	2E+4	2E+4	7E-6	2E-8	3E-4	3E-3
		W, sec ^{74m} Br	-	1E+4	6E-6	2E-8	-	-
35	Bromine-80 ²	D, sec ^{74m} Br	5E+4	2E+5	8E-5	3E-7	-	-
		St wall (9E+4)	-	-	-	-	1E-3	1E-2
		W, sec ^{74m} Br	-	2E+5	9E-5	3E-7	-	-
35	Bromine-82	D, sec ^{74m} Br	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
		W, sec ^{74m} Br	-	4E+3	2E-6	5E-9	-	-
35	Bromine-83	D, sec ^{74m} Br	5E+4	6E+4	3E-5	9E-8	-	-
		St wall (7E+4)	-	-	-	-	9E-4	9E-3
		W, sec ^{74m} Br	-	6E+4	3E-5	9E-8	-	-
35	Bromine-84 ²	D, sec ^{74m} Br	2E+4	6E+4	2E-5	8E-8	-	-
		St wall (3E+4)	-	-	-	-	4E-4	4E-3
		W, sec ^{74m} Br	-	6E+4	3E-5	9E-8	-	-
36	Krypton-74 ²	Submersion ¹	-	-	3E-6	1E-8	-	-
36	Krypton-76	Submersion ¹	-	-	9E-6	4E-8	-	-
36	Krypton-77 ²	Submersion ¹	-	-	4E-6	2E-8	-	-
36	Krypton-79	Submersion ¹	-	-	2E-5	7E-8	-	-
36	Krypton-81	Submersion ¹	-	-	7E-4	3E-6	-	-
36	Krypton-83m ²	Submersion ¹	-	-	1E-2	5E-5	-	-
36	Krypton-85m	Submersion ¹	-	-	2E-5	1E-7	-	-
36	Krypton-85	Submersion ¹	-	-	1E-4	7E-7	-	-
36	Krypton-87 ²	Submersion ¹	-	-	5E-6	2E-8	-	-
36	Krypton-88	Submersion ¹	-	-	2E-6	9E-9	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
37	Rubidium-79 ²	D, all compounds	4E+4 St wall (6E+4)	1E+5 - -	5E-5 - -	2E-7 - -	- 8E-4 -	- 8E-3 -
37	Rubidium-81m ²	D, all compounds	2E+5 St wall (3E+5)	3E+5 - -	1E-4 - -	5E-7 - -	- 4E-3 -	- 4E-2 -
37	Rubidium-81	D, all compounds	4E+4	5E+4	2E-5	7E-8	5E-4	5E-3
37	Rubidium 82m	D, all compounds	1E+4	2E+4	7E-6	2E-8	2E-4	2E-3
37	Rubidium-83	D, all compounds	6E+2	1E+3	4E-7	1E-9	9E-6	9E-5
37	Rubidium-84	D, all compounds	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
37	Rubidium-86	D, all compounds	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
37	Rubidium-87	D, all compounds	1E+3	2E+3	6E-7	2E-9	1E-5	1E-4
37	Rubidium-88 ²	D, all compounds	2E+4 St wall (3E+4)	6E+4 - -	3E-5 - -	9E-8 - -	- 4E-4 -	- 4E-3 -
37	Rubidium-89 ²	D, all compounds	4E+4 St wall (6E+4)	1E+5 - -	6E-5 - -	2E-7 - -	- 9E-4 -	- 9E-3 -
38	Strontium-80 ²	D, all soluble compounds except SrTiO Y, all insoluble compounds and SrTiO	4E+3 -	1E+4 1E+4	5E-6 5E-6	2E-8 2E-8	6E-5 -	6E-4 -
38	Strontium-81 ²	D, see ⁸⁰ Sr Y, see ⁸⁰ Sr	3E+4 2E+4	8E+4 8E+4	3E-5 3E-5	1E-7 1E-7	3E-4 -	3E-3 -
38	Strontium-82	D, see ⁸⁰ Sr	3E+2 LLI wall (2E+2)	4E+2 - -	2E-7 - -	6E-10 - -	- 3E-6 -	- 3E-5 -
38	Strontium-83	Y, see ⁸⁰ Sr D, see ⁸⁰ Sr Y, see ⁸⁰ Sr	2E+2 3E+3 2E+3	9E+1 7E+3 4E+3	4E-8 3E-6 1E-6	1E-10 1E-8 5E-9	- 3E-5 -	- 3E-4 -
38	Strontium-85m ²	D, see ⁸⁰ Sr Y, see ⁸⁰ Sr	2E+5 -	6E+5 8E+5	3E-4 4E-4	9E-7 1E-6	3E-3 -	3E-2 -
38	Strontium-85	D, see ⁸⁰ Sr Y, see ⁸⁰ Sr	3E+3 -	3E+3 2E+3	1E-6 6E-7	4E-9 2E-9	4E-5 -	4E-4 -
38	Strontium-87m	D, see ⁸⁰ Sr Y, see ⁸⁰ Sr	5E+4 4E+4	1E+5 2E+5	5E-5 6E-5	2E-7 2E-7	6E-4 -	6E-3 -
38	Strontium-89	D, see ⁸⁰ Sr	6E+2 LLI wall (6E+2)	8E+2 - -	4E-7 - -	1E-9 - -	- 8E-6 -	- 8E-5 -
38	Strontium-90	Y, see ⁸⁰ Sr D, see ⁸⁰ Sr	5E+2 3E+1 Bone surf (4E+1)	1E+2 2E+1 Bone surf (2E+1)	6E-8 8E-9 -	2E-10 - 3E-11	- - 5E-7	- - 5E-6
38	Strontium-91	Y, see ⁸⁰ Sr D, see ⁸⁰ Sr Y, see ⁸⁰ Sr	- 2E+3 -	4E+0 6E+3 4E+3	2E-9 2E-6 1E-6	6E-12 8E-9 5E-9	- 2E-5 -	- 2E-4 -

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
38	Strontium-92	D, see ^{80}Sr	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see ^{80}Sr	-	7E+3	3E-6	9E-9	-	-
39	Yttrium-86m ²	W, all compounds except those given for Y	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
		Y, oxides and hydroxides	-	5E+4	2E-5	8E-8	-	-
39	Yttrium-86	W, see ^{86m}Y	1E+3	3E+3	1E-6	5E-9	2E-5	2E-4
		Y, see ^{86m}Y	-	3E+3	1E-6	5E-9	-	-
39	Yttrium-87	W, see ^{86m}Y	2E+3	3E+3	1E-6	5E-9	3E-5	3E-4
		Y, see ^{86m}Y	-	3E+3	1E-6	5E-9	-	-
39	Yttrium-88	W, see ^{86m}Y	1E+3	3E+2	1E-7	3E-10	1E-5	1E-4
		Y, see ^{86m}Y	-	2E+2	1E-7	3E-10	-	-
39	Yttrium-90m	W, see ^{86m}Y	8E+3	1E+4	5E-6	2E-8	1E-4	1E-3
		Y, see ^{86m}Y	-	1E+4	5E-6	2E-8	-	-
39	Yttrium-90	W, see ^{86m}Y	4E+2	7E+2	3E-7	9E-10	-	-
		LLI wall (5E+2)	-	-	-	-	7E-6	7E-5
		Y, see ^{86m}Y	-	6E+2	3E-7	9E-10	-	-
39	Yttrium-91m ²	W, see ^{86m}Y	1E+5	2E+5	1E-4	3E-7	2E-3	2E-2
		Y, see ^{86m}Y	-	2E+5	7E-5	2E-7	-	-
39	Yttrium-91	W, see ^{86m}Y	5E+2	2E+2	7E-8	2E-10	-	-
		LLI wall (6E+2)	-	-	-	-	8E-6	8E-5
		Y, see ^{86m}Y	-	1E+2	5E-8	2E-10	-	-
39	Yttrium-92	W, see ^{86m}Y	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see ^{86m}Y	-	8E+3	3E-6	1E-8	-	-
39	Yttrium-93	W, see ^{86m}Y	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, see ^{86m}Y	-	2E+3	1E-6	3E-9	-	-
39	Yttrium-94 ²	W, see ^{86m}Y	2E+4	8E+4	3E-5	1E-7	-	-
		St wall (3E+4)	-	-	-	-	4E-4	4E-3
		Y, see ^{86m}Y	-	8E+4	3E-5	1E-7	-	-
39	Yttrium-95 ²	W, see ^{86m}Y	4E+4	2E+5	6E-5	2E-7	-	-
		St wall (5E+4)	-	-	-	-	7E-4	7E-3
		Y, see ^{86m}Y	-	1E+5	6E-5	2E-7	-	-
40	Zirconium-86	D, all compounds except those given for W and Y	1E+3	4E+3	2E-6	6E-9	2E-5	2E-4
		W, oxides, hydroxides, halides, and nitrates	-	3E+3	1E-6	4E-9	-	-
		Y, carbide	-	2E+3	1E-6	3E-9	-	-
40	Zirconium-88	D, see ^{86}Zr	4E+3	2E+2	9E-8	3E-10	5E-5	5E-4
		W, see ^{86}Zr	-	5E+2	2E-7	7E-10	-	-
		Y, see ^{86}Zr	-	3E+2	1E-7	4E-10	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
40	Zirconium-89	D, see ^{86}Zr	2E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see ^{86}Zr	-	2E+3	1E-6	3E-9	-	-
		Y, see ^{86}Zr	-	2E+3	1E-6	3E-9	-	-
40	Zirconium-93	D, see ^{86}Zr	1E+3	6E+0	3E-9	-	-	-
			Bone surf (3E+3)	Bone surf (2E+1)	-	2E-11	4E-5	4E-4
		W, see ^{86}Zr	-	2E+1	1E-8	-	-	-
			-	Bone surf (6E+1)	-	9E-11	-	-
		Y, see ^{86}Zr	-	6E+1	2E-8	-	-	-
			-	Bone surf (7E+1)	-	9E-11	-	-
40	Zirconium-95	D, see ^{86}Zr	1E+3	1E+2	5E-8	-	2E-5	2E-4
			-	Bone surf (3E+2)	-	4E-10	-	-
		W, see ^{86}Zr	-	4E+2	2E-7	5E-10	-	-
		Y, see ^{86}Zr	-	3E+2	1E-7	4E-10	-	-
40	Zirconium-97	D, see ^{86}Zr	6E+2	2E+3	8E-7	3E-9	9E-6	9E-5
		W, see ^{86}Zr	-	1E+3	6E-7	2E-9	-	-
		Y, see ^{86}Zr	-	1E+3	5E-7	2E-9	-	-
41	Niobium-88 ²	W, all compounds except those given for Y	5E+4	2E+5	9E-5	3E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
41	Niobium-89 ² (66 min)	Y, oxides and hydroxides	-	2E+5	9E-5	3E-7	-	-
		W, see ^{88}Nb	1E+4	4E+4	2E-5	6E-8	1E-4	1E-3
41	Niobium-89	Y, see ^{88}Nb	-	4E+4	2E-5	5E-8	-	-
		W, see ^{88}Nb (122 min)	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
41	Niobium-90	Y, see ^{88}Nb	-	2E+4	6E-6	2E-8	-	-
		W, see ^{88}Nb	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
41	Niobium-93m	Y, see ^{88}Nb	-	2E+3	1E-6	3E-9	-	-
		W, see ^{88}Nb	9E+3	2E+3	8E-7	3E-9	-	-
41	Niobium-94		LLI wall (1E+4)	-	-	-	2E-4	2E-3
		Y, see ^{88}Nb	-	2E+2	7E-8	2E-10	-	-
		W, see ^{88}Nb	9E+2	2E+2	8E-8	3E-10	1E-5	1E-4
41	Niobium-95m	Y, see ^{88}Nb	-	2E+1	6E-9	2E-11	-	-
		W, see ^{88}Nb	2E+3	3E+3	1E-6	4E-9	-	-
41	Niobium-95		LLI wall (2E+3)	-	-	-	3E-5	3E-4
		Y, see ^{88}Nb	-	2E+3	9E-7	3E-9-	-	-
		W, see ^{88}Nb	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
41		Y, see ^{88}Nb	-	1E+3	5E-7	2E-9-	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
41	Niobium-96	W, see ^{88}Nb	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, see ^{88}Nb	-	2E+3	1E-6	3E-9	-	-
41	Niobium-97 ²	W, see ^{88}Nb	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
		Y, see ^{88}Nb	-	7E+4	3E-5	1E-7	-	-
41	Niobium-98 ²	W, see ^{88}Nb	1E+4	5E+4	2E-5	8E-8	2E-4	2E-3
		Y, see ^{88}Nb	-	5E+4	2E-5	7E-8	-	-
42	Molybdenum-90	D, all compounds except those given for Y	4E+3	7E+3	3E-6	1E-8	3E-5	3E-4
		Y, oxides, hydroxides, and MoS	2E+3	5E+3	2E-6	6E-9	-	-
42	Molybdenum-93m	D, see ^{90}Mo	9E+3	2E+4	7E-6	2E-8	6E-5	6E-4
		Y, see ^{90}Mo	4E+3	1E+4	6E-6	2E-8	-	-
42	Molybdenum-93	D, see ^{90}Mo	4E+3	5E+3	2E-6	8E-9	5E-5	5E-4
		Y, see ^{90}Mo	2E+4	2E+2	8E-8	2E-10	-	-
42	Molybdenum-99	D, see ^{90}Mo	2E+3	3E+3	1E-6	4E-9	-	-
		LLI wall (1E+3)	-	-	-	-	2E-5	2E-4
		Y, see ^{90}Mo	1E+3	1E+3	6E-7	2E-9	-	-
42	Molybdenum-101 ²	D, see ^{90}Mo	4E+4	1E+5	6E-5	2E-7	-	-
		St wall (5E+4)	-	-	-	-	7E-4	7E-3
		Y, see ^{90}Mo	-	1E+5	6E-5	2E-7	-	-
43	Technetium-93m ²	D, All compounds except those given for W	7E+4	2E+5	6E-5	2E-7	1E-3	1E-2
		W, oxides, hydroxides, halides, and nitrates	-	3E+5	1E-4	4E-7	-	-
43	Technetium-93	D, see $^{93\text{m}}\text{Tc}$	3E+4	7E+4	3E-5	1E-7	4E-4	4E-3
		W, see $^{93\text{m}}\text{Tc}$	-	1E+5	4E-5	1E-7	-	-
43	Technetium-94m ²	D, see $^{93\text{m}}\text{Tc}$	2E+4	4E+4	2E-5	6E-8	3E-4	3E-3
		W, see $^{93\text{m}}\text{Tc}$	-	6E+4	2E-5	8E-8	-	-
43	Technetium-94	D, see $^{93\text{m}}\text{Tc}$	9E+3	2E+4	8E-6	3E-8	1E-4	1E-3
		W, see $^{93\text{m}}\text{Tc}$	-	2E+4	1E-5	3E-8	-	-
43	Technetium-95m	D, see $^{93\text{m}}\text{Tc}$	4E+3	5E+3	2E-6	8E-9	5E-5	5E-4
		W, see $^{93\text{m}}\text{Tc}$	-	2E+3	8E-7	3E-9	-	-
43	Technetium-95	D, see $^{93\text{m}}\text{Tc}$	1E+4	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see $^{93\text{m}}\text{Tc}$	-	2E+4	8E-6	3E-8	-	-
43	Technetium-96m ²	D, see $^{93\text{m}}\text{Tc}$	2E+5	3E+5	1E-4	4E-7	2E-3	2E-2
		W, see $^{93\text{m}}\text{Tc}$	-	2E+5	1E-4	3E-7	-	-
43	Technetium-96	D, see $^{93\text{m}}\text{Tc}$	2E+3	3E+3	1E-6	5E-9	3E-5	3E-4
		W, see $^{93\text{m}}\text{Tc}$	-	2E+3	9E-7	3E-9	-	-
43	Technetium-97m	D, see $^{93\text{m}}\text{Tc}$	5E+3	7E+3	3E-6	-	6E-5	6E-4
		St wall (7E+3)	-	-	-	1E-8	-	-
		W, see $^{93\text{m}}\text{Tc}$	-	1E+3	5E-7	2E-9	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
43	Technetium-97	D, see $^{93\text{m}}\text{Tc}$	4E+4	5E+4	2E-5	7E-8	5E-4	5E-3
		W, see $^{93\text{m}}\text{Tc}$	-	6E+3	2E-6	8E-9	-	-
43	Technetium-98	D, see $^{93\text{m}}\text{Tc}$	1E+3	2E+3	7E-7	2E-9	1E-5	1E-4
		W, see $^{93\text{m}}\text{Tc}$	-	3E+2	1E-7	4E-10	-	-
43	Technetium-99m	D, see $^{93\text{m}}\text{Tc}$	8E+4	2E+5	6E-5	2E-7	1E-3	1E-2
		W, see $^{93\text{m}}\text{Tc}$	-	2E+5	1E-4	3E-7	-	-
43	Technetium-99	D, see $^{93\text{m}}\text{Tc}$	4E+3	5E+3	2E-6	-	6E-5	6E-4
			-	St wall (6E+3)	-	8E-9	-	-
		W, see $^{93\text{m}}\text{Tc}$	-	7E+2	3E-7	9E-10	-	-
		D, see $^{93\text{m}}\text{Tc}$	9E+4	3E+5	1E-4	5E-7	-	-
43	Technetium-101 ²		St wall (1E+5)	-	-	-	2E-3	2E-2
		W, see $^{93\text{m}}\text{Tc}$	-	4E+5	2E-4	5E-7	-	-
		D, see $^{93\text{m}}\text{Tc}$	2E+4	7E+4	3E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
43	Technetium-104 ²	W, see $^{93\text{m}}\text{Tc}$	-	9E+4	4E-5	1E-7	-	-
		D, all compounds except those given for W and Y	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, halides	-	6E+4	3E-5	9E-8	-	-
		Y, oxides and hydroxides	-	6E+4	2E-5	8E-8	-	-
44	Ruthenium-94 ²	D, see ^{94}Ru	8E+3	2E+4	8E-6	3E-8	1E-4	1E-3
		W, see ^{94}Ru	-	1E+4	5E-6	2E-8	-	-
		Y, see ^{94}Ru	-	1E+4	5E-6	2E-8	-	-
44	Ruthenium-103	D, see ^{94}Ru	2E+3	2E+3	7E-7	2E-9	3E-5	3E-4
		W, see ^{94}Ru	-	1E+3	4E-7	1E-9	-	-
		Y, see ^{94}Ru	-	6E+2	3E-7	9E-10	-	-
44	Ruthenium-105	D, see ^{94}Ru	5E+3	1E+4	6E-6	2E-8	7E-5	7E-4
		W, see ^{94}Ru	-	1E+4	6E-6	2E-8	-	-
		Y, see ^{94}Ru	-	1E+4	5E-6	2E-8	-	-
44	Ruthenium-106	D, see ^{94}Ru	2E+2	9E+1	4E-8	1E-10	-	-
			LLI wall (2E+2)	-	-	-	3E-6	3E-5
		W, see ^{94}Ru	-	5E+1	2E-8	8E-11	-	-
		Y, see ^{94}Ru	-	1E+1	5E-9	2E-11	-	-
45	Rhodium-99m	D, all compounds except those given for W and Y	2E+4	6E+4	2E-5	8E-8	2E-4	2E-3
		W, halides	-	8E+4	3E-5	1E-7	-	-
		Y, oxides and hydroxides	-	7E+4	3E-5	9E-8	-	-
45	Rhodium-99	D, see $^{99\text{m}}\text{Rh}$	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see $^{99\text{m}}\text{Rh}$	-	2E+3	9E-7	3E-9	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	2E+3	8E-7	3E-9	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
45	Rhodium-100	D, see $^{99\text{m}}\text{Rh}$	2E+3	5E+3	2E-6	7E-9	2E-5	2E-4
		W, see $^{99\text{m}}\text{Rh}$	-	4E+3	2E-6	6E-9	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	4E+3	2E-6	5E-9	-	-
45	Rhodium-101m	D, see $^{99\text{m}}\text{Rh}$	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, see $^{99\text{m}}\text{Rh}$	-	8E+3	4E-6	1E-8	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	8E+3	3E-6	1E-8	-	-
45	Rhodium-101	D, see $^{99\text{m}}\text{Rh}$	2E+3	5E+2	2E-7	7E-10	3E-5	3E-4
		W, see $^{99\text{m}}\text{Rh}$	-	8E+2	3E-7	1E-9	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	2E+2	6E-8	2E-10	-	-
45	Rhodium-102m	D, see $^{99\text{m}}\text{Rh}$	1E+3	5E+2	2E-7	7E-10	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		W, see $^{99\text{m}}\text{Rh}$	-	4E+2	2E-7	5E-10	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	1E+2	5E-8	2E-10	-	-
		D, see $^{99\text{m}}\text{Rh}$	6E+2	9E+1	4E-8	1E-10	8E-6	8E-5
45	Rhodium-102	W, see $^{99\text{m}}\text{Rh}$	-	2E+2	7E-8	2E-10	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	6E+1	2E-8	8E-11	-	-
45	Rhodium-103m ²	D, see $^{99\text{m}}\text{Rh}$	4E+5	1E+6	5E-4	2E-6	6E-3	6E-2
		W, see $^{99\text{m}}\text{Rh}$	-	1E+6	5E-4	2E-6	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	1E+6	5E-4	2E-6	-	-
45	Rhodium-105	D, see $^{99\text{m}}\text{Rh}$	4E+3	1E+4	5E-6	2E-8	-	-
			LLI wall (4E+3)	-	-	-	5E-5	5E-4
		W, see $^{99\text{m}}\text{Rh}$	-	6E+3	3E-6	9E-9	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	6E+3	2E-6	8E-9	-	-
		D, see $^{99\text{m}}\text{Rh}$	8E+3	3E+4	1E-5	4E-8	1E-4	1E-3
45	Rhodium-106m	W, see $^{99\text{m}}\text{Rh}$	-	4E+4	2E-5	5E-8	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	4E+4	1E-5	5E-8	-	-
45	Rhodium-107 ²	D, see $^{99\text{m}}\text{Rh}$	7E+4	2E+5	1E-4	3E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
		W, see $^{99\text{m}}\text{Rh}$	-	3E+5	1E-4	4E-7	-	-
		Y, see $^{99\text{m}}\text{Rh}$	-	3E+5	1E-4	3E-7	-	-
46	Palladium-100	D, all compounds except those given for W and Y	1E+3	1E+3	6E-7	2E-9	2E-5	2E-4
		W, nitrates	-	1E+3	5E-7	2E-9	-	-
		Y, oxides and hydroxides	-	1E+3	6E-7	2E-9	-	-
		D, see ^{100}Pd	1E+4	3E+4	1E-5	5E-8	2E-4	2E-3
46	Palladium-101	W, see ^{100}Pd	-	3E+4	1E-5	5E-8	-	-
		Y, see ^{100}Pd	-	3E+4	1E-5	4E-8	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
46	Palladium-103	D, see ^{100}Pd	6E+3	6E+3	3E-6	9E-9	-	-
			LLI wall (7E+3)	-	-	-	1E-4	1E-3
		W, see ^{100}Pd	-	4E+3	2E-6	6E-9	-	-
		Y, see ^{100}Pd	-	4E+3	1E-6	5E-9	-	-
46	Palladium-107	D, see ^{100}Pd	3E+4	2E+4	9E-6	-	-	-
			LLI wall (4E+4)	Kidneys (2E+4)	-	3E-8	5E-4	5E-3
		W, see ^{100}Pd	-	7E+3	3E-6	1E-8	-	-
		Y, see ^{100}Pd	-	4E+2	2E-7	6E-10	-	-
46	Palladium-109	D, see ^{100}Pd	2E+3	6E+3	3E-6	9E-9	3E-5	3E-4
		W, see ^{100}Pd	-	5E+3	2E-6	8E-9	-	-
		Y, see ^{100}Pd	-	5E+3	2E-6	6E-9	-	-
47	Silver-102 ²	D, all compounds except those given for W and Y	5E+4	2E+5	8E-5	2E-7	-	-
			St wall (6E+4)	-	-	-	9E-4	9E-3
		W, nitrates and sulfides	-	2E+5	9E-5	3E-7	-	-
		Y, oxides and hydroxides	-	2E+5	8E-5	3E-7	-	-
47	Silver-103 ²	D, see ^{102}Ag	4E+4	1E+5	4E-5	1E-7	5E-4	5E-3
		W, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
		Y, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
47	Silver-104m ²	D, see ^{102}Ag	3E+4	9E+4	4E-5	1E-7	4E-4	4E-3
		W, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
		Y, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
47	Silver-104 ²	D, see ^{102}Ag	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
		W, see ^{102}Ag	-	1E+5	6E-5	2E-7	-	-
		Y, see ^{102}Ag	-	1E+5	6E-5	2E-7	-	-
47	Silver-105	D, see ^{102}Ag	3E+3	1E+3	4E-7	1E-9	4E-5	4E-4
		W, see ^{102}Ag	-	2E+3	7E-7	2E-9	-	-
		Y, see ^{102}Ag	-	2E+3	7E-7	2E-9	-	-
47	Silver-106m	D, see ^{102}Ag	8E+2	7E+2	3E-7	1E-9	1E-5	1E-4
		W, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
		Y, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
47	Silver-106 ²	D, see ^{102}Ag	6E+4	2E+5	8E-5	3E-7	-	-
			St Wall (6E+4)	-	-	-	9E-4	9E-3
		W, see ^{102}Ag	-	2E+5	9E-5	3E-7	-	-
		Y, see ^{102}Ag	-	2E+5	8E-5	3E-7	-	-
47	Silver-108m	D, see ^{102}Ag	6E+2	2E+2	8E-8	3E-10	9E-6	9E-5
		W, see ^{102}Ag	-	3E+2	1E-7	4E-10	-	-
		Y, see ^{102}Ag	-	2E+1	1E-8	3E-11	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
47	Silver-110m	D, see ^{102}Ag	5E+2	1E+2	5E-8	2E-10	6E-6	6E-5
		W, see ^{102}Ag	-	2E+2	8E-8	3E-10	-	-
		Y, see ^{102}Ag	-	9E+1	4E-8	1E-10	-	-
47	Silver-111	D, see ^{102}Ag	9E+2	2E+3	6E-7	-	-	-
		LLI wall (1E+3)		Liver (2E+3)	-	2E-9	2E-5	2E-4
		W, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
47	Silver-112	Y, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
		D, see ^{102}Ag	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{102}Ag	-	1E+4	4E-6	1E-8	-	-
47	Silver-115 ²	Y, see ^{102}Ag	-	9E+3	4E-6	1E-8	-	-
		D, see ^{102}Ag	3E+4	9E+4	4E-5	1E-7	-	-
		St wall (3E+4)		-	-	-	4E-4	4E-3
48	Cadmium-104 ²	W, see ^{102}Ag	-	9E+4	4E-5	1E-7	-	-
		Y, see ^{102}Ag	-	8E+4	3E-5	1E-7	-	-
		D, all compounds except those given for W and Y	2E+4	7E+4	3E-5	9E-8	3E-4	3E-3
48	Cadmium-107	W, sulfides, halides, and nitrates	-	1E+5	5E-5	2E-7	-	-
		Y, oxides and hydroxides	-	1E+5	5E-5	2E-7	-	-
		D, see ^{104}Cd	2E+4	5E+4	2E-5	8E-8	3E-4	3E-3
48	Cadmium-109	W, see ^{104}Cd	-	6E+4	2E-5	8E-8	-	-
		Y, see ^{104}Cd	-	5E+4	2E-5	7E-8	-	-
		D, see ^{104}Cd	3E+2	4E+1	1E-8	-	-	-
48	Cadmium-113m	Kidneys (4E+2)		Kidneys (5E+1)	-	7E-11	6E-6	6E-5
		W, see ^{104}Cd	-	1E+2	5E-8	-	-	-
		Kidneys (1E+2)		Kidneys (1E+2)	-	2E-10	-	-
48	Cadmium-113	Y, see ^{104}Cd	-	1E+2	5E-8	2E-10	-	-
		D, see ^{104}Cd	2E+1	2E+0	1E-9	-	-	-
		Kidneys (4E+1)		Kidneys (4E+0)	-	5E-12	5E-7	5E-6
48	Cadmium-113	W, see ^{104}Cd	-	8E+0	4E-9	-	-	-
		Kidneys (1E+1)		Kidneys (1E+1)	-	2E-11	-	-
		Y, see ^{104}Cd	-	1E+1	5E-9	2E-11	-	-
48	Cadmium-113	D, see ^{104}Cd	2E+1	2E+0	9E-10	-	-	-
		Kidneys (3E+1)		Kidneys (3E+0)	-	5E-12	4E-7	4E-6
		W, see ^{104}Cd	-	8E+0	3E-9	-	-	-
48	Cadmium-113	Kidneys (1E+1)		Kidneys (1E+1)	-	2E-11	-	-
		Y, see ^{104}Cd	-	1E+1	6E-9	2E-11	-	-
		D, see ^{104}Cd	-	1E+1	6E-9	2E-11	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
48	Cadmium-115m	D, see ^{104}Cd	3E+2	5E+1 Kidneys	2E-8	-	4E-6	4E-5
			-	(8E+1)	-	1E-10	-	-
		W, see ^{104}Cd	-	1E+2	5E-8	2E-10	-	-
		Y, see ^{104}Cd	-	1E+2	6E-8	2E-10	-	-
48	Cadmium-115	D, see ^{104}Cd	9E+2	1E+3	6E-7	2E-9	-	-
		LLI wall	(1E+3)	-	-	-	1E-5	1E-4
		W, see ^{104}Cd	-	1E+3	5E-7	2E-9	-	-
		Y, see ^{104}Cd	-	1E+3	6E-7	2E-9	-	-
48	Cadmium-117m	D, see ^{104}Cd	5E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		W, see ^{104}Cd	-	2E+4	7E-6	2E-8	-	-
		Y, see ^{104}Cd	-	1E+4	6E-6	2E-8	-	-
48	Cadmium-117	D, see ^{104}Cd	5E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		W, see ^{104}Cd	-	2E+4	7E-6	2E-8	-	-
		Y, see ^{104}Cd	-	1E+4	6E-6	2E-8	-	-
49	Indium-109	D, all compounds except those given for W	2E+4	4E+4	2E-5	6E-8	3E-4	3E-3
		W, oxides, hydroxides, halides, and nitrates	-	6E+4	3E-5	9E-8	-	-
49	Indium-110 ² (69.1 min)	D, see ^{109}In	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{109}In	-	6E+4	2E-5	8E-8	-	-
49	Indium-110 (4.9 h)	D, see ^{109}In	5E+3	2E+4	7E-6	2E-8	7E-5	7E-4
		W, see ^{109}In	-	2E+4	8E-6	3E-8	-	-
49	Indium-111	D, see ^{109}In	4E+3	6E+3	3E-6	9E-9	6E-5	6E-4
		W, see ^{109}In	-	6E+3	3E-6	9E-9	-	-
49	Indium-112 ²	D, see ^{109}In	2E+5	6E+5	3E-4	9E-7	2E-3	2E-2
	-	W, see ^{109}In	-	7E+5	3E-4	1E-6	-	-
49	Indium-113m ²	D, see ^{109}In	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
	-	W, see ^{109}In	-	2E+5	8E-5	3E-7	-	-
49	Indium-114m	D, see ^{109}In	3E+2	6E+1	3E-8	9E-11	-	-
		LLI wall	(4E+2)	-	-	-	5E-6	5E-5
		W, see ^{109}In	-	1E+2	4E-8	1E-10	-	-
49	Indium-115m	D, see ^{109}In	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
	-	W, see ^{109}In	-	5E+4	2E-5	7E-8	-	-
49	Indium-115	D, see ^{109}In	4E+1	1E+0	6E-10	2E-12	5E-7	5E-6
	-	W, see ^{109}In	-	5E+0	2E-9	8E-12	-	-
49	Indium-116m ²	D, see ^{109}In	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
		W, see ^{109}In	-	1E+5	5E-5	2E-7	-	-
49	Indium-117m ²	D, see ^{109}In	1E+4	3E+4	1E-5	5E-8	2E-4	2E-3
	-	W, see ^{109}In	-	4E+4	2E-5	6E-8	-	-
49	Indium-117 ²	D, see ^{109}In	6E+4	2E+5	7E-5	2E-7	8E-4	8E-3
		W, see ^{109}In	-	2E+5	9E-5	3E-7	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
49	Indium-119m ²	D, see ¹⁰⁹ In	4E+4 St wall (5E+4)	1E+5 -	5E-5 -	2E-7 -	- 7E-4	- 7E-3
50	Tin-110	W, see ¹⁰⁹ In D, all compounds except those given for W W, sulfides, oxides, hydroxides, halides, nitrates, and stannic phosphate	- 4E+3 -	1E+5 1E+4 1E+4	6E-5 5E-6 5E-6	2E-7 2E-8 2E-8	- 5E-5 -	- 5E-4 -
50	Tin-111 ²	D, see ¹¹⁰ Sn	7E+4	2E+5	9E-5	3E-7	1E-3	1E-2
		W, see ¹¹⁰ Sn	-	3E+5	1E-4	4E-7	-	-
50	Tin-113	D, see ¹¹⁰ Sn	2E+3 LLI wall (2E+3)	1E+3 -	5E-7 -	2E-9 -	- 3E-5	- 3E-4
		W, see ¹¹⁰ Sn	-	5E+2	2E-7	8E-10	-	-
50	Tin-117m	D, see ¹¹⁰ Sn	2E+3 LLI wall (2E+3)	1E+3 Bone surf (2E+3)	5E-7 -	- 3E-9	- 3E-5	- 3E-4
		W, see ¹¹⁰ Sn	-	1E+3	6E-7	2E-9	-	-
50	Tin-119m	D, see ¹¹⁰ Sn	3E+3 LLI wall (4E+3)	2E+3 -	1E-6 -	3E-9 -	- 6E-5	- 6E-4
		W, see ¹¹⁰ Sn	-	1E+3	4E-7	1E-9	-	-
50	Tin-121m	D, see ¹¹⁰ Sn	3E+3 LLI wall (4E+3)	9E+2 -	4E-7 -	1E-9 -	- 5E-5	- 5E-4
		W, see ¹¹⁰ Sn	-	5E+2	2E-7	8E-10	-	-
50	Tin-121	D, see ¹¹⁰ Sn	6E+3 LLI wall (6E+3)	2E+4 -	6E-6 -	2E-8 -	- 8E-5	- 8E-4
		W, see ¹¹⁰ Sn	-	1E+4	5E-6	2E-8	-	-
50	Tin-123m ²	D, see ¹¹⁰ Sn	5E+4	1E+5	5E-5	2E-7	7E-4	7E-3
		W, see ¹¹⁰ Sn	-	1E+5	6E-5	2E-7	-	-
50	Tin-123	D, see ¹¹⁰ Sn	5E+2 LLI wall (6E+2)	6E+2 -	3E-7 -	9E-10 -	- 9E-6	- 9E-5
		W, see ¹¹⁰ Sn	-	2E+2	7E-8	2E-10	-	-
50	Tin-125	D, see ¹¹⁰ Sn	4E+2 LLI wall (5E+2)	9E+2 -	4E-7 -	1E-9 -	- 6E-6	- 6E-5
		W, see ¹¹⁰ Sn	-	4E+2	1E-7	5E-10	-	-
50	Tin-126	D, see ¹¹⁰ Sn	3E+2	6E+1	2E-8	8E-11	4E-6	4E-5
		W, see ¹¹⁰ Sn	-	7E+1	3E-8	9E-11	-	-
50	Tin-127	D, see ¹¹⁰ Sn	7E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		W, see ¹¹⁰ Sn	-	2E+4	8E-6	3E-8	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
50	Tin-128 ²	D, see ¹¹⁰ Sn	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, see ¹¹⁰ Sn	-	4E+4	1E-5	5E-8	-	-
51	Antimony-115 ²	D, all compounds except those given for W	8E+4	2E+5	1E-4	3E-7	1E-3	1E-2
		W, oxides, hydroxides, halides, sulfides, sulfates, and nitrates	-	3E+5	1E-4	4E-7	-	-
51	Antimony-116m ²	D, see ¹¹⁵ Sb	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
		W, see ¹¹⁵ Sb	-	1E+5	6E-5	2E-7	-	-
51	Antimony-116 ²	D, see ¹¹⁵ Sb	7E+4	3E+5	1E-4	4E-7	-	-
		St wall	(9E+4)	-	-	-	1E-3	1E-2
		W, see ¹¹⁵ Sb	-	3E+5	1E-4	5E-7	-	-
51	Antimony-117	D, see ¹¹⁵ Sb	7E+4	2E+5	9E-5	3E-7	9E-4	9E-3
		W, see ¹¹⁵ Sb	-	3E+5	1E-4	4E-7	-	-
51	Antimony-118m	D, see ¹¹⁵ Sb	6E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		W, see ¹¹⁵ Sb	5E+3	2E+4	9E-6	3E-8	-	-
51	Antimony-119	D, see ¹¹⁵ Sb	2E+4	5E+4	2E-5	6E-8	2E-4	2E-3
		W, see ¹¹⁵ Sb	2E+4	3E+4	1E-5	4E-8	-	-
51	Antimony-120 ² (16 min)	D, see ¹¹⁵ Sb	1E+5	4E+5	2E-4	6E-7	-	-
		St wall	(2E+5)	-	-	-	2E-3	2E-2
		W, see ¹¹⁵ Sb	-	5E+5	2E-4	7E-7	-	-
51	Antimony-120 (5.76 d)	D, see ¹¹⁵ Sb	1E+3	2E+3	9E-7	3E-9	1E-5	1E-4
		W, see ¹¹⁵ Sb	9E+2	1E+3	5E-7	2E-9	-	-
51	Antimony-122	D, see ¹¹⁵ Sb	8E+2	2E+3	1E-6	3E-9	-	-
		LLI wall	(8E+2)	-	-	-	1E-5	1E-4
		W, see ¹¹⁵ Sb	7E+2	1E+3	4E-7	2E-9	-	-
51	Antimony-124m ²	D, see ¹¹⁵ Sb	3E+5	8E+5	4E-4	1E-6	3E-3	3E-2
		W, see ¹¹⁵ Sb	2E+5	6E+5	2E-4	8E-7	-	-
51	Antimony-124	D, see ¹¹⁵ Sb	6E+2	9E+2	4E-7	1E-9	7E-6	7E-5
		W, see ¹¹⁵ Sb	5E+2	2E+2	1E-7	3E-10	-	-
51	Antimony-125	D, see ¹¹⁵ Sb	2E+3	2E+3	1E-6	3E-9	3E-5	3E-4
		W, see ¹¹⁵ Sb	-	5E+2	2E-7	7E-10	-	-
51	Antimony-126m ²	D, see ¹¹⁵ Sb	5E+4	2E+5	8E-5	3E-7	-	-
		St wall	(7E+4)	-	-	-	9E-4	9E-3
		W, see ¹¹⁵ Sb	-	2E+5	8E-5	3E-7	-	-
51	Antimony-126	D, see ¹¹⁵ Sb	6E+2	1E+3	5E-7	2E-9	7E-6	7E-5
		W, see ¹¹⁵ Sb	5E+2	5E+2	2E-7	7E-10	-	-
51	Antimony-127	D, see ¹¹⁵ Sb	8E+2	2E+3	9E-7	3E-9	-	-
		LLI wall	(8E+2)	-	-	-	1E-5	1E-4
		W, see ¹¹⁵ Sb	7E+2	9E+2	4E-7	1E-9	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
51	Antimony-128 ² (10.4 min)	D, see ¹¹⁵ Sb	8E+4 St wall (1E+5)	4E+5 - -	2E-4 -	5E-7 -	- 1E-3	- 1E-2
		W, see ¹¹⁵ Sb	-	4E+5	2E-4	6E-7	-	-
51	Antimony-128 (9.01 h)	D, see ¹¹⁵ Sb	1E+3	4E+3	2E-6	6E-9	2E-5	2E-4
		W, see ¹¹⁵ Sb	-	3E+3	1E-6	5E-9	-	-
51	Antimony-129	D, see ¹¹⁵ Sb	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		W, see ¹¹⁵ Sb	-	9E+3	4E-6	1E-8	-	-
51	Antimony-130 ²	D, see ¹¹⁵ Sb	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		W, see ¹¹⁵ Sb	-	8E+4	3E-5	1E-7	-	-
51	Antimony-131 ²	D, see ¹¹⁵ Sb	1E+4 Thyroid (2E+4)	2E+4 Thyroid (4E+4)	1E-5 -	- 6E-8	- 2E-4	- 2E-3
		W, see ¹¹⁵ Sb	- -	2E+4 Thyroid (4E+4)	1E-5 -	- 6E-8	- -	- -
52	Tellurium-116	D, all compounds except those given for W W, oxides, hydroxides, and nitrates	8E+3 -	2E+4 3E+4	9E-6 1E-5	3E-8 4E-8	1E-4 -	1E-3 -
52	Tellurium-121m	D, see ¹¹⁶ Te	5E+2 Bone surf (7E+2)	2E+2 Bone surf (4E+2)	8E-8 -	- 5E-10	- 1E-5	- 1E-4
		W, see ¹¹⁶ Te	-	4E+2	2E-7	6E-10	-	-
52	Tellurium-121	D, see ¹¹⁶ Te	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
		W, see ¹¹⁶ Te	-	3E+3	1E-6	4E-9	-	-
52	Tellurium-123m	D, see ¹¹⁶ Te	6E+2 Bone surf (1E+3)	2E+2 Bone surf (5E+2)	9E-8 -	- 8E-10	- 1E-5	- 1E-4
		W, see ¹¹⁶ Te	-	5E+2	2E-7	8E-10	-	-
52	Tellurium-123	D, see ¹¹⁶ Te	5E+2 Bone surf (1E+3)	2E+2 Bone surf (5E+2)	8E-8 -	- 7E-10	- 2E-5	- 2E-4
		W, see ¹¹⁶ Te	- -	4E+2 Bone surf (1E+3)	2E-7 -	- 2E-9	- -	- -
52	Tellurium-125m	D, see ¹¹⁶ Te	1E+3 Bone surf (1E+3)	4E+2 Bone surf (1E+3)	2E-7 -	- 1E-9	- 2E-5	- 2E-4
		W, see ¹¹⁶ Te	-	7E+2	3E-7	1E-9	-	-
52	Tellurium-127m	D, see ¹¹⁶ Te	6E+2 -	3E+2 Bone surf (4E+2)	1E-7 -	- 6E-10	9E-6 -	9E-5 -
		W, see ¹¹⁶ Te	-	3E+2	1E-7	4E-10	-	-
52	Tellurium-127	D, see ¹¹⁶ Te	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ¹¹⁶ Te	-	2E+4	7E-6	2E-8	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
52	Tellurium-129m	D, see ^{116}Te	5E+2	6E+2	3E-7	9E-10	7E-6	7E-5
		W, see ^{116}Te	-	2E+2	1E-7	3E-10	-	-
52	Tellurium-129 ²	D, see ^{116}Te	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
		W, see ^{116}Te	-	7E+4	3E-5	1E-7	-	-
52	Tellurium-131m	D, see ^{116}Te	3E+2	4E+2	2E-7	-	-	-
			Thyroid (6E+2)	Thyroid (1E+3)	-	2E-9	8E-6	8E-5
		W, see ^{116}Te	-	4E+2	2E-7	-	-	-
			-	Thyroid (9E+2)	-	1E-9	-	-
52	Tellurium-131 ²	D, see ^{116}Te	3E+3	5E+3	2E-6	-	-	-
			Thyroid (6E+3)	Thyroid (1E+4)	-	2E-8	8E-5	8E-4
		W, see ^{116}Te	-	5E+3	2E-6	-	-	-
			-	Thyroid (1E+4)	-	2E-8	-	-
52	Tellurium-132	D, see ^{116}Te	2E+2	2E+2	9E-8	-	-	-
			Thyroid (7E+2)	Thyroid (8E+2)	-	1E-9	9E-6	9E-5
		W, see ^{116}Te	-	2E+2	9E-8	-	-	-
			-	Thyroid (6E+2)	-	9E-10	-	-
52	Tellurium-133m ²	D, see ^{116}Te	3E+3	5E+3	2E-6	-	-	-
			Thyroid (6E+3)	Thyroid (1E+4)	-	2E-8	9E-5	9E-4
		W, see ^{116}Te	-	5E+3	2E-6	-	-	-
			-	Thyroid (1E+4)	-	2E-8	-	-
52	Tellurium-133 ²	D, see ^{116}Te	1E+4	2E+4	9E-6	-	-	-
			Thyroid (3E+4)	Thyroid (6E+4)	-	8E-8	4E-4	4E-3
		W, see ^{116}Te	-	2E+4	9E-6	-	-	-
			-	Thyroid (6E+4)	-	8E-8	-	-
52	Tellurium-134 ²	D, see ^{116}Te	2E+4	2E+4	1E-5	-	-	-
			Thyroid (2E+4)	Thyroid (5E+4)	-	7E-8	3E-4	3E-3
		W, see ^{116}Te	-	2E+4	1E-5	-	-	-
			-	Thyroid (5E+4)	-	7E-8	-	-
53	Iodine-120m ²	D, all compounds	1E+4	2E+4	9E-6	3E-8	-	-
			Thyroid (1E+4)	-	-	-	2E-4	2E-3
53	Iodine-120 ²	D, all compounds	4E+3	9E+3	4E-6	-	-	-
			Thyroid (8E+3)	Thyroid (1E+4)	-	2E-8	1E-4	1E-3

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
53	Iodine-121	D, all compounds	1E+4 Thyroid (3E+4)	2E+4 Thyroid (5E+4)	8E-6 -	- 7E-8	- 4E-4	- 4E-3
53	Iodine-123	D, all compounds	3E+3 Thyroid (1E+4)	6E+3 Thyroid (2E+4)	3E-6 -	- 2E-8	- 1E-4	- 1E-3
53	Iodine-124	D, all compounds	5E+1 Thyroid (2E+2)	8E+1 Thyroid (3E+2)	3E-8 -	- 4E-10	- 2E-6	- 2E-5
53	Iodine-125	D, all compounds	4E+1 Thyroid (1E+2)	6E+1 Thyroid (2E+2)	3E-8 -	- 3E-10	- 2E-6	- 2E-5
53	Iodine-126	D, all compounds	2E+1 Thyroid (7E+1)	4E+1 Thyroid (1E+2)	1E-8 -	- 2E-10	- 1E-6	- 1E-5
53	Iodine-128 ²	D, all compounds	4E+4 St wall (6E+4)	1E+5 -	5E-5 -	2E-7 -	- 8E-4	- 8E-3
53	Iodine-129	D, all compounds	5E+0 Thyroid (2E+1)	9E+0 Thyroid (3E+1)	4E-9 -	- 4E-11	- 2E-7	- 2E-6
53	Iodine-130	D, all compounds	4E+2 Thyroid (1E+3)	7E+2 Thyroid (2E+3)	3E-7 -	- 3E-9	- 2E-5	- 2E-4
53	Iodine-131	D, all compounds	3E+1 Thyroid (9E+1)	5E+1 Thyroid (2E+2)	2E-8 -	- 2E-10	- 1E-6	- 1E-5
53	Iodine-132m ²	D, all compounds	4E+3 Thyroid (1E+4)	8E+3 Thyroid (2E+4)	4E-6 -	- 3E-8	- 1E-4	- 1E-3
53	Iodine-132	D, all compounds	4E+3 Thyroid (9E+3)	8E+3 Thyroid (1E+4)	3E-6 -	- 2E-8	- 1E-4	- 1E-3
53	Iodine-133	D, all compounds	1E+2 Thyroid (5E+2)	3E+2 Thyroid (9E+2)	1E-7 -	- 1E-9	- 7E-6	- 7E-5
53	Iodine-134 ²	D, all compounds	2E+4 Thyroid (3E+4)	5E+4 -	2E-5 -	6E-8 -	- 4E-4	- 4E-3
53	Iodine-135	D, all compounds	8E+2 Thyroid (3E+3)	2E+3 Thyroid (4E+3)	7E-7 -	- 6E-9	- 3E-5	- 3E-4
54	Xenon-120 ²	Submersion ¹	-	-	1E-5	4E-8	-	-
54	Xenon-121 ²	Submersion ¹	-	-	2E-6	1E-8	-	-
54	Xenon-122	Submersion ¹	-	-	7E-5	3E-7	-	-
54	Xenon-123	Submersion ¹	-	-	6E-6	3E-8	-	-
54	Xenon-125	Submersion ¹	-	-	2E-5	7E-8	-	-
54	Xenon-127	Submersion ¹	-	-	1E-5	6E-8	-	-
54	Xenon-129m	Submersion ¹	-	-	2E-4	9E-7	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
54	Xenon-131m	Submersion ¹	-	-	4E-4	2E-6	-	-
54	Xenon-133m	Submersion ¹	-	-	1E-4	6E-7	-	-
54	Xenon-133	Submersion ¹	-	-	1E-4	5E-7	-	-
54	Xenon-135m ²	Submersion ¹	-	-	9E-6	4E-8	-	-
54	Xenon-135	Submersion ¹	-	-	1E-5	7E-8	-	-
54	Xenon-138 ²	Submersion ¹	-	-	4E-6	2E-8	-	-
55	Cesium-125 ²	D, all compounds	5E+4 St wall (9E+4)	1E+5	6E-5	2E-7	-	-
55	Cesium-127	D, all compounds	6E+4	9E+4	4E-5	1E-7	9E-4	9E-3
55	Cesium-129	D, all compounds	2E+4	3E+4	1E-5	5E-8	3E-4	3E-3
55	Cesium-130 ²	D, all compounds	6E+4 St wall (1E+5)	2E+5	8E-5	3E-7	-	-
55	Cesium-131	D, all compounds	2E+4	-	-	-	1E-3	1E-2
55	Cesium-132	D, all compounds	3E+3	3E+4	1E-5	4E-8	3E-4	3E-3
55	Cesium-134m	D, all compounds	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
55	Cesium-134m	D, all compounds	1E+5 St wall (1E+5)	1E+5	6E-5	2E-7	-	-
55	Cesium-134	D, all compounds	7E+1	-	-	-	2E-3	2E-2
55	Cesium-134	D, all compounds	7E+1	1E+2	4E-8	2E-10	9E-7	9E-6
55	Cesium-135m ²	D, all compounds	1E+5	2E+5	8E-5	3E-7	1E-3	1E-2
55	Cesium-135	D, all compounds	7E+2	1E+3	5E-7	2E-9	1E-5	1E-4
55	Cesium-136	D, all compounds	4E+2	7E+2	3E-7	9E-10	6E-6	6E-5
55	Cesium-137	D, all compounds	1E+2	2E+2	6E-8	2E-10	1E-6	1E-5
55	Cesium-138 ²	D, all compounds	2E+4 St wall (3E+4)	6E+4	2E-5	8E-8	-	-
56	Barium-126 ²	D, all compounds	6E+3	-	-	-	4E-4	4E-3
56	Barium-128	D, all compounds	5E+2	2E+4	6E-6	2E-8	8E-5	8E-4
56	Barium-128	D, all compounds	5E+2	2E+3	7E-7	2E-9	7E-6	7E-5
56	Barium-131m ²	D, all compounds	4E+5 St wall (5E+5)	1E+6	6E-4	2E-6	-	-
56	Barium-131	D, all compounds	3E+3	-	-	-	7E-3	7E-2
56	Barium-131	D, all compounds	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
56	Barium-133m	D, all compounds	2E+3 LLI wall (3E+3)	9E+3	4E-6	1E-8	-	-
56	Barium-133	D, all compounds	2E+3	-	-	-	4E-5	4E-4
56	Barium-133	D, all compounds	2E+3	7E+2	3E-7	9E-10	2E-5	2E-4
56	Barium-135m	D, all compounds	3E+3	1E+4	5E-6	2E-8	4E-5	4E-4
56	Barium-139 ²	D, all compounds	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
56	Barium-140	D, all compounds	5E+2 LLI wall (6E+2)	1E+3	6E-7	2E-9	-	-
56	Barium-141 ²	D, all compounds	2E+4	-	-	-	8E-6	8E-5
56	Barium-141 ²	D, all compounds	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
56	Barium-142 ²	D, all compounds	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
57	Lanthanum-131 ²	D, all compounds except those given for W, oxides and hydroxides	5E+4	1E+5	5E-5	2E-7	6E-4	6E-3
			-	2E+5	7E-5	2E-7	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
57	Lanthanum-132	D, see ^{131}La	3E+3	1E+4	4E-6	1E-8	4E-5	4E-4
		W, see ^{131}La	-	1E+4	5E-6	2E-8	-	-
57	Lanthanum-135	D, see ^{131}La	4E+4	1E+5	4E-5	1E-7	5E-4	5E-3
		W, see ^{131}La	-	9E+4	4E-5	1E-7	-	-
57	Lanthanum-137	D, see ^{131}La	1E+4	6E+1	3E-8	-	2E-4	2E-3
				Liver				
			-	(7E+1)	-	1E-10	-	-
		W, see ^{131}La	-	3E+2	1E-7	-	-	-
57	Lanthanum-138	D, see ^{131}La		Liver				
			-	(3E+2)	-	4E-10	-	-
57	Lanthanum-138	D, see ^{131}La	9E+2	4E+0	1E-9	5E-12	1E-5	1E-4
		W, see ^{131}La	-	1E+1	6E-9	2E-11	-	-
57	Lanthanum-140	D, see ^{131}La	6E+2	1E+3	6E-7	2E-9	9E-6	9E-5
		W, see ^{131}La	-	1E+3	5E-7	2E-9	-	-
57	Lanthanum-141	D, see ^{131}La	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
		W, see ^{131}La	-	1E+4	5E-6	2E-8	-	-
57	Lanthanum-142 ²	D, see ^{131}La	8E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ^{131}La	-	3E+4	1E-5	5E-8	-	-
57	Lanthanum-143 ²	D, see ^{131}La	4E+4	1E+5	4E-5	1E-7	-	-
				St wall				
			(4E+4)	-	-	-	5E-4	5E-3
		W, see ^{131}La	-	9E+4	4E-5	1E-7	-	-
58	Cerium-134	W, all compounds except those given for Y	5E+2	7E+2	3E-7	1E-9	-	-
			LLI wall					
			(6E+2)	-	-	-	8E-6	8E-5
58	Cerium-135	Y, oxides, hydroxides, and fluorides	-	7E+2	3E-7	9E-10	-	-
		W, see ^{134}Ce	2E+3	4E+3	2E-6	5E-9	2E-5	2E-4
58	Cerium-135	Y, see ^{134}Ce	-	4E+3	1E-6	5E-9	-	-
		W, see ^{134}Ce	2E+3	4E+3	2E-6	6E-9	-	-
58	Cerium-137m			LLI wall				
			(2E+3)	-	-	-	3E-5	3E-4
58	Cerium-137	Y, see ^{134}Ce	-	4E+3	2E-6	5E-9	-	-
		W, see ^{134}Ce	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
58	Cerium-139	Y, see ^{134}Ce	-	1E+5	5E-5	2E-7	-	-
		W, see ^{134}Ce	5E+3	8E+2	3E-7	1E-9	7E-5	7E-4
58	Cerium-141	Y, see ^{134}Ce	-	7E+2	3E-7	9E-10	-	-
		W, see ^{134}Ce	2E+3	7E+2	3E-7	1E-9	-	-
58	Cerium-143			LLI wall				
			(2E+3)	-	-	-	3E-5	3E-4
		Y, see ^{134}Ce	-	6E+2	2E-7	8E-10	-	-
		W, see ^{134}Ce	1E+3	2E+3	8E-7	3E-9	-	-
58	Cerium-143			LLI wall				
			(1E+3)	-	-	-	2E-5	2E-4
58	Cerium-143	Y, see ^{134}Ce	-	2E+3	7E-7	2E-9	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
58	Cerium-144	W, see ^{134}Ce	2E+2 LLI wall (3E+2)	3E+1 -	1E-8 -	4E-11 -	- 3E-6	- 3E-5
		Y, see ^{134}Ce	-	1E+1	6E-9	2E-11	-	-
59	Praseodymium-136 ²	W, all compounds except those given for Y	5E+4 St wall (7E+4)	2E+5 -	1E-4 -	3E-7 -	- 1E-3	- 1E-2
		Y, oxides, hydroxides, carbides, and fluorides	-	2E+5	9E-5	3E-7	-	-
59	Praseodymium-137 ²	W, see ^{136}Pr	4E+4	2E+5	6E-5	2E-7	5E-4	5E-3
		Y, see ^{136}Pr	-	1E+5	6E-5	2E-7	-	-
59	Praseodymium-138m	W, see ^{136}Pr	1E+4	5E+4	2E-5	8E-8	1E-4	1E-3
		Y, see ^{136}Pr	-	4E+4	2E-5	6E-8	-	-
59	Praseodymium-139	W, see ^{136}Pr	4E+4	1E+5	5E-5	2E-7	6E-4	6E-3
		Y, see ^{136}Pr	-	1E+5	5E-5	2E-7	-	-
59	Praseodymium-142m ²	W, see ^{136}Pr	8E+4	2E+5	7E-5	2E-7	1E-3	1E-2
		Y, see ^{136}Pr	-	1E+5	6E-5	2E-7	-	-
59	Praseodymium-142	W, see ^{136}Pr	1E+3	2E+3	9E-7	3E-9	1E-5	1E-4
		Y, see ^{136}Pr	-	2E+3	8E-7	3E-9	-	-
59	Praseodymium-143	W, see ^{136}Pr	9E+2 LLI wall (1E+3)	8E+2 -	3E-7 -	1E-9 -	- 2E-5	- 2E-4
		Y, see ^{136}Pr	-	7E+2	3E-7	9E-10	-	-
59	Praseodymium-144 ²	W, see ^{136}Pr	3E+4 St wall (4E+4)	1E+5 -	5E-5 -	2E-7 -	- 6E-4	- 6E-3
		Y, see ^{136}Pr	-	1E+5	5E-5	2E-7	-	-
59	Praseodymium-145	W, see ^{136}Pr	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see ^{136}Pr	-	8E+3	3E-6	1E-8	-	-
59	Praseodymium-147 ²	W, see ^{136}Pr	5E+4 St wall (8E+4)	2E+5 -	8E-5 -	3E-7 -	- 1E-3	- 1E-2
		Y, see ^{136}Pr	-	2E+5	8E-5	3E-7	-	-
60	Neodymium-136 ²	W, all compounds except those given for Y	1E+4	6E+4	2E-5	8E-8	2E-4	2E-3
		Y, oxides, hydroxides, carbides, and fluorides	-	5E+4	2E-5	8E-8	-	-
60	Neodymium-138	W, see ^{136}Nd	2E+3	6E+3	3E-6	9E-9	3E-5	3E-4
		Y, see ^{136}Nd	-	5E+3	2E-6	7E-9	-	-
60	Neodymium-139m	W, see ^{136}Nd	5E+3	2E+4	7E-6	2E-8	7E-5	7E-4
		Y, see ^{136}Nd	-	1E+4	6E-6	2E-8	-	-
60	Neodymium-139 ²	W, see ^{136}Nd	9E+4	3E+5	1E-4	5E-7	1E-3	1E-2
		Y, see ^{136}Nd	-	3E+5	1E-4	4E-7	-	-

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			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
60	Neodymium-141	W, see ^{136}Nd	2E+5	7E+5	3E-4	1E-6	2E-3	2E-2
		Y, see ^{136}Nd	-	6E+5	3E-4	9E-7	-	-
60	Neodymium-147	W, see ^{136}Nd	1E+3	9E+2	4E-7	1E-9	-	-
		LLI wall (1E+3)	-	-	-	-	2E-5	2E-4
60	Neodymium-149 ²	Y, see ^{136}Nd	-	8E+2	4E-7	1E-9	-	-
		W, see ^{136}Nd	1E+4	3E+4	1E-5	4E-8	1E-4	1E-3
60	Neodymium-151 ²	Y, see ^{136}Nd	-	2E+4	1E-5	3E-8	-	-
		W, see ^{136}Nd	7E+4	2E+5	8E-5	3E-7	9E-4	9E-3
60	Neodymium-151 ²	Y, see ^{136}Nd	-	2E+5	8E-5	3E-7	-	-
61	Promethium-141 ²	W, all compounds except those given for Y	5E+4	2E+5	8E-5	3E-7	-	-
		St wall (6E+4)	-	-	-	-	8E-4	8E-3
61	Promethium-143	Y, oxides, hydroxides, carbides, and fluorides	-	2E+5	7E-5	2E-7	-	-
		W, see ^{141}Pm	5E+3	6E+2	2E-7	8E-10	7E-5	7E-4
61	Promethium-144	Y, see ^{141}Pm	-	7E+2	3E-7	1E-9	-	-
		W, see ^{141}Pm	1E+3	1E+2	5E-8	2E-10	2E-5	2E-4
61	Promethium-145	Y, see ^{141}Pm	-	1E+2	5E-8	2E-10	-	-
		W, see ^{141}Pm	1E+4	2E+2	7E-8	-	1E-4	1E-3
61	Promethium-146	Bone surf (2E+2)	-	-	-	3E-10	-	-
		Y, see ^{141}Pm	-	2E+2	8E-8	3E-10	-	-
61	Promethium-147	W, see ^{141}Pm	2E+3	5E+1	2E-8	7E-11	2E-5	2E-4
		Y see ^{141}Pm	-	4E+1	2E-8	6E-11	-	-
61	Promethium-148m	W see ^{141}Pm	4E+3	1E+2	5E-8	-	-	-
		LLI wall Bone surf (5E+3) (2E+2)	-	-	-	3E-10	7E-5	7E-4
61	Promethium-148	Y, see ^{141}Pm	-	1E+2	6E-8	2E-10	-	-
		W, see ^{141}Pm	7E+2	3E+2	1E-7	4E-10	1E-5	1E-4
61	Promethium-148	Y, see ^{141}Pm	-	3E+2	1E-7	5E-10	-	-
		W, see ^{141}Pm	4E+2	5E+2	2E-7	8E-10	-	-
0	Promethium-150	LLI wall (5E+2)	-	-	-	-	7E-6	7E-5
		Y, see ^{141}Pm	-	5E+2	2E-7	7E-10	-	-
61	Promethium-151	LLI wall (1E+3)	-	-	-	-	2E-5	2E-4
		Y, see ^{141}Pm	-	2E+3	8E-7	2E-9	-	-
61	Promethium-151	W, see ^{141}Pm	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		Y, see ^{141}Pm	-	2E+4	7E-6	2E-8	-	-
62	Samarium-141m ²	W, see ^{141}Pm	2E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		Y, see ^{141}Pm	-	3E+3	1E-6	4E-9	-	-
62	Samarium-141m ²	W, all compounds	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
62	Samarium-141 ²	W, all compounds	5E+4 St wall (6E+4)	2E+5 -	8E-5 -	2E-7 -	- 8E-4	- 8E-3
62	Samarium-142 ²	W, all compounds	8E+3	3E+4	1E-5	4E-8	1E-4	1E-3
62	Samarium-145	W, all compounds	6E+3	5E+2	2E-7	7E-10	8E-5	8E-4
62	Samarium-146	W, all compounds	1E+1 Bone surf (3E+1)	4E2 Bone surf (6E-2)	1E-11 -	- 9E-14	- 3E-7	- 3E-6
62	Samarium-147	W, all compounds	2E+1 Bone surf (3E+1)	4E2 Bone surf (7E-2)	2E-11 -	- 1E-13	- 4E-7	- 4E-6
62	Samarium-151	W, all compounds	1E+4 LLI wall (1E+4)	1E+2 Bone surf (2E+2)	4E-8 -	- 2E-10	- 2E-4	- 2E-3
62	Samarium-153	W, all compounds	2E+3 LLI wall (2E+3)	3E+3 -	1E-6 -	4E-9 -	- 3E-5	- 3E-4
62	Samarium-155 ²	W, all compounds	6E+4 St wall (8E+4)	2E+5 -	9E-5 -	3E-7 -	- 1E-3	- 1E-2
62	Samarium-156	W, all compounds	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
63	Europium-145	W, all compounds	2E+3	2E+3	8E-7	3E-9	2E-5	2E-4
63	Europium-146	W, all compounds	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
63	Europium-147	W, all compounds	3E+3	2E+3	7E-7	2E-9	4E-5	4E-4
63	Europium-148	W, all compounds	1E+3	4E+2	1E-7	5E-10	1E-5	1E-4
63	Europium-149	W, all compounds	1E+4	3E+3	1E-6	4E-9	2E-4	2E-3
63	Europium-150 (12.62 h)	W, all compounds	3E+3	8E+3	4E-6	1E-8	4E-5	4E-4
63	Europium-150 (34.2 y)	W, all compounds	8E+2	2E+1	8E-9	3E-11	1E-5	1E-4
63	Europium-152m	W, all compounds	3E+3	6E+3	3E-6	9E-9	4E-5	4E-4
63	Europium-152	W, all compounds	8E+2	2E+1	1E-8	3E-11	1E-5	1E-4
63	Europium-154	W, all compounds	5E+2	2E+1	8E-9	3E-11	7E-6	7E-5
63	Europium-155	W, all compounds	4E+3 Bone surf -	9E+1 (1E+2)	4E-8 -	- 2E-10	5E-5 -	5E-4 -
63	Europium-156	W, all compounds	6E+2	5E+2	2E-7	6E-10	8E-6	8E-5
63	Europium-157	W, all compounds	2E+3	5E+3	2E-6	7E-9	3E-5	3E-4
63	Europium-158 ²	W, all compounds	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
64	Gadolinium-145 ²	D, all compounds except those given for W	5E+4 St wall (5E+4)	2E+5 -	6E-5 -	2E-7 -	- 6E-4	- 6E-3
		W, oxides, hydroxides, and fluorides	-	2E+5	7E-5	2E-7	-	-
64	Gadolinium-146	D, see ¹⁴⁵ Gd	1E+3	1E+2	5E-8	2E-10	2E-5	2E-4
		W, see ¹⁴⁵ Gd	-	3E+2	1E-7	4E-10	-	-
64	Gadolinium-147	D, see ¹⁴⁵ Gd	2E+3	4E+3	2E-6	6E-9	3E-5	3E-4
		W, see ¹⁴⁵ Gd	-	4E+3	1E-6	5E-9	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
64	Gadolinium-148	D, see ^{145}Gd	1E+1	8E+3	3E-12	-	-	-
			Bone surf (2E+1)	Bone surf (2E+2)	-	2E-14	3E-7	3E-6
		W, see ^{145}Gd	-	3E-2	1E-11	-	-	-
			-	Bone surf (6E-2)	-	8E-14	-	-
64	Gadolinium-149	D, see ^{145}Gd	3E+3	2E+3	9E-7	3E-9	4E-5	4E-4
		W, see ^{145}Gd	-	2E+3	1E-6	3E-9	-	-
64	Gadolinium-151	D, see ^{145}Gd	6E+3	4E+2	2E-7	-	9E-5	9E-4
			-	Bone surf (6E+2)	-	9E-10	-	-
		W, see ^{145}Gd	-	1E+3	5E-7	2E-9	-	-
			-	-	-	-	-	-
64	Gadolinium-152	D, see ^{145}Gd	2E+1	1E-2	4E-12	-	-	-
			Bone surf (3E+1)	Bone surf (2E-2)	-	3E-14	4E-7	4E-6
		W, see ^{145}Gd	-	4E-2	2E-11	-	-	-
			-	Bone surf (8E-2)	-	1E-13	-	-
64	Gadolinium-153	D, see ^{145}Gd	5E+3	1E+2	6E-8	-	6E-5	6E-4
			-	Bone surf (2E+2)	-	3E-10	-	-
		W, see ^{145}Gd	-	6E+2	2E-7	8E-10	-	-
			-	-	-	-	-	-
64	Gadolinium-159	D, see ^{145}Gd	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{145}Gd	-	6E+3	2E-6	8E-9	-	-
65	Terbium-147 ²	W, all compounds	9E+3	3E+4	1E-5	5E-8	1E-4	1E-3
65	Terbium-149	W, all compounds	5E+3	7E+2	3E-7	1E-9	7E-5	7E-4
65	Terbium-150	W, all compounds	5E+3	2E+4	9E-6	3E-8	7E-5	7E-4
65	Terbium-151	W, all compounds	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
65	Terbium-153	W, all compounds	5E+3	7E+3	3E-6	1E-8	7E-5	7E-4
65	Terbium-154	W, all compounds	2E+3	4E+3	2E-6	6E-9	2E-5	2E-4
65	Terbium-155	W, all compounds	6E+3	8E+3	3E-6	1E-8	8E-5	8E-4
65	Terbium-156m (5.0 h)	W, all compounds	2E+4	3E+4	1E-5	4E-8	2E-4	2E-3
65	Terbium-156m (24.4 h)	W, all compounds	7E+3	8E+3	3E-6	1E-8	1E-4	1E-3
65	Terbium-156	W, all compounds	1E+3	1E+3	6E-7	2E-9	1E-5	1E-4
65	Terbium-157	W, all compounds	5E+4	3E+2	1E-7	-	-	-
65	Terbium-158	W, all compounds	LLI wall (5E+4)	Bone surf (6E+2)	-	8E-10	7E-4	7E-3
			1E+3	2E+1	8E-9	3E-11	2E-5	2E-4
			8E+2	2E+2	9E-8	3E-10	1E-5	1E-4
			2E+3	2E+3	7E-7	2E-9	-	-
65	Terbium-160	W, all compounds	LLI wall (2E+3)	-	-	-	3E-5	3E-4
			9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
			2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
			1E+4	2E+3	1E-6	3E-9	2E-4	2E-3
66	Dysprosium-155	W, all compounds	1E+4	5E+4	2E-5	6E-8	2E-4	2E-3

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
66	Dysprosium-166	W, all compounds	6E+2	7E+2	3E-7	1E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
67	Holmium-155 ²	W, all compounds	4E+4	2E+5	6E-5	2E-7	6E-4	6E-3
67	Holmium-157 ²	W, all compounds	3E+5	1E+6	6E-4	2E-6	4E-3	4E-2
67	Holmium-159 ²	W, all compounds	2E+5	1E+6	4E-4	1E-6	3E-3	3E-2
67	Holmium-161	W, all compounds	1E+5	4E+5	2E-4	6E-7	1E-3	1E-2
67	Holmium-162m ²	W, all compounds	5E+4	3E+5	1E-4	4E-7	7E-4	7E-3
67	Holmium-162 ²	W, all compounds	5E+5	2E+6	1E-3	3E-6	-	-
			St wall (8E+5)	-	-	-	1E-2	1E-1
67	Holmium-164m ²	W, all compounds	1E+5	3E+5	1E-4	4E-7	1E-3	1E-2
67	Holmium-164 ²	W, all compounds	2E+5	6E+5	3E-4	9E-7	-	-
			St wall (2E+5)	-	-	-	3E-3	3E-2
67	Holmium-166m	W, all compounds	6E+2	7E+0	3E-9	9E-12	9E-6	9E-5
67	Holmium-166	W, all compounds	9E+2	2E+3	7E-7	2E-9	-	-
			LLI wall (9E+2)	-	-	-	1E-5	1E-4
67	Holmium-167	W, all compounds	2E+4	6E+4	2E-5	8E-8	2E-4	2E-3
68	Erbium-161	W, all compounds	2E+4	6E+4	3E-5	9E-8	2E-4	2E-3
68	Erbium-165	W, all compounds	6E+4	2E+5	8E-5	3E-7	9E-4	9E-3
68	Erbium-169	W, all compounds	3E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (4E+3)	-	-	-	5E-5	5E-4
68	Erbium-171	W, all compounds	4E+3	1E+4	4E-6	1E-8	5E-5	5E-4
68	Erbium-172	W, all compounds	1E+3	1E+3	6E-7	2E-9	-	-
			LLI wall (E+3)	-	-	-	2E-5	2E-4
69	Thulium-162 ²	W, all compounds	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
69	Thulium-166	W, all compounds	4E+3	1E+4	6E-6	2E-8	6E-5	6E-4
69	Thulium-167	W, all compounds	2E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
69	Thulium-170	W, all compounds	8E+2	2E+2	9E-8	3E-10	-	-
			LLI wall (1E+3)	-	-	-	1E-5	1E-4
69	Thulium-171	W, all compounds	1E+4	3E+2	1E-7	-	-	-
			LLI wall Bone surf (1E+4)	(6E+2)	-	8E-10	2E-4	2E-3
69	Thulium-172	W, all compounds	7E+2	1E+3	5E-7	2E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
69	Thulium-173	W, all compounds	4E+3	1E+4	5E-6	2E-8	6E-5	6E-4
69	Thulium-175 ²	W, all compounds	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
70	Ytterbium-162 ²	W, all compounds except those given for Y Y, oxides, hydroxides, and fluorides	7E+4	3E+5	1E-4	4E-7	1E-3	1E-2
			-	3E+5	1E-4	4E-7	-	-
70	Ytterbium-166	W, see ¹⁶² Yb Y, see ¹⁶² Yb	1E+3	2E+3	8E-7	3E-9	2E-5	2E-4
			-	2E+3	8E-7	3E-9	-	-
70	Ytterbium-167 ²	W, see ¹⁶² Yb Y, see ¹⁶² Yb	3E+5	8E+5	3E-4	1E-6	4E-3	4E-2
			-	7E+5	3E-4	1E-6	-	-
70	Ytterbium-169	W, see ¹⁶² Yb Y, see ¹⁶² Yb	2E+3	8E+2	4E-7	1E-9	2E-5	2E-4
			-	7E+2	3E-7	1E-9	-	-
70	Ytterbium-175	W, see ¹⁶² Yb	3E+3	4E+3	1E-6	5E-9	-	-
		LLI wall (3E+3)	-	-	-	-	4E-5	4E-4
		Y, see ¹⁶² Yb	-	3E+3	1E-6	5E-9	-	-
70	Ytterbium-177 ²	W, see ¹⁶² Yb Y, see ¹⁶² Yb	2E+4	5E+4	2E-5	7E-8	2E-4	2E-3
			-	5E+4	2E-5	6E-8	-	-
70	Ytterbium-178 ²	W, see ¹⁶² Yb Y, see ¹⁶² Yb	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
			-	4E+4	2E-5	5E-8	-	-
71	Lutetium-169	W, all compounds except those given for Y Y, oxides, hydroxides, and fluorides	3E+3	4E+3	2E-6	6E-9	3E-5	3E-4
			-	4E+3	2E-6	6E-9	-	-
71	Lutetium-170	W, see ¹⁶⁹ Lu Y, see ¹⁶⁹ Lu	1E+3	2E+3	9E-7	3E-9	2E-5	2E-4
			-	2E+3	8E-7	3E-9	-	-
71	Lutetium-171	W, see ¹⁶⁹ Lu Y, see ¹⁶⁹ Lu	2E+3	2E+3	8E-7	3E-9	3E-5	3E-4
			-	2E+3	8E-7	3E-9	-	-
71	Lutetium-172	W, see ¹⁶⁹ Lu Y, see ¹⁶⁹ Lu	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
			-	1E+3	5E-7	2E-9	-	-
71	Lutetium-173	W, see ¹⁶⁹ Lu	5E+3	3E+2	1E-7	-	7E-5	7E-4
		Bone surf (5E+2)	-	-	-	6E-10	-	-
		Y, see ¹⁶⁹ Lu	-	3E+2	1E-7	4E-10	-	-
71	Lutetium-174m	W, see ¹⁶⁹ Lu	2E+3	2E+2	1E-7	-	-	-
		LLI wall (3E+3)	-	Bone surf (3E+2)	-	5E-10	4E-5	4E-4
		Y, see ¹⁶⁹ Lu	-	2E+2	9E-8	3E-10	-	-
71	Lutetium-174	W, see ¹⁶⁹ Lu	5E+3	1E+2	5E-8	-	7E-5	7E-4
		Bone surf (2E+2)	-	-	-	3E-10	-	-
		Y, see ¹⁶⁹ Lu	-	2E+2	6E-8	2E-10	-	-
71	Lutetium-176m	W, see ¹⁶⁹ Lu Y, see ¹⁶⁹ Lu	8E+3	3E+4	1E-5	3E-8	1E-4	1E-3
			-	2E+4	9E-6	3E-8	-	-
71	Lutetium-176	W, see ¹⁶⁹ Lu	7E+2	5E+0	2E-9	-	1E-5	1E-4
		Bone surf (1E+1)	-	-	-	2E-11	-	-
		Y, see ¹⁶⁹ Lu	-	8E+0	3E-9	1E-1	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
71	Lutetium-177m	W, see ^{169}Lu	7E+2	1E+2	5E-8	-	1E-5	1E-4
				Bone surf				
			-	(1E+2)	-	2E-10	-	-
		Y, see ^{169}Lu	-	8E+1	3E-8	1E-10	-	-
71	Lutetium-177	W, see ^{169}Lu	2E+3	2E+3	9E-7	3E-9	-	-
			LLI wall					
			(3E+3)	-	-	-	4E-5	4E-4
		Y, see ^{169}Lu	-	2E+3	9E-7	3E-9	-	-
71	Lutetium-178m ²	W, see ^{169}Lu	5E+4	2E+5	8E-5	3E-7	-	-
			St. wall					
			(6E+4)	-	-	-	8E-4	8E-3
		Y, see ^{169}Lu	-	2E+5	7E-5	2E-7	-	-
71	Lutetium-178 ²	W, see ^{169}Lu	4E+4	1E+5	5E-5	2E-7	-	-
			St wall					
			(4E+4)	-	-	-	6E-4	6E-3
		Y, see ^{169}Lu	-	1E+5	5E-5	2E-7	-	-
71	Lutetium-179	W, see ^{169}Lu	6E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		Y, see ^{169}Lu	-	2E+4	6E-6	3E-8	-	-
72	Hafnium-170	D, all compounds except those given for W	3E+3	6E+3	2E-6	8E-9	4E-5	4E-4
		W, oxides, hydroxides, carbides, and nitrates	-	5E+3	2E-6	6E-9	-	-
72	Hafnium-172	D, see ^{170}Hf	1E+3	9E+0	4E-9	-	2E-5	2E-4
				Bone surf				
			-	(2E+1)	-	3E-11	-	-
		W, see ^{170}Hf	-	4E+1	2E-8	-	-	-
				Bone surf				
			-	(6E+1)	-	8E-11	-	-
72	Hafnium-173	D, see ^{170}Hf	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W, see ^{170}Hf	-	1E+4	5E-6	2E-8	-	-
72	Hafnium-175	D, see ^{170}Hf	3E+3	9E+2	4E-7	-	4E-5	4E-4
				Bone surf				
			-	(1E+3)	-	1E-9	-	-
		W, see ^{170}Hf	-	1E+3	5E-7	2E-9	-	-
72	Hafnium-177m ²	D, see ^{170}Hf	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
		W, see ^{170}Hf	-	9E+4	4E-5	1E-7	-	-
72	Hafnium-178m	D, see ^{170}Hf	3E+2	1E+0	5E-10	-	3E-6	3E-5
				Bone surf				
			-	(2E+0)	-	3E-12	-	-
		W, see ^{170}Hf	-	5E+0	2E-9	-	-	-
				Bone surf				
			-	(9E+0)	-	1E-11	-	-
72	Hafnium-179m	D, see ^{170}Hf	1E+3	3E+2	1E-7	-	1E-5	1E-4
				Bone surf				
			-	(6E+2)	-	8E-10	-	-
		W, see ^{170}Hf	-	6E+2	3E-7	8E-10	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
72	Hafnium-180m	D, see ^{170}Hf	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ^{170}Hf	-	3E+4	1E-5	4E-8	-	-
72	Hafnium-181	D, see ^{170}Hf	1E+3	2E+2	7E-8	-	2E-5	2E-4
				Bone surf (4E+2)	-	6E-10	-	-
72	Hafnium-182m ²	W, see ^{170}Hf	-	4E+2	2E-7	6E-10	-	-
		D, see ^{170}Hf	4E+4	9E+4	4E-5	1E-7	5E-4	5E-3
72	Hafnium-182	W, see ^{170}Hf	-	1E+5	6E-5	2E-7	-	-
		D, see ^{170}Hf	2E+2	8E-1	3E-10	-	-	-
72			Bone surf (4E+2)	Bone surf (2E+0)	-	2E-12	5E-6	5E-5
		W, see ^{170}Hf	-	3E+0	1E-9	-	-	-
72	Hafnium-183 ²		-	Bone surf (7E+0)	-	1E-11	-	-
		D, see ^{170}Hf	2E+4	5E+4	2E-5	6E-8	3E-4	3E-3
72	Hafnium-184	W, see ^{170}Hf	-	6E+4	2E-5	8E-8	-	-
		D, see ^{170}Hf	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
72		W, see ^{170}Hf	-	6E+3	3E-6	9E-9	-	-
73	Tantalum-172 ²	W, all compounds except those given for Y	4E+4	1E+5	5E-5	2E-7	5E-4	5E-3
		Y, elemental Ta, oxides, hydroxides, halides, carbides, nitrates, and nitrides	-	1E+5	4E-5	1E-7	-	-
73	Tantalum-173	W, see ^{172}Ta	7E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		Y, see ^{172}Ta	-	2E+4	7E-6	2E-8	-	-
73	Tantalum-174 ²	W, see ^{172}Ta	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3
		Y, see ^{172}Ta	-	9E+4	4E-5	1E-7	-	-
73	Tantalum-175	W, see ^{172}Ta	6E+3	2E+4	7E-6	2E-8	8E-5	8E-4
		Y, see ^{172}Ta	-	1E+4	6E-6	2E-8	-	-
73	Tantalum-176	W, see ^{172}Ta	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
		Y, see ^{172}Ta	-	1E+4	5E-6	2E-8	-	-
73	Tantalum-177	W, see ^{172}Ta	1E+4	2E+4	8E-6	3E-8	2E-4	2E-3
		Y, see ^{172}Ta	-	2E+4	7E-6	2E-8	-	-
73	Tantalum-178	W, see ^{172}Ta	2E+4	9E+4	4E-5	1E-7	2E-4	2E-3
		Y, see ^{172}Ta	-	7E+4	3E-5	1E-7	-	-
73	Tantalum-179	W, see ^{172}Ta	2E+4	5E+3	2E-6	8E-9	3E-4	3E-3
		Y, see ^{172}Ta	-	9E+2	4E-7	1E-9	-	-
73	Tantalum-180m	W, see ^{172}Ta	2E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		Y, see ^{172}Ta	-	6E+4	2E-5	8E-8	-	-
73	Tantalum-180	W, see ^{172}Ta	1E+3	4E+2	2E-7	6E-10	2E-5	2E-4
		Y, see ^{172}Ta	-	2E+1	1E-8	3E-11	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
73	Tantalum-182m ²	W, see ¹⁷² Ta	2E+5 St wall (2E+5)	5E+5 -	2E-4 -	8E-7 -	- 3E-3	- 3E-2
		Y, see ¹⁷² Ta	-	4E+5	2E-4	6E-7	-	-
73	Tantalum-182	W, see ¹⁷² Ta	8E+2	3E+2	1E-7	5E-10	1E-5	1E-4
		Y, see ¹⁷² Ta	-	1E+2	6E-8	2E-10	-	-
73	Tantalum-183	W, see ¹⁷² Ta	9E+2 LLI wall (1E+3)	1E+3 -	5E-7 -	2E-9 -	- 2E-5	- 2E-4
		Y, see ¹⁷² Ta	-	1E+3	4E-7	1E-9	-	-
73	Tantalum-184	W, see ¹⁷² Ta	2E+3	5E+3	2E-6	8E-9	3E-5	3E-4
		Y, see ¹⁷² Ta	-	5E+3	2E-6	7E-9	-	-
73	Tantalum-185 ²	W, see ¹⁷² Ta	3E+4	7E+4	3E-5	1E-7	4E-4	4E-3
		Y, see ¹⁷² Ta	-	6E+4	3E-5	9E-8	-	-
73	Tantalum-186 ²	W, see ¹⁷² Ta	5E+4 St wall (7E+4)	2E+5 -	1E-4 -	3E-7 -	- 1E-3	- 1E-2
		Y, see ¹⁷² Ta	-	2E+5	9E-5	3E-7	-	-
74	Tungsten-176	D, all compounds	1E+4	5E+4	2E-5	7E-8	1E-4	1E-3
74	Tungsten-177	D, all compounds	2E+4	9E+4	4E-5	1E-7	3E-4	3E-3
74	Tungsten-178	D, all compounds	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
74	Tungsten-179 ²	D, all compounds	5E+5	2E+6	7E-4	2E-6	7E-3	7E-2
74	Tungsten-181	D, all compounds	2E+4	3E+4	1E-5	5E-8	2E-4	2E-3
74	Tungsten-185	D, all compounds	2E+3 LLI wall (3E+3)	7E+3 -	3E-6 -	9E-9 -	- 4E-5	- 4E-4
74	Tungsten-187	D, all compounds	2E+3	9E+3	4E-6	1E-8	3E-5	3E-4
74	Tungsten-188	D, all compounds	4E+2 LLI wall (5E+2)	1E+3 -	5E-7 -	2E-9 -	- 7E-6	- 7E-5
75	Rhenium-177 ²	D, all compounds except those given for W	9E+4 St wall (1E+5)	3E+5 -	1E-4 -	4E-7 -	- 2E-3	- 2E-2
		W, oxides, hydroxides, and nitrates	-	4E+5	1E-4	5E-7	-	-
75	Rhenium-178 ²	D, see ¹⁷⁷ Re	7E+4 St wall (1E+5)	3E+5 -	1E-4 -	4E-7 -	- 1E-3	- 1E-2
		W, see ¹⁷⁷ Re	-	3E+5	1E-4	4E-7	-	-
75	Rhenium-181	D, see ¹⁷⁷ Re	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
		W, see ¹⁷⁷ Re	-	9E+3	4E-6	1E-8	-	-
75	Rhenium-182 (12.7 h)	D, see ¹⁷⁷ Re	7E+3	1E+4	5E-6	2E-8	9E-5	9E-4
		W, see ¹⁷⁷ Re	-	2E+4	6E-6	2E-8	-	-
75	Rhenium-182 (64.0 h)	D, see ¹⁷⁷ Re	1E+3	2E+3	1E-6	3E-9	2E-5	2E-4
		W, see ¹⁷⁷ Re	-	2E+3	9E-7	3E-9	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
75	Rhenium-184m	D, see ^{177}Re	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see ^{177}Re	-	4E+2	2E-7	6E-10	-	-
75	Rhenium-184	D, see ^{177}Re	2E+3	4E+3	1E-6	5E-9	3E-5	3E-4
		W, see ^{177}Re	-	1E+3	6E-7	2E-9	-	-
75	Rhenium-186m	D, see ^{177}Re	1E+3	2E+3	7E-7	-	-	-
		St wall (2E+3)	St wall (2E+3)	-	3E-9	2E-5	2E-4	
		W, see ^{177}Re	-	2E+2	6E-8	2E-10	-	-
75	Rhenium-186	D, see ^{177}Re	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see ^{177}Re	-	2E+3	7E-7	2E-9	-	-
75	Rhenium-187	D, see ^{177}Re	6E+5	8E+5	4E-4	-	8E-3	8E-2
		St wall	-	(9E+5)	-	1E-6	-	-
		W, see ^{177}Re	-	1E+5	4E-5	1E-7	-	-
75	Rhenium-188m ²	D, see ^{177}Re	8E+4	1E+5	6E-5	2E-7	1E-3	1E-2
		W, see ^{177}Re	-	1E+5	6E-5	2E-7	-	-
75	Rhenium-188	D, see ^{177}Re	2E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		W, see ^{177}Re	-	3E+3	1E-6	4E-9	-	-
75	Rhenium-189	D, see ^{177}Re	3E+3	5E+3	2E-6	7E-9	4E-5	4E-4
		W, see ^{177}Re	-	4E+3	2E-6	6E-9	-	-
76	Osmium-180 ²	D, all compounds except those given for W and Y	1E+5	4E+5	2E-4	5E-7	1E-3	1E-2
		W, halides and nitrates	-	5E+5	2E-4	7E-7	-	-
		Y, oxides and hydroxides	-	5E+5	2E-4	6E-7	-	-
76	Osmium-181 ²	D, see ^{180}Os	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{180}Os	-	5E+4	2E-5	6E-8	-	-
		Y, see ^{180}Os	-	4E+4	2E-5	6E-8	-	-
76	Osmium-182	D, see ^{180}Os	2E+3	6E+3	2E-6	8E-9	3E-5	3E-4
		W, see ^{180}Os	-	4E+3	2E-6	6E-9	-	-
		Y, see ^{180}Os	-	4E+3	2E-6	6E-9	-	-
76	Osmium-185	D, see ^{180}Os	2E+3	5E+2	2E-7	7E-10	3E-5	3E-4
		W, see ^{180}Os	-	8E+2	3E-7	1E-9	-	-
		Y, see ^{180}Os	-	8E+2	3E-7	1E-9	-	-
76	Osmium-189m	D, see ^{180}Os	8E+4	2E+5	1E-4	3E-7	1E-3	1E-2
		W, see ^{180}Os	-	2E+5	9E-5	3E-7	-	-
		Y, see ^{180}Os	-	2E+5	7E-5	2E-7	-	-
76	Osmium-191m	D, see ^{180}Os	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see ^{180}Os	-	2E+4	8E-6	3E-8	-	-
		Y, see ^{180}Os	-	2E+4	7E-6	2E-8	-	-
76	Osmium-191	D, see ^{180}Os	2E+3	2E+3	9E-7	3E-9	-	-
		LLI wall (3E+3)	LLI wall (3E+3)	-	-	-	3E-5	3E-4
		W, see ^{180}Os	-	2E+3	7E-7	2E-9	-	-
		Y, see ^{180}Os	-	1E+3	6E-7	2E-9	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
76	Osmium-193	D, see ^{180}Os	2E+3	5E+3	2E-6	6E-9	-	-
		LLI wall (2E+3)	-	-	-	-	2E-5	2E-4
		W, see ^{180}Os	-	3E+3	1E-6	4E-9	-	-
76	Osmium-194	Y, see ^{180}Os	-	3E+3	1E-6	4E-9	-	-
		D, see ^{180}Os	4E+2	4E+1	2E-8	6E-11	-	-
		LLI wall (6E+2)	-	-	-	-	8E-6	8E-5
77	Iridium-182 ²	W, see ^{180}Os	-	6E+1	2E-8	8E-11	-	-
		Y, see ^{180}Os	-	8E+0	3E-9	1E-11	-	-
		D, all compounds except those given for W and Y	4E+4	1E+5	6E-5	2E-7	-	-
77	Iridium-184	St wall (4E+4)	-	-	-	-	6E-4	6E-3
		W, halides, nitrates, and metallic iridium	-	2E+5	6E-5	2E-7	-	-
		Y, oxides and hydroxides	-	1E+5	5E-5	2E-7	-	-
77	Iridium-185	D, see ^{182}Ir	8E+3	2E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{182}Ir	-	3E+4	1E-5	5E-8	-	-
		Y, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
77	Iridium-186	D, see ^{182}Ir	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W, see ^{182}Ir	-	1E+4	5E-6	2E-8	-	-
		Y, see ^{182}Ir	-	1E+4	4E-6	1E-8	-	-
77	Iridium-187	D, see ^{182}Ir	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		W, see ^{182}Ir	-	6E+3	3E-6	9E-9	-	-
		Y, see ^{182}Ir	-	6E+3	2E-6	8E-9	-	-
77	Iridium-188	D, see ^{182}Ir	1E+4	3E+4	1E-5	5E-8	1E-4	1E-3
		W, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
		Y, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
77	Iridium-189	D, see ^{182}Ir	2E+3	5E+3	2E-6	6E-9	3E-5	3E-4
		W, see ^{182}Ir	-	4E+3	1E-6	5E-9	-	-
		Y, see ^{182}Ir	-	3E+3	1E-6	5E-9	-	-
77	Iridium-190m ²	D, see ^{182}Ir	5E+3	5E+3	2E-6	7E-9	-	-
		LLI wall (5E+3)	-	-	-	-	7E-5	7E-4
		W, see ^{182}Ir	-	4E+3	2E-6	5E-9	-	-
77	Iridium-190	Y, see ^{182}Ir	-	4E+3	1E-6	5E-9	-	-
		D, see ^{182}Ir	2E+5	2E+5	8E-5	3E-7	2E-3	2E-2
		W, see ^{182}Ir	-	2E+5	9E-5	3E-7	-	-
77	Iridium-190	Y, see ^{182}Ir	-	2E+5	8E-5	3E-7	-	-
		D, see ^{182}Ir	1E+3	9E+2	4E-7	1E-9	1E-5	1E-4
		W, see ^{182}Ir	-	1E+3	4E-7	1E-9	-	-
77	Iridium-190	Y, see ^{182}Ir	-	9E+2	4E-7	1E-9	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
77	Iridium-192m	D, see ^{182}Ir	3E+3	9E+1	4E-8	1E-10	4E-5	4E-4
		W, see ^{182}Ir	-	2E+2	9E-8	3E-10	-	-
		Y, see ^{182}Ir	-	2E+1	6E-9	2E-11	-	-
77	Iridium-192	D, see ^{182}Ir	9E+2	3E+2	1E-7	4E-10	1E-5	1E-4
		W, see ^{182}Ir	-	4E+2	2E-7	6E-10	-	-
		Y, see ^{182}Ir	-	2E+2	9E-8	3E-10	-	-
77	Iridium-194m	D, see ^{182}Ir	6E+2	9E+1	4E-8	1E-10	9E-6	9E-5
		W, see ^{182}Ir	-	2E+2	7E-8	2E-10	-	-
		Y, see ^{182}Ir	-	1E+2	4E-8	1E-10	-	-
77	Iridium-194	D, see ^{182}Ir	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		W, see ^{182}Ir	-	2E+3	9E-7	3E-9	-	-
		Y, see ^{182}Ir	-	2E+3	8E-7	3E-9	-	-
77	Iridium-195m	D, see ^{182}Ir	8E+3	2E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
		Y, see ^{182}Ir	-	2E+4	9E-6	3E-8	-	-
77	Iridium-195	D, see ^{182}Ir	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{182}Ir	-	5E+4	2E-5	7E-8	-	-
		Y, see ^{182}Ir	-	4E+4	2E-5	6E-8	-	-
78	Platinum-186	D, all compounds	1E+4	4E+4	2E-5	5E-8	2E-4	2E-3
78	Platinum-188	D, all compounds	2E+3	2E+3	7E-7	2E-9	2E-5	2E-4
78	Platinum-189	D, all compounds	1E+4	3E+4	1E-5	4E-8	1E-4	1E-3
78	Platinum-191	D, all compounds	4E+3	8E+3	4E-6	1E-8	5E-5	5E-4
78	Platinum-193m	D, all compounds	3E+3	6E+3	3E-6	8E-9	-	-
78	Platinum-193	D, all compounds	LLI wall (3E+4)	-	-	-	4E-5	4E-4
			4E+4	2E+4	1E-5	3E-8	-	-
			LLI wall (5E+4)	-	-	-	6E-4	6E-3
78	Platinum-195m	D, all compounds	2E+3	4E+3	2E-6	6E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
78	Platinum-197m ²	D, all compounds	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
78	Platinum-197	D, all compounds	3E+3	1E+4	4E-6	1E-8	4E-5	4E-4
78	Platinum-199 ²	D, all compounds	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
78	Platinum-200	D, all compounds	1E+3	3E+3	1E-6	5E-9	2E-5	2E-4
79	Gold-193	D, all compounds except those given for W and Y	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, halides and nitrates	-	2E+4	9E-6	3E-8	-	-
		Y, oxides and hydroxides	-	2E+4	8E-6	3E-8	-	-
79	Gold-194	D, see ^{193}Au	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{193}Au	-	5E+3	2E-6	8E-9	-	-
		Y, see ^{193}Au	-	5E+3	2E-6	7E-9	-	-
79	Gold-195	D see ^{193}Au	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W see ^{193}Au	-	1E+3	6E-7	2E-9	-	-
		Y see ^{193}Au	-	4E+2	2E-7	6E-10	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
79	Gold-198m	D see ^{193}Au	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		W see ^{193}Au	-	1E+3	5E-7	2E-9	-	-
		Y see ^{193}Au	-	1E+3	5E-7	2E-9	-	-
79	Gold-198	D see ^{193}Au	1E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		W see ^{193}Au	-	2E+3	8E-7	3E-9	-	-
		Y see ^{193}Au	-	2E+3	7E-7	2E-9	-	-
79	Gold-199	D see ^{193}Au	3E+3	9E+3	4E-6	1E-8	-	-
		LLI wall (3E+3)	-	-	-	-	4E-5	4E-4
		W, see ^{193}Au	-	4E+3	2E-6	6E-9	-	-
79	Gold-200m	Y, see ^{193}Au	-	4E+3	2E-6	5E-9	-	-
		D, see ^{193}Au	1E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see ^{193}Au	-	3E+3	1E-6	4E-9	-	-
79	Gold-200 ²	Y, see ^{193}Au	-	2E+4	1E-6	3E-9	-	-
		D, see ^{193}Au	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
		W, see ^{193}Au	-	8E+4	3E-5	1E-7	-	-
79	Gold-201 ²	Y, see ^{193}Au	-	7E+4	3E-5	1E-7	-	-
		D, see ^{193}Au	7E+4	2E+5	9E-5	3E-7	-	-
		St wall (9E+4)	-	-	-	-	1E-3	1E-2
80	Mercury-193m	W, see ^{193}Au	-	2E+5	1E-4	3E-7	-	-
		Y, see ^{193}Au	-	2E+5	9E-5	3E-7	-	-
		Vapor	-	8E+3	4E-6	1E-8	-	-
80	Mercury-193	Organic D	4E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		D, sulfates	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		W, oxides, hydroxides, halides, nitrates, and sulfides	-	8E+3	3E-6	1E-8	-	-
80	Mercury-194	Vapor	-	3E+4	1E-5	4E-8	-	-
		Organic D	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		D, see $^{193\text{m}}\text{Hg}$	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
80	Mercury-195	W, see $^{193\text{m}}\text{Hg}$	-	4E+4	2E-5	6E-8	-	-
		Vapor	-	3E+1	1E-8	4E-11	-	-
		Organic D	2E+1	3E+1	1E-8	4E-11	2E-7	2E-6
80	Mercury-195m	D, see $^{193\text{m}}\text{Hg}$	8E+2	4E+1	2E-8	6E-11	1E-5	1E-4
		W, see $^{193\text{m}}\text{Hg}$	-	1E+2	5E-8	2E-10	-	-
		Vapor	-	4E+3	2E-6	6E-9	-	-
80	Mercury-195	Organic D	3E+3	6E+3	3E-6	8E-9	4E-5	4E-4
		D, see $^{193\text{m}}\text{Hg}$	2E+3	5E+3	2E-6	7E-9	3E-5	3E-4
		W, see $^{193\text{m}}\text{Hg}$	-	4E+3	2E-6	5E-9	-	-
80	Mercury-195	Vapor	-	3E+4	1E-5	4E-8	-	-
		Organic D	2E+4	5E+4	2E-5	6E-8	2E-4	2E-3
		D, see $^{193\text{m}}\text{Hg}$	1E+4	4E+4	1E-5	5E-8	2E-4	2E-3
80	Mercury-195	W, see $^{193\text{m}}\text{Hg}$	-	3E+4	1E-5	5E-8	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers
			Col. 1 Oral Ingestion	Col. 2 Inhalation	Col. 3 DAC	Col. 1 Air	Col. 2 Water	Monthly Average
			ALI (μ Ci)	ALI (μ Ci)	(μ Ci/ml)	(μ Ci/ml)	(μ Ci/ml)	Concentration (μ Ci/ml)
80	Mercury-197m	Vapor	-	5E+3	2E-6	7E-9	-	-
		Organic D	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
		D, see ^{193}mHg	3E+3	7E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{193}mHg	-	5E+3	2E-6	7E-9	-	-
80	Mercury-197	Vapor	-	8E+3	4E-6	1E-8	-	-
		Organic D	7E+3	1E+4	6E-6	2E-8	9E-5	9E-4
		D, see ^{193}mHg	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, see ^{193}mHg	-	9E+3	4E-6	1E-8	-	-
80	Mercury-199m ²	Vapor	-	8E+4	3E-5	1E-7	-	-
		Organic D	6E+4	2E+5	7E-5	2E-7	-	-
		St wall (1E+5)	-	-	-	-	1E-3	1E-2
		D, see ^{193}mHg	6E+4	1E+5	6E-5	2E-7	8E-4	8E-3
80	Mercury-203	W, see ^{193}mHg	-	2E+5	7E-5	2E-7	-	-
		Vapor	-	8E+2	4E-7	1E-9	-	-
		Organic D	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
		D, see ^{193}mHg	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
81	Thallium-194m ²	W, see ^{193}mHg	-	1E+3	5E-7	2E-9	-	-
		D, all compounds	5E+4	2E+5	6E-5	2E-7	-	-
		St wall (7E+4)	-	-	-	-	1E-3	1E-2
		D, all compounds	3E+5	6E+5	2E-4	8E-7	-	-
81	Thallium-194 ²	St wall (3E+5)	-	-	-	-	4E-3	4E-2
		D, all compounds	6E+4	1E+5	5E-5	2E-7	9E-4	9E-3
		D, all compounds	7E+4	1E+5	5E-5	2E-7	1E-3	1E-2
		D, all compounds	3E+4	5E+4	2E-5	8E-8	4E-4	4E-3
81	Thallium-198m ²	D, all compounds	2E+4	3E+4	1E-5	5E-8	3E-4	3E-3
81	Thallium-198	D, all compounds	6E+4	8E+4	4E-5	1E-7	9E-4	9E-3
81	Thallium-199	D, all compounds	8E+3	1E+4	5E-6	2E-8	1E-4	1E-3
81	Thallium-200	D, all compounds	2E+4	2E+4	9E-6	3E-8	2E-4	2E-3
81	Thallium-201	D, all compounds	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
81	Thallium-202	D, all compounds	2E+3	2E+3	9E-7	3E-9	2E-5	2E-4
81	Thallium-204	D, all compounds	6E+4	2E+5	8E-5	3E-7	8E-4	8E-3
82	Lead-195m ²	D, all compounds	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
82	Lead-198	D, all compounds	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
82	Lead-199 ²	D, all compounds	3E+3	6E+3	3E-6	9E-9	4E-5	4E-4
82	Lead-200	D, all compounds	7E+3	2E+4	8E-6	3E-8	1E-4	1E-3
82	Lead-201	D, all compounds	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
82	Lead-202m	D, all compounds	1E+2	5E+1	2E-8	7E-11	2E-6	2E-5
82	Lead-202	D, all compounds	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
82	Lead-203	D, all compounds	4E+3	1E+3	6E-7	2E-9	5E-5	5E-4
82	Lead-205	D, all compounds	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
82	Lead-209	D, all compounds	6E1	2E1	1E-10	-	-	-
82	Lead-210	D, all compounds	Bone surf (1E+0)	Bone surf (4E-1)	-	6E-13	1E-8	1E-7
		D, all compounds	1E+4	6E+2	3E-7	9E-10	2E-4	2E+3
		D, all compounds	1E+4	6E+2	3E-7	9E-10	2E-4	2E+3
		D, all compounds	1E+4	6E+2	3E-7	9E-10	2E-4	2E+3
82	Lead-211 ²	D, all compounds	1E+4	6E+2	3E-7	9E-10	2E-4	2E+3

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
82	Lead-212	D, all compounds	8E+1	3E+1	1E-8	5E-11	-	-
			Bone surf (1E+2)	-	-	-	2E-6	2E-5
82	Lead-214 ²	D, all compounds	9E+3	8E+2	3E-7	1E-9	1E-4	1E-3
83	Bismuth-200 ²	D, nitrates	3E+4	8E+4	4E-5	1E-7	4E-4	4E-3
		W, all other compounds	-	1E+5	4E-5	1E-7	-	-
83	Bismuth-201 ²	D, see ²⁰⁰ Bi	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see ²⁰⁰ Bi	-	4E+4	2E-5	5E-8	-	-
83	Bismuth-202 ²	D, see ²⁰⁰ Bi	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ²⁰⁰ Bi	-	8E+4	3E-5	1E-7	-	-
83	Bismuth-203	D, see ²⁰⁰ Bi	2E+3	7E+3	3E-6	9E-9	3E-5	3E-4
		W, see ²⁰⁰ Bi	-	6E+3	3E-6	9E-9	-	-
83	Bismuth-205	D, see ²⁰⁰ Bi	1E+3	3E+3	1E-6	3E-9	2E-5	2E-4
		W, see ²⁰⁰ Bi	-	1E+3	5E-7	2E-9	-	-
83	Bismuth-206	D, see ²⁰⁰ Bi	6E+2	1E+3	6E-7	2E-9	9E-6	9E-5
		W, see ²⁰⁰ Bi	-	9E+2	4E-7	1E-9	-	-
83	Bismuth-207	D, see ²⁰⁰ Bi	1E+3	2E+3	7E-7	2E-9	1E-5	1E-4
		W, see ²⁰⁰ Bi	-	4E+2	1E-7	5E-10	-	-
83	Bismuth-210m	D, see ²⁰⁰ Bi	4E+1	5E+0	2E-9	-	-	-
			Kidneys (6E+1)	Kidneys (6E+0)	-	9E-12	8E-7	8E-6
		W, see ²⁰⁰ Bi	-	7E-1	3E-10	9E-13	-	-
83	Bismuth-210	D, see ²⁰⁰ Bi	8E+2	2E+2	1E-7	-	1E-5	1E-4
			-	Kidneys (4E+2)	-	5E-10	-	-
		W, see ²⁰⁰ Bi	-	3E+1	1E-8	4E-11	-	-
83	Bismuth-212 ²	D, see ²⁰⁰ Bi	5E+3	2E+2	1E-7	3E-10	7E-5	7E-4
		W, see ²⁰⁰ Bi	-	3E+2	1E-7	4E-10	-	-
83	Bismuth-213 ²	D, see ²⁰⁰ Bi	7E+3	3E+2	1E-7	4E-10	1E-4	1E-3
		W, see ²⁰⁰ Bi	-	4E+2	1E-7	5E-10	-	-
83	Bismuth-214 ²	D, see ²⁰⁰ Bi	2E+4	8E+2	3E-7	1E-9	-	-
			St wall (2E+4)	-	-	-	3E-4	3E-3
		W, see ²⁰⁰ Bi	-	9E-2	4E-7	1E-9	-	-
84	Polonium-203 ²	D, all compounds except those given for W	3E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		W, oxides, hydroxides, and nitrates	-	9E+4	4E-5	1E-7	-	-
84	Polonium-205 ²	D, see ²⁰³ Po	2E+4	4E+4	2E-5	5E-8	3E-4	3E-3
		W, see ²⁰³ Po	-	7E+4	3E-5	1E-7	-	-
84	Polonium-207	D, see ²⁰³ Po	8E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		W, see ²⁰³ Po	-	3E+4	1E-5	4E-8	-	-
84	Polonium-210	D, see ²⁰³ Po	3E+0	6E-1	3E-10	9E-13	4E-8	4E-7
		W, see ²⁰³ Po	-	6E-1	3E-10	9E-13	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
85	Astatine-207 ²	D, halides	6E+3	3E+3	1E-6	4E-9	8E-5	8E-4
		W	-	2E+3	9E-7	3E-9	-	-
85	Astatine-211	D, halides	1E+2	8E+1	3E-8	1E-10	2E-6	2E-5
		W	-	5E+1	2E-8	8E-11	-	-
86	Radon-220	With daughters removed	-	2E+4	7E-6	2E-8	-	-
		With daughters present	-	2E+1	9E-9	3E-11	-	-
			(or 12 working level months)			(or 1.0 working level)		
86	Radon-222	With daughters removed	-	1E+4	4E-6	1E-8	-	-
		With daughters present	-	1E+2	3E-8	1E-10	-	-
			(or 4 working level months)			(or 0.33 working level)		
87	Francium-222 ²	D, all compounds	2E+3	5E+2	2E-7	6E-10	3E-5	3E-4
87	Francium-223 ²	D, all compounds	6E+2	8E+2	3E-7	1E-9	8E-6	8E-5
88	Radium-223	W, all compounds	5E+0	7E-1	3E-10	9E-13	-	-
			Bone surf (9E+0)	-	-	-	1E-7	1E-6
88	Radium-224	W, all compounds	8E+0	2E+0	7E-10	2E-12	-	-
			Bone surf (2E+1)	-	-	-	2E-7	2E-6
88	Radium-225	W, all compounds	8E+0	7E-1	3E-10	9E-13	-	-
			Bone surf (2E+1)	-	-	-	2E-7	2E-6
88	Radium-226	W, all compounds	2E+0	6E-1	3E-10	9E-13	-	-
			Bone surf (5E+0)	-	-	-	6E-8	6E-7
88	Radium-227 ²	W, all compounds	2E+4	1E+4	6E-6	-	-	-
			Bone surf (2E+4)	Bone surf (2E+4)	-	3E-8	3E-4	3E-3
88	Radium-228	W, all compounds	2E+0	1E+0	5E-10	2E-12	-	-
			Bone surf (4E+0)	-	-	-	6E-8	6E-7
89	Actinium-224	D, all compounds except those given for W and Y	2E+3	3E+1	1E-8	-	-	-
			LLI wall (2E+3)	Bone surf (4E+1)	-	5E-11	3E-5	3E-4
		W, halides and nitrates	-	5E+1	2E-8	7E-11	-	-
		Y, oxides and hydroxides	-	5E+1	2E-8	6E-11	-	-
89	Actinium-225	D, see ²²⁴ Ac	5E+1	3E-1	1E-10	-	-	-
			LLI wall (5E+1)	Bone surf (5E-1)	-	7E-13	7E-7	7E-6
		W, see ²²⁴ Ac	-	6E-1	3E-10	9E-13	-	-
		Y, see ²²⁴ Ac	-	6E-1	3E-10	9E-13	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
89	Actinium-226	D, see ^{224}Ac	1E+2	3E+0	1E-9	-	-	-
			LLI wall (1E+2)	Bone surf (4E+0)	-	5E-12	2E-6	2E-5
		W, see ^{224}Ac	-	5E+0	2E-9	7E-12	-	-
		Y, see ^{224}Ac	-	5E+0	2E-9	6E-12	-	-
89	Actinium-227	D, see ^{224}Ac	2E-1	4E-4	2E-13	-	-	-
			Bone surf (4E-1)	Bone surf (8E-4)	-	1E-15	5E-9	5E-8
		W, see ^{224}Ac	-	2E-3	7E-13	-	-	-
			-	Bone surf (3E-3)	-	4E-15	-	-
		Y, see ^{224}Ac	-	4E-3	2E-12	6E-15	-	-
89	Actinium-228	D, see ^{224}Ac	2E+3	9E+0	4E-9	-	3E-5	3E-4
			-	Bone surf (2E+1)	-	2E-11	-	-
		W, see ^{224}Ac	-	4E+1	2E-8	-	-	-
			-	Bone surf (6E+1)	-	8E-11	-	-
		Y, see ^{224}Ac	-	4E+1	2E-8	6E-11	-	-
90	Thorium-226 ²	W, all compounds except those given for Y	5E+3	2E+2	6E-8	2E-10	-	-
			St wall (5E+3)	-	-	-	7E-5	7E-4
		Y, oxides and hydroxides	-	1E+2	6E-8	2E-10	-	-
90	Thorium-227	W, see ^{226}Th	1E+2	3E-1	1E-10	5E-13	2E-6	2E-5
		Y, see ^{226}Th	-	3E-1	1E-10	5E-13	-	-
90	Thorium-228	W, see ^{226}Th	6E+0	1E-2	4E-12	-	-	-
			Bone surf (1E+1)	Bone surf (2E-2)	-	3E-14	2E-7	2E-6
		Y, see ^{226}Th	-	2E-2	7E-12	2E-14	-	-
90	Thorium-229	W, see ^{226}Th	6E-1	9E-4	4E-13	-	-	-
			Bone surf (1E+0)	Bone surf (2E-3)	-	3E-15	2E-8	2E-7
		Y, see ^{226}Th	-	2E-3	1E-12	-	-	-
			-	Bone surf (3E-3)	-	4E-15-	-	-
90	Thorium-230	W, see ^{226}Th	4E+0	6E-3	3E-12	-	-	-
			Bone surf (9E+0)	Bone surf (2E-2)	-	2E-14	1E-6	-
		Y, see ^{226}Th	-	2E-2	6E-12	-	-	-
90	Thorium-231	W, see ^{228}Th	-	Bone surf (2E-2)	-	3E-14-	-	-
			4E+3	6E+3	3E-6	9E-9	5E-5	5E-4
		Y, see ^{228}Th	-	6E+3	3E-6	9E-9-	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
90	Thorium-232	W, see ^{228}Th	7E-1	1E-3	5E-13	-	-	-
			Bone surf (2E+0)	Bone surf (3E-3)	-	4E-15	3E-8	3E-7
90	Thorium-232	Y, see ^{228}Th	-	3E-3	1E-12	-	-	-
			-	Bone surf (4E-3)	-	6E-15	-	-
90	Thorium-234	W, see ^{228}Th	3E+2	2E+2	8E-8	3E-10	-	-
			LLI wall (4E+2)	-	-	-	5E-6	5E-5
91	Protactinium-227 ²	Y, see ^{228}Th	-	2E+2	6E-8	2E-10	-	-
		W, all compounds except those given for Y	4E+3	1E+2	5E-8	2E-10	5E-5	5E-4
91	Protactinium-228	Y, oxides and hydroxides	-	1E+2	4E-8	1E-10	-	-
		W, see ^{227}Pa	1E+3	1E+1	5E-9	-	2E-5	2E-4
91	Protactinium-228		-	Bone surf (2E+1)	-	3E-11	-	-
		Y, see ^{227}Pa	-	1E+1	5E-9	2E-11	-	-
91	Protactinium-230	W, see ^{227}Pa	6E+2	5E+0	2E-9	7E-12	-	-
			Bone surf (9E+2)	-	-	-	1E-5	1E-4
91	Protactinium-230	Y, see ^{227}Pa	-	4E+0	1E-9	5E-12	-	-
		W, see ^{227}Pa	2E-1	2E-3	6E-13	-	-	-
91	Protactinium-231		Bone surf (5E-1)	Bone surf (4E-3)	-	6E-15	6E-9	6E-8
		Y, see ^{227}Pa	-	4E-3	2E-12	-	-	-
91	Protactinium-231		-	Bone surf (6E-3)	-	8E-15	-	-
		W, see ^{227}Pa	1E+3	2E+1	9E-9	-	2E-5	2E-4
91	Protactinium-231		-	Bone surf (6E+1)	-	8E-11	-	-
		Y, see ^{227}Pa	-	6E+1	2E-8	-	-	-
91	Protactinium-231		-	Bone surf (7E+1)	-	1E-10	-	-
		W, see ^{227}Pa	1E+3	7E+2	3E-7	1E-9	-	-
91	Protactinium-231		LLI wall (2E+3)	-	-	-	2E-5	2E-4
		Y, see ^{227}Pa	-	6E+2	2E-7	8E-10	-	-
91	Protactinium-234	W, see ^{227}Pa	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		Y, see ^{227}Pa	-	7E+3	3E-6	9E-9	-	-
92	Uranium-230	D, UF, UOF, UO(NO)	4E+0	4E-1	2E-10	-	-	-
			Bone surf (6E+0)	Bone surf (6E-1)	-	8E-13	8E-8	8E-7
92	Uranium-230	W, UO, UF, UCl	-	4E-1	1E-10	5E-13	-	-
		Y, UO, UO	-	3E-1	1E-10	4E-13	-	-

CHAPTER 7. RADIATION CONTROL

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
92	Uranium-231	D, see ^{230}U	5E+3	8E+3	3E-6	1E-8	-	-
			LLI wall (4E+3)	-	-	-	6E-5	6E-4
		W, see ^{230}U	-	6E+3	2E-6	8E-9	-	-
		Y, see ^{230}U	-	5E+3	2E-6	6E-9	-	-
92	Uranium-232	D, see ^{230}U	2E+0	2E-1	9E-11	-	-	-
			Bone surf (4E+0)	Bone surf (4E-1)	-	6E-13	6E-8	6E-7
		W, see ^{230}U	-	4E-1	2E-10	5E-13	-	-
		Y, see ^{230}U	-	8E-3	3E-12	1E-14	-	-
92	Uranium-233	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	7E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	5E-14	-	-
92	Uranium-234 ³	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	7E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	5E-14	-	-
92	Uranium-235 ³	D, see ^{230}U	1E+1	1E+0	6E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	6E-14	-	-
92	Uranium-236	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	6E-14	-	-
92	Uranium-237	D, see ^{230}U	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
		W, see ^{230}U	-	2E+3	7E-7	2E-9	-	-
		Y, see ^{230}U	-	2E+3	6E-7	2E-9	-	-
92	Uranium-238 ³	D, see ^{230}U	1E+1	1E+0	6E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	6E-14	-	-
92	Uranium-239 ²	D, see ^{230}U	7E+4	2E+5	8E-5	3E-7	9E-4	9E-3
		W, see ^{230}U	-	2E+5	7E-5	2E-7	-	-
		Y, see ^{230}U	-	2E+5	6E-5	2E-7	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
92	Uranium-240	D, see ^{230}U	1E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		W, see ^{230}U	-	3E+3	1E-6	4E-9	-	-
		Y, see ^{230}U	-	2E+3	1E-6	3E-9	-	-
92	Uranium-natural ³	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
		Bone surf (2E+1)		Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	9E-13	-	-
		Y, see ^{230}U	-	5E-2	2E-11	9E-24	-	-
93	Neptunium-232 ²	W, all compounds	1E+5	2E+3	7E-7	-	2E-3	2E-2
		Bone surf (5E+2)	-		-	6E-9	-	-
93	Neptunium-233 ²	W, all compounds	8E+5	3E+6	1E-3	4E-6	1E-2	1E-1
93	Neptunium-234	W, all compounds	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
93	Neptunium-235	W, all compounds	2E+4	8E+2	3E-7	-	-	-
		LLI wall (2E+4)		Bone surf (1E+3)	-	2E-9	3E-4	3E-3
93	Neptunium-236 (1.15E+5 y)	W, all compounds	3E+0	2E-2	9E-12	-	-	-
		Bone surf (6E+0)		Bone surf (5E-2)	-	8E-14	9E-8	9E-7
93	Neptunium-236 (22.5 h)	W, all compounds	3E+3	3E+1	1E-8	-	-	-
		Bone surf (4E+3)		Bone surf (7E+1)	-	1E-10	5E-5	5E-4
93	Neptunium-237	W, all compounds	5E-1	4E-3	2E-12	-	-	-
		Bone surf (1E+0)		Bone surf (1E-2)	-	1E-14	2E-8	2E-7
93	Neptunium-238	W, all compounds	1E+3	6E+1	3E-8	-	2E-5	2E-4
		Bone surf (2E+2)	-		-	2E-10	-	-
93	Neptunium-239	W, all compounds	2E+3	2E+3	9E-7	3E-9	-	-
		LLI wall (2E+3)		-	-	-	2E-5	2E-4
93	Neptunium-240 ²	W, all compounds	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
94	Plutonium-234	W, all compounds except PuO	8E+3	2E+2	9E-8	3E-10	1E-4	1E-3
		Y, PuO	-	2E+2	8E-8	3E-10	-	-
94	Plutonium-235 ²	W, see ^{234}Pu	9E+5	3E+6	1E-3	4E-6	1E-2	1E-1
		Y, see ^{234}Pu	-	3E+6	1E-3	3E-6	-	-
94	Plutonium-236	W, see ^{234}Pu	2E+0	2E-2	8E-12	-	-	-
		Bone surf (4E+0)		Bone surf (4E-2)	-	5E-14	6E-8	6E-7
		Y, see ^{234}Pu	-	4E-2	2E-11	6E-14	-	-
94	Plutonium-237	W, see ^{234}Pu	1E+4	3E+3	1E-6	5E-9	2E-4	2E-3
		Y, see ^{234}Pu	-	3E+3	1E-6	4E-9	-	-
94	Plutonium-238	W, see ^{234}Pu	9E-1	7E-3	3E-12	-	-	-
		Bone surf (2E+0)		Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see ^{234}Pu	-	2E-2	8E-12	2E-14	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
94	Plutonium-239	W, see ^{234}Pu	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see ^{234}Pu	-	2E-2	7E-12	-	-	-
			-	Bone surf (2E-2)	-	2E-14	-	-
94	Plutonium-240	W, see ^{234}Pu	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see ^{234}Pu	-	2E-2	7E-12	-	-	-
			-	Bone surf (2E-2)	-	2E-14	-	-
94	Plutonium-241	W, see ^{234}Pu	4E+1	3E-1	1E-10	-	-	-
			Bone surf (7E+1)	Bone surf (6E-1)	-	8E-13	1E-6	1E-5
		Y, see ^{234}Pu	-	8E-1	3E-10	-	-	-
			-	Bone surf (1E+0)	-	1E-12	-	-
94	Plutonium-242	W, see ^{234}Pu	8E-1	7E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see ^{234}Pu	-	2E-2	7E-12	-	-	-
			-	Bone surf (2E-2)	-	2E-14	-	-
94	Plutonium-243	W, see ^{234}Pu	2E+4	4E+4	2E-5	5E-8	2E-4	2E-3
		Y, see ^{234}Pu	-	4E+4	2E-5	5E-8	-	-
94	Plutonium-244	W, see ^{234}Pu	8E-1	7E-3	3E-12	-	-	-
			Bone surf (2E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see ^{234}Pu	-	2E-2	7E-12	-	-	-
			-	Bone surf (2E-2)	-	2E-14	-	-
94	Plutonium-245	W, see ^{234}Pu	2E+3	5E+3	2E-6	6E-9	3E-5	3E-4
		Y, see ^{234}Pu	-	4E+3	2E-6	6E-9	-	-
94	Plutonium-246	W, see ^{234}Pu	4E+2	3E+2	1E-7	4E-10	-	-
			LLI wall (4E+2)	-	-	-	6E-6	6E-5
		Y, see ^{234}Pu	-	3E+2	1E-7	4E-10	-	-
			-	Bone surf (6E+3)	-	9E-9	-	-
95	Americium-237 ²	W, all compounds	8E+4	3E+5	1E-4	4E-7	1E-3	1E-2
95	Americium-238 ²	W, all compounds	4E+4	3E+3	1E-6	-	5E-4	5E-3
			-	Bone surf (6E+3)	-	9E-9	-	-
95	Americium-239	W, all compounds	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
95	Americium-240	W, all compounds	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
95	Americium-241	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
95	Americium-242m	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
95	Americium-242	W, all compounds	4E+3	8E+1	4E-8	-	5E-5	5E-4
				Bone surf (9E+1)	-	1E-10	-	-
95	Americium-243	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
95	Americium-244m ²	W, all compounds	6E+4	4E+3	2E-6	-	-	-
			St wall (8E+4)	Bone surf (7E+3)	-	1E-8	1E-3	1E-2
95	Americium-244	W, all compounds	3E+3	2E+2	8E-8	-	4E-5	4E-4
				Bone surf (3E+2)	-	4E-10	-	-
95	Americium-245	W, all compounds	3E+4	8E+4	3E-5	1E-7	4E-4	4E-3
95	Americium-246m ²	W, all compounds	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (6E+4)	-	-	-	8E-4	8E-3
95	Americium-246 ²	W, all compounds	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3
96	Curium-238	W, all compounds	2E+4	1E+3	5E-7	2E-9	2E-4	2E-3
96	Curium-240	W, all compounds	6E+1	6E-1	2E-10	-	-	-
			Bone surf (8E+1)	Bone surf (6E-1)	-	9E-13	1E-6	1E-5
96	Curium-241	W, all compounds	1E+3	3E+1	1E-8	-	2E-5	2E-4
				Bone surf (4E+1)	-	5E-11	-	-
96	Curium-242	W, all compounds	3E+1	3E-1	1E-10	-	-	-
			Bone surf (5E+1)	Bone surf (3E-1)	-	4E-13	7E-7	7E-6
96	Curium-243	W, all compounds	1E+0	9E-3	4E-12	-	-	-
			Bone surf (2E+0)	Bone surf (2E-2)	-	2E-14	3E-8	3E-7
96	Curium-244	W, all compounds	1E+0	1E-2	5E-12	-	-	-
			Bone surf (3E+0)	Bone surf (2E-2)	-	3E-14	3E-8	3E-7
96	Curium-245	W, all compounds	7E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
96	Curium-246	W, all compounds	7E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
96	Curium-247	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
96	Curium-248	W, all compounds	2E-1	2E-3	7E-13	-	-	-
			Bone surf (4E-1)	Bone surf (3E-3)	-	4E-15	5E-9	5E-8

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
96	Curium-249 ²	W, all compounds	5E+4	2E+4	7E-6	-	7E-4	7E-3
				Bone surf				
			-	(3E+4)	-	4E-8	-	-
96	Curium-250	W, all compounds	4E-2	3E-4	1E-13	-	-	-
			Bone surf	Bone surf				
			(6E-2)	(5E-4)	-	8E-16	9E-10	9E-9
97	Berkelium-245	W, all compounds	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
97	Berkelium-246	W, all compounds	3E+3	3E+3	1E-6	4E-9	4E-5	4E-4
97	Berkelium-247	W, all compounds	5E-1	4E-3	2E-12	-	-	-
			Bone surf	Bone surf				
			(1E+0)	(9E-3)	-	1E-14	2E-8	2E-7
97	Berkelium-249	W, all compounds	2E+2	2E+0	7E-10	-	-	-
			Bone surf	Bone surf				
			(5E+2)	(4E+0)	-	5E-12	6E-6	6E-5
97	Berkelium-250	W, all compounds	9E+3	3E+2	1E-7	-	1E-4	1E-3
				Bone surf				
			-	(7E+2)	-	1E-9	-	-
98	Californium-244 ²	W, all compounds except those given for Y	3E+4	6E+2	2E-7	8E-10	-	-
			St wall					
			(3E+4)	-	-	-	4E-4	4E-3
		Y, oxides and hydroxides	-	6E+2	2E-7	8E-10	-	-
98	Californium-246	W, see ²⁴⁴ Cf	4E+2	9E+0	4E-9	1E-11	5E-6	5E-5
		Y, see ²⁴⁴ Cf	-	9E+0	4E-9	1E-11	-	-
98	Californium-248	W, see ²⁴⁴ Cf	8E+0	6E-2	3E-11	-	-	-
			Bone surf	Bone surf				
			(2E+1)	(1E-1)	-	2E-13	2E-7	2E-6
		Y, see ²⁴⁴ Cf	-	1E-1	4E-11	1E-13	-	-
98	Californium-249	W, see ²⁴⁴ Cf	5E-1	4E-3	2E-12	-	-	-
			Bone surf	Bone surf				
			(1E+0)	(9E-3)	-	1E-14	2E-8	2E-7
		Y, see ²⁴⁴ Cf	-	1E-2	4E-12	-	-	-
				Bone surf				
			-	(1E-2)	-	2E-14	-	-
98	Californium-250	W, see ²⁴⁴ Cf	1E+0	9E-3	4E-12	-	-	-
			Bone surf	Bone surf				
			(2E+0)	(2E-2)	-	3E-14	3E-8	3E-7
		Y, see ²⁴⁴ Cf	-	3E-2	1E-11	4E-14	-	-
98	Californium-251	W, see ²⁴⁴ Cf	5E-1	4E-3	2E-12	-	-	-
			Bone surf	Bone surf				
			(1E+0)	(9E-3)	-	1E-14	2E-8	2E-7
		Y, see ²⁴⁴ Cf	-	1E-2	4E-12	-	-	-
				Bone surf				
			-	(1E-2)	-	2E-14	-	-
98	Californium-252	W, see ²⁴⁴ Cf	2E+0	2E-2	8E-12	-	-	-
			Bone surf	Bone surf				
			(5E+0)	(4E-2)	-	5E-14	7E-8	7E-7
		Y, see ²⁴⁴ Cf	-	3E-2	1E-11	5E-14	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration ($\mu\text{Ci/ml}$)
			Col. 1 Oral Ingestion ALI (μCi)	Col. 2 Inhalation ALI (μCi)	Col. 3 DAC ($\mu\text{Ci/ml}$)	Col. 1 Air ($\mu\text{Ci/ml}$)	Col. 2 Water ($\mu\text{Ci/ml}$)	
98	Californium-253	W, see ^{244}Cf	2E+2	2E+0	8E-10	3E-12	-	-
			Bone surf (4E+2)	-	-	-	5E-6	5E-5
		Y, see ^{244}Cf	-	2E+0	7E-10	2E-12	-	-
98	Californium-254	W, see ^{244}Cf	2E+0	2E-2	9E-12	3E-14	3E-8	3E-7
		Y, see ^{244}Cf	-	2E-2	7E-12	2E-14	-	-
99	Einsteinium-250	W, all compounds	4E+4	5E+2	2E-7	-	6E-4	6E-3
				Bone surf (1E+3)	-	2E-9	-	-
99	Einsteinium-251	W, all compounds	7E+3	9E+2	4E-7	-	1E-4	1E-3
				Bone surf (1E+3)	-	2E-9	-	-
99	Einsteinium-253	W, all compounds	2E+2	1E+0	6E-10	2E-12	2E-6	2E-5
99	Einsteinium-254m	W, all compounds	3E+2	1E+1	4E-9	1E-11	-	-
			LLI wall (3E+2)	-	-	-	4E-6	4E-5
99	Einsteinium-254	W, all compounds	8E+0	7E-2	3E-11	-	-	-
			Bone surf (2E+1)	Bone surf (1E-1)	-	2E-13	2E-7	2E-6
100	Fermium-252	W, all compounds	5E+2	1E+1	5E-9	2E-11	6E-6	6E-5
100	Fermium-253	W, all compounds	1E+3	1E+1	4E-9	1E-11	1E-5	1E-4
100	Fermium-254	W, all compounds	3E+3	9E+1	4E-8	1E-10	4E-5	4E-4
100	Fermium-255	W, all compounds	5E+2	2E+1	9E-9	3E-11	7E-6	7E-5
100	Fermium-257	W, all compounds	2E+1	2E-1	7E-11	-	-	-
			Bone surf (4E+1)	Bone surf (2E-1)	-	3E-13	5E-7	5E-6
101	Mendelevium-257	W, all compounds	7E+3	8E+1	4E-8	-	1E-4	1E-3
				Bone surf (9E+1)	-	1E-10	-	-
101	Mendelevium-258	W, all compounds	3E+1	2E-1	1E-10	-	-	-
			Bone surf (5E+1)	Bone surf (3E-1)	-	5E-13	6E-7	6E-6
-	Any single radionuclide not listed above with decay mode other than alpha emission or spontaneous fission and with radioactive half-life less than 2 hours	Submersion ¹	-	2E+2	1E-7	1E-9	-	-
-	Any single radionuclide not listed above with decay mode other than alpha emission or spontaneous fission and with radioactive half-life greater than 2 hours.	...	-	2E-1	1E-10	1E-12	1E-8	1E-7

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers
			Col. 1 Oral Ingestion	Col. 2 Inhalation	Col. 3	Col. 1	Col. 2	Monthly Average
			ALI (μ Ci)	ALI (μ Ci)	DAC (μ Ci/ml)	Air (μ Ci/ml)	Water (μ Ci/ml)	Concentration (μ Ci/ml)
	Any single radionuclide not listed above that decays by alpha emission, or spontaneous fission, or any mixture for which either the identity or the concentration of any radionuclide in the mixture is not known.	...	-	4E-4	2E-13	1E-15	2E-9	2E-8

FOOTNOTES:

- ¹ "Submersion" means that values given are for submersion in a hemispherical semi-infinite cloud of airborne material.
- ² These radionuclides have radiological half-lives of less than 2 hours. The total effective dose equivalent received during operations with these radionuclides might include a significant contribution from external exposure. The DAC values for all radionuclides, other than those designated Class "Submersion," are based upon the committed effective dose equivalent due to the intake of the radionuclide into the body and do NOT include potentially significant contributions to dose equivalent from external exposures. The licensee may substitute 1E-7 μ Ci/ml for the listed DAC to account for the submersion dose prospectively but shall use individual monitoring devices or other radiation-measuring instruments that measure external exposure to demonstrate compliance with the limits. (See R12-1-410)
- ³ For soluble mixtures of U-238, U-234, and U-235 in air, chemical toxicity may be the limiting factor (see R12-1-408(E)). If the percent by weight (enrichment) of U-235 is not greater than 5, the concentration value for a 40-hour work week is 0.2 milligrams uranium per cubic meter of air average. For any enrichment, the product of the average concentration and time of exposure during a 40-hour work week shall not exceed 8E-3 (SA) μ Ci-hr/ml, where SA is the specific activity of the uranium inhaled. The specific activity for natural uranium is 6.77E-7 curies per gram U. The specific activity for other mixtures of U-238, U-235, and U-234, if not known, shall be:

$$SA = 3.6E-7 \text{ curies/gram U} \quad \text{U-depleted}$$

$$SA = [0.4 + 0.38 (\text{enrichment}) + 0.0034 (\text{enrichment})^2] E-6, \quad \text{enrichment} > 0.72$$

where enrichment is the percentage by weight of U-235, expressed as percent.

NOTE:

- If the identity of each radionuclide in a mixture is known but the concentration of one or more of the radionuclides in the mixture is not known, the DAC for the mixture shall be the most restrictive DAC of any radionuclide in the mixture.
- If the identity of each radionuclide in the mixture is not known, but it is known that certain radionuclides specified in this Appendix are not present in the mixture, the inhalation ALI, DAC, and effluent and sewage concentrations for the mixture are the lowest values specified in this Appendix for any radionuclide that is not known to be absent from the mixture; or\

Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers
			Col. 1 Oral Ingestion	Col. 2 Inhalation	Col. 3	Col. 1	Col. 2	Monthly Average
			ALI (μ Ci)	ALI (μ Ci)	DAC (μ Ci/ml)	Air (μ Ci/ml)	Water (μ Ci/ml)	Concentration (μ Ci/ml)
	If it is known that Ac-227-D and Cm-250-W are not present		-	7E-4	3E-13	-	-	-
	If, in addition, it is known that Ac-227-W,Y, Th-229-W,Y, Th-230-W, Th-232-W,Y, Pa-231-W,Y, Np-237-W, Pu-239-W, Pu-240-W, Pu-242-W, Am-241-W, Am-242m-W, Am-243-W, Cm-245-W, Cm-246-W, Cm-247-W, Cm-248-W, Bk-247-W, Cf-249-W, and Cf-251-W are not present		-	7E-3	3E-12	-	-	-

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Atomic No.	Radionuclide	Class	Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers Monthly Average Concentration (μCi/ml)
			Col. 1 Oral Ingestion	Col. 2 Inhalation	Col. 3	Col. 1	Col. 2	
			ALI (μCi)	ALI (μCi)	DAC (μCi/ml)	Air (μCi/ml)	Water (μCi/ml)	
	If, in addition, it is known that Sm-146-W, Sm-147-W, Gd-148-D,W, Gd-152-D,W, Th-228-W,Y, Th-230-Y, U-232-Y, U-233-Y, U-234-Y, U-235-Y, U-236-Y, U-238-Y, Np-236-W, Pu-236-W,Y, Pu-238-W,Y, Pu-239-Y, Pu-240-Y, Pu-242-Y, Pu-244-W,Y, Cm-243-W, Cm-244-W, Cf-248-W, Cf-249-Y, Cf-250-W,Y, Cf-251-Y, Cf-252-WY, and Cf-254-W,Y are not present		-	7E-2	3E-11	-	-	-
	If, in addition, it is known that Pb-210-D, Bi-210m-W, Po-210-D,W, Ra-223-W, Ra-225-W, Ra-226-W, Ac-225-D,W,Y, Th-227-W,Y, U-230-D,W,Y, U-232-D,W, Pu-241-W, Cm-240-W, Cm-242-W, Cf-248-Y, Es-254-W, Fm-257-W, and Md-258-W are not present		-	7E-1	3E-10	-	-	-
	If, in addition, it is known that Si-32-Y, Ti-44-Y, Fe-60-D, Sr-90-Y, Zr-93-D, Cd-113m-D, Cd-113-D, In-115-D,W, La-138-D, Lu-176-W, Hf-178m-D,W, Hf-182-D,W, Bi-210m-D, Ra-224-W, Ra-228-W, Ac-226-D,W,Y, Pa-230-W,Y, U-233-D,W, U-234-D,W, U-235-D,W, U-236-D,W, U-238-D,W, Pu-241-Y, Bk-249-W, Cf-253-W,Y, and Es-253-W are not present		-	7E+0	3E-9	-	-	-
	If it is known that Ac-227-D,W,Y, Th-229-W,Y, Th-232-W,Y, Pa-231-W,Y, Cm-248-W, and Cm-250-W are not present		-	-	-	1E-14	-	-
	If, in addition, it is known that Sm-146-W, Gd-148-D,W, Gd-152-D, Th-228-W,Y, Th-230-W,Y, U-232-Y, U-233-Y, U-234-Y, U-235-Y, U-236-Y, U-238-Y, U-Nat-Y, Np-236-W, Np-237-W, Pu-236-W,Y, Pu-238-W,Y, Pu-239-W,Y, Pu-240-W,Y, Pu-242-W,Y, Pu-244-W,Y, Am-241-W, Am-242m-W, Am-243-W, Cm-243-W, Cm-244-W, Cm-245-W, Cm-246-W, Cm-247-W, Bk-247-W, Cf-249-W,Y, Cf-250-W,Y, Cf-251-W,Y, Cf-252-W,Y, and Cf-254-W,Y are not present		-	-	-	1E-13	-	-
	If, in addition, it is known that Sm-147-W, Gd-152-W, Pb-210-D, Bi-210m-W, Po-210-D,W, Ra-223-W, Ra-225-W, Ra-226-W, Ac-225-D,W,Y, Th-227-W,Y, U-230-D,W,Y, U-232-D,W, U-Nat-W, Pu-241-W, Cm-240-W, Cm-242-W, Cf-248-W,Y, Es-254-W, Fm-257-W, and Md-258-W are not present		-	-	-	-	1E-12	-
	If, in addition it is known that Fe-60, Sr-90, Cd-113m, Cd-113, In-115, I-129, Cs-134, Sm-145, Sm-147, Gd-148, Gd-152, Hg-194 (organic), Bi-210m, Ra-223, Ra-224, Ra-225, Ac-225, Th-228, Th-230, U-233, U-234, U-235, U-236, U-238, U-Nat, Cm-242, Cf-248, Es-254, Fm-257, and Md-258 are not present		-	-	-	-	1E-6	1E-5

3. If a mixture of radionuclides consists of Uranium and its daughters in ore dust (10 μm AMAD particle distribution assumed) prior to chemical separation of the Uranium from the ore, the following values may be used for the DAC of the mixture: 6E-11 μCi of gross

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alpha activity from Uranium-238, Uranium-234, Thorium-230, and Radium-226 per milliliter of air; 3E-11 µCi of natural uranium per milliliter of air; or 45 micrograms of natural uranium per cubic meter of air.

4. If the identity and concentration of each radionuclide in a mixture are known, the limiting values should be derived as follows: determine, for each radionuclide in the mixture, the ratio between the concentration present in the mixture and the concentration otherwise established in Appendix B to Article 4 for the specific radionuclide when not in a mixture. The sum of such ratios for all of the radionuclides in the mixture may not exceed "1" (i.e., "unity").

Example: If radionuclides "A," "B," and "C" are present in concentrations C_A , C_B , and C_C , and if the applicable DACs are DAC_A , DAC_B , and DAC_C respectively then the concentrations shall be limited so that the following relationship exists:

$$\frac{C_A}{DAC_A} + \frac{C_B}{DAC_B} + \frac{C_C}{DAC_C} \leq 1$$

Historical Note

New Appendix B recodified from 12 A.A.C. 1, Article 4, Appendix B, effective March 22, 2018 (Supp. 18-1).

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Appendix C. Quantities¹ of Licensed or Registered Material Requiring Labeling

Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)
Hydrogen-3	1,000	Nickel-57	100	Krypton-83m	1,000
Beryllium-7	1,000	Nickel-59	100	Krypton-85m	1,000
Beryllium-10	1	Nickel-63	100	Krypton-85	1,000
Carbon-11	1,000	Nickel-65	1,000	Krypton-87	1,000
Carbon-14	1,000	Nickel-66	10	Krypton-88	1,000
Fluorine-18	1,000	Copper-60	1,000	Rubidium-79	1,000
Sodium-22	10	Copper-61	1,000	Rubidium-81m	1,000
Sodium-24	100	Copper-64	1,000	Rubidium-81	1,000
Magnesium-28	100	Copper-67	1,000	Rubidium-82m	1,000
Aluminum-26	10	Zinc-62	100	Rubidium-83	100
Silicon-31	1,000	Zinc-63	1,000	Rubidium-84	100
Silicon-32	1	Zinc-65	10	Rubidium-86	100
Phosphorus-32	10	Zinc-69m	100	Rubidium-87	100
Phosphorus-33	100	Zinc-69	1,000	Rubidium-88	1,000
Sulfur-35	100	Zinc-71m	1,000	Rubidium-89	1,000
Chlorine-36	10	Zinc-72	100	Strontium-80	100
Chlorine-38	1,000	Gallium-65	1,000	Strontium-81	1,000
Chlorine-39	1,000	Gallium-66	100	Strontium-83	100
Argon-39	1,000	Gallium-67	1,000	Strontium-85m	1,000
Argon-41	1,000	Gallium-68	1,000	Strontium-85	100
Potassium-40	100	Gallium-70	1,000	Strontium-87m	1,000
Potassium-42	1,000	Gallium-72	100	Strontium-89	10
Potassium-43	1,000	Gallium-73	1,000	Strontium-90	0.1
Potassium-44	1,000	Germanium-66	1,000	Strontium-91	100
Potassium-45	1,000	Germanium-67	1,000	Strontium-92	100
Calcium-41	100	Germanium-68	10	Yttrium-86m	1,000
Calcium-45	100	Germanium-69	1,000	Yttrium-86	100
Calcium-47	100	Germanium-71	1,000	Yttrium-87	100
Scandium-43	1,000	Germanium-75	1,000	Yttrium-88	10
Scandium-44m	100	Germanium-77	1,000	Yttrium-90m	1,000
Scandium-44	100	Germanium-78	1,000	Yttrium-90	10
Scandium-46	10	Arsenic-69	1,000	Yttrium-91m	1,000
Scandium-47	100	Arsenic-70	1,000	Yttrium-91	10
Scandium-48	100	Arsenic-71	100	Yttrium-92	100
Scandium-49	1,000	Arsenic-72	100	Yttrium-93	100
Titanium-44	1	Arsenic-73	100	Yttrium-94	1,000
Titanium-45	1,000	Arsenic-74	100	Yttrium-95	1,000
Vanadium-47	1,000	Arsenic-76	100	Zirconium-86	100
Vanadium-48	100	Arsenic-77	100	Zirconium-88	10
Vanadium-49	1,000	Arsenic-78	1,000	Zirconium-89	100
Chromium-48	1,000	Selenium-70	1,000	Zirconium-93	1
Chromium-49	1,000	Selenium-73m	1,000	Zirconium-95	10
Chromium-51	1,000	Selenium-73	100	Zirconium-97	100
Manganese-51	1,000	Selenium-75	100	Niobium-88	1,000
Manganese-52m	1,000	Selenium-79	100	Niobium-89m	
Manganese-52	100	Selenium-81m	1,000	(66 min)	1,000
Manganese-53	1,000	Selenium-81	1,000	Niobium-89	
Manganese-54	100	Selenium-83	1,000	(122 min)	1,000
Manganese-56	1,000	Bromine-74m	1,000	Niobium-90	100
Iron-52	100	Bromine-74	1,000	Niobium-93m	10
Iron-55	100	Bromine-75	1,000	Niobium-94	1
Iron-59	10	Bromine-76	100	Niobium-95m	100
Iron-60	1	Bromine-77	1,000	Niobium-95	100
Cobalt-55	100	Bromine-80m	1,000	Niobium-96	100
Cobalt-56	10	Bromine-80	1,000	Niobium-97	1,000
Cobalt-57	100	Bromine-82	100	Niobium-98	1,000
Cobalt-58m	1,000	Bromine-83	1,000	Molybdenum-90	100
Cobalt-58	100	Bromine-84	1,000	Molybdenum-93m	100
Cobalt-60m	1,000	Krypton-74	1,000	Molybdenum-93	10
Cobalt-60	1	Krypton-76	1,000	Molybdenum-99	100
Cobalt-61	1,000	Krypton-77	1,000	Molybdenum-101	1,000
Cobalt-62m	1,000	Krypton-79	1,000	Technetium-93m	1,000
Nickel-56	100	Krypton-81	1,000	Technetium-93	1,000

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Appendix C. Continued

Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)
Technetium-94m	1,000	Indium-116m	1,000	Iodine-128	1,000
Technetium-94	1,000	Indium-117m	1,000	Iodine-129	1
Technetium-96m	1,000	Indium-117	1,000	Iodine-130	10
Technetium-96	100	Indium-119m	1,000	Iodine-131	1
Technetium-97m	100	Tin-110	100	Iodine-132m	100
Technetium-97	1,000	Tin-111	1,000	Iodine-132	100
Technetium-98	10	Tin-113	100	Iodine-133	10
Technetium-99m	1,000	Tin-117m	100	Iodine-134	1,000
Technetium-99	100	Tin-119m	100	Iodine-135	100
Technetium-101	1,000	Tin-121m	100	Xenon-120	1,000
Technetium-104	1,000	Tin-121	1,000	Xenon-121	1,000
Ruthenium-94	1,000	Tin-123m	1,000	Xenon-122	1,000
Ruthenium-97	1,000	Tin-123	10	Xenon-123	1,000
Ruthenium-103	100	Tin-125	10	Xenon-125	1,000
Ruthenium-105	1,000	Tin-126	10	Xenon-127	1,000
Ruthenium-106	1	Tin-127	1,000	Xenon-129m	1,000
Rhodium-99m	1,000	Tin-128	1,000	Xenon-131m	1,000
Rhodium-99	100	Antimony-115	1,000	Xenon-133m	1,000
Rhodium-100	100	Antimony-116m	1,000	Xenon-133	1,000
Rhodium-101m	1,000	Antimony-116	1,000	Xenon-135m	1,000
Rhodium-101	10	Antimony-117	1,000	Xenon-135	1,000
Rhodium-102m	10	Antimony-118m	1,000	Xenon-138	1,000
Rhodium-102	10	Antimony-119	1,000	Cesium-125	1,000
Rhodium-103m	1,000	Antimony-120		Cesium-127	1,000
Rhodium-105	100	(16m)	1,000	Cesium-129	1,000
Rhodium-106m	1,000	Antimony-120		Cesium-130	1,000
Rhodium-107	1,000	(5.76d)	100	Cesium-131	1,000
Palladium-100	100	Antimony-122	100	Cesium-132	100
Palladium-101	1,000	Antimony-124m	1,000	Cesium-134m	1,000
Palladium-103	100	Antimony-124	10	Cesium-134	10
Palladium-107	10	Antimony-125	100	Cesium-135m	1,000
Palladium-109	100	Antimony-126m	1,000	Cesium-135	100
Silver-102	1,000	Antimony-126	100	Cesium-136	10
Silver-103	1,000	Antimony-127	100	Cesium-137	10
Silver-104m	1,000	Antimony-128		Cesium-138	1,000
Silver-104	1,000	(10.4m)	1,000	Barium-126	1,000
Silver-105	100	Antimony-128		Barium-128	100
Silver-106m	100	(9.01h)	100	Barium-131m	1,000
Silver-106	1,000	Antimony-129	100	Barium-131	100
Silver-108m	1	Antimony-130	1,000	Barium-133m	100
Silver-110m	10	Antimony-131	1,000	Barium-133	100
Silver-111	100	Tellurium-116	1,000	Barium-135m	100
Silver-112	100	Tellurium-121m	10	Barium-139	1,000
Silver-115	1,000	Tellurium-121	100	Barium-140	100
Cadmium-104	1,000	Tellurium-123m	10	Barium-141	1,000
Cadmium-107	1,000	Tellurium-123	100	Barium-142	1,000
Cadmium-109	1	Tellurium-125m	10	Lanthanum-131	1,000
Cadmium-113m	0.1	Tellurium-127m	10	Lanthanum-132	100
Cadmium-113	100	Tellurium-127	1,000	Lanthanum-135	1,000
Cadmium-115m	10	Tellurium-129m	10	Lanthanum-137	10
Cadmium-115	100	Tellurium-129	1,000	Lanthanum-138	100
Cadmium-117m	1,000	Tellurium-131m	10	Lanthanum-140	100
Cadmium-117	1,000	Tellurium-131	100	Lanthanum-141	100
Indium-109	1,000	Tellurium-132	10	Lanthanum-142	1,000
Indium-110m		Tellurium-133m	100	Lanthanum-143	1,000
(69.1m)	1,000	Tellurium-133	1,000	Cerium-134	100
Indium-110		Tellurium-134	1,000	Cerium-135	100
(4.9h)	1,000	Iodine-120m	1,000	Cerium-137m	100
Indium-111	100	Iodine-120	100	Cerium-137	1,000
Indium-112	1,000	Iodine-121	1,000	Cerium-139	100
Indium-113m	1,000	Iodine-123	100	Cerium-141	100
Indium-114m	10	Iodine-124	10	Cerium-143	100
Indium-115m	1,000	Iodine-125	1	Cerium-144	1
Indium-115	100	Iodine-126	1	Praseodymium-136	1,000

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Appendix C. Continued

Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)
Praseodymium-137	1,000	Terbium-149	100	Lutetium-179	1,000
Praseodymium-138m	1,000	Terbium-150	1,000	Hafnium-170	100
Praseodymium-139	1,000	Terbium-151	100	Hafnium-172	1
Praseodymium-142m	1,000	Terbium-153	1,000	Hafnium-173	1,000
Praseodymium-142	100	Terbium-154	100	Hafnium-175	100
Praseodymium-143	100	Terbium-155	1,000	Hafnium-177m	1,000
Praseodymium-144	1,000	Terbium-156m		Hafnium-178m	0.1
Praseodymium-145	100	(5.0h)	1,000	Hafnium-179m	10
Praseodymium-147	1,000	Terbium-156m		Hafnium-180m	1,000
Neodymium-136	1,000	(24.4h)	1,000	Hafnium-181	10
Neodymium-138	100	Terbium-156	100	Hafnium-182m	1,000
Neodymium-139m	1,000	Terbium-157	10	Hafnium-182	0.1
Neodymium-139	1,000	Terbium-158	1	Hafnium-183	1,000
Neodymium-141	1,000	Terbium-160	10	Hafnium-184	100
Neodymium-147	100	Terbium-161	100	Tantalum-172	1,000
Neodymium-149	1,000	Dysprosium-155	1,000	Tantalum-173	1,000
Neodymium-151	1,000	Dysprosium-157	1,000	Tantalum-174	1,000
Promethium-141	1,000	Dysprosium-159	100	Tantalum-175	1,000
Promethium-143	100	Dysprosium-165	1,000	Tantalum-176	100
Promethium-144	10	Dysprosium-166	100	Tantalum-177	1,000
Promethium-145	10	Holmium-155	1,000	Tantalum-178	1,000
Promethium-146	1	Holmium-157	1,000	Tantalum-179	100
Promethium-147	10	Holmium-159	1,000	Tantalum-180m	1,000
Promethium-148m	10	Holmium-161	1,000	Tantalum-180	100
Promethium-148	10	Holmium-162m	1,000	Tantalum-182m	1,000
Promethium-149	100	Holmium-162	1,000	Tantalum-182	10
Promethium-150	1,000	Holmium-164m	1,000	Tantalum-183	100
Promethium-151	100	Holmium-164	1,000	Tantalum-184	100
Samarium-141m	1,000	Holmium-166m	1	Tantalum-185	1,000
Samarium-141	1,000	Holmium-166	100	Tantalum-186	1,000
Samarium-142	1,000	Holmium-167	1,000	Tungsten-176	1,000
Samarium-145	100	Erbium-161	1,000	Tungsten-177	1,000
Samarium-146	1	Erbium-165	1,000	Tungsten-178	1,000
Samarium-147	100	Erbium-169	100	Tungsten-179	1,000
Samarium-151	10	Erbium-171	100	Tungsten-181	1,000
Samarium-153	100	Erbium-172	100	Tungsten-185	100
Samarium-155	1,000	Thulium-162	1,000	Tungsten-187	100
Samarium-156	1,000	Thulium-166	100	Tungsten-188	10
Europium-145	100	Thulium-167	100	Rhenium-177	1,000
Europium-146	100	Thulium-170	10	Rhenium-178	1,000
Europium-147	100	Thulium-171	10	Rhenium-181	1,000
Europium-148	10	Thulium-172	100	Rhenium-182	
Europium-149	100	Thulium-173	100	(12.7h)	1,000
Europium-150		Thulium-175	1,000	Rhenium-182	
(12.62h)	100	Ytterbium-162	1,000	(64.0h)	100
Europium-150		Ytterbium-166	100	Rhenium-184m	10
(34.2y)	1	Ytterbium-167	1,000	Rhenium-184	100
Europium-152m	100	Ytterbium-169	100	Rhenium-186m	10
Europium-152	1	Ytterbium-175	100	Rhenium-186	100
Europium-154	1	Ytterbium-177	1,000	Rhenium-187	1,000
Europium-155	10	Ytterbium-178	1,000	Rhenium-188m	1,000
Europium-156	100	Lutetium-169	100	Rhenium-188	100
Europium-157	100	Lutetium-170	100	Rhenium-189	100
Europium-158	1,000	Lutetium-171	100	Osmium-180	1,000
Gadolinium-145	1,000	Lutetium-172	100	Osmium-181	1,000
Gadolinium-146	10	Lutetium-173	10	Osmium-182	100
Gadolinium-147	100	Lutetium-174m	10	Osmium-185	100
Gadolinium-148	0.001	Lutetium-174	10	Osmium-189m	1,000
Gadolinium-149	100	Lutetium-176m	1,000	Osmium-191m	1,000
Gadolinium-151	10	Lutetium-176	100	Osmium-191	100
Gadolinium-152	100	Lutetium-177m	10	Osmium-193	100
Gadolinium-153	10	Lutetium-177	100	Osmium-194	1
Gadolinium-159	100	Lutetium-178m	1,000	Iridium-182	1,000
Terbium-147	1,000	Lutetium-178	1,000	Iridium-184	1,000

CHAPTER 7. RADIATION CONTROL

Appendix C. Continued

Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)
Iridium-185	1,000	Lead-209	1,000	Uranium-240	100
Iridium-186	100	Lead-210	0.01	Uranium-natural	100
Iridium-187	1,000	Lead-211	100	Neptunium-232	100
Iridium-188	100	Lead-212	1	Neptunium-233	1,000
Iridium-189	100	Lead-214	100	Neptunium-234	100
Iridium-190m	1,000	Bismuth-200	1,000	Neptunium-235	100
Iridium-190	100	Bismuth-201	1,000	Neptunium-236	
Iridium-192m		Bismuth-202	1,000	(1.15E + 5)	0.001
(1.4m)	10	Bismuth-203	100	Neptunium-236	
Iridium-192		Bismuth-205	100	(22.5h)	1
(73.8d)	1	Bismuth-206	100	Neptunium-237	0.001
Iridium-194m	10	Bismuth-207	10	Neptunium-238	10
Iridium-194	100	Bismuth-210m	0.1	Neptunium-239	100
Iridium-195m	1,000	Bismuth-210	1	Neptunium-240	1,000
Iridium-195	1,000	Bismuth-212	10	Plutonium-234	10
Platinum-186	1,000	Bismuth-213	10	Plutonium-235	1,000
Platinum-188	100	Bismuth-214	100	Plutonium-236	0.001
Platinum-189	1,000	Polonium-203	1,000	Plutonium-237	100
Platinum-191	100	Polonium-205	1,000	Plutonium-238	0.001
Platinum-193m	100	Polonium-207	1,000	Plutonium-239	0.001
Platinum-193	1,000	Polonium-210	0.1	Plutonium-240	0.001
Platinum-195m	100	Astatine-207	100	Plutonium-241	0.01
Platinum-197m	1,000	Astatine-211	10	Plutonium-242	0.001
Platinum-197	100	Radon-220	1	Plutonium-243	1,000
Platinum-199	1,000	Radon-222	1	Plutonium-244	0.001
Platinum-200	100	Francium-222	100	Plutonium-245	100
Gold-193	1,000	Francium-223	100	Americium-237	1,000
Gold-194	100	Radium-223	0.1	Americium-238	100
Gold-195	10	Radium-224	0.1	Americium-239	1,000
Gold-198m	100	Radium-225	0.1	Americium-240	100
Gold-198	100	Radium-226	0.1	Americium-241	0.001
Gold-199	100	Radium-227	1,000	Americium-242m	0.001
Gold-200m	100	Radium-228	0.1	Americium-242	10
Gold-200	1,000	Actinium-224	1	Americium-243	0.001
Gold-201	1,000	Actinium-225	0.01	Americium-244m	100
Mercury-193m	100	Actinium-226	0.1	Americium-244	10
Mercury-193	1,000	Actinium-227	0.001	Americium-245	1,000
Mercury-194	1	Actinium-228	1	Americium-246m	1,000
Mercury-195m	100	Thorium-226	10	Americium-246	1,000
Mercury-195	1,000	Thorium-227	0.01	Curium-238	100
Mercury-197m	100	Thorium-228	0.001	Curium-240	0.1
Mercury-197	1,000	Thorium-229	0.001	Curium-241	1
Mercury-199m	1,000	Thorium-230	0.001	Curium-242	0.01
Mercury-203	100	Thorium-231	100	Curium-243	0.001
Thallium-194m	1,000	Thorium-232	100	Curium-244	0.001
Thallium-194	1,000	Thorium-234	10	Curium-245	0.001
Thallium-195	1,000	Thorium-natural	100	Curium-246	0.001
Thallium-197	1,000	Protactinium-227	10	Curium-247	0.001
Thallium-198m	1,000	Protactinium-228	1	Curium-248	0.001
Thallium-198	1,000	Protactinium-230	0.1	Curium-249	1,000
Thallium-199	1,000	Protactinium-231	0.001	Berkelium-245	100
Thallium-201	1,000	Protactinium-232	1	Berkelium-246	100
Thallium-200	1,000	Protactinium-233	100	Berkelium-247	0.001
Thallium-202	100	Protactinium-234	100	Berkelium-249	0.1
Thallium-204	100	Uranium-230	0.01	Berkelium-250	10
Lead-195m	1,000	Uranium-231	100	Californium-244	100
Lead-198	1,000	Uranium-232	0.001	Californium-246	1
Lead-199	1,000	Uranium-233	0.001	Californium-248	0.01
Lead-200	100	Uranium-234	0.001	Californium-249	0.001
Lead-201	1,000	Uranium-235	0.001	Californium-250	0.001
Lead-202m	1,000	Uranium-236	0.001	Californium-251	0.001
Lead-202	10	Uranium-237	100	Californium-252	0.001
Lead-203	1,000	Uranium-238	100	Californium-253	0.1
Lead-205	100	Uranium-239	1,000	Californium-254	0.001

CHAPTER 7. RADIATION CONTROL

Appendix C. Continued

Radionuclide	Quantity (μCi)	Radionuclide	Quantity (μCi)
Einsteinium-250	100	Any alpha-emitting radionuclide not listed above or mixtures of alpha emitters of unknown composition	0.001
Einsteinium-251	100		
Einsteinium-253	0.1		
Einsteinium-254m	1		
Einsteinium-254	0.01		
Fermium-252	1		
Fermium-253	1		
Fermium-254	10	Any radionuclide other than alpha-emitting radionuclides not listed above, or mixtures of beta emitters of unknown composition	0.01
Fermium-255	1		
Fermium-257	0.01		
Mendelevium-257	10		
Mendelevium-258	0.01		

* To convert μCi to kBq, multiply the μCi value by 37.

NOTE: Where there is involved a combination of radionuclides in known amounts, the limit for the combination shall be derived as follows: determine, for each radionuclide in the combination, the ratio between the quantity present in the combination and the limit otherwise established for the specific radionuclide when not in combination. The sum of such ratios for all radionuclides in the combination may not exceed "1" -- that is, unity.

¹ The quantities listed above were derived by taking 1/10 of the most restrictive ALI listed in Table I, Columns 1 and 2, of Appendix B to Article 4, rounding to the nearest factor of 10, and constraining the values listed between 37 Bq and 37 MBq (0.001 and 1,000 μCi). Values of 3.7 MBq (100 μCi) have been assigned for radionuclides having a radioactive half-life in excess of E+9 years, except rhenium, 37 MBq (1,000 μCi), to take into account their low specific activity.

Historical Note

New Appendix C recodified from 12 A.A.C. 1, Article 4, Appendix C, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

CHAPTER 7. RADIATION CONTROL

Appendix D. Classification and Characteristics of Low-level Radioactive Waste

I. Classification of Radioactive Waste for Land Disposal

- a) Considerations. Determination of the classification of radioactive waste involves two considerations. First, consideration must be given to the concentration of long-lived radionuclides (and their shorter-lived precursors) whose potential hazard will persist long after such precautions as institutional controls, improved waste form, and deeper disposal have ceased to be effective. These precautions delay the time when long-lived radio nuclides could cause exposures. In addition, the magnitude of the potential dose is limited by the concentration and availability of the radionuclide at the time of exposure. Second, consideration must be given to the concentration of shorter-lived radionuclides for which requirements on institutional controls, waste form, and disposal methods are effective.

b) Classes of waste.

- 1) Class A waste is waste that is usually segregated from other waste classes at the disposal site. The physical form and characteristics of Class A waste must meet the minimum requirements set forth in Section II(a). If Class A waste also meets the stability requirements set forth in Section II(b), it is not necessary to segregate the waste for disposal.
- 2) Class B waste is waste that must meet more rigorous requirements on waste form to ensure stability after disposal. The physical form and characteristics of Class B waste must meet both the minimum and stability requirements set forth in Section II.
- 3) Class C waste is waste that not only must meet more rigorous requirements on waste form to ensure stability but also requires additional measures at the disposal facility to protect against inadvertent intrusion. The physical form and characteristics of Class C waste must meet both the minimum and stability requirements set forth in Section II.

c) Classification determined by long-lived radionuclides. If the radioactive waste contains only radionuclides listed in Table I, classification shall be determined as follows:

- 1) If the concentration does not exceed 0.1 times the value in Table I, the waste is Class A.
- 2) If the concentration exceeds 0.1 times the value in Table I but does not exceed the value in Table I, the waste is Class C.
- 3) If the concentration exceeds the value in Table I, the waste is not generally acceptable for land disposal.
- 4) For wastes containing mixtures of radionuclides listed in Table I, the total concentration shall be determined by the sum of fractions rule described in Section I(g).

Appendix D. Table I

Radionuclide	TABLE I Concentration	
	curie/cubic meter ^a	nanocuries/gram ^b
C-14	8	
C-14 in activated metal	80	
Ni-59 in activated metal	220	
Nb-94 in activated metal	0.2	
Tc-99	3	
I-129	0.08	

Alpha-emitting transuranic radionuclides with half-life greater than five years

Pu-241	3,500
Cm-242	20,000
Ra-226	100

^aTo convert the Ci/m³ values to gigabecquerel (GBq) per cubic meter, multiply the Ci/m³ value by 37.

^bTo convert the nCi/g values to becquerel (Bq) per gram, multiply the nCi/g value by 37.

- d) Classification determined by short-lived radionuclides. If the waste does not contain any of the radionuclides listed in Table I, classification shall be determined based on the concentrations shown in Table II. However, as specified in Section I(f), if radioactive waste does not contain any nuclides listed in either Table I or II, it is Class A.

- 1) If the concentration does not exceed the value in Column 1, the waste is Class A.
- 2) If the concentration exceeds the value in Column 1 but does not exceed the value in Column 2, the waste is Class B.
- 3) If the concentration exceeds the value in Column 2 but does not exceed the value in Column 3, the waste is Class C.
- 4) If the concentration exceeds the value in Column 3, the waste is not generally acceptable for near-surface disposal.
- 5) For wastes containing mixtures of the radionuclides listed in Table II, the total concentration shall be determined by the sum of fractions rule described in Section I(g).

Appendix D. Table II

Radionuclide	TABLE II Concentration, Curie/cubic meter*		
	Column 1	Column 2	Column 3
Total of all radionuclides with less than 5-year half-life	700	*	*
H-3	40	*	*
Co-60	700	*	*
Ni-63	3.5	70	700
Ni-63 in activated metal	35	700	7000
Sr-90	0.04	150	7000
Cs-137	1	44	4600

* DEPARTMENT NOTE: To convert the Ci/m³ value to gigabecquerel (GBq) per cubic meter, multiply the Ci/m³ value by 37. There are no limits established for these radionuclides in Class B or C wastes. Practical considerations such as the effects of external radiation and internal heat generation on transportation, handling, and disposal will limit the concentrations for these wastes. These wastes shall be Class B unless the concentrations of other radionuclides in Table II determine the waste to be Class C independent of these radionuclides.

- e) Classification determined by both long- and short-lived radionuclides. If the radioactive waste contains a mixture of radionuclides, some of which are listed in Table I and some of which are listed in Table II, classification shall be determined as follows:

CHAPTER 7. RADIATION CONTROL

- 1) If the concentration of a radionuclide listed in Table I is less than 0.1 times the value listed in Table I, the class shall be that determined by the concentration of radionuclides listed in Table II.
 - 2) If the concentration of a radionuclide listed in Table I exceeds 0.1 times the value listed in Table I, but does not exceed the value in Table II, the waste shall be Class C, provided the concentration of radionuclides listed in Table II does not exceed the value shown in Column 3 of Table II.
 - f) Classification of wastes with radionuclides other than those listed in Tables I and II. If the waste does not contain any radionuclides listed in either Table I or II, it is Class A.
 - g) The sum of the fractions rule for mixtures of radionuclides. For determining classification for waste that contains a mixture of radionuclides, it is necessary to determine the sum of fractions by dividing each radionuclide's concentration by the appropriate limit and adding the resulting values. The appropriate limits shall all be taken from the same column of the same table. The sum of the fractions for the column shall be less than 1.0 if the waste class is to be determined by that column. Example: A waste contains Sr-90 in a concentration of 1.85 TBq/m³ (50 Ci/m³) and Cs-137 in a concentration of 814 GBq/m³ (22 Ci/m³). Since the concentrations both exceed the values in Column 1, Table II, they shall be compared to Column 2 values. For Sr-90 fraction, 50/150 = 0.33, for Cs-137 fraction, 22/44 = 0.5; the sum of the fractions = 0.83. Since the sum is less than 1.0, the waste is Class B.
 - h) Determination of concentrations in wastes. The concentration of a radionuclide may be determined by indirect methods such as use of scaling factors which relate the inferred concentration of one radionuclide to another that is measured, or radionuclide material accountability, if there is reasonable assurance that the indirect methods can be correlated with actual measurements. The concentration of a radionuclide may be averaged over the volume of the waste, or weight of the waste if the units are expressed as becquerel (nanocurie) per gram.
- II. Radioactive Waste Characteristics
- a) The following are minimum requirements for all classes of waste and are intended to facilitate handling and provide protection of health and safety of personnel at the disposal site.
 - 1) Wastes shall be packaged in conformance with the conditions of the license issued to the site operator to which the waste will be shipped. Where the conditions of the site license are more restrictive than the provisions of Article 4, the site license conditions shall govern.
 - 2) Wastes shall not be packaged for disposal in cardboard or fiberboard boxes.
 - 3) Liquid waste shall be packaged in sufficient absorbent material to absorb twice the volume of the liquid.
 - 4) Solid waste containing liquid shall contain as little free-standing and non-corrosive liquid as is reasonably achievable, but in no case shall the liquid exceed 1% of the volume.
 - 5) Waste shall not be readily capable of detonation or of explosive decomposition or reaction at normal pressures and temperatures, or of explosive reaction with water.
 - 6) Waste shall not contain, or be capable of generating, quantities of toxic gases, vapors, or fumes harmful to persons transporting, handling, or disposing of the waste. This does not apply to radioactive gaseous waste packaged in accordance with Section II(a)(8).
 - 7) Waste shall not be pyrophoric. Pyrophoric materials contained in wastes shall be treated, prepared, and packaged to be nonflammable *****
 - 8) Wastes in a gaseous form shall be packaged at an absolute pressure that does not exceed 1.5 atmospheres at 20° C. Total activity shall not exceed 3.7 TBq (100 Ci) per container.
 - 9) Wastes containing hazardous, biological, pathogenic, or infectious material shall be treated to reduce to the maximum extent practicable the potential hazard from the non-radiological materials.
 - b) The following requirements are intended to provide stability of the waste. Stability is intended to ensure that the waste does not degrade and affect overall stability of the site through slumping, collapse, or other failure of the disposal unit and thereby lead to water infiltration. Stability is also a factor in limiting exposure to an inadvertent intruder, since it provides a recognizable and nondispersible waste.
 - 1) Waste shall have structural stability. A structurally stable waste form will generally maintain its physical dimensions and its form, under the expected disposal conditions such as weight of overburden and compaction equipment, the presence of moisture, and microbial activity, and internal factors such as radiation effects and chemical changes. Structural stability can be provided by the waste form itself, processing the waste to a stable form, or placing the waste in a disposal container or structure that provides stability after disposal.
 - 2) Notwithstanding the provisions in Section II(a)(3) and (4), liquid wastes, or wastes containing liquid, shall be converted into a form that contains as little free-standing and noncorrosive liquid as is reasonably achievable, but in no case shall the liquid exceed 1% of the volume of the waste when the waste is in a disposal container designed to ensure stability, or 0.5% of the volume of the waste for waste processed to a stable form.
 - 3) Void spaces within the waste and between the waste and its package shall be reduced to the extent practicable.
- III. Labeling
- Each package of waste shall be clearly labeled to identify whether it is Class A, Class B, or Class C waste, in accordance with Section I.
- *****See Section R9-7-102 for definition of pyrophoric.

Historical Note

New Appendix D, including Tables 1 and 2 recodified from 12 A.A.C. 1, Article 4, Appendix D, Tables 1 and 2, effective March 22, 2018 (Supp. 18-1).

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Appendix E. Quantities for Use with Decommissioning

Material	Microcurie	Material	Microcurie	Material	Microcurie
Americium-241	0.01	Iodine-135	10	Sodium-22	1
Antimony-122	100	Iridium-192	10	Sodium-24	10
Antimony-124	10	Iridium-194	100	Strontium-85	10
Antimony-125	10	Iron-55	100	Strontium-89	1
Arsenic-73	100	Iron-59	10	Strontium-90	0.1
Arsenic-74	10	Krypton-85	100	Strontium-91	10
Arsenic-76	10	Krypton-87	10	Strontium-92	10
Arsenic-77	100	Lanthanum-140	10	Sulfur-35	100
Barium-131	10	Lutetium-177	100	Tantalum-182	10
Barium-133	10	Manganese-52	10	Technetium-96	10
Barium-140	10	Manganese-54	10	Technetium-97m	100
Bismuth-210	1	Manganese-56	10	Technetium-97	100
Bromine-82	10	Mercury-197m	100	Technetium-99m	100
Cadmium-109	10	Mercury-197	100	Technetium-99	10
Cadmium-115m	10	Mercury-203	10	Tellurium-125m	10
Cadmium-115	100	Molybdenum-99	100	Tellurium-127m	10
Calcium-45	10	Neodymium-147	100	Tellurium-127	100
Calcium-47	10	Neodymium-149	100	Tellurium-129m	10
Carbon-14	100	Nickel-59	100	Tellurium-129	100
Cerium-141	100	Nickel-63	10	Tellurium-131m	10
Cerium-143	100	Nickel-65	100	Tellurium-132	10
Cerium-144	1	Niobium-93m	10	Terbium-160	10
Cesium-131	1,000	Niobium-95	10	Thallium-200	100
Cesium-134m	100	Niobium-97	10	Thallium-201	100
Cesium-134	1	Osmium-185	10	Thallium-202	100
Cesium-135	10	Osmium-191m	100	Thallium-204	10
Cesium-136	10	Osmium-191	100	Thorium (natural)**	100
Cesium-137	10	Osmium-193	100	Thulium-170	10
Chlorine-36	10	Palladium-103	100	Thulium-171	10
Chlorine-38	10	Palladium-109	100	Tin-113	10
Chromium-51	1,000	Phosphorus-32	10	Tin-125	10
Cobalt-58m	10	Platinum-191	100	Tungsten-181	10
Cobalt-58	10	Platinum-193m	100	Tungsten-185	10
Cobalt-60	1	Platinum-193	100	Tungsten-187	100
Copper-64	100	Platinum-197m	100	Uranium (natural)**	100
Dysprosium-165	10	Platinum-197	100	Uranium-233	0.01
Dysprosium-166	100	Plutonium-239	0.01	Uranium-234	0.01
Erbium-169	100	Polonium-210	0.1	Uranium-235	0.01
Erbium-171	100	Potassium-42	10	Vanadium-48	10
Europium-152 (9.2 h)	100	Praseodymium-142	100	Xenon-131m	1,000
Europium-152 (13 yr)	1	Praseodymium-143	100	Xenon-133	100
Europium-154	1	Promethium-147	10	Xenon-135	100
Europium-155	10	Promethium-149	10	Ytterbium-175	100
Fluorine-18	1,000	Radium-226	0.01	Yttrium-90	10
Gadolinium-153	10	Rhenium-186	100	Yttrium-91	10
Gadolinium-159	100	Rhenium-188	100	Yttrium-92	100
Gallium-72	10	Rhodium-103m	100	Yttrium-93	100
Germanium-71	100	Rhodium-105	100	Zinc-65	10
Gold-198	100	Rubidium-86	10	Zinc-69m	100
Gold-199	100	Rubidium-87	10	Zinc-69	1,000
Hafnium-181	10	Ruthenium-97	100	Zirconium-93	10
Holmium-166	100	Ruthenium-103	10	Zirconium-95	10
Hydrogen-3	1,000	Ruthenium-105	10	Zirconium-97	10
Indium-113m	100	Ruthenium-106	1	Any alpha emitting radionuclide not listed above or mixtures of alpha emitters of unknown composition	0.01
Indium-114m	10	Samarium-151	10	Any radionuclide other than alpha emitting radionuclides, not listed above or mixtures of beta emitters of unknown composition	0.1
Indium-115m	100	Samarium-153	100		
Indium-115	10	Scandium-46	10		
Iodine-125	1	Scandium-47	100		
Iodine-126	1	Scandium-48	10		
Iodine-129	0.1	Selenium-75	10		
Iodine-131	1	Silicon-31	100		
Iodine-132	10	Silver-105	10		
Iodine-133	1	Silver-110m	1		
Iodine-134	10	Silver-111	100		

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* To convert μCi to kBq , multiply the μCi value by 37.

** Based on alpha disintegration rate of Th-232, Th-230 and their daughter products.

*** Based on alpha disintegration rate of U-238, U-234, and U-235.

NOTE: Where there is involved a combination of isotopes in known amounts, the limit for the combination should be derived as follows: Determine, for each isotope in the combination, the ratio between the quantity present in the combination and the limit otherwise established for the specific isotope when not in combination. The sum of such ratios for all the isotopes in the combination may not exceed "1" - that is, unity.

Historical Note

New Appendix E recodified from 12 A.A.C. 1, Article 4, Appendix E, effective March 22, 2018 (Supp. 18-1).

ARTICLE 5. SEALED SOURCE INDUSTRIAL RADIOGRAPHY**R9-7-501. Definitions**

"Access panel" means any panel that is designed to be removed or opened for maintenance or service purposes, opened using tools, and used to provide access to the interior of the cabinet x-ray unit.

"Annual refresher safety training" means a review conducted or provided by the licensee for its employees on radiation safety aspects of industrial radiography. The review shall include, as applicable, the results of internal inspections, new procedures or equipment, new or revised state rules, accidents or errors that have occurred, and provide opportunities for employees to ask safety questions.

"Aperture" means any opening in the outside surface of the cabinet x-ray unit, other than a port, which remains open during generation of x-radiation.

"Associated equipment" means equipment used in conjunction with a radiographic exposure device that drives, guides, or comes in contact with the source.

"Certifying entity" means an independent certifying organization that complies with the requirements in Appendix A of this Article, or requirements of the NRC or another Agreement State, that are equivalent to the requirements in parts II and III of Appendix A.

"Collimator" means a radiation shield that is placed on the end of the guide tube or directly onto a radiographic exposure device to restrict the size of the radiation beam when the sealed source is positioned to make a radiographic exposure.

"Control (drive) cable" means the cable that is connected to the source assembly and used to drive the source to and from the exposure location.

"Control (drive) mechanism" means a device that enables the source assembly to be moved to and from the exposure device.

"Control tube" means a protective sheath for guiding the control cable. The control tube connects the control drive mechanism to the radiographic exposure device.

"Door" means any barrier that is designed to be movable or opened for routine operation purposes, not opened using tools, and used to provide access to the interior of the cabinet x-ray unit.

"Exposure head" means a device that places the gamma radiography sealed source in a selected working position.

"Ground fault" means an accidental electrical grounding of an electrical conductor.

"Guide tube (projection sheath)" means a flexible or rigid tube (i.e., "J" tube) for guiding the source assembly and the attached control cable from the exposure device to the exposure head. The guide tube may also include the connections necessary for attachment to the exposure device and to the exposure head.

"Hands-on experience" means accumulation of knowledge or skill in any area relevant to radiography.

"Independent certifying organization" means an independent organization that meets all of the requirements in Appendix A.

"Lay-barge radiography" means industrial radiography performed on any water vessel used for laying pipe.

"Port" means any opening in the outside surface of the cabinet x-ray unit that is designed to remain open, during generation of x-rays, for conveying material being irradiated into and out of the cabinet, or for partial insertion of an object for irradiation whose dimensions do not permit complete insertion into the cabinet x-ray unit.

"Practical examination" means a demonstration, through practical application of safety rules and principles of industrial radiography, including use of all radiography equipment and knowledge of radiography procedures.

"Radiographer certification" means written approval received from a certifying entity stating that an individual has satisfactorily met certain established radiation safety, testing, and experience criteria.

"Radiographic exposure device" means any x-ray machine used for purposes of making an industrial radiographic exposure or a device that contains a sealed source, and the sealed source or its shielding may be moved or otherwise changed from a shielded to an unshielded position for purposes of making an industrial radiographic exposure.

"Radiographic operations" means all activities associated with the presence of radiation sources in a radiographic exposure device during use of the device or transport (except when the device is being transported by a common or contract carrier). This includes performing surveys to confirm the adequacy of boundaries, setting up equipment, and conducting any activity inside restricted area boundaries.

"S-tube" means a tube through which a radioactive source travels when the source is inside a radiographic exposure device.

"Source assembly" means an assembly that consists of a sealed source and a connector that attaches the source to a control cable. The source assembly may also include a stop ball used to secure the source in the shielded position.

"Underwater radiography" means industrial radiography performed when a radiographic exposure device is beneath the surface of water.

Historical Note

New Section R9-7-501 recodified from R12-1-501 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-502. License Requirements

- A. The Department shall review an application for a specific license for the use of radioactive material in industrial radiography and approve the license if an applicant meets all of the following requirements:

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1. The applicant satisfies the general requirements in R9-7-309 and any special requirements contained in this Article; and
 2. The applicant submits a program for training radiographers and radiographers' assistants that complies with R9-7-543, except that:
 - a. After the effective date of this Section, an applicant is not required to describe its initial training and examination program for radiographers;
 - b. An applicant shall affirm that an individual who is acting as an industrial radiographer is certified in radiation safety by a certifying organization, as required in R9-7-543, before permitting the individual to act as a radiographer. This affirmation substitutes for a description of the applicant's initial training and examination program for radiographers in the subjects outlined in R9-7-543(G); and
 - c. An applicant shall submit procedures for verifying and documenting the certification status of each radiographer and for ensuring that the certification remains valid.
 - B. The applicant shall submit written operating and emergency procedures as prescribed in R9-7-522.
 - C. The applicant shall submit a description of a program for review of job performance of each radiographer and radiographers' assistant at intervals that do not exceed six months as prescribed in R9-7-543(E).
 - D. The applicant shall submit a description of the applicant's overall organizational structure as it applies to radiation safety responsibilities in industrial radiography, including specified delegation of authority and responsibility.
 - E. The applicant shall submit a list of the qualifications of each individual designated as an RSO under R9-7-512 and indicate which designee is responsible for ensuring that the licensee's radiation safety program is implemented in accordance with approved procedures.
 - F. If an applicant intends to perform leak testing on any sealed source or exposure device that contains depleted uranium (DU) shielding, the applicant shall submit a description of the procedures for performing the leak testing and the qualifications of each person authorized to perform leak testing. If the applicant intends to analyze its own wipe samples, the application shall include a description of the procedures to be followed. The description shall include the:
 1. Instruments to be used,
 2. Methods of performing the analysis, and
 3. Relevant experience of the person who will analyze the wipe samples.
 - G. If the applicant intends to perform "in-house" calibrations of survey instruments, the applicant shall describe each calibration method to be used and the relevant experience of each person who will perform a calibration. A licensee shall perform all calibrations according to the procedures prescribed in R9-7-504.
 - H. The applicant shall identify and describe the location of all field stations and permanent radiographic installations.
 - I. The applicant shall identify each location where records required by this Chapter will be maintained.
- Historical Note**
- New Section R9-7-502 recodified from R12-1-502 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-503. Performance Requirements for Equipment**
- A. A licensee shall ensure that equipment used in industrial radiographic operations meets the following minimum criteria:
 1. Each radiographic exposure device, source assembly or sealed source, and all associated equipment meet the requirements in American National Standards Institute, N432-1980 "Radiological Safety for the Design and Construction of Apparatus for Gamma Radiography" (published as NBS Handbook 136, issued January 1981) by the American National Standards Institute, which is incorporated by reference and on file with the Department. This incorporation by reference contains no future editions or amendments. This publication may be purchased from the American National Standards Institute, Inc., 25 West 43rd Street, New York, New York 10036 Telephone (212) 642-4900. A copy of the document is also on file at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call (202) 741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html; or
 2. An engineering safety analysis demonstrates the applicability of previously performed testing on similar individual radiography equipment components. Based on a review of the analysis, the Department may find that previously performed testing can be substituted for testing of the component under the standards in subsection (A)(1).
 - B. In addition to the requirements in subsection (A), the following requirements apply to each radiographic exposure device, source changer, source assembly, and sealed source:
 1. A licensee shall ensure that each radiographic exposure device has attached to it a durable, legible, and clearly visible label bearing:
 - a. The chemical symbol and mass number of the radionuclide in the device;
 - b. The activity of the source and the date on which this activity was last measured;
 - c. The model (or product code) and serial number of the sealed source;
 - d. The manufacturer's description of the sealed source; and
 - e. The licensee's name, address, and telephone number.
 2. A licensee shall ensure that each radiographic exposure device intended for use as a Type B transport container meets the applicable requirements of 10 CFR 71, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
 3. A licensee shall not modify any radiographic exposure device, source changer, source assembly, or associated equipment, unless the design of the replacement component, including source holder, source assembly, controls, or guide tubes is consistent with and does not compromise the design safety features of the system.
 - C. In addition to the requirements in subsections (A) and (B), the following requirements apply to each radiographic exposure device, source assembly, and associated equipment that allows the source to be moved out of the device for radiographic operations or to a source changer:
 1. The licensee shall ensure that the coupling between the source assembly and the control cable is designed so that the source assembly does not become disconnected if it is positioned outside of the guide tube and is constructed so that an unintentional disconnect will not occur under normal and reasonably foreseeable abnormal conditions;
 2. The device automatically secures the source assembly if it is retracted into the fully shielded position within the

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device and the securing system is released from the exposure device only by means of a deliberate operation;

3. The outlet fittings, lock box, and drive cable fittings on each radiographic exposure device are equipped with safety plugs or covers installed for storage and transportation to protect the source assembly from water, mud, sand, or other foreign matter;
 4. Each sealed source or source assembly has attached to it or is engraved with a durable, legible, and visible label with the words: "DANGER--RADIOACTIVE." The licensee shall ensure that the label does not interfere with safe operation of the equipment;
 5. The guide tube is able to withstand a crushing test that closely approximates the crushing forces that are likely to be encountered during use, and a kinking resistance test that closely approximates the kinking forces that are likely to be encountered during use;
 6. A guide tube is used if a person moves the source out of the device;
 7. An exposure head or similar device, designed to prevent the source assembly from passing out of the end of the guide tube, is attached to the outermost end of the guide tube during industrial radiography operations;
 8. The guide tube exposure head connection is able to withstand the tensile test for control units specified in ANSI N432-1980, incorporated by reference in subsection (A); and
 9. Source changers provide a system for ensuring that the source is not accidentally withdrawn from the changer when a person is connecting or disconnecting the drive cable to or from the source assembly.
- D. A licensee shall ensure that radiographic exposure devices and associated equipment in use after January 10, 1996 comply with the requirements of this Section.
- E. Notwithstanding subsection (A), a licensee with equipment used in industrial radiographic operations need not comply with Sec. 8.92(C) of the Endurance Test in American National Standards Institute N432-1980 if the prototype equipment has been tested using a torque value representative of the torque that an individual using the radiography equipment can realistically exert on the lever or crankshaft of the drive mechanism.

Historical Note

New Section R9-7-503 recodified from R12-1-503 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-504. Radiation Survey Instruments

- A. A licensee shall maintain at least two calibrated and operable radiation survey instruments at each location where sources of radiation are present to make radiation surveys required by this Article and Article 4 of this Chapter. Instrumentation required by this Section shall be capable of measuring a range from 0.02 millisieverts (2 millirems) per hour through 0.01 sievert (1 rem) per hour.
- B. A licensee shall ensure that each radiation survey instrument required under subsection (A) is calibrated:
1. At intervals that do not exceed six months, and after instrument servicing, except for battery changes;
 2. For linear scale instruments, at two points located approximately one-third and two-thirds of full-scale on each scale; for logarithmic scale instruments, at mid-range of each decade, and at two points of at least one decade; and for digital instruments, at 3 points between 0.02 and 10 millisieverts (2 and 1000 millirems) per hour; and

3. So that an accuracy within plus or minus 20% of the calibration source can be demonstrated at each point checked.

- C. A licensee shall maintain calibration records for each radiation survey instrument, and maintain each record for three years after it is made.

Historical Note

New Section R9-7-504 recodified from R12-1-504 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-505. Leak Testing and Replacement of Sealed Sources

- A. A licensee shall ensure that replacement of any sealed source fastened to or contained in a radiographic exposure device and leak testing of any sealed source is performed by a person authorized to do so by the Department, the NRC, or another Agreement State.
- B. A licensee shall ensure that opening, repairing, or modifying any sealed source is performed by a person specifically authorized to do so by the Department, the NRC, or another Agreement State.
- C. A licensee that uses a sealed source shall have the source tested for leakage by a qualified person at intervals that do not exceed six months. The person who performs leak testing of the source shall use a method approved by the Department, the NRC, or by another Agreement State. A wipe sample shall be taken from the nearest accessible point to the sealed source where contamination might accumulate. The wipe sample shall be analyzed for radioactive contamination. The licensee shall ensure that the analysis is capable of detecting the presence of 185 Bq (0.005 microcurie) of radioactive material on the test sample and a person specifically authorized by the Department, the NRC, or another Agreement State performs the analysis. The licensee shall maintain records of the leak tests in accordance with this Section.
- D. Unless a sealed source is accompanied by a certificate from the transferor that shows that the sealed source has been leak tested within six months before the transfer, a licensee shall not use the sealed source until it is tested for leakage. A licensee is not required to test a sealed source that is in storage, but shall test each sealed source before use or transfer to another person if the interval of storage exceeds six months.
- E. A licensee shall immediately withdraw equipment containing a leaking source from use and have it decontaminated and repaired or dispose of the source in accordance with this Chapter. The licensee shall file a report with the Director of the Department within five days of any test with results that exceed the threshold in this subsection, and describe the equipment involved, the test results, and corrective action taken. If a leak test conducted under this Section reveals the presence of 185 Bq (0.005 microcurie) or more of removable radioactive material the Department classifies the sealed source as leaking.
- F. A licensee shall test for DU contamination at intervals that do not to exceed 12 months a radiographic exposure device that uses depleted uranium (DU) shielding and an "S" tube configuration. The licensee shall ensure that the analysis is capable of detecting the presence of 185 Bq (0.005 microcuries) of radioactive material on the test sample and a person specifically authorized by the Department, the NRC, or another Agreement State performs the analysis. If the testing reveals the presence of 185 Bq (0.005 microcuries) or more of removable DU contamination, the licensee shall remove the exposure device from use until an evaluation of the wear on the S-tube is completed. If the evaluation reveals that the S-tube is worn through, the licensee shall ensure that the device is not used again. The licensee is not required to test for DU contamination.

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ination if the radiographic exposure device is in storage. Before using or transferring the radiographic exposure device, the licensee shall test the device for DU contamination if the interval of storage exceeds 12 months. The licensee shall maintain records of the DU leak test in accordance with subsection (G).

- G. A licensee shall maintain records of leak test results for each sealed source and for each device that contains DU. The licensee shall ensure results are in Becquerels (microcuries), and retain each record for three years after it is made or until the source is removed from storage and tested, whichever is longer.

Historical Note

New Section R9-7-505 recodified from R12-1-505 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-506. Quarterly Inventory

- A. A licensee shall conduct a quarterly physical inventory to account for all sealed sources and devices that contain depleted uranium.
- B. A licensee shall maintain a record of the quarterly inventory required under subsection (A) for three years after it is made.
- C. The record required in subsection (B) shall include the date of the inventory, name of the individual who conducted the inventory, radionuclide, number of becquerels (curies) or mass (for DU) in each device, location of sealed source and associated devices, and manufacturer, model, and serial number of each sealed source and device as applicable.

Historical Note

New Section R9-7-506 recodified from R12-1-506 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-507. Utilization Logs

- A. A licensee shall maintain for each sealed source a utilization log that provides all of the following information:
1. A description, including the make, model, and serial number of each radiographic exposure device, and each sealed source transport and storage container that contains a sealed source;
 2. The identity and signature of the radiographer using the source; and
 3. The plant or site where the source is used and dates of use, including the date each source is removed from and returned to storage.
- B. A licensee shall retain the log required by subsection (A) for three years after the log is made.

Historical Note

New Section R9-7-507 recodified from R12-1-507 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-508. Inspection and Maintenance of Radiographic Exposure Devices, Transport and Storage Containers, Source Changers, Survey Instruments, and Associated Equipment

- A. A licensee shall perform visual and operability checks on each survey instrument, radiographic exposure device, transport and storage container, source changer, and associated equipment before use on each day the equipment is to be used to ensure that the equipment is in good working condition, the source is adequately shielded, and required labeling is present. A survey instrument operability check shall be performed using a check source or other authorized means. If an equipment problem is found, the licensee shall remove the equipment from service until it is repaired.
- B. A licensee shall have written inspection and maintenance procedures to ensure that:

1. Radiographic exposure devices, source changers, transport and storage containers, survey instruments, and associated equipment that require inspection and maintenance at intervals that do not exceed three months or before first use of the equipment are functioning properly and safely. Replacement components shall meet design specifications. If an equipment problem is discovered, the licensee shall remove the equipment from service until it is repaired; and
 2. Type B packages are shipped and maintained in accordance with the certificate of compliance or other approval.
- C. A licensee shall maintain records of daily checks and quarterly inspections of radiographic exposure devices, transport and storage containers, source changers, survey instruments, and associated equipment, and retain each record for three years after it is made. The record shall include the date of the check or inspection, name of the inspector, equipment involved, any problems found, and any repair or needed maintenance performed.

Historical Note

New Section R9-7-508 recodified from R12-1-508 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-509. Surveillance

During each radiographic operation, a radiographer or the radiographer's assistant, as permitted by R9-7-510, shall maintain continuous direct visual surveillance of the operation to protect against unauthorized entry into a high radiation area, except at permanent radiographic installations where all entrances are locked and the licensee is in compliance with R9-7-539.

Historical Note

New Section R9-7-509 recodified from R12-1-509 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-510. Radiographic Operations

- A. If industrial radiography is performed at a location other than a permanent radiographic installation, a licensee shall ensure that the radiographer is accompanied by at least one other radiographer or radiographer's assistant, qualified under R9-7-543. The additional radiographer or radiographer's assistant shall observe the operations and be capable of providing immediate assistance to prevent unauthorized entry. Industrial radiography is prohibited if only one qualified individual is present.
- B. A licensee shall ensure that each industrial radiographic operation is conducted at a location of use authorized on the license in a permanent radiographic installation, unless another permanent location is specifically authorized by the Department.

Historical Note

New Section R9-7-510 recodified from R12-1-510 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-511. Reserved**Historical Note**

R9-7-511 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-512. Radiation Safety Officer (RSO)

- A. A licensee shall have a radiation safety officer (RSO) who is responsible for implementing procedures and regulatory requirements in the daily operation of the radiation safety program.
- B. Except as provided in subsection (C), the licensee shall ensure that the RSO satisfies the following minimum requirements:
1. The training and testing requirements in R9-7-543,

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2. Two thousand hours of hands-on experience as a qualified radiographer for an industrial radiographic operation, and
 3. Formal training in the establishment and maintenance of a radiation safety program.
- C. If the licensee uses an individual in the position of RSO who does not have the training and experience required in subsection (B), the licensee shall provide the Department with a description of the individual's training and experience in the field of ionizing radiation and training with respect to the establishment and maintenance of a radiation safety protection program so the Department can determine whether the individual is qualified to perform under subsection (D).
- D. The specific duties and authorities of the RSO include, but are not limited to:
1. Establishing and overseeing operating, emergency, and ALARA procedures as required in Article 4 of this Chapter and reviewing them every year to ensure that the procedures in use conform to current Department rules and license conditions;
 2. Overseeing and approving all phases of the training program for radiographic personnel, ensuring that appropriate and effective radiation protection practices are taught;
 3. Overseeing radiation surveys, leak tests, and associated documentation to ensure that the surveys and tests are performed in accordance with the rules and taking corrective measures if levels of radiation exceed established action limits;
 4. Overseeing the personnel monitoring program to ensure that devices are calibrated and used properly by occupationally exposed personnel and ensuring that records are kept of the monitoring results and timely notifications are made as required in R9-7-444; and
 5. Overseeing operations to ensure that they are conducted safely and instituting corrective actions, which may include ceasing operations if necessary.

Historical Note

New Section R9-7-512 recodified from R12-1-512 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-513. Form of Records

A licensee shall maintain records in accordance with R9-7-405.

Historical Note

New Section R9-7-513 recodified from R12-1-513 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-514. Limits on External Radiation Levels from Storage Containers and Source Changers

The maximum rate limits for storage containers and source changers are 2 millisieverts (200 mRem/hr) at any exterior surface and 0.1 millisieverts (10 mRem/hr) at 1 meter from any exterior surface with the sealed source in the shielded position.

Historical Note

New Section R9-7-514 recodified from R12-1-514 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-515. Locking Radiographic Exposure Devices, Storage Containers, and Source Changers

- A. Except at permanent radiographic installations governed by R9-7-539, a licensee shall ensure that each radiographic exposure device has a lock or an outer container with a lock designed to prevent unauthorized or accidental removal of the sealed source from its shielded position. The licensee shall ensure that the exposure device or its container, if applicable, is locked (and if a keyed lock, with the key removed) if the device or container is not under the direct surveillance of a

radiographer or a radiographer's assistant. During radiographic operations, the radiographer or radiographer's assistant shall secure the sealed source assembly in the shielded position each time the source is returned to the shielded position.

- B. A licensee shall ensure that each sealed source storage container and source changer has a lock or an outer container with a lock designed to prevent unauthorized or accidental removal of the sealed source from its shielded position. The licensee shall ensure that each storage container and source changer is locked (and if a keyed lock, with the key removed) if the storage container or source changer contains a sealed source and is not under the direct surveillance of a radiographer or a radiographer's assistant.

Historical Note

New Section R9-7-515 recodified from R12-1-515 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-516. Records of Receipt and Transfer of Sealed Sources

- A. A licensee shall maintain records that show each receipt and transfer of a sealed source or device that uses DU for shielding and retain each record for three years after it is made.
- B. The records shall contain separate entries for each transaction, including the date, name of the individual making the record, radionuclide, number of Becquerels (curies) or mass (for DU), and manufacturer, model, and serial number of each sealed source or device, as applicable.

Historical Note

New Section R9-7-516 recodified from R12-1-516 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-517. Posting

A licensee shall post any area in which industrial radiography is performed as required by R9-7-429. Exceptions listed in R9-7-430 do not apply to industrial radiographic operations.

Historical Note

New Section R9-7-517 recodified from R12-1-517 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-518. Labeling, Storage, and Transportation

- A. A licensee shall not use a source changer or a storage container to store licensed material unless the source changer or the storage container has securely attached to it a durable, legible, and clearly visible label that bears the standard trefoil radiation caution symbol and the standard colors for the symbol specifically: magenta, purple, or black on a yellow background, and the label has a minimum diameter of 25 mm and the wording "CAUTION (or DANGER), RADIOACTIVE MATERIAL NOTIFY CIVIL AUTHORITIES (or "NAME OF COMPANY")"
- B. A licensee shall not transport licensed material unless the material is packaged and the package is labeled, marked, and accompanied with appropriate shipping papers in accordance with 10 CFR 71, January 1, 2004, published by the Office of the Federal Register, National Archives and Records Administration, incorporated by reference, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- C. A licensee shall physically secure locked radiographic exposure devices and storage containers behind a locked door to prevent tampering or removal by unauthorized personnel. The licensee shall store licensed material in a manner that will minimize danger from explosion or fire.
- D. A licensee shall lock each transport package that contains licensed material and physically secure the package behind the

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locked doors of the transporting vehicle to prevent accidental loss, tampering, or unauthorized removal of the licensed material from the vehicle.

Historical Note

New Section R9-7-518 recodified from R12-1-518 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-519. Reserved**Historical Note**

R9-7-519 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-520. Reserved**Historical Note**

R9-7-520 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-521. Reserved**Historical Note**

R9-7-521 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-522. Operating and Emergency Procedures

- A. A licensee shall ensure that the operating and emergency procedures include, at a minimum, instructions in the following, as applicable:
1. Handling and use of sealed sources or radiographic exposure devices, so that persons are not exposed to radiation that exceeds the limits in Article 4 of this Chapter;
 2. Methods and occasions for conducting radiation surveys;
 3. Methods for controlling access to radiographic areas;
 4. Methods and occasions for locking and securing radiographic exposure devices, transport and storage containers, and sealed sources;
 5. Personnel monitoring and associated equipment;
 6. Transportation of sealed sources to field locations, including packing radiographic exposure devices and storage containers in vehicles, placarding vehicles, and maintaining control of the sealed sources during transportation, as required in 49 CFR 171-173, 2002 edition, published October 1, 2002, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, which is incorporated by reference and on file with the Department. This incorporation contains no future editions or amendments;
 7. Inspection, maintenance, and operability checks of radiographic exposure devices, survey instruments, transport containers, and storage containers;
 8. Actions to be taken immediately by radiography personnel if a pocket dosimeter is found to be off-scale or an alarm rate meter sounds an alarm;
 9. Procedures for identifying and reporting defects and non-compliance, as required by R9-7-448 and R9-7-535;
 10. Procedures for notifying the RSO and the Department in the event of an accident;
 11. Methods for minimizing exposure of persons in the event of an accident;
 12. Procedures for recovering a source if the licensee is responsible for source recovery; and
 13. Maintenance of records.
- B. The licensee shall maintain copies of current operating and emergency procedures until the Department terminates the license. Superseded procedures shall be maintained for three years after being superseded. Additionally, a copy of the procedures shall be maintained at field stations in accordance with R9-7-540.

Historical Note

New Section R9-7-522 recodified from R12-1-522 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-523. Personnel Monitoring

- A. A licensee shall not permit any individual to act as a radiographer or a radiographer's assistant unless, at all times during radiographic operations, each individual wears, on the trunk of the body, a direct reading dosimeter, an operating alarm rate meter, and a personnel dosimeter that is processed and evaluated by an accredited National Voluntary Laboratory Accreditation Program (NVLAP) processor. At permanent radiography installations where other appropriate alarming or warning devices are in routine use, the wearing of an alarm rate meter is not required. A licensee shall:
1. Use a pocket dosimeter with a range from zero to 2 millisieverts (200 millirem). The licensee shall ensure that each dosimeter is recharged at the start of each shift. Electronic personal dosimeters are permitted in place of ion-chamber pocket dosimeters.
 2. Assign a personnel dosimeter to each individual, who shall wear the assigned equipment.
 3. Replace film badges at least monthly and ensure that other personnel dosimeters are processed and evaluated by an accredited NVLAP processor and replaced at periods that do not exceed three months.
 4. After replacement, ensure that each personnel dosimeter is processed as soon as possible.
- B. A licensee shall record exposures noted from direct reading dosimeters, such as pocket dosimeters or electronic personal dosimeters, at the beginning and end of each shift. The licensee shall maintain the records for three years after the Department terminates the license.
- C. A licensee shall check pocket dosimeters and electronic personal dosimeters for correct response to radiation at periods that do not exceed 12 months. The licensee shall record the results of each check and maintain the records for three years after the dosimeter check is performed. The licensee shall discontinue use of a dosimeter if it is not accurate within plus or minus 20 percent of the true radiation exposure.
- D. If an individual's pocket dosimeter has an off-scale reading, or the individual's electronic personal dosimeter reads greater than 2 millisieverts (200 millirem), and radiation exposure cannot be ruled out as the cause, a licensee shall process the individual's dosimeter within 24 hours of the suspect exposure. The licensee shall not allow the individual to resume work associated with sources of radiation until the individual's radiation exposure has been determined. Using information from the dosimeter, the licensee's RSO or the RSO's designee shall calculate the affected individual's cumulative radiation exposure as prescribed in Article 4 of this Chapter and include the results of this determination in the personnel monitoring records maintained in accordance with subsection (B).
- E. If the personnel dosimeter that is required by subsection (A) is lost or damaged, the licensee shall ensure that the worker ceases work immediately until the licensee provides a replacement personnel dosimeter that meets the requirements in subsection (A) and the RSO or the RSO's designee calculates the exposure for the time period from issuance to discovery of the lost or damaged personnel dosimeter. The licensee shall maintain a record of the calculated exposure and the time period for which the personnel dosimeter was lost or damaged in accordance with subsection (B).
- F. The licensee shall maintain dosimetry reports received from the accredited NVLAP personnel dosimeter processor in accordance with subsection (B).
- G. For each alarm rate meter a licensee shall ensure that:

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1. At the start of each shift, the alarm functions (sounds) properly before an individual uses the device;
2. Each device is set to give an alarm signal at a preset dose rate of 5 mSv/hr (500 mrem/hr); with an accuracy of plus or minus 20 percent of the true radiation dose rate;
3. A special means is necessary to change the preset alarm function on the device; and
4. Each device is calibrated at periods that do not exceed 12 months for correct response to radiation. The licensee shall maintain records of alarm rate meter calibrations in accordance with subsection (B).

Historical Note

New Section R9-7-523 recodified from R12-1-523 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-524. Supervision of a Radiographer's Assistant

If a radiographer's assistant uses a radiographic exposure device, associated equipment, or a sealed source or conducts a radiation survey required by R9-7-533(B) to determine that the sealed source has returned to the shielded position after an exposure, the licensee shall ensure that the assistant is under the personal supervision of a radiographer. For purposes of this Section "personal supervision" means:

1. The radiographer is physically present at the site where the sealed source is being used,
2. The radiographer is available to give immediate assistance if required, and
3. The radiographer is able to observe the assistant's performance directly.

Historical Note

New Section R9-7-524 recodified from R12-1-524 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-525. Notification of Field Work

Each day radioactive material is used for industrial radiography, a licensee shall notify the Department of any planned field radiography. The notice shall be in writing and specify the location of the field work, the name of the supervising individual at the job site, and the expected duration of the work at the job site listed in the notice. A facsimile that provides the required information is sufficient notice.

Historical Note

New Section R9-7-525 recodified from R12-1-525 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-526. Reserved**Historical Note**

R9-7-526 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-527. Reserved**Historical Note**

R9-7-527 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-528. Reserved**Historical Note**

R9-7-528 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-529. Reserved**Historical Note**

R9-7-529 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-530. Reserved**Historical Note**

R9-7-530 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-531. Security

During each radiographic operation, the radiographer or radiographer's assistant shall maintain continuous direct visual surveillance of the operation to protect against unauthorized entry into a high radiation area, as defined in Article 1, unless:

1. The high radiation area is equipped with a control device or an alarm system as prescribed in R9-7-420(A), or
2. The high radiation area is locked to protect against unauthorized or accidental entry.

Historical Note

New Section R9-7-531 recodified from R12-1-531 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-532. Posting

Notwithstanding any provisions in R9-7-430, areas in which radiography is being performed shall be conspicuously posted as required by R9-7-429(A) and (B).

Historical Note

New Section R9-7-532 recodified from R12-1-532 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-533. Radiation Surveys

- A. A licensee shall conduct surveys with a calibrated and operable radiation survey instrument that meets the requirements of R9-7-504.
- B. Using a survey instrument that complies with subsection (A), the licensee shall conduct a survey of the radiographic exposure device and the guide tube after each exposure before approaching the device or the guide tube. The survey shall be performed to determine that the sealed source is in the shielded position before the radiographer or radiographer's assistant exchanges films, repositions the exposure head, or dismantles the equipment.
- C. The licensee shall conduct a survey of the radiographic exposure device with a calibrated radiation survey instrument any time the source is exchanged or the device is placed in a storage area, as defined in R9-7-102, to ensure that the sealed source is in the shielded position.
- D. The licensee shall maintain a record of each exposure device survey conducted before the device is placed in storage under subsection (C), if that survey is the last one performed during the workday. Each record shall be maintained for three years after the record is made.

Historical Note

New Section R9-7-533 recodified from R12-1-533 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-534. Reserved**Historical Note**

R9-7-534 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-535. Notifications

- A. In addition to the reporting requirements specified in Article 4, each licensee shall provide a written report to the Department if any of the following incidents involving radiography equipment occur:
 1. Unintentional disconnection of the source assembly from the control cable;
 2. Inability to retract the source assembly to the fully shielded position or secure it in this position; or

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3. Failure of any component (critical to safe operation of the device) to properly perform its intended function;
- B. A licensee shall include the following information in any report submitted under this Section, regarding radiography equipment, or Article 4, regarding an overexposure, if the report concerns the failure of safety components of radiography equipment:
 1. A description of the equipment problem;
 2. Cause of the incident, if known;
 3. Name of manufacturer and model number of the equipment involved in the incident;
 4. Place, date, and time of the incident;
 5. Actions taken to establish normal operations;
 6. Corrective actions taken or planned to prevent recurrence; and
 7. Qualifications of personnel involved in the incident.
- C. Any licensee that conducts radiographic operations, or stores radioactive material at a location not listed on the license or for a period longer than 180 days during a calendar year, shall notify the Department of these activities before the 180 days has elapsed.

Historical Note

New Section R9-7-535 recodified from R12-1-535 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-536. Reserved**Historical Note**

R9-7-536 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-537. Reserved**Historical Note**

R9-7-537 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-538. Reserved**Historical Note**

R9-7-538 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-539. Permanent Radiographic Installations

- A. If a licensee maintains a permanent radiographic installation that does not fall within the definition of "enclosed radiography" in R9-7-102, the licensee shall ensure that each entrance, used for personnel access to the high radiation area, has either:
 1. An entrance control device of the type described in R9-7-420(A)(1) that reduces the radiation level upon entry into the area, or
 2. Both conspicuous visible and audible alarm signals to warn of the presence of radiation. The licensee shall ensure that the visible signal is actuated by radiation if a source is exposed and the audible signal is actuated if someone attempts to enter the installation while a source is exposed.
- B. A licensee with an alarm signal shall test the alarm signal for proper operation with a radiation source each day before the installation is used for radiographic operations. The test shall include a check of both the visible and audible signals. A licensee with an entrance control device shall test the device monthly. If an entrance control device or alarm signal is operating improperly, the licensee shall immediately label the device or signal as "defective" and repair the device or signal within seven calendar days. The licensee may continue to use the facility during this seven-day period, if the licensee implements continuous surveillance requirements of R9-7-509 and uses an alarming rate meter.

- C. A licensee shall maintain each record an alarm system or entrance control device test for three years after the record is made.

Historical Note

New Section R9-7-539 recodified from R12-1-539 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-540. Location of Documents and Records

- A. A licensee shall maintain a copy of each record required by this Article and other applicable Articles of this Chapter at a location specified under R9-7-502(I).
- B. A licensee shall maintain a copy of each record listed below at each field station and temporary job site:
 1. The license that authorizes use of radioactive material;
 2. A copy of Articles 4, 5, and 10 of this Chapter;
 3. Utilization logs for each radiographic exposure device dispatched from that location, as required by R9-7-507;
 4. Records of equipment problems identified in daily checks of equipment, as required by R9-7-508(A);
 5. Records of alarm system and entrance control checks as required by R9-7-539;
 6. Records of direct-reading dosimeters, such as pocket dosimeters and electronic personnel dosimeters as required by R9-7-523;
 7. Operating and emergency procedures as required by R9-7-522;
 8. A report on the most recent calibration of the radiation survey instruments in use at the site as required by R9-7-504;
 9. A report on the most recent calibration of each alarm rate meter, and operability check of each pocket dosimeter and electronic personnel dosimeter as required in R9-7-523;
 10. Most recent survey record as required by R9-7-533;
 11. The shipping papers for the transportation of radioactive material required by 10 CFR 71.5, 2003 edition, published January 1, 2003, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, which is incorporated by reference and on file with the Department (this incorporation contains no future editions or amendments); and
 12. If operating under reciprocity in accordance with R9-7-320, a copy of the NRC or Agreement State license authorizing the use of radioactive materials.

New Section R9-7-540 recodified from R12-1-540 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-541. Reserved**Historical Note**

R9-7-541 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-542. Reserved**Historical Note**

R9-7-542 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-543. Training

- A. A licensee shall not allow an individual to act as a radiographer until the individual has received training in the subjects in subsection (G), has participated in a minimum of two months of on-the-job training, and is certified through a radiographer certification program by a independent certifying organization in accordance with the criteria specified in Appendix A.

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1. A licensee shall provide the Department with proof of an individual's certification and a written request that the individual be added to a license as a certified radiographer.
 2. A licensee shall maintain proof of certification at the job site where a radiographer is performing field radiography.
 3. A licensee that employs certified radiographers in Arizona shall ensure that:
 - a. Each radiographer has obtained initial certification within the last five years, and
 - b. An uncertified radiographer works only as a radiographer's assistant until certified.
 4. A radiographer shall recertify every five years by:
 - a. Taking an approved radiography certification examination in accordance with this subsection; or
 - b. Providing written evidence that the radiographer is active in the practice of industrial radiography and has participated in continuing education during the previous five-year period.
 5. If an individual cannot provide the written evidence required in subsection (4)(b), the individual shall retake the certification examination.
 6. A radiographer shall provide the licensee with proof of certification in the form of a card issued by the certifying organization that contains:
 - a. A picture of the certified radiographer,
 - b. The radiographer's certification number,
 - c. The date the certification expires, and
 - d. The radiographer's signature.
- B.** A licensee shall not allow an individual to act as a radiographer until the individual:
1. Has received copies of and instruction in the requirements of this Article; applicable Sections of Articles 4 and 10 and R9-7-107; applicable DOT regulations in 10 CFR 71, January 1, 2003 edition, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, which is incorporated by reference, contains no future editions or amendments, and is on file with Department; the Department license or licenses under which the radiographer will perform industrial radiography; and the licensee's operating and emergency procedures;
 2. Has demonstrated an understanding of the licensee's license and operating and emergency procedures by successfully completing a written or oral examination that covers the relevant material;
 3. Has received training in:
 - a. Use of the licensee's radiographic exposure devices and sealed sources,
 - b. Daily inspection of devices and associated equipment, and
 - c. Use of radiation survey instruments; and
 4. Has demonstrated an understanding of the use of radiographic exposure devices, sources, survey instruments, and associated equipment described in subsection (B)(3) by successfully completing a practical examination covering this material.
- C.** A licensee shall not allow an individual to act as a radiographer's assistant until the individual:
1. Has received copies of and instruction in the requirements of this Article; applicable Sections of Articles 4 and 10 and R9-7-107; applicable DOT regulations in 10 CFR 71, January 1, 2003 edition, by the Office of the Federal Register, National Archives and Records Administration, Washington, D.C. 20408, which is incorporated by reference, contains no future editions or amendments, and is on file with the Department; the Department license or licenses under which the radiographer's assistant will perform industrial radiography; and the licensee's operating and emergency procedures;
 2. Has developed competence to use, under the personal supervision of the radiographer, the licensee's radiographic exposure devices, sealed sources, associated equipment, and radiation survey instruments; and
 3. Has demonstrated understanding of the instructions provided under subsection (C)(1) by successfully completing a written test on the subjects covered and has demonstrated competence using the hardware described in subsection (C)(2) by successfully completing a practical examination.
- D.** A licensee shall provide refresher safety training for each radiographer and radiographer's assistant at intervals not to exceed 12 months.
- E.** Unless an individual serves as both a radiographer and an RSO, the RSO or the RSO's designee shall design and implement an inspection program to examine the job performance of each radiographer and radiographer's assistant and to ensure that the Department's rules and license requirements, and the licensee's operating and emergency procedures are followed. The inspection program shall:
1. Include observation of the performance of each radiographer and radiographer's assistant during an actual industrial radiographic operation, at intervals that do not exceed six months; and
 2. If a radiographer or a radiographer's assistant has not participated in an industrial radiographic operation for more than six months, the radiographer shall demonstrate knowledge of the training requirements in subsection (B)(3) and the radiographer's assistant shall demonstrate knowledge of the training requirements of subsection (C)(2) by a practical examination before participating in a radiographic operation.
- F.** A licensee shall maintain records of the training required in this Section including certification documents, written and practical examinations, refresher safety training documents, and inspection documents, in accordance with subsection (I).
- G.** A licensee shall include the following subjects in the training required under subsection (A):
1. Fundamentals of radiation safety, including:
 - a. Characteristics of gamma radiation,
 - b. Units of radiation dose and quantity of radioactivity,
 - c. Hazards of exposure to radiation,
 - d. Levels of radiation from licensed material, and
 - e. Methods of controlling radiation dose (time, distance, and shielding);
 2. Radiation detection instruments, including:
 - a. Use, operation, calibration, and limitations of radiation survey instruments;
 - b. Survey techniques; and
 - c. Use of personnel monitoring equipment;
 3. Equipment topics, including:
 - a. Operation and control of radiographic exposure equipment, use of remote handling equipment, and use of storage containers, using pictures or models of source assemblies (pigtailed);
 - b. Storage, control, and disposal of licensed material; and
 - c. Inspection and maintenance of equipment;
 4. The requirements of pertinent Department rules; and
 5. Case histories of accidents in radiography.

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- H.** A licensee shall maintain records of radiographer certification in accordance with subsection (I)(1) and provide proof of certification as required in subsection (A)(1).
- I.** A licensee shall maintain the following records for three years after each record is made:
1. Records of training for each radiographer and each radiographer's assistant. For radiographers, the records shall include radiographer certification documents and verification of certification status. All records shall include copies of written tests, dates of oral and practical examinations, and names of individuals who conducted and took the oral and practical examinations; and
 2. Records of annual refresher safety training and semi-annual inspections of job performance for each radiographer and each radiographer's assistant. The records for the annual refresher safety training shall list topics discussed during training, the date of training, and names of each instructor and attendee. For inspections of job performance, the records shall include a list of the items checked during the inspection and any non-compliance observed by the RSO.

Historical Note

New Section R9-7-543 recodified from R12-1-543 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Appendix A. Standards for Organizations that Provide Radiography Certification

Note: For purposes of this Article an "independent certifying organization" means an organization that meets all of the criteria in this Appendix.

I. Requirements for an Organization that Provides Radiographer Certification

To qualify to provide radiographer certification an organization shall:

- A.** Be a society or association, with members who participate in, or have an interest in, the field of industrial radiography;
- B.** Not restrict membership because of race, color, religion, sex, age, national origin, or disability;
- C.** Have a certification program that is open to nonmembers, as well as members;
- D.** Be an incorporated, nationally recognized organization that is involved in setting national standards of practice within its fields of expertise;
- E.** Have a staff comparable to other nationally recognized organizations, a viable system for financing its operations, and a policy-and decision-making review board;
- F.** Have a set of written, organizational by-laws and policies that address conflicts of interest and provide a system for monitoring and enforcing the by-laws and policies;
- G.** Have a committee, with members who can carry out their responsibilities impartially, review and approve the certification guidelines and procedures, and advise the organization's staff in implementing the certification program;
- H.** Have a committee, with members who can carry out their responsibilities impartially, review complaints against certified individuals and determine sanctions;
- I.** Have written procedures describing all aspects of the organization's certification program;
- J.** Maintain records of the current status of each individual's certification and administration of the certification program;
- K.** Have procedures to ensure that certified individuals are provided due process with respect to administration of the certification program, including a process for becoming certified and a process for imposing sanctions against certified individuals;
- L.** Have procedures for proctoring examinations and qualifying proctors. The organization, through these procedures, shall

ensure that an individual who proctors an examination is not employed by the same company or corporation (or a wholly-owned subsidiary of the company or corporation) that employs an examinee;

- M.** Exchange information about certified individuals with the Department, other independent certifying organizations, the NRC, or Agreement States and allow periodic review of its certification program and related records; and
- N.** Provide a description to the Department of its procedures for choosing examination sites and providing a favorable examination environment.

II. Requirements for a Certification Program

An independent certifying organization shall ensure that its certification program:

- A.** Requires an applicant for certification to:
 1. Obtain training in the subjects listed in R9-7-543(G) or equivalent NRC or Agreement State regulations, and
 2. Satisfactorily complete a written examination that covers these subjects;
- B.** Requires an applicant for certification to provide documentation demonstrating that the applicant has:
 1. Received training in the subjects listed in R9-7-543(G) or equivalent NRC or Agreement State regulations;
 2. Satisfactorily completed the on-the-job training required in R9-7-543(A); and
 3. Received verification by an Agreement State or a NRC licensee that the applicant has demonstrated the capability of independently working as a radiographer;
- C.** Provides procedures that protect examination questions from disclosure;
- D.** Provides procedures for denying certification to an applicant and revoking, suspending, and reinstating a certificate;
- E.** Provides a certification period that is not less than three years or more than five years, procedures for renewing certifications and, if the procedures allow renewals without examination, a system for assessing evidence of recent full-time employment and annual refresher training; and
- F.** Provides a timely response to inquiries, by telephone or letter, from members of the public, about an individual's certification status.

III. Requirements for a Written Examination

An independent certifying organization shall ensure that its examination:

- A.** Is designed to test an individual's knowledge and understanding of the subjects listed in R9-7-543(G);
- B.** Is written in a multiple-choice format; and
- C.** Has psychometrically valid questions drawn from a question bank and based on the material in R9-7-543(G).

Historical Note

New Article 5, Appendix A recodified from 12 A.A.C. 1, Article 5, Appendix A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 6. USE OF X-RAYS IN THE HEALING ARTS**R9-7-601. Reserved****Historical Note**

R9-7-601 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-602. Definitions

The following definitions apply in this Article, unless the context otherwise requires:

"Accessible surface" means the external surface of the enclosure or housing provided by the manufacturer.

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“Added filter” means the filter added to the inherent filtration.

“Aluminum equivalent” means the thickness of aluminum (type 1100 alloy) that affords equivalent attenuation, under specified conditions, as the material in question. (The nominal chemical composition of type 1100 aluminum alloy is 99.00 percent minimum aluminum, 0.12 percent copper).

“Annual” means annually within two months of the anniversary due date as determined by the original installation date, inspection date, survey date, or a reset date created by conducting a full survey before the anniversary date has arrived.

“Assembler” means any person engaged in the business of assembling, replacing, or installing one or more components into an x-ray system or subsystem.

“Attenuation block” means a block or stack, having dimensions 20 cm by 20 cm by 3.8 cm (7.9 inches by 7.9 inches by 1.5 inches) of type 1100 aluminum alloy or other materials that afford equivalent attenuation.

“Automatic exposure control” means a device that automatically controls one or more technique factors in order to obtain, at a preselected location or locations, a required quantity of radiation.

“Barrier” (See “Protective barrier”)

“Beam axis” means a line from the source through the center of the x-ray field.

“Beam-limiting device” means a device that provides a means to restrict the dimensions of the x-ray field.

“C-arm x-ray system” means an x-ray system that has the image receptor and x-ray tube housing assembly connected by a common mechanical support system to maintain a desired spatial relationship. This system is designed to allow a change in the projection of the beam through the patient without a change in the position of the patient.

“Changeable filter” means any filter, exclusive of inherent filtration, which can be removed from the useful beam by an electronic, mechanical, or physical process.

“Cinefluorography” means fluorography that uses a movie camera to record fluorograph images on film for later playback.

“Coefficient of variation” means the ratio of the standard deviation to the mean value of a population of observations.

“Collimator” means an adjustable device, generally made of lead, that is fixed to an x-ray tube housing to intercept or collimate the useful beam and, if not made of lead, has a lead equivalency of not less than that of the tube housing assembly.

“Compression device” means a device used to bring object structures closer to the image plane of a radiograph and make a part of the human body a more uniform thickness so the optical density of the radiograph will be more uniform.

“Computed tomography” means the production of a tomogram by the acquisition and computer processing of x-ray transmission data. For purposes of these rules this term has the same meaning as “CT.”

“Contact therapy system” means that the x-ray tube port is put in contact with or within 5 centimeters (2 inches) of the surface being treated.

“Control panel” means that part of the x-ray machine where switches, knobs, push-buttons, or other hardware necessary for manually setting the technique factors are located.

“Cooling curve” means the graphical relationship between heat units stored and cooling time.

“CT gantry” means the tube housing assemblies, beam-limiting devices, detectors, and the supporting structure, frame, and cover which hold or enclose these components.

“Dead-man switch” means a switch constructed so that a circuit-closing contact can be maintained only by continuous pressure on the switch by the operator.

“Diagnostic source assembly” means the tube housing assembly with a beam-limiting device attached.

“Diagnostic x-ray system” means an x-ray system designed for irradiation of any part of a human or animal body for the purpose of diagnosis or visualization.

“Direct scattered radiation” means scattered radiation that has been deviated in direction only by materials irradiated by the useful beam (see “Scattered radiation”).

“Electronic brachytherapy” means a method of radiation therapy where an electrically generated source of ionizing radiation is placed in or near the tumor or target tissue to deliver therapeutic radiation dosage.

“Entrance exposure rate” means the roentgens per unit time at the point where the center of the useful beam enters the patient.

“Equipment” (See “X-ray equipment”)

“Filter” means material placed in the useful beam to absorb undesirable radiation.

“Fluoroscopic imaging assembly” means a subsystem in which x-ray photons produce a fluoroscopic image. It includes the image receptor or receptors such as the image intensifier and spot-film device, electrical interlocks, if any, and structural material that provides a linkage between the image receptor and diagnostic source assembly.

“Fluoroscopic system” means a radiographic x-ray system used to directly visualize internal structure, the motion of internal structures, and fluids in real time, or near real-time, to aid in the treatment or diagnosis of disease, or the performance of other medical procedures.

“Focal spot” means the region of the anode target in an x-ray tube where electrons from the cathode interact to produce x-rays.

“General purpose radiographic x-ray system” means any radiographic x-ray system that, by design, is not limited to radiographic examination of a specific anatomical region.

“Gonadal shield” means a protective barrier for the testes or ovaries.

“Grid” means a device used to improve the image detail in a radiograph by reducing the intensity of x-ray scatter radiation exiting the film side of the patient.

“Half-value layer” or “HVL” means the thickness of a specified material that attenuates the beam of radiation to an exposure rate that is one-half of its original value. In this definition, the contribution of any scattered radiation, other than that which is present initially in the beam, is excluded.

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“Healing arts radiography” means the application of x-radiation to human patients for diagnostic or therapeutic purposes by a licensed practitioner or a person certified in accordance with R9-7-603(B)(1), at the direction of a licensed practitioner. Healing arts radiography includes:

- Positioning the x-ray beam with respect to the patient,
- Anatomical positioning of the patient,
- Selecting exposure factors, or
- Initiating the exposure.

“Healing arts screening” means the application of radiation from an x-ray machine to a human for the detection or evaluation of health indications when the tests are not specifically and individually ordered by a licensed practitioner.

“Image intensifier” means an electronic device, installed in an x-ray system housing, which instantaneously converts an x-ray pattern into a corresponding light image of higher intensity.

“Image receptor” means any device, such as a fluorescent screen or radiographic film, which transforms incident x-ray photons either into a visible image or into another form which can be made into a visible image by further transformation.

“Inherent filtration” means the filtration of the useful beam by permanently installed components of the tube housing assembly.

“Kilovolts peak” or “kVp” (See “Peak tube potential”)

“Lateral fluoroscope” means the x-ray tube and image receptor combination in a biplane system dedicated to the lateral projection. It consists of the lateral x-ray tube housing assembly and the lateral image receptor that are fixed in position relative to the table with the x-ray beam axis parallel to the plane of the table.

“Lead equivalent” means the thickness of lead affording the same attenuation, under specified conditions, as the material in question.

“Leakage radiation” means all radiation emanating from the tube housing except the useful beam and radiation produced when the exposure switch or timer is not activated.

“Leakage technique factors” means the technique factors associated with the diagnostic source assembly that are used in measuring leakage radiation. Included are:

For capacitor energy storage equipment, the maximum-rated peak tube potential and the maximum-rated number of exposures in an hour for operation at the maximum-rated peak tube potential with the quantity of charge per exposure being 10 millicoulombs (mAs) or the minimum obtainable from the unit, whichever is larger;

For field emission equipment rated for pulsed operation, the maximum-rated peak tube potential and maximum-rated number of x-ray pulses in an hour for operation at the maximum-rated peak tube potential; and

For all other source assemblies, the maximum-rated peak tube potential and maximum-rated continuous tube current for the maximum-rated peak tube potential.

“mA” means milliamperere.

“Mammographic x-ray system” means an x-ray system that is specifically engineered to image human breasts.

“mAs” means milliamperere second.

“Mobile equipment” (See “X-ray equipment”)

“Peak tube potential” means the maximum value of the potential difference across the x-ray tube during an exposure.

“Phantom” means a volume of material that behaves in a manner similar to tissue with respect to the attenuation and scattering of radiation. (i.e. “Breast phantom” means an artificial test object that simulates the average composition of, and various structures in the breast.)

“Phototimer” (See “Automatic exposure control”)

“Portable equipment” (See “X-ray equipment”)

“Primary protective barrier” (See “Protective barrier”)

“Protective apron” means an apron made of radiation absorbing material used to reduce radiation exposure.

“Protective barrier” means a barrier of radiation-absorbing material used to reduce radiation exposure.

“Primary protective barrier” means the material, excluding filters, placed in the useful beam.

“Secondary protective barrier” means the material which attenuates stray radiation.

“Protective glove” means a glove made of radiation-absorbing material used to reduce radiation exposure.

“Radiologic physicist” means an individual who:

Is certified by the American Board of Radiology, American Board of Medical Physics, or the American Board of Health Physics;

Possesses documentation of state approval;

Holds a master’s degree or higher in a physical science; and

Meets the training and certification requirements in R9-7-615(A)(1)(c).

“Scattered radiation” means radiation that, during passage through matter, has been deviated in direction. (See “Direct scattered radiation”)

“Screen” or “intensifying screen” means a device that converts the energy of the x-ray beam into visible light that interacts with the radiographic film, forming a latent image, or contains photostimulable phosphor plates that upon exposure, emit visible or nonvisible light to create an image.

“Secondary protective barrier” (See “Protective barrier”)

“Shutter” (See “Collimator”)

“Source” means the focal spot of the x-ray tube.

“Source-to-image receptor distance” or “SID” means the distance from the source to the center of the input surface of the image receptor.

“Spot check” means an abbreviated calibration procedure which is performed to assure that a previous calibration continues to be valid. Also, a spot film may be taken to improve visualization by arresting motion and to document medical observations. Note that in some cases, a film may not be created.

“Stationary equipment” (See “X-ray equipment”)

“Stray radiation” means the sum of leakage and scattered radiation.

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“System” (See “X-ray system”)

“Technique chart” means a tabulation of technique factors.

“Technique factors” means the following conditions of operation:

For capacitor energy storage equipment, peak tube potential in kV and quantity of charge in mAs;

For field emission equipment rated for pulsed operation, peak tube potential in kV, and number of x-ray pulses;

For CT x-ray systems designed for pulsed operation, peak tube potential in kV, scan time in seconds, and either tube current in mA, x-ray pulse width in seconds, and number of x-ray pulses per scan, or the product of tube current, x-ray pulse width, and number of x-ray pulses in mAs;

For CT x-ray systems not designed for pulsed operation, peak tube potential in kV, and either tube current in mA and scan time in seconds, or the product of tube current, exposure time in mAs, when the scan time and exposure time are equivalent; and

For all other equipment, peak tube potential in kV, and either tube current in mA and exposure time in seconds, or the product of tube current and exposure time in mAs.

“Treatment simulator” means a diagnostic x-ray system that duplicates a medical particle accelerator or other teletherapy in terms of its geometrical, mechanical, and optical qualities; the main function of which, is to display radiation treatment fields so that the target volume may be accurately included in the area of irradiation without delivering excess radiation to surrounding normal tissue.

“Tube” means x-ray tube unless otherwise specified.

“Tube housing assembly” means the tube housing with the tube installed. It includes high-voltage or filament transformers and other elements contained within the tube housing.

“Tube rating chart” means the set of curves that specify the rated limits of operation of the tube in terms of the technique factors.

“Useful beam” means the radiation emanating from the tube housing port or the radiation head and passing through the aperture of the beam-limiting device when the exposure controls are in a mode that causes the system to produce radiation.

“Visible area” means that portion of the input surface on the image receptor over which incident x-ray photons are producing a visible image.

“X-ray equipment” means an x-ray system, subsystem, or component described further by the following terms:

“Hand-held” means x-ray equipment designed to be held by an operator while being used.

“Mobile” means x-ray equipment mounted on a permanent base with wheels or casters for moving while completely assembled.

“Portable” means x-ray equipment designed to be hand-carried, but used with a cord or delayed timer system that allows the operator to be six feet or more away from the useful beam.

“Stationary” means x-ray equipment installed in a fixed location.

“Transportable mobile” means x-ray equipment installed in a vehicle or trailer.

“X-ray system” means an assemblage of components for the controlled production of x-rays. It includes, at minimum, an x-ray high-voltage generator, an x-ray control, a tube housing assembly, a beam-limiting device, and the necessary supporting structures. Additional components that function with the system are considered integral parts of the system.

“X-ray tube” means any electron tube that is designed for the conversion of electrical energy into x-ray energy. For purposes of the rules contained in 9 A.A.C. 7, this term is synonymous with “tube.”

Historical Note

New Section R9-7-602 recodified from R12-1-602 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-603. Operational Standards, Shielding, and Darkroom Requirements

- A. A person shall not make, sell, lease, transfer, lend, or install x-ray equipment or the supplies used in connection with the equipment unless the supplies and equipment, when properly placed in operation and properly used, meets the requirements of 9 A.A.C. 7.
- B. A registrant shall direct the operation of x-ray machines under the registrant’s control and assure that all of the following provisions are met in the operation of x-ray machines:
 1. The registrant shall not permit any individual to engage in the practice of “Healing Arts Radiography” using equipment under the registrant’s control, unless the individual possesses, and displays in the primary employer’s facility, an official certificate issued by, or is exempt from, the Medical Radiologic Technology Board of Examiners that contains an original signature of its Director or designee. A copy of the certificate shall be posted at any secondary employment location with documentation that verifies that the employer has physically seen the official certificate and has annotated on the copy the location where the official certificate may be viewed by Department staff.
 2. The registrant shall maintain records documenting compliance with subsection (B)(1) for each individual practicing “Healing Arts Radiography” using equipment under the registrant’s control,
 3. The registrant shall provide safety rules to each individual operating x-ray equipment under the registrant’s control, including any restrictions in operating procedures necessary for the safe use of the equipment and require that the operator demonstrate familiarity with 9 A.A.C. 7.
- C. Shielding
 1. Each registrant shall provide each installation with primary and secondary protective barriers that are necessary to assure compliance with 9 A.A.C. 7, Article 4.
 2. A registrant shall ensure that attenuation provided by a protective barrier meets or exceeds the level of protection established in Report No. 147 Structural Shielding Design for Medical X-ray Imaging Facilities, November 19, 2004, by the National Council on Radiation Protection and Measurements, (NCRP), NCRP Publications, 7910 Woodmount Ave., Suite 400, Bethesda, MD 20814-3095. This report is incorporated by reference and available under R9-7-101. The incorporated material contains no future editions or amendments. Copies of the report are available from NCRP Publications: online at <http://www.ncrppublications.org>; toll free at (800) 229-2652 (Ext. 25); or e-mail at NCRPpubs@NCRPonline.org. Each registrant shall use this incorporated material to pro-

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vide sufficient shielding to prevent a public exposure that exceeds the limits in R9-7-416.

3. A registrant shall:
 - a. Mount each lead barrier so that the barrier will not sag or cold flow because of its own weight and protect the barrier from damage;
 - b. Use barriers designed so that joints between different ends of protective material do not impair the overall protection of the barriers;
 - c. Use barriers designed so that joints at the floor and ceiling do not impair the overall protection of the barriers;
 - d. Use windows, window frames, doors, and door frames that have the same lead equivalence required in the adjacent walls; and
 - e. Cover holes in protective barriers so that overall attenuation is not impaired.
4. A registrant shall also meet the structural shielding requirements in R9-7-607(C), if the x-ray system in question is not a mobile fluoroscopic unit, dental panoramic, cephalometric, dental CT, or intraoral radiographic system.

D. Film Processing and Darkroom Requirements. A registrant shall:

1. Ensure that the darkroom is light-tight and use proper safe-lighting such that any film type in use exposed in a cassette to x-ray radiation sufficient to produce an optical density from 1 to 2 when processed shall not suffer an increase in density greater than 0.1 (0.05 for mammography) when exposed in the darkroom for two minutes with all safe-lights illuminated. (A processor with a daylight loader satisfies this requirement.);
2. Ensure that film is stored in a cool, dry place and is protected from radiation exposure; and that film located in open packages is stored in a light-tight container;
3. Ensure that film cassettes and intensifying screens are inspected annually, cleaned, and replaced as necessary;
4. Ensure that film cassettes contain film and intensifying screens that have the same sensitivity;
5. Ensure that automatic film processors develop film in accordance with time-temperature relationships recommended by the film manufacturer;
6. Ensure that manually developed film is developed in accordance with the time-temperature relationships recommended by the manufacturer, and that a timer, thermometer, and a time-temperature chart are available and used in the darkroom;
7. Ensure that film processing solutions are prepared and maintained in accordance with the directions of the manufacturer;
8. Ensure that outdated film is not used for diagnostic radiographs;
9. Follow manufacturer's recommendations for cleaning or inspection of computed radiography (CR) cassettes, but not less than annually;
10. Follow manufacturer's recommendations for preventive maintenance on digital radiography panels or cassettes, but not less than annually; and
11. Maintain documentation that demonstrates that requirements of this subsection are being met for three years for Department review from the date of inspection.

Historical Note

New Section R9-7-603 recodified from R12-1-603 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-604. General Procedures

A. Each registrant shall ensure the following procedural requirements are met in the operation of x-ray equipment:

1. An x-ray machine which does not meet the provisions of this Chapter shall not be operated for diagnostic or therapeutic purposes, unless specifically exempted by the Department.
2. Except for patients who cannot be moved out of the room, only the individuals required for the radiological procedure or in training may be present in the room during radiographic exposure, and all the following requirements apply:
 - a. All individuals shall be positioned such that no part of the body, including the extremities not protected by 0.5 mm lead equivalent, will be struck by the useful beam.
 - b. Staff and ancillary personnel shall be protected from the direct scatter radiation by protective aprons or whole body protective barriers of not less than 0.25 mm lead equivalent.
 - c. Individuals, other than the patient to be examined, who cannot be removed from the room during mobile or portable radiography shall be protected from the direct scatter radiation by whole body protective barriers of 0.25 millimeters lead equivalent or shall be so positioned that the nearest portion of the body is at least 2 meters (6.5 feet) from both the tube head and the nearest edge of the image receptor.
 - d. If a portion of the body of any staff or ancillary personnel is potentially subjected to stray radiation that could result in that individual receiving 10 percent of the maximum permissible dose as defined in Article 4 of this Chapter, the registrant shall provide additional protective devices as specified by the Department.
3. An individual shall not be exposed to the useful beam except for a healing arts purpose authorized by a licensed practitioner of the healing arts. The following acts are prohibited:
 - a. Exposure of an individual without meeting the required healing art requirements and without a valid directive from a licensed practitioner;
 - b. Exposure of an individual for training, demonstration, or other non-healing arts purpose;
 - c. Exposure of an individual for the purpose of healing arts screening, except as authorized by the Department after submitting to the Department the information listed in Appendix A of this Article. (If any information submitted to the Department changes, the registrant shall immediately notify the Department of the changes.);
 - d. Routinely holding film or a patient during an exposure to x-ray radiation; or
 - e. Exposure of an individual to fluoroscopy as a positioning method for general purpose radiological procedures.
4. All persons who are associated with the operation of an x-ray system are subject to the occupational exposure limits specified in Article 4. Exposure of a personnel monitoring device to deceptively indicate a dose delivered to an individual is prohibited.
5. The registrant shall check radiation protective equipment for reliability and integrity defects on an annual basis, as follows:
 - a. Aprons, gloves, and shields shall be checked for holes, tears, and breaks.

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- b. If defects are found in the equipment, the registrant shall replace or remove it from service. Equipment removed from service shall not be put back into service until it is repaired.
 - c. A record of the annual reliability and integrity check and any equipment replacement shall be maintained for three years.
- B.** The registrant shall maintain the following records for each x-ray machine:
- 1. Survey, calibration, maintenance, and modification records regarding the x-ray machine or room, which include the name of the person who performed the service; and
 - 2. Correspondence with the Department regarding the x-ray machine facility.

Historical Note

New Section R9-7-604 recodified from R12-1-604 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-605. X-ray Machine Standards

- A.** A registrant shall prevent leakage radiation from the diagnostic source assembly measured at a distance of 1 meter in any direction from the source assembly from exceeding 25.8 $\mu\text{C/kg}$ (100 milliroentgens) in one hour when the x-ray tube is

operated at its leakage technique factors. The Department shall determine compliance by obtaining measurements averaged over an area of 100 square centimeters (15.5 square inches) with no linear dimension greater than 20 centimeters (7.9 inches).

- B.** The registrant shall prevent radiation emitted by a component other than the diagnostic source assembly from exceeding 516 nC/kg (2 milliroentgens) in one hour at 5 centimeters from any accessible surface of the component when it is operated in an assembled x-ray system under any conditions for which it was designed. The Department shall determine compliance by obtaining measurements averaged over an area of 100 square centimeters (15.5 square inches) with no linear dimension greater than 20 centimeters (7.9 inches).
- C.** Beam quality.
- 1. The registrant shall prevent the useful beam half-value layer (HVL) for diagnostic x-ray given x-ray tube potential from falling below the values shown in Table I. If it is necessary to determine the HVL at an x-ray tube potential that is not listed in Table I, the registrant shall use linear interpolation or extrapolation to make the determination.

Table I

Design operating range (kilovolts peak)	Measured potential (kilovolts peak)	HVL (millimeters of aluminum) Dental Intraoral Units manufactured after December 1, 1980	Medical X-ray Units manufactured before June 10, 2006 and Dental Intraoral Units manufactured on or before December 1, 1980	Medical X-ray Units manufactured on or after June 10, 2006
Below 51	30	1.5	0.3	0.3
	40	1.5	0.4	0.4
	50	1.5	0.5	0.5
51 to 70	51	1.5	1.2	1.3
	60	1.5	1.3	1.5
	70	1.5	1.5	1.8
Above 70	71	2.1	2.1	2.5
	80	2.3	2.3	2.9
	90	2.5	2.5	3.2
	100	2.7	2.7	3.6
	110	3.0	3.0	3.9
	120	3.2	3.2	4.3
	130	3.5	3.5	4.7
	140	3.8	3.8	5.0
	150	4.1	4.1	5.4

- 2. If the registrant demonstrates that the aluminum equivalent of the total filtration in the primary beam is not less than that shown in Table II, the registrant is considered to have met the criteria in subsection (C)(1).

Table II - Filtration Required vs. Operating Voltage

Operating Voltage (kVp)	Total Filtration (inherent plus added) (millimeters aluminum equivalent)
Below 51	0.5 millimeters
51 - 70	1.5 millimeters
Above 70	2.5 millimeters

- 3. The registrant shall use beryllium window tubes that have a minimum of 0.5 millimeters aluminum equivalent filtration permanently mounted in the useful beam.
 - 4. For capacitor energy storage equipment, the Department shall determine compliance with the maximum quantity of charge per exposure.
 - 5. When determining the minimum aluminum equivalent filtration, the registrant shall include the filtration contributed by all materials that are always present between the focal spot of the tube and the patient (for example, a tabletop when the tube is mounted "under the table" and inherent filtration of the tube).
- D.** Multiple tubes. If two or more radiographic tubes are controlled by one exposure switch, the operator shall clearly indi-

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cate which tube or tubes have been selected before initiation of the exposure, activating one light on the x-ray control panel and a second light at or near the tube housing assembly, each indicating the tube or tubes that have been selected.

- E. Mechanical support of tube head. The registrant shall adjust the tube housing assembly supports so that the tube housing assembly will remain stable during an exposure, unless the tube housing movement is a designed function of the x-ray system.
- F. Exposure reproducibility. The coefficient of variation shall not exceed 0.10 when all technique factors are held constant. This requirement is satisfied if the value of the average exposure (E) is greater than or equal to five times the difference between the maximum exposure (E_{\max}) and minimum exposure (E_{\min}) when four exposures are made at identical technique factors, [$E \geq 5(E_{\max} - E_{\min})$].
- G. Accuracy deviation. A registrant shall not use an x-ray machine if the measured technique factors for kVp and time duration are not within the limits specified by the manufacturer. In the absence of the manufacturer's specifications, a registrant shall not use an x-ray machine if the measured kVp is not within 10 percent of the indicated kVp value and the measured time duration is not within 20 percent of the indicated time.

Historical Note

New Section R9-7-605, including Tables I and II, recodified from R12-1-605, Tables I and II, at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-606. Fluoroscopic and Fluoroscopic Treatment Simulator Systems**A. Useful beam limitation. A registrant shall:**

1. Provide beam-limiting devices that restrict the entire cross section of the useful beam to less than the area of the primary barrier at any Source-to-Image Receptor Distance (SID);
2. Ensure that the x-ray field size produced by fluoroscopic systems without image intensification does not extend beyond the visible area of the image receptor at any SID;
3. Ensure that the x-ray field size produced by fluoroscopic systems with image intensification and automatic shutter control does not exceed the diameter of the image receptor at any SID;
4. Ensure that the x-ray field size produced by fluoroscopic systems with image intensification and manual shutter control does not exceed the diameter of the image receptor with the fluoroscopic imaging assembly positioned at the maximum usable distance above the table top; and
5. Ensure that the x-ray field size produced by fluoroscopic systems with image intensification and manual shutter control, where the fluoroscopic tube is above the table top, does not exceed the diameter of the image receptor with the shutters open to the fullest extent, and at the maximum SID which the fluoroscopic tube is capable of producing radiation.

B. Fluoroscopic primary protective barrier. A registrant shall:

1. Provide the fluoroscopic imaging assembly with a primary protective barrier that always intercepts the entire cross section of the useful beam at any SID.
2. Ensure that the fluoroscopic tube is not capable of producing radiation unless the primary protective barrier is in a position to intercept the entire cross section of the useful beam.
3. Ensure that fluoroscopic radiation production automatically terminates if the primary protective barrier is removed from the useful beam.

4. Ensure that the fluoroscopic primary protective barrier meets the following requirements for attenuation of the useful beam:

- a. For equipment installed before November 15, 1967, the required lead equivalent of the barrier is not less than 1.5 millimeters for fluoroscopes that produce less than 100 kVp, 1.8 millimeters for fluoroscopes that produce at least 100 kVp but less than 125 kVp, and 2.0 millimeters for fluoroscopes that produce 125 or more kVp. (For conventional fluoroscopes, these requirements may be assumed to have been met if the exposure rate measured at the viewing surface of the fluorescent screen does not exceed 12.9 microcoulombs per kilogram (50 milliroentgens) per hour with the screen in the primary beam of the fluoroscope without a patient, under normal operating conditions.) For equipment installed or reinstalled, the required lead equivalent of the barrier is 2.0 millimeters for fluoroscopes that produce less than 125 kVp or 2.7 millimeters for fluoroscopes that produce 125 or more kVp.
- b. For fluoroscopic systems that use image intensification, the exposure rate, due to transmission through the primary protective barrier, does not exceed 516 nC/kg (2 milliroentgens) per hour at 10 centimeters (4 inches) from any accessible surface of the fluoroscopic imaging assembly, beyond the plane of the image receptor for each 258 μ C/kg (1 roentgen) per minute of entrance exposure rate.
- c. Compliance with subsections (B)(4)(a) and (b) is determined with the image receptor positioned 35.5 centimeters (14 inches) from the panel or table top, at normal operating technical factors and with the attenuation block in the useful beam for systems with image intensification.

C. Entrance exposure rate limits. A registrant shall ensure that:

1. The exposure rate, measured at the point where the center of the useful beam enters the patient does not exceed 2.6 mC/kg (10 roentgens) per minute at any combination of tube potential and current, except during recording of fluoroscopic images or if provided with optional high-level control.
2. If provided with optional high-level control, the equipment is not operable at any combination of tube potential and current that will result in an exposure rate in excess of 2.6 mC/kg (10 roentgens) per minute at the point where the center of the useful beam enters the patient, unless the high-level control is activated, in which case an exposure rate in excess of 5.2 mC/kg (20 roentgens) per minute is prohibited.
 - a. Special means of activation of high-level controls, such as additional pressure applied continuously by the operator, are required to avoid accidental use.
 - b. A continuous signal audible to the fluoroscopist is required to indicate that the high-level control is being employed.
3. The Department shall determine compliance with subsections (C)(1) and (2) as follows:
 - a. Remove grids and compression devices from the useful beam during the measurement;
 - b. If the source is below the table, measure the exposure rate 1 centimeter above the table top or cradle; and
 - c. If the source is above the table, measure the exposure rate 30 centimeters (11.8 inches) above the table top with the end of the beam-limiting device or

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- spacer positioned as closely as possible to the point of measurement;
- d. For fluoroscopy involving a mobile C-arm x-ray system, measure the exposure rate 30 centimeters (11.8 inches) from the input surface of the fluoroscopic imaging assembly;
 - e. For fluoroscopy involving a C-arm x-ray system, measure the exposure rate 30 centimeters (11.8 inches) from the input surface of the fluoroscope imaging assembly, with the x-ray source positioned at any available SID, provided that the end of the beam-limiting device or spacer is not closer than 30 centimeters (11.8 inches) from the input surface of the fluoroscopic image assembly; and
 - f. For a lateral fluoroscope, measure the exposure rate 15 centimeters (5.9 inches) from the centerline of the x-ray table and in the direction of the x-ray source with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement. If the tabletop is movable, it shall be positioned as closely as possible to the lateral x-ray source, with the end of the beam-limiting device or spacer no closer than 15 centimeters (5.9 inches) to the centerline of the x-ray table.
- D.** The registrant shall ensure that the source-to-skin distance is not less than:
1. 38 centimeters (15 inches) on stationary fluoroscopes installed after January 2, 1996;
 2. 35.5 centimeters (14 inches) on stationary fluoroscopes which are in operation before January 2, 1996;
 3. 30 centimeters (11.8 inches) on all mobile fluoroscopes; and
 4. 20 centimeters (8 inches) for image-intensified fluoroscopes used for a specific surgical application. The registrant shall follow any precautionary measures in the users operating manual.
- E.** Each fluoroscopic system installation is subject to all of the following requirements for the control of stray radiation. A registrant shall:
1. Provide a shielding device of at least 0.25 millimeter lead equivalent for covering the Bucky-slot during fluoroscopy;
 2. Except for fluoroscopy performed using portable or mobile C-arm x-ray systems or during surgical procedures or cardiac catheterization, provide protective drapes, or hinged or sliding panels of at least 0.25 millimeters lead equivalent, between the patient and fluoroscopist to intercept scattered radiation that would otherwise reach the fluoroscopist and others near the machine, but not substitute drapes and panels for a protective apron; and
 3. Ensure that protective aprons of at least 0.25 millimeter lead equivalent are worn in the fluoroscopy room by each person, except the patient, whose body is likely to be exposed to 50 μ Sv/hr (5 mR/hr) or more.
- F.** Exposure control. A registrant shall:
1. Ensure that activation of the fluoroscopic tube is controlled by a "dead-man" switch;
 2. Provide a manual reset cumulative timing device, which is activated only during production of radiation in the fluoroscopic mode, to indicate elapsed time by an audible signal or terminate production of radiation;
 3. Provide a device for exposure control in the "spot film" mode that terminates exposure either automatically, or after a preset time interval, preset number of pulses, preset product of current and time, or preset exposure; and
 4. Ensure that the x-ray tube potential and current are continuously indicated.
- G.** A registrant shall provide systems used for mobile fluoroscopy with image intensification.
- H.** Fluoroscopic treatment simulators. Simulators are exempt from subsections (A) through (G). A registrant shall:
1. Use a beam limiting device that restricts the beam to the area of clinical interest.
 2. Include and label devices for settings or physical factors, such as kVp, mA, or exposure time on the control panel;
 3. Ensure that the fluoroscopic exposure switch or switches are of the "deadman" type;
 4. Ensure that each person whose presence is necessary is in the simulator room during exposure and protected with a lead apron of at least 0.5 millimeter lead equivalent or a portable shield. Any person who places their hands in the useful x-ray beam shall wear leaded gloves; and
 5. Ensure that the operator stands behind a barrier and is able to observe the patient during simulator exposures.
- Historical Note**
New Section R9-7-606 recodified from R12-1-606 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-607. Additional X-ray Machine Standards, Shielding Requirements, and Procedures, Except Mobile Fluoroscopic, Dental Panoramic, Cephalometric, Dental CT, or Dental Intra-oral Radiographic Systems**
- A.** Useful beam limitation. A registrant shall:
1. Provide a means to restrict the useful beam to the area of clinical interest for any combination of SID and image receptor size employed.
 2. Ensure that beam-limiting devices meet the following requirements:
 - a. Devices that project a circular radiation field restrict the diameter of the useful beam, not to exceed the diagonal dimension of the image receptor by greater than 2 percent of the SID;
 - b. Devices that project a rectangular or square radiation field restrict the useful beam to the longitudinal and transverse dimensions of the image receptor to within 2 percent of the SID;
 - c. Beam limiting devices that do not incorporate light beams to define the projected radiation field are clearly labeled, indicating the SID and image receptor size at which each device complies with the applicable requirements of subsection (A)(2)(a) or (b);
 - d. Adjustable beam-limiting devices installed after July 31, 1971, incorporate light beams to define the projected dimensions of the useful beam and provide an average illumination of not less than 100 lux (9 foot-candles) at 1 meter (3.3 feet) or at the maximum SID, whichever is less. The average illumination shall be based upon measurements made in the approximate center of each quadrant of the light field; and
 - e. All beam-limiting devices installed, on general purpose fixed and mobile radiographic systems, provide stepless means of continuous adjustment of the projected radiation field size.
 3. Provide a means to align the center of the radiation field to the center of the image receptor to within 2 percent of the SID.
- B.** Radiation exposure control. A registrant shall:
1. Provide a means to terminate the exposure at a preset time interval, preset product of current and time, preset

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- number of pulses, or a preset exposure to the image receptor. The registrant shall ensure that it is not possible to make an exposure when the exposure control device is set to a “zero” or “off” position if either position is provided.
2. Ensure that the exposure switch is a “dead-man” switch, and except for those used with “spot-film” devices in fluoroscopy, is arranged so that it cannot be conveniently operated outside a shielded area.
 3. Provide x-ray systems with automatic exposure control, which indicates at the control panel when this mode is selected, and a visual and audible signal, which indicates termination of the exposure.
 4. Use a control panel that includes:
 - a. A device (usually a milliamper meter) that will give a positive indication during radiation production; and
 - b. Control setting indicators or meters that indicate the appropriate technical factors: kVp, mAs, mA, or exposure time, and any special mode selected for the exposure.
- C. Structural shielding.** A registrant shall:
1. Ensure that all wall, floor and ceiling areas struck by the useful beam have primary protective barriers. Primary protective barriers in walls shall extend from the finished floor to a minimum height of 2.13 meters (7 feet);
 2. Ensure that secondary protective barriers are provided in all wall, floor, and ceiling areas that do not have primary protective barriers or where the primary protective barrier requirements are lower than the secondary barrier requirements;
 3. Ensure that the operator’s station is behind a protective barrier sufficient to ensure compliance with R9-7-408, R9-7-414, and R9-7-416, and the operator is able to communicate with the patient from the operator’s station.
 4. Provide a window of transparent material equal in attenuation to that required by the adjacent barrier, or a mirror system, that is large enough and placed so that the operator can see the patient during exposure without having to leave the protected area.
- D. Operating procedures.** A registrant shall:
1. Use mechanical supporting or restraining devices, if a patient must be held in position for radiography. If the patient must be held by an individual, the registrant shall ensure that the individual is protected with appropriate shielding devices, such as protective gloves and apron, and is positioned so that no part of the body of the individual holding the patient is struck by the useful beam;
 2. Ensure that only individuals required for the radiographic procedure are in the radiographic room during exposure, and, except for the patient, all these individuals are equipped with protective devices;
 3. Restrict the useful beam to the clinical area of interest;
 4. Provide a chart in the vicinity of the diagnostic x-ray system’s control panel that specifies, for all routine examinations performed with the system, the following information:
 - a. Patient’s anatomical size and technique factors;
 - b. Type and size of the film or film screen combination;
 - c. Type and focal distance of the grid, if any;
 - d. X-ray source-to-image receptor distance; and
 - e. Type and location of gonad shielding.
 5. Provide documentation of the following items:
 - a. The patient’s identity;
 - b. The x-ray examination, as recorded in a radiographic log;
 - c. The date the examination is performed;
 - d. The number of projections (if applicable), or on-time, or dose factors depending upon the unit; and
 - e. A method of identifying the individual who performed the examination.
 6. The registrant shall maintain in chronological order, the documentation required in subsection (D)(5) in written or readily available electronic form. The documentation shall be maintained for three years from the date the examination is performed.

Historical Note

New Section R9-7-607 recodified from R12-1-607 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-608. Mobile Diagnostic Radiographic and Mobile Fluoroscopic Systems, Except Dental Panoramic, Cephalometric, Dental CT, or Dental Intraoral Radiographic Systems

A. Equipment

1. All requirements of R9-7-607(A) and (B) apply.
2. For mobile radiographic units the registrant shall provide a “dead-man” switch, together with an electrical cord of sufficient length so that the operator can stand out of the useful beam and at least 1.82 meters (6 feet) from the patient during all x-ray exposures.
3. A registrant shall ensure that a cone, spacer frame, or inherent provision is made so that the equipment is not operated at source-skin distances of less than 20.3 centimeters (8 inches).

B. Structural shielding. If a mobile unit is used routinely in one location, it is considered a fixed installation subject to the shielding requirements in R9-7-603(C), and R9-7-607(C).**C. Operating procedures**

1. All provisions of R9-7-607(D) apply.
2. An individual who operates a mobile x-ray system shall comply with R9-7-419(B).

Historical Note

New Section R9-7-608 recodified from R12-1-608 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-609. Chest Photofluorographic Systems

Use of chest photofluorographic systems for diagnosis of human disease is prohibited.

Historical Note

New Section R9-7-609 recodified from R12-1-609 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-610. Dental Intraoral Radiographic Systems

A. Equipment. A registrant shall:

1. Use a protective tube housing of diagnostic type;
2. Use diaphragms or cones for restricting the useful beam and to provide the same degree of protection as the housing. The diameter of the useful beam at the end of the cone or spacer frame shall not be more than 7.6 centimeters (3 inches) for intraoral radiography;
3. Ensure that a cone or spacer frame provides a source-to-skin distance of not less than 17.8 centimeters (7 inches) with apparatus operating above 50 kVp or 10 centimeters (4 inches) with apparatus operating at 50 kVp or below for intraoral radiography;
4. Provide a timer to terminate the exposure at a preset time interval, a preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor;
5. Ensure that it is not possible to make an exposure if the timer is set to the “zero” or “off” position;

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6. Ensure that the tube head remains stationary if placed in the exposure position;
 7. Ensure that the exposure initiating device is a “dead-man” switch;
 8. Use a control panel that includes:
 - a. A means to provide visual or audible indication, detectable at or from the operator’s position, during x-ray production or exposure termination; and
 - b. Indication of technique factors for kVp, mA, exposure time, and any special mode that may be selected for the exposure;
 9. Use technique factors, where deviation of measured values from indicated values for kVp and exposure time do not exceed the limits specified by the manufacturer. In the absence of the manufacturer’s specifications, the deviation shall not exceed plus or minus 10 percent of the indicated value for kVp and plus or minus 20 percent for exposure time duration;
 10. For a digital system that uses an electronic sensor, use digital radiography techniques that permit reducing x-ray beam on-time to 25 percent of the exposure time required for “D” speed film or lower, reducing radiation to the patient by the same rate; and
 11. For a computed radiography (imaging plate (IP) made of photostimulable phosphor) system that uses an imaging plate, use radiography techniques that permit reducing x-ray beam on-time to 50 percent of the exposure time required for “D” speed film or lower, reducing radiation to the patient by the same rate.
- B. Structural shielding.** The registrant shall:
1. Provide dental installations with primary and secondary barriers to ensure compliance with the personnel exposure requirements in Article 4 of this Chapter; (Note: In many cases, structural materials of ordinary walls suffice as a protective barrier without addition of special shielding material.)
 2. Install primary protective barriers between rooms or areas if dental x-ray units are used in adjacent rooms or areas;
 3. Provide each installation with a protective barrier for the operator or arrange the installation so that the operator can stand at least 1.82 meters (6 feet) from the patient and well away from the useful beam;
 4. Arrange the operator’s position to allow visual contact with the patient during exposure; and
 5. Comply with fixed installation requirements, if a mobile unit is used routinely in one location.
- C. Operating procedures**
1. A dentist or other persons shall not hold patients or films during exposure. Only persons required for the radiographic procedure are allowed in the radiographic room during exposures.
 2. An operator shall stand at least 1.82 meters (6 feet) from the patient or behind a protective barrier during each exposure.
 3. An operator shall ensure that only the patient is in the useful beam.
 4. The licensed practitioner or other person shall not hold the tube housing or the cone during the exposure.
 5. A registrant shall not perform dental fluoroscopy without an image intensifier.
- A. Registrants are subject to the following requirements for Intraoral dental radiographic units designed to be operated as a hand-held unit:**
1. For all uses:
 - a. Operators of hand-held intraoral dental radiographic units shall be specifically trained to operate such equipment.
 - b. A hand-held intraoral dental radiographic unit shall be held without any motion during a patient examination. A tube stand may be utilized to immobilize a hand-held intraoral dental radiographic unit during patient examination.
 - c. The operator shall ensure there are no bystanders within a radius of at least six feet from the patient being examined with a hand-held intraoral radiographic unit.
 2. Additional requirements for operatories in permanent facilities:
 - a. Hand-held intraoral dental radiographic units shall be used for patient examinations in dental operatories that meet the structural shielding requirements specified by the Department or by a qualified health or medical physicist.
 - b. Hand-held intraoral dental radiographic units shall not be used for patient examinations in hallways and waiting rooms.
- B. Hand-held units may only be used in a manner as specified on the registration issued by the Department.**

Historical Note

New Section R9-7-610.01 recodified from R12-1-610.01 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-611. Therapeutic X-ray Systems of Less Than 1 MeV

- A. Equipment requirements.**
1. Leakage radiation. When the x-ray tube is operated at its maximum rated tube current for the maximum kVp, the leakage air kerma rate shall not exceed the value specified at the distance specified for that classification of therapeutic radiation machine. For each therapeutic radiation machine, the registrant shall determine, or obtain from the manufacturer, the leakage radiation existing at the positions specified:
 - a. 5-50 kVp Systems. The leakage air kerma rate measured at any position 5 centimeters from the tube housing assembly shall not exceed 1 mGy (100 mrad) in any one hour.
 - b. Greater than 50 kVp and less than 1MeV Systems. The leakage air kerma rate measured at a distance of 1 meter from the target in any direction shall not exceed 1 centigray (1 rad) in any 1 hour. This air kerma rate measurement may be averaged over areas no larger than 100 square centimeters (100 cm²). In addition, the air kerma rate at a distance of 5 centimeters from the surface of the tube housing assembly shall not exceed 30 centigray (30 rad) per hour.
 2. Permanent beam limiting devices. A registrant shall ensure that fixed diaphragms or cones used for limiting the useful beam provide the same or higher degree of attenuation as required for the tube housing assembly.
 3. Removable and adjustable beam-limiting devices. A registrant shall ensure that:
 - a. Removable and adjustable beam-limiting devices, for the portion of the useful beam to be blocked by these devices, transmit not more than 1 percent of the original x-ray beam at the maximum kilovoltage and maximum treatment filter; and

Historical Note

New Section R9-7-610 recodified from R12-1-610 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-610.01. Hand-held Intraoral Dental Radiographic Unit Requirements For Use

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- b. When adjustable beam limiting devices are used, the position and shape of the radiation field shall be indicated by a light beam.
4. Filter system. A registrant shall ensure that the filter system is designed so that:
 - a. Filters cannot be accidentally displaced from the useful beam at any possible tube orientation;
 - b. For equipment installed after January 1, 2011, an interlock system prevents irradiation if the proper filter is not in place;
 - c. The air kerma rate escaping from the filter slot shall not exceed 1 centiGray (1 rad) per hour at one (1) meter under any operating conditions; and
 - d. Each filter is marked regarding its material of construction and its thickness or wedge angle for wedge filters.
5. X-ray tube immobilization. A registrant shall ensure that the tube housing assembly is capable of being immobilized during stationary treatments and the x-ray tube shall be so mounted that it cannot accidentally turn or slide with respect to the housing aperture.
6. Focal spot marking. A registrant shall ensure that the tube housing assembly is marked so that it is possible to determine the location of the focal spot to within 5 millimeters, and the marking is readily accessible for use during calibration procedures.
7. Therapy treatment timers. A registrant shall:
 - a. Provide a timer that has a display at the treatment control panel. The timer shall have a preset time selector and an elapsed time indicator;
 - b. Ensure that the timer is a cumulative timer that activates with the radiation, retains its reading after irradiation is interrupted or terminated, and requires the operator to reset the preset time selector after irradiation is terminated and before irradiation can be reinitiated;
 - c. Ensure that the timer terminates irradiation when a preselected time has elapsed;
 - d. Ensure that the timer permits accurate presetting and determination of exposure times as short as one second;
 - e. Ensure that the timer does not permit an exposure if set at zero; and
 - f. Ensure that the timer does not activate until the shutter is opened if irradiation is controlled by a shutter mechanism.
8. Control panel functions. In addition to the displays required in other provisions of this Section, a registrant shall ensure that a control panel has:
 - a. An indication of whether electrical power is available at the control panel and if activation of the x-ray tube is possible;
 - b. An indication of whether x-rays are being produced;
 - c. A means for indicating kVp and x-ray tube current;
 - d. A means for terminating an exposure at any time;
 - e. A locking device that will prevent unauthorized use of the x-ray system; and
 - f. For x-ray equipment installed after January 2, 1996, a positive display of specific filters in the beam.
9. Multiple tubes. If one control panel is used to energize more than one x-ray tube a registrant shall ensure that:
 - a. It is possible to activate only one x-ray tube during any time interval,
 - b. There is an indication at the control panel that identifies which x-ray tube is energized, and
 - c. There is an indication at the tube housing assembly when that tube is energized.
10. Source-to-patient distance. A registrant shall ensure that there is a means of determining the source-to-patient distance to within 1 centimeter.
11. Shutters. Unless it is possible to bring the x-ray output to the prescribed exposure parameters within five seconds, a registrant shall ensure that the entire useful beam is automatically attenuated by a shutter with a lead equivalency not less than that of the tube housing assembly. In addition the registrant shall ensure that:
 - a. After the unit is at operating parameters, the operator controls the shutter electrically from the control panel; and
 - b. An indication of shutter position appears at the control panel.
12. Low filtration x-ray tubes. A registrant shall ensure that each x-ray system equipped with a beryllium or other low-filtration window is clearly labeled as low-filtration equipment on the tube housing assembly and at the control panel.
- B. Facility design requirements.** In addition to shielding necessary to meet the requirements of Article 4 of this Chapter, a registrant shall ensure that:
 1. Warning lights. A treatment room to which access is possible through more than one entrance has a warning light, in a readily observable position near the outside of any access doors, which will indicate when the useful beam is "on."
 2. Voice communication. Two-way oral communication is possible between the patient and the operator at the control panel; or where excessive noise levels make oral communication impractical, another effective method of communication.
 3. Viewing systems. Windows, mirrors, closed-circuit television, or an equivalent system, permits continuous observation of the patient during irradiation and is located so that the operator can observe the patient from the control panel. If the primary viewing system is by electronic means (for example, television), the registrant shall have an alternate viewing system for use in the event of electronic failure.
 4. Systems above 150 kVp. For treatment rooms that contain an x-ray system capable of operating above 150 kVp a registrant shall ensure that:
 - a. All necessary shielding, except for any beam interceptor, is provided by fixed barriers;
 - b. The control panel is within a protective booth equipped with an interlocked door, or located outside the treatment rooms;
 - c. All doors of the treatment room are electrically connected to the control panel so that x-ray production cannot occur unless all doors are closed; and
 - d. Opening of any door to the treatment room during exposure results in automatic termination of x-ray production or reduction of radiation levels to an average of no more than 516 nC/kg (2 milliroentgens) per hour and a maximum of 2.6 μ C/kg (10 milliroentgens) per hour at a distance of 1 meter (3.3 feet) from the target in any direction, and restoration of the machine to full operation is possible only from the control panel after the termination or reduction.
- C. Surveys.** A registrant shall ensure that:
 1. All facilities, both new and existing, or not previously surveyed, are surveyed before being put into service for

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the treatment of patients by, or under the direction of, a person trained and experienced in the principles of radiation protection, and perform additional surveys of a facility after any change in the facility or a facility's equipment that might cause a significant increase in radiation hazard, before being put into service for the treatment of patients.

2. The person conducting the survey reports the survey findings in writing to the individual in charge of the facility and maintains a copy of the survey report for inspection by the Department.
3. The installation is operated in compliance with any limitations indicated by the protection survey required by subsection (C)(1).

D. Calibrations. A registrant shall ensure that:

1. The calibration of a therapeutic x-ray system includes, but is not limited to, the following determinations:
 - a. Verification that the x-ray system is operating in compliance with the design specifications;
 - b. The dose rate equivalent for each combination of field size, technique factors, filter, and treatment distance used;
 - c. The degree of congruence between the radiation field and the field indicated by the localizing device if a localizing device is used; and
 - d. An evaluation of the uniformity of the radiation field symmetry for the field sizes used and any dependence upon source housing assembly orientation;
2. The calibration of an x-ray system is performed at intervals not to exceed annually and after any change or replacement of components that could cause a change in the radiation output;
3. The calibration of the radiation output of the x-ray system is performed by, or under the direction of, a person trained and experienced in performing calibrations, who is physically present at the facility during calibration;
4. Calibration of the radiation output of an x-ray system is performed with a calibrated instrument. The registrant shall ensure that calibration of the instrument is directly traceable to the National Institute of Standards and Technology (NIST) and that the instrument has been calibrated within the preceding 24 months;
5. Records of calibration performed under subsection (D)(3) are maintained for at least three years after completion of the calibration and are made available for inspection by the Department; and
6. A copy of the most recent calibration is available for use by the operator at the control panel.

E. Spot checks. A registrant shall ensure that spot checks are performed on therapeutic x-ray systems capable of operation at greater than 150 kVp. The registrant shall ensure that spot checks meet the following requirements:

1. The spot-check procedures are in writing and have been developed by a qualified expert;
2. The measurements taken during the spot checks demonstrate the degree of consistency of the operating characteristics that can affect the radiation output of the x-ray system;
3. The written spot-check procedure specifies the frequency of the tests or measurements, made at intervals not to exceed monthly;
4. The spot-check procedure identifies conditions that require recalibration of the system in accordance with subsection (D)(1); and
5. Records of spot-check measurements performed as required by subsection (E)(3) are maintained, available

for inspection by the Department, for three years following the measurements.

F. Operating procedures. A registrant shall ensure that:

1. Therapeutic x-ray systems are not left unattended unless the system is secured according to subsection (A)(8)(e);
2. If a patient must be held in position for radiation therapy, mechanical supporting or restraining devices are used;
3. The tube housing assembly is not held by an individual during exposures; and
4. At 150 kVp or more the patient is the only person in the treatment room during production of radiation. At less than 150 kVp an individual may be in the room with patient, provided the individual is protected by a barrier sufficient to meet the requirements of Article 4 of this Chapter.

G. Electronic Brachytherapy units are exempt from the requirements of this Section.

Historical Note

New Section R9-7-611 recodified from R12-1-611 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-611.01. Electronic Brachytherapy to Deliver Interstitial and Intracavitary Therapeutic Radiation Dosage

A. Electronic brachytherapy devices used to deliver interstitial and intracavitary therapeutic radiation dosage shall be subject to the requirements of this Section, and unless otherwise specified in this Section shall be exempt from the requirements of R9-7-611.

1. An electronic brachytherapy device that does not meet the requirements of this Section shall not be used for irradiation of patients; and
2. An electronic brachytherapy device shall only be utilized for human use applications specifically approved by the U.S. Food and Drug Administration (FDA), unless participating in a research study approved by the registrant's Institutional Review Board (IRB).

B. Each facility location authorized to use an electronic brachytherapy device in accordance with this Section shall possess appropriately calibrated portable monitoring equipment. At a minimum, such equipment shall include a portable survey instrument capable of measuring dose rates over the range 10 μ Sv (1 mrem) per hour to 10 mSv (1000 mrem) per hour. The survey instrument shall be capable of measuring as low as 10 μ Sv (1 mrem) per hour in the energy range of the electronic brachytherapy unit for which the survey instrument is to be used. Published correction factors utilized in conjunction with the instrument's readings may be used to achieve sensitivity. The survey instrument or instruments shall be operable and calibrated before first use, at intervals not to exceed 12 months, and after survey instrument repairs.

C. Facility Design Requirements for Electronic Brachytherapy Devices. In addition to shielding adequate to meet requirements of R9-7-603(C), the treatment room shall meet the following design requirements:

1. If applicable, provision shall be made to prevent simultaneous operation of more than one therapeutic radiation machine in a treatment room.
2. Access to the treatment room shall be controlled by a door at each entrance.
3. Each treatment room shall have provisions to permit continuous oral communication and visual observation of the patient from the treatment control panel during irradiation. The electronic brachytherapy device shall not be used for patient irradiation unless the patient can be observed.

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4. For electronic brachytherapy devices capable of operating below 150 kVp, radiation shielding for the staff in the treatment room may be available, either as a portable shield or as localized shielded material around the treatment site or both, in lieu of the requirements for room shielding. The shielding shall meet the requirements of R9-7-603(C).
 5. For electronic brachytherapy devices capable of operating at or greater than 150 kVp, the facility must meet the requirements of R9-7-611(B)(4).
- D. Control Panel Functions.** The control panel, in addition to the displays required by other provisions in this Section, shall:
1. Provide an indication of whether electrical power is available at the control panel and if activation of the electronic brachytherapy source is possible;
 2. Provide an indication of whether x-rays are being produced;
 3. Provide a means for indicating electronic brachytherapy source potential and current;
 4. Provide the means for terminating an exposure at any time; and
 5. Include an access control (locking) device that will prevent unauthorized use of the electronic brachytherapy device.
- E. Timer.** A suitable irradiation control device (timer) shall be provided to terminate the irradiation after a pre-set time interval or integrated charge on a dosimeter-based monitor.
1. A timer shall be provided at the treatment control panel. The timer shall indicate the planned setting and the time elapsed or remaining;
 2. The timer shall not permit an exposure if set at zero;
 3. The timer shall be a cumulative device that activates with an indication of "BEAM-ON" that retains its reading after irradiation is interrupted or terminated. After irradiation is terminated and before irradiation can be reinitiated, it shall be necessary to reset the elapsed time indicator;
 4. The timer shall terminate irradiation when a pre-selected time has elapsed, if any dose monitoring system has not previously terminated irradiation.
 5. The timer shall permit setting of exposure times as short as 0.1 second; and
 6. The timer shall be accurate to within one percent of the selected value or 0.1 second, whichever is greater.
- F. Qualified Medical Physicist Support.**
1. The services of a Qualified Medical Physicist shall be required in facilities having electronic brachytherapy devices. The Qualified Medical Physicist shall be responsible for:
 - a. Evaluation of the output from the electronic brachytherapy source;
 - b. Generation of the necessary dosimetric information;
 - c. Supervision and review of treatment calculations prior to initial treatment of any treatment site;
 - d. Establishing the periodic and day-of-use quality assurance checks and reviewing the data from those checks as required in subsection (J);
 - e. Consultation with the authorized user in treatment planning, as needed; and
 - f. Performing calculations/assessments regarding patient treatments that may constitute a medical event.
 2. If the Qualified Medical Physicist is not a full-time employee of the registrant, then the operating procedures required by subsection (G) shall also specifically address how the Qualified Medical Physicist is to be contacted for problems or emergencies, as well as the specific actions, if any, to be taken until the Qualified Medical Physicist can be contacted.
- G. Operating Procedures.**
1. Only individuals approved by the authorized user, Radiation Safety Officer, or Qualified Medical Physicist shall be present in the treatment room during treatment;
 2. Electronic brachytherapy devices shall not be made available for medical use unless the requirements of subsections (A), (H), and (I) have been met;
 3. The electronic brachytherapy device shall be inoperable, either by hardware or password, when unattended by qualified staff or service personnel;
 4. During operation, the electronic brachytherapy device operator shall monitor the position of all persons in the treatment room, and all persons entering the treatment room, to prevent entering persons from unshielded exposure from the treatment beam;
 5. If a patient must be held in position during treatment, mechanical supporting or restraining devices shall be used;
 6. Written procedures shall be developed, implemented, and maintained for responding to an abnormal situation. These procedures shall include:
 - a. Instructions for responding to equipment failures and the names of the individuals responsible for implementing corrective actions; and
 - b. The names and telephone numbers of the authorized users, the Qualified Medical Physicist, and the Radiation Safety Officer to be contacted if the device or console operates abnormally.
 7. A copy of the current operating and emergency procedures shall be physically located at the electronic brachytherapy device control console;
 8. Instructions shall be maintained with the electronic brachytherapy device control console to inform the operator of the names and telephone numbers of the authorized users, the Qualified Medical Physicist, and the Radiation Safety Officer to be contacted if the device or console operates abnormally; and
 9. The Radiation Safety Officer, or the Radiation Safety Officer's designee, and an authorized user shall be notified immediately if the patient has a medical emergency, suffers injury or dies. The Radiation Safety Officer or the Qualified Medical Physicist shall inform the manufacturer of the event.
- H. Safety Precautions for Electronic Brachytherapy Devices.**
1. Any person in the treatment room, other than the person being treated, shall wear personnel monitoring devices;
 2. An authorized user and a Qualified Medical Physicist shall be physically present during the initiation of all new patient treatments involving the electronic brachytherapy device;
 3. After the first treatment one of the following individuals shall be physically present during continuation of all patient treatments involving the electronic brachytherapy device:
 - a. A Qualified Medical Physicist, or
 - b. An authorized user, or
 - c. A certified therapy technologist (CTT) certified by the Arizona Medical Radiologic Technology Board of Examiners, under the direct supervision of an authorized user, who has been trained in the operation and emergency response for the electronic brachytherapy device;

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4. When shielding is required by subsection (C)(4), surveys shall be conducted to ensure that the requirements of R9-7-408, R9-7-414, and R9-7-416 are met. Alternatively, a Qualified Medical Physicist shall designate shield locations sufficient to meet the requirements of R9-7-603(C) and R9-7-607(C) for any individual, other than the patient, in the treatment room; and
 5. All personnel in the treatment room are required to remain behind shielding during treatment. A Qualified Medical Physicist shall approve any deviation from this requirement and shall designate alternative radiation safety protocols, compatible with patient safety, to provide an equivalent degree of protection.
- I. Electronic Brachytherapy Source Calibration Measurements.**
1. Calibration of the electronic brachytherapy source output shall be performed by, or under the direct supervision of, a Qualified Medical Physicist. If the control console is integral to the electronic brachytherapy device, the required procedures shall be kept where the operator is located during electronic brachytherapy device operation;
 2. Calibration of the electronic brachytherapy source output shall be made for each electronic brachytherapy source, or after any repair affecting the x-ray beam generation, or when indicated by the electronic brachytherapy source quality assurance checks;
 3. Calibration of the electronic brachytherapy source output shall utilize a dosimetry system appropriate for the energy output of the unit and calibrated by the National Institute for Standards and Technology (NIST) or by an American Association of Physicists in Medicine (AAPM) Accredited Dosimetry Calibration Laboratory (ADCL). The calibration shall have been performed within the previous 24 months and after any servicing that may have affected system calibration;
 4. Calibration of the electronic brachytherapy source output shall include, as applicable, determination of:
 - a. The output within two percent of the expected value, if applicable, or determination of the output if there is no expected value;
 - b. Timer accuracy and linearity over the typical range of use;
 - c. Proper operation of back-up exposure control devices;
 - d. Evaluation that the relative dose distribution about the source is within five percent of that expected; and
 - e. Source positioning accuracy to within one millimeter within the applicator;
 5. Calibration of the x-ray source output required shall be in accordance with current published recommendations from a recognized national professional association with expertise in electronic brachytherapy (when available). In the absence of a calibration protocol published by a national professional association, the manufacturer's calibration protocol shall be followed.
 6. The registrant shall maintain a record of each calibration in an auditable form for the duration of the registration. The record shall include: the date of the calibration; the manufacturer's name, model number and serial number for the electronic brachytherapy device and a unique identifier for its electronic instrument or instruments brachytherapy source; the model numbers and serial numbers of the instrument or instruments used to calibrate the electronic brachytherapy device; and the name and signature of the Qualified Medical Physicist responsible for performing the calibration.
- J. Periodic and Day-of-Use Quality Assurance Checks for Electronic Brachytherapy Devices.**
1. Quality assurance checks shall be performed on each electronic brachytherapy device:
 - a. At the beginning of each day of use;
 - b. Each time the device is moved to a new room or site; and
 - c. After each x-ray tube installation.
 2. The registrant shall perform periodic quality assurance checks required in accordance with procedures established by the Qualified Medical Physicist;
 3. To satisfy the requirements of this subsection, radiation output quality assurance checks shall include at a minimum:
 - a. Verification that output of the electronic brachytherapy source falls within three percent of expected values, as appropriate for the device, as determined by:
 - i. Output as a function of time, or
 - ii. Output as a function of setting on a monitor chamber.
 - b. Verification of the consistency of the dose distribution to within three percent (or the manufacturer's or Qualified Medical Physicist's documented recommendation not to exceed five percent), observed at the source calibration required by subsection (I); and
 - c. Validation of the operation of positioning methods to ensure that the treatment dose exposes the intended location within one millimeter; and
 4. The registrant shall use a dosimetry system that has been intercompared within the previous 12 months with the dosimetry system described in this Section to make the quality assurance checks required in subsection (J)(3);
 5. The registrant shall review the results of each radiation output quality assurance check to ensure that:
 - a. An authorized user and Qualified Medical Physicist is immediately notified if any parameter is not within its acceptable tolerance, and the electronic brachytherapy device is not used until the Qualified Medical Physicist has determined that all parameters are within their acceptable tolerances;
 - b. If all radiation output quality assurance check parameters appear to be within their acceptable range, the acceptable quality assurance checklist shall be reviewed and signed by either the authorized user or Qualified Medical Physicist prior to the next patient use of the unit. In addition, the Qualified Medical Physicist shall review and sign the results of each radiation output quality assurance check at intervals not to exceed 30 days.
 6. To satisfy the requirements of subsection (J)(1), safety device quality assurance checks shall, at a minimum, assure:
 - a. Proper operation of radiation exposure indicator lights on the electronic brachytherapy device and on the control console;
 - b. Proper operation of viewing and intercom systems in each electronic brachytherapy facility, if applicable;
 - c. Proper operation of radiation monitors, if applicable;
 - d. The integrity of all cables, catheters or parts of the device that carry high voltages; and
 - e. Connecting guide tubes, transfer tubes, transfer-tube-applicator interfaces, and treatment spacers are free from any defects that interfere with proper operation.
 7. If the results of the safety device quality assurance checks required in subsection (J)(6) indicate the malfunction of

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- any system, a registrant shall secure the control console in the OFF position and not use the electronic brachytherapy device except as may be necessary to repair, replace, or check the malfunctioning system.
8. The registrant shall maintain a record of each quality assurance check required by this Section in a legible form for three years.
 - a. The record shall include the date of the quality assurance check; the manufacturer's name, model number and serial number for the electronic brachytherapy device; the name and signature of the individual who performed the periodic quality assurance check and the name and signature of the Qualified Medical Physicist who reviewed the quality assurance check;
 - b. For radiation output quality assurance checks required by subsection (J)(3), the record shall also include the unique identifier for the electronic brachytherapy source and the manufacturer's name; model number and serial number for the instrument or instruments used to measure the radiation output of the electronic brachytherapy device.
 - K. Therapy-related Computer Systems. The registrant shall perform acceptance testing on the treatment planning system of electronic brachytherapy-related computer systems in accordance with current published recommendations from a recognized national professional association with expertise in electronic brachytherapy (when available). In the absence of an acceptance testing protocol published by a national professional association, the manufacturer's acceptance testing protocol shall be followed.
 1. Acceptance testing shall be performed by, or under the direct supervision of a Qualified Medical Physicist. At a minimum, the acceptance testing shall include, as applicable, verification of:
 - a. The source-specific input parameters required by the dose calculation algorithm;
 - b. The accuracy of dose, dwell time, and treatment time calculations at representative points;
 - c. The accuracy of isodose plots and graphic displays;
 - d. The accuracy of the software used to determine radiation source positions from radiographic images; and
 - e. If the treatment planning system is different from the treatment delivery system, the accuracy of electronic transfer of the treatment delivery parameters to the treatment delivery unit from the treatment planning system.
 2. The position indicators in the applicator shall be compared to the actual position of the source or planned dwell positions, as appropriate, at the time of commissioning.
 3. Prior to each patient treatment regimen, the parameters for the treatment shall be evaluated for correctness and approved by the authorized user and the Qualified Medical Physicist through means independent of that used for the determination of the parameters.
 - L. Training for e-brachytherapy Authorized Users.
 1. The registrant for any therapeutic radiation machine subject to this Section shall require the authorized user to be a physician who is:
 - a. Certified in:
 - i. Radiation oncology or therapeutic radiology by the American Board of Radiology or radiology (combined diagnostic and therapeutic radiology program) by the American Board of Radiology prior to 1976; or
 - ii. Radiation oncology by the American Osteopathic Board of Radiology; or
 - iii. Radiology, with specialization in radiotherapy, as a British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology"; or
 - iv. Therapeutic radiology by the Canadian Royal College of Physicians and Surgeons; or
 - b. In the active practice of therapeutic radiology, and has completed 200 hours of instruction in basic radiation techniques applicable to the use of an external beam radiation therapy unit, 500 hours of supervised work experience, and a minimum of three years of supervised clinical experience.
 2. To satisfy the requirement in subsection (L)(1)(b) for:
 - a. Instruction, the classroom and laboratory training shall include:
 - i. Radiation physics and instrumentation;
 - ii. Radiation protection;
 - iii. Mathematics pertaining to the use and measurement of ionization radiation; and
 - iv. Radiation biology;
 - b. Supervised work experience, training shall be under the supervision of an authorized user and shall include:
 - i. Review of the full calibration measurements and periodic quality assurance checks;
 - ii. Evaluation of prepared treatment plans and calculation of treatment times or patient treatment settings or both;
 - iii. Using administrative controls to prevent medical events as described in R9-7-444;
 - iv. Implementing emergency procedures to be followed in the event of the abnormal operation of an external beam radiation therapy unit or console; and
 - v. Checking and using radiation survey meters; and
 - c. A period of supervised clinical experience, training shall include one year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association and an additional two years of clinical experience in therapeutic radiology under the supervision of an authorized user. The supervised clinical experience shall include:
 - i. Examining individuals and reviewing their case histories to determine their suitability for external beam radiation therapy treatment, and any limitations or contraindications or both;
 - ii. Selecting proper dose and how it is to be administered;
 - iii. Calculating the therapeutic radiation machine doses and collaborating with the authorized user in the review of patients' progress and consideration of the need to modify originally prescribed doses or treatment plans as warranted by patients' reaction to radiation or both; and
 - iv. Post-administration follow-up and review of case histories.
 3. A physician shall not act as an authorized user until such time as the physician's training has been reviewed and approved by the Department.

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4. Notwithstanding the requirements of subsections (L)(1) through (L)(3), the registrant for any therapeutic radiation machine subject to this Section may also submit the training of the prospective authorized user physician for Department review on a case-by-case basis if the training includes substantially equivalent training as that listed in subsections (L)(1)(b) and (L)(2) and the training includes dosimetry calculation training and experience.
- M.** Training for Qualified Medical Physicist. The registrant for any therapeutic radiation machine subject to this Section shall require the Qualified Medical Physicist to:
1. Be certified with the Department, as a provider of radiation services in the area of calibration and compliance surveys of external beam radiation therapy units; and
 2. Be certified by the American Board of Radiology in:
 - a. Therapeutic radiological physics; or
 - b. Roentgen-ray and gamma-ray physics; or
 - c. X-ray and radium physics; or
 - d. Radiological physics; or
 3. Be certified by the American Board of Medical Physics in Radiation Oncology Physics; or
 4. Be certified by the Canadian College of Physicists in Medicine; or
 5. Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university, and have completed one year of full-time training in medical physics and an additional year of full-time work experience under the supervision of a Qualified Medical Physicist at a medical institution. This training and work experience shall be conducted in clinical radiation facilities that provide high-energy external beam radiation therapy (photons and electrons with energies greater than or equal to one MV/one MeV). To meet this requirement, the individual shall have performed the tasks listed in this subsection under the supervision of a Qualified Medical Physicist during the year of work experience.
- N.** Qualifications of Operators. Individuals who will be operating a therapeutic radiation machine for medical use shall be certified by the Department as a CTT by the Arizona Medical Radiologic Technology Board of Examiners.
- O.** Additional training requirements.
1. A registrant shall provide instruction, initially and at least annually, to all individuals who operate the electronic brachytherapy device, as appropriate to the individual's assigned duties, in the operating procedures identified in subsection (G). If the interval between patients exceeds one year, retraining of the individuals shall be provided.
 2. In addition to the requirements of subsection (L) for therapeutic radiation machine authorized users and subsection (M) for Qualified Medical Physicists, these individuals shall also receive device-specific instruction initially from the manufacturer, and annually from either the manufacturer or other qualified trainer. The training shall be of a duration recommended by a recognized national professional association with expertise in electronic brachytherapy (when available). In the absence of any training protocol recommended by a national professional association, the manufacturer's training protocol shall be followed. The training shall include, but not be limited to:
 - a. Device-specific radiation safety requirements;
 - b. Device operation;
 - c. Clinical use for the types of use approved by the FDA;
 - d. Emergency procedures, including an emergency drill; and
 - e. The registrant's quality assurance program.
3. A registrant shall retain a record of individuals receiving manufacturer's instruction for three years. The record shall include a list of the topics covered, the date of the instruction, the name or names of the attendee or attendees, and the name or names of the individual or individuals who provided the instruction.
- P.** Mobile Electronic Brachytherapy Service. A registrant providing mobile electronic brachytherapy service shall, at a minimum:
1. Check all survey instruments before medical use at each address of use or on each day of use, whichever is more restrictive;
 2. Account for the electronic brachytherapy x-ray tube in the electronic brachytherapy device before departure from the client's address; and
 3. Perform, at each location on each day of use, all of the required quality assurance checks specified in this Section to assure proper operation of the device.
- Q.** Medical events shall be reported to the Department. For purposes of this Section "medical event" means a therapeutic radiation dose from a machine:
1. Delivered to the wrong patient;
 2. Delivered using the wrong mode of treatment;
 3. Delivered to the wrong treatment site; or
 4. Delivered in one week to the correct patient, using the correct mode, to the correct therapy site, but greater than 130 percent of the prescribed weekly dose; or
- R.** A therapeutic radiation dose from a machine with errors in the calibration, time of exposure, or treatment geometry that result in a calculated total treatment dose differing from the final, prescribed total treatment dose by more than 20 percent, except for treatments given in 1 to 3 fractions, in which case a difference of more than 10 percent constitutes a medical event.
- S.** Reports of therapy medical events:
1. Within 24 hours after discovery of a medical event, a registrant shall notify the Department by telephone by speaking to a Department staff member. The registrant shall also notify the referring physician of the affected patient and the patient or a responsible relative or guardian, unless the referring physician personally informs the registrant either that he or she will inform the patient, or that in his or her medical judgment, telling the patient or the patient's responsible relative or guardian would be harmful to one or the other, respectively. If the Department staff member, referring physician, or the patient's responsible relative or guardian cannot be reached within 24 hours, the registrant shall notify them as soon as practicable. The registrant shall not delay medical care for the patient because of notification problems.
 2. Within 15 days following the verbal notification to the Department, the registrant shall report, in writing, to the Department and individuals notified under subsection (S)(1). The written report shall include the registrant's name, the referring physician's name, a brief description of the event, the effect on the patient, the action taken to prevent recurrence, whether the registrant informed the patient or the patient's responsible relative or guardian, and if not, why not. The report shall not include the patient's name or other information that could lead to identification of the patient.
 3. Each registrant shall maintain records of all medical events for Department inspection. The records shall:

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- a. Contain the names of all individuals involved in the event, including:
 - i. The physician,
 - ii. The allied health personnel,
 - iii. The patient,
 - iv. The patient's referring physician,
 - v. The patient's identification number if one has been assigned,
 - vi. A brief description of the event,
 - vii. The effect on the patient, and
 - viii. The action taken to prevent recurrence.
- b. Be maintained for three years beyond the termination date of the affected registration.

Historical Note

New Section R9-7-611.01 recodified from R12-1-611.01 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-611.02. Other Use of Electronically-Produced Radiation to Deliver Superficial Therapeutic Radiation Dosage

A person shall not utilize any device which is designed to electrically generate a source of ionizing radiation to deliver superficial therapeutic radiation dosage, and which is not appropriately regulated under any existing category of therapeutic radiation machine, until:

1. The applicant or registrant has, at a minimum, provided the Department with:
 - a. A detailed description of the device and its intended application or applications;
 - b. Facility design requirements, including shielding and access control;
 - c. Documentation of appropriate training for authorized user physician or physicians and qualified medical physicist or physicists;
 - d. Methodology for measurement of dosages to be administered to patients or human research subjects;
 - e. Documentation regarding calibration, maintenance, and repair of the device, as well as instruments and equipment necessary for radiation safety;
 - f. Radiation safety precautions and instructions; and
 - g. Other information requested by the Department in its review of the application; and
2. The applicant or registrant has received written approval from the Department to utilize the device in accordance with the regulations and specific conditions the Department considers necessary for the medical use of the device; and
3. The applicant or registrant has submitted the application information and forms required by Article 2.
4. In addition to the requirements of this Section, a registrant using a device for x-ray radiation therapy shall meet the requirements of R9-7-611.01(Q), (R), and (S).

Historical Note

New Section R9-7-611.02 recodified from R12-1-611.02 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-612. Computed Tomography Systems**A. Definitions:**

1. "CT" means computed tomography.
2. "CT conditions of operation" means all selectable parameters governing the operation of a CT including nominal tomographic section thickness, and technique factors.
3. "CTDI" means computed tomography dose index, the integral of the dose profile along a line perpendicular to the tomographic plane divided by the product of the nominal

tomographic thickness and the number of tomogram produced in a single scan.

4. "CTDI vol" means a value of a volume-weighted tomography dose index. The unit of the CTDI vol is Gray or subunits of the Gray. The value of the CTDI vol for patient scan is used to trigger a notification when the value exceeds or will exceed a threshold value.
 5. "CTN" means CT number, the number used to represent the x-ray attenuation associated with each elemental area of the CT image.
 6. "Dose profile" means the dose as a function of position along a line.
 7. "DLP" means the dose-length product. The DLP is the mathematical product of the CTDI vol and the length of the scan. The unit DLP is the Gray-cm of subunits of the Gray-cm. The DLP is used to trigger a notification when the value exceeds or will exceed a threshold value.
 8. "Elemental area" means the smallest area within a tomogram for which the x-ray attenuation properties of a body are depicted.
 9. "Multiple tomogram system" means a CT system that obtains x-ray transmissions data simultaneously during a single scan to produce more than one tomogram.
 10. "Nominal tomographic section thickness" means the full width at half-maximum of the sensitivity profile taken at the center of the cross section volume over which x-ray transmission data are collected.
 11. "Reference plane" means a plane that is displaced from and parallel to the tomographic plane.
 12. "Scan" means the complete process of collecting x-ray transmission data for the production of a tomogram. Data can be collected simultaneously during a single scan for the production of one or more tomograms.
- B. Facility:** A registrant shall ensure that a CT facility has:
1. An operable two-way communication system between the patient and the operator in each CT room.
 2. A viewing system that will allow the operator to continuously view the patient from the control panel during each examination. If the viewing system malfunctions the CT shall not be used until the viewing system is repaired.
- C. Equipment:** A registrant shall ensure that:
1. There is a means to terminate x-ray exposure automatically in the event of equipment failure by:
 - a. De-energizing the x-ray source, or
 - b. Shuttering the x-ray beam.
 2. The equipment shall provide the operator the ability to terminate the x-ray exposure at any time during the examination, provided the scan or series of scans is greater than one-half second duration.
 - a. If an operator terminates an x-ray exposure, the operator shall reset the CT conditions of operation before the initiation of another scan.
 - b. A visible signal shall indicate when an x-ray exposure has been terminated because of equipment failure.
 3. A means is provided to permit visual determination of the tomographic plane for a single tomogram system, or the location of a reference plane offset from a single tomograph or multiple tomogram system.
 - a. If a light source is used to satisfy this requirement, it shall provide illumination of the tomographic plane or reference plane under ambient light conditions.
 - b. The difference between the actual plane location and the indicated location of a tomographic plane or reference plane shall not exceed 5 millimeters.

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- c. The deviation of indicated scan increment versus actual increment shall not exceed plus or minus 1 millimeter with any mass from 0 to 100 kilograms resting on the patient support device.
 4. The control panel and gantry provides a visual indication, if x-rays are produced.
 5. Emergency buttons and switches are marked by function.
 6. Parameters of CT operation used during a patient examination are visible to the operator upon initiation of the scan. If an operational parameter is not adjustable by the operator, this subsection may be met by indicating on the control panel the parameter is not adjustable by the operator.
 7. Radiation exposure does not exceed 100 mR in one hour at one meter in any direction from the tube port of an operating CT.
 8. The angular position or positions where the maximum surface CTDI occurs is identified to allow for reproducible positioning of a CT dosimetry phantom, except in those cases where the x-ray tubes are designed to move, in which case, the maximum dose and associated tube position shall be evaluated according to manufacturer recommendations.
- D. Operating Procedures.** A registrant shall ensure that:
1. Operating procedures are available at the control panel, or by electronic means, regarding the operation of a CT and evaluation of a CT's operation.
 2. The operating procedures contain the following information:
 - a. A copy of the latest evaluation of the CT's operation, to include output for each CT procedure, performed by a qualified expert;
 - b. Instructions on the use of the CT performance phantom by the qualified expert, a schedule of quality control tests with the results of the most recent quality control test, and the allowable variations for the indicated parameters;
 - c. The distance in millimeters between the tomographic plane and the reference plane if a reference plane is used; and
 - d. A current technique chart that contains the information required in R9-7-607(D)(4)(a) for both adult and pediatric patients, as applicable, is available at the CT operating console, and a procedure for determining whether a CT has been performed according to instructions of a physician.
 - e. A written or electronic log that contains the information required in R9-7-607(D)(5) as well as an entry in the record of any displayed values for the exam from either a CTDI vol or DLP measurement for each patient exam completed on equipment manufactured on or after January 1, 2011.
 3. If the evaluation of the CT's operation or quality control test identifies a parameter exceeding the tolerance established by a qualified expert, the use of a CT for patient examination is limited to those uses established in written instructions from the qualified expert.
- E. Quality control tests.** A registrant shall have a written quality control test procedure, developed by a qualified expert, and ensure that the quality control test procedure:
1. Incorporates the use of a CT performance phantom that is compatible with an approved accreditation program approved by the Medicare Improvements for Patients and Providers Act (MIPPA) or supplied by or approved for use by the manufacturer of the unit.
 2. Is followed in the evaluation of the CT's operation, that the interval between tests does not exceed those set forth in the application for accreditation or quarterly if not accredited by an organization approved by (MIPPA), and that system conditions are specified by the registrant's qualified expert.
 3. Includes obtaining quality control test images with the CT performance phantom using the same processing mode and CT conditions of operation that are used to perform the evaluation of the CT's operation.
 4. Requires that images obtained under subsection (E)(3) be retained until a new evaluation of the CT's operation is performed.
 5. Requires that any Alerts and Notification settings using CTDI vol or DLP are reviewed against preloaded techniques in the system and any missing fields are reviewed with the staff radiologist and noted in the annual report.
 6. Requires the quality control test procedure and records of quality control tests performed be maintained for three years for Department inspection.
- F. Evaluation of a CT's operation.** A registrant shall ensure that:
1. The evaluation of a CT's operation is performed by, or under the direct supervision of, a qualified expert who is physically present at the facility during the evaluation of the CT's operation.
 2. The evaluation of a CT's operation:
 - a. Is performed before initial patient use and annually (within two months of the annual due date) and after any change or replacement of components that could, in the opinion of the qualified expert, cause a change in radiation output; and
 - b. Shall measure the CTDI in a dosimetry phantom along the two axes specified in subsection (F)(4)(b).
 - c. A complete evaluation of a CT unit, performed before the annual due date shall clearly list if the new survey changes the annual due date for the unit. It shall be clearly noted on all documentation for the next three years that the survey has established a new annual due date based upon the date of the new survey.
 3. The evaluation of a CT's x-ray system is performed with a calibrated dosimetry system that:
 - a. Has been calibrated using a method that is traceable to the National Institute of Standards and Technology (NIST), and
 - b. Has been calibrated within the preceding two years.
 4. CT dosimetry phantoms used in determining radiation output are compatible with an approved accreditation program approved by (MIPPA) or supplied by or approved for use by the manufacturer of the unit; and
 - a. Are constructed in a way that the parameters used to image the most commonly imaged parts of the human body are evaluated; and
 - b. At a minimum, provide means for placement of a dosimeter along the axis of rotation and along a line parallel to the axis of rotation 1.0 centimeter from the outer surface and within the phantom.
 5. Any effects on the measured dose due to the removal of phantom material to accommodate the dosimeter are accounted for in the reported data or included in the statement of maximum deviation for the measured values.
- G. CT units designated for simulator use, veterinary use, dental use, podiatry use, and non-diagnostic use on humans are exempt from the annual requirements in subsections (E) and (F) provided an initial evaluation is conducted by a qualified expert and the output does not exceed the manufacturers spec-**

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ified limits. The initial evaluation shall be maintained for Department review.

Historical Note

New Section R9-7-612 recodified from R12-1-612 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-613. Veterinary Medicine Radiographic Systems**A. Equipment.** A registrant shall ensure that:

1. The total filtration permanently in the useful beam is not less than 1.5 millimeters aluminum-equivalent for equipment operating at up to 70 kVp and 2.0 millimeters aluminum-equivalent for equipment operating in excess of 70 kVp;
2. A device is provided to terminate the exposure after a preset time or exposure;
3. Each radiographic system has a "dead-man" exposure switch with an electrical cord of sufficient length to allow the operator to stand at least 1.82 meters (six feet) away from the useful beam during x-ray exposures.

B. Procedures: A registrant shall ensure that:

1. Unless required to restrain an animal, the operator stands at least 1.82 meters (6 feet) away from the useful beam and the animal during a radiographic exposure;
2. An individual other than the operator is not in the x-ray room or area while an exposure is being made, unless the individual's assistance is required;
3. If possible, an animal is held in position during an x-ray exposure using mechanical supporting or restraining devices;
4. An individual holding an animal during an x-ray exposure is:
 - a. Wearing protective gloves and an apron of not less than 0.5 millimeter lead equivalent or positioned behind a whole-body protective barrier;
 - b. Wearing required personnel monitoring devices; and
 - c. Positioned so that no part of the person's body, except hands and arms, will be struck by the useful beam;
5. If an individual holds or supports an animal or a film during an x-ray exposure, the name of the individual is recorded in an x-ray log that contains the animal's name, the type of x-ray procedure, the number of exposures, and the date of the procedure; and
6. As a condition of employment an individual is not required to routinely hold or support animals, or hold film during radiation exposures.

Historical Note

New Section R9-7-613 recodified from R12-1-613 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-614. Mammography Systems**A. Equipment.** A registrant shall ensure that:

1. Only radiation machines specifically designed for mammographic examinations are used;
2. The film processor used in the registrant's facility is maintained in accordance with the film processor's and film manufacturer's recommendations;
3. Each facility has an image development system onsite unless the Department has approved an alternate system;
4. If used with screen-film image receptors, and the contribution to filtration made by the compression device is included, the useful beam has a half-value layer between the values of: "measured kVp/100 and measured kVp/100

+ L millimeters" of aluminum equivalent, where L = 0.12 for Mo/Mo, L = 0.19 for Mo/Rh, L = 0.22 for Rh/Rh, L = 0.30 for W/Rh target filtration combinations and L = 0.33 for other target filtration combinations not otherwise specified.

5. The combination of focal spot size, source-to-image distance and magnification produces a radiograph with a resolution of at least 12 line pairs per millimeter at an object-to-image receptor distance of 4.5 centimeters; or the standards in Table 3-3 of the American Association of Physicists in Medicine (AAPM), Report No. 29, Equipment Requirements and Quality Control for Mammography, August 1990, published by the American Institute of Physics, Suite 1NO1, 2 Huntington Quadrangle, Melville, NY 11747 (This report is incorporated by reference and available under R9-7-101. The incorporated material contains no future editions or amendments. The report is available online at: <http://www.aapm.org/pubs/reports>; print copies may be purchased from Medical Physics Publishing, 4513 Vernon Blvd., Madison, WI 53705; toll free at (800) 442-5778.);
6. The compression device used with the mammographic unit, unless specifically manufactured otherwise, is parallel to the imaging plane, not varying at any spot by more than 1 centimeter;
7. The mammographic x-ray system with initial power drive:
 - a. Has compression paddles compatible with each size of image receptor;
 - b. Is capable of compressing the breast with a force of at least 25 pounds, but not more than 45 pounds, and maintaining the compression for at least three seconds; and
 - c. Is used in a manner so that the chest wall edge of the compression device is aligned just beyond the chest wall edge of the image receptor so that the chest wall edge of the compression device does not appear on the image receptor;
8. A mammographic x-ray system using screen-film image receptors has:
 - a. At least two different sizes of moving anti-scatter grids, including one for each size of image receptor utilized; and
 - b. Automatic exposure control;
9. All mammographic x-ray systems indicate or provide a means of determining, the mAs resulting from each exposure made with automatic exposure control;
10. The collimation provided limits the useful beam to the image receptor so that the beam does not extend beyond any edge of the image receptor at any designated source to image receptor distance by more than 2 percent of the source to image receptor distance;
11. The accuracy of the indicated kVp is within plus or minus 2kVp;
12. Mammographic x-ray systems operating with automatic exposure control are capable of maintaining a film density within plus or minus 0.15 optical density units over the clinical range of kVp used, for a breast having an equivalent phantom thickness from 2 to 6 centimeters. If a technique chart is used, the operator shall maintain the film density within plus or minus 0.15 optical density units of the mean optical density;
13. At a kVp of 28, the mammographic x-ray system is capable of generating at least 2.0 $\mu\text{C/kg/mAs}$ (8mR/mAs) and at least 200 $\mu\text{C/kg/second}$ (800 mR/second), measured at a point 4.5 centimeters above the surface of the patient

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support device when the Source-image receptor distance is at its maximum;

14. Screens are not used for mammography if one or more areas of greater than 1 centimeter squared of poor screen-film contact are seen when tested, using a 40 mesh screen test;
15. Mammographic image quality meets the minimum mammography film standards for phantom performance in Mammography Quality Control Manual, 1999 edition, published by the American College of Radiology (ACR). (This manual is incorporated by reference and available under R9-7-101. The incorporated material contains no future editions or amendments. The manual is available from ACR Publication Sales, P.O. Box 533, Annapolis Junction, MD 20701: toll free at (800) 227-7762; e-mail at: acr@brightkey.net).
16. The mean glandular dose for one cranio-caudal view of a 4.2 centimeter (1.8 inch) compressed breast, composed of 50 percent adipose and 50 percent glandular tissue, does not exceed 300 millirads (3 milligray); and
17. A radiologic physicist who meets the requirements in R9-7-615(A)(1)(c) evaluates the operation of a mammographic x-ray system:
 - a. When first installed and annually thereafter,
 - b. Following any major change in equipment or replacement of parts, and
 - c. When quality assurance tests indicate calibration is necessary.

B. Operating Procedures. A registrant shall ensure that:

1. Each mammographic facility has a quality assurance program, and that the quality assurance program includes performance and documentation of the quality control tests in subsection (B)(2), conducted at the required time intervals. Test results shall fall within the specified limits in subsection (B)(2) or the registrant shall take corrective action and maintain documentation that the results are within specified limits before performing or processing any further examinations using the system that failed. A radiologic physicist, as defined in R9-7-615(A)(1)(c), shall review the program and make any recommendations necessary for the facility to comply with this Section;
2. The quality assurance program meets federal requirements (Contained in 21 CFR 900.12(d)(1), and (e)(1) through (e)(10), revised April 1, 2013, incorporated by reference and available under R9-7-101. This incorporated material contains no future editions or amendments.); or the following requirements:
 - a. Daily sensitometric and densitometric evaluation of the image processing system demonstrates that $\text{Base} + \text{Fog} < +0.03$ optical density of operating level, $\text{Mid Density} \pm 0.15$ optical density of operating level, and $\text{Density Difference} \pm 0.15$ optical density of operating level;
 - b. Weekly phantom image quality evaluations demonstrate the visualization of at least four fibers, three speck groups, and three masses with a background of greater than 1.40 optical density, not varying by 0.20 optical density of operating level;
 - c. Monthly technique chart evaluations demonstrate updates for all equipment changes and that all examinations are being performed according to a physicist's density control recommendation;
 - d. Quarterly fixer retention evaluations demonstrate an acceptable limit of less than or equal to 5.0 micrograms per square centimeter;

- e. Quarterly repeat analysis demonstrates an acceptable limit of less than 2 percent increase in repeats;
- f. Semiannual darkroom fog evaluations meet the limit of less than or equal to 0.05 optical density of fog, using the two minute exposed film method;
- g. Semiannual screen film contact evaluations meet the limit of less than one area of poor contact of 1 centimeter squared, using a 40 mesh screen on all clinically-used screens;
- h. Semiannual automatic compression force evaluations meet the limit of greater than or equal to 25 pounds (111 Newtons) and less than 45 pounds (200 Newtons);
- i. A survey shall be conducted annually and whenever indicated for installation, major repairs, parts replacement, or as deemed necessary by a qualified expert when quality control test results indicate a survey is necessary; the survey shall include all of the following tests:
 - i. Automatic exposure control performance and thickness response;
 - ii. Accuracy and reproducibility of kVp;
 - iii. System resolution;
 - iv. Breast entrance air kerma and automatic exposure control reproducibility;
 - v. Average glandular dose;
 - vi. X-ray field, light field, and image receptor alignment;
 - vii. Compression paddle alignment;
 - viii. Uniformity of screen speed;
 - ix. System artifacts;
 - x. Radiation output;
 - xi. Decompression;
 - xii. Beam quality and half value layer;
- j. For systems with image receptor modalities other than screen film:
 - i. The quality assurance and quality control program for the acquisition system meets or exceeds the recommendations by the manufacturer;
 - ii. The quality assurance and quality control program for the printer meets or exceeds the recommendations by the image receptor manufacturer. In the absence of recommendations by the image receptor manufacturer for the specified printer, the quality control and assurance program meets or exceeds the recommendations of the printer manufacturer; and
 - iii. The quality assurance and quality control program for the interpretation monitors meets or exceeds the recommendations by the image receptor manufacturer. In the absence of recommendations by the image receptor manufacturer for the specified monitor or monitors, the quality control and assurance program meets or exceeds the recommendations of the interpretation monitor or monitors manufacturer; and
- k. The registrant maintains records documenting compliance with the provisions in this subsection for three years from the date each requirement is met. The records shall be made available for Department inspection.

C. Mammographic films and reports.

1. A registrant shall maintain films and reports for a minimum of five years. In those cases where no subsequent mammographic procedures are performed, the registrant

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shall maintain films and associated reports for 10 years. If the mammographic facility is closed, the registrant shall make arrangements for storage of the films and associated reports for five years after the closure; and

2. A registrant shall make films and reports available for comparison upon request for temporary or permanent transfer to other mammographic facilities.

Historical Note

New Section R9-7-614 recodified from R12-1-614 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-615. Mammography Personnel**A. Personnel.**

1. Each registrant shall require personnel who perform mammography, which includes the production, processing, and interpretation of mammograms and related quality assurance activities, to meet the following requirements:
 - a. An interpreting physician shall meet federal requirements (Contained in 21 CFR 900.12(a)(1), revised April 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); or
 - i. Be licensed under A.R.S. Title 32, Chapters 13 or 17;
 - ii. Have initially completed 40 hours of medical education credits in mammography;
 - iii. Be certified by the American Board of Radiology or the American Osteopathic Board of Radiology or meet the requirements of the mammography quality standards act regulations for quality standards of interpreting physicians;
 - iv. Have interpreted or reviewed an average of 300 mammograms per year during the preceding two years or have completed a radiology residency that included mammogram image interpretation in the preceding two years;
 - v. Have completed 15 hours of continuing medical education credits in mammography during the preceding three years; and
 - vi. Have received at least eight hours of training specific to each mammographic modality before engaging in independent interpretation.
 - b. A mammographic technologist shall meet federal requirements (Contained in 21 CFR 900.12(a)(2), revised April 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); or
 - i. Possess a valid mammographic technologist certificate issued by the Medical Radiologic Technology Board of Examiners, as required in A.R.S. § 32-2841, or be pursuing mammography certification by training under the direct supervision of a technologist who possesses a valid mammographic technologist certificate;
 - ii. Have performed at least 200 mammographic examinations in the preceding two years;
 - iii. Have completed 15 hours of continuing medical education credits in mammography during the preceding three years; and
 - iv. Have received at least eight hours of training specific to each mammographic modality to be used by the technologist in performing mammographic examinations.

- c. A radiologic physicist shall meet federal requirements (Contained in 21 CFR 900.12(a)(3), revised April 1, 2013, incorporated by reference and available under R9-7-101. This incorporated material contains no future editions or amendments.); or
 - i. Be certified by the American Board of Radiology, American Board of Medical Physics, or the American Board of Health Physics;
 - ii. Possess documentation of state approval;
 - iii. Hold a master's degree or higher in a physical science;
 - iv. Have, upon initial employment as a radiologic physicist, experience conducting, at least one mammographic facility survey and evaluating at least 10 mammographic units;
 - v. Have, after completing the experience requirements in subsection (A)(1)(c)(iv), continuing experience surveying two mammographic facilities and evaluating six mammographic units during the preceding two years;
 - vi. Have completed 15 hours of continuing medical education credits in mammography during the three preceding years; or
 - vii. Have received at least eight hours of training specific to any modality surveyed; and
2. Each registrant shall maintain records documenting the requirements in subsection (A)(1) for three years from the date the requirement is met and make the records available for Department inspection.

- B.** Radiologic physicists shall apply for and renew their certification on Department-approved forms. In addition to the Department-approved forms, applicants must also submit documentation showing education, mammography specific training, education, and board certification. Upon renewal, an applicant must submit documentation showing current continuing education requirements are met.

Historical Note

New Section R9-7-615 recodified from R12-1-615 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Appendix A. Information Submitted to the Department According to R9-7-604(A)(3)(c)

- A.** Name and address of the applicant and, if applicable, the name and address of any person within this state that is authorized to act on behalf of the applicant;
- B.** Disease or conditions to be diagnosed using the proposed x-ray examination;
- C.** A detailed description of each x-ray examination that will be used in the diagnosis;
- D.** A description of the population to be examined in the screening program, using characteristics such as age, sex, physical condition, and other descriptive information;
- E.** An evaluation of any known alternative diagnostic modalities not involving ionizing radiation that could achieve the same diagnosis as a screening program and why these modalities have not been chosen;
- F.** An evaluation by a qualified expert of the x-ray equipment used in the screening program, which demonstrates that the x-ray equipment satisfies the requirements of this Article;
- G.** A description of the quality control program;
- H.** A copy of the technique chart for the planned x-ray examination;
- I.** The qualifications of each individual who will be operating the x-ray equipment;
- J.** The qualifications of the individual who will be supervising each operator of the x-ray equipment;

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- K. The name and address of the individual who will interpret each radiographic image;
- L. A description of the planned procedures for advising a screened individual and the screened individual's physician of the screening procedure results, and the need for further medical care, and
- M. A description of the procedures for retention or disposition of the radiographic images and other records pertaining to the x-ray examination.

Historical Note

New Appendix A, recodified from 12 A.A.C. 1, Article 6, Appendix A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 7. MEDICAL USES OF RADIOACTIVE MATERIAL**R9-7-701. License Required**

- A. A person may manufacture, produce, acquire, receive, possess, prepare, use, or transfer radioactive material for medical use only in accordance with a specific license issued by the Department, the NRC, or another Agreement State, or as allowed in subsection (B)(1) or (B)(2).
- B. A specific license is not needed for an individual who:
 1. Receives, possesses, uses, or transfers radioactive material in accordance with the rules in this Chapter under the supervision of an authorized user as provided in R9-7-706, unless prohibited by license condition; or
 2. Prepares unsealed radioactive material for medical use in accordance with the rules in this Chapter under the supervision of an authorized nuclear pharmacist or authorized user.

Historical Note

New Section R9-7-701 recodified from R12-1-701 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-702. Definitions

"Authorized medical physicist" means an individual who meets the requirements in R9-7-711. For purposes of ensuring that personnel are adequately trained, an authorized medical physicist is a "qualified expert" as defined in Article 1.

"Authorized nuclear pharmacist" means a pharmacist who meets the requirements in R9-7-712.

"Authorized user" means a physician, dentist, or podiatrist who meets the requirements in R9-7-719, R9-7-721, R9-7-723, R9-7-727, R9-7-728, or R9-7-744.

"Brachytherapy" means a method of radiation therapy in which a sealed source or group of sealed sources is utilized to deliver beta or gamma radiation at a distance of up to a few centimeters, by surface, intracavitary, intraluminal, or interstitial application.

"CT" means computerized tomography.

"High dose rate afterloading brachytherapy" means the treating of human disease using the radiation from a radioactive sealed source containing more than 1 curie of radioactive material. The radioactive material is introduced into a patient's body using a device that allows the therapist to indirectly handle the radiation source during the treatment. For purposes of the requirements in this Article "pulse dose rate afterloading brachytherapy" is included in this definition.

"Human research subject" means an individual who is or becomes a participant in research overseen by an IRB, either as a recipient of the test article or as a control. A

subject may be either a healthy human, in research overseen by the RDRC, or a patient.

"Institutional review board" (IRB) is defined in R9-7-704(B).

"Manual brachytherapy" means a type of brachytherapy in which the brachytherapy sources (e.g., seeds, ribbons) are manually placed topically on or inserted either into the body cavities that are in close proximity to a treatment site or directly into the tissue volume.

"Medical event" means an event that meets the criteria in R9-7-745.

"Medical institution" means an organization in which several medical disciplines are practiced.

"Medical use" means the intentional internal or external administration of radioactive material, or the radiation from it, to an individual under the supervision of an authorized user.

"Nuclear cardiology" means the diagnosis of cardiac disease using radiopharmaceuticals.

"PET" means positron emission tomography.

"Physically present" means that a supervising medical professional is in proximity to the patient during a radiation therapy procedure so that immediate emergency orders can be communicated to ancillary staff, should the occasion arise.

"Prescribed dosage" means the specified activity or range of activity of unsealed radioactive material as documented:

In a written directive; or

In accordance with the directions of the authorized user for procedures performed in accordance with the uses described in Exhibit A.

"Prescribed dose" means:

For gamma stereotactic radiosurgery, the total dose as documented in the written directive;

For teletherapy, the total dose and dose per fraction as documented in the written directive;

For manual brachytherapy, either the total source strength and exposure time or the total dose, as documented in the written directive; or

For remote brachytherapy afterloaders, the total dose and dose per fraction as documented in the written directive.

"Radiation Safety Officer" (RSO) for purposes of this Article, and in addition to the definition in Article 1 means an individual who:

Meets the requirements in R9-7-710, or

Is identified as a radiation safety officer on:

A specific medical use license issued by the NRC or Agreement State; or

A medical use permit issued by a NRC master material license.

"Radioactive drug" is defined in 21 CFR 310.3(c) and includes a "radioactive biological product" as defined in 21 CFR 600.3, April 1, 2006, both of which are incorporated by reference, published by the Office of Federal Register, National Archives and Records Administration, Washington, DC 20408, and on file with the Department. These incorporated materials contain no future editions or amendments.

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“Radioactive Drug Research Committee” (RDRC) means the committee established by the licensee to review all basic research involving the administration of a radioactive drug to human research subjects, taken from 21 CFR 361.1, April 1, 2006, which is incorporated by reference, published by the Office of Federal Register, National Archives and Records Administration, Washington, DC 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments. Research is considered basic research if it is done for the purpose of advancing scientific knowledge, which includes basic information regarding the metabolism (including kinetics, distributions, dosimetry, and localization) of a radioactive drug or regarding human physiology, pathophysiology, or biochemistry. Basic research is not intended for immediate therapeutic or diagnostic purposes and is not intended to determine the safety and effectiveness of a radioactive drug in humans.

“Radiopharmaceutical” means any drug that exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any nonradioactive reagent kit or nuclide generator that is intended to be used in the preparation of any such substance. For purposes of this Article radiopharmaceutical is equivalent to radioactive drug.

“Remote afterloading brachytherapy device” means a device used in radiation therapy that allows the authorized user to insert, from a remote location, a radiation source into an applicator that has been previously inserted in an individual requiring treatment.

“Sealed Source and Device Registry” means the national registry that contains all the registration certificates, generated by both NRC and the Agreement States, that summarize the radiation safety information for the sealed sources and devices and describe the licensing and use conditions approved for the product.

“Stereotactic radiosurgery” means the use of external radiation in conjunction with a stereotactic guidance device to very precisely deliver a dose.

“Teletherapy” means therapeutic irradiation in which the sealed source of radiation is at a distance from the body.

“Therapeutic dosage” means a dosage of unsealed radioactive material that is intended to deliver a radiation dose to a patient or human research subject for palliative or curative treatment.

“Therapeutic dose” means a radiation dose delivered from a source containing radioactive material to a patient or human research subject for palliative or curative treatment.

“Treatment site” means the anatomical description of the tissue intended to receive a radiation dose, as described in a written directive.

“Unit dosage” means a dosage prepared for medical use for administration as a single dosage to a patient or human research subject without any further manipulation of the dosage after it is initially prepared.

“Written directive” means an authorized user’s written order for the administration of radioactive material or radiation from radioactive material to a specific patient or human research subject, as specified in R9-7-707.

Historical Note

New Section R9-7-702 recodified from R12-1-702 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-703. License for Medical Use of Radioactive Material

- A.** In addition to the requirements set forth in R9-7-309, the Department shall issue a specific license for medical use of radioactive material if:
 1. The applicant has appointed a radiation safety committee, meeting the requirements in R9-7-705, that will oversee the use of licensed material throughout the licensee’s facility and associated radiation safety program;
 2. The applicant possesses facilities for the clinical care of patients or human research subjects; and
 3. The individual designated on the application as an authorized user has met the training and experience requirements in R9-7-719, R9-7-721, R9-7-723, R9-7-727, R9-7-728, or R9-7-744.
- B.** Specific licenses to individual authorized users for medical use of radioactive material:
 1. The Department shall approve an application by a prospective individual authorized user or prospective group of authorized users for a specific license governing the medical use of radioactive material if:
 - a. The applicant satisfies the general requirements in R9-7-309;
 - b. The application is for use in the applicant’s practice at an office outside of a medical institution;
 - c. The applicant meets the training and experience requirements in subsection (A)(3); and
 - d. The applicant has a radiation safety committee, if the criteria in R9-7-705 are applicable and a RDRC, if the use is basic research involving humans.
 2. The Department shall not approve an application by a prospective authorized user or group of prospective authorized users for a specific license to receive, possess, or use radioactive material on the premises of a medical institution unless:
 - a. The use of radioactive material is limited to:
 - i. The administration of radiopharmaceuticals for diagnostic or therapeutic purposes;
 - ii. The performance of diagnostic studies on patients or human research subjects to whom a radiopharmaceutical has been administered;
 - iii. The performance of in vitro diagnostic studies; or
 - iv. The calibration and quality control checks of radioactive assay instrumentation, radiation safety instrumentation, or diagnostic instrumentation;
 - b. The authorized user brings the radioactive material and removes the radioactive material upon departure; and
 - c. The medical institution does not hold a radioactive materials license under subsection (A).
- C.** Specific licenses for certain groups of medical uses of radioactive material:
 1. The Department shall approve an application for a specific license under subsections (A) or (B), for any medical use or uses of radioactive material specified in Groups 100 through 1,000, in Exhibit A of this Article, for all of the materials within each group requested in the application if:
 - a. The applicant satisfies the requirements of subsections (A) and (B);
 - b. Each person involved in the preparation and use of the radioactive material is an authorized user, an

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authorized nuclear pharmacist, or certified as a nuclear medicine technologist by the Medical Radiologic Technology Board of Examiners (MRTBE);

- c. The applicant's radiation detection and measuring instrumentation is adequate for conducting the procedures involved in the authorized uses selected from Group 100 through Group 1,000; and
 - d. The applicant's radiation safety operating procedures are adequate for handling and disposal of the radioactive material involved in the authorized uses selected from Group 100 through Group 1,000.
2. Any licensee who is authorized to use radioactive material:
 - a. In unsealed form under Groups 100, 200, 300 or 1,000 listed in Exhibit A of this Article, shall do so using radiopharmaceuticals prepared in accordance with R9-7-311(I); or
 - b. In sealed source form under Groups 400, 500, 600, or 1,000 listed in Exhibit A of this Article, shall do so using sealed sources that have been manufactured and distributed in accordance with R9-7-311(K);
 - c. In any form under group 1,000 listed in Exhibit A of this Article, shall do so using sealed and unsealed sources that have been manufactured and distributed in accordance with the specific license issued by the Department.
 3. Any licensee who is licensed according to subsection (C)(1), for one or more of the medical use groups in Exhibit A also is authorized to use radioactive material under the general license in) R9-7-306(E) for the specified in vitro uses without filing Form ARRA-9 as required by R9-7-306(E)(2); provided, that the licensee is subject to the other provisions of R9-7-306(E).
- D.** In addition to the other license application requirements in this Section, each applicant shall include in the radiation safety program required under subsection (A)(1) a system for ensuring that each syringe and vial that contains unsealed radioactive material is labeled in accordance with R9-7-431(D).

Historical Note

New Section R9-7-703 recodified from R12-1-703 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-704. Provisions for the Protection of Human Research Subjects

- A.** A licensee may conduct basic research involving human research subjects and research involving patients receiving investigational new drugs or devices if the licensee only uses the radioactive material specified on the license for the uses authorized on the license.
- B.** If research is conducted, funded, supported, or regulated by a federal agency that has implemented the federal Policy for Protection of Human Research Subjects (45 CFR 46, June 23, 2005, which is incorporated by reference, published by the Office of Federal Register, National Archives and Records Administration, Washington, DC 20408, on file with the Department, and contains no future editions or amendments), the licensee shall:
 1. Obtain review and approval of the research from an Institutional Review Board (IRB); and
 2. Obtain informed consent from the human research subject.
- C.** If research will not be conducted, funded, supported, or regulated by a federal agency that has implemented the federal policy in subsection (B), a medical licensee shall, before conducting research, apply for and receive a specific amend-

ment to its use license. The amendment request shall include a written commitment that the licensee will, before conducting research:

1. Obtain review and approval of the research from an IRB, as defined and described in the federal policy; and
 2. Obtain informed consent from the human research subject.
- D.** Before conducting the research described in subsection (A) the licensee shall apply to the Department for and receive a specific amendment to its medical use license. The amendment request shall include a written commitment that the licensee will, before conducting research:
1. Obtain any review and approval required by this Section, and
 2. Obtain informed consent from the human research subject if applicable.
- E.** Nothing in this Section relieves a licensee from complying with the other requirements in this Article.

Historical Note

New Section R9-7-704 recodified from R12-1-704 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-705. Authority and Responsibilities for the Radiation Protection Program

- A.** A licensee's management shall appoint in writing a radiation safety officer, who agrees, in writing, to be responsible for implementing the radiation protection program. The licensee, through the RSO, shall ensure that radiation safety activities are being performed in accordance with licensee-approved procedures and regulatory requirements. Each time the RSO is changed, the licensee shall provide to the Department within 30 days an amendment request and a copy of the correspondence between the licensee's management and the candidate, accepting the position of RSO.
- B.** Licensees that are authorized for two or more different types of uses of radioactive material listed in Groups 300, 400, 600, and 1,000, or two or more types of units under group 600 or 1,000, shall establish a Radiation Safety Committee (RSC) to oversee all uses of radioactive material permitted by the license. At a minimum, the RSC shall include an authorized user of each type of use permitted by the license, the RSO, a representative of the nursing service, and a representative of management who is neither an authorized user nor a RSO.
- C.** If a licensee or applicant is not a health care institution and is unable to meet the RSC membership requirements in subsection (B), the licensee or applicant may request an exemption in accordance with A.R.S. § 30-654(B)(13). The request for exemption shall be made to the Department in writing and list the reasons why the health care institution is unable to meet the requirements.
- D.** A licensee shall ensure that the RSC meets, at a minimum, on an annual basis and maintain the RSC meeting minutes for Department review for three years after the date of the RSC meeting.

Historical Note

New Section R9-7-705 recodified from R12-1-705 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-706. Supervision

- A.** For purposes of this rule, "supervision" means the exercise of control over or direction of the use of radioactive material in the practice of medicine by an authorized user named on a radioactive material license. Supervision does not require a supervising physician's constant physical presence if the supervising physician can be easily contacted by radio, telephone, or telecommunication.

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- B.** A physician may use radioactive material if the person is licensed by the Arizona Medical Board or Board of Osteopathic Examiners in Medicine and Surgery and is listed as an authorized user on the Arizona radioactive material license under which the radioactive material is obtained.
- C.** A licensee that permits the receipt, possession, use, or transfer of radioactive material by an individual under the supervision of an authorized user, shall:
1. Instruct the supervised individual in the licensee's written radiation protection procedures, written directive procedures, rules, and license conditions with respect to the use of radioactive material; and
 2. Require the supervised individual to follow the instructions of the supervising authorized user for medical uses of radioactive material, written radiation protection procedures established by the licensee, written directive procedures, rules, and license conditions with respect to the medical use of radioactive material.
- D.** A licensee that permits the preparation of radioactive material for medical use by an individual who is supervised by an authorized nuclear pharmacist or a physician, who is an authorized user, shall:
1. Instruct the supervised individual in the preparation of radioactive material for medical use, as appropriate to that individual's involvement with radioactive material; and
 2. Require the supervised individual to follow the instructions of the supervising authorized user or authorized nuclear pharmacist regarding the preparation of radioactive material for medical use, written radiation protection procedures established by the licensee, the rules, and license conditions.
- E.** A licensee that permits supervised activities under subsections (C) and (D) is responsible for the acts and omissions of the supervised individual.
- F.** A limited-service nuclear pharmacy licensee shall dispense radiopharmaceuticals only to a physician listed as an authorized user on a valid radioactive material license issued by the Department, an Agreement State, or the NRC. For purposes of this rule "limited-service nuclear pharmacy" is defined in R4-23-110.
- Historical Note**
New Section R9-7-706 recodified from R12-1-706 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-707. Written Directives**
- A.** A licensee shall ensure that a written directive is dated and signed by an authorized user before the administration of I-131 sodium iodide greater than 1.11 MBq (30 microcuries (μCi)), any therapeutic dosage of unsealed radioactive material or any therapeutic dose of radiation from radioactive material. If, because of the emergent nature of the patient's condition, a delay in order to provide a written directive would jeopardize the patient's health, an oral directive is acceptable. The information contained in the oral directive shall be documented as soon as possible in writing in the patient's record. A written directive shall be prepared within 48 hours of the oral directive.
- B.** A written directive shall contain the patient or human research subject's name and the following information:
1. For any administration of quantities greater than 1.11 MBq (30 μCi) of sodium iodide I-131: the dosage;
 2. For an administration of a therapeutic dosage of unsealed radioactive material other than sodium iodide I-131: the radiopharmaceutical, dosage, and route of administration;
 3. For gamma stereotactic radiosurgery: the total dose, treatment site, and values for the target coordinate settings per treatment for each anatomically distinct treatment site;
 4. For teletherapy: the total dose, dose per fraction, number of fractions, and treatment site;
 5. For high dose-rate remote afterloading brachytherapy: the radionuclide, treatment site, dose per fraction, number of fractions, and total dose; or
 6. For all other brachytherapy, including low, medium, and pulsed dose rate remote afterloaders:
 - a. Before implantation: treatment site, the radionuclide, and dose; and
 - b. After implantation but before completion of the procedure: the radionuclide, treatment site, number of sources, and total source strength and exposure time (or the total dose).
- C.** The licensee shall retain a copy of the written directive for three years after creation of the record.
- Historical Note**
New Section R9-7-707 recodified from R12-1-707 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-708. Procedures for Administrations Requiring a Written Directive**
- For any administration requiring a written directive, the licensee shall develop, implement, and maintain written procedures to provide high confidence that:
1. The patient's or human research subject's identity is verified before each administration; and
 2. Each administration is in accordance with the written directive.
- Historical Note**
New Section R9-7-708 recodified from R12-1-708 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-709. Sealed Sources or Devices for Medical Use**
- A licensee may only use:
1. Sealed sources, including teletherapy sources, or devices manufactured, labeled, packaged, and distributed in accordance with a license issued under Article 3 of this Chapter, equivalent regulations of the NRC or equivalent requirements of an Agreement State; or
 2. Sealed sources or devices noncommercially transferred from another medical licensee; or
 3. Teletherapy sources manufactured and distributed in accordance with a license issued by the Department, the NRC, or another Agreement State.
- Historical Note**
New Section R9-7-709 recodified from R12-1-709 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-710. Radiation Safety Officer Training**
- A.** A licensee shall require an individual fulfilling the responsibilities of the radiation safety officer, described in R9-7-705, to be an individual who:
1. Is certified by a specialty board whose certification process includes all of the requirements in subsection (A)(2) and whose certification has been recognized by the Department, the NRC, or an Agreement State. To have its certification process recognized, a specialty board shall require all candidates for certification to:
 - a. Meet the following minimum requirements:
 - i. Hold a bachelor's or graduate degree from an accredited college or university in physical science or engineering or biological science with a

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- minimum of 20 college credits in physical science;
 - ii. Have five or more years of professional experience in health physics (graduate training may be substituted for no more than two years of the required experience) including at least three years in applied health physics; and
 - iii. Pass an examination administered by diplomates of the specialty board, which evaluates knowledge and competence in radiation physics and instrumentation, radiation protection, mathematics pertaining to the use and measurement of radioactivity, radiation biology, and radiation dosimetry; or
 - b. Meet the following minimum requirements:
 - i. Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university;
 - ii. Have two years of full-time practical training and/or supervised experience in medical physics;
 - (1) Under the supervision of a medical physicist who is certified in medical physics by a specialty board recognized by the Commission or an Agreement State; or
 - (2) In clinical nuclear medicine facilities providing diagnostic and/or therapeutic services under the direction of physicians who meet the requirements for authorized users qualified under subsection (B), R9-7-721, or R9-7-723;
 - iii. Pass an examination, administered by diplomates of the specialty board, that assesses knowledge and competence in clinical diagnostic radiological or nuclear medicine physics and in radiation safety; or
 - 2. Has completed a structured educational program consisting of both:
 - a. 200 hours of didactic and laboratory training in the following areas:
 - i. Radiation physics and instrumentation;
 - ii. Radiation protection;
 - iii. Mathematics pertaining to the use and measurement of radioactivity;
 - iv. Radiation biology; and
 - v. Radiation dosimetry; and
 - b. One year of full-time radiation safety experience under the supervision of the individual identified as the radiation safety officer on a Department, a NRC, or an Agreement State license or permit issued by a NRC master material licensee that authorizes similar type(s) of use(s) of radioactive material involving the following:
 - i. Shipping, receiving, and performing related radiation surveys;
 - ii. Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides;
 - iii. Securing and controlling radioactive material;
 - iv. Using administrative controls to avoid mistakes in the administration of radioactive material;
 - v. Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures;
 - vi. Using emergency procedures to control radioactive material; and
 - vii. Disposing of radioactive material; or
 - c. Has obtained written certification, signed by a preceptor radiation safety officer, that the individual has satisfactorily completed the requirements in subsection (A)(2)(a) and (A)(2)(b) and has achieved a level of radiation safety knowledge sufficient to function independently as a radiation safety officer for a medical use licensee; or
 - 3. Is an authorized user, authorized medical physicist, or authorized nuclear pharmacist identified on the licensee's license and has experience with the radiation safety aspects of similar types of use of radioactive material for which the individual has radiation safety officer responsibilities.
- B. Exceptions.**
1. An individual identified as a radiation safety officer on a Department, a NRC, or an Agreement State license or a permit issued by the NRC or an Agreement State broad scope licensee or master material license permit or by a master material license permittee of broad scope before the effective date of these rules need not comply with the training requirements in subsections (A)(1) through (A)(3).
 2. A physician, dentist, or podiatrist identified as an authorized user for the medical use of radioactive material on a license issued by the Department, the NRC, or an Agreement State, a permit issued by a NRC master material licensee, a permit issued by the Department, the NRC, or an Agreement State broad scope licensee, or a permit issued by a NRC master material license broad scope permittee before the effective date of these rules need not comply with the training requirements in this Article.
- C.** The training and experience required in this Section shall be obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.
- D.** Individuals who, under subsection (B), need not comply with training requirements described in this Section may serve as preceptors for, and supervisors of, applicants seeking authorization on Department licenses for the same uses for which these individuals are authorized.

Historical Note

New Section R9-7-710 recodified from R12-1-710 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
 Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-711. Authorized Medical Physicist Training

- A.** A licensee shall require an authorized medical physicist to be an individual who:
1. Is certified by a specialty board whose certification process includes all of the training and experience requirements in subsection (A)(3)(b) and (A)(3)(c) and whose certification has been recognized by the Department, the NRC, or an Agreement State; or
 2. Training requirements.
 - a. Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university;
 - b. Have two years of full-time practical training and/or supervised experience in medical physics;

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- i. Under the supervision of a medical physicist who is certified in medical physics by a specialty board recognized by the NRC or an Agreement State; or
 - ii. In clinical radiation facilities providing high-energy, external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services under the direction of physicians who meet the requirements for authorized users in R9-7-710, R9-7-719, R9-7-721, R9-7-723, R9-7-727, R9-7-728, or R9-7-744; and
 - c. Pass an examination, administered by diplomates of the specialty board, that assesses knowledge and competence in clinical radiation therapy, radiation safety, calibration, quality assurance, and treatment planning for external beam therapy, brachytherapy, and stereotactic radiosurgery; or
3. Training requirements alternative.
- a. Holds a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university; and has completed one year of full-time training in medical physics and an additional year of full-time work experience under the supervision of an individual who meets the requirements for an authorized medical physicist for the type(s) of use for which the individual is seeking authorization. This training and work experience must be conducted in clinical radiation facilities that provide high-energy, external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services and must include:
 - i. Performing sealed source leak tests and inventories;
 - ii. Performing decay corrections;
 - iii. Performing full calibration and periodic spot checks of external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and
 - iv. Conducting radiation surveys around external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and
 - b. Has obtained written attestation that the individual has satisfactorily completed the requirements in both subsections (A)(2) and (A)(3)(c), or in both subsections (A)(3)(a) and (A)(3)(c); and has achieved a level of competency sufficient to function independently as an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status. The written attestation must be signed by a preceptor authorized medical physicist who meets the requirements in section, or equivalent Agreement State requirements for an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status; and
 - c. Has training for the type(s) of use for which authorization is sought that includes hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system. This training requirement may be satisfied by satisfactorily completing either a training program provided by the vendor or by training supervised by an authorized medical physicist authorized for the type(s) of use for which the individual is seeking authorization.
- B.** Exceptions. An individual identified as a teletherapy or medical physicist on a Department, a NRC, or an Agreement State license or a permit issued by the NRC or an Agreement State broad scope licensee or master material license permit or by a master material license permittee of broad scope before the effective date of these rules need not comply with the training requirements in subsection (A).
- C.** The training and experience required in this Section shall be obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.
- D.** Individuals who, under subsection (B), need not comply with training requirements described in this Section may serve as preceptors for, and supervisors of, applicants seeking authorization on Department licenses for the same uses for which these individuals are authorized.

Historical Note

New Section R9-7-711 recodified from R12-1-711 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-712. Authorized Nuclear Pharmacist Training

- A.** A licensee shall require the authorized nuclear pharmacist to be a pharmacist who:
- 1. Is certified as a nuclear pharmacist by a specialty board whose certification process has been recognized by the Department, the NRC, or an Agreement State. To have its certification process recognized, a specialty board shall require all candidates for certification to:
 - a. Have graduated from a pharmacy program accredited by the American Council on Pharmaceutical Education (ACPE) or have passed the Foreign Pharmacy Graduate Examination Committee (FPGEC) examination;
 - b. Hold a current, active license to practice pharmacy in Arizona;
 - c. Provide evidence of having acquired at least 4000 hours of training/experience in nuclear pharmacy practice. Academic training may be substituted for no more than 2000 hours of the required training and experience; and
 - d. Pass an examination in nuclear pharmacy administered by diplomates of the specialty board, that assesses knowledge and competency in procurement, compounding, quality assurance, dispensing, distribution, health and safety, radiation safety, provision of information and consultation, monitoring patient outcomes, research and development; or
 - 2. Has completed 700 hours in a structured educational program consisting of both:
 - a. 200 hours of classroom and laboratory training in the following areas:
 - i. Radiation physics and instrumentation;
 - ii. Radiation protection;
 - iii. Mathematics pertaining to the use and measurement of radioactivity;
 - iv. Chemistry of radioactive material for medical use; and
 - v. Radiation biology; and

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- b. Supervised practical experience in a nuclear pharmacy involving:
 - i. Shipping, receiving, and performing related radiation surveys;
 - ii. Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and, if appropriate, instruments used to measure alpha- or beta-emitting radionuclides;
 - iii. Calculating, assaying, and safely preparing dosages for patients or human research subjects;
 - iv. Using administrative controls to avoid medical events in the administration of radioactive material; and
 - v. Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures; and
 - 3. Has obtained written attestation, signed by a preceptor authorized nuclear pharmacist, that the individual has satisfactorily completed the requirements in subsection (A)(2) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.
- B.** Exceptions. An individual identified as a nuclear pharmacist on a Department, a NRC, or an Agreement State license or a permit issued by the NRC or an Agreement State broad scope licensee or master material license permit or by a master material license permittee of broad scope before the effective date of these rules need not comply with the training requirements in subsections (A)(1) through (A)(3).
- C.** The training and experience required in this Section shall be obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.
- D.** Individuals who, under subsection (B), need not comply with training requirements described in this Section may serve as preceptors for, and supervisors of, applicants seeking authorization on Department licenses for the same uses for which these individuals are authorized.
- Historical Note**
 New Section R9-7-712 recodified from R12-1-712 at 24
 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-713. Determination of Prescribed Dosages, and Possession, Use, and Calibration of Instruments**
- A.** A licensee shall determine and record the activity of each dosage before medical use.
- B.** For a unit dosage, this determination shall be made by:
- 1. Direct measurement of radioactivity; or
 - 2. Decay correction, based on the activity or activity concentration determined by:
 - a. A manufacturer or preparer licensed under R9-7-311 or equivalent NRC or Agreement State requirements; or
 - b. A Department, a NRC, or an Agreement State licensee for use in research in accordance with a Radioactive Drug Research Committee-approved protocol or an Investigational New Drug (IND) protocol accepted by FDA or;
 - c. A PET radioactive drug producer licensed under 1 R9-7-311 or equivalent NRC or Agreement State requirements.
- C.** For other than unit dosages, this determination shall be made by:
- 1. Direct measurement of radioactivity;
 - 2. Combination of measurement of radioactivity and mathematical calculations; or
 - 3. Combination of volumetric measurements and mathematical calculations based on the measurement made by a manufacturer or preparer licensed under R9-7-311, or equivalent NRC or Agreement State requirements.
- D.** Unless otherwise directed by the authorized user, a licensee may not use a dosage if the dosage does not fall within the prescribed dosage range or if the dosage differs from the prescribed dosage by more than 20 percent.
- E.** A licensee shall retain a record of the dosage determination required by this Section for Department inspection for three years.
- F.** For direct measurements performed in accordance with subsection (B)(1), a licensee shall possess and use instrumentation to measure the activity of the dosage before it is administered to each patient or human research subject.
- G.** A licensee shall calibrate the instrumentation required in subsection (F) in accordance with nationally recognized standards, the manufacturer's instructions, or the following procedures.
- 1. The procedures that may be followed are:
 - a. Check each dose calibrator for constancy with a dedicated check source at the beginning of each day of use;
 - b. Test each dose calibrator for accuracy upon installation and at least annually thereafter by assaying at least two sealed sources containing different radionuclides whose activity the manufacturer has determined within 5 percent of its stated activity, whose activity is at least 10 microcuries for radium-226 and 50 microcuries for any other photon-emitting radionuclide, and at least one of which has a principal photon energy between 100 keV and 500 keV;
 - c. Test each dose calibrator for linearity upon installation and at least quarterly thereafter over a range from the highest dosage that will be administered to a patient or human research subject to 1.1 megabecquerels (30 microcuries);
 - d. Test each dose calibrator for geometry dependence upon installation over the range of volumes and volume configurations for which it will be used. The licensee shall keep a record of this test for the duration of the use of the dose calibrator;
 - e. Perform appropriate checks and tests required by this Section following adjustment or repair of the dose calibrator; and
 - f. Mathematically correct dosage readings for any geometry or linearity error that exceeds 10 percent if the dosage is greater than 10 microcuries and shall repair or replace the dose calibrator if the accuracy or constancy error exceeds 10 percent.
 - 2. A licensee shall maintain the dose calibrator in accordance with this subsection, even though the dose calibrator is only used to "verify" a dosage prepared by a supplier authorized in subsection (B)(2).
 - 3. A licensee shall maintain on file for Department review nationally recognized standards or manufacturer's instructions used to maintain a dose calibrator and meet the requirements of subsection (G).
- H.** A licensee shall calibrate the survey instruments before first use, annually, and following a repair that affects the calibration. A licensee shall:
- 1. Calibrate all scales with readings up to 10 mSv (1000 mrem) per hour with a radiation source;

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2. Calibrate two separated readings on each scale or decade that will be used to show compliance; and
 3. Conspicuously note on the instrument the date of calibration.
- I. A licensee may not use survey instruments if the difference between the indicated exposure rate and the calculated exposure rate is more than 20 percent.
- J. A licensee shall retain records of instrument calibration for three years following the calibration.

Historical Note

New Section R9-7-713 recodified from R12-1-713 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-714. Authorization for Calibration, Transmission, and Reference Sources

Any person authorized by R9-7-703 for medical use of radioactive material may receive, possess, and use any of the following radioactive material for check, calibration, transmission, and reference use.

1. Sealed sources, not exceeding 1.11 GBq (30 mCi) each, manufactured and distributed by a person licensed under Article 3 of this Chapter or equivalent NRC or Agreement State regulations.
2. Sealed sources, not exceeding 1.11 GBq (30 mCi) each, redistributed by a licensee authorized to redistribute the sealed sources manufactured and distributed by a person licensed under Article 3 of this Chapter, providing the redistributed sealed sources are in the original packaging and shielding and are accompanied by the manufacturer's approved instructions.
3. Any radioactive material with a half-life not longer than 120 days in individual amounts not to exceed 0.56 GBq (15 mCi).
4. Any radioactive material with a half-life longer than 120 days in individual amounts not to exceed the smaller of 7.4 MBq (200 μ Ci) or 1000 times the quantities in Article 4, Appendix B of this Chapter.
5. Technetium-99m in amounts as needed.
6. A licensee is limited to five sources of radiation authorized under subsections (1) through (3), unless otherwise specified in the licensee's radioactive material license.

Historical Note

New Section R9-7-714 recodified from R12-1-714 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-715. Requirements for Possession of Sealed Sources and Brachytherapy Sources

- A. A licensee in possession of any sealed source or brachytherapy source shall follow the radiation safety and handling instructions supplied by the manufacturer.
- B. A licensee in possession of a sealed source shall test the source for leakage in accordance with R9-7-417.
- C. A licensee in possession of sealed sources or brachytherapy sources, except for gamma stereotactic radiosurgery sources, shall conduct a physical inventory every six months of all sources in its possession. During the period of time between the inventories, the licensee shall add each acquired sealed source to the inventory record and remove from the inventory record each source that leaves the licensee's control.
- D. A licensee shall document the inventories conducted under subsection (C) and maintain inventory records in accordance with R9-7-450.

Historical Note

New Section R9-7-715 recodified from R12-1-715 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-716. Surveys of Ambient Radiation Exposure Rate, Surveys for Contamination, and PET Radiation Exposure Concerns

- A. In addition to the surveys required in Article 4 of this Chapter, a licensee shall survey with a radiation detection survey instrument at the end of each day of use all areas where unsealed radioactive material, requiring a written directive, is prepared for use or administered. In areas of routine use, that are to be released for unrestricted use, a licensee shall perform a survey of the area using an instrument appropriate for detecting contamination before releasing the area for unrestricted use.
- B. A licensee shall obtain the services of a person, experienced in the principles of radiation protection and installation design, to design a PET facility and perform a radiation survey when the facility is ready for patient imaging. The licensee shall provide a copy of the installation radiation survey to the Department within 30 days of imaging the first patient.
- C. The licensee shall use engineering controls or shield each PET use area with protective barriers necessary to comply with the radiation exposure limits in R9-7-408 and R9-7-416.
1. At the time of application for a new license or amendment to an existing license, and before imaging of the first patient, the licensee shall provide to the Department a copy of the installation report signed by the contractor who installed the shielding material recommended by a person meeting the requirements in subsection (B) and a copy of the installation radiation survey required in subsection (B).
 2. The licensee shall perform shielding calculations in accordance with *AAPM Task Group 108: PET and PET/CT Shielding Requirements*, in Medical Physics, Vol. 33, No. 1, January 2006, which is incorporated by reference, published by the American Association of Physicists in Medicine, One Physics Ellipse, College Park, MD 20740, and on file with the Department. This incorporation by reference contains no future editions or amendments. In lieu of these procedures, the licensee may use equivalent calculations approved by the Department.
- D. As part of the annual ALARA review required in R9-7-407, the licensee shall document a review of the PET patient workload and associated change, if any, in public exposure resulting from the installed facility shielding and other public radiation exposure controls in use at the time of the review.

Historical Note

New Section R9-7-716 recodified from R12-1-716 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-717. Release of Individuals Containing Radioactive Material or Implants Containing Radioactive Material

- A. A licensee may authorize the release from its control of any individual who has been administered unsealed radioactive material or implants containing radioactive material, if the total effective dose equivalent to any other individual from exposure to the released individual is not likely to exceed 5 millisieverts (0.5 rem).
- B. A licensee shall provide the released individual, or the individual's parent or guardian, with instructions, including written instructions, on actions recommended to maintain doses to other individuals as low as is reasonably achievable if the total effective dose equivalent to any other individual is likely to exceed 1 millisievert (0.1 rem). If the total effective dose equivalent to a nursing infant or child could exceed 1 mil-

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lisievert (0.1 rem) assuming there were no interruption of breast-feeding, the instructions shall also include:

1. Guidance on the interruption or discontinuation of breast-feeding; and
 2. Information on the potential consequences, if any, of failure to follow the guidance.
- C. A licensee shall maintain a record of the basis for authorizing the release of an individual and instructions provided to a breast-feeding female for three years from the date of the administration performed under subsection (A). Nothing in this rule relieves the licensee from the personnel exposure requirements in Article 4.

Historical Note

New Section R9-7-717 recodified from R12-1-717 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-718. Mobile Medical Service

- A. A licensee providing mobile medical service shall:
1. Obtain a letter signed by the management of each client for which services are rendered that permits the use of radioactive material at the client's address and clearly delineates the authority and responsibility of the licensee and the client;
 2. Check instruments used to measure the activity of unsealed radioactive material for proper function before medical use at each client's address or on each day of use, whichever is more frequent. At a minimum, the check for proper function required by this subsection shall include a constancy check;
 3. Check survey instruments for proper operation with a dedicated check source before use at each client's address; and
 4. Before leaving a client's address, survey all areas of use to ensure compliance with the requirements in Article 4 of this Chapter.
- B. A mobile medical service may not have radioactive material delivered from the manufacturer or the distributor to the client unless the client has a license allowing its possession. If applicable, radioactive material delivered to the client shall be received and handled in conformance with the client's license.
- C. A licensee providing mobile medical services shall retain the letter required in subsection (A)(1) and the record of each survey required in subsection (A)(4) for three years from the date of the survey.

Historical Note

New Section R9-7-718 recodified from R12-1-718 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-719. Training for Uptake, Dilution, and Excretion Studies

- A. Except as provided in R9-7-710, the licensee shall require an authorized user of unsealed radioactive material for the uses authorized under Group 100 to be a physician who:
1. Is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State and who meets the requirements in subsection (A)(3). To have its certification process recognized, a specialty board shall require all candidates for certification to:
 - a. Complete 60 hours of training and experience in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed radioactive material for uptake, dilution, and excretion studies as described in subsection (A)(3); and
 - b. Pass an examination, administered by diplomates of the specialty board, that assesses knowledge and

competence in radiation safety, radionuclide handling, and quality control; or

2. Is an authorized user under R9-7-721, R9-7-723, the NRC, or equivalent Agreement State requirements; or
3. Has completed 60 hours of training and experience, including a minimum of eight hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for uptake, dilution, and excretion studies. The training and experience must include:
 - a. Classroom and laboratory training in the following areas:
 - i. Radiation physics and instrumentation;
 - ii. Radiation protection;
 - iii. Mathematics pertaining to the use and measurement of radioactivity;
 - iv. Chemistry of radioactive material for medical use; and
 - v. Radiation biology; and
 - b. Work experience, under the supervision of an authorized user who meets the requirements in this Article, NRC, or equivalent Agreement State requirements, involving:
 - i. Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
 - ii. Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;
 - iii. Calculating, measuring, and safely preparing patient or human research subject dosages;
 - iv. Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;
 - v. Using procedures to contain spilled radioactive material safely and using proper decontamination procedures; and
 - vi. Administering dosages of radioactive drugs to patients or human research subjects; and
 - c. Has obtained written attestation, signed by a preceptor authorized user who meets the requirements of R9-7-719, R9-7-721, or R9-7-723, the NRC, or equivalent Agreement State requirements; that the individual has satisfactorily completed the requirements in subsection (A)(1) or (A)(3) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Exhibit A of this Article.

- B. The training and experience shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

- C. Individuals who, under R9-7-710(B), need not comply with training requirements described in this Section may serve as preceptors for, and supervisors of, applicants seeking authorization on Department licenses for the same uses for which these individuals are authorized.

Historical Note

New Section R9-7-719 recodified from R12-1-719 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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Amended by final expedited rulemaking at 24 A.A.R.
2151, effective July 12, 2018 (Supp. 18-3).

R9-7-720. Permissible Molybdenum-99, Strontium-82, and Strontium-85 Concentrations

- A. A licensee may not administer to humans a radiopharmaceutical that contains more than 0.15 kilobecquerel of molybdenum-99 per megabecquerel of technetium-99m (0.15 microcurie of molybdenum-99 per millicurie of technetium-99m) or, more than 0.02 kilobecquerel of strontium-82 per megabecquerel of rubidium-82 chloride injection (0.02 microcurie of strontium-82 per millicurie of rubidium-82 chloride); or more than 0.2 kilobecquerel of strontium-85 per megabecquerel of rubidium-82 chloride injection (0.2 microcurie of strontium-85 per millicurie of rubidium-82).
- B. A licensee that uses molybdenum-99/technetium-99m generators for preparing a technetium-99m radiopharmaceutical shall measure the molybdenum-99 concentration of the first eluate after receipt of a generator to demonstrate compliance with subsection (A).
- C. A licensee that uses a strontium-82/rubidium-82 generator for preparing a rubidium-82 radiopharmaceutical shall, before the first patient use of the day, measure the concentration of radionuclides strontium-82 and strontium-85 to demonstrate compliance with subsection (A).
- D. A licensee shall maintain a record of each molybdenum-99 concentration measurement or strontium-82 and strontium-85 concentrations measurements for three years following completion of the measurement.

Historical Note

New Section R9-7-720 recodified from R12-1-720 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-721. Training for Imaging and Localization Studies Not Requiring a Written Directive

Except as provided in R9-7-710, the licensee shall require an authorized user of unsealed radioactive material for the uses authorized under Group 200 to be a physician who:

1. Is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State and who meets the requirements in subsection (3). To have its certification process recognized, a specialty board shall require all candidates for certification to:
 - a. Complete 700 hours of training and experience in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed radioactive material for imaging and localization studies as described in subsection (3); and
 - b. Pass an examination, administered by diplomates of the specialty board, that assesses knowledge and competence in radiation safety, radionuclide handling, and quality control; or
2. Is an authorized user under R9-7-723, the NRC, or equivalent Agreement State requirements; or
3. Has completed 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for imaging and localization studies. The training and experience must include:
 - a. Classroom and laboratory training in the following areas:
 - i. Radiation physics and instrumentation;
 - ii. Radiation protection;
 - iii. Mathematics pertaining to the use and measurement of radioactivity;

- iv. Chemistry of radioactive material for medical use; and
- v. Radiation biology; and
- b. Work experience, under the supervision of an authorized user who meets the requirements in R9-7-710, R9-7-721, or R9-7-723 and in subsection (3)(b)(vii); the requirements of the NRC; or equivalent Agreement State requirements, involving:
 - i. Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
 - ii. Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;
 - iii. Calculating, measuring, and safely preparing patient or human research subject dosages;
 - iv. Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;
 - v. Using procedures to contain spilled radioactive material safely and using proper decontamination procedures; and
 - vi. Administering dosages of radioactive drugs to patients or human research subjects; and
 - vii. Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the elate for radionuclide purity, and processing the elate with reagent kits to prepare labeled radioactive drugs; and
- c. Has obtained written attestation, signed by a preceptor authorized user who meets the requirements as an authorized user for Exhibit A group 200 nuclides, NRC, or equivalent Agreement State requirements, that the individual has satisfactorily completed the requirements in subsection (1) or (3) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Exhibit A of this Article.

Historical Note

New Section R9-7-721 recodified from R12-1-721 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R.
2151, effective July 12, 2018 (Supp. 18-3).

R9-7-722. Safety Instruction and Precautions for Use of Unsealed Radioactive Material Requiring a Written Directive

- A. A licensee shall provide radiation safety instruction, initially and at least annually, for all personnel caring for the patient or human research subject receiving radiopharmaceutical therapy and hospitalized for compliance with R9-7-717. To satisfy this requirement, the instruction shall describe the licensee's procedures for:
 1. Patient or human research subject control;
 2. Visitor control;
 3. Contamination control;
 4. Waste control; and
- B. For each patient or human research subject who cannot be released under R9-7-717, a licensee shall:
 1. Quarter the patient or the human research subject in a private room with a private sanitary facility;
 2. Visibly post the patient's or the human research subject's room with a "Radioactive Materials" sign.
 3. Note on the door or in the patient's or human research subject's chart where and how long visitors may stay in the patient's or the human research subject's room; and

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4. Monitor material and items removed from the patient's or the human research subject's room to determine that their radioactivity cannot be distinguished from the natural background radiation level with a radiation detection survey instrument set on its most sensitive scale and with no interposed shielding, or handle the material and items as radioactive waste.
- C. A licensee shall notify the radiation safety officer, or his or her designee, and the authorized user as soon as possible if the patient or human research subject has a medical emergency or dies.
- D. A licensee shall retain records of instruction and safety procedures performed under this rule for three years from the date of the activity.

Historical Note

New Section R9-7-722 recodified from R12-1-722 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-723. Training for Use of Unsealed Radioactive Material Requiring a Written Directive, Including Treatment of Hyperthyroidism, and Treatment of Thyroid Carcinoma

A. Except as provided in R9-7-710, the licensee shall require an authorized user of unsealed radioactive material for the uses authorized under Group 300 to be a physician who:

1. Is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State and who meets the requirements in subsection (A)(2). To have its certification process recognized, a specialty board shall require all candidates for certification to:
 - a. Successfully complete residency training in a radiation therapy or nuclear medicine training program or a program in a related medical specialty. These residency training programs must include 700 hours of training and experience as described in (A)(2). Eligible training programs must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, or the Committee on Post-Graduate Training of the American Osteopathic Association; and
 - b. Pass an examination, administered by diplomates of the specialty board, which tests knowledge and competence in radiation safety, radionuclide handling, and quality assurance, and clinical use of unsealed radioactive material for which a written directive is required; or
2. Has completed 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material requiring a written directive. The training and experience must include:
 - a. Classroom and laboratory training in the following areas:
 - i. Radiation physics and instrumentation;
 - ii. Radiation protection;
 - iii. Mathematics pertaining to the use and measurement of radioactivity;
 - iv. Chemistry of radioactive material for medical use; and
 - v. Radiation biology; and
 - b. Work experience, under the supervision of an authorized user who meets the requirements in this Article, NRC, or equivalent Agreement State requirements, involving:

- i. Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
- ii. Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;
- iii. Calculating, measuring, and safely preparing patient or human research subject dosages;
- iv. Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;
- v. Using procedures to contain spilled radioactive material safely and using proper decontamination procedures;
- vi. Administering dosages of radioactive drugs to patients or human research subjects involving a minimum of three cases in each of the following categories for which the individual is requesting authorized user status:

- (1) Oral administration of less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131, for which a written directive is required (Experience with at least three cases in Category (A)(2)(b)(vi)(2) also satisfies this requirement);
- (2) Oral administration of greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131;
- (3) Parenteral administration of any beta emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV, for which a written directive is required; and/or
- (4) Parenteral administration of any other radionuclide, for which a written directive is required; and

c. Has obtained written attestation, signed by a preceptor authorized user who meets the requirements as an authorized user for Exhibit A group 300 nuclides, NRC, or equivalent Agreement State requirements, that the individual has satisfactorily completed the requirements in subsection (A)(1) or (A)(2) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Exhibit A of this Article. The written attestation must be signed by a preceptor authorized user who meets the requirements in this Section, NRC, or equivalent Agreement State requirements. The preceptor authorized user, who meets the requirements in subsection (B) must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

B. Except as provided in R9-7-710, a licensee shall require an authorized user of iodine-131 for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) to be a physician who has completed the training requirements in 10 CFR 35.392, January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

C. Except as provided in R9-7-710, a licensee shall require an authorized user of iodine-131 for the oral administration of sodium iodide I-131 requiring a written directive in quantities

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greater than 1.22 gigabecquerels (33 millicuries) to be a physician who has completed the training requirements in 10 CFR 35.394, January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

- D. Except as provided in R9-7-710, a licensee shall require an authorized user for the parenteral administration of unsealed radioactive material requiring a written directive to be a physician who has completed the training requirements in 10 CFR 35.396, January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- E. The training and experience shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

Historical Note

New Section R9-7-723 recodified from R12-1-723 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-724. Surveys after Brachytherapy Source Implant and Removal; Accountability

- A. A licensee shall make a survey to locate and account for all sources that have not been implanted immediately after implanting sources in a patient or a human research subject.
- B. A licensee shall make a survey of the patient or the human research subject with a radiation detection survey instrument immediately after removing the last temporary implant source to confirm that all sources have been removed.
- C. A licensee shall maintain accountability at all times for all sources in storage or use.
- D. A licensee shall return brachytherapy sources to a secure storage area as soon as possible after removing sources from a patient or a human research subject.
- E. A licensee shall record the procedures performed in subsections (A) through (D) and retain the records for three years following completion of the record.

Historical Note

New Section R9-7-724 recodified from R12-1-724 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-725. Safety Instructions and Precautions for Brachytherapy Patients that Cannot be Released Under R9-7-717

- A. In addition to the training requirements in Article 10, a licensee shall provide radiation safety instruction, initially and at least annually, to personnel caring for patients or human research subjects who are receiving brachytherapy and cannot be released under R9-7-717. To satisfy this requirement, the instruction shall be commensurate with the duties of the personnel and include the:
 - 1. Size and appearance of the brachytherapy sources;
 - 2. Safe handling and shielding instructions;
 - 3. Patient or human research subject control;
 - 4. Visitor control, including both:
 - a. Routine visitation of hospitalized individuals in accordance with Article 4 of this Chapter,
 - b. Visitation authorized in accordance with Article 4 of this Chapter, and
 - 5. Notification of the radiation safety officer, or his or her designee, and an authorized user if the patient or the human research subject has a medical emergency or dies.
- B. For each patient or human research subject who is receiving brachytherapy and cannot be released under R9-7-717, a licensee shall:

- 1. Not quarter the patient or the human research subject in the same room as an individual who is not receiving brachytherapy;
- 2. Visibly post the patient's or human research subject's room with a "Radioactive Materials" sign; and
- 3. Note on the door or in the patient's or human research subject's chart where and how long visitors may stay in the patient's or human research subject's room.
- C. A licensee shall have applicable emergency response equipment available near each treatment room to respond to a source:
 - 1. Dislodged from the patient; and
 - 2. Lodged within the patient following removal of the source applicators.
- D. A licensee shall notify the radiation safety officer, or the RSO's designee, and an authorized user as soon as possible if the patient or human research subject has a medical emergency or dies.
- E. A licensee shall record the instructions given under subsection (A) and retain the records for three years after recording the instructions.

Historical Note

New Section R9-7-725 recodified from R12-1-725 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-726. Calibration Measurements of Brachytherapy Sources, Decay of Sources Used for Ophthalmic Treatments, and Computerized Treatment Planning Systems

- A. Before the first medical use of a brachytherapy source after the effective date of this rule, a licensee shall have:
 - 1. Determined the source output or activity using a dosimetry system that meets the requirements of R9-7-733(A);
 - 2. Determined source positioning accuracy within applicators; and
 - 3. Used published protocols currently accepted by nationally recognized bodies to meet the requirements of subsections (A)(1) and (A)(2).
- B. A licensee may use measurements provided by the source manufacturer or by a calibration laboratory accredited by the American Association of Physicists in Medicine that are made in accordance with subsection (A).
- C. A licensee shall mathematically correct the outputs or activities determined in subsection (A) for physical decay at intervals consistent with one percent physical decay.
- D. Only an authorized medical physicist shall calculate the activity of each strontium-90 source that is used to determine the treatment times for ophthalmic treatments. The decay shall be based on the activity determined under subsection (A).
- E. A licensee shall perform acceptance testing on the treatment planning system of therapy-related computer systems in accordance with published protocols accepted by nationally recognized bodies. At a minimum, the acceptance testing shall include, as applicable, verification of:
 - 1. The source-specific input parameters required by the dose calculation algorithm;
 - 2. The accuracy of dose, dwell time, and treatment time calculations at representative points;
 - 3. The accuracy of isodose plots and graphic displays; and
 - 4. The accuracy of the software used to determine sealed source positions from radiographic images.
- F. A licensee shall retain records of each source activity determination and ophthalmic source decay correction, and documentation of the acceptance testing protocol required under subsection (E) for three years after the date of the procedure required in subsections (A) and (D), and for the records created in conjunction with subsection (E), the record shall be

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maintained for three years from the last date of the protocol's use.

Historical Note

New Section R9-7-726 recodified from R12-1-726 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-727. Training for Use of Manual Brachytherapy Sources and Training for the Use of Strontium-90 Sources for Treatment of Ophthalmic Disease

A. Except as provided in R9-7-710, the licensee shall require an authorized user of a manual brachytherapy source for the uses authorized under this Article to be a physician who:

1. Is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State and who meets the requirements in subsection (A)(2). To have its certification process recognized, a specialty board shall require all candidates for certification to:
 - a. Successfully complete a minimum of three years of residency training in a radiation oncology program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Post-Graduate Training of the American Osteopathic Association; and
 - b. Pass an examination, administered by diplomates of the specialty board, that tests knowledge and competence in radiation safety, radionuclide handling, treatment planning, quality assurance, and clinical use of manual brachytherapy; or
2. Has completed a structured educational program in basic radionuclide handling techniques applicable to the use of manual brachytherapy sources that includes:
 - a. 200 hours of classroom and laboratory training in the following areas:
 - i. Radiation physics and instrumentation;
 - ii. Radiation protection;
 - iii. Mathematics pertaining to the use and measurement of radioactivity;
 - iv. Radiation biology; and
 - b. 500 hours of work experience, under the supervision of an authorized user who meets the requirements in this Section, or equivalent NRC or Agreement State requirements at a medical institution, involving:
 - i. Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
 - ii. Checking survey meters for proper operation;
 - iii. Preparing, implanting, and removing brachytherapy sources;
 - iv. Maintaining running inventories of material on hand;
 - v. Using administrative controls to prevent a medical event involving the use of radioactive material;
 - vi. Using emergency procedures to control radioactive material; and
 - c. Has completed three years of supervised clinical experience in radiation oncology, under an authorized user who meets the requirements in this Section, or equivalent Agreement State requirements, as part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians

and Surgeons of Canada or the Committee on Post-doctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by subsection (A)(2)(b); and

- d. Has obtained written attestation, signed by a preceptor authorized user who meets the requirements in this Section, NRC, or equivalent Agreement State requirements, that the individual has satisfactorily completed the requirements in subsection (A)(1) or (A)(2) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under Exhibit A of this Article.

- B. Except as provided in R9-7-710, a licensee shall require an authorized user of strontium-90 for ophthalmic radiotherapy to be a physician who has completed the training requirements in 10 CFR 35.491, January 1, 2013, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- C. The training and experience shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

Historical Note

New Section R9-7-727 recodified from R12-1-727 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-728. Training for Use of Sealed Sources for Diagnosis

A. Except as provided in R9-7-710, the licensee shall require the authorized user of a diagnostic sealed source for use in a device authorized under Group 500 to be a physician, dentist, or podiatrist who is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State and who meets the requirements in subsections (A)(1) and (2); or

1. Has completed eight hours of classroom and laboratory training in basic radionuclide handling techniques specifically applicable to the use of the device. The training must include:
 - a. Radiation physics and instrumentation;
 - b. Radiation protection;
 - c. Mathematics pertaining to the use and measurement of radioactivity;
 - d. Radiation biology; and
2. Has completed training in the use of the device for the uses requested.

B. The training and experience shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

Historical Note

New Section R9-7-728 recodified from R12-1-728 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-729. Surveys of Patients and Human Research Subjects Treated with a Remote Afterloader Unit

A. Before releasing a patient or a human research subject from licensee control, a licensee shall survey the patient or the human research subject and the remote afterloader unit with a portable radiation detection survey instrument to confirm that each source has been removed from the patient or human research subject and returned to the safe shielded position.

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- B. A licensee shall make records of these surveys conducted under subsection (A) and retain them for three years from the date of each survey.

Historical Note

New Section R9-7-729 recodified from R12-1-729 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-730. Installation, Maintenance, Adjustment, and Repair of an Afterloader Unit, Teletherapy Unit, or Gamma Stereotactic Radiosurgery Unit

- A. Only a person specifically licensed by the Department, the NRC, or an Agreement State shall install, maintain, adjust, or repair a remote afterloader unit, teletherapy unit, or gamma stereotactic radiosurgery unit that involves work on any source shielding, the source's driving unit, or other electronic or mechanical component that could expose a source, reduce the shielding around a source, or compromise the radiation safety of a unit or a source.
- B. Except for low dose-rate remote afterloader units, only a person specifically licensed by the Department, the NRC, or an Agreement State shall install, replace, relocate, or remove a sealed source or source contained in other remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units.
- C. For a low dose-rate remote afterloader unit, only a person specifically licensed by the Department, the NRC, or an Agreement State or an authorized medical physicist shall install, replace, relocate, or remove a sealed source contained in the unit.
- D. A licensee shall retain a record of the installation, maintenance, adjustment, and repair of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units for three years from the completion date of the activity listed in this Section.

Historical Note

New Section R9-7-730 recodified from R12-1-730 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-731. Safety Procedures and Instructions for Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units

- A. A licensee shall:
1. Secure the unit, the console, the console keys, and the treatment room when not in use or unattended;
 2. Permit only individuals approved by the authorized user, radiation safety officer, or authorized medical physicist to be present in the treatment room during treatment with a source;
 3. Prevent dual operation of more than one radiation producing device in a treatment room if applicable; and
 4. Develop, implement, and maintain written procedures for responding to an abnormal situation when the operator is unable to place a source in the shielded position, or remove the patient or human research subject from the radiation field with controls from outside the treatment room. These procedures shall include:
 - a. Instructions for responding to equipment failures and the names of the individuals responsible for implementing corrective actions;
 - b. The process for restricting access to and posting of the treatment area to minimize the risk of inadvertent exposure; and
 - c. The names and telephone numbers of the authorized users, the authorized medical physicist, and the radiation safety officer to be contacted if the unit or console operates abnormally.

- B. A licensee shall post instructions at the unit console to inform the operator of:
1. The location of the procedures required by subsection (A)(4); and
 2. The names and telephone numbers of the authorized users, the authorized medical physicist, and the radiation safety officer to be contacted if the unit or console operates abnormally.
- C. A licensee shall provide instruction, initially and at least annually, to all individuals who operate the unit, as appropriate to the individual's assigned duties, in:
1. The procedures identified in subsection (A)(4); and
 2. The operating procedures for the unit.
- D. A licensee shall ensure that operators, authorized medical physicists, and authorized users participate in drills of the emergency procedures, initially and at least annually.
- E. A licensee shall retain a record of individuals receiving instruction required by subsection (C) for three years from the date of the instruction.
- F. A licensee shall maintain a copy of the procedures required by subsections (A)(4) and (C)(2) for Department review. The copy shall be maintained for three years beyond the termination date of the activities for which the procedures were written.

Historical Note

New Section R9-7-731 recodified from R12-1-731 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-732. Safety Precautions for Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units

- A. A licensee shall control access at each entrance to a treatment room.
- B. A licensee shall equip each entrance to the treatment room with an electrical interlock system that will:
1. Prevent the operator from initiating the treatment cycle unless each treatment room entrance door is closed;
 2. Cause each source to be shielded when an entrance door is opened; and
 3. Prevent any source from being exposed following an interlock interruption until all treatment room entrance doors are closed and the source's on-off control is reset at the console.
- C. A licensee shall require any individual entering the treatment room to assure, through the use of appropriate radiation monitors, that radiation levels have returned to ambient levels.
- D. Except for low-dose remote afterloader units, a licensee shall construct or equip each treatment room with viewing and intercom systems to permit continuous observation of the patient or the human research subject from the treatment console during irradiation.
- E. For licensed activities where sources are placed within the patient's or human research subject's body, a licensee shall only conduct treatments which allow for expeditious removal of a decoupled or jammed source.
- F. In addition to the requirements specified in subsections (A) through (E), a licensee shall:
1. For medium dose-rate and pulsed dose-rate remote afterloader units, require:
 - a. An authorized medical physicist and either an authorized user or a physician, under the supervision of an authorized user, who has been trained in the operation and emergency response for the unit, to be physically present during the initiation of all patient treatments involving the unit; and

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- b. An authorized medical physicist and either an authorized user or an individual, under the supervision of an authorized user, who has been trained to remove each source applicator in the event of an emergency involving the unit, to be immediately available during continuation of all patient treatments involving the unit.
- 2. For high dose-rate remote afterloader units, require:
 - a. An authorized user and an authorized medical physicist to be physically present during the initiation of all patient treatments involving the unit; and
 - b. An authorized medical physicist and either an authorized user or a physician, under the supervision of an authorized user, who has been trained in the operation and emergency response for the unit, to be physically present during continuation of all patient treatments involving the unit.
- 3. For gamma stereotactic radiosurgery units, require an authorized user and an authorized medical physicist to be physically present throughout all patient treatments involving the unit. As used in this provision, physically present means to be within hearing distance of normal voice, and does not include the use of portable communication devices, intercoms, or other devices that could be used to amplify the human voice.
- 4. Notify the radiation safety officer, or radiation safety officer's designee, and an authorized user as soon as possible if the patient or human research subject has a medical emergency or dies.
- G. A licensee shall have applicable emergency response equipment available near each treatment room to respond to a source:
 - 1. Remaining in the unshielded position; or
 - 2. Lodged within the patient following completion of the treatment.

Historical Note

New Section R9-7-732 recodified from R12-1-732 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-733. Dosimetry Equipment

- A. Except for low dose-rate remote afterloader sources where the source output or activity is determined by the manufacturer, a licensee shall have a calibrated dosimetry system available for use. To satisfy this requirement, one of the following two conditions shall be met.
 - 1. The system shall have been calibrated using a system or source traceable to the National Institute of Science and Technology (NIST) and published protocols accepted by nationally recognized bodies; or by a calibration laboratory accredited by the American Association of Physicists in Medicine (AAPM). The calibration shall have been performed within the previous two years and after any servicing that may have affected system calibration; or
 - 2. The system shall have been calibrated within the previous four years. Eighteen to 30 months after that calibration, the system shall have been intercompared with another dosimetry system that was calibrated within the past 24 months by NIST or by a calibration laboratory accredited by the AAPM. The results of the intercomparison shall indicate that the calibration factor of the licensee's system had not changed by more than two percent. The licensee may not use the intercomparison result to change the calibration factor. When intercomparing dosimetry systems to be used for calibrating sealed sources for therapeutic units, the licensee shall use a comparable unit with beam attenuators or collimators, as applicable, and sources of

the same radionuclide as the source used at the licensee's facility.

- B. The licensee shall have a dosimetry system available for use for spot-check output measurements, if applicable. To satisfy this requirement, the system may be compared with a system that has been calibrated in accordance with subsection (A). This comparison shall have been performed within the previous year and after each servicing that may have affected system calibration. The spot-check system may be the same system used to meet the requirement in subsection (A).
- C. The licensee shall retain, for three years from the date of the procedure, a record of each calibration, intercomparison, and comparison.

Historical Note

New Section R9-7-733 recodified from R12-1-733 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-734. Full Calibration Measurements on Teletherapy Units

- A. A licensee authorized to use a teletherapy unit for medical use shall perform full calibration measurements on each teletherapy unit:
 - 1. Before the first medical use of the unit; and
 - 2. Before medical use under the following conditions:
 - a. Whenever spot-check measurements indicate that the output differs by more than 5 percent from the output obtained at the last full calibration corrected mathematically for radioactive decay;
 - b. Following replacement of the source or following reinstallation of the teletherapy unit in a new location;
 - c. Following any repair of the teletherapy unit that includes removal of the source or major repair of the components associated with the source exposure assembly; and
 - 3. At intervals not exceeding one year.
- B. To satisfy the requirement of subsection (A), full calibration measurements shall include determination of:
 - 1. The output within ± 3 percent for the range of field sizes and for the distance or range of distances used for medical use;
 - 2. The coincidence of the radiation field and the field indicated by the light beam localizing device;
 - 3. The uniformity of the radiation field and its dependence on the orientation of the useful beam;
 - 4. Timer accuracy and linearity over the range of use;
 - 5. On-off error; and
 - 6. The accuracy of all distance measuring and localization devices in medical use.
- C. A licensee shall use the dosimetry system described in R9-7-733(A) to measure the output for one set of exposure conditions. The remaining radiation measurements required in subsection (B)(1) may be made using a dosimetry system that indicates relative dose rates.
- D. A licensee shall make full calibration measurements required by subsection (A) in accordance with published protocols accepted by nationally recognized bodies.
- E. A licensee shall mathematically correct the outputs determined in subsection (B)(1) for physical decay for intervals not exceeding one month for cobalt-60, six months for cesium-137, or at intervals consistent with 1 percent decay for all other nuclides.
- F. Full calibration measurements required by subsection (A) and physical decay corrections required by subsection (E) shall be performed by an authorized medical physicist.

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- G.** A licensee shall retain a record of each calibration for three years from the date it was completed.

Historical Note

New Section R9-7-734 recodified from R12-1-734 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-735. Full Calibration Measurements on Remote Afterloader Units

- A.** A licensee authorized to use a remote afterloader unit for medical use shall perform full calibration measurements on each unit:
1. Before the first medical use of the unit;
 2. Before medical use under the following conditions:
 - a. Following replacement of the source or following reinstallation of the unit in a new location outside the facility; and
 - b. Following any repair of the unit that includes removal of the source or major repair of the components associated with the source exposure assembly; and
 3. At intervals not exceeding one quarter for high dose-rate, medium dose-rate, and pulsed dose-rate remote afterloader units with sources whose half-life exceeds 75 days; and
 4. At intervals not exceeding one year for low dose-rate remote afterloader units.
- B.** To satisfy the requirement of subsection (A), full calibration measurements shall include, as applicable, determination of:
1. The output within ± 5 percent;
 2. Source positioning accuracy to within ± 1 millimeter;
 3. Source retraction with backup battery upon power failure;
 4. Length of the source transfer tubes;
 5. Timer accuracy and linearity over the typical range of use;
 6. Length of the applicators; and
 7. Function of the source transfer tubes, applicators, and transfer tube-applicator interfaces.
- C.** A licensee shall use the dosimetry system described in R9-7-733(A) to measure the output.
- D.** A licensee shall make full calibration measurements required by subsection (A) in accordance with published protocols accepted by nationally recognized bodies.
- E.** In addition to the requirements for full calibrations for low dose-rate remote afterloader units in subsection (B), a licensee shall perform an autoradiograph of the sources to verify inventory and source arrangement at intervals not exceeding one quarter.
- F.** For low dose-rate remote afterloader units, a licensee may use measurements provided by the source manufacturer that are made in accordance with subsections (A) through (E).
- G.** A licensee shall mathematically correct the outputs determined in subsection (B)(1) for physical decay at intervals consistent with 1 percent physical decay.
- H.** Full calibration measurements required by subsection (A) and physical decay corrections required by subsection (G) shall be performed by an authorized medical physicist.
- I.** A licensee shall retain a record of each calibration for three years from the date it was completed.

Historical Note

New Section R9-7-735 recodified from R12-1-735 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-736. Full Calibration Measurements on Gamma Stereotactic Radiosurgery Units

- A.** A licensee authorized to use a gamma stereotactic radiosurgery unit for medical use shall perform full calibration measurements on each unit:
1. Before the first medical use of the unit;
 2. Before medical use under the following conditions:
 - a. Whenever spot-check measurements indicate that the output differs by more than 5 percent from the output obtained at the last full calibration corrected mathematically for radioactive decay;
 - b. Following replacement of the sources or following reinstallation of the gamma stereotactic radiosurgery unit in a new location; and
 - c. Following any repair of the gamma stereotactic radiosurgery unit that includes removal of the sources or major repair of the components associated with the source assembly; and
 3. At intervals not exceeding one year, with the exception that relative helmet factors need only be determined before the first medical use of a helmet and following any damage to a helmet.
- B.** To satisfy the requirement of subsection (A), full calibration measurements shall include determination of:
1. The output within ± 3 percent;
 2. Relative helmet factors;
 3. Isocenter coincidence;
 4. Timer accuracy and linearity over the range of use;
 5. On-off error;
 6. Trunnion centricity;
 7. Treatment table retraction mechanism, using backup battery power or hydraulic backups with the unit off;
 8. Helmet microswitches;
 9. Emergency timing circuits; and
 10. Stereotactic frames and localizing devices (trunnions).
- C.** A licensee shall use the dosimetry system described in R9-7-733(A) to measure the output for one set of exposure conditions. The remaining radiation measurements required in subsection (B)(1) may be made using a dosimetry system that indicates relative dose rates.
- D.** A licensee shall make full calibration measurements required by subsection (A) in accordance with published protocols accepted by nationally recognized bodies.
- E.** A licensee shall mathematically correct the outputs determined in subsection (B)(1) at intervals not exceeding one month for cobalt-60 and at intervals consistent with 1 percent physical decay for all other radionuclides.
- F.** Full calibration measurements required by subsection (A) and physical decay corrections required by subsection (E) shall be performed by an authorized medical physicist.
- G.** A licensee shall retain a record of each calibration for three years from the date of the procedure.

Historical Note

New Section R9-7-736 recodified from R12-1-736 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-737. Periodic Spot-checks for Teletherapy Units

- A.** A licensee authorized to use teletherapy units for medical use shall perform output spot-checks on each teletherapy unit once in each calendar month that include determination of:
1. Timer accuracy, and timer linearity over the range of use;
 2. On-off error;
 3. The coincidence of the radiation field and the field indicated by the light beam localizing device;
 4. The accuracy of all distance measuring and localization devices used for medical use;

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5. The output for one typical set of operating conditions measured with the dosimetry system described in R9-7-733(B); and
 6. The difference between the measurement made in subsection (A)(5) and the anticipated output, expressed as a percentage of the anticipated output.
- B.** A licensee shall perform measurements required by subsection (A) in accordance with written procedures established by an authorized medical physicist. That individual need not actually perform the spot-check measurements.
- C.** A licensee shall have an authorized medical physicist review the results of each spot-check within 15 days. The authorized medical physicist shall notify the licensee as soon as possible in writing of the results of each spot-check.
- D.** A licensee authorized to use a teletherapy unit for medical use shall perform safety spot-checks of each teletherapy facility once in each calendar month and after each source installation to assure proper operation of:
1. Electrical interlocks at each teletherapy room entrance;
 2. Electrical or mechanical stops installed for the purpose of limiting use of the primary beam of radiation (restriction of source housing angulation or elevation, carriage or stand travel and operation of the beam on-off mechanism);
 3. Source exposure indicator lights on the teletherapy unit, on the control console, and in the facility;
 4. Viewing and intercom systems;
 5. Treatment room doors from inside and outside the treatment room; and
 6. Electrically assisted treatment room doors with the teletherapy unit electrical power turned off.
- E.** If the results of the checks required in subsection (D) indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.
- F.** A licensee shall retain a record of each spot-check required by subsections (A) and (D) for three years from the date of the procedure, and a copy of the procedures required by subsection (B) until licensee terminates all medical activities involving the teletherapy unit.

Historical Note

New Section R9-7-738 recodified from R12-1-738 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-739. Periodic Spot-checks for Gamma Stereotactic Radiosurgery Units

- A.** A licensee authorized to use a gamma stereotactic radiosurgery unit for medical use shall perform spot-checks of each gamma stereotactic radiosurgery facility and on each unit:
1. Monthly;
 2. Before the first use of the unit on a given day; and
 3. After each source installation.
- B.** A licensee shall:
1. Perform the measurements required by subsection (A) in accordance with written procedures established by an authorized medical physicist. That individual need not actually perform the spot-check measurements.
 2. Have the authorized medical physicist review the results of each spot-check within 15 days. The authorized medical physicist shall notify the licensee as soon as possible in writing of the results of each spot-check.
- C.** To satisfy the requirements of subsection (A)(1), spot-checks shall, at a minimum:
1. Assure proper operation of:
 - a. Treatment table retraction mechanism, using backup battery power or hydraulic backups with the unit off;
 - b. Helmet microswitches;
 - c. Emergency timing circuits; and
 - d. Stereotactic frames and localizing devices (trunnions).
 2. Determine:
 - a. The output for one typical set of operating conditions measured with the dosimetry system described in R9-7-733(B);
 - b. The difference between the measurement made in subsection (C)(2)(a) and the anticipated output, expressed as a percentage of the anticipated output;
 - c. Source output against computer calculation;
 - d. Timer accuracy and linearity over the range of use;
 - e. On-off error; and
 - f. Trunnion centricity.
- D.** To satisfy the requirements of subsections (A)(2) and (A)(3), spot-checks shall assure proper operation of:

Historical Note

New Section R9-7-737 recodified from R12-1-737 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-738. Periodic Spot-checks for Remote Afterloader Units

- A.** A licensee authorized to use a remote afterloader unit for medical use shall perform spot-checks of each remote afterloader facility and on each unit:
1. Before the first use of a high dose-rate, medium dose-rate, or pulsed dose-rate remote afterloader unit on a given day;
 2. Before each patient treatment with a low dose-rate remote afterloader unit; and
 3. After each source installation.
- B.** A licensee shall perform the measurements required by subsection (A) in accordance with written procedures established by an authorized medical physicist. That individual need not actually perform the spot-check measurements.
- C.** A licensee shall have an authorized medical physicist review the results of each spot-check within 15 days. The authorized medical physicist shall notify the licensee as soon as possible in writing of the results of each spot-check.
- D.** To satisfy the requirements of subsection (A), spot-checks shall, at a minimum, assure proper operation of:

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1. Electrical interlocks at each gamma stereotactic radiosurgery room entrance;
 2. Source exposure indicator lights on the gamma stereotactic radiosurgery unit, on the control console, and in the facility;
 3. Viewing and intercom systems;
 4. Timer termination;
 5. Radiation monitors used to indicate room exposures; and
 6. Emergency off buttons.
- E.** A licensee shall arrange for the repair of any system identified in subsection (C) that is not operating properly as soon as possible.
- F.** If the results of the checks required in subsection (D) indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.
- G.** A licensee shall retain a record of each check required by subsections (C) and (D) for three years from the date of the procedure, and a copy of the procedures required by subsection (B) until licensee terminates all medical activities involving the radiosurgery unit.

Historical Note

New Section R9-7-739 recodified from R12-1-739 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-740. Additional Requirements for Mobile Remote Afterloader Units

- A.** A licensee providing mobile remote afterloader service shall:
1. Check survey instruments before medical use at each address of use or on each day of use, whichever is more frequent; and
 2. Account for all sources before departure from a client's address of use.
- B.** In addition to the periodic spot-checks required by R9-7-738, a licensee authorized to use mobile afterloaders for medical use shall perform checks on each remote afterloader unit before use at each address of use. At a minimum, checks shall be made to verify the operation of:
1. Electrical interlocks on treatment area access points;
 2. Source exposure indicator lights on the remote afterloader unit, on the control console, and in the facility;
 3. Viewing and intercom systems;
 4. Applicators, source transfer tubes, and transfer tube-applicator interfaces;
 5. Radiation monitors used to indicate room exposures;
 6. Source positioning (accuracy); and
 7. Radiation monitors used to indicate whether the source has returned to a safe shielded position.
- C.** In addition to the requirements for checks in subsection (B), a licensee shall ensure overall proper operation of the remote afterloader unit by conducting a simulated cycle of treatment before use at each address of use.
- D.** If the results of the checks required in subsection (B) indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.
- E.** A licensee shall retain a record of each check required by subsection (B) for three years from the date of the procedure.

Historical Note

New Section R9-7-740 recodified from R12-1-740 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-741. Additional Radiation Surveys of Sealed Sources used in Radiation Therapy

- A.** In addition to the survey requirement in Article 4 of this Chapter, a person licensed to use sealed sources in the practice of radiation therapy shall make surveys to ensure that the maximum radiation levels and average radiation levels from the surface of the main source safe with each source in the shielded position do not exceed the levels stated in the Sealed Source and Device Registry.
- B.** A licensee shall make the survey required by subsection (A) at installation of a new source and following repairs to any source shielding, a source's driving unit, or other electronic or mechanical component that could expose the source, reduce the shielding around a source, or compromise the radiation safety of the unit or the source.
- C.** A licensee shall retain a record of the radiation surveys required by subsection (A) for three years from the date of each survey.

Historical Note

New Section R9-7-741 recodified from R12-1-741 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-742. Five-year Inspection for Teletherapy and Gamma Stereotactic Radiosurgery Units

- A.** A licensee shall have each teletherapy unit and gamma stereotactic radiosurgery unit fully inspected and serviced during source replacement or at intervals not to exceed five years, whichever comes first, to assure proper functioning of the source exposure mechanism.
- B.** This inspection and servicing may only be performed by persons specifically licensed to do so by the Department, the NRC, or an Agreement State.
- C.** A licensee shall keep a record of each five-year inspection for three years from the date of the inspection, if the inspection determined that service was unnecessary, and three years from the date of the completed service if the inspection determined that service was needed.

Historical Note

New Section R9-7-742 recodified from R12-1-742 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-743. Therapy-related Computer Systems

The licensee shall perform acceptance testing on the treatment planning system of therapy-related computer systems in accordance with published protocols accepted by nationally recognized bodies. At a minimum, the acceptance testing shall include, as applicable, verification of:

1. The source-specific input parameters required by the dose calculation algorithm;
2. The accuracy of dose, dwell time, and treatment time calculations at representative points;
3. The accuracy of isodose plots and graphic displays;
4. The accuracy of the software used to determine sealed source positions from radiographic images; and
5. The accuracy of electronic transfer of the treatment delivery parameters to the treatment delivery unit from the treatment planning system.

Historical Note

New Section R9-7-743 recodified from R12-1-743 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-744. Training for Use of Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery Units

- A.** Except as provided in R9-7-710, a licensee shall require an authorized user of a sealed source for a use authorized under Group 600 to be a physician who:

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1. Is certified by a medical specialty board whose certification process has been recognized by the NRC or an Agreement State and who meets the requirements in subsection (A)(2). To have its certification process recognized, a specialty board shall require all candidates to:
 - a. Successfully complete a minimum of three years of residency training in a radiation therapy program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Post-Graduate Training of the American Osteopathic Association; and
 - b. Pass an examination, administered by diplomates of the specialty board, which tests knowledge and competence in radiation safety, radionuclide handling, treatment planning, quality assurance, and clinical use of stereotactic radiosurgery, remote afterloaders and external beam therapy; or
2. Has completed a structured educational program in basic radionuclide techniques applicable to the use of a sealed source in a therapeutic medical unit that includes:
 - a. 200 hours of classroom and laboratory training in the following areas:
 - i. Radiation physics and instrumentation;
 - ii. Radiation protection;
 - iii. Mathematics pertaining to the use and measurement of radioactivity;
 - iv. Chemistry of radioactive material for medical use; and
 - v. Radiation biology; and
 - b. 500 hours of work experience, under the supervision of an authorized user who meets the requirements in this Section, or equivalent Agreement State or NRC requirements at a medical institution, involving:
 - i. Reviewing full calibration measurements and periodic spot-checks;
 - ii. Preparing treatment plans and calculating treatment doses and times;
 - iii. Using administrative controls to prevent a medical event involving the use of radioactive material;
 - iv. Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console;
 - v. Checking and using survey meters; and
 - vi. Selecting the proper dose and how it is to be administered; and
 - c. Has completed three years of supervised clinical experience in radiation therapy, under an authorized user who meets the requirements in this Section, or equivalent Agreement State or NRC requirements, as part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Committee on Post-doctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by subsection (A)(2)(b); and
 - d. Has obtained written attestation that the individual has satisfactorily completed the requirements in subsection (A)(1) or (A)(2), and has achieved a level of competency sufficient to function independently as an authorized user of each type of therapeutic medical unit for which the individual is requesting authorized user status. The written attestation must be signed by a preceptor authorized user who meets the requirements in this Section, or equivalent Agreement State or NRC requirements for an authorized user for each type of therapeutic medical unit for which the individual is requesting authorized user status; and
 - e. Has received training in device operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought. This training requirement may be satisfied by satisfactory completion of a training program provided by the vendor for new users or by receiving training supervised by an authorized user or authorized medical physicist, as appropriate, who is authorized for the type(s) of use for which the individual is seeking authorization.
- B. The training and experience shall have been obtained within the seven years preceding the date of application or the individual shall have had related continuing education and experience since the required training and experience was completed.

Historical Note

New Section R9-7-744 recodified from R12-1-744 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-745. Report and Notification of a Medical Event

- A. A licensee shall report any "medical" event, except for an event that results from patient intervention, in which the administration of radioactive material or radiation from radioactive material results in:
1. A dose that differs from the prescribed dose or dose that would have resulted from the prescribed dosage by more than 0.05 Sv (5 rem) effective dose equivalent, 0.5 Sv (50 rem) to an organ or tissue, or 0.5 Sv (50 rem) shallow dose equivalent to the skin; and
 - a. The total dose delivered differs from the prescribed dose by 20 percent or more;
 - b. The total dosage delivered differs from the prescribed dosage by 20 percent or more or falls outside the prescribed dosage range; or
 - c. The fractionated dose delivered differs from the prescribed dose, for a single fraction, by 50 percent or more.
 2. A dose that exceeds 0.05 Sv (5 rem) effective dose equivalent, 0.5 Sv (50 rem) to an organ or tissue, or 0.5 Sv (50 rem) shallow dose equivalent to the skin from any of the following:
 - a. An administration of a wrong radiopharmaceutical containing radioactive material;
 - b. An administration of a radiopharmaceutical containing radioactive material by the wrong route of administration;
 - c. An administration of a dose or dosage to the wrong individual or human research subject;
 - d. An administration of a dose or dosage delivered by the wrong mode of treatment; or
 - e. A leaking sealed source.
 3. A dose to the skin or an organ or tissue other than the treatment site that exceeds by 0.5 Sv (50 rem) to an organ or tissue and 50 percent or more of the dose expected from the administration defined in the written directive (excluding, for permanent implants, seeds that were implanted in the correct site but migrated outside the treatment site).

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- B. A licensee shall report any event resulting from intervention of a patient or human research subject in which the administration of radioactive material or radiation from radioactive material results or will result in unintended permanent functional damage to an organ or a physiological system, as determined by a physician.
- C. The licensee shall notify by telephone the Department no later than the next calendar day after discovery of the medical event.
- D. The licensee shall submit a written report to the Department within 15 days after discovery of the medical event.
 - 1. The written report shall include:
 - a. The licensee's name;
 - b. The name of the prescribing physician;
 - c. A brief description of the event;
 - d. Why the event occurred;
 - e. The effect, if any, on each individual who received the administration;
 - f. What actions, if any, have been taken or are planned to prevent recurrence; and
 - g. Certification that the licensee notified each individual (or the individual's responsible relative or guardian), and if not, why not.
 - 2. The report may not contain an individual's name or any other information that could lead to identification of the individual.
- E. The licensee shall provide notification of the event to the referring physician and also notify the individual who is the subject of the medical event no later than 24 hours after its discovery, unless the referring physician personally informs the licensee either that he or she will inform the individual or that, based on medical judgment, telling the individual would be harmful. The licensee is not required to notify the individual without first consulting the referring physician. If the referring physician or the affected individual cannot be reached within 24 hours, the licensee shall notify the individual as soon as possible thereafter. The licensee may not delay any appropriate medical care for the individual, including any necessary remedial care as a result of the medical event, because of any delay in notification. To meet the requirements of this subsection, the notification of the individual who is the subject of the medical event may be made instead to that individual's responsible relative or guardian. If a verbal notification is made, the licensee shall inform the individual, or appropriate responsible relative or guardian, that a written description of the event can be obtained from the licensee upon request. The licensee shall provide such a written description if requested.
- F. Aside from the notification requirement, nothing in this Section affects any rights or duties of licensees and physicians in relation to each other, to individuals affected by the medical event, or to that individual's responsible relatives or guardians.
- G. A licensee shall:
 - 1. Annotate a copy of the report provided to the Department with the:
 - a. Name of the individual who is the subject of the event; and
 - b. Social Security number or other identification number, if one has been assigned, of the individual who is the subject of the event; and
 - 2. Provide a copy of the annotated report to the referring physician, if other than the licensee, no later than 15 days after the discovery of the event.

Historical Note

New Section R9-7-745 recodified from R12-1-745 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-746. Report and Notification of a Dose to an Embryo, Fetus, or Nursing Child

- A. A licensee shall report any dose to an embryo/fetus that is greater than 50 mSv (5 rem) dose equivalent that is a result of an administration of radioactive material or radiation from radioactive material to a pregnant individual unless the dose to the embryo/fetus was specifically approved, in advance, by the authorized user.
- B. A licensee shall report any dose to a nursing child that is a result of an administration of radioactive material to a breastfeeding individual that:
 - 1. Is greater than 50 mSv (5 rem) total effective dose equivalent; or
 - 2. Has resulted in unintended permanent functional damage to an organ or a physiological system of the child, as determined by a physician.
- C. The licensee shall notify the Department by telephone no later than the next calendar day after discovery of a dose to the embryo, fetus, or nursing child that requires a report in subsections (A) or (B).
- D. The licensee shall submit a written report to the Department within 15 days after discovery of a dose to the embryo, fetus, or nursing child that requires a report in subsections (A) or (B). The written report shall include:
 - 1. The licensee's name;
 - 2. The name of the prescribing physician;
 - 3. A brief description of the event;
 - 4. Why the event occurred;
 - 5. The effect, if any, on the embryo/fetus or the nursing child;
 - 6. What actions, if any, have been taken or are planned to prevent recurrence; and
 - 7. Certification that the licensee notified the pregnant individual or mother (or the mother's or child's responsible relative or guardian), and if not, why not.
- E. The report, required in subsection (D), shall not contain the individual's or child's name or any other information that could lead to identification of the individual or child.
- F. The licensee shall provide notification of the event to the referring physician and also notify the pregnant individual or mother, both hereafter referred to as the mother, no later than 24 hours after discovery of an event that would require reporting under subsections (A) or (B), unless the referring physician personally informs the licensee either that he or she will inform the mother or that, based on medical judgment, telling the mother would be harmful. The licensee is not required to notify the mother without first consulting with the referring physician. If the referring physician or mother cannot be reached within 24 hours, the licensee shall make the appropriate notifications as soon as possible thereafter. The licensee shall not delay any appropriate medical care for the embryo, fetus, or for the nursing child, including any necessary remedial care as a result of the event, because of any delay in notification. To meet the requirements of this subsection, the notification may be made to the mother's or child's responsible relative or guardian instead of the mother. If a verbal notification is made, the licensee shall inform the mother, or the mother's or child's responsible relative or guardian, that a written description of the event can be obtained from the licensee upon request. The licensee shall provide the written description upon request.
- G. A licensee shall:

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1. Make a copy of the report provided to the Department and include with it the:
 - a. Name of the pregnant individual or the nursing child who is the subject of the event; and
 - b. Social Security number or other identification number, if one has been assigned, of the pregnant individual or the nursing child who is the subject of the event; and
2. Provide the copy of the information required in subsection (G)(1) to the referring physician, if other than the licensee, no later than 15 days after the discovery of the event.

Historical Note

New Section R9-7-746 recodified from R12-1-746 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Exhibit A. Medical Use Groups**Group 100**

Included is the use of any unsealed radioactive material for use in uptake, dilution, or excretion studies and not requiring a written directive: The radioactive material in this group shall be:

1. Obtained from a manufacturer or preparer licensed under R9-7-703(C)(2)(a), or equivalent NRC or Agreement State requirements; or
2. Obtained from a PET radioactive drug producer licensed under R9-7-703 or equivalent NRC or an Agreement State license excluding production of PET radionuclides prepared by an authorized nuclear pharmacist who meets the requirements in R9-7-712, a physician who is an authorized user and who meets the requirements specified in R9-7-721, or R9-7-723 and R9-7-721(3)(b)(vii), or an individual under the supervision of either as specified in R9-7-706; or
3. If a research protocol:
 - a. Obtained from and prepared by an Agreement State or NRC licensee for use in research in accordance with a Radioactive Drug Research Committee-approved protocol or an Investigational New Drug (IND) protocol accepted by FDA; or
 - b. Prepared by the licensee for use in research in accordance with a Radioactive Drug Research Committee-approved application or an Investigational New Drug (IND) protocol accepted by FDA.

Group 200

Included is the use of any unsealed radioactive material for use in imaging and localization not requiring a written directive. PET radiopharmaceuticals may be used if the licensee meets the requirements in R9-7-716. The radioactive material in this group shall be:

1. Obtained from a manufacturer or preparer licensed under R9-7-703(C)(2)(a), or equivalent NRC or Agreement State requirements; or
2. Obtained from a PET radioactive drug producer licensed under R9-7-703 or an equivalent NRC or Agreement State license excluding production of PET radionuclides prepared by an authorized nuclear pharmacist who meets the requirements in R9-7-712, a physician who is an authorized user and who meets the requirements specified in R9-7-721, or R9-7-723 and R9-7-721(3)(b)(vii), or an individual under the supervision of either as specified in R9-7-706; or
3. If a research protocol:
 - a. Obtained from and prepared by an Agreement State or NRC licensee for use in research in accordance with a Radioactive Drug Research Committee-approved application or an Investigational New Drug (IND) protocol accepted by FDA; or

- b. Prepared by the licensee for use in research in accordance with a Radioactive Drug Research Committee-approved application or an Investigational New Drug (IND) protocol accepted by FDA.

Group 300

Included is the use of any unsealed radioactive material for medical use (radiopharmaceutical) for which a written directive is required.

The radioactive material in this group shall be:

1. Obtained from a manufacturer or preparer licensed under R9-7-703(C)(2)(a) or equivalent NRC or Agreement State requirements; or
2. Obtained from a PET radioactive drug producer licensed under R9-7-703 or equivalent NRC or an Agreement State license excluding production of PET radionuclides prepared by an authorized nuclear pharmacist who meets the requirements in R9-7-712, a physician who is an authorized user and who meets the requirements specified in R9-7-721 or R9-7-723, or an individual under the supervision of either as specified in R9-7-706; or
3. If a research protocol:
 - a. Obtained from and prepared by an Agreement State or NRC licensee for use in research in accordance with an Investigational New Drug (IND) protocol accepted by FDA; or
 - b. Prepared by the licensee for use in research in accordance with an Investigational New Drug (IND) protocol accepted by FDA.

Group 400

Included is the use of any brachytherapy source for therapeutic medical use that is manufactured in accordance with R9-7-703(C)(2)(b) and:

1. Approved for therapeutic use in the Sealed Source and Device Registry; or
2. Part of a research protocol that is approved for therapeutic use under an active Investigational Device Exemption (IDE) application accepted by the FDA, and meets the requirements of R9-7-709.

Group 500

Included is the use of any sealed source that is manufactured in accordance with R9-7-703(C)(2)(b), and is approved for diagnostic use in the Sealed Source and Device Registry.

Group 600

Included is the use of sealed sources in photon emitting remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units that are manufactured in accordance with R9-7-703(C)(2)(b) and:

1. Approved for therapeutic use in the Sealed Source and Device Registry; or
2. Part of a research protocol that is approved for therapeutic use under an active Investigational Device Exemption (IDE) application accepted by the FDA and meets the requirements of R9-7-709.

Group 1000

A licensee may use radioactive material or a radiation source approved for medical use which is not specifically addressed in R9-7-309(4) if:

1. The applicant or licensee has submitted the information required by this Article; and
2. The applicant or licensee has received written approval from the Department in a license or license amendment and uses the material in accordance with the rules and specific conditions the Department considers necessary for the medical use of the material.

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Historical Note

New Article 7, Exhibit A recodified from 12 A.A.C. 1., Article 7, Exhibit A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Exhibit A, Group 100, Group 200, and Group 1000 amended by final exempt rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

ARTICLE 8. RADIATION SAFETY REQUIREMENTS FOR ANALYTICAL X-RAY OPERATIONS**R9-7-801. Scope**

The rules in this Article establish requirements for the use of analytical x-ray equipment by persons registered under R9-7-204. The provisions of this Article supplement other applicable provisions of this Chapter.

Historical Note

New Section R9-7-801 recodified from R12-1-801 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-802. Definitions

“Analytical x-ray equipment” means devices or machines used for x-ray diffraction or x-ray induced fluorescence analysis.

“Analytical x-ray system” means a group of components utilizing x-rays to determine the elemental composition or to examine the microstructure of materials.

“Enclosed beam x-ray system” means an analytical x-ray system constructed in such a way that access to the interior of the enclosure housing the x-ray source is precluded during operation except through bypassing of interlocks or other safety devices to perform maintenance or servicing.

“Fail-safe characteristic” means a design feature which causes beam port shutters to close, or otherwise prevents emergence of the primary beam, upon the failure of a safety or warning device.

“Local component” means part of an analytical x-ray system and includes each area that is struck by x-rays, such as radiation source housings, port and shutter assemblies, collimators, sample holders, cameras, goniometers, detectors and shielding, but does not include power supplies, transformers, amplifiers, readout devices, and control panels.

“Normal operating procedures” means instructions or procedures including, but not limited to, sample insertion and manipulation, equipment alignment, routine maintenance by the registrant, and data recording procedures which are related to radiation safety.

“Open beam x-ray system” means an analytical x-ray system which permits an individual to place some body part in the primary beam path during normal operation.

“Primary beam” means radiation which passes through an aperture of the source housing on a direct path from the x-ray tube.

Historical Note

New Section R9-7-802 recodified from R12-1-802 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-803. Enclosed-beam X-ray Systems

- A. Enclosed beam x-ray systems are exempt from other equipment requirements contained in this Article provided the enclosed beam x-ray systems are designed and constructed so that radiation levels measured at 5 cm from any accessible surface of the enclosure housing the x-ray source do not exceed 5 μ Sv (0.5 mrem) in one hour.

- B. A registrant using enclosed beam x-ray systems shall comply with applicable provisions R9-7-804(A), R9-7-805(B), and 9 A.A.C. 7, Article 4.
- C. A person who maintains or services analytical x-ray systems, shall:
1. Obtain permission in advance from the radiation safety officer before bypassing interlocks or other safety devices,
 2. Label equipment as “out of service” until maintenance or service is completed,
 3. Wear extremity personnel monitoring devices, and
 4. Ensure that interlocks or other safety devices are operating upon completion of maintenance or service.

Historical Note

New Section R9-7-803 recodified from R12-1-803 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-804. Open-beam X-ray Systems

- A. A registrant shall label open beam x-ray systems with a readily discernible sign or signs bearing the radiation symbol and the words:
1. “CAUTION -- HIGH INTENSITY X-RAY BEAM,” or a similar warning, on the x-ray source housing; and
 2. “CAUTION RADIATION -- THIS EQUIPMENT PRODUCES RADIATION WHEN ENERGIZED” or a similar warning, near any switch that energizes an x-ray tube if the radiation source is an x-ray tube.
- B. A registrant shall ensure that an open beam x-ray system has all of the following warning devices:
1. X-ray tube status (On-Off) indicator in systems where the primary beam is controlled in this fashion;
 2. Shutter status (Open-Closed) indicators near each port on the radiation housing for systems which control the primary beam; and
 3. A clearly visible warning light labeled with the words “X-RAY ON,” or a similar warning located near any switch that energizes an x-ray tube, illuminated only when the tube is energized; and
 4. The warning devices in subsections (B)(1) through (3) shall be labeled so that their purpose is easily identified.
- C. A registrant shall ensure that any apparatus utilized in beam alignment procedures is designed in such a way that excessive radiation will not strike the operator. Particular attention shall be given to viewing devices, in order to ascertain that lenses and other transparent components attenuate the beam to an acceptable level.
- D. A registrant shall provide an interlock device which prevents entry of any portion of an individual’s body into the primary beam or causes the primary beam to be shut off upon entry into its path on all open-beam x-ray systems. A registrant may apply to the Department for an exemption from the requirements of a safety device. An application for exemption shall include:
1. A description of the various safety devices that have been evaluated;
 2. The reason each device cannot be used; and
 3. A description of the alternative methods that will be used to minimize accidental exposure, including procedures to assure that operators and others in the area will be informed of the absence of safety devices.
- E. A registrant shall use only systems constructed so that:
1. Each x-ray tube housing is equipped with an interlock that automatically shuts off the tube if the tube is removed from the radiation source housing or the housing is disassembled; and

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2. With all shutters closed, radiation measured at a distance of 5 centimeters from the surface of the system is not capable of producing a dose that exceeds 25 Sv (2.5 mRem) in one hour for the specified tube rating of the x-ray tube.
- F. A registrant shall supply each x-ray generating system with a protective cabinet that limits leakage radiation measured at a distance of 5 cm (2 in) from the cabinet surface, so that the system is not capable of producing a dose equivalent that exceeds 25 μ Sv (2.5 mrem) in one hour.
- G. A registrant shall ensure that the local components of an analytical x-ray system are located and arranged and have sufficient shielding or access control for the specified tube rating to prevent the radiation level in any area adjacent to the local component group from exceeding the dose limits in R9-7-416.
- H. A registrant shall perform a radiation survey of the local component group of each analytical x-ray system to demonstrate compliance with subsection (G) upon:
 1. Installation,
 2. Change in configuration, or
 3. Maintenance that affects the radiation level in any area adjacent to the local component group.
- I. A registrant shall maintain a record of each survey for three years or until the analytical x-ray system is no longer used, whichever period is shorter.

Historical Note

New Section R9-7-804 recodified from R12-1-804 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-805. Administrative Responsibilities

- A. A registrant shall designate a radiation safety officer who shall:
 1. Establish and maintain operational procedures so that the radiation exposure of each worker is kept ALARA;
 2. Instruct all personnel who work with or near radiation producing machines in safety practices;
 3. Maintain a system of personnel monitoring;
 4. Establish radiation control areas, including placement of appropriate radiation warning signs or devices;
 5. Provide a radiation safety inspection of radiation producing machines on a routine basis;
 6. Review modifications to x-ray systems, including x-ray tube housing, cameras, diffractometers, shielding, and safety interlocks;
 7. Investigate and report proper authorities any case of excessive exposure to personnel and take remedial action; and,
 8. Be familiar with all applicable rules for control of ionizing radiation.
- B. An individual shall not be permitted to operate or maintain an open beam analytical x-ray system unless the individual has received instruction in and demonstrated competence in all of the following:
 1. Identification of radiation hazards associated with the use of the equipment;
 2. Significance of all radiation warning and safety devices, interlocks incorporated into the equipment, or the reasons that devices or interlocks have not been installed on certain pieces of equipment and the extra precautions required in lieu of these precautions;
 3. Proper operating procedures for the equipment;
 4. Recognition of symptoms of acute localized radiation exposure; and
 5. Proper procedure for reporting an actual or suspected exposure.

- C. A registrant shall maintain records of instruction and competence for Department inspection for three years from the date of course completion or demonstration.

Historical Note

New Section R9-7-805 recodified from R12-1-805 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-806. Operating Requirements

- A. A radiation safety officer shall establish written emergency procedures and post the procedures in a conspicuous location. The procedures shall include the telephone number of the radiation safety officer.
- B. A registrant shall ensure that written operating procedures are available for all analytical x-ray equipment workers. An individual shall not operate analytical x-ray equipment in any manner other than that specified in the procedures unless the individual obtains the radiation safety officer's written approval.
- C. An individual shall not bypass a safety device or interlock unless the individual has obtained Radiation Safety Officer approval. The approval shall be for a specific period of time. When a safety device or interlock has been bypassed, the Radiation Safety Officer shall place a readily discernible sign on the radiation source housing, warning the reader of the unsafe condition. A registrant shall maintain the written record of the bypass approval for three years after the approval expires.
- D. Except as authorized in subsection (C), an individual shall not perform an operation involving removal of covers, shielding materials, or tube housings or modification of shutters, collimators, or beam stops without ascertaining that the tube is off and that it will remain off until all protective devices have been restored to the normal operating condition. An individual repairing analytical x-ray equipment shall use the main switch, rather than interlocks, for routine shutdown in preparation for repairs.
- E. A registrant shall ensure that unused ports on radiation source housings are closed and secured against unauthorized access to the radiation source.
- F. Finger or wrist personnel monitoring devices shall be used by:
 1. Operators of open beam analytical x-ray equipment not equipped with a safety device; and
 2. Personnel performing maintenance procedures that require the presence of a primary x-ray beam when any local component is disassembled or removed.
- G. A registrant shall ensure that each safety and warning device is tested for proper operation at intervals that do not exceed one month and maintain a record of each test for three years from the date the test is completed.

Historical Note

New Section R9-7-806 recodified from R12-1-806 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-807. Surveys

- A. To ensure that personnel exposure does not result in a dose to an individual that exceeds the dose limits specified in Article 4, a registrant shall perform a radiation survey upon:
 1. Installation of the equipment and at least once each year after installation;
 2. Change in the initial arrangement, number, or type of local components in the system;
 3. Maintenance that involves disassembly or removal of a local component in the system;
 4. Maintenance that involves alignment, if alignment requires the generation of the primary x-ray beam while

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any local component of the system is disassembled or removed;

5. A visual inspection of the local components in the system that reveals an abnormal condition; or
6. Determination that personnel are being exposed to radiation in excess of established levels recorded in monitoring records for personnel during previous monitoring periods or the occupational dose limits specified in Article 4.

- B.** The radiation surveys in subsection (A) are not required if the registrant demonstrates that the local components of an analytical x-ray system are located and arranged, and have sufficient shielding or access control, to limit personnel exposure to a level that is ALARA and below the occupational dose limits in Article 4. The Department shall determine ALARA radiation levels based on the specified x-ray tube rating.

Historical Note

New Section R9-7-807 recodified from R12-1-807 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-808. Posting

A registrant shall conspicuously post each area or room that contains analytical x-ray equipment with a sign or signs that bear the radiation symbol and the words "CAUTION – X-RAY EQUIPMENT" or words with a similar meaning.

Historical Note

New Section R9-7-808 recodified from R12-1-808 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-809. Training

A registrant shall not allow an individual to operate or maintain analytical x-ray equipment unless the individual has received training and demonstrated competence in:

1. Identifying radiation hazards associated with use of the equipment;
2. Recognizing and using radiation warning and safety devices, including interlocks that are incorporated into the equipment, and understanding why these devices are sometimes not installed;
3. Taking precautions associated with use of the equipment;
4. Recognizing symptoms of an acute localized exposure; and
5. Following proper procedure for reporting a suspected personnel exposure.

Historical Note

New Section R9-7-809 recodified from R12-1-809 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 9. PARTICLE ACCELERATORS**R9-7-901. Purpose and Scope**

- A.** This Article establishes procedures and requirements for the registration and the use of particle accelerators.
- B.** In addition to the requirements of this Article, all registrants are subject to the requirements of Articles 1, 2, 4 and 10. Registrants engaged in industrial radiographic operations are subject to the requirements of Article 11, and registrants engaged in the healing arts are subject to the requirements of Article 6 of this Chapter. Registrants using a particle accelerator for the production of radioactive material are subject to the requirements of Article 3, and if the radioactive material is used for medical purposes, Article 7.

Historical Note

New Section R9-7-901 recodified from R12-1-901 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-902. Definitions

The following definitions apply in this Article, unless the context otherwise requires:

"Added filter" (See Article 6)

"Arc therapy" means radiation therapy that uses electrons to treat large, superficial volumes that follow curved surfaces, as in postmastectomy patients.

"Authorized medical physicist" means an individual who meets the requirements in R9-7-711. For purposes of ensuring that personnel are adequately trained, an authorized medical physicist is a "qualified expert" as defined in Article 1.

"Beam-limiting device" (See Article 6)

"Beam-monitoring system" means a system of devices that will monitor the useful beam during irradiation and terminate irradiation when a preselected number of monitor units has been accumulated.

"Control panel" (See Article 6)

"Full beam detector" means a radiation detector of such size that the total cross section of the maximum size useful beam is intercepted.

"Gantry" means that part of a linear accelerator that supports the radiation source so that it can rotate about a horizontal axis.

"Interlock" (See Article 1)

"Isocenter" means the point of intersection of the collimator axis and the axis of rotation of the gantry.

"Monitor unit" means a unit response from the beam monitoring system from which the absorbed dose can be calculated.

"Moving beam therapy" means radiation therapy in which there is displacement of the useful beam relative to the patient. Moving beam therapy includes arc therapy, skip therapy, and rotational beam therapy.

"Rotational beam therapy" means radiation therapy that is administered to a patient from a radiation source that rotates around the patient's body or the patient is rotated while the beam is held fixed.

"Skip therapy" means rotational beam therapy that is administered in a way that maximizes the dose to an area of interest and minimizes the dose to surrounding healthy tissue.

"Spot check" (See Article 6)

"Stationary beam therapy" means radiation therapy that involves a beam from a radiation source that is aimed at the patient from different directions. The distance of the source from the isocenter remains constant irrespective of the beam direction.

"Virtual source" means a point from which radiation appears to originate.

Historical Note

New Section R9-7-902 recodified from R12-1-902 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-903. General Registration Requirements

- A.** The requirements in this Section supplement the registration requirements in 9 A.A.C. 7, Article 2.

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- B.** The Department shall approve a registration application for use of a particle accelerator only if the Department determines that:

1. The applicant is qualified by training and experience to use the accelerator for the purpose in the application submitted to the Department under Article 2;
2. The applicant's proposed equipment, facilities, and operating and emergency procedures are adequate to protect public health;
3. The applicant satisfies any other applicable requirements in this Section; and 4. The applicant has appointed a radiation safety officer.

Historical Note

New Section R9-7-903 recodified from R12-1-903 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-904. Registration of Particle Accelerators Used in the Practice of Medicine

- A.** The requirements in this Section supplement the registration requirements in R9-7-903.

- B.** An applicant that is a "medical institution," as defined in 9 A.A.C. 7, Article 7, and performing human research shall appoint a radiation safety committee that meets the following requirements:

1. The committee shall consist of at least four individuals and shall include:
 - a. An authorized user of each type of use permitted by the registration,
 - b. The Radiation Safety Officer,
 - c. A representative of the nursing service, and
 - d. A representative of management who is neither an authorized user nor a Radiation Safety Officer, and
 - e. Any other members the registrant selects;
2. The committee shall meet at least once in each 12-month period, unless otherwise specified by registration condition;
3. To conduct business at least 50 percent of the membership of the committee shall be present including the Radiation Safety Officer and the management representative;
4. The minutes of each radiation safety committee meeting shall include a reference of any discussion or documents related to the review required in R9-7-407(C);
5. Review the radiation safety program for all sources of radiation as required in R9-7-407(C);
6. Establish a table that contains investigational levels for occupational and public dose that, when exceeded, will initiate an investigation and consideration of actions by the Radiation Safety Officer; and
7. Establish the safety objectives of the quality management program required by subsection (E).

- C.** The applicant shall ensure that an individual designated as an authorized user is an Arizona licensed physician; approved by the radiation safety committee, if applicable; and is:

1. Certified in:
 - a. Radiology, therapeutic radiology, or radiation oncology by the American Board of Radiology; or
 - b. Radiation oncology by the American Osteopathic Board of Radiology; or
 - c. Radiology, with specialization in radiotherapy, as a British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology"; or
 - d. Therapeutic radiology by the Canadian Royal College of Physicians and Surgeons; or
2. Engaged in the active practice of therapeutic radiology, and has completed 200 hours of instruction in basic techniques applicable to the use of a particle accelerator, 500

hours of supervised work experience, and a minimum of three years of supervised clinical experience.

- a. To satisfy the requirement for instruction, the classroom and laboratory training shall include all of the following subjects:

- i. Radiation physics and instrumentation,
- ii. Radiation protection,
- iii. Mathematics pertaining to the use and measurement of radiotherapy, and
- iv. Radiation biology.

- b. To satisfy the requirement for supervised work experience, training shall occur under the supervision of an authorized user at a medical institution and shall include:

- i. Reviewing full calibration measurements and periodic spot checks,
- ii. Preparing treatment plans and calculating treatment times,
- iii. Using administrative controls to prevent misadministration,
- iv. Implementing emergency procedures to be followed in the event of the abnormal operation of a particle accelerator, and
- v. Checking and using survey meters.

- c. To satisfy the requirement for a period of supervised clinical experience, training shall include one year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association and an additional two years of clinical experience in therapeutic radiology under the supervision of an authorized user at a medical institution. The supervised clinical experience shall include:

- i. Examining individuals and reviewing their case histories to determine their suitability for treatment, noting any limitations or contraindications;
- ii. Selecting the proper dose and how it is to be administered;
- iii. Calculating the therapy doses and collaborating with the authorized user in the review of patients' or human research subjects' progress and consideration of the need to modify originally prescribed doses, as warranted by patients' or human research subjects' reaction to radiation; and
- iv. Post-administration follow up and review of case histories.

- D.** With the application the applicant shall provide the name of each authorized user to the Department so the names can be listed on the registration form, and so that the Department can determine whether the authorized user's training and experience satisfies the requirements in subsection (C).

- E.** Each registrant shall establish and maintain a written quality management program to provide high confidence that the radiation produced by the particle accelerator will be administered as directed by an authorized user. The quality management program shall include, at minimum, the tests and checks listed in Appendix A.

- F.** Each registrant shall ensure that a particle accelerator is calibrated by an authorized medical physicist who meets the training and experience qualifications in R9-7-711.

- G.** At the time of application for registration or when a therapy program is expanded to multiple sites, each applicant or regis-

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trant shall provide the Department with a description of the quality management program, a listing of the professional staff assigned to the facility, and the expected ratio of patient workload to staff member for programs involving multiple therapy sites. If the staffing ratio exceeds the recommended levels in Radiation Oncology in Integrated Cancer Management, Report of the Inter-Society Council for Radiation Oncology, December 1991, the applicant shall provide to the Department for approval the justification for the larger ratio and the safety considerations that have been addressed in establishing the program. This report is incorporated by reference and available under R9-7-101. The incorporated material contains no future editions or amendments. The report is available from the American Association of Physicists in Medicine: online at <http://www.aapm.org/pubs/reports>; print copies may be purchased from Medical Physics Publishing, 4513 Vernon Blvd., Madison, WI 53705; toll free at (800) 442-5778.

Historical Note

New Section R9-7-904 recodified from R12-1-904 at 24

A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-905. Medical Particle Accelerator Equipment, Facility and Shielding, and Spot Checks**A. Equipment****1. Leakage radiation**

- a. X-ray leakage radiation from the source housing assembly shall not exceed 0.1 percent of the maximum dose equivalent rate of the unattenuated useful beam.
- b. Neutron leakage radiation from the source housing assembly shall not exceed 0.5 percent of the maximum dose equivalent rate of the unattenuated useful beam.
- c. Leakage radiation measurements made at any point 1 meter from the path of the charged particle between its point of origin and the target, window or scattering foil shall meet the requirements of subsection (A)(1)(a) and (b) when computed as a percentage of the dose rate equivalent of the unattenuated useful beam measured at 1 meter from the virtual source. Leakage radiation measurements at each point shall be averaged over an area up to but not exceeding 100 square centimeters (15.5 square inches).
- d. The registrant shall maintain, for inspection by the Department, records that show leakage radiation measurements for the life of the operation.

2. Beam limiting devices (not to include blocks or wedges).

Adjustable or interchangeable beam limiting devices shall be provided and shall transmit no more than 2 percent of the useful beam for the portion of the useful beam that is to be attenuated by the beam limiting device. The neutron component of the useful beam shall not be included in this requirement. Measurements shall be averaged over an area up to but not exceeding 100 square centimeters (15.5 square inches) at the normal treatment distance.

3. Filters. The following requirements apply to systems that use a system of wedge filters, interchangeable field flattening filters, or interchangeable beam scattering filters:

- a. Irradiation shall not be possible until a selection of a filter has been made at the treatment control panel;
- b. An interlock system shall be provided to prevent irradiation if the filter selected is not in the correct position;

- c. An indication of the wedge filter orientation with respect to the treatment field shall be provided at the control panel, by direct observation, or by electronic means, when wedge filters are used;
- d. A display shall be provided at the treatment control panel showing the filter or filters in use;
- e. Each filter that is removable from the system shall be clearly identified as to that filter's material of construction, thickness, and the nominal wedge angle for wedge filters, or a record tracing these factors for each filter shall be maintained at the system console; and
- f. An interlock shall be provided to prevent irradiation if any filter selection operation carried out in the treatment room does not agree with the filter selection operation carried out at the treatment control panel.

4. Beam monitor. Equipment installed after the effective date of this Section shall be provided with at least one radiation detector in the radiation head. This detector shall be incorporated into a primary system so that all of the following criteria are met:

- a. Each primary system shall have a detector that is a transmission detector and a full beam detector and that is placed on the patient side of any fixed added filters other than a wedge filter;
- b. The detectors shall be removable only with tools and shall be interlocked to prevent incorrect positioning;
- c. Each detector shall be capable of independently monitoring and controlling the useful beam;
- d. Each detector shall form part of a dose-monitoring system from which the absorbed dose can be calculated at a reference point in the treatment volume;
- e. Each dose monitoring system shall have a legible display at the treatment control panel that:
 - i. Maintains a reading until intentionally reset to zero;
 - ii. Has only one scale and no scale multiplying factors in replacement equipment; and
 - iii. Utilizes a design such that increasing dose is displayed by increasing numbers and is designed so that, in the event of an overdosage of radiation, the absorbed dose may be accurately determined under all nominal conditions of use or foreseeable failures;
- f. In the event of power failure, the dose monitoring information required in subsection (A)(4) displayed at the control panel at the time of failure shall be retrievable in at least one system; and
- g. Selection and display of dose monitor units:
 - i. Irradiation shall not be possible until a selection of dose monitor units has been made at the treatment control panel.
 - ii. Each primary system shall terminate irradiation when the preselected number of dose monitor units has been detected by the system.
 - iii. Each secondary system shall terminate irradiation when 110 percent of the preselected number of dose monitor units has been detected by the system.
 - iv. It shall be possible to interrupt irradiation and equipment movements at any time from the operator's position at the treatment control panel. Following an interruption, it shall be possible to restart irradiation by operator action without any reselection of operating conditions.

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- If any change is made of a preselected value during an interruption the equipment shall go to termination condition.
- v. It shall be possible to terminate irradiation and equipment movements, or go from an interruption condition to termination conditions at any time from the operator's position at the treatment control panel.
5. Beam monitoring system. All accelerator systems shall be provided with a beam monitoring system in the radiation head capable of monitoring and terminating irradiation.
 - a. Each beam monitoring system shall have a display at the treatment control panel that registers the accumulated monitor units.
 - b. The beam monitoring system shall terminate irradiation if the preselected number of monitor units has been detected by the system.
 - c. For units with a secondary beam monitoring system, the primary beam monitoring system shall terminate irradiation if the preselected number of monitor units has been detected. The secondary beam monitoring system shall terminate irradiation if the primary system fails.
 - d. In the event of a power failure, the display information required in subsection (A)(5)(a) shall be retained in at least one system following the power failure.
 - e. An interlock device shall prevent irradiation if any beam monitoring system is inoperable.
 - f. For purposes of this rule:
 - i. "Beam monitoring system" means a system of devices that will monitor the useful beam during irradiation and will terminate irradiation if a preselected number of monitor units is accumulated.
 - ii. "Monitor unit" means a unit response from the beam monitoring system from which the absorbed dose can be calculated.
 6. Treatment beam mode selection. In equipment capable of both x-ray and electron therapy:
 - a. Irradiation shall not be possible until a selection of radiation type is made at the treatment control panel;
 - b. An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations indicated at the treatment control panel;
 - c. An interlock system shall be available and in operating condition on a therapy machine, and shall be used to prevent unwanted x-ray or electron irradiation when preparing for, or performing radiation therapy procedures. The interlock system need not be available for use, if the therapy machine is only used to make an image of an inanimate object; and
 - d. The radiation type selected shall be displayed at the treatment control panel before and during irradiation.
 7. Treatment beam energy selection. Equipment capable of generating radiation beams of different energies shall meet all of the following requirements:
 - a. Irradiation shall not be possible until a selection of energy is made at the treatment control panel;
 - b. An interlock system shall be provided to ensure that the equipment can emit only the energy of radiation that is selected;
 - c. An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations indicated at the treatment control panel; and
 - d. The energy selected shall be displayed at the treatment control panel before and during irradiation.
 8. Selection of stationary or moving beam therapy. Equipment capable of both stationary and moving beam therapy modes shall meet all of the following requirements:
 - a. Irradiation shall not be possible until a selection of stationary beam therapy or moving beam therapy is made at the treatment control panel;
 - b. An interlock system shall be provided to ensure that the equipment can operate only in the mode that is selected;
 - c. An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations indicated at the treatment control panel;
 - d. An interlock system shall be provided to terminate irradiation if the movement stops during moving beam therapy;
 - e. Moving beam therapy shall be so controlled that the required relationship between the number of dose monitor units and movement is obtained; and
 - f. The mode of operation shall be displayed at the treatment control panel.
 9. Focal spot location and beam orientation. The registrant shall determine, or obtain from the manufacturer, the location in reference to an accessible point on the radiation head of all of the following:
 - a. The x-ray target or the virtual source of x-rays,
 - b. The electron window or the scattering foil, and
 - c. All possible orientations of the useful beam.
 10. System checking facilities. Capabilities shall be provided for checking of all safety interlock systems.
- B. Facility and shielding requirements.**
1. In addition to protective barriers sufficient to ensure compliance with R9-7-907, all of the following design requirements apply:
 - a. Except for entrance doors or beam interceptors, all the required barriers shall be fixed barriers;
 - b. The treatment control panel shall be located outside the treatment room;
 - c. Windows, mirrors, operable closed-circuit television, or other equivalent viewing systems shall be provided to permit continuous observation of the patient during irradiation and shall be so located that the operator may observe the patient from the treatment control panel;
 - d. Provision shall be made for two-way oral communication between the patient and the operator at the treatment control panel;
 - e. Each point of entry into the treatment room shall be provided with warning lights that will indicate when the useful beam is "on" in a readily observable position outside of the room; and
 - f. Interlocks shall be provided and shall result in all entrance doors being closed before treatment can be initiated or continued. If the radiation beam is interrupted by any door opening, it shall be possible to restore the machine to operation only by closing the door and reinitiating exposure by manual action at the control panel.

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2. An authorized medical physicist, trained and experienced in the principles of radiation protection, shall perform a radiation protection survey on all installations before human use and after any change in an installation that might produce a radiation hazard. The authorized medical physicist shall provide the survey results in writing to the individual in charge of the installation and transmit a copy of the survey results to the Department.
3. Calibrations.
 - a. Calibration of the therapy system, including radiation output calibration, shall be performed before placing new installations into operation for the purpose of irradiation of patients. Subsequent calibrations shall be made at intervals not to exceed 12 months, and after any change that may cause the calibration of the therapy system to change.
 - b. Calibration of the radiation output of the therapy beam shall be performed with an instrument that has been calibrated using a method that is traceable to the National Institute of Standards and Technology (NIST), within the preceding two years.
 - c. Calibration of a particle accelerator shall be performed by, or under the supervision of an authorized medical physicist who meets the qualification requirements specified in R9-7-711, and a copy of the calibration report shall be maintained by the registrant for inspection by the Department.
 - d. Calibration of the therapy beam shall include, but not necessarily be limited to, all of the following determinations:
 - i. Verification that the equipment is operating within the design specifications concerning the light localizer, the side light and back pointer alignment with the isocenter, when applicable, variation in the axis of rotation for the table, gantry and jaw system, and beam flatness and symmetry at specific depths;
 - ii. The exposure rate or dose rate in air or at various depths of water for the range of field sizes used for each effective energy, and for each treatment distance used for radiation therapy;
 - iii. The congruence between the radiation field and the field defined by the localizing device;
 - iv. The uniformity of the radiation field and its dependency upon the direction of the useful beam; and
 - v. The calibration determinations above shall be provided in sufficient detail, to allow the absorbed dose to tissue in the useful beam to be calculated to within plus or minus 5 percent.
 - e. Records of calibrations shall be maintained for three years following the date the calibration was performed.
 - f. A copy of the current calibration report shall be available in the therapy facility for use by the operator, and the report shall contain the following information:
 - i. The action taken by the authorized medical physicist performing the calibration if it indicates a change has occurred since the last calibration,
 - ii. A listing of the persons informed of the change in calibration results, and
 - iii. A statement as to the effect the change in calibration has had on the therapy doses prior to the current calibration finding.
- C. Spot checks.
 1. The spot check procedures shall be in writing and shall have been developed by an authorized medical physicist trained and experienced in performing calibrations.
 2. The measurements taken during spot checks shall demonstrate the degree of consistency of the operating characteristics which can affect the radiation output of the system or the radiation dose delivered to a patient during a therapy procedure.
 3. The written spot check procedure shall indicate the frequency at which tests or measurements are to be performed, not to exceed monthly.
 4. The spot check procedure shall note conditions that require recalibration of the therapy system before further human irradiation.
 5. Records of spot checks shall be maintained and available for inspection by the Department for three years following the spot check measurements. Records of spot checks not performed by an authorized medical physicist shall be signed by an authorized medical physicist within 15 days of the spot check.
- D. Operating procedures.
 1. Only the patient shall be in the treatment room during irradiation.
 2. If a patient must be held in position during treatment only, mechanical supporting or restraining devices shall be used for this purpose.

Historical Note

New Section R9-7-905 recodified from R12-1-905 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-906. Limitations

- A. A registrant shall not permit an individual to act as:
 1. A particle accelerator operator of any type unless the individual:
 - a. Has received copies of and instruction in this Article and the registrant's operating and emergency procedures,
 - b. Demonstrates an understanding of the material, and
 - c. Has demonstrated competence in the use the particle accelerator, related equipment, and survey instruments that will be employed during the operation of the particle accelerator;
 2. A medical particle accelerator operator unless the individual is certified as required in A.R.S. § 32-2811 or the operator meets the requirements in R9-7-603(B); or
 3. An industrial particle accelerator operator unless the individual has been instructed in radiation safety.
- B. A registrant shall provide either the Radiation Safety Committee or the Radiation Safety Officer with the authority to terminate operations at a particle accelerator facility if this is necessary to protect health and safety or property.
- C. If equipment is capable of both stationary and moving beam therapy, the registrant shall ensure that:
 1. Irradiation is not possible unless either stationary or moving beam therapy has been selected at the control panel,
 2. An interlock is provided to ensure that the machine will operate only in the mode that has been selected,
 3. An interlock is provided that terminates irradiation if the gantry fails to move properly during moving beam therapy,
 4. A means is provided to prevent movement during stationary therapy, and
 5. The mode of operation is displayed at the control panel.

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Historical Note

New Section R9-7-906 recodified from R12-1-906 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-907. Shielding and Safety Design

- A. An authorized medical physicist experienced in the principles of radiation protection and installation design shall be consulted in the design of a particle accelerator installation and called upon to perform a radiation survey when the accelerator is first capable of producing radiation. The registrant shall provide a copy of the installation radiation survey to the Department before a Department inspection conducted according to R9-7-914.
- B. The registrant shall shield each particle accelerator installation with the primary and secondary protective barriers necessary to comply with R9-7-408 and R9-7-416.
- C. At the time of application for registration and before treatment of the first patient, the applicant shall provide to the Department a copy of an installation report, signed by the contractor who installed required shielding material recommended by the authorized medical physicist who performed the shielding calculations for the particle accelerator facility.
- D. As part of the annual radiation protection program review required in R9-7-407(C), the registrant shall document installed facility shielding and other radiation exposure controls, review patient workload, and note associated changes, if any, in public exposure that are the result of installed facility shielding, increased workload, and other radiation exposure controls in use at the time of the review.

Historical Note

New Section R9-7-907 recodified from R12-1-907 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-908. Particle Accelerator Controls and Interlock Systems

A registrant shall ensure that:

1. Instrumentation, readouts and controls on the particle accelerator control panel are clearly identified and easily discernible;
2. All entrances into the area that contains the particle accelerator room, target room, or other high radiation area, are provided with interlocks that shut down the machine if an entrance door is opened;
3. If an interlock system connected to an entrance door that provides access to the therapy suite has been tripped, it is not possible to resume operation of the particle accelerator by resetting the interlock switch at the entrance where it had been tripped;
4. Each safety interlock is on a circuit that allows it to operate independently of all other safety interlocks;
5. If possible, the interlock system is fail-safe in design, so that any defect or component failure in the interlock system prevents operation of the particle accelerator; and
6. A scram button or other emergency power cutoff switch is located and easily identifiable in the area that contains the particle accelerator. The registrant shall ensure that the scram button prevents persons from restarting the particle accelerator at the accelerator control panel without resetting the button or switch.

Historical Note

New Section R9-7-908 recodified from R12-1-908 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-909. Warning Systems

A registrant shall ensure that:

1. High radiation areas and entrances to the high radiation areas in medical facilities are equipped with a continuously-operating warning light system that operates when, and only when, radiation is produced;
2. High radiation areas and entrances to the high radiation areas in nonmedical facilities are equipped with an easily-observable flashing or rotating warning light system that operates when, and only when, radiation is produced;
3. High radiation areas associated with nonmedical particle accelerators have an audible warning device that is activated for 15 seconds before creation of the high radiation area; and the warning device is clearly discernible in all high radiation areas and all radiation areas; and
4. High radiation areas associated with any particle accelerator are posted according to R9-7-428 and R9-7-429.

Historical Note

New Section R9-7-909 recodified from R12-1-909 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-910. Operating Procedures

- A. A registrant shall secure from use a particle accelerator when it is not being used to prevent unauthorized use.
- B. A particle accelerator operator shall use the switch on the control panel to turn the accelerator beam on and off during normal operations. The safety interlock system may be used to turn off the accelerator beam in emergencies.
- C. A registrant shall ensure that all safety and warning systems, including interlocks, are tested for proper operation at intervals not to exceed three months, and maintain a record of each test for Department inspection for at least three years from the date of the test.
- D. A registrant shall keep current electrical circuit diagrams of a particle accelerator and the associated interlock systems, and maintain the diagrams for inspection by the Department.
- E. A registrant shall not bypass an interlock unless the by-pass is:
 1. Authorized in writing by the Radiation Safety Committee or Radiation Safety Office,
 2. Recorded in a permanent log with a notice of the by-pass posted at any affected interlock and at the control panel, and
 3. Terminated as soon as possible.
- F. A registrant shall maintain a copy of the current operating and emergency procedures at the particle accelerator control panel.

Historical Note

New Section R9-7-910 recodified from R12-1-910 at 24
A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-911. Radiation Surveys

- A. The registrant shall ensure that a portable survey instrument is available at all times in a particle accelerator facility.
- B. An authorized medical physicist shall:
 1. Check the operation of the portable survey instrument required in subsection (A), using a known radiation source, before each use;
 2. Perform and document a radiation protection survey when changes have been made in shielding, operation, equipment, or occupancy of adjacent areas;
 3. For particle accelerator facilities greater than 30 Mev, establish a program of radiation protection surveys that will evaluate the airborne radiation hazards, and ensure that the particulate radioactivity present in the accelerator facility will not result in personnel exposure that exceeds the limits in Article 4; and
 4. Perform radiation protection surveys, including smear surveys of the particle accelerator facility, as prescribed in the written procedures established by the Radiation

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Safety Officer of the particle accelerator facility and approved by the Department at the time of application for registration.

- C. The registrant shall maintain the following records:
1. Radiation protection surveys required in subsection (B)(2), and the associated facility description, required in R9-7-202, until the registration is terminated; and
 2. Records of the surveys required in subsections (B)(3) and (4) for three years following the measurement.

Historical Note

New Section R9-7-911 recodified from R12-1-911 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-912. Reserved**Historical Note**

Section R9-7-912 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-913. Misadministration

- A. For purposes of this rule "misadministration" means:
1. A therapeutic radiation dose from a machine:
 - a. Delivered to the wrong patient;
 - b. Delivered using the wrong mode of treatment;
 - c. Delivered to the wrong treatment site; or
 - d. Delivered in one week to the correct patient, using the correct mode, to the correct therapy site, but greater than 130 percent of the prescribed weekly dose; or
 2. A therapeutic radiation dose from a machine with errors in the calibration, time of exposure, or treatment geometry that result in a calculated total treatment dose differing from the final, prescribed total treatment dose by more than 20 percent, except for treatments given in 1 to 3 fractions, in which case a difference of more than 10 percent constitutes a misadministration.
- B. Reports of therapy misadministration
1. Within 24 hours after discovery of a misadministration, a registrant shall notify the Department by telephone. The registrant shall also notify the referring physician of the affected patient and the patient or a responsible relative or guardian, unless the referring physician personally informs the registrant either that he or she will inform the patient, or that in his or her medical judgment, telling the patient or the patient's responsible relative or guardian would be harmful to one or the other, respectively. If the referring physician or the patient's responsible relative or guardian cannot be reached within 24 hours, the registrant shall notify them as soon as practicable. The registrant shall not delay medical care for the patient because of notification problems.
 2. Within 15 days following the verbal notification to the Department, the registrant shall report, in writing, to the Department and individuals notified under subsection (B)(1). The written report shall include the registrant's name, the referring physician's name, a brief description of the event, the effect on the patient, the action taken to prevent recurrence, whether the registrant informed the patient or the patient's responsible relative or guardian, and if not, why not. The report shall not include the patient's name or other information that could lead to identification of the patient.
 3. Each registrant shall maintain records of all misadministrations for Department inspection. The records shall:
 - a. Contain the names of all individuals involved in the event, including:
 - i. The physician,

- ii. The allied health personnel,
 - iii. The patient,
 - iv. The patient's referring physician,
 - v. The patient's identification number if one has been assigned,
 - vi. A brief description of the event,
 - vii. The effect on the patient, and
 - viii. The action taken to prevent recurrence.
- b. Be maintained for three years beyond the termination date of the affected registration.

Historical Note

New Section R9-7-913 recodified from R12-1-913 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-914. Initial Inspections of Particle Accelerators Used in the Practice of Medicine

The Department shall inspect a particle accelerator, used in the practice of medicine, before its initial use to treat human disease.

Historical Note

New Section R9-7-914 recodified from R12-1-914 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Appendix A. Quality Control Program**A. Mechanical Tests**

1. Patient support assembly motions,
2. Gantry angle indicators,
3. Optical distance indicators,
4. Alignment lights,
5. Congruence of radiation beam and light field,
6. Accuracy of field size indicators,
7. Mechanical isocenter-gantry and collimator,
8. Mechanical interlocks.

B. Radiation Beam Tests

1. Machine operating parameters,
2. Dose per monitor unit for x-ray and electron beams,
3. Dose per degree for moving beam therapy,
4. Radiation isocenter,
5. Flatness and symmetry,
6. Wedge transmission factors,
7. Shadow tray transmission factors,
8. Energy check on central axis,
9. Radiation output versus field size.

C. Control Panel Checks

1. Radiation "ON" condition,
2. Indicator lamp check,
3. Computer control of accelerator,
4. Interlock display,
5. Digital display,
6. Analog display,
7. Status display,
8. Reset display.

D. Facility Checks

1. Patient audio-visual communication,
2. Entrance door interlock,
3. Warning lights,
4. Emergency off button.

E. Dose Output Check

1. Each registrant shall use the services of a third party authorized medical physicist or third party TLD system to verify the accelerator's radiation output every two years.
2. If the output check is not within plus or minus 5 percent of the calibrated output, the accelerator shall be recalibrated and the discrepancy investigated.
3. Records of output checks shall be maintained for three years.

F. Patient Dosimetry Calculation Checks

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1. Calculation of patient treatment times,
2. Computer calculation of patient treatment times.

Historical Note

New Article 9, Appendix A recodified from 12 A.A.C. 1, Article 9, Appendix A, 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 10. NOTICES, INSTRUCTIONS, AND REPORTS TO RADIATION WORKERS; INSPECTIONS**R9-7-1001. Purpose and Scope**

This Article establishes requirements for notices, instructions, and reports by licensees or registrants to individuals working for a licensee or registrant. This Article explains the options available to these individuals in connection with Department inspections of licensees or registrants regarding radiological working conditions. The rules in this Article apply to all persons who receive, possess, use, own, or transfer sources of radiation licensed or registered by the Department.

Historical Note

New Section R9-7-1001 recodified from R12-1-1001 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1002. Posting of Notices for Workers

- A. Each licensee or registrant shall post current copies of the following documents:
 1. The rules in this Chapter;
 2. The license, certificate of registration, conditions, or documents incorporated into the license or registration by reference, and any amendments to the license or registration;
 3. The operating procedures applicable to work under the license or registration;
 4. Any notice of violation involving radiological working conditions, proposed imposition of a civil penalty, or order issued under 9 A.A.C. 7, Article 12, and any response from the licensee or registrant.
- B. If posting of a document specified in subsections (A)(1), (2) and (3) is not practicable, the licensee or registrant may post a notice which describes the document and states where it may be examined.
- C. Form ARRA-6 (shown following R9-7-1008), "Notice to Employees" shall be posted by each licensee or registrant wherever individuals work in or frequent any portion of a restricted area.
- D. Each licensee or registrant shall post documents, notices, or forms, as required by this Section, so that they are conspicuous and appear in a sufficient number of places to permit individuals engaged in work under the license or registration to observe them on the way to or from any particular work location to which the document applies and shall replace any document if it is defaced or altered.
- E. Department documents posted as required in subsection (A)(4) shall be posted within two working days after receipt of the documents from the Department; the licensee's or registrant's response, if any, shall be posted within two working days after dispatch from the licensee or registrant. The documents shall remain posted for a minimum of five working days or until action correcting the violation has been completed, whichever is later.

Historical Note

New Section R9-7-1002 recodified from R12-1-1002 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1003. Instructions for Workers

- A. A licensee or registrant shall ensure that each individual who, in the course of employment, is likely to receive in a year an

occupational dose in excess of 1 mSv (100 mrem), receives instruction in all of the following subjects:

1. Storage, transfer, or use of radiation and radioactive material;
2. Health protection problems associated with exposure to radiation or radioactive material, precautions or procedures to minimize exposure, and purposes and functions of protective devices;
3. Applicable provisions in Department rules, licenses, and registrations that protect of personnel from exposure to radiation or radioactive material, with an emphasis on the duties of workers;
4. The duty to promptly report to the licensee or registrant any condition that may lead to or cause a violation of a provision in a Department rule, license, or registration or unnecessary exposure to radiation or radioactive material;
5. Correct response to warnings in the event of any unusual occurrence or malfunction that may involve exposure to radiation or radioactive material; and
6. Radiation exposure reports that a worker may request according to R9-7-1004.

- B. In determining whether subsection (A) applies to an individual, a licensee or registrant shall take into consideration assigned activities during normal and abnormal situations that involve exposure to radiation or radioactive material and could reasonably be expected to occur during the life of a facility. The licensee or registrant shall provide instruction that is commensurate with potential radiological health protection problems present in the work place.

Historical Note

New Section R9-7-1003 recodified from R12-1-1003 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1004. Notifications and Reports to Individuals

- A. A licensee or registrant shall report radiation exposure data for an individual and the results of any measurements, analyses, and calculations of radioactive material deposited or retained in the body to the individual as specified in this Section. The information reported shall include data and results obtained under Department rules, orders, or license conditions, as shown in records maintained by the licensee or registrant. Each notification and report shall be in writing; include appropriate identifying data, such as the name of the licensee or registrant, the name of the individual, and the individual's Social Security number; include the individual's exposure information; and contain the following statement:
 "This report is furnished to you under the provisions of 9 A.A.C. 7. You should preserve this report for future reference."
- B. Each licensee or registrant shall make dose information available to workers as shown in records maintained by the licensee or registrant under the provisions of Article 4. Each licensee or registrant shall provide annual notification of exposure to radiation or radioactive material for each worker, as shown in records maintained by the licensee or registrant under R9-7-419(E) if:
 1. The individual's occupational dose exceeds 1 mSv (100 mrem) TEDE or 1 mSv (100 mrem) to any individual organ or tissue; or
 2. The individual requests his or her annual dose report.
- C. At the request of a worker formerly engaged in work controlled by the licensee or the registrant, each licensee or registrant shall furnish to the worker a report of the worker's exposure to radiation or radioactive material. The report shall be furnished within 30 days from the time the request is made, or within 30 days after the exposure of the individual has been

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determined by the licensee or registrant, whichever is later; the report shall cover, within the period of time specified in the request, each calendar quarter in which the worker's activities involved exposure to radiation from radioactive material licensed by, or radiation machines registered with, the Department; and the report shall include the dates and locations of work under the license or registration in which the worker participated during this period.

- D. Reports to individuals of their exposure to radiation shall be made according to R9-7-446.

Historical Note

New Section R9-7-1004 recodified from R12-1-1004 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1005. Licensee, Registrant, and Worker Representation During Department Inspection

- A. As a condition of licensure or registration, each licensee or registrant shall afford to the Department, at all reasonable times and without undue delay, an opportunity to inspect materials, machines, activities, facilities, premises, and records.
- B. During an inspection, the licensee or registrant shall permit Department inspectors to consult privately with workers as specified in R9-7-1006. The licensee or registrant may accompany Department inspectors during other phases of an inspection.
- C. A worker authorized to consult with an Department inspector under R9-7-1006 may authorize another individual to represent the worker's interests during the Department inspection. The licensee or registrant shall notify the inspectors of the worker's authorization and give the worker's representative an opportunity to accompany the inspectors during the inspection of physical working conditions.
- D. Each worker's representative shall be routinely engaged in work under control of the licensee or registrant or shall have received instructions under R9-7-1003.
- E. Different representatives of licensees or registrants and workers may accompany the inspectors during different phases of an inspection if there is no resulting interference with the inspection. However, only one worker's representative at a time may accompany the inspectors.
- F. With the approval of the licensee or registrant and the worker's representative an individual who is not routinely engaged in work under control of the licensee or registrant, for example, a consultant to the licensee or registrant or to the worker's representative, shall be afforded the opportunity to accompany Department inspectors during the inspection of physical working conditions.
- G. Notwithstanding the other provisions of this Section, Department inspectors are authorized to refuse to permit accompaniment by any individual who deliberately interferes with a fair and orderly inspection. With regard to any area containing proprietary information the worker's representative for that area shall be an individual previously authorized by the licensee or registrant to enter that area. With regard to areas containing information classified by an agency of the U.S. Government in the interest of national security, any individual who accompanies an inspector may have access to such information only if authorized by the classifying agency.

Historical Note

New Section R9-7-1005 recodified from R12-1-1005 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1006. Consultation with Workers During Inspections

- A. A licensee or registrant shall afford Department inspectors talking to a licensee or registrant representative the opportunity to consult privately with workers concerning matters of

occupational radiation protection and other matters related to applicable provisions of Department rules, licenses, and registrations to the extent the inspectors deem consultation necessary for conducting an effective and thorough inspection.

- B. During the course of an inspection, any worker may privately bring to the attention of the inspectors, either orally or in writing, any past or present condition which the worker has reason to believe may have contributed to or caused any violation of the Act, these rules, or a license or registration condition, or any unnecessary exposure of an individual to radiation from licensed radioactive material or a registered radiation machine under the licensee's or registrant's control. If this notification is in writing, the worker shall comply with the requirements of R9-7-1007(A).
- C. The provisions of subsection (B) shall not be interpreted as authorization to disregard instructions required by R9-7-1003.

Historical Note

New Section R9-7-1006 recodified from R12-1-1006 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-1007. Inspection Requests by Workers

- A. Any worker or representative of workers who believes that a violation of the Act, these rules, license, or registration conditions exists, or has occurred with regard to radiological working conditions in which the worker is engaged, may request an inspection of the facility by the Department. Any request shall be in writing, addressed to the Director, set forth the specific grounds for the request, and be signed by the worker or representative of the workers. The Department shall provide a copy to the licensee or registrant no later than at the time of inspection except that, upon the request of the worker, the Department shall protect the worker's name and the name of individuals referred to in the request to the extent authorized by law, except for good cause shown.
- B. If, upon receipt of a request for inspection, the Department Director determines that there are reasonable grounds to believe that the alleged violation exists or has occurred, the Director shall initiate an inspection as soon as practicable, to determine if the alleged violation exists or has occurred. Inspections performed under this subsection need not be limited to matters referred to in the complaint.
- C. A licensee or registrant shall not discharge or in any manner discriminate against any worker because the worker has filed any complaint or caused to be instituted any proceeding under these rules or has testified or is about to testify in the instituted proceeding or because the worker exercises on behalf of the worker or others, any option afforded by this Article.

Historical Note

New Section R9-7-1007 recodified from R12-1-1007 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1008. Inspection not Warranted; Review

If the Department determines, with respect to a complaint under R9-7-1007, that an inspection is not warranted or there are no reasonable grounds to believe that a violation exists or has occurred, the Department shall notify the complainant in writing of the determination. The complainant may obtain review of the determination by submitting a written request for hearing to the Department. The Department shall provide for a hearing before the Radiation Regulatory Hearing Board under 9 A.A.C. 7, Article 12 and A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section R9-7-1008 recodified from R12-1-1008 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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Exhibit A. Form ARRA-6 (2012) Notice to Employees**ARRA-6 (2012) Arizona Department of Health Services, Bureau of Radiation Control****NOTICE TO EMPLOYEES****STANDARDS FOR PROTECTION AGAINST RADIATION;
NOTICES, INSTRUCTIONS, AND REPORTS TO WORKERS;
INSPECTIONS**

In Article 4 of the Arizona Department of Health Services, Bureau of Radiation Control rules for the Control of Radiation, the Arizona Department of Health Services, Bureau of Radiation Control has established standards for your protection against radiation hazards. In Article 10 of the rules for the Control of Radiation, the Arizona Department of Health Services, Bureau of Radiation Control has established certain provisions for the options of workers engaged in work under a license or registration issued by the Arizona Department of Health Services, Bureau of Radiation Control.

YOUR EMPLOYER'S RESPONSIBILITY

Your employer is required to -

1. Apply these rules to work involving sources of radiation.
2. Post or otherwise make available to you a copy of the Arizona Department of Health Services, Bureau of Radiation Control rules, licenses, and operating procedures which apply to work you are engaged in, and explain their provisions to you.
3. Post notice of violation involving radiological working conditions, proposed imposition of civil penalties, and orders.

YOUR RESPONSIBILITY AS A WORKER

You should familiarize yourself with those provisions of the Arizona Department of Health Services, Bureau of Radiation Control rules and the operating procedures which apply to the work you are engaged in. You should observe their provisions for your own protection and protection of your co-workers.

WHAT IS COVERED BY THESE RULES

1. Limits on exposure to radiation and radioactive material in restricted and unrestricted areas;
2. Measures to be taken after accidental exposure;
3. Personnel monitoring, surveys, and equipment;
4. Caution signs, labels, and safety interlock equipment;
5. Exposure records and reports;
6. Options for workers regarding inspections by the Arizona Department of Health Services, Bureau of Radiation Control; and
7. Related matters.

REPORTS ON YOUR RADIATION EXPOSURE HISTORY

1. The Arizona Department of Health Services, Bureau of Radiation Control rules require that your employer give you a written report if you receive an exposure in excess of any applicable limit set forth in the rules or in the

license. The basic limits for exposure to employees are set forth in Article 4 of the rules. These Sections specify limits on exposure to radiation and exposure to concentrations of radioactive material in air and water.

2. If you work where personnel monitoring is required, and if you request information on your radiation exposures,
 - a. Your employer must give you a written report, upon termination of your employment, of your radiation exposures; and
 - b. Your employer must advise you annually of your exposure to radiation.

INSPECTIONS

All licensed or registered activities are subject to inspection by representatives of the Arizona Department of Health Services, Bureau of Radiation Control. In addition, any worker or representative of workers who believes that there is a violation of the regulations issued thereunder, or the terms of the employer's license or rules with regard to radiological working conditions in which the worker is engaged, may request an inspection by sending a notice of the alleged violation to the Arizona Department of Health Services, Bureau of Radiation Control. The request must set forth the specific grounds for the notice and must be signed by the worker on his own behalf or as a representative of the workers. During inspections, inspectors of the Arizona Department of Health Services, Bureau of Radiation Control may confer privately with workers, and any worker may bring to the attention of the inspectors any past or present condition which he believes contributed to or caused any violation as described above.

INQUIRIES

Inquiries dealing with the matters outlined above can be sent to the:
**ARIZONA DEPARTMENT OF HEALTH SERVICES,
BUREAU OF RADIATION CONTROL**

POSTING REQUIREMENT

IN ACCORDANCE WITH A.A.C. R9-7-1002, COPIES OF THIS NOTICE SHALL BE POSTED IN SUCH A MANNER TO PERMIT EMPLOYEES WORKING IN OR FREQUENTING ANY PORTION OF A RESTRICTED AREA, USED FOR ACTIVITIES LICENSED OR REGISTERED PURSUANT TO ARTICLE 2 OR ARTICLE 3 OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, BUREAU OF RADIATION CONTROL'S RULES, TO OBSERVE A COPY OR COPIES ON THE WAY TO OR FROM THEIR WORK AREA.

Historical Note

New Article 10, Exhibit A recodified from 12 A.A.C.1, Article 10, Exhibit A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

**ARTICLE 11. INDUSTRIAL USES OF X-RAYS, NOT
INCLUDING ANALYTICAL X-RAY SYSTEMS****R9-7-1101. Reserved****Historical Note**

Section R9-7-1101 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1102. Definitions

"Access point" means any door or cover that is designed to be removed or opened for maintenance or service purposes, opened using tools, and used to provide access to the interior of a cabinet x-ray unit.

"Annual refresher safety training" means a review provided by the registrant for its employees on radiation safety aspects of industrial radiography. The review shall include, as applicable, the results of internal inspections, new procedures or equipment, new or revised statutes or rules, accidents, or errors that

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have occurred, and provide opportunities for employees to ask safety questions.

“Aperture” means any opening in the outside surface of a cabinet x-ray unit, other than a port, which remains open during generation of x-radiation.

“Door” means any barrier that is designed to be movable or opened for routine operation purposes, rather than opened using tools, and used to provide access to the interior of the cabinet x-ray unit.

“Ground fault” means an accidental electrical grounding of an electrical conductor.

“Hands-on experience” means the accumulation of knowledge or skill in any area relevant to radiography.

“Port” means any opening in the outside surface of a cabinet x-ray unit that is designed to remain open, during generation of x-rays, for conveying material that is being irradiated into and out of the cabinet, or for partial insertion of an object for irradiation if the dimensions of the object do not permit complete insertion into the cabinet x-ray unit.

“Practical examination” means a demonstration, through practical application of safety rules and principles of industrial radiography, which includes use of all radiography equipment and tests knowledge of radiography procedures.

“Radiographic operations” means all activities associated with use of a radiographic x-ray system. This includes performing surveys to confirm the adequacy of boundaries, setting up equipment, and conducting any activity inside restricted area boundaries.

Historical Note

New Section R9-7-1102 recodified from R12-1-1102 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1103. Reserved**Historical Note**

Section R9-7-1103 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1104. Registration Requirements

- A. The Department shall review an application for registration of a radiation machine for use in industrial radiography and approve the registration if an applicant meets all of the following requirements:
1. The applicant satisfies the general requirements in Article 2 and any special requirements contained in this Article,
 2. The applicant submits a program for training radiographer’s assistants that complies with R9-7-1146, and
 3. The applicant submits procedures for verifying and documenting the certification status of each radiographer and for ensuring that the certification remains valid.
- B. An applicant shall submit written operating and emergency procedures, as prescribed in R9-7-1128.
- C. An applicant shall submit a description of a program for review of job performance of each radiographer and radiographer’s assistant at intervals that do not exceed six months, as prescribed in R9-7-1146(E).
- D. An applicant shall submit a description of the applicant’s overall organizational structure as it applies to radiation safety responsibilities in industrial radiography, including specified delegation of authority and responsibility.
- E. An applicant shall submit and list the qualifications of each individual designated as an RSO under R9-7-1120 and indicate which designee is responsible for ensuring that the registrant’s radiation safety program is implemented.

- F. If an applicant intends to perform “in-house” calibrations of survey instruments, the applicant shall describe each calibration method to be used, the relevant experience of each person who will perform a calibration, and procedures to ensure that all calibrations are performed according to the procedures prescribed in R9-7-1108.

- G. An applicant shall identify and describe the location of all field stations and permanent radiographic installations.

- H. An applicant shall identify each location where records required by this Chapter will be maintained.

Historical Note

New Section R9-7-1104 recodified from R12-1-1104 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1105. Reserved**Historical Note**

Section R9-7-1105 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1106. Equipment Performance

A registrant shall ensure that each x-ray machine has a lock or other security system designed to prevent unauthorized use or accidental production of radiation and is secured against unauthorized use at all times, except when under the direct surveillance of a radiographer or radiographer’s assistant.

Historical Note

New Section R9-7-1106 recodified from R12-1-1106 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1107. Reserved**Historical Note**

Section R9-7-1107 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1108. Radiation Survey Instruments

- A. A registrant shall maintain at least two calibrated and operable radiation survey instruments at each location where sources of radiation are present to make radiation surveys required by this Article and Article 4 of this Chapter. Instrumentation required by this Section shall be capable of measuring a range from 0.02 millisieverts (2 millirems) per hour through 0.01 sievert (1 rem) per hour.
- B. A registrant shall ensure that each radiation survey instrument required under subsection (A) is calibrated:
1. At intervals that do not exceed six months, and after instrument servicing, except for battery changes;
 2. For linear scale instruments, at two points located approximately one-third and two-thirds of full-scale on each scale; for logarithmic scale instruments, at mid-range of each decade, and at two points of at least one decade; and for digital instruments, at 3 points between 0.02 and 10 millisieverts (2 and 1000 millirems) per hour; and
 3. So that an accuracy within plus or minus 20% of the calibration source can be demonstrated at each point checked.
- C. A registrant shall make a record each time a radiation survey instrument is calibrated, and maintain each record for three years after it is made.

Historical Note

New Section R9-7-1108 recodified from R12-1-1108 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1109. Reserved

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Historical Note

Section R9-7-1109 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1110. Quarterly Inventory

- A. A registrant shall conduct a quarterly physical inventory to account for all x-ray machines received and possessed under the registration.
- B. A registrant shall maintain a record of the quarterly inventory required under subsection (A) for three years after it is made.
- C. The record required by subsection (B) shall include the date of the inventory, name of the individual who conducted the inventory, location of each x-ray machine, and manufacturer, model, and serial number of each x-ray machine.

Historical Note

New Section R9-7-1110 recodified from R12-1-1110 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1111. Reserved**Historical Note**

Section R9-7-1111 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1112. Utilization Logs

- A. A registrant shall maintain for each x-ray machine a utilization log that provides all of the following information:
 - 1. A description, including the make, model, and serial number of each x-ray machine;
 - 2. The identity and signature of the radiographer using the machine; and
 - 3. The plant or site where the machine is used and dates of use, including each date when the machine is removed from or returned to storage.
- B. A registrant shall retain a log required by subsection (A) for three years after the log is made.

Historical Note

New Section R9-7-1112 recodified from R12-1-1112 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1113. Reserved**Historical Note**

Section R9-7-1113 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1114. Inspection and Maintenance of Radiation Machines, Survey Instruments, and Associated Equipment

- A. A registrant shall perform visual and operability checks on survey instruments and radiation machines before use on each day the equipment is to be used to ensure that the equipment is in good working condition and required labeling is present. Survey instrument operability checks shall be performed using check sources or other authorized means. If equipment problems are found, the registrant shall remove the equipment from service until it is repaired.
- B. A registrant shall have written inspection and maintenance procedures for radiation machines and survey instruments that require inspection and maintenance, at intervals that do not exceed three months or before first use of the equipment and to ensure the proper functioning of components important to safety. Replacement components shall meet design specifications. If equipment problems are discovered, the registrant shall remove the equipment from service until the equipment is repaired.
- C. A registrant shall maintain records of equipment problems found in daily checks and quarterly inspections and retain each record for three years after it is made. The record shall include

the date of the check or inspection, name of the inspector, equipment involved, any problems found, and any repair or needed maintenance performed.

Historical Note

New Section R9-7-1114 recodified from R12-1-1114 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1115. Reserved**Historical Note**

Section R9-7-1115 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1116. Surveillance

During each radiographic operation a radiographer, or the radiographer's assistant as permitted by R9-7-1118, shall maintain continuous direct visual surveillance of the operation to protect against unauthorized entry into a high radiation area, except at permanent radiographic installations where all entrances are locked and the registrant is in compliance with R9-7-1136.

Historical Note

New Section R9-7-1116 recodified from R12-1-1116 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1117. Reserved**Historical Note**

Section R9-7-1117 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1118. Industrial Radiographic Operations

- A. If industrial radiography is performed at a location other than a permanent radiographic installation, a registrant shall ensure that the radiographer is accompanied by at least one other radiographer or radiographer's assistant, qualified under R9-7-1146. The additional radiographer or radiographer's assistant shall observe the operations and be capable of providing immediate assistance to prevent unauthorized entry. The registrant shall not allow industrial radiography if only one qualified individual is present.
- B. A registrant shall ensure that each industrial radiographic operation is conducted at a location of use authorized on the registration of a permanent radiographic installation, unless another permanent location is specifically authorized by the Department.

Historical Note

New Section R9-7-1118 recodified from R12-1-1118 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1119. Reserved**Historical Note**

Section R9-7-1119 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1120. Radiation Safety Officer (RSO)

- A. A registrant shall have a radiation safety officer (RSO) who is responsible for implementing procedures and regulatory requirements in the daily operation of the radiation safety program.
- B. A registrant shall ensure that the RSO has satisfied the following minimum requirements:
 - 1. The training and testing requirements in R9-7-1146;
 - 2. Two thousand hours of hands-on experience as a qualified radiographer for an industrial radiographic operation; and
 - 3. Formal training in the establishment and maintenance of a radiation safety program.

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- C. A registrant may use an individual in the position of RSO who does not have the training and experience required in subsection (B), if the registrant provides the Department with a description of the individual's training and experience in the field of ionizing radiation and training with respect to the establishment and maintenance of a radiation safety protection program.
- D. The specific duties and authorities of the RSO include, but are not limited to:
1. Establishing and overseeing operating, emergency, and ALARA procedures as required in Article 4 of this Chapter, and reviewing the procedures every year to ensure that they conform to current Department rules and registration conditions;
 2. Overseeing and approving all phases of the training program for radiographic personnel, ensuring that appropriate and effective radiation protection practices are taught;
 3. Overseeing radiation surveys and associated documentation to ensure that the surveys are performed in accordance with the rules and taking corrective measures if levels of radiation exceed established action limits;
 4. Overseeing the personnel monitoring program to ensure that monitoring devices are calibrated and used properly by occupationally exposed personnel and ensuring that records are kept of the monitoring results and timely notifications are made as required in R9-7-444; and
 5. Overseeing operations to ensure that they are conducted safely and instituting corrective actions, which may include ceasing operations if necessary.

Historical Note

New Section R9-7-1120 recodified from R12-1-1120 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1121. Reserved**Historical Note**

Section R9-7-1121 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1122. Expired**Historical Note**

New Section R9-7-1122 recodified from R12-1-1122 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Section R9-7-1122 expired under A.R.S. § 41-1056(J) at 24 A.A.R. 3240, effective September 28, 2018 (Supp. 18-4).

R9-7-1123. Reserved**Historical Note**

Section R9-7-1123 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1124. Reserved**Historical Note**

Section R9-7-1124 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1125. Reserved**Historical Note**

Section R9-7-1125 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1126. Posting

A registrant shall post any area in which industrial radiography is being performed as required by R9-7-429. Exceptions listed in R9-7-430 do not apply to industrial radiographic operations.

Historical Note

New Section R9-7-1126 recodified from R12-1-1126 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1127. Reserved**Historical Note**

Section R9-7-1127 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1128. Operating and Emergency Procedures

- A. A registrant shall have operating and emergency procedures that include, at minimum, instructions in the following, as applicable:
1. Use of radiation machines, so that persons are not exposed to radiation that exceeds the limits in Article 4 of this Chapter;
 2. Methods and occasions for conducting radiation surveys;
 3. Methods for controlling access to radiographic areas;
 4. Methods and occasions for locking and securing a radiation machine;
 5. Personnel monitoring and associated equipment;
 6. Inspection, maintenance, and operability checks of a radiation machine and survey instruments;
 7. Actions to be taken immediately by radiography personnel if a pocket dosimeter is found to be off-scale or an alarm rate meter sounds an alarm;
 8. Procedures for identifying and reporting defects and non-compliance, as required by R9-7-448;
 9. The procedure for notifying the RSO and the Department in the event of an accident;
 10. Minimizing exposure of persons in the event of an accident, and
 11. Maintenance of records.
- B. The registrant shall maintain copies of current operating and emergency procedures until the Department terminates the registration. Superseded procedures shall be maintained for three years after a change is made. Additionally, records shall be maintained in accordance with R9-7-1138.

Historical Note

New Section R9-7-1128 recodified from R12-1-1128 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1129. Reserved**Historical Note**

Section R9-7-1129 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1130. Personnel Monitoring

- A. An individual shall not act as a radiographer or a radiographer's assistant unless, at all times during radiographic operations, the individual wears, on the trunk of the body, a direct reading dosimeter, an operating alarm rate meter, and either a film badge, a TLD, or an optically stimulated luminescence (OSL) dosimeter. At permanent radiography installations where other required alarm or warning devices are in routine use, an alarm rate meter is not required.
1. A registrant shall provide pocket dosimeters that have a range from zero to 2 millisieverts (200 millirems) and ensure that the dosimeters are recharged at the start of each shift. Electronic personnel dosimeters are permitted in place of ion-chamber pocket dosimeters.
 2. The registrant shall assign a film badge, TLD, or OSL dosimeter to one individual, who shall wear the assigned equipment.
 3. The registrant shall replace film badges at least monthly and replace TLDs or OSL dosimeters at least quarterly.

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4. After replacement, the registrant shall ensure that each film badge or TLD is processed as soon as possible.
- B.** A radiographer or radiographer's assistant shall record exposures noted from direct reading dosimeters, such as pocket dosimeters or electronic personnel dosimeters, at the beginning and end of each shift.
- C.** A registrant shall check each pocket dosimeter or electronic personnel dosimeter at least yearly for correct response to radiation, and discontinue use of a dosimeter if it is not accurate within plus or minus 20% of the true radiation exposure.
- D.** If an individual's pocket dosimeter has an off-scale reading, or the electronic personnel dosimeter reads greater than 2 millisieverts (200 millirems), and radiation exposure cannot be ruled out as the cause, a registrant shall send the individual's film badge, TLD, or OSL dosimeter for processing within 24 hours. The registrant shall not allow the individual to work with a radiation machine until the individual's radiation exposure is determined. Using the information from the badge or dosimeter, the RSO or the RSO's designee shall calculate the affected individual's cumulative radiation exposure, as prescribed in Article 4 of this Chapter and include the results in records maintained in accordance with subsection (G).
- E.** If an individual's monitoring device is lost or damaged, the individual shall cease work immediately until the registrant provides a replacement film badge, TLD, or OSL dosimeter and the RSO or the RSO's designee calculates the exposure for the time period from issuance to discovery of a lost or damaged film badge, TLD, or OSL dosimeter. The registrant shall include the calculated exposure and the time period for which the film badge, TLD, or OSL dosimeter was lost or damaged in the records maintained in accordance with subsection (G).
- F.** For each alarm rate meter a registrant shall ensure that:
 1. At the start of a shift each individual with an alarm rate meter checks that the alarm functions (sounds) before using the device;
 2. Each device is set to give an alarm signal at a preset dose rate of 5 mSv/hr (500 mrem/hr) with an accuracy of plus or minus 20% of the true radiation dose rate;
 3. A special means is necessary to change the preset alarm function on the device; and
 4. Each device is calibrated at periods that do not to exceed 12 months for correct response to radiation
- G.** Each registrant shall maintain the following personnel monitoring records:
 1. Each dosimeter reading and the yearly operability check required by subsections (B) and (C) for three years after each record is made;
 2. A record of each alarm rate meter calibration for three years after the record is made;
 3. Any report received from the film badge, TLD, or OSL processor. The registrant shall maintain these records until the Department terminates the registration; and
 4. Any estimation of an exposure evidenced by an off-scale personnel direct-reading dosimeter or a lost or damaged film badge, TLD, or OSL dosimeter. The records shall be maintained until the Department terminates the registration.

Historical Note

New Section R9-7-1130 recodified from R12-1-1130 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1131. Reserved**Historical Note**

Section R9-7-1131 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1132. Supervision of a Radiographer's Assistant

If a radiographer's assistant uses a radiation machine or conducts a radiation survey required by R9-7-1134(B), the registrant shall ensure that the assistant is under the personal supervision of a radiographer. For purposes of this Section "personal supervision" means:

1. The radiographer is physically present at the site where the radiation machine is being used;
2. The radiographer is available to give immediate assistance if required; and
3. The radiographer is able to observe directly the assistant's performance.

Historical Note

New Section R9-7-1132 recodified from R12-1-1132 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1133. Reserved**Historical Note**

Section R9-7-1133 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1134. Radiation Surveys

- A.** A registrant shall conduct surveys with a calibrated and operable radiation survey instrument that meets the requirements of R9-7-1108.
- B.** A registrant shall conduct a survey of a radiographic machine any time the machine is placed in storage to ensure that the machine will not expose personnel to radiation.
- C.** A registrant shall maintain a record of each exposure survey conducted before a machine is placed in storage under subsection (B), if that survey is the last one performed during the workday. Each record shall be maintained for three years after it is made.

Historical Note

New Section R9-7-1134 recodified from R12-1-1134 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1135. Reserved**Historical Note**

Section R9-7-1135 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1136. Permanent Radiographic Installations

- A.** If a registrant maintains a permanent radiographic installation that does not fall within the definition of "enclosed radiography" in R9-7-102, the registrant shall ensure that each entrance used for personnel access to the high radiation area has either:
 1. An entrance control device of the type described in R9-7-420(A)(1), which reduces the radiation level upon entry into the area, or
 2. Both conspicuous visible and audible alarm signals to warn of the presence of radiation. The registrant shall ensure that the visible signal is actuated by radiation if the x-ray tube is energized and the audible signal is actuated if a person attempts to enter the installation while the x-ray tube is energized.
- B.** A registrant shall test the alarm system for proper operation with a radiation source each day before the installation is used for radiographic operations. The test shall include a check of both the visible and audible signals. The registrant shall test each device referenced in subsection (A)(1) monthly. If an

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entrance control device or alarm signal is operating improperly, the registrant shall immediately label the device or signal as “defective” and repair the device or signal within seven calendar days. The registrant may continue to use the facility during this seven-day period, if the registrant implements continuous surveillance requirements of R9-7-1116 and uses an alarm rate meter.

- C. A registrant shall maintain each record of alarm system and entrance control device tests for three years after the record is made.

Historical Note

New Section R9-7-1136 recodified from R12-1-1136 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1137. Reserved**Historical Note**

Section R9-7-1137 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1138. Location of Documents and Records

- A. A registrant shall maintain a copy of each record required by this Article and other applicable Articles of this Chapter at the location specified on the registration application.
- B. A registrant shall maintain a copy of the following at each field station and temporary job site:
1. The registration that authorizes use of a radiation machines;
 2. A copy of Articles 4, 10, and 11 of this Chapter;
 3. Utilization logs for each radiation machine dispatched from that location, as required by R9-7-1112;
 4. Records of equipment problems identified in daily checks of equipment, as required by R9-7-1114;
 5. Records of alarm system and entrance control device checks, as required by R9-7-1136;
 6. Records of direct-reading dosimeters such as pocket dosimeters and electronic personnel dosimeters, as required by R9-7-1130;
 7. Operating and emergency procedures, as required by R9-7-1128;
 8. A report on the most recent calibration of the radiation survey instruments in use at the site, as required by R9-7-1108;
 9. A report on the most recent calibration of each alarm rate meter and operability check of each pocket dosimeter, or electronic personnel dosimeter, as required by R9-7-1130;
 10. Most recent survey record, as required by R9-7-1134; and
 11. If a registrant is operating in the state under R9-7-207, a copy of the out-of-state machine registration and a written authorization from the Department to operate in the state.

Historical Note

New Section R9-7-1138 recodified from R12-1-1138 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1139. Reserved**Historical Note**

Section R9-7-1139 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1140. Enclosed Radiography

- A. The Department has determined that any certified or certifiable cabinet x-ray system, as defined in Article 1, is exempt from the requirements of Article 11, provided that both of the following conditions are met:

1. The registrant makes, or causes to be made, an evaluation of each certified and certifiable cabinet x-ray system, at intervals that do not exceed 12 months, to determine whether the system conforms to the standards for certified and certifiable cabinet x-ray systems defined in Article 1. Records of each evaluation shall be maintained for three years from the date the record is created; and
 2. The registrant performs a physical radiation survey with a survey instrument calibrated within the preceding 12 months and designed for the energy range and levels of radiation that will be assessed.
- B. A registrant with a cabinet x-ray system that is not exempt under subsection (A) shall comply with the recordkeeping requirements of this Article and the following special requirements. The registrant shall:
1. Ensure that radiation levels measured at 5 centimeters (2 inches) from any accessible exterior surface of the enclosure do not exceed 50 microsievert (0.5 milliroentgen) in one hour for any combination of technical factors (i.e., mA, kVp);
 2. Ensure that access to the interior of the enclosure is possible only through interlocked doors or panels that prevent production of radiation unless all interlocked doors or panels are securely closed. The registrant shall ensure that opening a door or panel results in immediate termination of radiation production and subsequent reactivation of the x-ray tube is only possible at the control panel;
 3. Provide visible warning signals, activated only during production of radiation, at the control panel and at each access point to the interior of the enclosure;
 4. Before using an x-ray system make, or cause to be made, an initial evaluation of the x-ray system to determine compliance with this Article, and subsequently evaluate the x-ray system at intervals that do not exceed three months. The registrant shall maintain a record of each evaluation for two years, and
 5. Using instrumentation that complies with R9-7-1108, perform a physical radiation survey to satisfy the requirements of subsection (B)(4).
- C. A registrant with a shielded room x-ray systems shall comply with the recordkeeping requirements of this Article and the following special requirements. The registrant shall:
1. Shield each x-ray room so that every location on the exterior meets the requirements for an “unrestricted area” as specified in R9-7-416;
 2. Provide access to the interior of a shielded x-ray room only through doors or panels that are interlocked. The registrant shall ensure that radiation production is possible only when all interlocked doors and panels are securely closed, opening of any interlocked door or panel results in immediate termination of radiation production; and subsequent reactivation of the x-ray tube is only possible at the control panel;
 3. Provide each access point with two interlocks, each on a separate circuit, so that failure of one interlock will not affect the performance of the other interlock;
 4. Provide visible warning signals, activated only during production of radiation at the control panel and each access point to the shielded room;
 5. Make, or cause to be made, an initial evaluation of each shielded room x-ray system to determine compliance with this Article, and subsequently evaluate the x-ray system at intervals that do not exceed three months. The registrant shall maintain a record of each evaluation for two years;

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6. Perform radiation surveys to determine exposure with an instrument that meets the requirements of R9-7-1108;
7. Inspect electrical interlocks and warning devices for correct operation before each use, and maintain a record of each inspection for two years;
8. Not permit an individual to operate an x-ray machine for shielded room radiography unless the individual has received a copy of, and instruction in, the operating procedures and demonstrated competence in the safe use of the equipment;
9. Ensure that an individual does not occupy the interior of any shielded room x-ray system during production of radiation;
10. Provide personnel monitoring devices that meet the requirements of R9-7-1130 to each shielded room x-ray machine operator, and require that each operator use the devices;
11. Maintain records of:
 - a. Quarterly inventories for mobile systems, as prescribed in R9-7-1110; and
 - b. Utilization logs for all systems, as prescribed in R9-7-1112; and
12. Maintain records for three years from the date of the quarterly inventory or utilization log.

- D.** A registrant shall connect an enclosed radiography machine to the electrical system in a manner that will prevent a ground fault from generating x-radiation.

Historical Note

New Section R9-7-1140 recodified from R12-1-1140 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1141. Reserved**Historical Note**

Section R9-7-1141 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1142. Baggage and Package Inspection Systems

- A.** For x-ray systems designed to screen carry-on baggage or packages at airlines, railroads, bus terminals, package inspection facilities, or similar facilities, a registrant shall ensure the x-ray system has an operator present at the control area in a position that permits surveillance of the ports and doors during generation of x-radiation to prevent exposure to passengers and other members of the public.
- B.** For an exposure or preset succession of exposures of one-half second or greater duration, a registrant shall use a system that enables the operator to terminate the exposure or preset succession of exposures at any time.
- C.** For an exposure or preset succession of exposures of less than one-half second duration, a registrant shall use a system that allows the operator to complete the exposure in progress, but prevent additional exposures.
- D.** A registrant shall operate a baggage or package inspection system according to the manufacturer's instructions.
- E.** A registrant shall not disconnect or otherwise tamper with the safety systems of a baggage or package inspection system, except for maintenance purposes.
- F.** In addition to the requirements in this Section, a registrant using a baggage or package inspection system shall meet the requirements in R9-7-1140(A), (B), and (D).

Historical Note

New Section R9-7-1142 recodified from R12-1-1142 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1143. Reserved**Historical Note**

Section R9-7-1143 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1144. Reserved**Historical Note**

Section R9-7-1144 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1145. Reserved**Historical Note**

Section R9-7-1145 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1146. Training

- A.** A registrant shall not allow an individual to act as a radiographer until the individual has received training in the subjects in subsection (G), has participated in a minimum of two months of on-the-job training, and is certified through a radiographer certification program by a independent certifying organization in accordance with the criteria specified in Appendix A.
1. A registrant shall provide the Department with proof of an individual's certification upon request.
 2. A registrant shall maintain proof of an individual's certification at the job site where the individual is performing field radiography.
 3. A registrant that employs a certified radiographer in Arizona shall ensure that:
 - a. The radiographer has obtained initial certification or recertification within the last five years; and
 - b. An uncertified radiographer works only as a radiographer's assistant until certified.
 4. A radiographer shall recertify every five years by:
 - a. Taking an approved radiography certification examination in accordance with this subsection; or
 - b. Providing written evidence that the radiographer is active in the practice of industrial radiography and has participated in continuing education during the previous five-year period.
 5. If an individual cannot provide the written evidence required in subsection (4)(b), the individual shall retake the certification examination.
 6. A radiographer shall provide the registrant with proof of certification in the form of a card issued by the certifying organization that contains:
 - a. A picture of the certified radiographer,
 - b. The radiographer's certification number,
 - c. The date the certification expires, and
 - d. The radiographer's signature.
- B.** A registrant shall not allow an individual to act as a radiographer until the individual:
1. Receives copies of and instruction in the requirements of this Article, applicable Sections of Articles 4 and 10 and R9-7-107, the Department registration or registrations under which the individual will perform industrial radiography, and the registrant's operating and emergency procedures;
 2. Demonstrates an understanding of the registrant's registration and operating and emergency procedures by successful completion of a written or oral examination that covers the relevant material;
 3. Receives training in:
 - a. Use of the registrant's radiation machine,
 - b. Daily inspection of the radiation machine, and
 - c. Use of radiation survey instruments; and

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4. Demonstrates an understanding of the use of the radiation machines and survey instruments described in subsection (B)(3) by successful completion of a practical examination covering this material.
- C. A registrant shall not allow an individual to act as a radiographer's assistant until the individual:
 1. Receives copies of and instruction in the requirements of this Article, applicable Sections of Articles 4 and 10 and R9-7-107, the Department registration or registrations under which the radiographer will perform industrial radiography, and the registrant's operating and emergency procedures;
 2. Develops competence to use, under the personal supervision of the radiographer, the registrant's radiation machine and radiation survey instruments; and
 3. Demonstrates understanding of the instructions provided under subsection (C)(1) by successfully completing a written test on the subjects covered and demonstrates competence using the hardware described in subsection (C)(2) by successfully completing a practical examination.
- D. A registrant shall provide refresher safety training for each radiographer and radiographer's assistant at intervals that do not exceed 12 months.
- E. Except where an individual serves both as a radiographer and an RSO, the RSO or the RSO's designee shall design and implement an inspection program to examine the job performance of each radiographer and radiographer's assistant and ensure that the Department's rules and registration requirements, and the registrant's operating and emergency procedures, are followed. The inspection program shall:
 1. Include observation of the performance of each radiographer and radiographer's assistant during an actual industrial radiographic operation, at intervals that do not exceed six months; and
 2. Provide that, if a radiographer or a radiographer's assistant has not participated in an industrial radiographic operation for more than six months since the last inspection, each radiographer shall demonstrate knowledge of the training requirements in subsection (B)(3) and each radiographer's assistant shall demonstrate knowledge of the training requirements of subsection (C)(2) by a practical examination before these workers can participate in a radiographic operation.
- F. A registrant shall maintain records of the training required in this Section, including certification documents, written and practical examinations, refresher safety training documents, and inspection documents, in accordance with subsection (I).
- G. A registrant shall include the following subjects in the training required under subsection (A):
 1. Fundamentals of radiation safety, including:
 - a. Characteristics of x-ray radiation;
 - b. Units of radiation dose and quantity of radioactivity;
 - c. Hazards of exposure to radiation;
 - d. Levels of radiation from x-ray machines; and
 - e. Methods of controlling radiation dose (time, distance, and shielding);
 2. Radiation detection instruments, including:
 - a. Use, operation, calibration, and limitations of radiation survey instruments;
 - b. Survey techniques; and
 - c. Use of personnel monitoring equipment;
 3. Equipment topics, including:
 - a. Operation and control of radiation machines; and
 - b. Inspection and maintenance of each radiation machine and survey instrument;
4. The requirements of pertinent Department rules; and
5. Case histories of accidents in radiography.
- H. A registrant shall maintain records of radiographer certification in accordance with subsection (I)(1) and provide proof of certification as required in subsection (A)(1).
- I. A registrant shall maintain the following records for three years after each record is made:
 1. Records of training for each radiographer and each radiographer's assistant. For radiographers, the records shall include radiographer certification documents and verification of certification status. All records shall include copies of written tests, dates of oral and practical examinations, and names of individuals who conducted and took the oral and practical examinations; and
 2. Records of annual refresher safety training and semi-annual inspections of job performance for each radiographer and each radiographer's assistant. The records for the annual refresher safety training shall list topics discussed during training, the date of training, and names of each instructor and attendee. For inspections of job performance, the records shall include a list of items checked during the inspection and any non-compliance observed by the RSO.

Historical Note

New Section R9-7-1146 recodified from R12-1-1146 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Appendix A. Standards for Organizations that Provide Radiography Certification

Note: For purposes of this Article an "independent certifying organization" means an organization that meets all of the criteria in this Appendix.

I. Requirements for an Organization that Provides
Radiographer Certification

To qualify to provide radiography certification, an organization shall:

- A. Be a society or association, with members who participate in, or have an interest in, the field of industrial radiography;
- B. Not restrict membership because of race, color, religion, sex, age, national origin, or disability;
- C. Have a certification program that is open to nonmembers, as well as members;
- D. Be an incorporated, nationally recognized organization that is involved in setting national standards of practice within its fields of expertise;
- E. Have a staff comparable to other nationally recognized organizations, a viable system for financing its operations, and a policy-and decision-making review board;
- F. Have a set of written, organizational by-laws and policies that address conflicts of interest and provide a system for monitoring and enforcing the by-laws and policies;
- G. Have a committee, with members who can carry out their responsibilities impartially, review and approve the certification guidelines and procedures, and advise the organization's staff in implementing the certification program;
- H. Have a committee, with members who can carry out their responsibilities impartially, review complaints against certified individuals, and determine sanctions;
- I. Have written procedures that describe all aspects of the organization's certification program;
- J. Maintain records of the current status of each individual's certification and administration of the certification program;
- K. Have procedures to ensure that certified individuals are provided due process with respect to administration of the certification program, including a process for becoming certified and a process for imposing sanctions against certified individuals;

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- L. Have procedures for proctoring examinations and qualifying proctors. The organization, through these procedures, shall ensure that an individual who proctors an examination is not employed by the same company or corporation (or a wholly-owned subsidiary of the company or corporation) that employs an examinee;
- M. Exchange information about certified individuals with the Department, other independent certifying organizations, the NRC, or Agreement States and allow periodic review of its certification program and related records; and
- N. Provide a description to the Department of its procedures for choosing examination sites and providing a favorable examination environment.

II. Requirements for a Certification Program

An independent certifying organization shall ensure that its certification program:

- A. Requires an applicant for certification to:
 - 1. Obtain training in the subjects listed in R9-7-1146(G), and
 - 2. Satisfactorily complete a written examination that covers these subjects;
- B. Require an applicant for certification to provide documentation demonstrating that the applicant has:
 - 1. Received training in the subjects listed in R9-7-1146(G);
 - 2. Satisfactorily completed the on-the-job training required in R9-7-1146(A); and
 - 3. Received verification from a registrant that the applicant has demonstrated the capability of independently working as a radiographer;
- C. Provides procedures that protect examination questions from disclosure;
- D. Provides procedures for denying certification to an applicant and revoking, suspending, and reinstating a certificate;
- E. Provides a certification period that is not less than three years or more than five years, procedures for renewing certifications and, if the procedures allow renewals without examination, a system for assessing evidence of recent full-time employment and annual refresher training; and
- F. Provides a timely response to inquiries, by telephone or letter, from members of the public, about an individual's certification status.

III. Requirements for a Written Examination

An independent certifying organization shall ensure that its examination:

- A. Is designed to test an individual's knowledge and understanding of the subjects listed in R9-7-1146(G) or equivalent NRC or Agreement State requirements;
- B. Is written in a multiple-choice format; and
- C. Has psychometrically valid questions drawn from a question bank and based on the material in R9-7-1146(G).

Historical Note

New Article 11, Appendix A, recodified from 12 A.A.C. 1, Article 11, Appendix A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 12. ADMINISTRATIVE PROVISIONS**R9-7-1201. Timeliness**

- A. Any application, request, response, or report required by any rule, order, application, or letter shall be considered timely if it is postmarked on or before the due date, or hand-delivered to the Department office before 5:00 p.m. on the due date. If the due date falls on a Saturday, a Sunday, or a legal holiday, the due date is extended to the end of the next day that is not a Saturday, a Sunday, or legal holiday.

- B. As used in this Article, "working days" are all days other than Saturdays, Sundays, or legal holidays prescribed in A.R.S. § 1-301.

Historical Note

New Section R9-7-1201 recodified from R12-1-1201 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1202. Administrative Hearings

- A. All hearings shall be governed by Title 41, Chapter 6, Article 10.
- B. If the Radiation Regulatory Hearing Board is conducting a hearing, all motions and rulings shall be in writing, except those made during the hearing may be oral. The Board shall ensure that any agreements reached during a conference are incorporated in the record, and that all hearings are recorded.
- C. If it is necessary for an administrative law judge or the Board to visit the site of an alleged violation or activity that is regulated by the Department in order to supplement testimonial or documentary evidence presented at the hearing, the party that proposed the visit shall enter the purpose of the visit and all pertinent observations into the record.

Historical Note

New Section R9-7-1202 recodified from R12-1-1202 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1203. Procedures for Rulemaking Public Hearings

- A. Hearings on proposed rulemaking by the Department shall be held before the Director or another person designated by the Director to act as the hearing officer.
- B. All hearings shall be governed by the Administrative Procedure Act, A.R.S. §§ 41-1021, 41-1021.01 through 41-1025, 41-1028, 41-1029, and 41-1031.
- C. The hearing shall be recorded and shall be retained as part of the record of the rulemaking.
- D. A written summary of the comments presented shall be prepared along with a written response to the comments by the Department staff and retained with the record of the rulemaking.
- E. The request for hearing shall identify the rule involved or propose a new rule.

Historical Note

New Section R9-7-1203 recodified from R12-1-1203 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1204. Initiation of Administrative Hearings

- A. An administrative hearing shall be initiated by the Director or commenced in response to the request of any person directly affected by an order of the Director or a proposed licensing or registration action by the Department.
- B. If the Director initiates an administrative hearing pursuant to R9-7-1220, the order may incorporate a notice of hearing; otherwise a notice of any hearing and the notice of violation shall be issued separately.
- C. For any hearing on a proposed licensing or registration action, only a notice of hearing shall be issued.
- D. A notice of hearing shall specify the time, place, and nature of the hearing and may include specification of the legal authority and jurisdiction under which the hearing is to be held; the particular sections of the statutes, rules, or license conditions involved; the amount of the penalty and other sanctions proposed, if appropriate; and a statement of matters asserted and issues involved.
- E. A hearing may be requested by filing a written request for hearing with the Director within the time limit specified in the pertinent order or notice. A request for hearing on a regulatory action not subject to public notice requirements may be filed at

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any time, provided that a request to reconsider a licensing or registration action shall be filed within 30 days of the issuance of the licensing or registration action.

1. The request for a hearing to appeal an order shall identify the order which the person desires to appeal and include a statement reciting the matters asserted, issues involved, and the applicable statutes or rules. The Department shall respond within 30 calendar days to the person and forward the request and response to the Chairperson of the Board.
2. The request for a hearing to appeal a licensing or registration action shall identify the action appealed. The Department shall respond within 30 calendar days to the person and forward the request and response to the Chairperson of the Board.
3. The request for hearing shall include a statement identifying the interest claimed to be affected by the action. If a statement is not provided or is clearly insufficient, the Chairperson may deny the request and notify the person of that action.
4. If the request for hearing is denied for insufficiency, the requestor shall have five days from the notice of denial within which to file an amended request for hearing. The amended request shall refer back to the original request for hearing.

Historical Note

New Section R9-7-1204 recodified from R12-1-1204 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1205. Intervention in Administrative Hearings; Director as a Party

- A. Any person may submit a timely motion to intervene in a proceeding if an unconditional right to intervene is granted by law or the applicant claims an interest to any property or transaction affected by the proceeding.
- B. A motion to intervene shall be in writing and shall state the reason why the applicant should be allowed to intervene. If the applicant claims an interest in property or in a transaction affected by the proceeding, the applicant shall demonstrate that the result of the proceeding may as a practical matter impair or impede protection of that interest.
- C. The applicant shall serve the motion upon the administrative law judge or the Board, as appropriate, and the Director as a party at least five working days before the hearing. An application for leave to intervene shall not be granted, if by doing so, the issues will be unduly broadened.
- D. If two or more persons have substantially similar positions, the administrative law judge may declare them a class of interested persons for purposes of the hearing. The members of a class shall designate one person to be spokesperson for the class. More than one class may be established for a hearing.
- E. The Director is party to all administrative hearings.

Historical Note

New Section R9-7-1205 recodified from R12-1-1205 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1206. Reserved**Historical Note**

Section R9-7-1206 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1207. Rehearing or Review

- A. The Board may grant a rehearing or review of a decision for any of the following reasons, materially affecting a party's rights:
 1. Irregularity in the administrative proceedings or any order or abuse of discretion, that deprived a party of a fair hearing;
 2. Misconduct of the Board, an administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the progress of the proceedings;
 7. That the decision is not justified by the evidence or is contrary to law.

- B. The Board may affirm or modify a decision or grant a rehearing to all or any of the parties and on all or part of the issues for any of the reasons listed in subsection (A). An order modifying a decision or granting a rehearing shall specify with particularity the ground or grounds for the order. A rehearing shall cover only the subject matters specified in the order.
- C. No later than 15 working days after the date on the decision the Board may, on its own initiative, order a rehearing or review of its decision for any reason for which it might have granted a rehearing on motion of a party. After giving the parties notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing or review for a reason not stated in the motion.
- D. If a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 30 calendar days after service, serve opposing affidavits. This period of time may be extended by the Board if good cause is shown or a written stipulation is received from both parties. The Board may permit reply affidavits.

Historical Note

New Section R9-7-1207 recodified from R12-1-1207 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1208. Reserved**Historical Note**

Section R9-7-1208 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1209. Notice of Violation

- A. Except as provided in R9-7-1220, the Department shall issue a notice of violation and provide time, as specified in R9-7-1210, for the registrant or licensee to respond before the Director issues any order to modify, suspend, or revoke a license or registration, or to impose a civil penalty.
- B. The notice shall specify:
 1. The severity level and circumstances of the alleged violation;
 2. The particular statute, rule, or registration or license condition violated; and
 3. The division of the registration or license.
- C. The notice shall specify a civil penalty if one is proposed by the Department.

Historical Note

New Section R9-7-1209 recodified from R12-1-1209 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1210. Response to Notice of Violation

- A. Except as provided in subsection (D), within 30 calendar days of the date of the notice, or longer time period specified in the

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notice, the person charged with the violation shall submit a written response that includes a description of:

1. The actions taken to achieve compliance and the results of the actions;
 2. The actions that are proposed and the date when full compliance is expected to be achieved; and
 3. If the violation is a repeat violation, why corrective actions taken previously did not prevent the violation from recurring and why the new actions will be effective.
- B.** If the person charged with a violation submits a timely response, the Director, in consideration of the answer and the severity level of the violation, shall do one of the following:
1. Issue an initial order conditionally imposing the full amount of the proposed civil penalty and any other sanctions proposed;
 2. Issue an initial order conditionally mitigating or waiving the proposed civil penalty under R9-7-1214(B);
 3. Waive the penalty as authorized under R9-7-1216(C);
 4. Enter into a consent agreement as authorized under R9-7-1222.
- C.** If the Department does not receive an adequate and timely response to the notice, the Director shall issue an initial order conditionally imposing any or all sanctions and civil penalties proposed in the notice of violation. If no civil penalty was proposed, the initial order may impose the base civil penalty listed in R9-7-1216.
- D.** Response to the notice of violation as otherwise required in this Section may be waived by the Department, if the Department determines that a response is not required.

Historical Note

New Section R9-7-1210 recodified from R12-1-1210 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1211. Initial Orders

- A.** Initial orders are valid for 30 calendar days after the date of the order, or until the other time specified in the order, during which time the person charged may:
1. Pay the civil penalty proposed and accept any proposed sanction, or
 2. Request a hearing before the Board.
- B.** If a timely request for a hearing is not received, the order shall become final.

Historical Note

New Section R9-7-1211 recodified from R12-1-1211 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1212. Request for Hearing in Response to an Initial Order

- A.** In a request for a hearing, a person charged with a violation shall include a statement of the issues and the explanations and the arguments supporting denial of the violation or demonstrating extenuating circumstances, errors in notice, or any other reasons for not imposing the civil penalty, sanction, or both.
- B.** The statement shall identify all issues. The failure to include an issue may, at the option of the Board, foreclose consideration of that issue. If a statement is not provided or is insufficient, the Board may summarily determine the issues.
- C.** The person charged may admit the violation and request a reduction of the proposed civil penalty based on extenuating circumstances.
- D.** The person charged may waive oral proceedings and request dismissal of any or all of the charged violations, reduction of the civil penalties, or modification of any other imposed sanction based on consideration by the Board of the written statement.

Historical Note

New Section R9-7-1212 recodified from R12-1-1212 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1213. Severity Levels of Violations

- A.** The following violations are classified as severity level I violations:
1. Any failure, malfunction, or insufficiency of a safety system which may result in
 - a. Radiation exposure to a person,
 - b. A concentration of radionuclides; or
 - c. A radiation level, in excess of 10 times the limits specified in 9 A.A.C. 7, or 10 times the prescribed therapeutic patient dose.
 2. Any inaccurate or incomplete information that is intentionally provided by a licensee or registrant official, and if the information had been complete and accurate at the time it was provided, would have likely resulted in action such as an immediate order required to protect the public health and safety.
 3. Any information that the Department requires be kept by a licensee or registrant that is incomplete or inaccurate because of falsification by or with the knowledge of a licensee or registrant official, and if the information had been complete and accurate at the time it was reviewed by the Department, would have likely resulted in action such as an immediate order required to protect the public health and safety.
 4. Any concealment or attempted concealment of a severity level I violation of the Act, 9 A.A.C. 7, or a license condition. This is a separate violation in addition to the original violation.
 5. Any concealment or attempted concealment of a severity level II violation of the Act, 9 A.A.C. 7, or a license condition. This violation shall increase the severity level of the original violation by one level.
 6. For the purposes of subsections (A)(2) and (3) above the term "licensee or registrant official" means the owner, a partner, a corporate officer, a radiation safety officer, the individual signing an application for a license or registration, or the chairman of any radiation safety committee supervising the radiation safety program of the licensee or registrant.
- B.** The following violations are classified as severity level II violations:
1. Any failure, malfunction, or insufficiency of a safety system which may result in:
 - a. Radiation exposure to a person,
 - b. A concentration of radionuclides, or
 - c. A radiation level, in excess of two times the limits specified in 9 A.A.C. 7, or two times the prescribed therapeutic patient dose.
 2. Any attempt to prevent a Department inspection.
 3. Any concealment or attempted concealment of a severity level III violation of the Act, 9 A.A.C. 7, or a license condition by a licensee or registrant official as defined in subsection (A)(6). This violation shall increase the severity level of the original violation by one level.
 4. Significant information provided and designated by a licensee or registrant and not previously provided to the Department because of careless disregard on the part of a licensee official or registrant.
- C.** The following violations are classified as severity level III violations:
1. Any failure, malfunction, or insufficiency of a safety system, or loss of control over a radiation source, which may result in:

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- a. Radiation exposure to a person,
 - b. A concentration of radionuclides, or
 - c. A radiation level in excess of the limits specified in 9 A.A.C. 7, or 20% higher than the prescribed therapeutic patient dose.
 - 2. Any concealment or attempted concealment of a severity level IV or V violation of the Act, 9 A.A.C. 7, or a registration or license condition. This violation shall increase the severity level of the original violation by one level.
 - 3. Any violation of the safety requirements for the use, storage, disposal, or the preparation for transportation of sources of radiation, as prescribed in the Act, 9 A.A.C. 7, or in a license or registration condition, provided the violation does not meet the criteria for a severity level I or II violation and the licensee or registrant does not maintain a radiation protection program meeting the requirements of R9-7-407.
 - 4. Any factually incorrect statement upon which the Department relied or would have relied in consideration of any action.
 - 5. Any unlawful attempt to interfere with the progress of an inspection by the Department.
 - 6. The acquisition of any source of radiation without the applicable current registration or license, unless otherwise authorized by these rules; or use of the source outside the scope of the current registration or license.
 - 7. The continued use of sources of radiation after April 1, if the annual fee has not been paid for the current year.
- D.** The following violations are classified as severity level IV violations:
- 1. Any violation of R9-7-407;
 - 2. Any violation of the safety requirements for the use, storage, disposal, or preparation for transportation of sources of radiation, prescribed in the Act, 9 A.A.C. 7, or in a license or registration condition, provided the violation does not meet the criteria for a severity level I, II or III violation;
 - 3. Failure to maintain records of mammography quality control tests required in R9-7-614.
 - 4. Any failure to comply with the reporting requirements in the Act or 9 A.A.C. 7.
- E.** The following violations are classified as severity level V violations:
- 1. Failure of a registrant or a licensee to comply with the recordkeeping requirements of:
 - a. The Act;
 - b. 9 A.A.C. 7; or
 - c. A registration or facility certification, or license condition, provided that all safety requirements prescribed in the Act, 9 A.A.C. 7, or in a license or registration condition are met or otherwise demonstrated.
 - 2. If compliance with all safety requirements cannot be demonstrated by the registrant or licensee the failure to comply with the recordkeeping requirements is classified as a level IV violation.

Historical Note

New Section R9-7-1213 recodified from R12-1-1213 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1214. Mitigating Factors

- A.** The Department may refrain from issuing a Notice of Violation for Severity Level IV or V violations identified by the registrant or licensee provided the severity level IV or V violations are identified in an inspection report, the report

includes a brief description of the corrective action, and the violation meets all of the following criteria:

- 1. It was identified by the licensee, as a result of an event discovered by the licensee or registrant;
 - 2. It was not a violation that could reasonably be expected to have been prevented by the licensee's or registrant's corrective action for a previous violation or a previous licensee or registrant finding;
 - 3. It was or will be corrected within a reasonable time, by specific corrective action committed to by the registrant or licensee by the end of the inspection. The corrective action shall include comprehensive measures that will prevent reoccurrence;
 - 4. It was not a willful violation or, if it was willful:
 - a. The violation was reported to the Department;
 - b. The violation appears to be the isolated action of an employee without management involvement and the violation was not caused by lack of management oversight;
 - c. Significant remedial action was taken by the licensee or registrant, demonstrating the seriousness of the violation to all affected personnel.
- B.** The Director may:
- 1. Reduce the scheduled civil penalty, including any augmentation, by 50% for the discovery, remedy, and voluntary reporting of a severity level I or II violation by the registrant or licensee; or
 - 2. Waive the scheduled civil penalty, including augmented civil penalties, for the discovery, remedy, and voluntary reporting of a severity level III, IV, or V violation by the registrant or licensee. For the purposes of this rule, "voluntary reporting" means that the registrant or licensee has notified the Department of a violation, the reporting of which may or may not be required under 9 A.A.C. 7.

Historical Note

New Section R9-7-1214 recodified from R12-1-1214 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1215. License and Registration Divisions

- A.** Each registrant or license type is classified into one of three administrative sanction divisions.
- 1. Division I licenses and registrations:
 - a. Broad Academic Class A,
 - b. Broad Academic Class B,
 - c. Broad Academic Class C,
 - d. Broad Industrial Class A,
 - e. Broad Medical,
 - f. Class C Laser Facility,
 - g. Distribution,
 - h. Fixed Gauge Class A,
 - i. Industrial Radiography Class A,
 - j. Low Level Radioactive Waste Disposal Site,
 - k. Major Accelerator Facility,
 - l. Medical Materials Class A,
 - m. Medical Teletherapy,
 - n. NORM Commercial Disposal Site,
 - o. Nuclear Laundry,
 - p. Nuclear Pharmacy,
 - q. Open Field Irradiator,
 - r. Secondary Uranium Recovery,
 - s. Waste Processor Class A,
 - t. Well Logging,
 - u. X-Ray Machine Class A.
 - 2. Division II licenses and registrations:
 - a. Broad Industrial Class B,
 - b. Broad Industrial Class C,

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- c. Class B Industrial Radiofrequency Facility,
 - d. Class B Laser Facility,
 - e. Class C Industrial Radiofrequency Facility,
 - f. Fixed Gauge Class B,
 - g. Health Physics Class A,
 - h. Industrial Radiation Machine,
 - i. Industrial Radiography Class B,
 - j. Laser Light Show,
 - k. Limited Academic,
 - l. Medical Imaging Facility,
 - m. Medical Laser,
 - n. Medical Materials Class B,
 - o. Medical Radiofrequency Device Facility,
 - p. NORM Commercial Disposal Site,
 - q. Research and Development,
 - r. Self Shielded Irradiator,
 - s. Tanning Facility,
 - t. Waste Processor Class B,
 - u. X-Ray Machine Class B.
3. Division III licenses and registrations:
- a. Class A Industrial Radiofrequency Facility,
 - b. Class A Laser Facility,
 - c. Gas Chromatograph,
 - d. General Depleted Uranium,
 - e. General Industrial,
 - f. General Medical,
 - g. General Veterinary Medicine,
 - h. Health Physics Class B,
 - i. Laboratory,
 - j. Leak Detector,
 - k. Limited Industrial,
 - l. Medical Materials Class C,
 - m. Other Ionizing Radiation Machine,
 - n. Other Nonionizing Radiation Machine,
 - o. Portable Gauge,
 - p. Possession Only,
 - q. Radioactive waste transfer-for-disposal,
 - r. Unclassified,
 - s. Veterinary Medicine,
 - t. X-ray Machine Class C,
 - u. Class A Medical (non-cosmetic) Radiofrequency Facility,
 - v. Class B Medical (non-cosmetic) Radiofrequency Facility,
 - w. Class C Medical (non-cosmetic) Radiofrequency Facility,
 - x. Class D Medical (non-cosmetic) Radiofrequency Facility.
- B.** Any person required by the Act to register the use of a general license with the Department, or to obtain a specific license from the Department, is considered a licensee of the appropriate type notwithstanding the failure of the person to register or obtain a license.
- C.** The Department shall classify each person that possesses an out-of-state specific license for the use of radioactive material and operates in Arizona under reciprocal recognition, as prescribed in R9-7-320 and authorized in R9-7-1302(D)(16), by placing the person into the administrative sanction division listed in subsection (A) that best defines the out-of-state, licensed activities.
- D.** For administrative purposes, the following persons are classified with the Division III licensees and registrants in subsection (A)(3):
- 1. Any person not required to register the use of a general license,
 - 2. Any person not required to obtain a specific license,
 - 3. Any person not required to register a source of radiation who violates the Act or 9 A.A.C. 7, and
 - 4. Any person registered to provide x-ray machine service.
- Historical Note**
New Section R9-7-1215 recodified from R12-1-1215 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-1216. Civil Penalties**
- A.** Except as augmented by R9-7-1217, the schedule of civil penalties is as follows:
- 1. Severity level I violations:
 - a. Division I registration or license -- \$4,000;
 - b. Division II registration or license -- \$3,000;
 - c. Division III registration or license -- \$2,000.
 - 2. Severity level II violations:
 - a. Division I registration or license -- \$3,000;
 - b. Division II registration or license -- \$2,000;
 - c. Division III registration or license -- \$1,000.
 - 3. Severity level III violations:
 - a. Division I registration or license -- \$2,000;
 - b. Division II registration or license -- \$1,000;
 - c. Division III registration or license -- \$500.
 - 4. Severity level IV violations:
 - a. Division I registration or license -- \$1,000;
 - b. Division II registration or license -- \$500;
 - c. Division III registration or license -- \$250.
 - 5. Severity level V violations:
 - a. Division I registration or license -- \$500,
 - b. Division II registration or license -- \$250,
 - c. Division III registration or license -- \$125.
- B.** Payment of civil penalties for severity level I and severity level II violations may not be avoided merely by rectifying the condition; however, the Board may mitigate or waive the penalty upon determining a violation meets all of the following:
- 1. It was not a violation that could reasonably be expected to have been prevented by the licensee's or registrant's corrective action for a previous violation or a previous licensee or registrant finding;
 - 2. It was or will be corrected within the time given for corrections, by specific corrective action committed to by the licensee or registrant by the end of the inspection, which includes immediate and comprehensive measures to prevent recurrence;
 - 3. It was not a willful violation.
- C.** The Director or Board shall waive payment of penalties for severity level III through severity level V violations provided:
- 1. The violation is not subject to augmentation under R9-7-1217; and
 - 2. The registrant or licensee submits a timely and adequate response to the notice; rectifies the conditions which appear to have caused the violation; and complies with the Act, 9 A.A.C. 7, registration, and license conditions.
- Historical Note**
New Section R9-7-1216 recodified from R12-1-1216 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
- R9-7-1217. Augmentation of Civil Penalties**
- A.** A continuing violation, for the purposes of calculating the proposed civil penalty, is considered a separate violation for each day it continues. The second (or successive) day of a continuing violation is not considered a repeat violation of the violation occurring on the first day.
- B.** If a second severity level I violation is committed within five years, the Department shall increase the base civil penalty by 100%, provided the registration or license is not revoked under R9-7-1219.

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- C. If a second severity level II violation is committed within a period of five years, the Department shall increase the base civil penalty by 50%, provided the registration or license is not revoked under R9-7-1219.
- D. If a severity level III violation is repeated within five years, the Department shall increase the base civil penalty by 50%. If the same severity level III violation is repeated a second time within five years, the base civil penalty shall be increased by 100%, provided the registration or license is not revoked under R9-7-1219.
- E. If a severity level IV violation is repeated within five years, the Department shall propose the base civil penalty.
1. If the same violation occurs three times within five years, the Department shall increase the base civil penalty by 50%.
 2. If the same violation occurs four times within five years, the Department shall increase the base civil penalty by 100%, provided the registration or license is not revoked under R9-7-1219.
- F. If more than three severity level V violations are observed during two consecutive inspections, the Department shall impose a civil penalty for each violation. The base civil penalty for each violation is the base civil penalty assessed for a severity level V violation. If the inspection shows repetition of a violation the base civil penalty for each repeat violation is the base civil penalty assessed for a severity level IV violation. Subsection (E) does not apply to penalties under this subsection.
- G. Other rights and procedures are not affected by the repeat nature of a violation.
- H. A person may avoid the penalties in subsections (D) and (E) by demonstrating to the Director in the response to the penalty that the violation meets all of the following criteria:
1. It was not a violation that could reasonably be expected to have been prevented by the licensee's or registrant's corrective action for a previous violation or a previous licensee or registrant finding;
 2. It was or will be corrected within the time given for correction, by specific corrective action committed to by the licensee or registrant by the end of the inspection, which includes immediate and comprehensive measures to prevent recurrence;
 3. It was not a willful violation.
- I. Notwithstanding any other provision of this Section, the Department shall not impose a penalty that exceeds a maximum of \$5,000 for each violation for each day up to a maximum of \$25,000 for any 30-day period.

Historical Note

New Section R9-7-1217 recodified from R12-1-1217 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1218. Payment of Civil Penalties

- A. A person shall pay civil penalties imposed under this Article by certified check or money order payable to the Department and mailed or delivered to the Department at the address shown on the notice of violation.
- B. Payment of a civil penalty is due 30 calendar days after the effective date of the final order imposing the civil penalties, unless an alternate payment schedule is agreed upon before that date. A payment schedule shall not extend beyond one year after the due date.

Historical Note

New Section R9-7-1218 recodified from R12-1-1218 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1219. Additional Sanctions-Show Cause

- A. If a severity level I violation is repeated or if any second severity level I violation is committed within 10 years, the Department shall require the registrant or licensee to show cause why the registration or license should not be suspended or revoked.
- B. If any second severity level II violation is committed within five years, or if a severity level II violation involving radioactive effluent releases, excessive radiation levels, or radiation overexposure to an individual is committed within five years of a similar severity level I violation, the Department shall require the registrant or licensee to show cause why the registration or license should not be suspended or revoked.
- C. If repeated or different severity level III violations are committed on three separate occasions within any five year period, the Department may require the registrant or licensee to show cause why the registration or license should not be suspended or revoked.

Historical Note

New Section R9-7-1219 recodified from R12-1-1219 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1220. Escalated Enforcement

- A. The Director may issue an order to suspend, revoke, or modify a registration or license, or impound a radiation source for:
1. Any severity level I violation; or
 2. Any of the following occurring within a five-year period:
 - a. A repeat severity level II violation,
 - b. A different second severity level II violation, or
 - c. A severity level II violation after a severity level I violation.
- B. The Director may issue an order impounding the radiation source or suspending, revoking, or modifying the registration or license upon determining that conditions exist which cause a potential for a severity level I or severity level II violation.
- C. The Department shall hold hearings according to A.R.S. § 30-688.
- D. An order to impound a radiation source, or an order to suspend, revoke, or modify a registration or a license shall remain in effect until the order is suspended or modified by the Board according to A.R.S. § 30-688.

Historical Note

New Section R9-7-1220 recodified from R12-1-1220 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1221. Reserved**Historical Note**

Section R9-7-1221 reserved when this Chapter was recodified (Supp. 18-1).

R9-7-1222. Enforcement Conferences

- A. An enforcement conference consists of a meeting in person between management personnel of the registrant or licensee and the Department.
- B. The enforcement conference is informal; however, the Department shall make a record of items discussed and decisions reached. Statements made at the conference shall not be introduced in evidence at a formal hearing unless all parties have consented.
- C. Based on the results of the conference, the Department may:
1. Dismiss the notice of violation;
 2. Enter into a consent agreement; or
 3. Continue with, or initiate, formal proceedings.

Historical Note

New Section R9-7-1222 recodified from R12-1-1222 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1223. Registration and Licensing Time-frames

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The Department shall perform an administrative completeness review and substantive review of an application for a new or renewal license or registration; or an amendment to a license or registration within the time-frames in Table A. The Department shall review an application for an amendment to an existing license or registration that changes the license category listed in R9-7-1306, using the time-frames specified for the requested category.

Historical Note

New Section R9-7-1223 recodified from R12-1-1223 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Table A. Registration and Licensing Time-frames**REGISTRATION AND LICENSING TIME-FRAMES**

License or Registration category in R9-7-1306	Administrative Completeness Review Time-frame, in days	Substantive Review Time-frame, in days	Overall Time-frame, in days
A1	90	30	120
A2	90	30	120
A3	90	30	120
A4	60	30	90
B1	90	30	120
B2	90	30	120
B3	90	30	120
B4	90	30	120
B5	90	30	120
B6	40	20	60
C1	60	30	90
C2	60	30	90
C3	60	30	90
C4	60	30	90
C5	60	30	90
C6	60	30	90
C7	60	30	90
C8	90	30	120
C9	60	30	90
C10	40	20	60
C11	90	30	120
C12	90	30	120
C13	90	30	120
C14	90	30	120
C15	90	30	120
C16	90	30	120
C17	90	30	120
D1	90	30	120
D2	90	30	120
D3	90	30	120
D4	40	20	60
D5	40	20	60
D6	90	30	120
D7	40	20	60
D8	60	30	90
D9	90	30	120
D10	90	30	120
D11	1095	365	1460
D12	730	180	910

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D13	365	90	455
D14	90	30	120
D15	40	20	60
D16	20	10	30
D17	40	20	60
D18	90	30	120
D19	365	120	485
E1	40	20	60
E2	40	20	60
E3	40	20	60
E4	40	20	60
E5	90	30	120
E6	90	30	120
F1	40	20	60
F2	40	20	60
F3	40	20	60
F4	40	20	60
F5	20	10	30
F6	40	20	60
F7	40	20	60
F8	40	20	60
F9	40	20	60
F10	40	20	60
F11	40	20	60
F12	40	20	60
F13	40	20	60
F14	40	20	60
F15	40	20	60
F16	90	30	120

Footnote: “administrative completeness review time-frame”; “substantive review time-frame,” and “overall time-frame” are defined in A.R.S. § 41-1072.

Historical Note

New Article 12, Table 1, recodified from 12 A.A.C. 1, Article 12, Table 1 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 13. LICENSE AND REGISTRATION FEES**R9-7-1301. Definition**

“Combined” means the Department has granted authorized activities contained in two or more license types in a single license document, requiring the payment of a single license fee for the more expensive license of the planned combination.

Historical Note

New Section R9-7-1301 recodified from R12-1-1301 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1302. License and Registration Categories

A. Category A licenses are those specific licenses which authorize a school, college, university, or other teaching facility to possess and use radioactive materials for instructional or research purposes.

1. A broad academic class A license is any category A license which meets the specifications of R9-7-310(A)(1).
2. A broad academic class B license is any category A license other than a broad academic class A license which meets the specifications of R9-7-310(A)(2).

3. A broad academic class C license is any category A license other than a broad academic class A or B license which meets the specifications of R9-7-310(A)(3).

4. A limited academic license is any category A license which authorizes only those radioisotopes, forms, and quantities individually specified in the license.

B. Category B licenses are those specific or general licenses which authorize the application of radioactive material or the radiation from it to a human being for medical diagnostic, therapeutic, or research purposes, or the use of radioactive material in medical laboratory testing. Except for a type B6, general medical license, the Department shall not combine a category B license with a license of any other category.

1. A broad medical license is any category B license which meets the specifications of R9-7-310(A)(1) and meets the requirements of 9 A.A.C. 7, Article 7. A broad medical license may authorize any medical use other than teletherapy.
2. A medical materials class A license is any specific category B license other than a broad medical license, which authorizes the use of radiopharmaceuticals and sealed sources containing radioactive materials for a therapeutic purpose in quantities which require hospitalization of the

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- patient for radiation safety purposes. The license may authorize other radioactive materials and other medical uses, except teletherapy.
3. A medical materials class B license is any specific category B license which authorizes the diagnostic or therapeutic use, other than teletherapy, of radioactive materials only in limited quantities such that the patient need not be hospitalized for radiation safety purposes.
 4. A medical materials class C license is any specific category B license which authorizes possession of specified radioisotopes only in the form of sealed sources for treatment of the eye or skin or for use in diagnostic medical imaging devices.
 5. A medical teletherapy license is a specific category B license which solely authorizes radioisotopes in the form of multi-curie sealed sources for use in external beam therapy. The Department shall not combine a medical teletherapy license with any other type of category B license.
 6. A general medical license is a registration of the use of radioactive material pursuant to R9-7-306(D) or R9-7-306(E). A general medical license may be combined into a broad medical, medical materials class A, or medical materials class B license.
- C. Category C licenses are those specific or general licenses authorizing the use of radioactive materials in any activity other than those authorized by a category A, B, or D license. Except as specifically authorized in this Section, the Department shall not combine a category C license with any other type of license.
1. A broad industrial class A license is any category C license which meets the specifications of R9-7-310(A)(1). The Department may combine a broad industrial class A license with any other category C license except industrial radiography, open field irradiator, or well logging licenses.
 2. A broad industrial class B license is any category C license other than a broad industrial class A license which meets the specifications of R9-7-310(A)(2). The Department may combine a broad industrial class B license with any other category C license except industrial radiography, open field irradiator, or well logging licenses.
 3. A broad industrial class C license is any category C license other than a broad industrial class A or B license which meets the specifications of R9-7-310(A)(3). The Department may combine a broad industrial class C license with any other category C license except industrial radiography, open field irradiator, or well logging licenses.
 4. A limited industrial license is a specific category C license authorizing the possession of the radioactive materials authorized in R9-7-305(A), or R9-7-306(A), (C), or (F) for uses authorized in those subsections, but in quantities greater than authorized by those subsections.
 5. A portable gauge license is a specific category C license which authorizes radioactive materials in the form of sealed sources for use in measuring or gauging devices designed and manufactured to be transported to the location of use. The Department may combine a portable gauge license with any broad scope industrial license or a fixed gauge class A license.
 6. A fixed gauge class A license is a specific category C license which authorizes the possession of 50 or more measuring or gauging devices containing radioactive materials, where each device is permanently mounted for use at a single location.
 7. A fixed gauge class B license is a specific category C license which authorizes the possession of 1 through 49 measuring or gauging devices containing radioactive materials, where each device is permanently mounted for use at a single location.
 8. A leak detector license is a specific category C license which authorizes the use of radioisotopes in the form of a gas to test hermetic seals on electronic packages.
 9. A gas chromatograph license is a specific category C license which authorizes the use of radioactive materials as ionization sources in gas chromatography or electron capture devices.
 10. A general industrial license means a registration of the use of a material, source, or device generally licensed pursuant to R9-7-305 or R9-7-306, except R9-7-305(B), R9-7-306(D), or R9-7-306(E).
 11. An industrial radiography class A license is a specific category C license which authorizes industrial radiography using sealed radioisotope sources at specific facilities identified in the license conditions or at temporary field job sites.
 12. An industrial radiography class B license is a specific category C license which authorizes industrial radiography using sealed radioisotope sources only at specific facilities identified in the license conditions.
 13. An open field irradiator license is a specific category C license authorizing the use of radioisotopes in the form of sealed sources not permanently mounted within a shielding container, for irradiation of materials.
 14. A self-shielded irradiator license is a specific category C license authorizing the use of radioisotopes in the form of sealed sources for irradiation of materials in a shielding device from which the sources are not removed during irradiation. The Department may combine a self-shielded irradiator license with any broad license.
 15. A well logging license is a specific category C license which authorizes the use of radioactive material in sealed or unsealed sources for wireline services or field tracer studies.
 16. A research and development license is a specific category C license which authorizes a licensee to utilize radioactive material in unsealed and sealed form for industrial, scientific, or biomedical research, not including administration of radiation or radioactive material to human beings.
 17. A laboratory license is a specific category C license which authorizes a licensee to perform specific in-vitro or in-vivo medical or veterinary testing, while possessing quantities of radioactive material greater than the general license quantities authorized in R9-7-306.
- D. Category D licenses are the following specific radioactive material licenses. Except for type D4, general industrial; type D5, depleted uranium; type D8 and D9, health physics; and type D14, additional facilities licenses, the Department shall not combine a category D license with any other license.
1. A distribution license is one which authorizes the commercial distribution of radioactive materials or radioisotopes in products to persons holding an appropriate general or specific license. The Department shall ensure that a distribution license does not:
 - a. Authorize distribution of radiopharmaceuticals or distribution to persons exempt from regulatory control, or
 - b. Authorize any other use of the radioactive material. An appropriate category C license is required for

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- possession of radioisotopes and their incorporation into products.
2. A nuclear pharmacy license is one which authorizes the preparation, compounding, packaging, or dispensing of radiopharmaceuticals for use by other licensees.
 3. A nuclear laundry license is one authorizing the collection and cleaning of items contaminated with radioactive materials.
 4. A general industrial license is a registration of a gauging device in accordance with R9-7-306(A). The Department may combine a general industrial license with a Class A, B, or C broad industrial, limited industrial, portable gauge, or Class A or B fixed gauge license.
 5. A depleted uranium general license is a registration of the use of the general license authorized pursuant to R9-7-305(C) or the use of depleted uranium as a concentrated mass or as shielding for another radiation source within a device or machine. The Department may combine a depleted uranium general license with a medical teletherapy; Class A, B, or C broad industrial; portable gauge; Class A or B fixed gauge; Class A or B industrial radiography; or self-shielded irradiator license. For registration purposes an applicant shall follow the registration instructions in R9-7-305(C).
 6. A veterinary medicine license is one which authorizes the use of radioactive materials for specific applications in veterinary medicine as authorized in the license.
 7. A general veterinary medicine license is a registration of the use of the general license authorized in R9-7-306(E) in veterinary medicine.
 8. A health physics class A license is one which authorizes the use of radioactive materials for performing instrument calibrations, processing leak test or environmental samples, or providing radiation dosimetry services.
 9. A health physics class B license is one which authorizes only the collection, possession, and transfer of radioactive materials in the form of leak test samples for processing by others.
 10. A secondary uranium recovery license is one which authorizes the extraction of natural uranium or thorium from an ore stream or tailing which is being or has been processed primarily for the extraction of another mineral. The Department shall not combine a secondary uranium recovery license with any other license.
 11. A low-level, radioactive waste disposal facility license is a license that is issued for a "disposal facility," as that term is used in R9-7-439 and R9-7-442, which has a closure or long-term care plan and is constructed and operated according to the requirements in 10 CFR 61, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
 12. A waste processor class A license is one authorizing the incineration, compaction, repackaging, or any other treatment or processing of low-level radioactive waste prior to transfer to another person authorized to receive or dispose of the waste. The Department shall not combine a waste processor class A license with any other license.
 13. A waste processor class B license is one which authorizes a waste broker to receive prepackaged, low-level radioactive waste from other licensees; combine the waste into shipments; and transfer the waste without treating or processing the waste in any manner and without repackaging except to place damaged or leaking packages into overpacks. The Department shall not combine a waste processor class B license with any other license.
 14. An additional facility license is an endorsement, by license condition to an existing specific license, authorizing one or more additional separate facilities where radioactive material may be stored or used for a period exceeding six months.
 15. A possession-only license is a license of any other category which authorizes only the possession in storage, but no use of, the authorized materials. A license which has been suspended as an enforcement action is not considered a possession-only license.
 16. A reciprocal license is the registration of the general license authorized by R9-7-320. This license is subject to a special fee as provided by R9-7-1307 but is exempt from annual fees.
 17. Reserved
 18. An "unclassified" radioactive material license is one authorizing radioisotopes, physical or chemical forms, possession limits, or uses not included in any other type of license specified in this Section.
 19. A NORM commercial disposal site license is one that authorizes the receipt of waste material contaminated with naturally occurring radioactive material from other licensees for permanent disposal, provided the concentration of the radioactive material does not exceed 74kBq (2,000 picocuries)/gram.
- E.** Category E registrations are those that register the possession of x-ray machine(s) under 9 A.A.C. 7, Article 2. The Department shall not combine Category E registrations with any other registration.
1. An X-ray machine class A registration is one authorizing the possession of X-ray machines in a hospital or other facility offering inpatient care.
 2. An X-ray machine class B registration is one authorizing the possession of X-ray machines in a medical, osteopathic, or chiropractic office or clinic not offering inpatient care; or the possession of X-ray machines in a school, college, university, or other teaching facility.
 3. An X-ray machine class C registration is one authorizing the possession of X-ray machines in dental, podiatry, and veterinarian offices or clinics.
 4. An industrial radiation machine registration is one authorizing the possession of X-ray machines, or the possession of particle accelerators not capable of producing a high radiation area, in a nonmedical facility.
 5. An accelerator facility registration is one authorizing the possession and operation of one or more particle accelerators of any kind capable of accelerating any particle and producing a high radiation area.
 6. A radiation machine, "other," is one authorizing possession or use of an ionizing radiation machine not included in any other category specified in subsection (E).
- F.** Category F registrations are those that register nonionizing radiation producing sources regulated under 9 A.A.C. 7, Article 14. The Department shall not combine Category F registrations with any other registration categories that have a difference in fee per unit.
1. A tanning registration authorizes the commercial operation of any number of tanning booths, beds, cabinets, or other devices in a single establishment.
 2. A Class A laser registration authorizes the operation of one to 10 laser devices subject to R9-7-1433.
 3. A Class B laser registration authorizes the operation of 11 to 49 laser devices subject to R9-7-1433.
 4. A Class C laser registration authorizes operation of 50 or more laser devices subject to R9-7-1433.

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5. A laser light show registration authorizes the operation of a laser device subject to R9-7-1441.
6. A medical laser registration authorizes the operation of one or more laser devices subject to R9-7-1440.
7. A Class II surgical device registration authorizes the operation of one or more Class II surgical devices subject to R9-7-1438. A device is designated as a Class II surgical device by the USFDA and is labeled as such by the manufacturer.
8. A medical radiofrequency device registration authorizes the operation of one or more medical radiofrequency devices.
9. A class A industrial radiofrequency device registration authorizes the operation of one to five radiofrequency heat sealers or industrial microwave ovens.
10. A class B industrial radiofrequency device registration authorizes the operation of six to 20 radiofrequency heat sealers or industrial microwave ovens.
11. A class C industrial radiofrequency device registration authorizes the operation more than 20 radiofrequency heat sealers or industrial microwave ovens.
12. A class A medical radiofrequency device registration authorizes the operation of one or two radiofrequency diathermy or electrocoagulation units not used in non-ionizing cosmetic procedures.
13. A class B medical radiofrequency device registration authorizes the operation of three to nine radiofrequency diathermy or electrocoagulation units not used in non-ionizing cosmetic procedures.
14. A class C medical radiofrequency device registration authorizes the operation of 10 to 19 radiofrequency diathermy or electrocoagulation units not used in non-ionizing cosmetic procedures.
15. A class D medical radiofrequency device registration authorizes the operation of 20 or more radiofrequency diathermy or electrocoagulation units not used in non-ionizing cosmetic procedures.
16. An "other" nonionizing radiation device authorizes the operation of a nonionizing radiation device or other device not included in any other category specified in subsection (F).

Historical Note

New Section R9-7-1302 recodified from R12-1-1302 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1303. Fee for Initial License and Initial Registration

An applicant shall remit for a new license or new registration the appropriate fee as prescribed in R9-7-1306.

Historical Note

New Section R9-7-1303 recodified from R12-1-1303 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1304. Annual Fees for Licenses and Registrations

- A. Each license or registration issued by the Department shall identify the category by a letter and number corresponding to the appropriate subsection of R9-7-1302 or category type listed in R9-7-1306.
- B. Except for types D16 and D17, each licensee or registrant shall submit payment of the annual fee in the amount prescribed in R9-7-1306(A) on or before January 1 of each year. This single annual fee will cover any and all renewals, amendments, and regular inspections of the license during the forthcoming calendar year.
- C. If a licensee or registrant fails to pay the annual fee by January 1, the license is not current.

- D. If a licensee or registrant fails to pay the annual fee by April 1, the Department shall apply administrative sanction provisions of 9 A.A.C. 7, Article 12.
- E. A licensee who is required to pay an annual fee under this Article may qualify as a small entity. If a licensee qualifies as a small entity and provides the Department with proper certification along with its annual fee payment, the licensee may pay reduced annual fees as shown in Table 1 to this Article. Failure to file a small entity certification in a timely manner may result in the denial of any refund.

Historical Note

New Section R9-7-1304 recodified from R12-1-1304 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1305. Method of Payment

- A. An applicant licensee or registrant shall pay fees by check or money order, payable to the "State of Arizona" at the address shown on the application, license, registration, or renewal notice.
- B. Once a license or registration has been issued, no portion of the application fee or any annual fee will be refunded.

Historical Note

New Section R9-7-1305 recodified from R12-1-1305 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1306. Table of Fees

- A. The application and annual fee for each category and type are shown in Table 13-1.

Table 13-1

Category	Type	Annual Fee
A1	Broad academic Class A	\$5,800
A2	Broad academic Class B	\$5,800
A3	Broad academic Class C	\$5,800
A4	Limited academic	\$1,000
B1	Broad medical	\$11,000
B2	Medical materials class A	\$1,900
B3	Medical materials class B	\$1,900
B4	Medical materials class C	\$1,900
B5	Medical teletherapy	\$5,200
B6	General medical	\$250
C1	Broad industrial class A	\$11,400
C2	Broad industrial class B	\$11,400
C3	Broad industrial class C	\$3,200
C4	Limited industrial	\$700
C5	Portable gauge	\$1,000
C6	Fixed gauge class A	\$1,000
C7	Fixed gauge class B	\$1,000
C8	Leak detector	\$1,330
C9	Gas chromatograph	\$1,000
C10	General industrial	No Fee
C11	Industrial Radiography class A	\$5,500
C12	Industrial Radiography class B	\$5,500
C13	Open field irradiator	\$3,000
C14	Self-shielded irradiator	\$1,500
C15	Well logging	\$2,000
C16	Research and development	\$2,100
C17	Laboratory	\$1,000

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D1	Distribution	\$2,600
D2	Nuclear Pharmacy	\$4,600
D3	Nuclear laundry	\$10,300
D4	General industrial (with fee)	\$300
D5	General depleted uranium	\$200
D6	Veterinary medicine	\$1,000
D7	General veterinary medicine	\$200
D8	Health physics class A	\$3,200
D9	Health physics class B	\$1,000
D10	Secondary uranium recovery	\$5,100
D11	Low-level radioactive waste disposal site	(3)
D12	Waste processor class A	\$4,600
D13	Waste processor class B	\$3,600
D14	Additional storage and use site	(1)
D15	Possession only	(2)
D16	Reciprocal	(3)
D17	Reserved	
D18	Unclassified	Full Cost
D19	NORM commercial disposal site	\$600,000
E1	X-ray machine class A (per tube)	\$75
E2	X-ray machine class B (per tube)	\$51
E3	X-ray machine class C (per tube)	\$42
E4	Industrial radiation machine (per device)	\$42
E5	Accelerator facility	\$750
E6	Other ionizing radiation machine	Full Cost
F1	Tanning device (per device)	\$28
F2	Class A (1 to 10 laser devices)	\$175
F3	Class B (11 to 49 laser devices)	\$408
F4	Class C (50 or more laser devices)	\$699
F5	Laser light show or laser demonstration	\$408
F6	Medical laser (per laser device)	\$47
F7	Class II surgical (per device)	\$47
F8	Medical RF surgical and cosmetic (per device)	\$47
F9	Class A industrial (1 to 5 radiofrequency devices)	\$70
F10	Class B industrial (6 to 20 radiofrequency devices)	\$210
F11	Class C industrial (more than 20 radiofrequency devices)	\$349
F12	Class A medical (1 or 2 non-cosmetic radiofrequency devices) (per device)	\$0
F13	Class B medical (3 to 9 non-cosmetic radiofrequency devices) (per device)	\$0

F14	Class C medical (10 to 19 non-cosmetic radiofrequency devices) (per device)	\$0
F15	Class D medical (20 or more non-cosmetic radiofrequency devices) (per device)	\$0
F16	Other nonionizing radiation device or other device	Full Cost

- Notes: (1) An additional 30% of the annual base fee is added to the annual base fee for each additional site.
 (2) The fee is 50% of the annual base fee for the category under which the radioactive material will be stored.
 (3) See R9-7-1307.

- B.** The application fee for a licensee or registrant is the annual fee as shown in R9-7-1306. "Full Cost" is based on professional personnel time for preparation, travel, onsite inspection, any reports, review of findings, and preparation of the license or registration or denial charged at \$99 per hour and mileage charged at 44.5¢ per mile. The Department shall assess the licensee or registrant 90% of the estimated full cost of issuing the license or registration. The Department will assess for any remaining costs when it is prepared to issue the license, registration, denial, or if Department costs for the requested activity exceed \$10,000.
- C.** The annual fee for a licensee or registrant for which the scheduled fee is "Full Cost" is based on professional personnel time for preparation, travel, onsite inspection, preparation of reports, review of findings, and preparation for any inspections or completion of any amendments to the license, registration or denials charged at \$99 per hour and mileage charged at 44.5¢ per mile for the preceding 12 months.

Historical Note

New Section R9-7-1306 and Table 13.1 recodified from R12-1-1306 and Table 13.1 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1307. Special License Fees

- A.** The fee for a Type D16 license providing reciprocal recognition under R9-7-320 of a radioactive materials license issued by the U.S. NRC or another state is half of the annual fee for an Arizona license of the appropriate type. The fee is due and payable at the time reciprocity is requested, and the general license does not become current until the fee is paid.
- B.** For a low-level radioactive waste disposal site the initial application fee is \$6,000,000. The annual fee for the second through fifth years is \$6,000,000. The Department shall promulgate a new fee rule for years subsequent to year five. Based on data gathered during the first five years, the Department shall set a reasonable fee after consideration of the following factors:
1. Unrecovered costs which the Department may charge under A.R.S. § 30-654(B)(18).
 2. Actual costs incurred by the Department.

Historical Note

New Section R9-7-1307 recodified from R12-1-1307 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1308. Fee for Requested Inspections

- A.** A licensee or registrant may request an inspection of its facility at any time. The Department shall assess the licensee or registrant the full cost of the inspection, based on personnel time for preparation, travel, onsite inspection, review of findings, and preparation of a report, charged at \$99 per hour and mileage charged at 44.5¢ per mile.
- B.** The fee specified in this Section does not apply to:

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1. Regular inspections as scheduled by the Department,
2. Enforcement reinspections conducted to ensure the correction of violations or safety hazards, or
3. Inspections requested by workers pursuant to R9-7-1007.

Historical Note

New Section R9-7-1308 recodified from R12-1-1308 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1309. Abandonment of License or Registration Application

- A. Any license or registration application for which the applicant has been provided a written notification of deficiencies in the application and for which the applicant does not make a written attempt to supply the requested information or request an extension in writing within 90 days of the date of the written notice of deficiencies, is considered abandoned and will not be processed.
- B. If an applicant does not act in the time-frame specified in subsection (A), the applicant shall submit a new application with the appropriate fee.

Historical Note

New Section R9-7-1309 recodified from R12-1-1309 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Table 1. Small Entity Fees¹

Small Businesses Not Engaged in Manufacturing and Small Not-for-profit Organizations (Gross Annual Receipts, three-year average):

>\$6.5 million	Pay the fee listed in R9-7-1306
\$350,000 to \$6.5 million	\$2,200
<\$350,000	\$500

Manufacturing Entities that Have an Annual Average of 500 Employees or Less:

>500 employees	Pay the fee listed in R9-7-1306
35 to 500 employees	\$2,200
<35 employees	\$500

Small Government Jurisdictions (including publicly supported educational institutions) (Population in Jurisdiction):

>50,000	Pay the fee listed in R9-7-1306
20,000 to 50,000	\$2,200
<20,000	\$500

Educational Institutions that Are Not State or Publicly Supported, and Have 500 Employees or Less:

>500 employees	Pay the fee listed in R9-7-1306
35 to 500 employees	\$2,200
<35 employees	\$500

¹A licensee who seeks to establish status as a small entity for the purpose of paying the annual fees required under R9-7-1304 as shown in R9-7-1306 must file a certification statement with the Department each year. The licensee must file the required certification on Department Form 333 for each license under which it was billed. Department Form 333 can be accessed through the Department website at <http://www.azdhs.gov/licensing/radiation-regulatory/index.php>. For licensees who cannot access the Department website, Department Form 333 may be obtained by writing to the Department or by telephoning the Department at (602) 255-4845.

Historical Note

New Article 13, Table 1, recodified from 12 A.A.C. 1, Article 13, Table 1 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 14. REGISTRATION OF NONIONIZING RADIATION SOURCES AND STANDARDS FOR PROTECTION AGAINST NONIONIZING RADIATION**R9-7-1401. Registration of Nonionizing Radiation Sources and Service Providers**

- A. A person shall not use a nonexempt nonionizing radiation source, unless the source is registered by the Department.
- B. A person who possesses a nonexempt nonionizing source shall submit to the Department an application for registration within 30 days of its first use.
 1. A person who possesses a nonexempt source listed in R9-7-1302(F) shall register the source with the Department.
 2. A person applying for the registration of a nonexempt source shall use an application form provided by the Department.
 3. An applicant shall provide the information identified in Appendix B of this Article.
- C. A registrant shall notify the Department within 30 days of any change to the information contained in the registration, or sale of a source that results in termination of the activities conducted under the registration.
- D. In addition to the application form, an applicant shall remit the applicable registration fee, specified in R9-7-1306.
- E. A person who is operating more than one facility, where one or more nonexempt nonionizing sources are used, shall apply for a separate registration for each facility.
- F. A person in the business of installing or servicing nonexempt nonionizing sources shall apply to the Department for registration 30 days before furnishing the service. The person shall apply for registration on a form furnished by the Department and shall provide the information required by A.R.S. § 30-672.01.

Historical Note

New Section R9-7-1401 recodified from R12-1-1401 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1402. Definitions

General definitions:

“Controlled area” means any area to which human access is restricted for the purpose of protection from nonionizing radiation.

“Direct supervision” means that a licensed practitioner supervises the use of a source for medical purposes while the practitioner is present inside the facility where the source is being used.

“Indirect supervision” means: for lasers or IPL devices used for hair removal procedures, there is at a minimum, responsible supervision and control by a licensed practitioner who is easily accessible by telecommunication.

“Licensed practitioner” (See R9-7-102)

“Medical director” means a licensed practitioner, as defined in R9-7-102, who delegates a laser, IPL, or other light-emitting medical device procedure to a non-physician and is qualified to perform the procedure within the scope of practice of the license.

“Nonexempt nonionizing source” means any system or device that contains a nonionizing source listed in R9-7-1302(F).

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“Operator” means a person who is trained in accordance with this Article and knowledgeable about the control and function of a nonionizing device regulated under this Article.

“Other cosmetic procedure” means a method of using medical lasers or intense pulse light (IPL) devices approved by the Federal Food and Drug Administration (FDA), for the cosmetic purpose of spider vein removal, skin rejuvenation, non-ablative skin resurfacing, skin resurfacing, port wine stain removal, epidermal pigmented skin lesion removal, or tattoo removal; and does not include hair removal.

Laser definitions:

“Accessible emission limit (AEL)” means the maximum accessible emission level of laser or collateral radiation permitted within a particular class.

“Accessible radiation” means laser or collateral radiation to which human access is possible.

“Angular subtense” means the apparent visual angle, α , as calculated from the source size and distance from the eye.

“Aperture” means an opening in the protective housing or other enclosure of a laser product, through which laser or collateral radiation is emitted, allowing human access to the radiation.

“Aperture stop” means an opening serving to limit the size and to define the shape of the area over which radiation is measured.

“Certified laser product” means that the product is certified by a manufacturer in accordance with the requirements of 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

“CDRH” means the Center for Devices and Radiological Health.

“Classes of lasers” means the following categories of lasers, defined in 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department: Class 1, Class 2, Class 2a, Class 3, Class 3a, Class 3b, and Class 4. This incorporation by reference contains no future editions or amendments.

“Collateral radiation” means any electronic product radiation, except laser radiation, emitted by a laser product as a result of operation of the laser or any component of the laser product that is physically necessary for operation of the laser. The accessible emission limits for collateral radiation are specified in 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

“Continuous wave” (cw) means the output of a laser that is operated in a continuous rather than a pulsed mode. For purposes of this Article, a laser operating with a continuous output for a period ≥ 0.25 seconds, is regarded as a cw laser.

“Cosmetic procedure protocol” means a delegated written authorization to select specific laser or IPL settings, initiate a laser or IPL procedure, and conduct necessary follow-up procedures.

“Demonstration laser” means any laser manufactured, designed, intended, or used for purposes of demonstration, entertainment, advertising display, or artistic composition.

“Embedded laser” means an enclosed laser with an assigned class number higher than the inherent capability of the laser system in which it is incorporated, where the system’s lower classification is due to engineering features that limit accessible emission.

“Enclosed laser” means a laser that is contained within its own protective housing or the protective housing of a laser or laser system in which it is incorporated. Opening or removing the protective housing provides more access to laser radiation above the applicable MPE than is possible with the protective housing in place. (An embedded laser is a type of enclosed laser.)

“Federal performance standards for light-emitting products” means the regulations in 21CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives, and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

“Human access” means the capacity to intercept laser or collateral radiation by any part of the human body.

“Incident” means an event or occurrence that results in actual or suspected accidental exposure to laser radiation that has caused or is likely to cause biological damage.

“Integrated radiance” means radiant energy per unit area of a radiating surface per unit solid angle of emission, expressed in joules per square centimeter per steradian.

“Irradiance” means the time-averaged radiant power incident on an element of a surface divided by the area of that element, expressed in watts per square centimeter.

“Laser” See the definition in Article 1.

“Laser energy source” means any device intended for use in conjunction with a laser to supply energy for the operation of the laser. General energy sources, such as electrical supply mains or batteries, are not considered laser energy sources by the Department.

“Laser facility” means a facility where one or more lasers are used. For purposes of this definition a Class 1 facility is a facility that has one or more Class 1 lasers; a Class 2 facility is a facility that has one or more Class 2 or 2a lasers; a Class 3 facility is a facility that has one or more Class 3, 3a, or 3b lasers, and a Class 4 facility is a facility that has one or more Class 4 lasers. Facilities that contain more than one laser class are classified according to the highest laser class in use at the facility.

“Laser product” means any manufactured product or assemblage of components that constitutes, incorporates, or is intended to incorporate a laser or laser system. A laser or laser system that is intended for use as a component of an electronic product is itself considered a laser product.

“Laser protective device” means any device used to reduce or prevent exposure of personnel to laser radiation. This includes: protective eyewear, garments, engineering controls, and operational controls.

“Laser radiation” means all electromagnetic radiation emitted by a laser product, within the spectral range specified in the definition of “laser,” which is produced as a result of con-

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trolled stimulated emission or that is detectable with radiation so produced through the appropriate aperture stop and within the appropriate solid angle of acceptance.

“Laser Safety Officer (LSO)” - means any individual, qualified by training and experience in the evaluation and control of laser hazards, who is designated by the registrant and has the authority and responsibility to establish and administer the laser radiation protection program for a particular class of facility.

“Laser system” means a laser in combination with an appropriate laser energy source with or without additional incorporated components.

“Limited exposure duration (T_{\max})” means an exposure duration that is specifically limited by design or intended use.

“Maintenance” means performance of those adjustments or procedures specified in operator information provided by the manufacturer with the laser product, which are to be performed by the operator to ensure the intended performance of the product. The term does not include operation or service as defined in this Section.

“Maximum permissible exposure (MPE)” means the level of laser radiation to which a person may be exposed without hazardous effect or adverse biological changes in the eye or skin. MPE values for eye and skin exposure are listed in ANSI Z136.1-2000, American National Standard for Safe Use of Lasers, 2000 edition, which is incorporated by reference, published by the Laser Institute of America, 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826, and on file with the Department. This incorporation by reference contains no future editions or amendments.

“Medical laser product” means any laser product that is a medical device defined in 21 U.S.C. 321(h) and is manufactured, designed, intended, or promoted for in vivo laser irradiation of any part of the human body for the purpose of: diagnosis, surgery, therapy, or relative positioning of the human body.

“Operation” means the performance of the laser product over the full range of its function. It does not include maintenance or service as defined in this Section.

“Protective housing” means those portions of a laser product that are designed to prevent human access to laser or collateral radiation in excess of the prescribed accessible emission limits under conditions specified in this Article.

“Pulse duration” means the time increment measured between the half-peak-power points at the leading and trailing edges of a pulse.

“Pulse interval” means the period of time between identical points on two successive pulses.

“Radiance” means the time-averaged radiant power per unit area of a radiating surface per unit solid angle of emission, expressed in watts per square centimeter per steradian.

“Radiant energy” means energy emitted, transferred, or received in the form of radiation, expressed in joules.

“Radiant exposure” means the radiant energy incident on an element of a surface divided by the area of that element, expressed in joules per square centimeter.

“Radiant power” means the time-averaged power emitted, transferred, or received in the form of radiation, expressed in watts.

“Rule of nines” means a method for estimating the extent of burns, expressed as a percentage of total body surface. In this method the body is divided into sections of 9 percent or multiples of 9 percent, each: head and neck, 9 percent; anterior trunk, 18 percent; posterior trunk, 18 percent; upper limbs, 18 percent; lower limbs, 36 percent; and genitalia and perineum, 1 percent.

“Safety interlock” means a device associated with the protective housing of a laser product to prevent human access to excessive radiation.

“Sampling interval” means the time interval during which the level of accessible laser or collateral radiation is sampled by a measurement process. The magnitude of the sampling interval in units of seconds is represented by the symbol “t”.

“Secured enclosure” means an area to which casual access is impeded by various means, such as a door secured by a lock, latch, or screws.

“Service” means the performance of those procedures or adjustments described in the manufacturer’s service instructions that may affect any aspect of the product’s performance. The term does not include maintenance or operation as defined in this Section.

“ T_{\max} ” See limited exposure duration.

“Uncertified laser product” means any laser that has not been certified in accordance with the requirements of 21CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

Radio frequency and microwave radiation definitions:

“Accessible emission level” means the level of radio frequency radiation emitted from any source, expressed in terms of power density in milliwatts per square centimeter or electric and magnetic field strength, as applicable, and to which human access is normally possible.

“Far field region” means the area in which locally uniform distribution of electric and magnetic field strengths exists in planes transverse to the direction of propagation. The far field region is presumed to exist at distances greater than $2D^2/\lambda$ from the antenna, where λ is the wavelength and D is the largest antenna aperture dimension.

“Maximum permissible exposure MPE” means the rms and peak electric and magnetic field strengths, their squares, or the plane-wave equivalent power densities associated with these fields and the induced and contact currents to which a person may be exposed without harmful effect and with an acceptable safety factor.

“Near field region” means the area near an antenna in which the electric and magnetic field components vary considerably in strength from point to point. For most antennas the outer boundary of the region is presumed to exist at a distance $\lambda/2\pi$ from the antenna surface, where λ is the wavelength.

“Radio frequency controlled area” means any location to which access is controlled for the purpose of protection from radio frequency radiation.

“Radio frequency source” means a source or system that produces electromagnetic radiation in the radio frequency spectrum.

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“Radio frequency radiation” means electromagnetic radiation (including microwave radiation) with frequencies in the range of 0.3 megahertz to 100 gigahertz.

“Root-mean-square (rms)” means the effective value, or the value associated with joule heating, of a periodic electromagnetic wave. The rms is obtained by taking the square root of the mean of the squared value of a function.

“Safety device” means any mechanism incorporated into a radio frequency source that is designed to prevent human access to excessive levels of radio frequency radiation.

Ultraviolet, high intensity light, and intense pulsed light source definitions:

“EPA” means the United States Environmental Protection Agency.

“FDA” means the United States Food and Drug Administration.

“High intensity mercury vapor discharge (HID) lamp” means any lamp, including a mercury vapor or metal halide lamp that incorporates a high-pressure arc discharge tube with a fill that consists primarily of mercury and is contained within an outer envelope, except the tungsten filament self-ballasted mercury vapor lamp.

“Intense pulsed light device (IPL)” means, for purposes of R9-7-1438, any lamp-based device that produces an incoherent, filtered, and intense light.

“Maximum exposure time” means the greatest continuous exposure time interval recommended by the manufacturer of a product.

“Protective sunlamp eyewear” means any device designed to be worn by a user of a product to reduce exposure of the eyes to radiation emitted by the product.

“Sanitize” means treat the surfaces of equipment and devices using an EPA or FDA registered product that provides a specified concentration of chemicals, for a specified period of time, to reduce the bacterial count, including pathogens, to a safe level.

“Self-extinguishing lamp” means any HID lamp that ceases operation in conformance with the requirements of the performance standard in 21 CFR 1040.30(d), April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

“Sunlamp product” means any electronic product designed to incorporate one or more ultraviolet lamps and intended for irradiation of any part of the living human body, by ultraviolet radiation with wavelengths in air between 200 and 400 nanometers, to induce skin tanning.

“Timer” means any device incorporated into a product that terminates radiation emission after a preset time interval.

“Ultraviolet lamp” means any light source that produces ultraviolet radiation and that is intended for use in any sunlamp product.

“Ultraviolet radiation” means electromagnetic radiation in the wavelength interval from 200 to 400 nanometers in air.

“User” means any member of the public who is provided access to a tanning device in exchange for a fee or other compensation, or any individual who, in exchange for a fee or

other compensation, is afforded use of a tanning device as a condition or benefit of membership or access.

Historical Note

New Section R9-7-1402 recodified from R12-1-1402 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1403. General Safety Provisions and Exemptions

A. Based on consideration of the following factors, the Department may waive compliance with specific requirements of this Article:

1. Whether compliance requires product replacement or substantial modification of a product's current installation, and
2. Whether the registrant provided information requested by the Department to determine if there are alternative methods of achieving the same or a greater level of radiation protection.

B. The registrant shall:

1. Ensure that any nonionizing source is operated by an individual who is trained and has demonstrated competence in the safe use of the source.
2. Provide safety rules to each individual who operates a nonionizing radiation source and determine whether the individual is aware of operating restrictions and procedures associated with the safe use of the source.
3. Make, or cause to be made, any physical radiation surveys required by this Article.
4. Maintain the following records for three years for Department review:
 - a. Results of any physical survey or calibration required by this Article;
 - b. Radiation source inventories;
 - c. Maintenance, service, and modification records; and
 - d. Incident reports of known or suspected exposure to nonionizing radiation that exceeds any MPE specified in this Article.

C. A registrant shall not operate a nonionizing radiation source unless the source complies with all of the applicable requirements of this Article.

Historical Note

New Section R9-7-1403 recodified from R12-1-1403 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1404. Radio Frequency Equipment

A. A registrant shall operate a radiation source that emits radio frequency radiation in a radio frequency controlled area, in a manner that will prevent human exposure that exceeds the MPE specified in IEEE Std C95.1-1999, Institute of Electrical and Electronics Engineers Standard for Safety Levels with Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3kHz to 300 GHz, 1999 edition, which is incorporated by reference, published by the Institute of Electrical and Electronic Engineers, Inc., 345 East 47th Street, New York, NY 10017, and on file with the Department. This incorporation by reference contains no future editions or amendments. The registrant shall post each point of access into a radio frequency controlled area according to R9-7-1406.

B. If a registrant is required to operate a radio frequency source in a controlled area, the registrant shall employ visual or audible emission indicators that function only during production of radiation.

C. If a source of radio frequency emissions is physically separate from the source's means of activation by a distance greater than 2 meters, the registrant shall place a visual or an audible emission indicator at the source and the point of activation.

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- D. A registrant shall place each visual emission indicator so that the location of the indicator does not require human exposure to radio frequency radiation that exceeds the applicable MPE.
- E. A registrant shall inspect each safety device designed to prevent human exposure to excessive radio frequency radiation for proper operation at intervals that do not exceed one month.
- F. If a machine emits mechanically scanned radio frequency radiation, a registrant shall ensure that the machine cannot, as the result of scan failure or any other malfunction, cause a change in angular velocity or amplitude, allowing human exposure that exceeds the applicable MPE.
- G. A registrant shall physically secure each radio frequency sources to prevent unauthorized use and tampering.

Historical Note

New Section R9-7-1404 recodified from R12-1-1404 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1405. Radio Frequency Radiation: Maximum Permissible Exposure

- A. A registrant shall not expose a person to radio frequency radiation that exceeds the applicable MPE specified in IEEE Std C95.1-1999, Institute of Electrical and Electronics Engineers Standard for Safety Levels with Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3kHz to 300 GHz, 1999 edition, which is incorporated by reference, published by the Institute of Electrical and Electronic Engineers, Inc., 345 East 47th Street, New York, NY 10017, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- B. At frequencies between 300 kHz and 100 GHz a registrant may exceed the applicable MPE if exposure conditions can be shown by laboratory procedures to produce specific absorption rates (SARs) above 0.4 watts per kilogram, averaged over the whole body, and spatial peak SAR values above 8 watts per kilogram, averaged over 1 gram of tissue.
- C. At frequencies between 300 kHz and 1 GHz, a registrant may exceed the applicable MPE, if the radio frequency input power to the radiating device is seven watts or less.

Historical Note

New Section R9-7-1405 recodified from R12-1-1405 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1406. Radio Frequency Hazard Caution Signs, Symbols, Labeling, and Posting

- A. A registrant shall post each point of access to a controlled area with caution signs of the type designated in Figure 1.



Fig. 1

- B. A registrant shall post operating procedure restrictions or limitations, used to prevent unnecessary or excessive exposure to radio frequency radiation, in a location visible to the operator.
- C. A registrant shall place each warning sign or label so that an observer is not exposed to radio frequency radiation that exceeds the applicable MPE.

Historical Note

New Section R9-7-1406 recodified from R12-1-1406 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1407. Microwave Ovens

A person shall register with the Department any microwave oven that does not meet the requirements in 21 CFR 1030.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

Historical Note

New Section R9-7-1407 recodified from R12-1-1407 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1408. Reporting of Radio Frequency Radiation Incidents

- A. A registrant shall report in writing to the Department within 15 days of a known or suspected personnel exposure to radiation that exceeds the applicable MPE incorporated by reference in R9-7-1405.
- B. A registrant shall report to the Department within 24 hours of a known or suspected personnel exposure to radiation that exceeds 150% of an applicable MPE incorporated by reference in R9-7-1405.
- C. A registrant shall immediately report to the Department a known or suspected personnel exposure to radiation that exceeds 500% of an applicable MPE incorporated by reference in R9-7-1405.

Historical Note

New Section R9-7-1408 recodified from R12-1-1408 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1409. Medical Surveillance for Workers Who May Be Exposed to Radio Frequency Radiation

- A. Upon request by the Department, a registrant shall provide a medical examination to an individual exposed to radiation reported to the Department according to R9-7-1408.
- B. A registrant shall provide a copy of the results to the Department if an individual undergoes a medical examination, requested under subsection (A).

Historical Note

New Section R9-7-1409 recodified from R12-1-1409 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1410. Radio Frequency Compliance Measurements

- A. For obtaining measurements to determine compliance with R9-7-1405, the Department shall use an instrument capable of measuring the field strength and frequency of radiation.
- B. The Department shall ensure that each instrument used for compliance measurements is calibrated every 12 months. The calibration shall be performed in a manner that meets the standards in IEEE Std C95.1-1999, incorporated by reference in R9-7-1404(A).
- C. For compliance measurements of exposure conditions in the near field, the Department shall obtain measurements of both the electric and magnetic field components. The applicable protection standards for near field measurements are the mean

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squared electric and magnetic field strengths (using the applicable MPE) referenced in R9-7-1405.

- D. If the Department is obtaining measurements to determine compliance in far field exposure conditions, the Department may use measurements of power density in milliwatts per square centimeter or the calculated equivalent plane wave power density, based on measurement of either the electric or magnetic field strength. The applicable protection standards are the power density values (using the applicable MPE) referenced in R9-7-1405.
- E. In obtaining measurements in accordance with this Section, the Department shall measure the electric and magnetic field strength:
 1. Obtained at an emission frequency of 300 megahertz or less; and
 2. Expressed in terms of power density.
- F. For mixed or broadband fields at frequencies for which there are different protection standards, the Department shall determine the fraction of the applicable MPE incurred within each frequency interval. To achieve compliance the sum of all the fractions shall not exceed unity (1).
- G. The Department shall obtain compliance measurements at a distance of five centimeters or greater from any object.
- H. A registrant shall obtain measurements that are averaged over a six-minute period for pulsed and non-pulsed modes of radio frequency emission and make a correction for duty cycle in determining the average field strength.

Historical Note

New Section R9-7-1410 recodified from R12-1-1410 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1411. Reserved**Historical Note**

Section R9-7-1411 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1412. Tanning Operations

A registrant shall establish and maintain written policies and procedures that are part of a radiation safety program to assure compliance with the requirements in R9-7-1412 through R9-7-1416.

Historical Note

New Section R9-7-1412 recodified from R12-1-1412 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1413. Tanning Equipment Standards

- A. A registrant operating a tanning facility shall use sunlamp products that are certified by the manufacturer to comply with 21 CFR 1040.20, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments. For sunlamp products in use before the effective date of this Article, the Department shall determine compliance based on the standard in effect at the time of manufacture, as shown on the equipment identification label.
- B. A registrant shall replace burned-out or defective lamps or filters, before any use of a tanning device.
- C. A registrant shall replace a burned-out or defective lamp or filter with a lamp or filter intended for use in that equipment, as specified on the sunlamp product label, or that is equivalent to a lamp or filter specified on the sunlamp product label under the FDA regulations and policies applicable to the sunlamp product at the time of manufacture. If an equivalent lamp or filter is used instead of the Original Equipment Manufacturer (OEM) lamp or filter specified on the product label, the regis-

trant shall maintain a copy of the equivalency certification, provided by the lamp supplier, on file for review by Department inspectors.

- D. A registrant shall ensure that each sunlamp product has a timer and control system that complies with 21 CFR 1040.20(c), April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments. In addition the registrant shall ensure that:
 1. The timer interval does not exceed the manufacturer's maximum, recommended exposure time;
 2. The timer is functional and accurate to within +/- 10% of the maximum timer interval of the product;
 3. The timer does not automatically reset and cause radiation emission to resume for a period greater than the unused portion of the timer cycle;
 4. The timer is tested annually for accuracy;
 5. For a new facility (including existing facilities with change of ownership) a remote timer control system is installed before operation of sunlamp products. For an existing facility that has sunlamp products not equipped with a remote timer control system, a remote timer control system (outside of the sunlamp product room) is installed no later than 6 months after the effective date of this Section; and
 6. Each sunlamp product is equipped with an emergency shutoff mechanism that allows manual termination of the UV exposure by the user.
- E. A registrant shall provide physical barriers between each sunlamp product to protect users from injury caused by touching or breaking a lamp.
- F. A registrant that employs a stand-up sunlamp product shall:
 1. Use physical barriers, handrails, floor markings, or other methods to indicate the proper exposure distance between the ultraviolet lamps and the user's skin;
 2. Construct each tanning booth so that it can withstand the stress of use and the impact of a falling person;
 3. Provide access to a tanning booth with doors of rigid construction that open outward, handrails, and non-slip floors; and
 4. Control the interior temperature of a sunlamp product so that it never exceeds 100 degrees Fahrenheit (38 degrees Centigrade).

Historical Note

New Section R9-7-1413 recodified from R12-1-1413 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1414. Tanning Equipment Operators

- A. A registrant shall ensure that at least one operator is present during operating hours. The operator shall:
 1. Limit the occupancy of the tanning room to one person when the tanning equipment is in use;
 2. Prevent use of the tanning equipment by anyone under 18 years of age unless the person has written permission from a parent or guardian;
 3. Limit exposure time to the manufacturer's recommendation on the equipment label or in the operator's manual;
 4. Limit exposure time during a 24-hour period to the maximum recommended for a 24-hour period by the manufacturer; and
 5. Maintain a record of each user's total number of tanning visits and exposure times for Department inspection. The registrant shall maintain the records for three years from the date on the record.

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- B.** Before use of tanning equipment, an operator shall:
1. Provide the user sanitized protective sunlamp eyewear and directions for its use;
 2. Demonstrate the use of any physical aids, necessary to maintain correct exposure distance for the user, as recommended by the manufacturer of the tanning equipment;
 3. Set the exposure timer so that the user is not exposed to excess radiation;
 4. Instruct the user on the maximum exposure time and correct distance from the radiation source as recommended by the manufacturer of the tanning equipment; and
 5. Instruct the user about the location and correct operation of the emergency shutoff switch.
- C.** An operator shall control a sunlamp's timer. A registrant shall:
1. Provide training to operators that covers:
 - a. The requirements of this Section;
 - b. Facility operating procedures, including:
 - i. Determination of skin type and associated duration of exposure;
 - ii. Procedures for use of minor and adult user consent forms;
 - iii. Potential harm associated with photosensitizing foods, cosmetics, and medications;
 - iv. Requirements for use of protective eyewear by users of the equipment; and
 - v. Proper sanitizing procedures for the facility, equipment, and eyewear;
 - c. The manufacturer's procedures for operation and maintenance of tanning equipment;
 - d. Recognition of injury or overexposure; and
 - e. Emergency procedures used in the case of an injury.
 2. Maintain records of training for Department review, which include dates and material covered, for three years from the date the training is provided.
3. Post a list of operators at the facility.
- D.** Before the first use of a tanning facility in each calendar year by a user:
1. An operator shall request that the user read a copy of the warnings in R9-7-1415(A);
 2. The operator shall obtain the user's signature on a statement as an acknowledgment that the user has heard or read and understands the warnings in R9-7-1415(A); and
 3. For illiterate or visually handicapped persons, the operator shall read the warnings in R9-7-1415(A) in the presence of a witness. Both the witness and the operator shall sign the statement described in subsection (D)(2).

Historical Note

New Section R9-7-1414 recodified from R12-1-1414 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1415. Tanning Facility Warning Signs

- A.** A registrant shall post the warning sign shown in this subsection within 1 meter (39.37 inches) of each tanning device, ensuring that the sign is clearly visible and easily viewed by the user before the tanning device is operated.
- B.** A registrant shall post a warning sign, which contains the statement shown, at or near the reception area.
- PERSONS UNDER AGE 18 ARE REQUIRED TO HAVE PARENT OR LEGAL GUARDIAN SIGN AN AUTHORIZATION TO TAN IN THE PRESENCE OF A TANNING FACILITY OPERATOR
- C.** The lettering on each warning sign shall be at least 10 millimeters high for all words shown in capital letters and at least 5 millimeters high for all lower case letters.

DANGER - ULTRAVIOLET RADIATION

1. Follow instructions.
2. Avoid overexposure. As with natural sunlight, exposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin, dryness, wrinkling, and skin cancer.
3. Wear protective eyewear.

FAILURE TO USE PROTECTIVE EYEWEAR MAY RESULT IN SEVERE BURNS OR LONG TERM INJURY TO THE EYES.

4. Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult a physician before using a sunlamp if you are using medications or have a history of skin problems or believe you are especially sensitive to sunlight.
5. If you do not tan in the sun, you are unlikely to tan from use of this device.

Historical Note

New Section R9-7-1415 recodified from R12-1-1415 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1416. Reporting of Tanning Injuries

- A.** A registrant shall report any incident involving an eye injury; skin burn; fall injury, if the fall occurs within the tanning device or while entering or exiting the device; laceration; infection believed to have been transmitted by use of the tanning device; or any other injury reasonably related to the use of the tanning device.
- B.** A registrant shall provide a written report of an incident to the Department within 10 working days of its occurrence or within 10 working days of the date the registrant became aware of the incident.
- C.** The report shall include:
1. The name of the user;
 2. The name and location of the tanning facility;
 3. A description of and the circumstances associated with the injury;
 4. The name and address of the health care provider treating the user, if any; and
 5. Any other information the registrant considers relevant to the incident.

Historical Note

New Section R9-7-1416 recodified from R12-1-1416 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1417. Reserved

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Historical Note

Section R9-7-1417 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1418. High Intensity Mercury Vapor Discharge (HID) Lamps

A person shall register with the Department any HID lamp that does not meet the requirements in 21 CFR 1040.30, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

Historical Note

New Section R9-7-1418 recodified from R12-1-1418 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1419. Reserved**Historical Note**

Section R9-7-1419 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1420. Reserved**Historical Note**

Section R9-7-1420 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1421. Laser Safety

- A.** The requirements contained in this Section apply to laser products that are used in accordance with the manufacturer's classification and instructions. If certain engineering controls are impractical during manufacture or research and development activities, the LSO shall specify alternate requirements to obtain equivalent laser safety protection.
- B.** A registrant shall establish and maintain a laser radiation safety program.
- C.** If R9-7-1433 is applicable, a registrant shall conduct a laser radiation protection survey to ensure compliance with R9-7-1433 before initial use, following system modifications, and at intervals that do not exceed six months. During a survey the registrant shall:
 - 1. Determine whether each laser protective device is labeled correctly, functioning within the design specifications, and meets required standards for the type and class of laser in use;
 - 2. Determine whether each warning device is functioning within design specifications;
 - 3. Determine whether each controlled area is identified, controlled, and posted with accurate warning signs in accordance with this Article;
 - 4. Reevaluate potential hazards from surfaces that are associated with Class 3 and Class 4 beam paths; and
 - 5. Evaluate the laser and collateral radiation hazard incident to the use of lasers.
- D.** The registrant shall maintain records of:
 - 1. Results of all physical surveys made to determine compliance with this Article;
 - 2. Any restriction in operating procedures necessary to prevent unnecessary or excessive exposure to laser or collateral radiation;
 - 3. Any incident for which reporting to the Department is required pursuant to R9-7-1436;
 - 4. Results of medical surveillance to determine extent of injury resulting from exposure to laser or collateral radiation;
 - 5. Inventory to account for all sources of radiation possessed by the licensee.

- E.** A registrant shall provide the Laser Safety Officer with training that covers the subjects listed in Appendix D.

Historical Note

New Section R9-7-1421 recodified from R12-1-1421 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1422. Laser Protective Devices

- A.** A registrant shall ensure that each laser product has a protective housing that prevents access to laser and collateral radiation if it exceeds the exposure limits for Class 1 lasers in R9-7-1426. If a laser's accessible emission levels must exceed the limits for Class 1 lasers, the registrant shall use a laser from the lowest class that will enable the registrant to perform the intended function.
- B.** To prevent access to radiation above the applicable MPE, a registrant shall ensure that each laser has a safety interlock, which prevents operation of the laser if a person has removed any portion of the protective housing that can be removed or displaced without the use of tools during normal operation or maintenance. The registrant shall ensure that:
 - 1. Service, testing, or maintenance of a laser does not render the interlocks inoperative or increase radiation outside the protective housing to levels that exceed the applicable MPE, unless a controlled area is established as specified in R9-7-1433;
 - 2. For pulsed lasers, interlocks are designed to prevent the laser from firing;
 - 3. For Class 3b and 4 continuous wave (cw) lasers, interlocks turn off the power supply or interrupt the beam.
 - 4. An interlock does not allow automatic accessibility to radiation emission above the applicable MPE when the interlock is closed; and
 - 5. Multiple safety interlocks or a means to preclude removal or displacement of the interlocked portion of the protective housing is provided if failure of a single interlock could result in:
 - a. Human access to levels of laser radiation that exceed the radiant power accessible emission limit for Class 3a laser radiation, or
 - b. Laser radiation that exceeds the accessible emission limit for Class 2, emitted directly through the opening created by removal or displacement of a portion of the protective housing.
- C.** A registrant shall ensure that a laser with viewing ports, viewing optics, or display screens, included as an integral part of the enclosed laser or laser system has:
 - 1. A suitable means to attenuate laser and collateral radiation transmitted through the optical system to less than the accessible emission limit for collateral radiation required by 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments; and
 - 2. Specific written administrative procedures developed by the LSO, and use controls, such as interlocks or filters, if there is increased hazard to the eye or skin associated with the use of optical systems such as lenses, telescopes, or microscopes.
- D.** A registrant shall ensure that each Class 3 or 4 laser product provides a visual or audible indication before the emission of accessible laser radiation that exceeds the limits for Class 1, as follows:
 - 1. For Class 3, except for laser products that allow access to less than 5 milliwatts peak visible laser radiation, and

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Class 4 lasers, the indication occurs before the emission of the radiation and allows enough time for action to avoid exposure;

2. Any visual indicator is clearly visible through protective eyewear designed specifically for the wavelength of the emitted laser radiation;
 3. If the laser and laser energy source are housed separately and can be operated at a separation distance of greater than 2 meters, both the laser and laser energy source incorporate visual or audible indicators; and
 4. Any visual indicators are positioned so that viewing does not require human access to laser radiation that exceeds the applicable MPE.
- E. In addition to the information signs, symbols, and labels prescribed in R9-7-1427, R9-7-1428, and R9-7-1429, each registrant shall provide, near the signs, symbols, and labels within the laser facility, operating procedure restrictions and any other safety information required to ensure compliance with this Article and minimize exposure to laser and collateral radiation.

Historical Note

New Section R9-7-1422 recodified from R12-1-1422 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1423. Laser Prohibitions

- A. A registrant shall not require or permit an individual to look directly into a laser beam or directly at specular reflections of a laser beam, or align a laser by eye while looking along the axis of the laser beam if the intensity of the beam or the beam's reflections exceeds the applicable MPE.
- B. A registrant shall not permit an individual to enter a controlled area if the skin exposure exceeds the applicable MPE, unless the registrant provides and requires the use of protective clothing, gloves, and shields.
- C. A registrant shall ensure that any laser product, emitting spatially scanned laser radiation, does not, as a result of scan failure or any other failure that causes a change in angular velocity or amplitude, permit human access to laser radiation that exceeds the accessible emission limits applicable to that class of product.

Historical Note

New Section R9-7-1423 recodified from R12-1-1423 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1424. Reserved**Historical Note**

Section R9-7-1424 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1425. Laser Product Classification

- A. Each laser product is classified on the basis of emission level, emission duration, and wavelength of accessible laser radiation emitted over the full range of resulting operational capability, any time during the useful life of the product, according to the federal performance standards for light-emitting products contained in 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- B. Any person that modifies a certified laser product in a manner that affects any aspect of performance or intended functions of the product, shall recertify and reidentify the product in accordance with 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register

National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

- C. Any laser system that is incorporated into a laser product that is subject to the requirements of this Article, and capable, without modification, of producing laser radiation when removed from the laser product, is considered a laser product, subject to the applicable requirements of this Article. Upon removal of the laser system described in this subsection, the laser product is classified on the basis of accessible laser radiation emission.

Historical Note

New Section R9-7-1425 recodified from R12-1-1425 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1426. Laser and Collateral Radiation Exposure Limits

- A. A registrant shall not use, or permit the use of a laser product that will result in a human exposure that exceeds the applicable MPE or accessible emission limit (AEL) listed in ANSI Z136.1-2000, American National Standard for Safe Use of Lasers, 2000 edition, which is incorporated by reference, published by the Laser Institute of America, 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826, and on file with the Department. Accessible emission limits are listed in 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. These incorporations by reference contain no future editions or amendments.
- B. A registrant shall not allow exposure to collateral radiation that exceeds any accessible emission limit in 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

Historical Note

New Section R9-7-1426 recodified from R12-1-1426 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1427. Laser Caution Signs, Symbols, and Labels

- A. Except as otherwise authorized by the Department, a registrant shall use signs, symbols, and labels prescribed by this Section and the design and colors specified in ANSI Z136.1-2000, American National Standard for Safe Use of Lasers, 2000 edition, which is incorporated by reference, published by the Laser Institute of America, 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- B. A registrant shall ensure that the word "invisible" immediately precedes the word "radiation" on labels and signs required by this Section for lasers that only produce wavelengths of laser and collateral radiation that are outside of the range of 400 to 710 nanometers.
- C. A registrant shall ensure that the words "visible and invisible" immediately precede the word "radiation" on labels and signs required by this Section for lasers that produce wavelengths of laser and collateral radiation that are both within and outside the range of 400 to 710 nanometers.
- D. A registrant shall position any label placed on lasers or signs posted in laser facilities so that the reader of the label or sign is not exposed to laser or collateral radiation that exceeds the applicable MPE or accessible emission limit while reading the label or sign.

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- E. A registrant shall use labels and signs that are clearly visible, legible, and permanently attached to the laser or facility.
- F. A registrant shall ensure that a permanent and legible label is affixed to each laser, identifying the classification of the laser in accordance with 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.
- G. For a Class 3 or Class 4 laser a registrant shall ensure that a permanent and legible label is affixed to each laser, specifying the maximum output of laser radiation, the pulse duration if applicable, and the laser medium or emitted wavelength.
- H. For a Class 3 or Class 4 laser, used in the practice of medicine, a registrant shall ensure that a permanent and legible label is affixed to each laser providing one or more of the following warnings near each aperture that emits laser radiation or collateral radiation that exceeds the applicable MPE, as follows:
 1. "AVOID EXPOSURE - Laser radiation is emitted from this aperture" if the radiation emitted through the aperture is laser radiation;
 2. "AVOID EXPOSURE - Hazardous electromagnetic radiation is emitted from this aperture" if the radiation emitted through the aperture is collateral radiation; or
 3. "AVOID EXPOSURE - Hazardous x-rays are emitted from this aperture" if the radiation emitted through the aperture is collateral x-ray radiation.
- I. A registrant shall ensure that there is a label on each non-interlocked or defeatable interlocked portion of the protective housing or enclosure that permits human access to laser or collateral radiation. The label shall include one or more of the following warnings, as applicable:
 1. For laser radiation that exceeds the applicable accessible emission limit for a Class 1 or Class 2 laser, but does not exceed the applicable accessible emission limit for a Class 3 laser, the warning: "DANGER - Laser radiation when open, AVOID DIRECT EXPOSURE TO THE BEAM."
 2. For laser radiation that exceeds the applicable accessible emission limit for a Class 3 laser, the warning: "DANGER - Laser radiation when open, AVOID EYE OR SKIN EXPOSURE TO DIRECT OR SCATTERED RADIATION."
 3. For collateral radiation that exceeds an applicable accessible emission limit:
 - a. If the applicable limit for collateral laser radiation is exceeded, the warning: "CAUTION - Hazardous electromagnetic radiation when open"; and
 - b. If the applicable limit for collateral x-ray radiation is exceeded, the warning: "CAUTION - Hazardous x-ray radiation".
 4. For a protective housing or an enclosure that has a defeatable interlock, the warning "and interlock defeated" in addition to the warnings in subsections (1) through (3).

Historical Note

New Section R9-7-1427 recodified from R12-1-1427 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1428. Reserved**Historical Note**

Section R9-7-1428 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1429. Posting of Laser Facilities

Unless other methods are approved by the Department, a registrant shall post each laser facility in accordance with ANSI Z136.1-2000, American National Standard for Safe Use of Lasers, 2000 edition, which is incorporated by reference, published by the Laser Institute of America, 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826, and on file with the Department. This incorporation by reference contains no future editions or amendments.

Historical Note

New Section R9-7-1429 recodified from R12-1-1429 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1430. Reserved**Historical Note**

Section R9-7-1430 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1431. Reserved**Historical Note**

Section R9-7-1431 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1432. Reserved**Historical Note**

Section R9-7-1432 reserved when this Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1433. Laser Use Areas that are Controlled

- A. A registrant shall establish a controlled area for a laser if it is possible for a person to be exposed to laser radiation from a Class 3b laser, except a Class 3b laser of less than 5 milliwatts visible peak power, or a Class 4 laser that exceeds the applicable MPE or AEL in R9-7-1426.
- B. A registrant shall ensure that a controlled area associated with a Class 3b laser is:
 1. The responsibility of a LSO;
 2. Posted in accordance with this Article; and
 3. Access controlled by the LSO or a trained, designated representative.
- C. A registrant shall ensure that a controlled area associated with a Class 4 laser is:
 1. The responsibility of a LSO;
 2. Posted in accordance with this Article;
 3. Access controlled by the LSO or a trained, designated representative; and
 4. If an indoor controlled area:
 - a. Equipped with latches, interlocks, or another means of preventing unexpected entry into the controlled area;
 - b. Equipped with a control-disconnect switch, panic button, or an equivalent device for deactivating the laser during an emergency;
 - c. Operated so that the person in charge of the controlled area can momentarily override the safety interlocks during tests that require continuous operation to provide access to other personnel if there is no optical radiation hazard at the point of entry and the entering personnel are wearing required protective devices; and
 - d. Controlled in a way that reduces the transmitted values of laser radiation through optical paths such as windows, to levels at or below the applicable ocular MPE and AEL in R9-7-1426. If a laser beam with an irradiance or radiant-exposure above the applicable MPE or AEL will exit the indoor controlled area (as in the case of exterior atmospheric beam paths), the registrant and the operator are responsible for ensuring

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ing that the beam path is limited to controlled air space or controlled ground space.

- D. If a panel or protective cover is removed or an interlock bypassed for service, testing, or maintenance, a registrant shall establish an accessible controlled area. The registrant, through a LSO or a designated representative, shall comply with laser safety requirements for all potentially-exposed individuals.

Historical Note

New Section R9-7-1433 recodified from R12-1-1433 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1434. Laser Safety Officer (LSO)

- A. Each registrant shall designate a Laser Safety Officer (LSO).
- B. The LSO shall administer the laser radiation protection program and shall:
1. Ensure that maintenance or service for Class 3b and Class 4 lasers is performed only by technicians trained to provide the maintenance or service by either the manufacturer's service organization or the registrant;
 2. Approve or reject written service, maintenance, and operating procedures;
 3. Investigate, document, and report all incidents as required by R9-7-1436;
 4. Select protective eyewear as required by R9-7-1435, along with any other protective equipment;
 5. For health care facilities, establish authorization and operating procedures, including preoperative and postoperative checklists, for use by operating room personnel;
 6. Ensure that authorized personnel are trained in the assessment and control of laser hazards;
 7. Select signs, symbols, and labels as required by R9-7-1427;
 8. Perform laser radiation protection surveys as required by R9-7-1421 and R9-7-1441;
 9. Classify or verify the classification of lasers and laser systems used under the LSO's jurisdiction;
 10. Evaluate the hazard of laser use areas, treatment areas, and controlled areas, as required by R9-7-1421(C).

Historical Note

New Section R9-7-1434 recodified from R12-1-1434 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1435. Laser Protective Eyewear

- A. A registrant shall require that protective eyewear, as specified by the LSO, be worn by an individual who has access to:
1. Class 4 laser radiation; or
 2. Class 3b laser radiation.
- B. A registrant shall, through the LSO, provide protective eyewear that is:
1. Marked with a label that indicates the optical density protection afforded for the relevant laser wavelength;
 2. Maintained so that the protective properties of the eyewear are preserved;
 3. Inspected at intervals that do not exceed six months to ensure integrity of the protective properties; and
 4. Removed from service if the protective properties of the eyewear fall below the optical density on the label.
- C. A registrant shall maintain records of protective eyewear maintenance, inspection, and removal from service for five years.

Historical Note

New Section R9-7-1435 recodified from R12-1-1435 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1436. Reporting Laser Incidents

- A. A registrant shall notify the Department by telephone within 24 hours of any incident that has caused or may have caused:
1. Permanent loss of sight in either eye; or
 2. Third-degree burns of the skin involving more than 5 percent of the body surface as estimated by the rule of nines.
- B. A registrant shall notify the Department by telephone within five working days of any incident that has or may have caused:
1. Any second-degree burn of the skin larger than one inch (2.54 centimeter) in greatest diameter; or
 2. Any third-degree burn of the skin; or
 3. An eye injury with any potential loss of sight.
- C. Each registrant shall file a written report with the Department of any known exposure of an individual to laser radiation or collateral radiation within 30 days of its discovery, describing:
1. Each exposure of the individual to laser or collateral radiation that exceeds the applicable MPE; and
 2. Any incident that triggered a notice requirement in subsections (A) or (B).
- D. Each report required by subsection (C) shall describe the extent of exposure to each individual including:
1. An estimate of the individual's exposure;
 2. The level of laser or collateral radiation involved;
 3. The cause of the exposure; and
 4. The corrective steps taken or planned to prevent a recurrence.
- E. A registrant shall not operate or permit the operation of any laser product or system that does not meet the applicable requirements in this Article.

Historical Note

New Section R9-7-1436 recodified from R12-1-1436 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1437. Special Lasers

A registrant operating a laser system with an unenclosed beam path shall:

1. Conduct an evaluation before operating the laser to determine the expected beam path and the potential hazards from reflective surfaces. Based on the evaluation the registrant shall exclude reflective surfaces from the beam path at all points where the laser radiation exceeds an applicable MPE;
2. Evaluate the stability of the laser platform to determine the constraints placed upon the beam traverse and the extent of the range of control; and
3. Refrain from operating or making a laser ready for operation until the area along all points of the beam path, where the laser radiation will exceed the applicable MPE, is clear of individuals, unless the individuals are wearing the correct protective devices.

Historical Note

New Section R9-7-1437 recodified from R12-1-1437 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1438. Hair Reduction and Other Cosmetic Procedures Using Laser and Intense Pulsed Light

- A. Registration. A person who seeks to perform hair reduction or other cosmetic procedures shall apply for registration of any medical laser or IPL device that is a Class II surgical device, certified as complying with the labeling standards in 21 CFR 801.109, revised April 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. The applicant shall provide all of the following information to the Department with the application for registration:
1. Documentation demonstrating that the health professional is qualified in accordance with A.R.S. § 32-516 or

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32-3233, has 24 hours of didactic training on the subjects listed in Appendix C, and has passed an Department-approved exam on subjects covered with a minimum grade of 80%;

2. For any health professional in practice prior to October 1, 2010, proof of 24 hours of training on the subjects listed in Appendix C;
3. Documentation endorsed by the prescribing health professional, acknowledging responsibility for the minimum level of supervision required for hair reduction procedures as defined in R9-7-1402 under "indirect supervision";
4. Procedures to ensure that the registrant has a written order from a prescribing health professional before the application of radiation;
5. If authorized, procedures to ensure that, in the absence of a prescribing health professional at the facility, the registrant has established a method for emergency medical care and assumed legal liability for the service rendered by an indirectly-supervised certified laser technician; and
6. Documentation that the indirectly-supervised certified laser technician has participated in the supervised training required by A.R.S. § 32-516 or 32-3233.

B. Hair Reduction Procedures

1. If a registrant is using a medical laser or an IPL device that is a Class II surgical device, certified in accordance with the labeling standards in subsection (A), for hair reduction procedures, the registrant shall:
 - a. Ensure that the device is only used by a health professional described in A.R.S. §§ 32-516(F)(3) and 32-3233(D)(1) or by a certified laser technician who is working under the indirect supervision of a health professional described in A.R.S. §§ 32-516(C)(1) and 32-3233(D) and (H)(1), and
 - b. Ensure that a prescribing health professional purchases or orders the Class II surgical device that will be used for hair reduction procedures.
2. A registrant shall:
 - a. Not permit an individual to use a medical laser or IPL device for hair reduction procedures unless the individual:
 - i. Completes an approved laser technician didactic training program of at least 40 hours duration. To successfully complete the training program, the individual shall pass a test that consists of at least 50 multiple choice questions on subjects covered with a minimum grade of 80%. The training program shall be provided by an individual who is a health professional acting within the health professional's scope of practice, or a certified laser technician with a minimum of 100 hours of hands-on experience per procedure being taught;
 - ii. Is present in the room for at least 24 hours of hands-on training, conducted by a health professional or a certified laser technician as described in subsection (B)(2)(a)(i);
 - iii. Performs or assists in at least 10 hair reduction procedures; and
 - iv. Has the qualified health professional or qualified supervising certified laser technician certify that the laser technician has completed the training and supervision as described in subsection (B)(2)(a).
 - b. Ensure that the laser technician follows written procedure protocols established by a prescribing health professional; and
 - c. Ensure that the laser technician follows any written order, issued by a prescribing health professional, which describes the specific site of hair reduction.
3. A registrant shall maintain a record of each hair reduction procedure protocol that is approved and signed by a prescribing health professional, and ensure that each protocol is reviewed by a prescribing health professional, at least annually.
4. A registrant shall:
 - a. Maintain each procedure protocol onsite, and ensure that the protocol contains instructions for the patient concerning follow-up monitoring; and
 - b. Design each protocol to promote the exercise of professional judgment by the laser technician commensurate with the individual's education, experience, and training. The protocol need not describe the exact steps that a qualified laser technician should take with respect to a hair reduction procedure.
5. A registrant shall require that a prescribing health professional observe the performance of each laser technician during procedures at intervals that do not exceed six months. The registrant shall maintain a record of the observation for three years from the date of the observation.
6. A registrant shall verify that a health professional is qualified to perform hair reduction procedures by obtaining evidence that the health professional has received relevant training specified in subsection (A)(1) and in physics, safety, surgical techniques, pre-operative and post-operative care and can perform these procedures within the relevant scope of practice, as defined by the health professional's licensing board.
7. A registrant shall provide radiation safety training to all personnel involved with hair reduction procedures, designing each training program so that it matches an individual's involvement in hair reduction procedures. The registrant shall maintain records of the training program and make them available to the Department for three years from the date of the program, during and after the individual's period of employment.

C. Other Cosmetic Procedures

1. If a registrant is using a medical laser or an IPL device that is a Class II surgical device, certified in accordance with the labeling standards in subsection (A), for other cosmetic procedures, the registrant shall:
 - a. Ensure that the device is only used by a health professional described in A.R.S. §§ 32-516(F)(3) and 32-3233(D)(1) or by a certified laser technician who is directly supervised by a health professional as described in A.R.S. §§ 32-516(C)(2) and 32-3233(D) and (H)(2); and
 - b. Ensure that a prescribing health professional purchases or orders the Class II surgical device that will be used for other cosmetic procedures.
2. A registrant shall not permit an individual to use a medical laser or IPL device for other cosmetic procedures unless the individual:
 - a. Completes an approved laser technician didactic training program of at least 40 hours duration. To successfully complete the training program the individual shall pass a test that consists of at least 50 multiple choice questions on subjects covered with a minimum grade of 80%. The training program shall

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be provided by an individual who is a health professional acting within the health professional's scope of practice, or a certified laser technician with a minimum of 100 hours of hands-on experience per procedure being taught;

- b. Is present in the room for at least 24 hours of hands-on training, conducted by a health professional or a certified laser technician as described in subsection (C)(2)(a); and
 - c. Performs or assists in at least 10 cosmetic procedures governed by subsection (C), for each type of procedure (for example: spider vein reduction, skin rejuvenation, non-ablative skin resurfacing); and
 - d. Has the qualified health professional or qualified supervising certified laser technician certify that the laser technician has completed the training and supervision as described in subsection (C)(2).
3. A registrant shall maintain a record of each protocol for a cosmetic procedure governed by subsection (C) that is approved and signed by a prescribing health professional, and ensure that each protocol is reviewed by a prescribing health professional, at least annually. The registrant shall:
- a. Maintain each protocol onsite, and ensure that the protocol contains instructions for the patient concerning follow-up monitoring; and
 - b. Design each protocol to promote the exercise of professional judgment by the laser technician commensurate with the individual's education, experience, and training. The protocol need not describe the exact steps that a qualified laser technician should take with respect to a cosmetic procedure governed by subsection (C).
4. A registrant shall verify that a health professional is qualified to perform laser, IPL, and related procedures, by obtaining evidence that the health professional has received relevant training specified in subsection (A)(1) and in physics, safety, surgical techniques, pre-operative and post-operative care and can perform these procedures within the relevant scope of practice, as defined by the health professional's licensing board.
5. A registrant shall provide radiation safety training to all personnel involved with cosmetic procedures governed by subsection (C), designing each training program so that it matches an individual's involvement in each procedure. The registrant shall maintain records of the training program and make them available to the Department for three years from the date of the program, during and after the individual's period of employment.
- D.** Persons governed by this Section shall also comply with other applicable licensing and safety laws.
- E.** A laser shall be secured so that the laser cannot be removed from the facility and the on/off switch is turned to the "off" position with the key removed when a certified laser technician or a health professional is not present in the room where the laser is located.
- B.** The applicant shall pay a nonrefundable fee of \$30.00. A duplicate certificate may be requested at the time of initial application or renewal at a fee of \$10.00 per certificate. To obtain a duplicate certificate at other times a laser technician shall pay \$20.00 per certificate.
- C.** Initial certificates are issued for 12 months and expire on the last day of the month. A renewal application shall be accompanied by a renewal fee of \$30.00 each year in addition to \$10.00 per duplicate certificate requested.
- D.** Under A.R.S. § 32-3233(I) and (J), the Department may take appropriate disciplinary action, including revocation of the certificate of a certified laser technician. The Department may discipline a certified laser technician who has had a relevant professional license suspended or revoked, or been otherwise disciplined by a health professional board or the Board of Cosmetology. The Department may also discipline the certified laser technician for falsifying documentation related to training, prescriptions, or other required documentation. As provided in Article 12 of this Chapter, the Department may assess civil penalties, suspend, revoke, deny, or put on probation a certified laser technician.
- E.** A laser technician who has been using laser and IPL devices prior to November 24, 2009 may continue to do so if the technician applies for and receives a certificate from the Department before October 1, 2010.
- F.** Certification may be issued for one or more of the following procedures:
- 1. Hair Reduction,
 - 2. Skin Rejuvenation,
 - 3. Non-Ablative Skin Resurfacing,
 - 4. Spider Vein Reduction,
 - 5. Skin Tightening,
 - 6. Wrinkle Reduction,
 - 7. Laser Peel,
 - 8. Telangiectasia Reduction,
 - 9. Acquired Adult Hemangioma Reduction,
 - 10. Facial Erythema Reduction,
 - 11. Solar Lentigo Reduction (Age Spots),
 - 12. Ephelis Reduction (Freckles),
 - 13. Acne Scar Reduction,
 - 14. Photo Facial, or
 - 15. Additional procedures as approved by the Department after consultation with other health professional boards as defined in A.R.S. § 32-516(F)(3) or 32-3233(D)(1).
- G.** For any application relating to the certification of laser technicians, as described in A.R.S. § 41-1072, there is an administrative completeness review time-frame of 30 days and a substantive review time-frame of 30 days with an overall time-frame of 60 days.
- H.** Certified laser technicians shall display a valid original certificate as issued by the Department in a location that is viewable by the public.

Historical Note

New Section R9-7-1438.01 recodified from R12-1-1438.01 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1438.01. Certification and Revocation of Laser Technician Certificate

- A.** An applicant for a laser technician certificate shall submit a completed application and certification that the applicant has received the training specified in A.R.S. §§ 32-516(A) or 32-3233(E).

R9-7-1439. Laser and IPL Laser Technician and Laser Safety Training Programs

- A.** A person seeking to initiate a medical laser or IPL laser technician training program shall submit an application to the Department for certification that contains a description of the training program. In addition, the person shall submit a syllabus and a test that consists of at least 50 multiple choice questions on subjects covered. In the program materials, the person

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shall address the subjects in R9-7-1438 through this Section, and Appendix C.

- B. The Department shall review the application and other documents required by subsections (A) and (E) in a timely manner, using an administrative completeness review time-frame of 40 days and a substantive review time-frame of 20 days with an overall time-frame of 60 days.
- C. The Department shall maintain a list of certified laser or IPL training programs.
- D. Applicants for approval as a certified laser or IPL training program shall pay a nonrefundable \$100.00 fee.
- E. Initial certification shall be issued for 12 months and shall expire on the last day of the month. A renewal application shall be accompanied by a renewal fee of \$100.00 each year.
- F. A person seeking to initiate a medical laser or IPL laser technician safety training program shall submit an application to the Department for certification that contains a description of the training program. In addition, the person shall submit a syllabus and a test that consists of at least 50 multiple choice questions on subjects covered. In the program materials, the person shall address the subjects in R9-7-1421 through R9-7-1444, Appendix C, and Appendix D, with emphasis on personal and public safety. The program shall also contain the training required by A.R.S. § 32-3233(E) or clearly state the portions of the training that are not provided or met if didactic certification is to take place in another program. The applicant shall conduct training in accordance with the program submitted to the Department and certified by the Department.

Historical Note

New Section R9-7-1439 recodified from R12-1-1439 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1440. Medical Lasers

- A. A registrant shall ensure that a Class 3 and Class 4 laser product used in the practice of medicine has a means for measuring the level of laser radiation with an error in measurement of no greater than +20%, when calibrated in accordance with the laser product manufacturer's calibration procedure.
- B. A registrant shall calibrate a laser used in the practice of medicine according to the manufacturer's specified calibration procedure, at intervals that do not exceed those specified by the manufacturer.
- C. In a medical facility where several medical disciplines or a number of different practitioners use Class 3b and Class 4 lasers, a registrant shall form a Laser Safety Committee to govern laser activity, establish use criteria, and approve operating procedures, as follows:
 - 1. With regard to membership of the committee the registrant shall include at least one representative of the Nursing staff, the LSO, one management representative, and one representative of each medical discipline that uses the lasers;
 - 2. The committee shall review actions by the LSO related to hazard evaluation and the monitoring and control of laser hazards; and
 - 3. The committee shall approve or deny requests by potential operators and ancillary personnel to operate or assist in the operation of a laser under the direction of a licensed practitioner.
- D. A registrant shall use Class 3b and Class 4 Lasers that have a guard mechanism on the switch to control patient exposure and prevent inadvertent exposure.
- E. A registrant shall establish a written laser safety training program that provides a thorough understanding of established procedures for each type of laser in use and the medical procedures associated with use of the laser. The registrant shall

make program documentation available for Department review and, at minimum, address all of the following in the documentation:

- 1. Regulatory requirements and the laser classification system;
- 2. Fundamentals of laser operation and the significance of specular and diffuse reflections;
- 3. Biological effects of laser radiation on the eye and skin;
- 4. Non-beam hazards (for example: electrical, chemical, and reaction by-product hazards) and ionizing radiation hazards (for example: x-rays from power sources and target interactions, if applicable) of lasers; and
- 5. Responsibilities of management and employees regarding control measures.

Historical Note

New Section R9-7-1440 recodified from R12-1-1440 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1441. Laser Light Shows and Demonstrations

- A. Before a conducting laser light show or laser demonstration, a registrant shall provide documentation to the Department that a variance from 21 CFR 1040.10 has been obtained from the FDA.
- B. A registrant shall notify the Department in writing, at least three working days in before a proposed laser light show or demonstration, and include all of the following information:
 - 1. The location, time, and date of the light show or demonstration;
 - 2. Sketches showing the locations of each laser, operator, performer, laser beam path, viewing screen, wall, mirror ball, or any other reflective or diffuse surface that could be hit by or reflect the laser beam;
 - 3. Scanning beam patterns, scan velocity, and frequency in occupied areas; and
 - 4. Physical surveys and calculations made to comply with this Article.
- C. A registrant shall supply any additional information required by the Department for the safety evaluation of the proposed activity.
- D. Before an outdoor laser light show, a registrant shall notify the Federal Aviation Administration of the proposed show.
- E. If a light show or demonstration involves laser radiation emissions outside the spectral range of 400 to 700 nanometers, a registrant shall prevent the emissions from exceeding the applicable Class 1 accessible emission limit.
- F. If it is likely that an audience member or any operator, performer, or employee will view laser or collateral radiation, a registrant shall prevent the radiation from exceeding the applicable Class 1 accessible emission limit.
- G. Even if it is unlikely that an individual, including any operator, performer, or employee in the vicinity of a laser light show or demonstration will view or be exposed to laser or collateral radiation, a registrant shall prevent the radiation from exceeding the applicable Class 2 accessible emission limit.
- H. A registrant shall identify any area where levels of laser radiation exceed the applicable Class 2 accessible emission limit by posting warning signs and using barriers or guards to prevent entry.
- I. If a registrant uses a scanning device, the registrant shall not use a device which, as a result of scan failure or any other failure, can change its angular velocity or amplitude, permitting audience exposure to laser radiation that exceeds the applicable Class 1 accessible emission limit.
- J. If a mirror ball is used with a scanning laser, a registrant shall meet the requirements of subsections (F) and (G) when the

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mirror ball is stationary or during any failure mode that results in a change in the rotational speed of the mirror ball.

- K. A registrant shall ensure that an operator is at all times directly and personally supervising a laser light show or demonstration, except in cases where the maximum laser power output level is less than 5 milliwatts (all spectral lines) and the laser beam path is located at all times at least 6 meters above any surface upon which an individual in the audience is permitted to stand, and at any point, more than 2.5 meters in lateral separation from any position where an individual in the audience is permitted during the performance.
- L. A registrant shall prevent laser radiation levels from exceeding the applicable Class 2 accessible emission limit at any point less than three meters above any surface upon which an individual in the audience is permitted to stand and 2.5 meters in lateral separation from any position where an individual in the audience is permitted, unless physical barriers are present that prevent human access to the radiation.
- M. A registrant shall limit the maximum power output of any laser to a level sufficient to produce the desired effect.
- N. If a registrant is required to limit output power to a level less than the available power to meet the requirements of this Article, the registrant shall adjust, measure, and record the laser output power before the laser light show or demonstration.
- O. A registrant shall functionally test and evaluate all safety devices and procedures necessary to comply with this Article after setup, and before a laser light show or demonstration.
- P. A registrant shall secure a laser system, when not in use, against unauthorized operation or tampering.
- Q. A registrant shall perform laser alignment procedures with the laser output power reduced to the lowest practicable level, and ensure that any operator, performer, or other employee wears protective eyewear as necessary to prevent exposure to radiation levels that exceed the applicable MPE. The registrant shall only allow individuals who are performing the alignment be present during alignment procedures.
- R. A registrant shall not conduct a laser light show or demonstration unless the Department has specifically exempted the show or demonstration from the requirements of 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

Historical Note

New Section R9-7-1441 recodified from R12-1-1441 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1442. Measurements and Calculations to Determine MPE Limits for Lasers

A registrant shall take measurements to determine MPE values in a manner consistent with the procedures contained in ANSI Z136.1-2000, American National Standard for Safe Use of Lasers, 2000 edition, which is incorporated by reference, published by the Laser Institute of America, 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826, and on file with the Department. This incorporation by reference contains no future editions or amendments.

Historical Note

New Section R9-7-1442 recodified from R12-1-1442 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1443. Laser Compliance Measurement Instruments

A registrant shall ensure that the radiation output measurement is performed with an instrument that is calibrated and designed for use with the laser that is being evaluated for compliance. The registrant shall specify the date of calibration, accuracy of calibration, wave-

length range, and power or energy of calibration on a legible, clearly visible label attached to the instrument.

Historical Note

New Section R9-7-1443 recodified from R12-1-1443 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1444. Laser Classification Measurements

- A. A registrant shall measure accessible emission for classification:
 1. Under the operational conditions and procedures that maximize accessible emission levels, including start-up, stabilized operation, and shutdown of the laser or laser facility;
 2. With all controls and adjustments listed in the operating and service instructions adjusted for the maximum accessible emission level of laser radiation that is not expected to be detrimental to the functional integrity of the laser or enclosure;
 3. At points in space to which human access is possible for a given laser configuration. If operations include the defeat of safety interlocks or removal of portions of the protective housing or enclosure, the registrant shall measure accessible emission at points accessible in that configuration;
 4. With the measuring instrument detector positioned so that the maximum possible radiation is measured by the instrument; and
 5. With the laser coupled to the type of laser energy source specified as compatible by the laser manufacturer and producing the maximum emission of accessible laser radiation.
- B. A registrant shall perform measurements of accessible emission levels, used to classify laser and collateral radiation in accordance with 21 CFR 1040.10, April 1, 2004, which is incorporated by reference, published by the Office of Federal Register National Archives and Records Administration, Washington, D.C. 20408, and on file with the Department. This incorporation by reference contains no future editions or amendments.

Historical Note

New Section R9-7-1444 recodified from R12-1-1444 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Appendix A. Radio Frequency Devices (Include, but are not limited to, the following)

Dielectric heaters and sealers
 Medical diathermy units
 Radar
 R.F. activated alarm systems
 Sputter devices
 R.F. activated lasers
 Edge gluers
 Industrial microwave ovens and dryers
 Asher-etcher equipment
 R.F. welding equipment
 Medical surgical coagulators

Historical Note

New Article 14, Appendix A recodified from 12 A.A.C. 1, Article 14, Appendix A at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Appendix B. Application Information

The Department shall issue a registration if an applicant provides the following information and fee as required in R9-7-1401(D). The Department shall provide an application form to the applicant with

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a guide and upon request, assist the applicant to ensure that correct information is provided on the application form.

Name and mailing address of applicant
 Person responsible for radiation safety program
 Type of facility
 Legal structure and ownership
 Radiation source information
 Shielding information
 Equipment operator instructions and restrictions
 Classification of professional in charge
 Type of request: amendment, new, or renewal
 Protection survey results, if applicable
 Radiation Safety Officer name, if applicable
 Laser class and type, if applicable
 Information required by Article 14 for the specific source
 Use location
 Telephone number
 Facility subtype
 Signature of certifying agent
 Equipment identifiers
 Scale drawing
 Physicist name and training, if applicable
 Contact person
 Applicable fee listed in Article 13 schedule

Historical Note

New Article 14, Appendix B recodified from 12 A.A.C. 1, Article 14, Appendix B at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Appendix C. Hair Removal and Other Cosmetic Laser or IPL Operator Training Program

1. General Considerations. An applicant shall ensure that:
 - a. The training program is specific to the medical laser or IPL device in use and the clinical procedures to be performed;
 - b. Program content is consistent with facility policy and procedure and applicable federal and state law; and
 - c. The training program addresses hazards associated with laser or IPL device use.
2. Technical Considerations. The applicant's training program shall cover all of the following technical subjects:
 - a. Laser and IPL device descriptions
 - b. Definitions
 - c. Laser and IPL device radiation fundamentals
 - d. Laser mediums, types of lasers, and other light-emitting devices – solid, liquid, gas, and IPL devices
 - e. Biological effects of laser or IPL device light
 - f. Damage mechanisms
 - i. Eye hazard
 - ii. Skin hazard (includes information regarding skin type and skin anatomy)
 - iii. Absorption and wavelength effects
 - iv. Thermal effects
 - g. Photo chemistry
 - h. Criteria for setting the Maximum Permissible Exposure (MPE) for eye and skin associated hazards
 - i. Explosive, electrical, and chemical hazards
 - j. Photosensitive medications
 - k. Fire, ionizing radiation, cryogenic hazards, and other hazards, as applicable
3. Medical Considerations. The applicant's training program shall cover all of the following medical subjects:
 - a. Local anesthesia techniques, including ice, EMLA® cream, and other applicable topical treatments

- b. Typical laser and IPL device settings for hair removal and cosmetic procedures
 - c. Expected patient response to treatment
 - d. Potential adverse reactions to treatment
 - e. Anatomy and physiology of skin areas to be treated
 - f. Indications and contraindications for use of pigment and vascular-specific lasers for cutaneous procedures
4. General Laser or IPL device safety. The applicant's training program shall cover the following general safety subjects:
 - a. Laser and IPL device classifications
 - b. Control measures (includes information regarding protective equipment)
 - c. Manager and operator responsibilities
 - d. Medical surveillance practices
 - e. Federal and state legal requirements
 - f. Related safety issues
 - i. Controlled access
 - ii. Plume management
 - iii. Equipment testing, aligning, and troubleshooting

Historical Note

New Article 14, Appendix C recodified from 12 A.A.C. 1, Article 14, Appendix C at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Appendix D. Laser Operator and Laser Safety Officer Training

1. Operators and personnel that work around lasers:
 - a. Fundamentals of laser operation (for example: physical principles, construction, and other basic information)
 - b. Bioeffects of laser radiation on the eye and skin
 - c. Significance of specular and diffuse reflections
 - d. Non-beam hazards of lasers (for example: electrical, chemical, and reaction byproducts)
 - e. Ionizing radiation hazards (includes information regarding x-rays from power sources and target interactions, if applicable)
 - f. Laser and laser system classifications
 - g. Control measures
 - h. Responsibilities of managers and operators
 - i. Medical surveillance practices (if applicable)
 - j. CPR for personnel servicing lasers with exposed high voltages, the capability of producing potentially lethal electrical currents, or both.
2. The LSO or other individual responsible for the safety program, evaluation of hazards, and implementation of control measures, or any others, if directed by management to obtain a thorough knowledge of laser safety:
 - a. The subjects covered in subsection (1)
 - b. Laser terminology
 - c. Laser types, wavelengths, pulse shapes, modes, power and energy
 - d. Basic radiometric units and measurement devices
 - e. MPE levels for eye and skin under all conditions
 - f. Laser hazard evaluations, range equations, and other calculations
3. Technical Considerations
 - a. Laser and IPL device descriptions
 - b. Definitions
 - c. Laser and IPL device radiation fundamentals
 - d. Laser mediums, types of lasers, and other light-emitting devices (includes information regarding diodes and solid, liquid, gas, and IPL devices)

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- e. Biological effects of laser or IPL device light
- f. Damage mechanisms
 - i. Eye hazard
 - ii. Skin hazard (includes information regarding skin type and skin anatomy)
 - iii. Absorption and wavelength effects
 - iv. Thermal effects
- g. Photo chemistry
- h. Photosensitive medications
- i. Criteria for setting the Maximum Permissible Exposure (MPE) levels for eye and skin associated hazards
- j. Explosive, electrical, and chemical hazards
- k. Fire, ionizing radiation, cryogenic hazards, and other hazards as applicable.

Historical Note

New Article 14, Appendix D recodified from 12 A.A.C. 1, Article 14, Appendix D at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 15. TRANSPORTATION**R9-7-1501. Requirement for License**

- A. A person shall not transport radioactive material or deliver radioactive material to a carrier for transport unless the person is authorized in a general or specific license issued by the Department or exempt under R9-7-103(A).
- B. This Article applies to any licensee to transfer licensed material if the licensee delivers that material to a carrier for transport, transports the material outside the site of usage as specified in the license, or transports that material on public highways. No provision of this Article authorizes possession of licensed material.

Historical Note

New Section R9-7-1501 recodified from R12-1-1501 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1502. Definitions

Terms defined in Article 1 have the same meaning when used in this Article.

Historical Note

New Section R9-7-1502 recodified from R12-1-1502 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1503. Transportation of Licensed Material

Each licensee that transports licensed material outside the site of usage, as specified in a Department license, or where transport is on public highways, or that delivers licensed material to a carrier for transport, shall comply with the applicable requirements of the U.S. Department of Transportation regulations listed in 10 CFR 71.5, revised January 1, 2008, incorporated by reference and available under R9-7-101. This incorporated material contains no future editions or amendments.

Historical Note

New Section R9-7-1503 recodified from R12-1-1503 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1504. Intrastate Transportation and Storage of Radioactive Materials

- A. A general license is issued to:
 - 1. Any common or contract carrier not exempt under R9-7-103 to receive, possess, transport, and store radioactive material in the regular course of carriage for others or to store radioactive material incident to the transport activities, provided the transportation or storage is in accordance with applicable requirements for the mode of

transport of the U.S. Department of Transportation, 49 CFR 171 through 180, revised October 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

- 2. Any private carrier or licensee who transports and stores radioactive material, provided the transportation and storage are in accordance with the requirements applicable to the mode of transport, of the U.S. Department of Transportation, 49 CFR 171 through 180, revised October 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- B. Any notification of incidents required under federal regulations in subsection (A) shall also be filed with, or made to, the Department.
- C. A person who transports or stores radioactive material according to the general license in this Section is exempt from the requirements of Article 4 and Article 10 of this Chapter to the extent that this Section applies to transportation of the radioactive material.

Historical Note

New Section R9-7-1504 recodified from R12-1-1504 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1505. Storage of Radioactive Material in Transport

- A. A carrier shall not store, for any period in excess of 72 hours, any package that contains radioactive material bearing a Department of Transportation Yellow II or Yellow III label, unless the radioactive material is stored in an area other than, and not adjacent to, any food storage area or area that is normally occupied by an individual.
- B. A carrier shall not store a package that contains radioactive material with other hazardous materials, except as authorized by U.S. Department of Transportation regulations in 49 CFR 177.848, revised October 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- C. Whenever a package containing radioactive material is stored in excess of 48 hours, the storage area shall be conspicuously posted according to the requirements of Article 4.
- D. When transit is interrupted and storage is required for an extended period, the following requirements apply:
 - 1. When radioactive materials are stored for longer than 48 hours during transit, the carrier shall notify the local fire department and provide the following information:
 - a. Warehouse location and carrier name and telephone number;
 - b. Radionuclide(s);
 - c. Activity per package in curies or becquerels and number of packages;
 - d. Form (solid, metallic, liquid, gas);
 - e. Flammability (if flammable);
 - f. Specific location in warehouse;
 - g. Estimated date of departure;
 - h. Toxicity (if toxic).
 - 2. If the radioactive material will be, or has been in storage for longer than 90 days, the carrier shall notify the Department in writing and include the information required in subsection (D)(1).
 - 3. The licensee or carrier shall immediately notify the Department of Public Safety of an accident involving radioactive material.

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New Section R9-7-1505 recodified from R12-1-1505 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1506. Preparation of Radioactive Material for Transport

A licensee shall not deliver any package that contains radioactive material to a carrier for transport or transport radioactive material, unless the licensee:

1. Complies with the U.S. Department of Transportation packaging, monitoring, manifesting, marking, and labeling regulations applicable to the mode of transport, (Contained in 49 CFR 171 through 180, revised October 1, 2007, or 39 CFR 111.1, revised July 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); and
2. Establishes procedures for safely opening and closing packages in which radioactive material is transported; and
3. Prior to delivery of a package to a carrier for transport, assures that:
 - a. The package is properly closed, and
 - b. Any special instructions needed to safely open the package are made available to the consignee.

Historical Note

New Section R9-7-1506 recodified from R12-1-1506 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1507. Packaging Quality Assurance

- A. A licensee that transports radioactive material in the course of business or delivers radioactive material to a carrier for transport in a package for which a license, certificate of compliance, applicant for a certificate of compliance, or other approval has been issued by the Nuclear Regulatory Commission, or meets the applicable criteria (10 CFR 71, Subpart H, revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.), shall establish, maintain, and execute the quality assurance program specified in 10 CFR 71, Subpart H.
- B. In addition to the requirements in subsection (A) for a quality assurance program, a licensee shall verify by procedures such as checking or inspection, that deficiencies or defective material or equipment relative to the shipment of packages containing radioactive material are promptly identified and corrected.
- C. Before the first use of any Type B packaging, a licensee shall obtain approval of its quality assurance program by the Department.
- D. A licensee shall maintain sufficient written records to demonstrate compliance with the quality assurance program. Records of quality assurance pertaining to the use of a Type B package for shipment of radioactive material shall be maintained for three years after the package is used for a shipment.

Historical Note

New Section R9-7-1507 recodified from R12-1-1507 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-1508. Advance Notification of Nuclear Waste Transportation

- A. Prior to the transport of any nuclear waste, as defined in Article 1, outside of the confines of the licensee's facility or other place of use or storage, or prior to the delivery of any nuclear

waste to a carrier for transport, each licensee shall provide advance notification of such transport to the Department.

- B. Each advance notification required in subsection (A) above shall contain the following information:
 1. The name, address, and telephone number of the shipper, carrier, and receiver of the shipment;
 2. A description of the nuclear waste contained in the shipment as required by 49 CFR 172.202 and 172.203(d) (Revised October 1, 2007, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.);
 3. The point of origin of the shipment and the seven-day period during which departure of the shipment will occur;
 4. The seven-day period during which arrival of the shipment at state boundaries will occur;
 5. The destination of the shipment, and the seven-day period during which arrival of the shipment will occur; and
 6. A point of contact with a telephone number for current shipment information.
- C. The licensee shall make the notification required by subsection (A) in writing to the Department. A notification delivered by mail must be postmarked at least seven days before the beginning of the seven-day period during which departure of the shipment is estimated to occur. The licensee shall maintain a copy of the notification for one year.
- D. The licensee shall notify the Department of any changes in shipment plans, including cancellations, rerouting, or rescheduling, provided pursuant to subsection (A). Such notification shall be by telephoning the Department. The licensee shall maintain for one year a record of the name of the individual contacted.
- E. After June 11, 2013, each licensee shall provide advance notification to the Tribal official of participating Tribes referenced in paragraph (c)(3)(iii) of 10 CFR 71.97, or the official's designee, of the shipment of licensed material, within or across the boundary of the Tribe's reservation, before the transport, or delivery to a carrier, for transport, of licensed material outside the confines of the licensee's plant or other place of use or storage.

Historical Note

New Section R9-7-1508 recodified from R12-1-1508 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-1509. General License: Plutonium-Beryllium Special Form Material

- A. A general license is issued to any licensee of the Department to transport fissile material in the form of plutonium-beryllium (Pu-Be) special form sealed sources, or to deliver Pu-Be sealed sources to a carrier for transport, if the material is shipped in accordance with this Article. This material must be contained in a Type A package. The Type A package must also meet the DOT requirements of 49 CFR 173.417(a), revised October 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- B. The general license applies only to a licensee who has a quality assurance program approved by the Department as satisfying the provisions of R9-7-1507.
- C. The general license applies only when a package's contents:
 1. Contain no more than a Type A quantity of radioactive material; and
 2. Contain less than 1000 g of plutonium, provided that: plutonium-239, plutonium-241, or any combination of

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these radionuclides, constitutes less than 240 g of the total quantity of plutonium in the package.

- D. The general license applies only to packages labeled with a CSI which:
1. Has been determined in accordance with subsection (E);
 2. Has a value less than or equal to 100; and
 3. For a shipment of multiple packages containing Pu-Be sealed sources, the sum of the CSIs must be less than or equal to 50 (for shipment on a nonexclusive use conveyance) and less than or equal to 100 (for shipment on an exclusive use conveyance).
- E. The value for the CSI must be greater than or equal to the number calculated by the following equation:
1. $CSI = 10[(\text{grams of } ^{239}\text{Pu} + \text{grams of } ^{241}\text{Pu})/24]$,
 2. The calculated CSI must be rounded up to the first decimal place.

Historical Note

New Section R9-7-1509 recodified from R12-1-1509 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1510. Packaging

- A. A general license is issued to any licensee to transport, or to deliver to a carrier for transport, licensed material in a package for which a license, certificate of compliance, or other approval has been issued by the NRC.
1. This general license applies only to a licensee that has a quality assurance program approved by the Department as satisfying R9-7-1507;
 2. This general license applies only to a licensee that:
 - a. Has a copy of the license, certificate of compliance, or other approval of the package, and has the drawings and other documents referenced in the approval relating to the use and maintenance of the packaging and to the actions to be taken before shipment;
 - b. Complies with the terms and conditions of the license, certificate, or other approval, as applicable, and the applicable requirements of this Article;
 - c. Before the licensee's first use of the package, submits in writing to the Department and to ATTN: Document Control Desk, Director, Division of Spent Fuel Storage and Transportation, Office of Nuclear Material Safety and Safeguards, using an appropriate method listed in 10 CFR 71.1(a), the licensee's name, license number, and the package identification number specified in the package approval;
 - d. Each certificate holder shall maintain, for a period of three years after the life of the packaging to which they apply. Records identifying the packaging by model number, serial number and date of manufacture;
 - e. The licensee, certificate holder, and an applicant for a CoC, shall make available to the Commission for inspection, upon reasonable notice, all records required by this part. Records are only valid if stamped, initialed, or signed and dated by authorized personnel, or otherwise authenticated; and
 - f. The licensee, certificate holder, and an applicant for a CoC shall maintain sufficient written records to furnish evidence of the quality of packaging. The records to be maintained include results of the determinations required by 10 CFR 71.85; design, fabrication, and assembly records; results of reviews, inspections, tests, and audits; results of monitoring work performance and materials analyses; and results of maintenance, modification, and repair activities. Inspection, test, and audit records must identify the inspector or data recorder, the type of observation, the results, the acceptability, and the action taken in connection with any deficiencies noted. These records must be retained for three years after the life of the packaging to which they apply.
 3. This general license applies only when the package approval authorizes use of the package under this general license.
 4. For a Type B or fissile material package, the design of which was approved by NRC before April 1, 1996, the general license is subject to the additional restrictions of subsection (B).
- B. Type B packages.
1. Before the first use of any packaging for the shipment of licensed material, refer to 10 CFR 71.85 (a), (b) and (c).
 2. A Type B(U) package, a Type B(M) package, a low specific activity (LSA) material package or a fissile material package, previously approved by the NRC but without the "-85" designation in the identification number of the NRC certificate of compliance, may be used under the general license of subsection (A) with the following additional conditions:
 - a. Fabrication of the packaging is satisfactorily completed by April 1, 1999 as demonstrated by application of its model number in accordance with 10 CFR 71.85(c) (Revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.);
 - b. A package that is used for a shipment to a location outside the United States is subject to multilateral approval as defined in 49 CFR 173.403 (Revised October 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); and
 - c. A serial number which uniquely identifies each package which conforms to the approved design and is assigned to, and legibly and durably marked on, the outside of each package.
 3. A licensee may modify the design and authorized contents of a Type B package, or a fissile material package, previously approved by NRC, provided:
 - a. The modifications of a Type B package are not significant with respect to the design, operating characteristics, or safe performance of the containment system, when the package is subjected to the tests specified in 10 CFR 71.71 and 71.73 (Revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.);
 - b. The modifications of a fissile material package are not significant, with respect to the prevention of criticality, when the package is subjected to the tests specified in 10 CFR 71.71 and 71.73 (Revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); and
 - c. The modifications to the package satisfy the requirements of this Section.
 4. The NRC will revise the package identification number to designate previously approved package designs as B(U), B(M), AF, BF, or A as applicable, and with the identification number suffix "-85" after receipt of an application demonstrating that the design meets the requirements of this Section.

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5. For purposes of this Section, package types are defined in 10 CFR 71.4, revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- C. A general license is issued to any licensee of the Department to transport fissile material, or to deliver to a carrier for transport, licensed material in a specification container for fissile material or for a Type B quantity of radioactive material as specified in 49 CFR 173 and 178 (Revised October 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.), if the following requirements are met:
 1. The licensee shall maintain a quality assurance program approved by the Department as satisfying R9-7-1507.
 2. The licensee shall:
 - a. Maintain a copy of the specification; and
 - b. Comply with the terms and conditions of the specification and the applicable requirements in 10 CFR 71, Subparts A, G, and H, revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
 3. The licensee may not use the specification container for a shipment to a location outside the United States, except by multilateral approval, as defined in 49 CFR 173.403, revised October 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
 4. The general license applies only when a package's contents:
 - a. Contain no more than a Type A quantity of radioactive material; and
 - b. Contain less than 500 total grams of beryllium, graphite, or hydrogenous material enriched in deuterium.
 5. The general license applies only to packages containing fissile material that are labeled with a CSI which:
 - a. Has been determined in accordance with subsection (E);
 - b. Has a value less than or equal to 10; and
 - c. For a shipment of multiple packages containing fissile material, the sum of the CSIs must be less than or equal to 50 (for shipment on a nonexclusive use conveyance) and less than or equal to 100 (for shipment on an exclusive use conveyance).
 6. The CSI value must meet the following requirements:
 - a. The value for the CSI must be greater than or equal to the number calculated by the following equation: $CSI = 10[(\text{grams of } ^{235}\text{U}/X) + (\text{grams of } ^{235}\text{U}/Y) + (\text{grams of } ^{235}\text{U}/Z)]$;
 - b. The calculated CSI must be rounded up to the first decimal place;
 - c. The values of X, Y, and Z used in the CSI equation must be taken from Tables 71-1 or 71-2 as appropriate located in 10 CFR 71.22, (revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.);
 - d. If Table 71-2 is used to obtain the value of X, then the values for the terms in the equation for uranium-233 and plutonium must be assumed to be zero; and
 - e. Table 71-1 values for X, Y, and Z must be used to determine the CSI if:
 - i. Uranium-233 is present in the package;
 - ii. The mass of plutonium exceeds 1 percent of the mass of uranium-235;
- iii. The uranium is of unknown uranium-235 enrichment or greater than 24 weight percent enrichment; or
- iv. Substances having a moderating effectiveness (i.e., an average hydrogen density greater than H_2O) (e.g., certain hydrocarbon oils or plastics) are present in any form, except as polyethylene used for packing or wrapping.
- D. Foreign packaging.
 1. A general license is issued to any licensee of the Department to transport, or to deliver to a carrier for transport, licensed material in a package the design of which has been approved in a foreign national competent authority certificate that has been revalidated by the Federal Department of Transportation as meeting the applicable requirements of 49 CFR 171.23, revised October 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
 2. Except as otherwise provided in this Section, the general license applies only to a licensee who has a quality assurance program approved by the Department as satisfying the applicable provisions of R9-7-1507.
 3. This general license applies only to:
 - a. Shipments made to or from locations outside the United States.
 - b. A licensee that:
 - i. Has a copy of the applicable certificate, the revalidation, and the drawings and other documents referenced in the certificate, relating to the use and maintenance of the packaging and to the actions to be taken before shipment; and
 - ii. Complies with the terms and conditions of the certificate and revalidation, and with the applicable requirements in 10 CFR 71, Subparts A, G, and H, revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- E. Routine determination before each shipment of licensed material shall ensure that the package with its contents satisfies the applicable requirements of this Article and of the license. The licensee shall determine that:
 1. The package is proper for the contents to be shipped;
 2. The package is in unimpaired physical condition except for superficial defects such as marks or dents;
 3. Each closure device of the packaging, including any required gasket, is properly installed and secured and free of defects;
 4. Any system for containing liquid is adequately sealed and has adequate space or other specified provision for expansion of the liquid;
 5. Any pressure relief device is operable and set in accordance with written procedures;
 6. The package has been loaded and closed in accordance with written procedures;
 7. For fissile material, any moderator or neutron absorber, if required, is present and in proper condition;
 8. Any structural part of the package that could be used to lift or tie down the package during transport is rendered inoperable for that purpose, unless it satisfies the design requirements of 10 CFR 71.45 (revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.);

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9. The level of non-fixed (removable) radioactive contamination on the external surfaces of each package offered for shipment is as low as reasonably achievable, and within the limits specified in DOT regulations in 49 CFR 173.443 (revised October 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.);
 10. External radiation levels around the package and around the vehicle, if applicable, will not exceed the limits specified in 10 CFR 71.47 (revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.), at any time during transportation; and
 11. Accessible package surface temperatures will not exceed the limits specified in 10 CFR 71.43(g) (revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.), at any time during transportation.
- F.** Fissile material meeting the requirements of at least one of the conditions in subsections (F)(1) through (F)(6) are exempt from classification as fissile material and from the fissile material package standards of 10 CFR 71.55 and 71.59, but are subject to all other requirements of this part, except as noted.
1. Individual package containing 2 grams or less fissile material.
 2. Individual or bulk packaging containing 15 grams or less of fissile material provided the package has at least 200 grams of solid nonfissile material for every gram of fissile material. Lead, beryllium, graphite, and hydrogenous material enriched in deuterium may be present in the package but must not be included in determining the required mass for solid nonfissile material.
 3. Low concentrations of solid fissile material commingled with solid nonfissile material, provided that:
 - a. There is at least 2000 grams of solid nonfissile material for every gram of fissile material;
 - b. There is no more than 180 grams of fissile material distributed within 360 kg of contiguous nonfissile material; and
 - c. Lead, beryllium, graphite, and hydrogenous material enriched in deuterium may be present in the package but must not be included in determining the required mass of solid nonfissile material.
 4. Uranium enriched in uranium-235 to a maximum of 1 percent by weight, and with total plutonium and uranium-233 content of up to 1 percent of the mass of uranium-235, provided that the mass of any beryllium, graphite, and hydrogenous material enriched in deuterium constitutes less than 5 percent of the uranium mass, and that the fissile material is distributed homogeneously and does not form a lattice arrangement within the package.
 5. Liquid solutions of uranyl nitrate enriched in uranium-235 to a maximum of 2 percent by mass, with a total plutonium and uranium-233 content not exceeding 0.002 percent of the mass of uranium, and with a minimum nitrogen to uranium atomic ratio (N/U) of 2. The material must be contained in at least a DOT Type A package.
 6. Packages containing, individually, a total plutonium mass of not more than 1000 grams, of which not more than 20 percent by mass may consist of plutonium-239, plutonium-241, or any combination of these radionuclides.

Historical Note

New Section R9-7-1510 recodified from R12-1-1510 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-1511. Air Transport of Plutonium

- A.** Notwithstanding the provisions of any general licenses and notwithstanding any exemptions stated directly in this Section or included indirectly by citation of 49 CFR 107, and 171 through 180, previously incorporated in this Article, as may be applicable, the licensee shall ensure that plutonium in any form, whether for import, export, or domestic shipment, is not transported by air or delivered to a carrier for air transport unless:
1. The plutonium is contained in a medical device designed for individual human application; or
 2. The plutonium is contained in a material in which the specific activity is less than or equal to the activity concentration values for Plutonium specified in 10 CFR 71, Appendix A, Table A-2 (Revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.), and in which the radioactivity is essentially uniformly distributed; or
 3. The plutonium is shipped in a single package containing no more than an A2 quantity of plutonium in any isotope or form, and is shipped in accordance with R9-7-1503 and 10 CFR 71.5 (Revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.); or
 4. The plutonium is shipped in a package specifically authorized for the shipment of plutonium by air in the Certificate of Compliance for that package issued by the NRC.
- B.** Nothing in subsection (A) is to be interpreted as removing or diminishing the requirements of 10 CFR 73.24, January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- C.** For a shipment of plutonium by air that is subject to subsection (A)(4), the licensee shall, through special arrangement with the carrier, require compliance with 49 CFR 175.704, revised October 1, 2007, incorporated by reference, and available under R9-7-101. This U.S. Department of Transportation regulation is applicable to the air transport of plutonium. This incorporated material contains no future editions or amendments.

Historical Note

New Section R9-7-1511 recodified from R12-1-1511 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1512. Advance Notification of Shipment of Irradiated Reactor Fuel and Nuclear Waste

- A.** A licensee shall provide advance notification to the Governor, or the Director of the Department, of the shipment of licensed material as specified in 10 CFR 71.97, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- B.** After June 11, 2013, each licensee shall provide advance notification to the Tribal official of participating Tribes referenced in paragraph (c)(3)(iii) of 10 CFR 71.97, or the Tribal official's designee, of the shipment of licensed material, within or across the boundary of the Tribe's reservation, before the transport, or delivery to a carrier, for transport, of licensed material outside the confines of the licensee's plant or other place of use or storage.

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- C. Advance notification is also required under this section for the shipment of licensed material, other than irradiated fuel, meeting the following three conditions:
1. The licensed material is required by this part to be in Type B packaging for transportation;
 2. The licensed material is being transported to or across a State boundary en route to a disposal facility or to a collection point for transport to a disposal facility; and
 3. The quantity of licensed material in a single package exceeds the least of the following:
 - a. 3000 times the A1 value of the radionuclides as specified in appendix A, Table A-1 for special form radioactive material;
 - b. 3000 times the A2 value of the radionuclides as specified in appendix A, Table A-1 for normal form radioactive material; or
 - c. 1000 TBq (27,000 Ci).
- D. Procedures for submitting advance notification. (1) The notification must be made in writing to:
1. The office of each appropriate governor or governor's designee;
 2. The office of each appropriate Tribal official or Tribal official's designee; and
 3. The Director, Division of Security Policy, Office of Nuclear Security and Incident Response.

Historical Note

New Section R9-7-1512 recodified from R12-1-1512 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-1513. Opening Instructions

Before delivery of a package to a carrier for transport, the licensee shall ensure that any special instructions needed to safely open the package have been sent to, or otherwise made available to, the consignee for the consignee's use in accordance with 10 CFR 20.1906(e) revised January 1, 2010, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

Historical Note

New Section R9-7-1513 recodified from R12-1-1513 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1514. Reserved**Historical Note**

Section R9-7-1514 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1515. Exemption for Low-level Radioactive Materials

- A. A licensee is exempt from all the requirements of 10 CFR 71 with respect to shipment or carriage of the low-level materials listed in 10 CFR 71.14(a), revised January 1, 2008, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.
- B. Natural material and ores containing naturally occurring radionuclides that are either in their natural state, or have only been processed for purposes other than for the extraction of the radionuclides, and which are not intended to be processed for the use of these radionuclides, provided the activity concentration of the material does not exceed 10 times the applicable radionuclide activity concentration values specified in appendix A, Table A-2, or Table A-3 of this part.
- C. Materials for which the activity concentration is not greater than the activity concentration values specified in appendix A, Table A-2, or Table A-3 of this part, or for which the consignment activity is not greater than the limit for an exempt con-

signment found in appendix A, Table A-2, or Table A-3 of 10 CFR 71 Appendix A.

- D. Non-radioactive solid objects with radioactive substances present on any surfaces in quantities not in excess of the levels cited in the definition of contamination in 10 CFR 71.4.

Historical Note

New Section R9-7-1515 recodified from R12-1-1515 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

ARTICLE 16. RESERVED**ARTICLE 17. WIRELINE SERVICE OPERATIONS AND SUBSURFACE TRACER STUDIES****R9-7-1701. Definitions**

"Energy compensation source (ECS)" means a small sealed source, with activity that does not exceed 3.7 Mbq (100 microcuries), contained within a logging tool or other tool component.

"Tritium neutron generator target source" means a tritium source contained within a tritium neutron generator tube that produces neutrons for use in well logging applications.

Historical Note

New Section R9-7-1701 recodified from R12-1-1701 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1702. Agreement with Well Owner or Operator

- A. A licensee that performs wireline service (well logging) with a sealed source shall enter into a written agreement with the employing well owner or operator that identifies the party responsible for complying with each of the following requirements. The responsible party shall:

1. Make a reasonable effort to recover any sealed source that may be lodged in the well;
2. Not attempt to recover a sealed source in a manner which, in the licensee's opinion, is likely to result in its rupture;
3. Perform the radiation monitoring required in R9-7-1723(A);
4. Decontaminate anyone or anything contaminated with licensed material before releasing personnel or equipment from the site or releasing the site for unrestricted use; and
5. If a source is classified by the Department as irretrievable after reasonable efforts at recovery, implement the following requirements within 30 days:
 - a. Immobilize the irretrievable well logging source and seal it in place with a cement plug;
 - b. Provide a means to prevent inadvertent intrusion that could damage the source, unless the site is rendered inaccessible to subsequent drilling operations; and
 - c. Mount a permanent identification plaque, constructed of long-lasting material, such as stainless steel, brass, bronze, or Monel, in a conspicuous location adjacent to the well. The responsible party shall ensure that the plaque size is at least 17 cm (7 inches) square and 3 mm (1/8 inch) thick and the following information is written on the plaque:
 - i. The word "CAUTION,"
 - ii. The radiation symbol (the color requirement in R9-7-428(A) does not apply),
 - iii. The date the source was abandoned,
 - iv. The name of the well owner or operator that employed the licensee;
 - v. The well name and identification number or other designation,

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- vi. An identification of each source by radionuclide and quantity of radionuclide,
 - vii. The depth of the source and depth to the top of the plug, and
 - viii. The following warning, "DO NOT RE-ENTER THIS WELL," and
 - d. Notify the Oil and Gas Conservation Commission, Department of Water Resources, or Department of Environmental Quality of the abandoned source, as required by law.
- B.** A licensee shall maintain a copy of the agreement at the field station during logging operations. The licensee shall retain a copy of the written agreement for three years after completion of the well logging operation.
- C.** A licensee may apply in accordance with A.R.S. § 30-654(B)(13) for Department approval, on a case-by-case basis, of proposed procedures to abandon an irretrievable well logging source in a manner not otherwise authorized in subsection (A)(5).
- D.** A written agreement between the licensee and the well owner or operator is not required if the licensee and the well owner or operator are employed by the same corporation or other business entity. If so, the licensee shall comply with the requirements in subsections (A)(1) through (A)(5).

Historical Note

New Section R9-7-1702 recodified from R12-1-1702 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1703. Limits on Levels of Radiation

A person in possession of any source of radiation shall transport the source according to 9 A.A.C. 7, Article 15, and use or store the source in a manner that is consistent with the dose limits in 9 A.A.C. 7, Article 4.

Historical Note

New Section R9-7-1703 recodified from R12-1-1703 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1704. Reserved**Historical Note**

Section R9-7-1704 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1705. Reserved**Historical Note**

Section R9-7-1705 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1706. Reserved**Historical Note**

Section R9-7-1706 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1707. Reserved**Historical Note**

Section R9-7-1707 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1708. Reserved**Historical Note**

Section R9-7-1708 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1709. Reserved**Historical Note**

Section R9-7-1709 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1710. Reserved**Historical Note**

Section R9-7-1710 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1711. Reserved**Historical Note**

Section R9-7-1711 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1712. Storage Precautions

- A.** A person storing or transporting a source of radiation shall place the source in an approved storage container, transport container, or both. The container or combination of containers shall have a lock, or tamper-proof seal for calibration sources, to prevent unauthorized removal of the source and exposure to radiation.
- B.** A person storing or transporting a source of radiation shall store the source in a manner that will minimize danger from explosion or fire.

Historical Note

New Section R9-7-1712 recodified from R12-1-1712 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1713. Transportation Precautions

Each licensee shall ensure that transport containers are physically secured in the transporting vehicle to prevent accidental movement, loss, tampering, or unauthorized removal.

Historical Note

New Section R9-7-1713 recodified from R12-1-1713 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1714. Radiation Survey Instruments

- A.** A licensee shall maintain at each field station and temporary job site a calibrated and operable radiation survey instrument capable of detecting beta and gamma radiation. The licensee shall ensure that the radiation survey instrument is capable of measuring 1.0 microsievert (0.1 millirem) per hour through 500 microsievert (50 millirem) per hour.
- B.** A licensee shall ensure that additional calibrated and operable radiation detection instruments are available as needed and that the instruments are sensitive enough to detect the low radiation and contamination levels that could be encountered if a sealed source is ruptured.
- C.** A licensee shall ensure that the radiation survey instrument required in subsection (A) is calibrated
 1. At intervals not to exceed six months and after each instrument servicing;
 2. At energies comparable to the energies of the radiation sources used;
 3. For linear scale instruments, at two points located approximately 1/3 and 2/3 of full-scale on each scale or for logarithmic scale instruments, at mid-range of each decade, and at two points of at least one decade; and
 4. So that accuracy within plus or minus 20 percent of the true radiation level can be demonstrated on each scale.
- D.** A licensee shall retain calibration records for a period of three years from the date of calibration.

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New Section R9-7-1714 recodified from R12-1-1714 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1715. Leak Testing of Sealed Sources

- A.** A licensee that uses a sealed source shall ensure that the source is tested for leakage according to subsection (C). The licensee shall maintain a record of leak test results in units of Becquerels (Bq) or microcuries, for inspection by the Department for three years after the leak test is performed.
- B.** A person authorized under R9-7-417(C) shall wipe a sealed source using a leak test kit or a similar method approved by the Department, the NRC, or another Agreement State. The authorized person shall take the wipe sample from the nearest accessible point to the sealed source where contamination might accumulate, and ensure the wipe sample is analyzed for radioactive contamination. The authorized person shall use a method of analysis capable of detecting the presence of 185 Bq (0.005 microcuries) of radioactive material on the test sample.
- C.** Test frequency.
1. A licensee shall ensure that each sealed source (except an energy compensation source (ECS)) is tested in accordance with R9-7-417. In the absence of a certificate from a transferor that a test has been performed within six months before transfer, a licensee shall not use the sealed source until it is tested.
 2. A licensee shall ensure that each ECS that is not exempt from testing under subsection (E) is tested at intervals that do not exceed three years. In the absence of a certificate from a transferor that a test has been performed within three years before transfer, a licensee shall not use the ECS until it is tested.
- D.** Removal of leaking source from service.
1. If a test conducted according to this Section reveals the presence of 185 Bq (0.005 microcuries) or more of removable radioactive material, a licensee shall remove the sealed source from service immediately and have it decontaminated, repaired, or disposed of by a Department, a NRC, or an Agreement State licensee that is authorized to perform these functions. The licensee shall check the equipment associated with the leaking source for radioactive contamination and, if the equipment is contaminated, have it decontaminated or disposed of by a Department, a NRC, or an Agreement State licensee that is authorized to perform the chosen function.
 2. A licensee shall submit a report to the Department, within five days of receiving positive test results. The report shall describe the equipment involved in the leak, the test results, any contamination that resulted from the leaking source, and each corrective action taken up to the date on the report.
- E.** The following sealed sources are exempt from the periodic leak test requirements in subsections (A) through (D):
1. Hydrogen-3 (tritium) sources;
 2. Sources that contain licensed material with a half-life of 30 days or less;
 3. Sealed sources that contain licensed material in gaseous form;
 4. Sources of beta- or gamma-emitting radioactive material with an activity of 3.7 MBq [100 microcuries] or less; and
 5. Sources of alpha- or neutron-emitting radioactive material with an activity of 0.37 MBq [10 microcuries] or less.

Historical Note

New Section R9-7-1715 recodified from R12-1-1715 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1716. Inventory

A licensee shall conduct a physical inventory every six months to account for all licensed material received and possessed under the license. The licensee shall maintain records of the inventory for three years from the date of the inventory for inspection by the Department. The inventory shall indicate the quantity and kind of licensed material, the location of the licensed material, the date of the inventory, and the name of each individual who conducted the inventory. Physical inventory records may be combined with leak test records.

Historical Note

New Section R9-7-1716 recodified from R12-1-1716 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1717. Utilization Records

Each licensee shall maintain records of use for three years from the date of the recorded event, that contain the following information for each source of radiation:

1. Make, model number, and serial number or a description of each source of radiation used;
2. The identity of the well-logging supervisor or the field unit to which the source is assigned;
3. Locations and dates of use; and
4. In the case of tracer materials and radioactive markers, the radionuclide and activity undertaken in a particular well.

Historical Note

New Section R9-7-1717 recodified from R12-1-1717 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1718. Design and Performance Criteria for Sealed Sources

- A.** A licensee shall use a sealed source for well logging applications if the sealed source:
1. Is doubly encapsulated;
 2. Contains licensed material in a chemical and physical form that is insoluble and nondispersible; and
 3. Meets the requirements of subsection (B), (C), or (D).
- B.** For a sealed source manufactured on or before July 14, 1989, a licensee may use a sealed source in well logging applications that meets the requirements of USASI N5.4-1968, Classification of Sealed Radioactive Sources, available from the American National Standards Institute at 25 West 43rd Street, 4th floor, New York, NY 10036, which is incorporated by reference and on file with the Department, or the requirements in subsection (C) or (D). This incorporation by reference contains no future editions or amendments.
- C.** For a sealed source manufactured after July 14, 1989, a licensee may use a sealed source in well logging applications that meets the oil-well logging requirements of ANSI/HPS N43.6-1997, Sealed Radioactive Sources--Classification, available from the American National Standards Institute at 25 West 43rd Street, 4th floor, New York, NY 10036, which is incorporated by reference and on file with the Department. This incorporation by reference contains no future editions or amendments.
- D.** For a sealed source manufactured after July 14, 1989, a licensee may use a sealed source in well logging applications if the sealed source's prototype has been tested and found to maintain its integrity after each of the following required tests:
1. Temperature. The test source is held at -40° C for 20 minutes and 600° C for one hour, and then subjected to a ther-

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mal shock with a temperature drop from 600° C to 20° C within 15 seconds.

2. Impact. A 5 kg steel hammer, 2.5 cm in diameter, is dropped from a height of 1 m onto the test source.
 3. Vibration. The test source is subjected to vibration in the 25 Hz to 500 Hz range at 5 g amplitude for 30 minutes.
 4. Puncture. A 1 gram hammer with a pin, 0.3 cm in diameter, is dropped from a height of 1 m onto the test source.
 5. Pressure. The test source is subjected to an external pressure of 1.695 x 107 pascals (24,600 pounds per square inch absolute).
- E. The requirements in subsections (A), (B), (C), and (D) do not apply to a sealed source that contains licensed material in gaseous form.
- F. The requirements in subsections (A), (B), (C), and (D) do not apply to an energy compensation source (ECS).

Historical Note

New Section R9-7-1718 recodified from R12-1-1718 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1719. Labeling

- A. A licensee shall mark each source, source holder, or logging tool that contains radioactive material with a durable, legible, and clearly visible marking or label, consisting at minimum of the standard radiation caution symbol, without the conventional color requirement, and the following wording:

DANGER (or: CAUTION)
RADIOACTIVE

This labeling is required for each component transported as a separate piece of equipment regardless of size.

- B. A licensee shall permanently attach to each transport container a durable, legible, and a clearly visible label consisting at minimum, of the standard radiation caution symbol and the following wording:

DANGER (or: CAUTION)
RADIOACTIVE
NOTIFY CIVIL AUTHORITIES (or name of company)

Historical Note

New Section R9-7-1719 recodified from R12-1-1719 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1720. Inspection, Maintenance, and Opening of a Source or Source Holder

- A. Each licensee shall visually check source holders, logging tools, and source handling tools for defects before each use to ensure that the equipment is in good working condition and that required labeling is present. If defects are found, the licensee shall remove equipment from service until it is repaired, and make a record listing: date of check, name of inspector, equipment involved, each defect found, and repairs made. The licensee shall maintain each record for three years after a defect is found.
- B. Each licensee shall have a program for semiannual visual inspection and routine maintenance of source holders, logging tools, injection tools, source handling tools, storage containers, transport containers, and uranium sinker bars to ensure that the required labeling is legible and that no physical damage is visible. If any defect is found, the licensee shall remove the equipment from service until it is repaired, and make a record listing: date of inspection, equipment involved, inspection and maintenance operations performed, each defect found, and each action taken to correct a defect. The licensee shall maintain each record for three years after a defect is found.
- C. A licensee shall not remove a sealed source from a source holder or logging tool, or perform maintenance on a sealed

source or source holder that contains a sealed source without written permission from the Department.

- D. If a sealed source is stuck in the source holder, a licensee shall not perform any operation, such as drilling, cutting, or chiseling, on the source holder unless the licensee is specifically authorized to perform the operation by the Department.
- E. The opening, repair, or modification of any sealed source is prohibited, unless authorized by the Department, the NRC, or an Agreement State.

Historical Note

New Section R9-7-1720 recodified from R12-1-1720 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1721. Training

- A. A licensee shall not permit an individual to act as a logging supervisor until that person has:
1. Completed training in the subjects outlined in subsection (E);
 2. Received copies of, and instruction in:
 - a. The applicable rules contained in 9 A.A.C. 7;
 - b. The Department license under which the logging supervisor will perform well logging; and
 - c. The licensee's operating and emergency procedures, required by R9-7-1722;
 3. Completed on-the-job training and demonstrated competence during a field evaluation in the use of licensed materials, remote handling tools, and radiation survey instruments; and
 4. Demonstrated understanding of the requirements in subsections (A)(1) and (A)(2) by successfully completing a written test.
- B. The licensee shall not permit an individual to act as a logging assistant until that person has:
1. Received instruction in applicable rules of 9 A.A.C. 7;
 2. Received copies of, and instruction in, the licensee's operating and emergency procedures required by R9-7-1722;
 3. Demonstrated understanding of the materials listed in subsections (B)(1) and (B)(2) by successfully completing a written or oral test; and
 4. Received instruction in the use of licensed materials, remote handling tools, and radiation survey instruments that is related to the logging assistant's intended job responsibilities.
- C. A licensee shall provide a safety training review for logging supervisors and logging assistants at least once during each calendar year. Each logging supervisor and logging assistant shall attend a safety training review at least once during the current calendar year.
- D. A licensee shall maintain a record of each logging supervisor's and logging assistant's initial training and annual safety training review. The training records shall include copies of written tests and dates of oral tests given after the effective date of this Section. The licensee shall maintain the initial training records for three years following termination of employment, and maintain records of each annual safety training review, including a list of subjects covered during the review, for three years.
- E. A licensee shall provide instruction in the following subjects in the training required by subsection (A)(1):
1. Fundamentals of radiation safety, including:
 - a. Characteristics of radiation;
 - b. Units of radiation dose and quantity of radioactivity;
 - c. Hazards of exposure to radiation;
 - d. Levels of radiation from licensed material;
 - e. Methods of controlling radiation dose (time, distance, and shielding); and

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- f. Radiation safety practices, including prevention of contamination and methods of decontamination;
2. Radiation detection instruments, including:
 - a. Use, operation, calibration, and limitations of radiation survey instruments;
 - b. Survey techniques; and
 - c. Use of personnel monitoring equipment;
3. Equipment, including:
 - a. Operation of equipment, including source handling equipment and remote handling tools;
 - b. Storage, control, and disposal of licensed material; and
 - c. Maintenance of equipment;
4. The requirements of pertinent federal and state law, and
5. Case histories of accidents in well logging.

Historical Note

New Section R9-7-1721 recodified from R12-1-1721 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1722. Operating and Emergency Procedures

Each licensee shall develop operating and emergency procedures on the following subjects:

1. Procedures designed to prevent individuals from being exposed to radiation in excess of the limits in Article 4 of this Chapter. This subject includes:
 - a. Use of a sealed source in a well without a surface casing for the purposes of protecting a fresh water aquifer, as appropriate;
 - b. Methods employed to minimize exposure from inhalation or ingestion of licensed tracer materials; and
 - c. Methods for minimizing exposure of individuals in the event of an accident;
2. Use of remote handling tools for manipulating a radioactive sealed source or tracer;
3. Methods and occasions for conducting a radiation survey;
4. Methods and occasions for locking and securing a source of radiation;
5. Personnel monitoring and the use of personnel monitoring equipment;
6. Transportation of a source to a temporary job site or field station, including packaging and placing the source of radiation in a vehicle, placarding the vehicle, and securing the source of radiation during transportation;
7. Procedure for notifying the Department if there is an accident;
8. Maintenance of records;
9. Inspection and maintenance of source holders, logging tools, source handling tools, storage containers, transport containers, and injection tools;
10. Procedure required if a sealed source is:
 - a. Lost or lodged downhole; or
 - b. Ruptured, including safeguards to prevent job site and personnel contamination, inhalation; and ingestion;
11. Procedures required for picking up, receiving, and opening packages that contain radioactive material; and
12. Procedures required for site and equipment surveys and decontamination following tracer studies.

Historical Note

New Section R9-7-1722 recodified from R12-1-1722 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1723. Personnel Monitoring

- A. A licensee shall not permit an individual to act as a logging supervisor or logging assistant unless that person wears, at all times during the handling of licensed radioactive materials, a

personnel dosimeter that is processed and evaluated by an accredited National Voluntary Laboratory Accreditation Program (NVLAP) processor.

- B. A licensee shall assign a personnel dosimeter to each individual, who shall wear the assigned equipment.
- C. A licensee shall replace film badges at least monthly and replace other personnel dosimeters at least quarterly. After replacement, a licensee shall promptly process each personnel dosimeter.
- D. A licensee shall provide bioassay services to each individual who uses licensed materials in subsurface tracer studies if required by the license.
- E. A licensee shall record exposures noted from personnel dosimeters required by subsection (A) and bioassay results and maintain these records for three years after the Department terminates the radioactive material license.

Historical Note

New Section R9-7-1723 recodified from R12-1-1723 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1724. Radioactive Contamination Control

- A. If a licensee detects evidence that a sealed source has ruptured or licensed materials have caused contamination, the licensee shall immediately initiate the emergency procedures required by R9-7-1722.
- B. If contamination results from the use of licensed material in well logging, the licensee shall decontaminate all affected areas, equipment, and personnel.
- C. During efforts to recover a source lodged in a well, the licensee shall continuously monitor, with a radiation detection instrument that complies with R9-7-1714 or a logging tool with a radiation detector, the well and any circulating fluids from the well to check for contamination resulting from damage to the source.

Historical Note

New Section R9-7-1724 recodified from R12-1-1724 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1725. Uranium Sinker Bars

A licensee may use a uranium sinker bar for a well logging application only if it is legibly impressed with the words "Caution Radioactive-Depleted Uranium" and "Notify Civil Authorities (or company name) if Found."

Historical Note

New Section R9-7-1725 recodified from R12-1-1725 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1726. Energy Compensation Source

- A. A licensee may use an energy compensation source (ECS) in a logging tool, or other tool component, if the ECS contains a quantity of radioactive material that does not exceed 3.7 MBq (100 microcuries).
- B. If used in a well with a surface casing, an ECS is subject to all Sections of this Article except R9-7-1702, R9-7-1728, and R9-7-1751.
- C. If used in a well logging hole without a surface casing, an ECS is subject to all Sections of this Article.

Historical Note

New Section R9-7-1726 recodified from R12-1-1726 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1727. Neutron Generator Source

- A. A licensee may use a tritium neutron generator source to produce neutrons for well logging applications.
- B. If the activity of a tritium neutron generator source does not exceed 1.11 TBq (30 Curies) and the source is used in a well

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with a surface casing, the source is subject to all Sections of this Article except R9-7-1702 and R9-7-1751.

- C. If the activity of a neutron generator source is equal to or exceeds 1.11 TBq (30 Curies) or the source is used in a well without a surface casing, the source is subject to all Sections of this Article.

Historical Note

New Section R9-7-1727 recodified from R12-1-1727 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1728. Use of a Sealed Source in a Well Without a Surface Casing

A licensee may use a sealed source in a well without a surface casing if the licensee follows a procedure for reducing the probability that the source will be lodged in the well. The procedure shall be separately approved by the Department or in a license issued by the Department, the NRC, or another Agreement State.

Historical Note

New Section R9-7-1728 recodified from R12-1-1728 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1729. Reserved**Historical Note**

Section R9-7-1729 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1730. Reserved**Historical Note**

Section R9-7-1730 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1731. Security

- A. A logging supervisor shall be physically present at a temporary job site whenever licensed material is being handled or is not stored and locked in a vehicle or storage place. The logging supervisor may leave the job site to obtain assistance if a source becomes lodged in a well.
- B. During well logging, except when a radiation source is below ground or in a shipping or storage container, the logging supervisor or other individual designated by the logging supervisor shall maintain direct surveillance of the operation to prevent unauthorized entry into a restricted area, as defined in R9-7-102.

Historical Note

New Section R9-7-1731 recodified from R12-1-1731 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1732. Handling Tools

The licensee shall provide and require the use of tools that will assure remote handling of sealed sources other than low-activity calibration sources.

Historical Note

New Section R9-7-1732 recodified from R12-1-1732 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1733. Subsurface Tracer Studies

- A. Any person who handles radioactive tracer material shall wear protective gloves and other appropriate protective clothing and equipment. Precautions shall be taken to avoid ingestion or inhalation of radioactive material.
- B. A licensee shall not inject radioactive material into potable aquifers without authority granted in a radioactive material license issued by the Department.
- C. A licensee shall dispose of tracer study waste contaminated with radioactive material in accordance with R9-7-434.

Historical Note

New Section R9-7-1733 recodified from R12-1-1733 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1734. Use of a Sealed Source in a Well Without a Surface Casing and Particle Accelerators

- A. A licensee or registrant may use a sealed source in a well without a surface casing to protect a fresh water aquifer if the licensee follows the correct procedure for reducing the probability that the source will become lodged in the well.
- B. A licensee or registrant shall not begin well logging operations in a well without a surface casing unless the Department has approved the licensee's procedure for logging in an uncased hole.
- C. A licensee or registrant shall not permit above-ground testing of a particle accelerator, designed for use in well-logging, which results in the production of radiation, unless the area or facility affected is controlled or shielded in a manner consistent with applicable requirements in Article 4 of this Chapter.

Historical Note

New Section R9-7-1734 recodified from R12-1-1734 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1735. Reserved**Historical Note**

Section R9-7-1735 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1736. Reserved**Historical Note**

Section R9-7-1736 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1737. Reserved**Historical Note**

Section R9-7-1737 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1738. Reserved**Historical Note**

Section R9-7-1738 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1739. Reserved**Historical Note**

Section R9-7-1739 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1740. Reserved**Historical Note**

Section R9-7-1740 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1741. Radiation Surveys

- A. A licensee shall perform and make a record of a radiation survey using instruments or calculations of radiation levels in each area where radioactive material is stored.
- B. A licensee shall make and record a radiation survey using instruments or calculations of radiation levels in occupied positions and on the exterior of each vehicle used to transport radioactive material. The survey or calculation shall include each source of radiation or combination of sources to be transported in the vehicle.
- C. After removal of the sealed source from the logging tool and before departing the job site, a licensee shall ensure that the logging tool detector is energized, or a survey meter is used to

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test the logging tool for contamination. The licensee shall record the test for contamination.

- D. The licensee shall make and record each survey using an appropriate survey instrument for the radionuclide being used, at the job site or wellhead for each tracer operation, except those using Hydrogen-3, Carbon-14 and Sulfur-35. Each survey shall include measurements of radiation levels before and after each tracer operation.
- E. Records of surveys conducted according to subsections (A) through (D) shall include the date of each survey, the identification of each individual making the survey, identification of each survey instrument used, each radiation measurement in millirem or microsievert per hour, and an exact description of the location of the survey. A licensee shall retain records of a survey for three years after completion of the survey.

Historical Note

New Section R9-7-1741 recodified from R12-1-1741 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1742. Documents and Records Required at Field Stations

Each licensee shall maintain the following documents and records at the field station:

1. A copy of 9 A.A.C. 7;
2. The license, authorizing use of licensed material;
3. Operating and emergency procedures required by R9-7-1722;
4. The record of radiation survey instrument calibrations required by R9-7-1714;
5. The record of leak test results required by R9-7-1715;
6. Physical inventory records required by R9-7-1716;
7. Utilization records required by R9-7-1717;
8. Records of inspection and maintenance required by R9-7-1720;
9. Training records required by R9-7-1721; and
10. Survey records required by R9-7-1741.

Historical Note

New Section R9-7-1742 recodified from R12-1-1742 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1743. Documents and Records Required at Temporary Job Sites

Each licensee that conducts operations at a temporary job site shall maintain the following documents and records at the temporary job site until the well logging operation is completed:

1. Operating and emergency procedures required by R9-7-1722;
2. The most current calibration records for the radiation survey instruments in use at the site required by R9-7-1714;
3. The most current survey records required by R9-7-1741.
4. The shipping papers for transportation of radioactive materials required by license condition; and
5. If operating under reciprocity in accordance with R9-7-320, a copy of the Department authorization for use of radioactive material in Arizona.

Historical Note

New Section R9-7-1743 recodified from R12-1-1743 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1744. Reserved**Historical Note**

Section R9-7-1744 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1745. Reserved**Historical Note**

Section R9-7-1745 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1746. Reserved**Historical Note**

Section R9-7-1746 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1747. Reserved**Historical Note**

Section R9-7-1747 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1748. Reserved**Historical Note**

Section R9-7-1748 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1749. Reserved**Historical Note**

Section R9-7-1749 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1750. Reserved**Historical Note**

Section R9-7-1750 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1751. Notification of Incidents and Lost Sources; Abandonment Procedures for Irretrievable Sources

- A. If, after making a reasonable effort to recover a sealed source or device that contains radioactive material using methods that are not likely to result in damage or rupture and contamination, a licensee determines that the source or device is lodged in a well, the licensee shall:
 1. Immediately notify the Department by telephone of the circumstances that resulted in the inability to retrieve the source and, if there is no evidence of contamination, obtain the following from the Department:
 - a. A determination that the source is irretrievable and abandonment is necessary because further efforts to recover the source are likely to result in an immediate threat to public health and safety; and
 - b. An approval to implement abandonment procedures;
 2. Advise the well owner or operator, as applicable, of the abandonment procedures implemented under R9-7-1702(A) and (C); and
 3. Either ensure that abandonment procedures are implemented within 30 days after the Department classifies the source as irretrievable or request an extension of time if unable to complete abandonment procedures.
- B. A licensee shall immediately notify the Department by telephone and subsequently, within 30 days, by confirmatory letter if the licensee knows or has reason to believe that a sealed source has been ruptured or the well has otherwise been contaminated. The letter shall describe the well location, the magnitude and extent of radioactive contamination, the consequences of the rupture, and the efforts planned or initiated to mitigate the consequences.
- C. A licensee shall notify the Department of the theft or loss of any radioactive material, radiation overexposure, excessive levels and concentrations of radiation, and incidents as required by R9-7-443, R9-7-444, and R9-7-445.
- D. A licensee shall, within 30 days after a sealed source has been classified as irretrievable, report in writing to the Department.

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The licensee shall send a copy of the report to each state or federal agency that issued permits or otherwise approved of the drilling operation. The report shall contain the following information:

1. Date of occurrence;
2. A description of the irretrievable well logging source involved, including the name of the radionuclide and its quantity, and the chemical and physical form of the radionuclide;
3. Surface location and identification of the well;
4. Results of efforts to immobilize and seal the source in place;
5. A brief description of the attempted recovery effort;
6. Depth of the source;
7. Depth of the top of the cement plug;
8. Depth of the well;
9. The reasons why further efforts to recover the source are likely to result in an immediate threat to public health and safety, necessitating abandonment;
10. Information contained on the permanent identification plaque; and
11. State and federal agencies receiving a copy of the report.

Historical Note

New Section R9-7-1751 recodified from R12-1-1751 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

ARTICLE 18. RESERVED**ARTICLE 19. PHYSICAL PROTECTION OF CATEGORY 1 AND CATEGORY 2 QUANTITIES OF RADIOACTIVE MATERIAL****R9-7-1901. Purpose**

This Article has been established to provide the requirements for the physical protection program for any licensee that possesses an aggregated category 1 or category 2 quantity of radioactive material listed in Appendix A to this Article. These requirements provide reasonable assurance of the security of category 1 or category 2 quantities of radioactive material by protecting these materials from theft or diversion. Specific requirements for access to material, use of material, transfer of material, and transport of material are included. No provision of this Article authorizes possession of licensed material.

Historical Note

New Section R9-7-1901 recodified from R12-1-1901 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1902. Reserved**Historical Note**

Section R9-7-1902 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1903. Scope

- A. R9-7-1921 through R9-7-1957 of this Article apply to any person who, under the rules in this chapter, possesses or uses at any site, an aggregated category 1 or category 2 quantity of radioactive material.
- B. R9-7-1971 through R9-7-1981 of this Article applies to any person who, under the rules of this chapter:
 1. Transports or delivers to a carrier for transport in a single shipment, a category 1 or category 2 quantity of radioactive material; or
 2. Imports or exports a category 1 or category 2 quantity of radioactive material; the provisions only apply to the domestic portion of the transport.

Historical Note

New Section R9-7-1903 recodified from R12-1-1903 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1904. Reserved**Historical Note**

Section R9-7-1904 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1905. Definitions

The following definitions apply in this Article, unless the context otherwise requires:

“Access control means a system for allowing only approved individuals to have unescorted access to the security zone and for ensuring that all other individuals are subject to escorted access.

“Act” means the Atomic Energy Act of 1954 (68 Stat. 919), including any amendments thereto.

“Aggregated” means accessible by the breach of a single physical barrier that would allow access to radioactive material in any form, including any devices that contain the radioactive material, when the total activity equals or exceeds a category 2 quantity of radioactive material.

“Agreement State” means any state with which the Atomic Energy Commission or the U.S. Nuclear Regulatory Commission has entered into an effective agreement under subsection 274b. of the Act. Non-agreement State means any other State.

“Approved individual” means an individual whom the licensee has determined to be trustworthy and reliable for unescorted access in accordance with R9-7-1921 through R9-7-1933 of this Article and who has completed the training required by R9-7-1943(C).

“Background investigation” means the investigation conducted by a licensee or applicant to support the determination of trustworthiness and reliability.

“Becquerel (Bq)” means one disintegration per second.

“Byproduct material” means the same as in R9-7-102.

“Category 1 quantity of radioactive material” means a quantity of radioactive material meeting or exceeding the category 1 threshold in Table 1 of Appendix A to this Article. This quantity is determined by calculating the ratio of the total activity of each radionuclide to the category 1 threshold for that radionuclide and adding the ratios together. If the sum is equal to or exceeds 1, the quantity would be considered a category 1 quantity. Category 1 quantities of radioactive material do not include the radioactive material contained in any fuel assembly, subassembly, fuel rod, or fuel pellet.

“Category 2 quantity of radioactive material” means a quantity of radioactive material meeting or exceeding the category 2 threshold but less than the category 1 threshold in Table 1 of Appendix A to this Article. This quantity is determined by calculating the ratio of the total activity of each radionuclide to the category 2 threshold for that radionuclide and adding the ratios together. If the sum is equal to or exceeds 1, the quantity would be considered a category 2 quantity. Category 2 quantities of radioactive material do not include the radioactive material contained in any fuel assembly, subassembly, fuel rod, or fuel pellet.

“Commission” means the U.S. Nuclear Regulatory Commission or its duly authorized representatives.

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“Curie” means the same as in R9-7-102.

“Diversion” means the unauthorized movement of radioactive material subject to this Article to a location different from the material’s authorized destination inside or outside of the site at which the material is used or stored.

“Escorted access” means accompaniment while in a security zone by an approved individual who maintains continuous direct visual surveillance at all times over an individual who is not approved for unescorted access.

“Fingerprint orders” means the orders issued by the U.S. Nuclear Regulatory Commission or the legally binding requirements issued by Agreement States that require fingerprints and criminal history records checks for individuals with unescorted access to category 1 and category 2 quantities of radioactive material or safeguards information-modified handling.

“Government agency” means any executive department, commission, independent establishment, corporation, wholly or partly owned by the United States of America which is an instrumentality of the United States, or any board, bureau, division, service, office, officer, authority, administration, or other establishment in the executive branch of the Government.

“License”, except where otherwise specified, means a license for byproduct material issued pursuant to the rules in Articles 3, 5, 7, and 15 of this chapter.

“License issuing authority” means the licensing agency that issued the license, i.e. the Department, the U.S. Nuclear Regulatory Commission, or the appropriate agency of an Agreement State.

“Local law enforcement agency (LLEA)” means a public or private organization that has been approved by a federal, state, or local government to carry firearms and make arrests, and is authorized and has the capability to provide an armed response in the jurisdiction where the licensed category 1 or category 2 quantity of radioactive material is used, stored, or transported.

“Lost or missing licensed material” means licensed material whose location is unknown. It includes material that has been shipped but has not reached its destination and whose location cannot be readily traced in the transportation system.

“Mobile device” means a piece of equipment containing licensed radioactive material that is either mounted on wheels or casters, or is otherwise equipped for moving without a need for disassembly or dismounting; or designed to be hand carried. Mobile devices do not include stationary equipment installed in a fixed location.

“Movement control center” means an operations center that is remote from transport activity and that maintains position information on the movement of radioactive material, receives reports of attempted attacks or thefts, provides a means for reporting these and other problems to appropriate agencies and can request and coordinate appropriate aid.

“No-later-than arrival time” means the date and time that the shipping licensee and receiving licensee have established as the time at which an investigation will be initiated if the shipment has not arrived at the receiving facility. The no-later-than arrival time may not be more than 6 hours after the estimated arrival time for shipments of category 2 quantities of radioactive material.

“Person” means:

Any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, Government agency other than the Commission or the DOE (except that the DOE shall be considered a person within the meaning of the rules in 10 CFR chapter I to the extent that its facilities and activities are subject to the licensing and related regulatory authority of the Commission under section 202 of the Energy Reorganization Act of 1974 (88 Stat. 1244), the Uranium Mill Tailings Radiation Control Act of 1978 (92 Stat. 3021), the Nuclear Waste Policy Act of 1982 (96 Stat. 2201), and section 3(b)(2) of the Low-Level Radioactive Waste Policy Amendments Act of 1985 (99 Stat. 1842)), any State or any political subdivision of or any political entity within a State, any foreign government or nation or any political subdivision of any such government or nation, or other entity; and

Any legal successor, representative, agent, or agency of the foregoing.

“Reviewing official” means the individual who shall make the trustworthiness and reliability determination of an individual to determine whether the individual may have, or continue to have, unescorted access to the category 1 or category 2 quantities of radioactive materials that are possessed by the licensee.

“Sabotage” means deliberate damage, with malevolent intent, to a category 1 or category 2 quantity of radioactive material, a device that contains a category 1 or category 2 quantity of radioactive material, or the components of the security system.

“Safe haven” means a readily recognizable and readily accessible site at which security is present or from which, in the event of an emergency, the transport crew can notify and wait for the local law enforcement authorities.

“Security zone” means any temporary or permanent area determined and established by the licensee for the physical protection of category 1 or category 2 quantities of radioactive material.

“State” means a State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

“Telemetric position monitoring system” means a data transfer system that captures information by instrumentation and/or measuring devices about the location and status of a transport vehicle or package between the departure and destination locations.

“Trustworthiness and reliability” means characteristics of an individual considered dependable in judgment, character, and performance, such that unescorted access to category 1 or category 2 quantities of radioactive material by that individual does not constitute an unreasonable risk to the public health and safety or security. A determination of trustworthiness and reliability for this purpose is based upon the results from a background investigation.

“Unescorted access” means solitary access to an aggregated category 1 or category 2 quantity of radioactive material or the devices that contain the material.

“United States” when used in a geographical sense, includes Puerto Rico and all territories and possessions of the United States.

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Historical Note

New Section R9-7-1905 recodified from R12-1-1905 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1906. Reserved**Historical Note**

Section R9-7-1906 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1907. Communications

Except where otherwise specified or covered under licensing program as provided in this chapter, all communications and reports concerning the rules in this Article may be sent as follows:

1. By mail addressed to: ATTN: Arizona Department of Health Services; Bureau of Radiation Control ; Radioactive Materials Program; 4814 South 40th Street, Phoenix, Arizona 85040;
2. By hand delivery to the Department's offices at 4814 South 40th Street, Phoenix, Arizona 85040;
3. Where practicable, by electronic submission, for example, Electronic Information Exchange, or CD-ROM. Electronic submissions shall be made in a manner that enables the Department to receive, read, authenticate, distribute, and archive the submission, and process and retrieve it a single page at a time. Electronic submissions can be made by visiting the Department's website at <http://www.azdhs.gov/licensing/radiation-regulatory/index.php> and selecting specific RAM (Radioactive Material) Staff contact information or by email to ram@azdhs.gov.

Historical Note

New Section R9-7-1907 recodified from R12-1-1907 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1908. Reserved**Historical Note**

Section R9-7-1908 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1909. Interpretations

Except as specifically authorized by the Department in writing, no interpretations of the meaning of the rules in this Article by any officer or employee of the Department other than a written interpretation by the Arizona Assistant Attorney General counsel assigned to the Department will be recognized as binding upon the Department.

Historical Note

New Section R9-7-1909 recodified from R12-1-1909 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1910. Reserved**Historical Note**

Section R9-7-1910 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1911. Specific Exemptions

- A. The Department may, upon application of any interested person or upon its own initiative, grant such exemptions from the requirements of the rules in this Article as it determines are authorized by law and will not endanger life or property or the common defense and security, and are otherwise in the public interest.
- B. Any licensee's NRC-licensed activities are exempt from the requirements of R9-7-1921 through R9-7-1957 of this Article to the extent that its activities are included in a security plan required by 10 CFR part 73 revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

- C. A licensee that possesses radioactive waste that contains category 1 or category 2 quantities of radioactive material is exempt from the requirements of R9-7-1921 through R9-7-1981 of this Article, except that any radioactive waste that contains discrete sources, ion-exchange resins, or activated material that weighs less than 2,000 kg (4,409 lbs.) is not exempt from the requirements of this Article. The licensee shall implement the following requirements to secure the radioactive waste:

1. Use continuous physical barriers that allow access to the radioactive waste only through established access control points;
2. Use a locked door or gate with monitored alarm at the access control point;
3. Assess and respond to each actual or attempted unauthorized access to determine whether an actual or attempted theft, sabotage, or diversion occurred; and
4. Immediately notify the LLEA and request an armed response from the LLEA upon determination that there was an actual or attempted theft, sabotage, or diversion of the radioactive waste that contains category 1 or category 2 quantities of radioactive material.

Historical Note

New Section R9-7-1911 recodified from R12-1-1911 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1912. Reserved**Historical Note**

Section R9-7-1912 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1913. Reserved**Historical Note**

Section R9-7-1913 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1914. Reserved**Historical Note**

Section R9-7-1914 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1915. Reserved**Historical Note**

Section R9-7-1915 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1916. Reserved**Historical Note**

Section R9-7-1916 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1917. Reserved**Historical Note**

Section R9-7-1917 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1918. Reserved**Historical Note**

Section R9-7-1918 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1919. Reserved

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Historical Note

Section R9-7-1919 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1920. Reserved**Historical Note**

Section R9-7-1920 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1921. Personnel Access Authorization Requirements for Category 1 or Category 2 Quantities of Radioactive Material**A. General:**

1. Each licensee that possesses an aggregated quantity of radioactive material at or above the category 2 threshold shall establish, implement, and maintain its access authorization program in accordance with the requirements of this Article.
2. An applicant for a new license and each licensee that would become newly subject to the requirements of this Article upon application for modification of its license shall implement the requirements of this Article, as appropriate, before taking possession of an aggregated category 1 or category 2 quantity of radioactive material.
3. Any licensee that has not previously implemented the Security Orders or been subject to the provisions of R9-7-1921 through R9-7-1933 shall implement the provisions of R9-7-1921 through R9-7-1933 before aggregating radioactive material to a quantity that equals or exceeds the category 2 threshold.

B. General performance objective: The licensee's access authorization program shall ensure that the individuals specified in subsection (C)(1) are trustworthy and reliable.**C. Applicability:**

1. Licensees shall subject the following individuals to an access authorization program:
 - a. Any individual whose assigned duties require unescorted access to category 1 or category 2 quantities of radioactive material or to any device that contains the radioactive material; and
 - b. Reviewing officials.
2. Licensees need not subject the categories of individuals listed in R9-7-1929(A) to the investigation elements of the access authorization program.
3. Licensees shall approve for unescorted access to category 1 or category 2 quantities of radioactive material only those individuals with job duties that require unescorted access to category 1 or category 2 quantities of radioactive material.
4. Licensees may include individuals in the access authorization program under R9-7-1921 through R9-7-1933 and needing access to safeguards information-modified handling under 10 CFR part 73 revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments.

Historical Note

New Section R9-7-1921 recodified from R12-1-1921 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1922. Reserved**Historical Note**

Section R9-7-1922 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1923. Access Authorization Program Requirements**A. Granting unescorted access authorization:**

1. Licensees shall implement the requirements of this Article for granting initial or reinstated unescorted access authorization.
2. Individuals who have been determined to be trustworthy and reliable shall also complete the security training required by R9-7-1943(C) before being allowed unescorted access to category 1 or category 2 quantities of radioactive material.

B. Reviewing officials:

1. Reviewing officials are the only individuals who may make trustworthiness and reliability determinations that allow individuals to have unescorted access to category 1 or category 2 quantities of radioactive materials possessed by the licensee.
2. Each licensee shall name one or more individuals to be reviewing officials. After completing the background investigation on the reviewing official, the licensee shall provide under oath or affirmation, a certification that the reviewing official is deemed trustworthy and reliable by the licensee. The fingerprints of the named reviewing official shall be taken by a law enforcement agency, Federal or State agencies that provide fingerprinting services to the public, or commercial fingerprinting services authorized by a State to take fingerprints. The licensee shall recertify that the reviewing official is deemed trustworthy and reliable every 10 years in accordance with R9-7-1925(C).
3. Reviewing officials shall be permitted to have unescorted access to category 1 or category 2 quantities of radioactive materials or access to safeguards information or safeguards information-modified handling, if the licensee possesses safeguards information or safeguards information-modified handling. Reviewing officials permitted unescorted access to category 1 or category 2 quantities of radioactive materials shall receive appropriate radiation safety training initially and at a frequency not to exceed 12 months. The licensee shall maintain records of the initial and refresher training for three years from the date of training for Department review.
4. Reviewing officials cannot approve other individuals to act as reviewing officials.
5. A reviewing official does not need to undergo a new background investigation before being named by the licensee as the reviewing official if:
 - a. The individual has undergone a background investigation that included fingerprinting and an FBI criminal history records check and has been determined to be trustworthy and reliable by the licensee; or
 - b. The individual is subject to a category listed in R9-7-1929(A).

C. Informed consent:

1. Licensees may not initiate a background investigation without the informed and signed consent of the subject individual. This consent shall include authorization to share personal information with other individuals or organizations as necessary to complete the background investigation. Before a final adverse determination, the licensee shall provide the individual with an opportunity to correct any inaccurate or incomplete information that is developed during the background investigation. Licensees do not need to obtain signed consent from those individuals that meet the requirements of R9-7-1925(B). A signed consent shall be obtained prior to any reinvestigation.

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2. The subject individual may withdraw his or her consent at any time. Licensees shall inform the individual that:
 - a. If an individual withdraws his or her consent, the licensee may not initiate any elements of the background investigation that were not in progress at the time the individual withdrew his or her consent; and
 - b. The withdrawal of consent for the background investigation is sufficient cause for denial or termination of unescorted access authorization.
- D. Personal history disclosure:** Any individual who is applying for unescorted access authorization shall disclose the personal history information that is required by the licensee's access authorization program for the reviewing official to make a determination of the individual's trustworthiness and reliability. Refusal to provide, or the falsification of, any personal history information required by this Article is sufficient cause for denial or termination of unescorted access.
- E. Determination basis:**
 1. The reviewing official shall determine whether to permit, deny, unfavorably terminate, maintain, or administratively withdraw an individual's unescorted access authorization based on an evaluation of all of the information collected to meet the requirements of this Article.
 2. The reviewing official may not permit any individual to have unescorted access until the reviewing official has evaluated all of the information collected to meet the requirements of this Article and determined that the individual is trustworthy and reliable. The reviewing official may deny unescorted access to any individual based on information obtained at any time during the background investigation.
 3. The licensee shall document the basis for concluding whether or not there is reasonable assurance that an individual is trustworthy and reliable.
 4. The reviewing official may terminate or administratively withdraw an individual's unescorted access authorization based on information obtained after the background investigation has been completed and the individual granted unescorted access authorization.
 5. Licensees shall maintain a list of persons currently approved for unescorted access authorization. When a licensee determines that a person no longer requires unescorted access or meets the access authorization requirement, the licensee shall remove the person from the approved list as soon as possible, but no later than 7 working days, and take prompt measures to ensure that the individual is unable to have unescorted access to the material.
- F. Procedures:** Licensees shall develop, implement, and maintain written procedures for implementing the access authorization program. The procedures shall include provisions for the notification of individuals who are denied unescorted access. The procedures shall include provisions for the review, at the request of the affected individual, of a denial or termination of unescorted access authorization. The procedures shall contain a provision to ensure that the individual is informed of the grounds for the denial or termination of unescorted access authorization and allow the individual an opportunity to provide additional relevant information.
- G. Right to correct and complete information:**
 1. Prior to any final adverse determination, licensees shall provide each individual subject to this Article with the right to complete, correct, and explain information obtained as a result of the licensee's background investigation. Confirmation of receipt by the individual of this notification shall be maintained by the licensee for a period of 1 year from the date of the notification.
2. If, after reviewing his or her criminal history record, an individual believes that it is incorrect or incomplete in any respect and wishes to change, correct, update, or explain anything in the record, the individual may initiate challenge procedures. These procedures include direct application by the individual challenging the record to the law enforcement agency that contributed the questioned information or a direct challenge as to the accuracy or completeness of any entry on the criminal history record to the Federal Bureau of Investigation, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306 as set forth in 28 CFR 16.30 through 16.34. In the latter case, the Federal Bureau of Investigation (FBI) will forward the challenge to the agency that submitted the data, and will request that the agency verify or correct the challenged entry. Upon receipt of an official communication directly from the agency that contributed the original information, the FBI Identification Division makes any changes necessary in accordance with the information supplied by that agency. Licensees shall provide at least 10 days for an individual to initiate action to challenge the results of an FBI criminal history records check after the record being made available for his or her review. The licensee may make a final adverse determination based upon the criminal history records only after receipt of the FBI's confirmation or correction of the record.
- H. Records:**
 1. The licensee shall retain documentation regarding the trustworthiness and reliability of individual employees for 3 years from the date the individual no longer requires unescorted access to category 1 or category 2 quantities of radioactive material.
 2. The licensee shall retain a copy of the current access authorization program procedures as a record for 3 years after the procedure is no longer needed. If any portion of the procedure is superseded, the licensee shall retain the superseded material for 3 years after the record is superseded.
 3. The licensee shall retain the list of persons approved for unescorted access authorization for 3 years after the list is superseded or replaced.

Historical Note

New Section R9-7-1923 recodified from R12-1-1923 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1924. Reserved**Historical Note**

Section R9-7-1924 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1925. Background Investigations

- A. Initial investigation:** Before allowing an individual unescorted access to category 1 or category 2 quantities of radioactive material or to the devices that contain the material, licensees shall complete a background investigation of the individual seeking unescorted access authorization. The scope of the investigation shall encompass at least the 7 years preceding the date of the background investigation or since the individual's eighteenth birthday, whichever is shorter. The background investigation shall include at a minimum:
 1. Fingerprinting and an FBI identification and criminal history records check in accordance with R9-7-1927;

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2. Verification of true identity. Licensees shall verify the true identity of the individual who is applying for unescorted access authorization to ensure that the applicant is who he or she claims to be. A licensee shall review official identification documents (e.g., driver's license; passport; government identification; certificate of birth issued by the state, province, or country of birth) and compare the documents to personal information data provided by the individual to identify any discrepancy in the information. Licensees shall document the type, expiration, and identification number of the identification document, or maintain a photocopy of identifying documents on file in accordance with R9-7-1931. Licensees shall certify in writing that the identification was properly reviewed, and shall maintain the certification and all related documents for review upon inspection;
 3. Employment history verification. Licensees shall complete an employment history verification, including military history. Licensees shall verify the individual's employment with each previous employer for the most recent 7 years before the date of application;
 4. Verification of education. Licensees shall verify that the individual participated in the education process during the claimed period;
 5. Character and reputation determination. Licensees shall complete reference checks to determine the character and reputation of the individual who has applied for unescorted access authorization. Unless other references are not available, reference checks may not be conducted with any person who is known to be a close member of the individual's family, including but not limited to the individual's spouse, parents, siblings, or children, or any individual who resides in the individual's permanent household. Reference checks under this section shall be limited to whether the individual has been and continues to be trustworthy and reliable;
 6. The licensee shall also, to the extent possible, obtain independent information to corroborate that provided by the individual (e.g., seek references not supplied by the individual); and
 7. If a previous employer, educational institution, or any other entity with which the individual claims to have been engaged fails to provide information or indicates an inability or unwillingness to provide information within a time frame deemed appropriate by the licensee but at least after 10 business days of the request or if the licensee is unable to reach the entity, the licensee shall document the refusal, unwillingness, or inability in the record of investigation; and attempt to obtain the information from an alternate source.
- B. Grandfathering:**
1. Individuals who have been determined to be trustworthy and reliable for unescorted access to category 1 or category 2 quantities of radioactive material under the Fingerprint Orders may continue to have unescorted access to category 1 and category 2 quantities of radioactive material without further investigation. These individuals shall be subject to the reinvestigation requirement.
 2. Individuals who have been determined to be trustworthy and reliable under the provisions of 10 CFR part 73 revised January 1, 2015, incorporated by reference, available under R9-7-101, and containing no future editions or amendments; or the security orders for access to safeguards information, safeguards information-modified handling, or risk-significant material may have unescorted access to category 1 and category 2 quantities of radioactive material without further investigation. The licensee shall document that the individual was determined to be trustworthy and reliable under the provisions of 10 CFR part 73 revised January 1, 2015, incorporated by reference, available under R9-7-101, and containing no future editions or amendments; or a security order. Security order, in this context, refers to any order that was issued by the NRC that required fingerprints and an FBI criminal history records check for access to safeguards information, safeguards information-modified handling, or risk significant material such as special nuclear material or large quantities of uranium hexafluoride. These individuals shall be subject to the reinvestigation requirement.
- C. Re-investigations:** Licensees shall conduct a reinvestigation every 10 years for any individual with unescorted access to category 1 or category 2 quantities of radioactive material. The reinvestigation shall consist of fingerprinting and an FBI identification and criminal history records check in accordance with R9-7-1927. The re-investigations shall be completed within 10 years of the date on which these elements were last completed.

Historical Note

New Section R9-7-1925 recodified from R12-1-1925 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1926. Reserved**Historical Note**

Section R9-7-1926 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1927. Requirements for Criminal History Records Checks of Individuals Granted Unescorted Access to Category 1 or Category 2 Quantities of Radioactive Material

- A. General performance objective and requirements:**
1. Except for those individuals listed in R9-7-1929 and those individuals grandfathered under R9-7-1925(B), each licensee subject to the provisions of this Article shall fingerprint each individual who is to be permitted unescorted access to category 1 or category 2 quantities of radioactive material. Licensees shall transmit all collected fingerprints to the Department for transmission to the FBI. The licensee shall use the information received from the FBI as part of the required background investigation to determine whether to grant or deny further unescorted access to category 1 or category 2 quantities of radioactive materials for that individual.
 2. The licensee shall notify each affected individual that his or her fingerprints will be used to secure a review of his or her criminal history record, and shall inform him or her of the procedures for revising the record or adding explanations to the record.
 3. Fingerprinting is not required if a licensee is reinstating an individual's unescorted access authorization to category 1 or category 2 quantities of radioactive materials if:
 - a. The individual returns to the same facility that granted unescorted access authorization within 365 days of the termination of his or her unescorted access authorization; and
 - b. The previous access was terminated under favorable conditions.
 4. Fingerprints do not need to be taken if an individual who is an employee of a licensee, contractor, manufacturer, or supplier has been granted unescorted access to category 1 or category 2 quantities of radioactive material, access to safeguards information, or safeguards information-modified handling.

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fied handling by another licensee, based upon a background investigation conducted under this Article, the Fingerprint Orders, or 10 CFR part 73, revised January 1, 2015, incorporated by reference, and available under R9-7-101. This incorporated material contains no future editions or amendments. An existing criminal history records check file may be transferred to the licensee asked to grant unescorted access in accordance with the provisions of R9-7-1931(C).

5. Licensees shall use the information obtained as part of a criminal history records check solely for the purpose of determining an individual's suitability for unescorted access authorization to category 1 or category 2 quantities of radioactive materials, access to safeguards information, or safeguards information-modified handling.

B. Prohibitions:

1. Licensees may not base a final determination to deny an individual unescorted access authorization to category 1 or category 2 quantities of radioactive material solely on the basis of information received from the FBI involving:
 - a. An arrest more than 1 year old for which there is no information of the disposition of the case; or
 - b. An arrest that resulted in dismissal of the charge or an acquittal.
2. Licensees may not use information received from a criminal history records check obtained under this section in a manner that would infringe upon the rights of any individual under the First Amendment to the Constitution of the United States, nor shall licensees use the information in any way that would discriminate among individuals on the basis of race, religion, national origin, gender, or age.

C. Procedures for processing of fingerprint checks:

1. For the purpose of complying with this Article, licensees shall use an appropriate method listed in 10 CFR 37.7, revised January 1, 2015, incorporated by reference, available under R9-7-101, and containing no future editions or amendments; to submit to the U.S. Nuclear Regulatory Commission, Director, Division of Facilities and Security, 11545 Rockville Pike, ATTN: Criminal History Program/Mail Stop TWB-05 B32M, Rockville, Maryland 20852, one completed, legible standard fingerprint card (Form FD-258, ORIMDNRCOOOZ), electronic fingerprint scan or, where practicable, other fingerprint record for each individual requiring unescorted access to category 1 or category 2 quantities of radioactive material. Copies of these forms may be obtained by writing the Office of the Chief Information Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, by calling 1-630-829-9565, or by email to FORMS.Resource@nrc.gov. Guidance on submitting electronic fingerprints can be found at <http://www.nrc.gov/site-help/e-submittals.html>.
2. Fees for the processing of fingerprint checks are due upon application. Licensees shall submit payment with the application for the processing of fingerprints through corporate check, certified check, cashier's check, money order, or electronic payment, made payable to "U.S. NRC." (For guidance on making electronic payments, contact the Security Branch, Division of Facilities and Security at 301-492-3531.) Combined payment for multiple applications is acceptable. The Commission publishes the amount of the fingerprint check application fee on the NRC's public website. (To find the current fee amount, go to the Electronic Submittals page at <http://www.nrc.gov/site-help/e-submittals.html> and see the link

for the Criminal History Program under Electronic Submission Systems.)

3. The U.S. Nuclear Regulatory Commission will forward to the submitting licensee all data received from the FBI as a result of the licensee's application(s) for criminal history records checks.

Historical Note

New Section R9-7-1927 recodified from R12-1-1927 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-1928. Reserved

Historical Note

Section R9-7-1928 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1929. Relief From Fingerprinting, Identification, and Criminal History Records Checks and Other Elements of Background Investigations for Designated Categories of Individuals Permitted Unescorted Access to Certain Radioactive Materials

- A. Fingerprinting, and the identification and criminal history records checks required by section 149 of the Atomic Energy Act of 1954, as amended, and other elements of the background investigation are not required for the following individuals prior to granting unescorted access to category 1 or category 2 quantities of radioactive materials:
 1. An employee of the U.S. Nuclear Regulatory Commission or of the Executive Branch of the U.S. Government who has undergone fingerprinting for a prior U.S. Government criminal history records check;
 2. A Member of Congress;
 3. An employee of a member of Congress or Congressional committee who has undergone fingerprinting for a prior U.S. Government criminal history records check;
 4. The Governor of a State or his or her designated State employee representative;
 5. Federal, State, or local law enforcement personnel;
 6. State Radiation Control Program Directors and State Homeland Security Advisors or their designated State employee representatives;
 7. Agreement State employees conducting security inspections on behalf of the NRC under an agreement executed under section 274.i. of the Atomic Energy Act;
 8. Representatives of the International Atomic Energy Agency (IAEA) engaged in activities associated with the U.S./IAEA Safeguards Agreement who have been certified by the NRC;
 9. Emergency response personnel who are responding to an emergency;
 10. Commercial vehicle drivers for road shipments of category 1 and category 2 quantities of radioactive material;
 11. Package handlers at transportation facilities such as freight terminals and railroad yards;
 12. Any individual who has an active Federal security clearance, provided that he or she makes available the appropriate documentation. Written confirmation from the agency/employer that granted the Federal security clearance or reviewed the criminal history records check shall be provided to the licensee. The licensee shall retain this documentation for a period of 3 years from the date the individual no longer requires unescorted access to category 1 or category 2 quantities of radioactive material; and
 13. Any individual employed by a service provider licensee for which the service provider licensee has conducted the

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background investigation for the individual and approved the individual for unescorted access to category 1 or category 2 quantities of radioactive material. Written verification from the service provider shall be provided to the licensee. The licensee shall retain the documentation for a period of 3 years from the date the individual no longer requires unescorted access to category 1 or category 2 quantities of radioactive material.

- B.** Fingerprinting, and the identification and criminal history records checks required by section 149 of the Atomic Energy Act of 1954, as amended, are not required for an individual who has had a favorably adjudicated U.S. Government criminal history records check within the last 5 years, under a comparable U.S. Government program involving fingerprinting and an FBI identification and criminal history records check provided that he or she makes available the appropriate documentation. Written confirmation from the agency/employer that reviewed the criminal history records check shall be provided to the licensee. The licensee shall retain this documentation for a period of 3 years from the date the individual no longer requires unescorted access to category 1 or category 2 quantities of radioactive material. These programs include, but are not limited to:
1. National Agency Check;
 2. Transportation Worker Identification Credentials (TWIC) under 49 CFR part 1572;
 3. Bureau of Alcohol, Tobacco, Firearms, and Explosives background check and clearances under 27 CFR part 555;
 4. Health and Human Services security risk assessments for possession and use of select agents and toxins under 42 CFR part 73;
 5. Hazardous Material security threat assessment for hazardous material endorsement to commercial driver's license under 49 CFR part 1572; and
 6. Customs and Border Protection's Free and Secure Trade (FAST) Program.

Historical Note

New Section R9-7-1929 recodified from R12-1-1929 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1930. Reserved**Historical Note**

Section R9-7-1930 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1931. Protection of Information

- A.** Each licensee who obtains background information on an individual under this Article shall establish and maintain a system of files and written procedures for protection of the record and the personal information from unauthorized disclosure.
- B.** The licensee may not disclose the record or personal information collected and maintained to persons other than the subject individual, his or her representative, or to those who have a need to have access to the information in performing assigned duties in the process of granting or denying unescorted access to category 1 or category 2 quantities of radioactive material, safeguards information, or safeguards information-modified handling. No individual authorized to have access to the information may disseminate the information to any other individual who does not have a need to know.
- C.** The personal information obtained on an individual from a background investigation may be provided to another licensee:
1. Upon the individual's written request to the licensee holding the data to disseminate the information contained in his or her file; and

2. The recipient licensee verifies information such as name, date of birth, social security number, gender, and other applicable physical characteristics.

- D.** The licensee shall make background investigation records obtained under this Article available for examination by an authorized representative of the Department to determine compliance with the rules and laws.
- E.** The licensee shall retain all fingerprint and criminal history records (including data indicating no record) received from the FBI, or a copy of these records if the individual's file has been transferred, on an individual for 3 years from the date the individual no longer requires unescorted access to category 1 or category 2 quantities of radioactive material.

Historical Note

New Section R9-7-1931 recodified from R12-1-1931 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1932. Reserved**Historical Note**

Section R9-7-1932 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1933. Access Authorization Program Review

- A.** Each licensee shall be responsible for the continuing effectiveness of the access authorization program. Each licensee shall ensure that access authorization programs are reviewed to confirm compliance with the requirements of this Article and that comprehensive actions are taken to correct any noncompliance that is identified. The review program shall evaluate all program performance objectives and requirements. Each licensee shall periodically (at least annually) review the access program content and implementation.
- B.** The results of the reviews, along with any recommendations, shall be documented. Each review report shall identify conditions that are adverse to the proper performance of the access authorization program, the cause of the condition(s), and, when appropriate, recommend corrective actions, and corrective actions taken. The licensee shall review the findings and take any additional corrective actions necessary to preclude repetition of the condition, including reassessment of the deficient areas where indicated.
- C.** Review records shall be maintained for 3 years.

Historical Note

New Section R9-7-1933 recodified from R12-1-1933 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1934. Reserved**Historical Note**

Section R9-7-1934 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1935. Reserved**Historical Note**

Section R9-7-1935 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1936. Reserved**Historical Note**

Section R9-7-1936 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1937. Reserved

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Historical Note

Section R9-7-1937 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1938. Reserved**Historical Note**

Section R9-7-1938 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1939. Reserved**Historical Note**

Section R9-7-1939 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1940. Reserved**Historical Note**

Section R9-7-1940 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1941. Security Program**A. Applicability:**

1. Each licensee that possesses an aggregated category 1 or category 2 quantity of radioactive material shall establish, implement, and maintain a security program in accordance with the requirements of this Article.
2. An applicant for a new license and each licensee that would become newly subject to the requirements of this Article upon application for modification of its license shall implement the requirements of this Article, as appropriate, before taking possession of an aggregated category 1 or category 2 quantity of radioactive material.
3. Any licensee that has not previously implemented the Security Orders or been subject to the provisions of R9-7-1941 through R9-7-1957 shall provide written notification to the Department, as specified in R9-7-1907, at least 90 days before aggregating radioactive material to a quantity that equals or exceeds the category 2 threshold.

B. General performance objective: Each licensee shall establish, implement, and maintain a security program that is designed to monitor and, without delay, detect, assess, and respond to an actual or attempted unauthorized access to category 1 or category 2 quantities of radioactive material.**C. Program features:** Each licensee's security program shall include the program features, as appropriate, described in R9-7-1943, R9-7-1945, R9-7-1947, R9-7-1949, R9-7-1951, R9-7-1953, and R9-7-1955.**Historical Note**

New Section R9-7-1941 recodified from R12-1-1941 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1942. Reserved**Historical Note**

Section R9-7-1942 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1943. General Security Program Requirements**A. Security plan:**

1. Each licensee identified in R9-7-1941(A) shall develop a written security plan specific to its facilities and operations. The purpose of the security plan is to establish the licensee's overall security strategy to ensure the integrated and effective functioning of the security program required by this Article. The security plan shall, at a minimum:
 - a. Describe the measures and strategies used to implement the requirements of this Article; and

- b. Identify the security resources, equipment, and technology used to satisfy the requirements of this Article.

2. The security plan shall be reviewed and approved by the individual with overall responsibility for the security program.

3. A licensee shall revise its security plan as necessary to ensure the effective implementation of Department requirements. The licensee shall ensure that:
 - a. The revision has been reviewed and approved by the individual with overall responsibility for the security program; and

- b. The affected individuals are instructed on the revised plan before the changes are implemented.

4. The licensee shall retain a copy of the current security plan as a record for 3 years after the security plan is no longer required. If any portion of the plan is superseded, the licensee shall retain the superseded material for 3 years after the record is superseded.

B. Implementing procedures:

1. The licensee shall develop and maintain written procedures that document how the requirements of this Article and the security plan will be met.
2. The implementing procedures and revisions to these procedures shall be approved in writing by the individual with overall responsibility for the security program.
3. The licensee shall retain a copy of the current procedure as a record for 3 years after the procedure is no longer needed. Superseded portions of the procedure shall be retained for 3 years after the record is superseded.

C. Training:

1. Each licensee shall conduct training to ensure that those individuals implementing the security program possess and maintain the knowledge, skills, and abilities to carry out their assigned duties and responsibilities effectively. The training shall include instruction in:
 - a. The licensee's security program and procedures to secure category 1 or category 2 quantities of radioactive material, and in the purposes and functions of the security measures employed;
 - b. The responsibility to report promptly to the licensee any condition that causes or may cause a violation of Department requirements;
 - c. The responsibility of the licensee to report promptly to the local law enforcement agency and licensee any actual or attempted theft, sabotage, or diversion of category 1 or category 2 quantities of radioactive material; and
 - d. The appropriate response to security alarms.
2. In determining those individuals who shall be trained on the security program, the licensee shall consider each individual's assigned activities during authorized use and response to potential situations involving actual or attempted theft, diversion, or sabotage of category 1 or category 2 quantities of radioactive material. The extent of the training shall be commensurate with the individual's potential involvement in the security of category 1 or category 2 quantities of radioactive material.
3. Refresher training shall be provided at a frequency not to exceed 12 months and when significant changes have been made to the security program. This training shall include:
 - a. Review of the training requirements of subsection (c) and any changes made to the security program since the last training;

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- b. Reports on any relevant security issues, problems, and lessons learned;
 - c. Relevant results of Department inspections; and
 - d. Relevant results of the licensee's program review and testing and maintenance.
4. The licensee shall maintain records of the initial and refresher training for 3 years from the date of the training. The training records shall include dates of the training, topics covered, a list of licensee personnel in attendance, and related information.

D. Protection of information:

1. Licensees authorized to possess category 1 or category 2 quantities of radioactive material shall limit access to and unauthorized disclosure of their security plan, implementing procedures, and the list of individuals that have been approved for unescorted access.
2. Efforts to limit access shall include the development, implementation, and maintenance of written policies and procedures for controlling access to, and for proper handling and protection against unauthorized disclosure of, the security plan and implementing procedures.
3. Before granting an individual access to the security plan or implementing procedures, licensees shall:
 - a. Evaluate an individual's need to know the security plan or implementing procedures; and
 - b. If the individual has not been authorized for unescorted access to category 1 or category 2 quantities of radioactive material, safeguards information, or safeguards information-modified handling, the licensee shall complete a background investigation to determine the individual's trustworthiness and reliability. A trustworthiness and reliability determination shall be conducted by the reviewing official and shall include the background investigation elements contained in R9-7-1925(A)(2) through (A)(7).
4. Licensees need not subject the following individuals to the background investigation elements for protection of information:
 - a. The categories of individuals listed in R9-7-1929(A); or
 - b. Security service provider employees, provided written verification that the employee has been determined to be trustworthy and reliable, by the required background investigation in R9-7-1925(A)(2) through (A)(7), has been provided by the security service provider.
5. The licensee shall document the basis for concluding that an individual is trustworthy and reliable and should be granted access to the security plan or implementing procedures.
6. Licensees shall maintain a list of persons currently approved for access to the security plan or implementing procedures. When a licensee determines that a person no longer needs access to the security plan or implementing procedures or no longer meets the access authorization requirements for access to the information, the licensee shall remove the person from the approved list as soon as possible, but no later than 7 working days, and take prompt measures to ensure that the individual is unable to obtain the security plan or implementing procedures.
7. When not in use, the licensee shall store its security plan and implementing procedures in a manner to prevent unauthorized access. Information stored in non-removable electronic form shall be password protected.
8. The licensee shall retain as a record for 3 years after the document is no longer needed:

- a. A copy of the information protection procedures; and
 - b. The list of individuals approved for access to the security plan or implementing procedures.
9. State officials, State employees, and other individuals, whether or not licensees of the Commission or an Agreement State, who receive schedule information of the kind specified in subsection (D)(1) shall protect that information against unauthorized disclosure as specified in subsection (D)(2).

Historical Note

New Section R9-7-1943 recodified from R12-1-1943 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-1944. Reserved**Historical Note**

Section R9-7-1944 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1945. Local Law Enforcement Agency (LLEA) Coordination

- A.** A licensee subject to this Article shall coordinate, to the extent practicable, with an LLEA for responding to threats to the licensee's facility, including any necessary armed response. The information provided to the LLEA shall include:
1. A description of the facilities and the category 1 and category 2 quantities of radioactive materials along with a description of the licensee's security measures that have been implemented to comply with this Article; and
 2. A notification that the licensee will request a timely armed response by the LLEA to any actual or attempted theft, sabotage, or diversion of category 1 or category 2 quantities of material.
- B.** The licensee shall notify the Department as listed in R9-7-1907 of this Article within 3 business days if:
1. The LLEA has not responded to the request for coordination within 60 days of the coordination request; or
 2. The LLEA notifies the licensee that the LLEA does not plan to participate in coordination activities.
- C.** The licensee shall document its efforts to coordinate with the LLEA. The documentation shall be kept for 3 years.
- D.** The licensee shall coordinate with the LLEA at least every 12 months, or when changes to the facility design or operation adversely affect the potential vulnerability of the licensee's material to theft, sabotage, or diversion.

Historical Note

New Section R9-7-1945 recodified from R12-1-1945 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1946. Reserved**Historical Note**

Section R9-7-1946 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1947. Security Zones

- A.** Licensees shall ensure that all aggregated category 1 and category 2 quantities of radioactive material are used or stored within licensee established security zones. Security zones may be permanent or temporary.
- B.** Temporary security zones shall be established as necessary to meet the licensee's transitory or intermittent business activities, such as periods of maintenance, source delivery, and source replacement.

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- C. Security zones shall, at a minimum, allow unescorted access only to approved individuals through:
1. Isolation of category 1 and category 2 quantities of radioactive materials by the use of continuous physical barriers that allow access to the security zone only through established access control points. A physical barrier is a natural or man-made structure or formation sufficient for the isolation of the category 1 or category 2 quantities of radioactive material within a security zone; or
 2. Direct control of the security zone by approved individuals at all times; or
 3. A combination of continuous physical barriers and direct control.
- D. For category 1 quantities of radioactive material during periods of maintenance, source receipt, preparation for shipment, installation, or source removal or exchange, the licensee shall, at a minimum, provide sufficient individuals approved for unescorted access to maintain continuous surveillance of sources in temporary security zones and in any security zone in which physical barriers or intrusion detection systems have been disabled to allow such activities.
- E. Individuals not approved for unescorted access to category 1 or category 2 quantities of radioactive material shall be escorted by an approved individual when in a security zone.

Historical Note

New Section R9-7-1947 recodified from R12-1-1947 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1948. Reserved**Historical Note**

Section R9-7-1948 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1949. Monitoring, Detection, and Assessment

- A. Monitoring and detection:
1. Licensees shall establish and maintain the capability to continuously monitor and detect without delay all unauthorized entries into its security zones. Licensees shall provide the means to maintain continuous monitoring and detection capability in the event of a loss of the primary power source, or provide for an alarm and response in the event of a loss of this capability to continuously monitor and detect unauthorized entries.
 2. Monitoring and detection shall be performed by:
 - a. A monitored intrusion detection system that is linked to an onsite or offsite central monitoring facility; or
 - b. Electronic devices for intrusion detection alarms that will alert nearby facility personnel; or
 - c. A monitored video surveillance system; or
 - d. Direct visual surveillance by approved individuals located within the security zone; or
 - e. Direct visual surveillance by a licensee designated individual located outside the security zone.
 3. A licensee subject to this Article shall also have a means to detect unauthorized removal of the radioactive material from the security zone. This detection capability shall provide:
 - a. For category 1 quantities of radioactive material, immediate detection of any attempted unauthorized removal of the radioactive material from the security zone. Such immediate detection capability shall be provided by:
 - i. Electronic sensors linked to an alarm; or
 - ii. Continuous monitored video surveillance; or
 - iii. Direct visual surveillance.

- b. For category 2 quantities of radioactive material, weekly verification through physical checks, tamper indicating devices, use, or other means to ensure that the radioactive material is present.
- B. Assessment: Licensees shall immediately assess each actual or attempted unauthorized entry into the security zone to determine whether the unauthorized access was an actual or attempted theft, sabotage, or diversion.
- C. Personnel communications and data transmission: For personnel and automated or electronic systems supporting the licensee's monitoring, detection, and assessment systems, licensees shall:
1. Maintain continuous capability for personnel communication and electronic data transmission and processing among site security systems; and
 2. Provide an alternative communication capability for personnel, and an alternative data transmission and processing capability, in the event of a loss of the primary means of communication or data transmission and processing. Alternative communications and data transmission systems may not be subject to the same failure modes as the primary systems.
- D. Response: Licensees shall immediately respond to any actual or attempted unauthorized access to the security zones, or actual or attempted theft, sabotage, or diversion of category 1 or category 2 quantities of radioactive material at licensee facilities or temporary job sites. For any unauthorized access involving an actual or attempted theft, sabotage, or diversion of category 1 or category 2 quantities of radioactive material, the licensee's response shall include requesting, without delay, an armed response from the LLEA.

Historical Note

New Section R9-7-1949 recodified from R12-1-1949 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1950. Reserved**Historical Note**

Section R9-7-1950 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1951. Maintenance and Testing

- A. Each licensee subject to this R9-7-1941 through R9-7-1957 shall implement a maintenance and testing program to ensure that intrusion alarms, associated communication systems, and other physical components of the systems used to secure or detect unauthorized access to radioactive material are maintained in operable condition and are capable of performing their intended function when needed. The equipment relied on to meet the security requirements of this part shall be inspected and tested for operability and performance at the manufacturer's suggested frequency. If there is no suggested manufacturer's suggested frequency, the testing shall be performed at least annually, not to exceed 12 months.
- B. The licensee shall maintain records on the maintenance and testing activities for 3 years. The record shall include:
1. The date of activity;
 2. Type of activity performed;
 3. A list of the equipment involved;
 4. The results of the activity;
 5. The name of the individual that conducted the activity;
 6. The repair or maintenance (if applicable) that was performed.

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Historical Note

New Section R9-7-1951 recodified from R12-1-1951 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1952. Reserved**Historical Note**

Section R9-7-1952 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1953. Requirements for Mobile Devices

Each licensee that possesses mobile devices containing category 1 or category 2 quantities of radioactive material shall:

- A. Have two independent physical controls that form tangible barriers to secure the material from unauthorized removal when the device is not under direct control and constant surveillance by the licensee; and
- B. For devices in or on a vehicle or trailer, unless the health and safety requirements for a site prohibit the disabling of the vehicle, the licensee shall utilize a method to disable the vehicle or trailer when not under direct control and constant surveillance by the licensee. Licensees shall not rely on the removal of an ignition key to meet this requirement.

Historical Note

New Section R9-7-1953 recodified from R12-1-1953 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1954. Reserved**Historical Note**

Section R9-7-1954 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1955. Security Program Review

- A. Each licensee shall be responsible for the continuing effectiveness of the security program. Each licensee shall ensure that the security program is reviewed to confirm compliance with the requirements of this Article and that comprehensive actions are taken to correct any noncompliance that is identified. The review shall include the radioactive material security program content and implementation. Each licensee shall periodically (at least annually) review the security program content and implementation.
- B. The results of the review, along with any recommendations, shall be documented. Each review report shall identify conditions that are adverse to the proper performance of the security program, the cause of the condition(s), and, when appropriate, recommend corrective actions, and corrective actions taken. The licensee shall review the findings and take any additional corrective actions necessary to preclude repetition of the condition, including reassessment of the deficient areas where indicated.
- C. The licensee shall maintain the review documentation for 3 years.

Historical Note

New Section R9-7-1955 recodified from R12-1-1955 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1956. Reserved**Historical Note**

Section R9-7-1956 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1957. Reporting of Events

- A. The licensee shall immediately notify the LLEA after determining that an unauthorized entry resulted in an actual or attempted theft, sabotage, or diversion of a category 1 or category 2 quantity of radioactive material. As soon as possible

after initiating a response, but not at the expense of causing delay or interfering with the LLEA response to the event, the licensee shall notify the Department. Notification shall be to a live person, a voice mail is not considered adequate notification. In no case shall the notification to the Department be later than 4 hours after the discovery of any attempted or actual theft, sabotage, or diversion.

- B. The licensee shall assess any suspicious activity related to possible theft, sabotage, or diversion of category 1 or category 2 quantities of radioactive material and notify the LLEA as appropriate. As soon as possible but not later than 4 hours after notifying the LLEA, the licensee shall notify the Department.
- C. The initial telephonic notification required by subsection (A) shall be followed within a period of 30 days by a written report submitted to the Department by an appropriate method listed in R9-7-1907. The report shall include sufficient information for Department analysis and evaluation, including identification of any necessary corrective actions to prevent future instances.

Historical Note

New Section R9-7-1957 recodified from R12-1-1957 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1958. Reserved**Historical Note**

Section R9-7-1958 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1959. Reserved**Historical Note**

Section R9-7-1959 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1960. Reserved**Historical Note**

Section R9-7-1960 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1961. Reserved**Historical Note**

Section R9-7-1961 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1962. Reserved**Historical Note**

Section R9-7-1962 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1963. Reserved**Historical Note**

Section R9-7-1963 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1964. Reserved**Historical Note**

Section R9-7-1964 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1965. Reserved

Section R9-7-1965 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1966. Reserved

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Historical Note

Section R9-7-1966 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1967. Reserved**Historical Note**

Section R9-7-1967 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1968. Reserved**Historical Note**

Section R9-7-1968 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1969. Reserved**Historical Note**

Section R9-7-1969 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1970. Reserved**Historical Note**

Section R9-7-1970 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1971. Additional Requirements for Transfer of Category 1 and Category 2 Quantities of Radioactive Material

A licensee transferring a category 1 or category 2 quantity of radioactive material to a licensee of the Department, the NRC, or an Agreement State shall meet the license verification provisions listed below instead of those listed in sections of this chapter:

1. Any licensee transferring category 1 quantities of radioactive material to a licensee of the Department, the NRC, or an Agreement State, prior to conducting such transfer, shall verify with the Department's license verification system or the license issuing authority that the transferee's license authorizes the receipt of the type, form, and quantity of radioactive material to be transferred and that the licensee is authorized to receive radioactive material at the location requested for delivery. If the verification is conducted by contacting the license issuing authority, the transferor shall document the verification. For transfers within the same organization, the licensee does not need to verify the transfer.
2. Any licensee transferring category 2 quantities of radioactive material to a licensee of the Department, the NRC, or an Agreement State, prior to conducting such transfer, shall verify with the Department's license verification system or the license issuing authority that the transferee's license authorizes the receipt of the type, form, and quantity of radioactive material to be transferred. If the verification is conducted by contacting the license issuing authority, the transferor shall document the verification. For transfers within the same organization, the licensee does not need to verify the transfer.
3. In an emergency where the licensee cannot reach the license issuing authority and the license verification system is nonfunctional, the licensee may accept a written certification by the transferee that it is authorized by license to receive the type, form, and quantity of radioactive material to be transferred. The certification shall include the license number, current revision number, issuing agency, expiration date, and for a category 1 shipment the authorized address. The licensee shall keep a copy of the certification. The certification shall be confirmed by use of the NRC's license verification system or by con-

tacting the license issuing authority by the end of the next business day.

4. The transferor shall keep a copy of the verification documentation as a record for 3 years.

Historical Note

New Section R9-7-1971 recodified from R12-1-1971 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1972. Reserved**Historical Note**

Section R9-7-1972 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1973. Applicability of Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material During Transit

- A. For shipments of category 1 quantities of radioactive material, each shipping licensee shall comply with the requirements for physical protection contained in Sections R9-7-1975(A) and (E); R9-7-1977; R9-7-1979(A)(1), (B)(1), and (C); and R9-7-1981(A), (C), (E), (G) and (H).
- B. For shipments of category 2 quantities of radioactive material, each shipping licensee shall comply with the requirements for physical protection contained in R9-7-1975(B) through (E); R9-7-1979(A)(2), (A)(3), (B)(2), and (C); and R9-7-1981(B), (D), (F), (G), and (H). For those shipments of category 2 quantities of radioactive material that meet the criteria of Article 15 of this Chapter, the shipping licensee shall also comply with the advance notification provisions of R9-7-1508 or R9-7-1512 as appropriate.
- C. The shipping licensee shall be responsible for meeting the requirements of R9-7-1971 through R9-7-1981 unless the receiving licensee has agreed in writing to arrange for the in-transit physical protection required under R9-7-1971 through R9-7-1981.
- D. Each licensee that imports or exports category 1 quantities of radioactive material shall comply with the requirements for physical protection during transit contained in R9-7-1975(A)(2) and (E); R9-7-1977; R9-7-1979(A)(1), (B)(1), and (C); and R9-7-1981(A), (C), (E), (G), and (H) for the domestic portion of the shipment.
- E. Each licensee that imports or exports category 2 quantities of radioactive material shall comply with the requirements for physical protection during transit contained in R9-7-1979(A)(2), (A)(3), and (B)(2); and R9-7-1981(B), (D), (F), (G), and (H) for the domestic portion of the shipment.

Historical Note

New Section R9-7-1973 recodified from R12-1-1973 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1974. Reserved**Historical Note**

Section R9-7-1974 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1975. Preplanning and Coordination of Shipment of Category 1 or Category 2 Quantities of Radioactive Material

- A. Each licensee that plans to transport, or deliver to a carrier for transport, licensed material that is a category 1 quantity of radioactive material outside the confines of the licensee's facility or other place of use or storage shall:
 1. Preplan and coordinate shipment arrival and departure times with the receiving licensee;
 2. Preplan and coordinate shipment information with the governor or the governor's designee of any State through which the shipment will pass to:

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- a. Discuss the State's intention to provide law enforcement escorts; and
 - b. Identify safe havens; and
- 3. Document the preplanning and coordination activities.
- B.** Each licensee that plans to transport, or deliver to a carrier for transport, licensed material that is a category 2 quantity of radioactive material outside the confines of the licensee's facility or other place of use or storage shall coordinate the shipment no-later-than arrival time and the expected shipment arrival with the receiving licensee. The licensee shall document the coordination activities.
- C.** Each licensee who receives a shipment of a category 2 quantity of radioactive material shall confirm receipt of the shipment with the originator. If the shipment has not arrived by the no-later-than arrival time, the receiving licensee shall notify the originator.
- D.** Each licensee, who transports or plans to transport a shipment of a category 2 quantity of radioactive material, and determines that the shipment will arrive after the no-later-than arrival time provided pursuant to paragraph (B), shall promptly notify the receiving licensee of the new no-later-than arrival time.
- E.** The licensee shall retain a copy of the documentation for preplanning and coordination and any revision thereof, as a record for 3 years.

Historical Note

New Section R9-7-1975 recodified from R12-1-1975 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1976. Reserved**Historical Note**

Section R9-7-1976 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1977. Advance Notification of Shipment of Category 1 Quantities of Radioactive Material

Each licensee shall provide advance notification to the Department and the governor of a State, or the governor's designee, of the shipment of licensed material in a category 1 quantity, through or across the boundary of the State, before the transport, or delivery to a carrier for transport of the licensed material outside the confines of the licensee's facility or other place of use or storage.

- 1. Procedures for submitting advance notification:
 - a. The notification shall be made to the Department and to the office of each appropriate governor or governor's designee. The contact information, including telephone and mailing addresses, of governors and governors' designees and participating Tribes is available on the NRC's website at <https://scp.nrc.gov/special/designee.pdf>. A list of the contact information is also available upon request from the Director, Division of Material Safety, State, Tribal, and Rulemaking Programs, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001. Notifications to the Department shall be to the Department Director or their designee. The notification to the Department may be made by email to ram@azdhs.gov or by fax to (602) 437-0705.
 - b. A notification delivered by mail shall be postmarked at least 7 days before transport of the shipment commences at the shipping facility.
 - c. A notification delivered by any means other than mail shall reach the Department at least 4 days before the transport of the shipment commences and shall reach the office of the governor or the gover-

nor's designee at least 4 days before transport of a shipment within or through the State.

- 2. Information to be furnished in advance notification of shipment: Each advance notification of shipment of category 1 quantities of radioactive material shall contain the following information, if available at the time of notification:
 - a. The name, address, and telephone number of the shipper, carrier, and receiver of the category 1 radioactive material;
 - b. The license numbers of the shipper and receiver;
 - c. A description of the radioactive material contained in the shipment, including the radionuclides and quantity;
 - d. The point of origin of the shipment and the estimated time and date that shipment will commence;
 - e. The estimated time and date that the shipment is expected to enter each State along the route;
 - f. The estimated time and date of arrival of the shipment at the destination; and
 - g. A point of contact, with a telephone number, for current shipment information.
- 3. Revision notice:
 - a. The licensee shall provide any information not previously available at the time of the initial notification, as soon as the information becomes available but not later than commencement of the shipment, to the governor of the State or the governor's designee and to the Department Director at the contact information available in R9-7-1907.
 - b. A licensee shall promptly notify the governor of the state or the governor's designee of any changes to the information provided in accordance with subsections (B) and (C)(1). The licensee shall also immediately notify the Department Director at the contact information available in R9-7-1907 of any such changes.
- 4. Cancellation notice: Each licensee who cancels a shipment for which advance notification has been sent shall send a cancellation notice to the governor of each State or to the governor's designee previously notified and to the Department Director at the contact information available in R9-7-1907. The licensee shall send the cancellation notice before the shipment would have commenced or as soon thereafter as possible. The licensee shall state in the notice that it is a cancellation and identify the advance notification that is being cancelled.
- 5. Records: The licensee shall retain a copy of the advance notification and any revision and cancellation notices as a record for 3 years.
- 6. Protection of information: State officials, State employees, and other individuals, whether or not licensees of the Department, the NRC, or an Agreement State, who receive schedule information of the kind specified in this Section shall protect that information against unauthorized disclosure as specified in R9-7-1943(D) of this Article.

Historical Note

New Section R9-7-1977 recodified from R12-1-1977 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-1978. Reserved

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Historical Note

Section R9-7-1978 reserved when the Chapter was reclassified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1979. Requirements for Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material During Shipment

A. Shipments by road:

1. Each licensee who transports, or delivers to a carrier for transport, in a single shipment, a category 1 quantity of radioactive material shall:
 - a. Ensure that movement control centers are established that maintain position information from a remote location. These control centers shall monitor shipments 24 hours a day, 7 days a week, and have the ability to communicate immediately, in an emergency, with the appropriate law enforcement agencies.
 - b. Ensure that redundant communications are established that allow the transport to contact the escort vehicle (when used) and movement control center at all times. Redundant communications may not be subject to the same interference factors as the primary communication.
 - c. Ensure that shipments are continuously and actively monitored by a telemetric position monitoring system or an alternative tracking system reporting to a movement control center. A movement control center shall provide positive confirmation of the location, status, and control over the shipment. The movement control center shall be prepared to promptly implement preplanned procedures in response to deviations from the authorized route or a notification of actual, attempted, or suspicious activities related to the theft, loss, or diversion of a shipment. These procedures will include, but not be limited to, the identification of and contact information for the appropriate LLEA along the shipment route.
 - d. Provide an individual to accompany the driver for those highway shipments with a driving time period greater than the maximum number of allowable hours of service in a 24-hour duty day as established by the Department of Transportation Federal Motor Carrier Safety Administration. The accompanying individual may be another driver.
 - e. Develop written normal and contingency procedures to address:
 - i. Notifications to the communication center and law enforcement agencies;
 - ii. Communication protocols. Communication protocols shall include a strategy for the use of authentication codes and duress codes and provisions for refueling or other stops, detours, and locations where communication is expected to be temporarily lost;
 - iii. Loss of communications; and
 - iv. Responses to an actual or attempted theft or diversion of a shipment.
 - f. Each licensee who makes arrangements for the shipment of category 1 quantities of radioactive material shall ensure that drivers, accompanying personnel, and movement control center personnel have access to the normal and contingency procedures.
2. Each licensee that transports category 2 quantities of radioactive material shall maintain constant control and/or surveillance during transit and have the capability for

immediate communication to summon appropriate response or assistance.

3. Each licensee who delivers to a carrier for transport, in a single shipment, a category 2 quantity of radioactive material shall:

- a. Use carriers that have established package tracking systems. An established package tracking system is a documented, proven, and reliable system routinely used to transport objects of value. In order for a package tracking system to maintain constant control and/or surveillance, the package tracking system shall allow the shipper or transporter to identify when and where the package was last and when it should arrive at the next point of control.
- b. Use carriers that maintain constant control and/or surveillance during transit and have the capability for immediate communication to summon appropriate response or assistance; and
- c. Use carriers that have established tracking systems that require an authorized signature prior to releasing the package for delivery or return.

B. Shipments by rail:

1. Each licensee who transports, or delivers to a carrier for transport, in a single shipment, a category 1 quantity of radioactive material shall:
 - a. Ensure that rail shipments are monitored by a telemetric position monitoring system or an alternative tracking system reporting to the licensee, third-party, or railroad communications center. The communications center shall provide positive confirmation of the location of the shipment and its status. The communications center shall implement preplanned procedures in response to deviations from the authorized route or to a notification of actual, attempted, or suspicious activities related to the theft or diversion of a shipment. These procedures will include, but not be limited to, the identification of and contact information for the appropriate LLEA along the shipment route.
 - b. Ensure that periodic reports to the communications center are made at preset intervals.
 2. Each licensee who transports, or delivers to a carrier for transport, in a single shipment, a category 2 quantity of radioactive material shall:
 - a. Use carriers that have established package tracking systems. An established package tracking system is a documented, proven, and reliable system routinely used to transport objects of value. In order for a package tracking system to maintain constant control and/or surveillance, the package tracking system shall allow the shipper or transporter to identify when and where the package was last and when it should arrive at the next point of control.
 - b. Use carriers that maintain constant control and/or surveillance during transit and have the capability for immediate communication to summon appropriate response or assistance; and
 - c. Use carriers that have established tracking systems that require an authorized signature prior to releasing the package for delivery or return.
- C. Investigations:** Each licensee who makes arrangements for the shipment of category 1 quantities of radioactive material shall immediately conduct an investigation upon the discovery that a category 1 shipment is lost or missing. Each licensee who makes arrangements for the shipment of category 2 quantities of radioactive material shall immediately conduct an investi-

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gation, in coordination with the receiving licensee, of any shipment that has not arrived by the designated no-later-than arrival time.

Historical Note

New Section R9-7-1979 recodified from R12-1-1979 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1980. Reserved**Historical Note**

Section R9-7-1980 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1981. Reporting of Events

- A.** Within one hour of its determination that a shipment of category 1 quantities of radioactive material is lost or missing, a shipping licensee shall notify the appropriate LLEA and the Department. The Department shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212. The appropriate LLEA is the law enforcement agency in the area of the shipment's last confirmed location. During the investigation required by R9-7-1979(C), the shipping licensee shall provide agreed upon updates to the Department on the status of the investigation.
- B.** Within four (4) hours of its determination that a shipment of category 2 quantities of radioactive material is lost or missing, a shipping licensee shall notify the appropriate LLEA and the Department. The Department shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212. If, after 24 hours of its determination that the shipment is lost or missing, the radioactive material has not been located and secured, the licensee shall immediately notify the Department.
- C.** The shipping licensee shall notify the designated LLEA along the shipment route as soon as possible upon discovery of any actual or attempted theft or diversion of a shipment or suspicious activities related to the theft or diversion of a shipment of a category 1 quantity of radioactive material. As soon as possible after notifying the LLEA, the licensee shall notify the Department upon discovery of any actual or attempted theft or diversion of a shipment, or any suspicious activity related to the shipment of category 1 radioactive material. The Department shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212.
- D.** The shipping licensee shall notify the Department as soon as possible upon discovery of any actual or attempted theft or diversion of a shipment, or any suspicious activity related to the shipment, of a category 2 quantity of radioactive material. The Department shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212.
- E.** The shipping licensee shall notify the Department and the LLEA as soon as possible upon recovery of any lost or missing category 1 quantities of radioactive material. The Agency shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212.
- F.** The shipping licensee shall notify the Department as soon as possible upon recovery of any lost or missing category 2 quantities of radioactive material. The Department shall be notified by calling (602) 255-4845 during business hours, or by calling the after-hours emergency Department of Public Safety dispatch line, at (602) 223-2212.

- G.** The initial telephonic notification required by subsections (A) through (D) shall be followed within a period of 30 days by a written report submitted to the Department by an appropriate method listed in R9-7-1907. A written report is not required for notifications on suspicious activities required by subsections (C) and (D). The report shall set forth the following information:

1. A description of the licensed material involved, including kind, quantity, and chemical and physical form;
2. A description of the circumstances under which the loss or theft occurred;
3. A statement of disposition, or probable disposition, of the licensed material involved;
4. Actions that have been taken, or will be taken, to recover the material; and
5. Procedures or measures that have been, or will be, adopted to ensure against a recurrence of the loss or theft of licensed material.

- H.** Subsequent to filing the written report, the licensee shall also report any additional substantive information on the loss or theft within 30 days after the licensee learns of such information.

Historical Note

New Section R9-7-1981 recodified from R12-1-1981 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-1982. Reserved**Historical Note**

Section R9-7-1982 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1983. Reserved**Historical Note**

Section R9-7-1983 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1984. Reserved**Historical Note**

Section R9-7-1984 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1985. Reserved**Historical Note**

Section R9-7-1985 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1986. Reserved**Historical Note**

Section R9-7-1986 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1987. Reserved**Historical Note**

Section R9-7-1987 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1988. Reserved**Historical Note**

Section R9-7-1988 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1989. Reserved

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Historical Note

Section R9-7-1989 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1990. Reserved**Historical Note**

Section R9-7-1990 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1991. Reserved**Historical Note**

Section R9-7-1991 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1992. Reserved**Historical Note**

Section R9-7-1992 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1993. Reserved**Historical Note**

Section R9-7-1993 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1994. Reserved**Historical Note**

Section R9-7-1994 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1995. Reserved**Historical Note**

Section R9-7-1995 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1996. Reserved**Historical Note**

Section R9-7-1996 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1997. Reserved**Historical Note**

Section R9-7-1997 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1998. Reserved**Historical Note**

Section R9-7-1998 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-1999. Reserved**Historical Note**

Section R9-7-1999 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-19100. Reserved**Historical Note**

Section R9-7-19100 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-19101. Form of Records

- A.** Each record required by this Article shall be legible throughout the retention period specified by each Department rule. The record may be the original or a reproduced copy or a microform, provided that the copy or microform is authenticated by authorized personnel and that the microform is capable of producing a clear copy throughout the required retention

period. The record may also be stored in electronic media with the capability for producing legible, accurate, and complete records during the required retention period. Records such as letters, drawings, and specifications, shall include all pertinent information such as stamps, initials, and signatures. The licensee shall maintain adequate safeguards against tampering with and loss of records.

- B.** The licensee who transferred the material shall retain each record of the transfer of source or byproduct material until the Department terminates each license that authorizes the activity that is subject to the recordkeeping requirement.

Historical Note

New Section R9-7-19101 recodified from R12-1-19101 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).
Amended by final expedited rulemaking at 24 A.A.R. 2151, effective July 12, 2018 (Supp. 18-3).

R9-7-19102. Reserved**Historical Note**

Section R9-7-19102 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-19103. Record Retention

Licensees shall maintain the records that are required by the rules in this Article for the period specified by the appropriate rule. If a retention period is not otherwise specified, these records shall be retained until the Department terminates the facility's license. All records related to this Article may be destroyed upon Department termination of the facility's license.

Historical Note

New Section R9-7-19103 recodified from R12-1-19103 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-19104. Reserved**Historical Note**

Section R9-7-19104 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-19105. Inspections

- A.** Each licensee shall afford to the Department, at all reasonable times, opportunity to inspect category 1 or category 2 quantities of radioactive material and the premises and facilities wherein the nuclear material is used, produced, or stored.
- B.** Each licensee shall make available to the Department for inspection, upon reasonable notice, records kept by the licensee pertaining to its receipt, possession, use, acquisition, import, export, or transfer of category 1 or category 2 quantities of radioactive material.

Historical Note

New Section R9-7-19105 recodified from R12-1-19105 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-19106. Reserved**Historical Note**

Section R9-7-19106 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-19107. Violations

- A.** The Department may obtain an injunction or other court order to prevent a violation of the provisions of:
1. A.R.S. § 30-685, as amended;
 2. A.A.C. Title 9, Chapter 7; or
 3. A rule or order issued by the Department pursuant to Statute or the rules under A.A.C. Title 9, Chapter 7.
- B.** The Department may obtain a court order for the payment of a civil penalty imposed under A.R.S. § 30-687, as amended:

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1. For violations of:
 - a. The rules in A.A.C. Title 9, Chapter 7, as amended;
 - b. Nonpayment of fees listed in A.A.C. Title 9, Chapter 7, Article 13;
 - c. Any rule, or order issued pursuant to the sections specified in subsection (B)(1)(a);
 - d. Any term, condition, or limitation of any license issued under the sections specified in subsection (B)(1)(a).
2. For any violation for which a license may be revoked.

Historical Note

New Section R9-7-19107 recodified from R12-1-19107 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

Historical Note

Section R9-7-19108 reserved when the Chapter was recodified from 12 A.A.C. 1 (Supp. 18-1).

R9-7-19109. Criminal Penalties

Arizona Revised Statutes § 30-673, as amended, provides for criminal sanctions for willful violation of, attempted violation of, or conspiracy to violate, any rule issued under A.A.C. Title 9, Chapter 7. For purposes of this section, all the rules in this Article are issued under A.R.S. § 30-673 or the rules of the Department.

Historical Note

New Section R9-7-19109 recodified from R12-1-19109 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

R9-7-19108. Reserved**Appendix A. - Table 1 - Category 1 and Category 2 Threshold**

The terabecquerel (TBq) values are the regulatory standard. The curie (Ci) values specified are obtained by converting from the TBq value. The curie values are provided for practical usefulness only.

Radioactive Material	Category 1 (TBq)	Category 1 (Ci)	Category 2 (TBq)	Category 2 (Ci)
Americium-241	60	1,620	0.6	16.2
Americium-241/Be	60	1,620	0.6	16.2
Californium-252	20	540	0.2	5.40
Cobalt-60	30	810	0.3	8.10
Curium-244	50	1,350	0.5	13.5
Cesium-137	100	2,700	1	27.0
Gadolinium-153	1,000	27,000	10	270
Iridium-192	80	2,160	0.8	21.6
Plutonium-238	60	1,620	0.6	16.2
Plutonium-239/Be	60	1,620	0.6	16.2
Promethium-147	40,000	1,080,000	400	10,800
Radium-226	40	1,080	0.4	10.8
Selenium-75	200	5,400	2	54.0
Strontium-90	1,000	27,000	10	270
Thulium-170	20,000	540,000	200	5,400
Ytterbium-169	300	8,100	3	81.0

Note: Calculations Concerning Multiple Sources or Multiple Radionuclides

The “sum of fractions” methodology for evaluating combinations of multiple sources or multiple radionuclides is to be used in determining whether a location meets or exceeds the threshold and is thus subject to the requirements of this part.

1. If multiple sources of the same radionuclide and/or multiple radionuclides are aggregated at a location, the sum of the ratios of the total activity of each of the radionuclides shall be determined to verify whether the activity at the location is less than the category 1 or category 2 thresholds of Table 1, as appropriate. If the calculated sum of the ratios, using the equation below, is greater than or equal to 1.0, then the applicable requirements of this part apply.
2. First determine the total activity for each radionuclide from Table 1. This is done by adding the activity of each individual source, material in any device, and any loose or bulk material that contains the radionuclide. Then use the equation below to calculate the sum of the ratios by inserting the total activity of the applicable radionuclides from Table 1 in the numerator of the equation and the corresponding threshold activity from Table 1 in the denominator of the equation.

Calculations shall be performed in metric values (i.e., TBq) and the numerator and denominator values shall be in the same units.

R1 = total activity for radionuclide 1
 R2 = total activity for radionuclide 2
 RN = total activity for radionuclide n
 AR1 = activity threshold for radionuclide 1
 AR2 = activity threshold for radionuclide 2
 ARN = activity threshold for radionuclide n

$$\sum_{i=1}^n \left[\frac{R1}{AR1} + \frac{R2}{AR2} + \frac{RN}{ARN} \right] \geq 1.0$$

Historical Note

New Article 19, Appendix A, Table 1 recodified from 12 A.A.C. 1, Article 19, Appendix A, Table 1 at 24 A.A.R. 813, effective March 22, 2018 (Supp. 18-1).

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Arizona Administrative CODE

9 A.A.C. 10 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 9



TITLE 9. HEALTH SERVICES

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

Significant amendments were made to this Chapter. To see the list of Sections updated in Supp. 19-3, refer to the Arizona Administrative Register.

[25 A.A.R. 1983](#)

[25 A.A.R. 1583](#)

Correction

[R9-10-1702.](#) [Administration](#) [265](#)

Questions about these rules? Contact:

Name: Colby Bower, Assistant Director
Address: Department of Health Services
Public Health Licensing Services
150 N. 18th Ave., Suite 510
Phoenix, AZ 85007

Telephone: (602) 542-6383

Fax: (602) 364-4808

E-mail: Colby.Bower@azdhs.gov

or

Name: Robert Lane, Chief
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Ave., Suite 200
Phoenix, AZ 85007

Telephone: (602) 542-1020

Fax: (602) 364-1150

E-mail: Robert.Lane@azdhs.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 19-1, 1-270 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 9. HEALTH SERVICES**CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING**

Editor's Note: The heading for 9 A.A.C. 10 changed from "Licensure" to "Licensing" per a request from the Department of Health Services (Supp. 03-4).

Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).

Editor's Note: This Chapter contains rules which were adopted, amended, and repealed under exemptions from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1993, Ch. 163, § 3(B); Laws 1996, Ch. 329, § 5; Laws 1998, Ch. 178 § 17, and Laws 1999, Ch. 311. Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor's Regulatory Review Council for review; the Department may not have submitted notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

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Article 2, consisting of Sections R9-10-201 through R9-10-233, adopted effective February 23, 1979.

Former Article 2, consisting of Sections R9-10-201 through R9-10-250, renumbered as Sections R9-10-301 through R9-10-335 as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days.

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Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

Article 3, consisting of Sections R9-10-301 through R9-10-333, adopted effective February 4, 1981.

Former Article 3, consisting of Sections R9-10-301 through

CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

R9-10-335, repealed effective February 4, 1981.

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Article 4, consisting of Sections R9-10-411 through R9-10-438, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

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Article 5, consisting of Sections R9-10-501 through R9-10-518, renumbered to New Article 21, R9-10-2101 through R9-10-2118; New Article 5, consisting of Sections R9-10-501 through R9-10-525 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

Article 5, consisting of Sections R9-10-501 through R9-10-514, adopted effective April 4, 1994 (Supp. 94-2).

Article 5, consisting of Sections R9-10-501 through R9-10-518, repealed effective April 4, 1994 (Supp. 94-2).

Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as permanent rules effective October 30, 1989.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 5, consisting of Sections R9-10-501 through R9-10-574, repealed effective October 20, 1982.

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Article 6, consisting of Sections R9-10-601 through R9-10-618, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Article 6, consisting of Sections R9-10-611 through R9-10-624, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

Article 7, consisting of Sections R9-10-701 through R9-7-710, repealed; New Article 7, consisting of Sections R9-10-701 through R9-7-724 adopted; both actions effective November 1, 1998 under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as permanent rules effective October 30, 1989.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective April 27, 1989 pursuant

to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 7, consisting of Sections R9-10-701 through R9-10-737, repealed effective October 20, 1982.

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ARTICLE 8. ASSISTED LIVING FACILITIES

Article 8 (Sections R9-10-801 through R9-10-812) adopted as permanent rules effective October 30, 1989.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 8, consisting of Sections R9-10-801 through R9-10-812, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 8, consisting of Sections R9-10-801 through R9-10-867, repealed effective October 20, 1982.

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ARTICLE 9. OUTPATIENT SURGICAL CENTERS

Article 9, consisting of Sections R9-10-901 through R9-10-917 adopted effective February 17, 1995 (Supp. 95-1).

Article 9, consisting of Sections R9-10-911 through R9-10-925, repealed effective February 17, 1995 (Supp. 95-1).

Article 9, consisting of Sections R9-10-911 through R9-10-925, adopted effective October 20, 1982 (Supp. 82-5).

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Article 10, consisting of Sections R9-10-1011 through R9-10-1030, repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).

The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1).

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New Article 13, consisting of Sections R9-10-1301 through R9-10-1317, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as permanent rules effective November 25, 1992 (Supp. 92-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1).

Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as an emergency effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4).

Article 13, consisting of Sections R9-10-1301 through R9-10-1306, adopted as an emergency effective March 29, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired.

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Article 15, consisting of Sections R9-10-1501 through R9-10-1515, were either amended, renumbered and repealed by final rulemaking which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Section editor's notes referring to the adoption under an exemption have been removed in this Article (Supp. 18-4).

Selected Sections in Article 15 were subsequently amended by final rulemaking in Supp. 10-2 which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Refer to the historical notes for more information (Supp. 18-4).

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Article 15, consisting of Sections R9-10-1501 through R9-10-1514, adopted under an exemption from the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311, filed in the Office of the Secretary of State December 23, 1999 (Supp. 99-4).

Article 15, consisting of Sections R9-10-1501 through R9-10-1514, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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ARTICLE 1. GENERAL

R9-10-101. Definitions

In addition to the definitions in A.R.S. §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

1. "Abortion clinic" has the same meaning as in A.R.S. § 36-449.01.
2. "Abuse" means:
 - a. The same:
 - i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
 - ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
 - b. A pattern of ridiculing or demeaning a patient;
 - c. Making derogatory remarks or verbally harassing a patient; or
 - d. Threatening to inflict physical harm on a patient.
3. "Accredited" has the same meaning as in A.R.S. § 36-422.
4. "Active malignancy" means a cancer for which:
 - a. A patient is undergoing treatment, such as through:
 - i. One or more surgical procedures to remove the cancer;
 - ii. Chemotherapy, as defined in A.A.C. R9-4-401; or
 - iii. Radiation treatment, as defined in A.A.C. R9-4-401;
 - b. There is no treatment; or
 - c. A patient is refusing treatment.
5. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
6. "Acuity" means a patient's need for medical services, nursing services, or behavioral health services based on the patient's medical condition or behavioral health issue.
7. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
8. "Adjacent" means not intersected by:
 - a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
 - b. A public thoroughfare.
9. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
10. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, behavioral health services, or health-related services.
11. "Admission" or "admitted" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
12. "Adult" has the same meaning as in A.R.S. § 1-215.
13. "Adult behavioral health therapeutic home" means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual's behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
14. "Adult residential care institution" means a subclass of behavioral health residential facility that only admits residents 18 years of age and older and provides recidivism reduction services.
15. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
16. "Affiliated counseling facility" means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.
17. "Affiliated outpatient treatment center" means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.
18. "Alternate licensing fee due date" means the last calendar day in a month each year, other than the anniversary date of a facility's health care institution license, by which a licensee is required to pay the applicable fees in R9-10-106.
19. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.
20. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
21. "Applicant" means a governing authority requesting:
 - a. Approval of a health care institution's architectural plans and specifications for construction or modification,
 - b. Approval of a modification,
 - c. Approval of an alternate licensing fee due date, or
 - d. A health care institution license.
22. "Application packet" means the information, documents, and fees required by the Department for the:
 - a. Approval of a health care institution's architectural plans and specifications for construction or modification,
 - b. Approval of a modification,
 - c. Approval of an alternate licensing fee due date, or
 - d. Licensing of a health care institution.
23. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
24. "Assistance in the self-administration of medication" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
25. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
26. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
 - a. A written signature;
 - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
 - c. A rubber-stamp signature; or
 - d. An electronic signature code.
27. "Authorized service" means specific medical services, nursing services, behavioral health services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before

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- providing the medical services, nursing services, or health-related services.
28. "Available" means:
- For an individual, the ability to be contacted and to provide an immediate response by any means possible;
 - For equipment and supplies, physically retrievable at a health care institution; and
 - For a document, retrievable by a health care institution or accessible according to the applicable timeframes in this Chapter.
29. "Behavioral care":
- Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient's need for physical health services, that include:
 - Assistance with the patient's psychosocial interactions to manage the patient's behavior that can be performed by an individual without a professional license or certificate including:
 - (1) Direction provided by a behavioral health professional, and
 - (2) Medication ordered by a medical practitioner or behavioral health professional; or
 - Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient's significant psychological or behavioral response to an identifiable stressor or stressors; and
 - Does not include court-ordered behavioral health services.
30. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.
31. "Behavioral health inpatient facility" means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
- Have a limited or reduced ability to meet the individual's basic physical needs;
 - Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
 - Be a danger to self;
 - Be a danger to others;
 - Be persistently or acutely disabled, as defined in A.R.S. § 36-501; or
 - Be gravely disabled.
32. "Behavioral health issue" means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
33. "Behavioral health observation/stabilization services" means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
- Requires nursing services,
 - May require medical services, and
 - May be a danger to others or a danger to self.
34. "Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
- Under supervision by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
 - Health-related services.
35. "Behavioral health professional" means:
- An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
 - Independently engage in the practice of behavioral health, as defined in A.R.S. § 32-3251; or
 - Except for a licensed substance abuse technician, engage in the practice of behavioral health, as defined in A.R.S. § 32-3251, under direct supervision as defined in A.A.C. R4-6-101;
 - A psychiatrist as defined in A.R.S. § 36-501;
 - A psychologist as defined in A.R.S. § 32-2061;
 - A physician;
 - A behavior analyst as defined in A.R.S. § 32-2091; or
 - A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or
 - A registered nurse with:
 - A psychiatric-mental health nursing certification, or
 - One year of experience providing behavioral health services.
36. "Behavioral health residential facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
- Limits the individual's ability to be independent, or
 - Causes the individual to require treatment to maintain or enhance independence.
37. "Behavioral health respite home" means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual's behavioral health issue and need for behavioral health services.
38. "Behavioral health specialized transitional facility" means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
39. "Behavioral health technician" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
- With clinical oversight by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
 - Health-related services.
40. "Benzodiazepine" means any one of a class of sedative-hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.
41. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.
42. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period

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- of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
43. "Case manager" means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
 44. "Certification" means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in A.A.C. R9-1-412.
 45. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
 46. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
 47. "Chief administrative officer" or "administrator" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
 48. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
 49. "Clinical oversight" means:
 - a. Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures and, if applicable, a patient's treatment plan;
 - b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services;
 - c. Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services; and
 - d. Recommending training for a behavior health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.
 50. "Clinical privileges" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
 51. "Collaborating health care institution" means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:
 - a. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
 - b. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan.
 52. "Common area" means licensed space in health care institution that is:
 - a. Not a resident's bedroom or a residential unit,
 - b. Not restricted to use by employees or volunteers of the health care institution, and
 - c. Available for use by visitors and other individuals on the premises.
 53. "Communicable disease" has the same meaning as in A.R.S. § 36-661.
 54. "Conspicuously posted" means placed:
 - a. At a location that is visible and accessible; and
 - b. Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
 55. "Consultation" means an evaluation of a patient requested by a medical staff member or personnel member.
 56. "Contracted services" means medical services, nursing services, behavioral health services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
 57. "Contractor" has the same meaning as in A.R.S. § 32-1101.
 58. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
 59. "Counseling" has the same meaning as "practice of professional counseling" in A.R.S. § 32-3251.
 60. "Counseling facility" means a health care institution that only provides counseling, which may include:
 - a. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
 - b. Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.
 61. "Court-ordered evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.
 62. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.
 63. "Crisis services" means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
 64. "Current" means up-to-date, extending to the present time.
 65. "Daily living skills" means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.
 66. "Danger to others" has the same meaning as in A.R.S. § 36-501.
 67. "Danger to self" has the same meaning as in A.R.S. § 36-501.
 68. "Detoxification services" means behavioral health services and medical services provided to an individual to:
 - a. Treat the individual's signs or symptoms of withdrawal from alcohol or other drugs, and
 - b. Reduce or eliminate the individual's dependence on alcohol or other drugs.

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69. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
70. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane.
71. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
72. "Dialysis station" means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.
73. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
74. "Disaster" means an unexpected occurrence that adversely affects a health care institution's ability to provide services.
75. "Discharge" means a documented termination of services to a patient by a health care institution.
76. "Discharge instructions" means documented information relevant to a patient's medical condition or behavioral health issue provided by a health care institution to the patient or the patient's representative at the time of the patient's discharge.
77. "Discharge planning" means a process of establishing goals and objectives for a patient in preparation for the patient's discharge.
78. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge.
79. "Disinfect" means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
80. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
81. "Drill" means a response to a planned, simulated event.
82. "Drug" has the same meaning as in A.R.S. § 32-1901.
83. "Electronic" has the same meaning as in A.R.S. § 44-7002.
84. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
85. "Emergency" means an immediate threat to the life or health of a patient.
86. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
87. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
88. "End-of-life" means that a patient has a documented life expectancy of six months or less.
89. "Environmental services" means activities such as house-keeping, laundry, facility maintenance, or equipment maintenance.
90. "Equipment" means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in A.A.C. R9-1-412.
91. "Exploitation" has the same meaning as in A.R.S. § 46-451.
92. "Factory-built building" has the same meaning as in A.R.S. § 41-4001.
93. "Family" or "family member" means an individual's spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
94. "Follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.
95. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
96. "Full-time" means 40 hours or more every consecutive seven calendar days.
97. "Garbage" has the same meaning as in A.A.C. R18-13-302.
98. "General consent" means documentation of an agreement from an individual or the individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.
99. "General hospital" means a subclass of hospital that provides surgical services and emergency services.
100. "Gravely disabled" has the same meaning as "grave disability" in A.R.S. § 36-501.
101. "Hazard" or "hazardous" means a condition or situation where a patient or other individual may suffer physical injury.
102. "Health care directive" has the same meaning as in A.R.S. § 36-3201.
103. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
104. "Home health agency" has the same meaning as in A.R.S. § 36-151.
105. "Home health aide" means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
106. "Home health aide services" means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
107. "Home health services" has the same meaning as in A.R.S. § 36-151.
108. "Hospice inpatient facility" means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice's premises for 24 hours or more.
109. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
110. "Immediate" means without delay.
111. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
- On the premises of a health care institution, or
 - Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
112. "Infection control" means to identify, prevent, monitor, and minimize infections.
113. "Infectious tuberculosis" has the same meaning as "infectious active tuberculosis" in A.A.C. R9-6-101.
114. "Informed consent" means:
- Advising a patient of a proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic medication, opioid, or

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- diagnostic procedure; and associated risks and possible complications; and
- b. Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure from the patient or the patient's representative.
115. "In-service education" means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
 116. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment or, if applicable, placement evaluation.
 117. "Intermediate care facility for individuals with intellectual disabilities" or "ICF/IID" has the same meaning as in A.R.S. § 36-551.
 118. "Interval note" means documentation updating a patient's:
 - a. Medical condition after a medical history and physical examination is performed, or
 - b. Behavioral health issue after an assessment is performed.
 119. "Isolation" means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
 120. "Leased facility" means a facility occupied or used during a set time period in exchange for compensation.
 121. "License" means:
 - a. Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or
 - b. Written approval issued to an individual to practice a profession in this state.
 122. "Licensed occupancy" means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.
 123. "Licensee" means an owner approved by the Department to operate a health care institution.
 124. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
 125. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.
 126. "Medical director" means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
 127. "Medical history" means an account of a patient's health, including past and present illnesses, diseases, or medical conditions.
 128. "Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.
 129. "Medical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
 130. "Medical staff" means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
 131. "Medical staff bylaws" means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
 132. "Medical staff member" means an individual who is part of the medical staff of a health care institution.
 133. "Medication" means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
 - a. Biologicals as defined in A.A.C. R18-13-1401,
 - b. Prescription medication as defined in A.R.S. § 32-1901, or
 - c. Nonprescription drug as defined in A.R.S. § 32-1901.
 134. "Medication administration" means restricting a patient's access to the patient's medication and providing the medication to the patient or applying the medication to the patient's body, as ordered by a medical practitioner.
 135. "Medication error" means:
 - a. The failure to administer an ordered medication;
 - b. The administration of a medication not ordered; or
 - c. The administration of a medication:
 - i. In an incorrect dosage,
 - ii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
 - iii. By an incorrect route of administration.
 136. "Mental disorder" means the same as in A.R.S. § 36-501.
 137. "Mobile clinic" means a movable structure that:
 - a. Is not physically attached to a health care institution's facility;
 - b. Provides medical services, nursing services, behavioral health services, or health related service to an outpatient under the direction of the health care institution's personnel; and
 - c. Is not intended to remain in one location indefinitely.
 138. "Monitor" or "monitoring" means to check systematically on a specific condition or situation.
 139. "Neglect" has the same meaning:
 - a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
 - b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
 140. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
 141. "Nurse" has the same meaning as "registered nurse" or "practical nurse" as defined in A.R.S. § 32-1601.
 142. "Nursing personnel" means individuals authorized according to A.R.S. Title 32, Chapter 15 to provide nursing services.
 143. "Observation chair" means a physical piece of equipment that:
 - a. Is located in a designated area where behavioral health observation/stabilization services are provided,
 - b. Allows an individual to fully recline, and
 - c. Is used by the individual while receiving crisis services.
 144. "Occupational therapist" has the same meaning as in A.R.S. § 32-3401.
 145. "Occupational therapy assistant" has the same meaning as in A.R.S. § 32-3401.
 146. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
 147. "On-call" means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.

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148. "Opioid" means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of "opiate" in A.R.S. § 36-2501.
149. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid-related substance use disorder.
150. "Opioid antagonist" means a prescription medication, as defined in A.R.S. § 32-1901, that:
 - a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
 - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
151. "Opioid treatment" means providing medical services, nursing services, behavioral health services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opioid-related substance use disorder.
152. "Order" means instructions to provide:
 - a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
 - b. Behavioral health services to a patient from a behavioral health professional.
153. "Orientation" means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
154. "Outing" means a social or recreational activity that:
 - a. Occurs away from the premises,
 - b. Is not part of a behavioral health inpatient facility's or behavioral health residential facility's daily routine, and
 - c. Lasts longer than four hours.
155. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient's surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.
156. "Outpatient treatment center" means a class of health care institution without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.
157. "Overall time-frame" means the same as in A.R.S. § 41-1072.
158. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
159. "Pain management clinic" has the same meaning as in A.R.S. § 36-448.01.
160. "Participant" means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.
161. "Participant's representative" means the same as "patient's representative" for a participant.
162. "Patient" means an individual receiving physical health services or behavioral health services from a health care institution.
163. "Patient's representative" means:
 - a. A patient's legal guardian;
 - b. If a patient is less than 18 years of age and not an emancipated minor, the patient's parent;
 - c. If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient's legal guardian; or
 - d. A surrogate as defined in A.R.S. § 36-3201.
164. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.
165. "Personnel member" means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.
166. "Pest control program" means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient's health and safety is not at risk.
167. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
168. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness, injury, or disease.
169. "Physical health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's medical condition.
170. "Physical therapist" has the same meaning as in A.R.S. § 32-2001.
171. "Physical therapist assistant" has the same meaning as in A.R.S. § 32-2001.
172. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
173. "Placement evaluation" means the same as in A.R.S. § 36-551.
174. "Pre-petition screening" has the same meaning as "pre-petition screening" in A.R.S. § 36-501.
175. "Premises" means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a patient.
176. "Prescribe" means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user's behalf, a specific dose of a specific medication in a specific quantity and route of administration.
177. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
178. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:
 - a. An observed patient response to a physical health service or behavioral health service provided to the patient,
 - b. A patient's significant change in condition, or
 - c. Observed behavior of a patient related to the patient's medical condition or behavioral health issue.
179. "PRN" means *pro re nata* or given as needed.
180. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
181. "Provider" means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual's place of residence.
182. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance

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- with the applicable laws and rules for the health care institution.
183. "Psychotropic medication" means a chemical substance that:
183. a. Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
 183. b. Is provided to a patient to address the patient's behavioral health issue.
184. "Quality management program" means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
185. "Recovery care center" has the same meaning as in A.R.S. § 36-448.51.
186. "Referral" means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
187. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
188. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
189. "Registered nurse practitioner" has the same meaning as A.R.S. § 32-1601.
190. "Regular basis" means at recurring, fixed, or uniform intervals.
191. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.
192. "Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
193. "Resident" means an individual living in and receiving physical health services or behavioral health services, including rehabilitation services or habilitation services if applicable, from a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
194. "Resident's representative" means the same as "patient's representative" for a resident.
195. "Respiratory care services" has the same meaning as "practice of respiratory care" as defined in A.R.S. § 32-3501.
196. "Respiratory therapist" has the same meaning as in A.R.S. § 32-3501.
197. "Respite capacity" means the total number of children who do not stay overnight for whom an outpatient treatment center or a behavioral health residential facility is authorized by the Department to provide respite services on the premises of the outpatient treatment center or behavioral health residential facility.
198. "Respite services" means respite care services provided to an individual who is receiving behavioral health services.
199. "Restraint" means any physical or chemical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.
200. "Risk" means potential for an adverse outcome.
201. "Room" means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
202. "Rural general hospital" means a subclass of hospital:
202. a. Having 50 or fewer inpatient beds,
 202. b. Located more than 20 surface miles from a general hospital or another rural general hospital, and
 202. c. Requesting to be and being licensed as a rural general hospital rather than a general hospital.
203. "Satellite facility" has the same meaning as in A.R.S. § 36-422.
204. "Scope of services" means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
205. "Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.
206. "Sedative-hypnotic medication" means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.
207. "Self-administration of medication" means a patient having access to and control of the patient's medication and may include the patient receiving limited support while taking the medication.
208. "Sexual abuse" means the same as in A.R.S. § 13-1404(A).
209. "Sexual assault" means the same as in A.R.S. § 13-1406(A).
210. "Shift" means the beginning and ending time of a continuous work period established by a health care institution's policies and procedures.
211. "Short-acting opioid antagonist" means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.
212. "Signature" means:
212. a. A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
 212. b. An electronic signature.
213. "Significant change" means an observable deterioration or improvement in a patient's physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
214. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).
215. "Speech-language pathologist" means an individual licensed according A.R.S. Title 36, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.
216. "Special hospital" means a subclass of hospital that:
216. a. Is licensed to provide hospital services within a specific branch of medicine; or
 216. b. Limits admission according to age, gender, type of disease, or medical condition.
217. "Student" means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.

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218. "Substance abuse" means an individual's misuse of alcohol or other drug or chemical that:
- Alters the individual's behavior or mental functioning;
 - Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
 - Impairs, reduces, or destroys the individual's social or economic functioning.
219. "Substance abuse transitional facility" means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
220. "Substance use disorder" means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.
221. "Substance use risk" means an individual's unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.
222. "Substantial" when used in connection with a modification means:
- An addition or removal of an authorized service;
 - The addition or removal of a collocator;
 - A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
 - A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 - A change in the building where a health care institution is located that affects compliance with:
 - Applicable physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, or
 - Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
223. "Substantive review time-frame" means the same as in A.R.S. § 41-1072.
224. "Supportive services" has the same meaning as in A.R.S. § 36-151.
225. "Surgical procedure" means the excision of or incision in a patient's body for the:
- Correction of a deformity or defect;
 - Repair of an injury; or
 - Diagnosis, amelioration, or cure of disease.
226. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
227. "System" means interrelated, interacting, or interdependent elements that form a whole.
228. "Tapering" means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.
229. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.
230. "Telemedicine" has the same meaning as in A.R.S. § 36-3601.
231. "Therapeutic diet" means foods or the manner in which food is to be prepared that are ordered for a patient.
232. "Therapist" means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.
233. "Time-out" means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
234. "Transfer" means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
235. "Transport" means a licensed health care institution:
- Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
 - Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.
236. "Treatment" means a procedure or method to cure, improve, or palliate an individual's medical condition or behavioral health issue.
237. "Treatment plan" means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.
238. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule.
239. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.
240. "Volunteer" means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
241. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-102. Health Care Institution Classes and Subclasses; Requirements

- A. A person may apply for a license as one of the following classes or subclasses of health care institution:
- General hospital,
 - Rural general hospital,
 - Special hospital,
 - Behavioral health inpatient facility,
 - Nursing care institution,
 - Intermediate care facility for individuals with intellectual disabilities,
 - Recovery care center,

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8. Hospice inpatient facility,
 9. Hospice service agency,
 10. Behavioral health residential facility,
 11. Adult residential care institution,
 12. Assisted living center,
 13. Assisted living home,
 14. Adult foster care home,
 15. Outpatient surgical center,
 16. Outpatient treatment center,
 17. Abortion clinic,
 18. Adult day health care facility,
 19. Home health agency,
 20. Substance abuse transitional facility,
 21. Behavioral health specialized transitional facility,
 22. Counseling facility,
 23. Adult behavioral health therapeutic home,
 24. Behavioral health respite home,
 25. Unclassified health care institution, or
 26. Pain management clinic.
- B.** A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical health services or behavioral health services the proposed health care institution plans to provide.
- C.** The Department shall review a proposed health care institution's scope of services to determine whether the requested health care institution class or subclass is appropriate.
- D.** A health care institution shall comply with the requirements in Article 17 of this Chapter if:
1. There are no specific rules in another Article of this Chapter for the health care institution's class or subclass, or
 2. The Department determines that the health care institution is an unclassified health care institution.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-103. Licensing Exceptions

- A.** A health care institution license is required for each health care institution facility except:
1. A facility exempt from licensing under A.R.S. § 36-402, or
 2. A health care institution's administrative office.
- B.** The Department does not require a separate health care institution license for:
1. A satellite facility of a hospital under A.R.S. § 36-422(F);
 2. An accredited facility of an accredited hospital under A.R.S. § 36-422(G);
 3. A facility operated by a licensed health care institution that is:
 - a. Adjacent to and contiguous with the licensed health care institution premises; or
 - b. Not adjacent to or contiguous with the licensed health care institution but connected to the licensed health care institution facility by an all-weather enclosure and:
 - i. Owned by the health care institution, or

- ii. Leased by the health care institution with exclusive rights of possession;
4. A mobile clinic operated by a licensed health care institution; or
 5. A facility located on grounds that are not adjacent to or contiguous with the health care institution premises where only ancillary services are provided to a patient of the health care institution.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-104. Approval of Architectural Plans and Specifications

- A.** For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, an applicant shall submit to the Department an application packet including:
1. An application in a Department-provided format that contains:
 - a. For construction of a new health care institution:
 - i. The health care institution's name, street address, city, state, zip code, telephone number, and e-mail address;
 - ii. The name and mailing address of the health care institution's governing authority;
 - iii. The requested health care institution class or subclass; and
 - iv. If applicable, the requested licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations for the health care institution;
 - b. For modification of a licensed health care institution that requires approval of architectural plans and specifications:
 - i. The health care institution's license number,
 - ii. The name and mailing address of the licensee,
 - iii. The health care institution's class or subclass, and
 - iv. The health care institution's existing licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations; and the requested licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations for the health care institution;
 - c. The health care institution's contact person's name, mailing address, telephone number, and e-mail address;
 - d. The name, mailing address, telephone number, and e-mail address of:
 - i. The project architect; or
 - ii. If the construction or modification of the health care institution does not require a project architect, the project engineer or other individual responsible for the completion of the construction or modification;
 - e. A narrative description of the project;
 - f. The estimated total project cost including the costs of:
 - i. Site acquisition,

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- ii. General construction,
 - iii. Architect fees,
 - iv. Fixed equipment, and
 - v. Movable equipment;
 - g. If providing or planning to provide medical services, nursing services, or health-related services that require compliance with specific physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services;
 - h. If providing or planning to provide behavioral health observation/stabilization services, the number of observation chairs designated for providing the behavioral health observation/stabilization services;
 - i. For construction of a new health care institution and if modification of a health care institution requires a project architect, a statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the:
 - i. Project architect has complied with A.A.C. R4-30-301; and
 - ii. Architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
 - j. If construction or modification of a health care institution requires a project engineer, a statement signed and sealed by the project engineer, according to the requirements in 4 A.A.C. 30, Article 3, that the project engineer has complied with A.A.C. R4-30-301; and
 - k. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
- a. A building permit for the construction or modification issued by the local governmental agency; or
 - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
 - i. The health care institution's name, street address, city, state, zip code, and county;
 - ii. The health care institution's class or subclass and each type of medical services, nursing services, or health-related services to be provided; and
 - iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
3. The following as necessary to demonstrate that the project described on the application complies with applicable codes and standards incorporated by reference in A.A.C. R9-1-412:
- a. A table of contents containing:
 - i. The architectural plans and specifications submitted;
 - ii. The physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 that apply to the project;
 - iii. The physical plant codes and standards that are required by a local governmental agency, if applicable;
 - iv. An index of the abbreviations and symbols used in the architectural plans and specifications; and
 - v. The facility's specific International Building Code construction type and International Building Code occupancy type;
 - b. If the facility is larger than 3,000 square feet and is or will be occupied by more than 20 individuals, the seal of an architect on the architectural plans and specifications according to the requirements in A.R.S. Title 32, Chapter 1 and 4 A.A.C. 30, Article 3;
 - c. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
 - d. For each facility, on architectural plans and specifications:
 - i. A floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
 - ii. A diagram of a section of the facility, drawn to scale, showing the vertical cross-section view from foundation to roof and specifying construction materials;
 - iii. Building elevations, drawn to scale, showing the outside appearance of each facility;
 - iv. The materials used for ceilings, walls, and floors;
 - v. The location, size, and fire rating of each door and each window and the materials and hardware used, including safety features such as fire exit door hardware and fireproofing materials;
 - vi. A ceiling plan, drawn to scale, showing the layout of each light fixture, each fire protection device, and each element of the mechanical ventilation system;
 - vii. An electrical floor plan, drawn to scale, showing the wiring diagram and the layout of each lighting fixture, each outlet, each switch, each electrical panel, and electrical equipment;
 - viii. A mechanical floor plan, drawn to scale, showing the layout of heating, ventilation, and air conditioning systems;
 - ix. A plumbing floor plan, drawn to scale, showing the layout and materials used for water, sewer, and medical gas systems, including the water supply and plumbing fixtures;
 - x. A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;
 - xi. A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and
 - xii. Technical specifications or drawings describing installation of equipment or medical gas and the materials used for installation in the health care institution;
4. The following, as applicable:
- a. If the health care institution is located on land under the jurisdiction of a local governmental agency, one

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of the following provided by the local governmental agency:

- i. A copy of the certificate of occupancy for the facility;
- ii. Documentation that the facility was approved for occupancy; or
- iii. Documentation that a certificate of occupancy for the facility is not available;
- b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable licensing requirements in A.R.S. Title 36, Article 4 and this Chapter signed by the project architect, the contractor, and the owner;
- c. A written description of any work necessary to complete the construction or modification submitted by the project architect;
- d. If the construction or modification affects the health care institution's fire alarm system, a contractor certification and description of the fire alarm system in a Department-provided format;
- e. If the construction or modification affects the health care institution's automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system in a Department-provided format;
- f. If the construction or modification affects the health care institution's heating, ventilation, or air conditioning system, a copy of the heating, ventilation, air conditioning, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning system;
- g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer's certification of flame spread for the draperies, cubicle curtains, or floor coverings;
- h. For a health care institution using inhalation anesthetics or nonflammable medical gas, a copy of the Compliance Certification for Inhalation Anesthetics or Nonflammable Medical Gas System required in the National Fire Codes incorporated by reference in A.A.C. R9-1-412;
- i. If a generator is installed, a copy of the installation acceptance required in the National Fire Codes incorporated by reference in A.A.C. R9-1-412;
- j. If equipment is installed, a certification from an engineer or from a technical representative of the equipment's manufacturer that the equipment has been installed according to the manufacturer's recommendations and, if applicable, calibrated;
- k. For a health care institution providing radiology, a written report from a certified health physicist of the location, type, and amount of radiation protection; and
- l. If a factory-built building is used by a health care institution:
 - i. A copy of the installation permit and the copy of a certificate of occupancy for the factory-built building from the Office of Manufactured Housing; or
 - ii. A written report from an individual registered as an architect or a professional structural engineer under 4 A.A.C. 30, Article 2, stating that the factory-built building complies with applicable design standards;
5. For construction of a new health care institution and for a modification of a health care institution that requires a

project architect, a statement signed by the project architect that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution;

6. For modification of a health care institution that does not require a project architect, a statement signed by the project engineer or other individual responsible for the completion of the modification that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution; and
7. The applicable fee required by R9-10-106.
- B.** Before an applicant submits an application for approval of architectural plans and specifications for the construction or modification of a health care institution, an applicant may request an architectural evaluation by providing the documents in subsection (A)(3) to the Department.
- C.** The Department may conduct on-site facility reviews during the construction or modification of a health care institution.
- D.** The Department shall approve or deny an application for approval of architectural plans and specifications of a health care institution in this Section according to R9-10-108.
- E.** In addition to obtaining an approval of a health care institution's architectural plans and specifications, a person shall obtain a health care institution license before operating the health care institution.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-105. License Application

- A.** A person applying for a health care institution license shall submit to the Department an application packet that contains:
 1. An application in a Department-provided format including:
 - a. The health care institution's:
 - i. Name;
 - ii. Street address, city, state, zip code;
 - iii. Mailing address;
 - iv. Telephone number;
 - v. E-mail address;
 - vi. Tax ID number; and
 - vii. Class or subclass listed in R9-10-102 for which licensing is requested;
 - b. Except for a home health agency or hospice service agency, whether the health care institution is located within 1/4 mile of agricultural land;
 - c. Whether the health care institution is located in a leased facility;
 - d. Whether the health care institution is ready for a licensing inspection by the Department;
 - e. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;
 - f. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;
 - g. Owner information including:

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- i. The owner's name, mailing address, telephone number, and e-mail address;
 - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
 - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
 - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
 - v. If the owner is a corporation, the name and title of each corporate officer;
 - vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;
 - vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
 - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
 - ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
 - h. The name and mailing address of the governing authority;
 - i. The chief administrative officer's:
 - i. Name,
 - ii. Title,
 - iii. Highest educational degree, and
 - iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
 - j. Signature required in A.R.S. § 36-422(B);
2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility;
 3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;
 4. If applicable, the name and mailing address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);
 5. Except for a home health agency or a hospice service agency, one of the following:
 - a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412:
 - i. An application packet for approval of architectural plans and specifications in R9-10-104(A), or
 - ii. Documentation of the Department's approval of the health care institution's architectural plans and specifications in R9-10-104(D); or
 - b. If no part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412:
 - i. One of the following:
 - (1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances; or
 - (2) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;
 - ii. If applicable, the licensed capacity requested by the applicant for the health care institution;
 - iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;
 - iv. If applicable, the respite capacity requested by the applicant for the health care institution;
 - v. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and
 - vi. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device;
 6. The health care institution's proposed scope of services; and
 7. The applicable application fee required by R9-10-106.
- B.** In addition to the license application requirements in this Section, an applicant shall comply with the supplemental application requirements in specific rules in this Chapter for the health care institution class or subclass for which licensing is requested.
- C.** The Department shall approve or deny a license application in this Section according to R9-10-108.
- D.** A health care institution license is valid:
1. Unless, as specified in A.R.S. § 36-425(C):
 - a. The Department revokes or suspends the license according to R9-10-112, or
 - b. The license is considered void because the licensee did not pay the applicable fees in R9-10-106, according to R9-10-107; or
 2. Until a licensee voluntarily surrenders the license to the Department when terminating the operation of the health care institution, according to R9-10-109(B).

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559,

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effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-106. Fees

- A.** An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural plans and specifications review fee as follows:
1. Fifty dollars for a project with a cost of \$100,000 or less;
 2. One hundred dollars for a project with a cost of more than \$100,000 but less than \$500,000; or
 3. One hundred fifty dollars for a project with a cost of \$500,000 or more.
- B.** An applicant submitting an application for a health care institution license shall submit to the Department an application fee of \$50.
- C.** Except as provided in subsection (D) or (E), an applicant submitting an application for a health care institution license or a licensee submitting annual health care institution licensing fees shall submit to the Department the following licensing fee:
1. For an adult day health care facility, assisted living home, or assisted living center:
 - a. For a facility with no licensed capacity, \$280;
 - b. For a facility with a licensed capacity of one to 59 beds, \$280, plus the licensed capacity times \$70;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$560, plus the licensed capacity times \$70;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$840, plus the licensed capacity times \$70; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,400, plus the licensed capacity times \$70;
 2. For a behavioral health facility:
 - a. For a facility with no licensed capacity, \$375;
 - b. For a facility with a licensed capacity of one to 59 beds, \$375, plus the licensed capacity times \$94;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$750, plus the licensed capacity times \$94;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,125, plus the licensed capacity times \$94; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,875, plus the licensed capacity times \$94;
 3. For a behavioral health facility providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(2), the licensed occupancy times \$94;
 4. For a nursing care institution or an intermediate care facility for individuals with intellectual disabilities:
 - a. For a facility with a licensed capacity of one to 59 beds, \$290, plus the licensed capacity times \$73;
 - b. For a facility with a licensed capacity of 60 to 99 beds, \$580, plus the licensed capacity times \$73;
 - c. For a facility with a licensed capacity of 100 to 149 beds, \$870, plus the licensed capacity times \$73; or
 - d. For a facility with a licensed capacity of 150 beds or more, \$1,450, plus the licensed capacity times \$73;
 5. For a hospital, a home health agency, a hospice service agency, a hospice inpatient facility, an abortion clinic, a recovery care center, an outpatient surgical center, an outpatient treatment center that is not a behavioral health

facility, a pain management clinic, or an unclassified health care institution:

- a. For a facility with no licensed capacity, \$365;
 - b. For a facility with a licensed capacity of one to 59 beds, \$365, plus the licensed capacity times \$91;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$730, plus the licensed capacity times \$91;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,095, plus the licensed capacity times \$91; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,825, plus the licensed capacity times \$91;
6. For a hospital providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91; and
 7. For an outpatient treatment center that is not a behavioral health facility and provides:
 - a. Dialysis services, in addition to the applicable fee in subsection (C)(5), the number of dialysis stations times \$91; and
 - b. Behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91.
- D.** In addition to the applicable fees in subsections (C)(5) and (C)(6), an applicant submitting an application for a single group hospital license or a licensee with a single group license submitting annual health care institution licensing fees shall submit to the Department an additional fee of \$365 for each of the hospital's satellite facilities and, if applicable, the fees required in subsection (C)(7).
- E.** Subsections (C) and (D) do not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.
- F.** In addition to the applicable fees in subsections (C) and (D), a licensee shall submit a late payment fee of \$250 if submitting annual licensing fees according to R9-10-107(E)(1) or (2)(d).
- G.** All fees are nonrefundable except as provided in A.R.S. § 41-1077.

Historical Note

New Section R9-10-106 renumbered from R9-10-122 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-107. Submission of Health Care Institution Licensing Fees

- A.** An applicant for a health care institution license shall submit the applicable licensing fees in R9-10-106 to the Department:
1. Within 60 calendar days after the date of the written notice of approval in R9-10-108(C)(3); or
 2. Within 90 calendar days after the date of the written notice of approval in R9-10-108(C)(3), with the payment of an additional late payment fee of \$250.
- B.** The Department shall notify a licensee of the due date of the facility's health care institution licensing fees no later than 90 calendar days before the date the facility's health care institution licensing fee is due to the Department.
- C.** Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:

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1. The following information in a Department-provided format:
 - a. The licensee's name, and
 - b. The facility's name and license number;
2. Verification of the information in the Department's current records for the health care institution;
3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and
4. The applicable annual licensing fees in R9-10-106.
- D.** If any information in the Department's current records for a health care institution is incorrect, before a licensee submits annual licensing fees according to subsection (C), the licensee shall comply with the applicable requirements in R9-10-109 or R9-10-110 to update the Department's records for the health care institution.
- E.** A licensee may submit to the Department the information in subsection (C)(1), verification in subsection (C)(2), applicable information or documentation in subsection (C)(3), and applicable annual licensing fees in R9-10-106:
 1. Within 30 calendar days after the anniversary date of the facility's health care institution license, with the payment of the additional late payment fee in R9-10-106(F); or
 2. If an alternate licensing fee due date has been established for the licensee according to subsections (F) and (G):
 - a. By the anniversary date of the facility's health care institution license, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the alternate licensing fee due date;
 - b. By the alternate licensing fee due date;
 - c. If a new alternate licensing fee due date has been established, by the current alternate licensing fee due date, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the new alternate licensing fee due date; or
 - d. Within 30 calendar days after the alternate licensing fee due date, with the payment of the additional late payment fee in R9-10-106(F).
- F.** Except as specified in subsection (H), a licensee may request a licensing fee due date for a facility that is different from the anniversary date of a facility's health care institution license by submitting an application for an alternate licensing fee due date to the Department, at least 30 calendar days before the anniversary date of the facility's health care institution license, that includes the following information in a Department-provided format:
 1. The licensee's name and e-mail address,
 2. The facility's name and license number,
 3. The current licensing fee due date,
 4. The proposed alternate licensing fee due date,
 5. The reason the licensee is requesting an alternate licensing fee due date, and
 6. The name of the health care institution's administrator's or individual representing the health care institution as designated in A.R.S. § 36-422 and the dated signature of the administrator or individual.
- G.** The Department shall review a request made according to subsection (F) according to R9-10-108.
- H.** A licensee may not request an alternate licensing fee due date according to subsection (F):
 1. More frequently than once in each three-year period, or
 2. For a facility for which the payment of licensing fees is not up-to-date.

effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-108. Time-frames

- A.** The overall time-frame for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- B.** The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1.1. The administrative completeness review time-frame begins on the date the Department receives an application packet or a written request for an alternate licensing fee due date.
 1. The application packet for a health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.
 2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
 3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
 4. For an application packet for review of architectural plans and specifications, a health care institution license application packet, an application packet for a modification not requiring review of architectural plans and specifications, or a written request for an alternate licensing fee due date, the Department shall consider the application or written request withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 60 calendar days after the date of the notice described in subsection (B)(2).
 5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C.** The substantive review time-frame is listed in Table 1.1 and begins on the date of the notice of administrative completeness.
 1. The Department may conduct an onsite inspection of the facility:
 - a. As part of the substantive review for approval of architectural plans and specifications;
 - b. As part of the substantive review for issuing a health care institution license; or
 - c. As part of the substantive review for approving a modification of a health care institution's license.
 2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional informa-

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559,

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tion or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.

3. The Department shall send a written notice of approval to an applicant that is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter.
4. After an applicant for a health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable health care institution license fee in R9-10-106 according to R9-10-107(A).
5. After receiving the applicable health care institution licensing fee from an applicant according to subsection (C)(4) and R9-10-107(A), the Department shall send a health care institution license to the applicant.
6. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
 - a. For a health care institution license application or a request for approval of a modification of a health care institution requiring architectural plans and specifications, submit the information or documentation in subsection (C)(2) within 120 calendar days after the Department's written request to the applicant;
 - b. For a request for approval of a modification of a health care institution not requiring architectural plans and specifications or a written request for an alternate licensing fee due date, submit the information or documentation in subsection (C)(2) within 30 calendar days after the Department's written request to the applicant;
 - c. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
 - d. If applicable, submit a fee required in R9-10-106 or R9-10-107.
7. An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection (C)(6). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
8. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next working day to be the time-frame's last day.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

Table 1.1.

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Approval of architectural plans and specifications R9-10-104	A.R.S. §§ 36-405, 36-406(1)(b), and 36-421	105 calendar days	45 calendar days	60 calendar days
Health care institution license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 calendar days	30 calendar days	90 calendar days
Approval of an alternate licensing fee due date R9-10-107	A.R.S. § 36-405	30 calendar days	10 calendar days	20 calendar days
Approval of a modification of a health care institution R9-10-110	A.R.S. §§ 36-405, 36-407, and 36-422	75 calendar days	15 calendar days	60 calendar days

Historical Note

New Table 1 made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Table 1 title and contents amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Table 1.1 amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Table 1.1 amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-109. Changes Affecting a License**A.** A licensee shall ensure that:

1. The Department is notified in writing at least 30 calendar days before the effective date of:
 - a. Except as provided in subsection (I), a change in the name of:
 - i. A health care institution, or
 - ii. The licensee;
 - b. A change in the hours of operation:
 - i. Of an administrative office, or
 - ii. For providing physical health services or behavioral health services to patients of the health care institution;

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- c. A change in the address of a health care institution that does not provide medical services, nursing services, behavioral health services, or health-related services on the premises; or
 - d. A change in the geographic region to be served by the hospice service agency or home health agency; and
- 2. Documentation supporting the change is provided to the Department with the notification required in subsection (A)(1).
- B.** If a licensee intends to terminate the operation of a health care institution, the licensee shall ensure that the Department is notified in writing of:
 - 1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 calendar days before the termination, and
 - 2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.
- C.** A licensee shall ensure that the Department is notified in writing, according to A.R.S. § 36-425(I), of a change in the chief administrative officer of the health care institution.
- D.** If a health care institution is accredited by a nationally recognized accrediting organization, a licensee may submit to the Department the health care institution's current accreditation report.
- E.** If a licensee submits to the Department a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite compliance inspection of the health care institution during the time the accreditation report is valid.
- F.** If a licensee is an adult behavioral health therapeutic home or a behavioral health respite home, the licensee shall ensure that:
 - 1. The Department is notified in writing if the licensee does not have a written agreement with a collaborating health care institution, as required in R9-10-1603(A)(3) or R9-10-1803(A)(3) as applicable; and
 - 2. The adult behavioral health therapeutic home or behavioral health respite home does not accept an individual as a resident or recipient, as applicable, or provide services to a resident or recipient, as applicable, until:
 - a. The adult behavioral health therapeutic home or behavioral health respite home has a written agreement with a collaborating health care institution;
 - b. The collaborating health care institution has approved the adult behavioral health therapeutic home's or behavioral health respite home's:
 - i. Scope of services, and
 - ii. Policies and procedures; and
 - c. The collaborating health care institution has verified the provider's skills and knowledge.
- G.** If a licensee is an affiliated outpatient treatment center, the licensee shall ensure that if the affiliated outpatient treatment center:
 - 1. Plans to begin providing administrative support to a counseling facility at a time other than during the affiliated outpatient treatment center's license application process, the following information for each counseling facility is submitted to the Department before the affiliated outpatient treatment center begins providing administrative support:
 - a. The counseling facility's name,
 - b. The license number assigned to the counseling facility by the Department, and
 - 2. The date the affiliated outpatient treatment center will begin providing administrative support to the counseling facility; or
 - 3. No longer provides administrative support to a counseling facility previously identified by the affiliated outpatient treatment center as receiving administrative support from the affiliated outpatient treatment center, the following information for each counseling facility is submitted to the Department within 30 calendar days after the affiliated outpatient treatment center no longer provides administrative support:
 - a. The counseling facility's name,
 - b. The license number assigned to the counseling facility by the Department, and
 - c. The date the affiliated outpatient treatment center stopped providing administrative support to the counseling facility.
- H.** If a licensee is a counseling facility, the licensee shall ensure that if the counseling facility:
 - 1. Plans to begin receiving administrative support from an affiliated outpatient treatment center at a time other than during the counseling facility's license application process, the following information for the affiliated outpatient treatment center is submitted to the Department before the counseling facility begins receiving administrative support:
 - a. The affiliated outpatient treatment center's name,
 - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
 - c. The date the counseling facility will begin receiving administrative support;
 - 2. No longer receives administrative support from an affiliated outpatient treatment center previously identified by the counseling facility as providing administrative support to the counseling facility, the following information for the affiliated outpatient treatment center is submitted to the Department within 30 calendar days after the counseling facility no longer receives administrative support from the affiliated outpatient treatment center:
 - a. The affiliated outpatient treatment center's name,
 - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
 - c. The date the counseling facility stopped receiving administrative support from the affiliated outpatient treatment center;
 - 3. Plans to begin sharing administrative support with an affiliated counseling facility at a time other than during the counseling facility's license application process, the following information for each affiliated counseling facility sharing administrative support with the counseling facility is submitted to the Department before the counseling facility and affiliated counseling facility begin sharing administrative support:
 - a. The affiliated counseling facility's name,
 - b. The license number assigned to the affiliated counseling facility by the Department, and
 - c. The date the counseling facility and the affiliated counseling facility will begin sharing administrative support; or
 - 4. No longer shares administrative support with an affiliated counseling facility previously identified by the counseling facility as sharing administrative support with the counseling facility, the following information is submitted for each affiliated counseling facility within 30 calendar days after the counseling facility and affiliated

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counseling facility no longer share administrative support:

- a. The affiliated counseling facility's name,
- b. The license number assigned to the affiliated counseling facility by the Department, and
- c. The date the counseling facility and affiliated counseling facility will no longer be sharing administrative support.

- I. A governing authority shall submit a license application required in R9-10-105 for:
 1. A change in ownership of a health care institution;
 2. A change in the address or location of a health care institution that provides medical services, nursing services, health-related services, or behavioral health services on the premises; or
 3. A change in a health care institution's class or subclass.
- J. A governing authority is not required to submit the documentation required in R9-10-105(A)(5) for a license application if:
 1. The health care institution has not ceased operations for more than 30 calendar days,
 2. A modification has not been made to the health care institution,
 3. The services the health care institution is authorized by the Department to provide are not changed, and
 4. The location of the health care institution's premises is not changed.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-110. Modification of a Health Care Institution

- A. A licensee shall submit a request for approval of a modification of a health care institution when planning to make:
 1. An addition or removal of an authorized service;
 2. An addition or removal of a collocator;
 3. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
 4. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 5. A change in the building where a health care institution is located that affects compliance with:
 - a. Applicable physical plant codes and standards incorporated by reference in A.A.C. R9-1-412, or
 - b. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
- B. A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 shall submit an application packet, according to R9-10-104(A), for approval of architectural plans and specifications for a modification of the health care institution described in subsection (A)(3) through (5).
- C. A licensee of a health care institution shall submit an application packet for a modification of the health care institution that contains:
 1. The following information in a Department-provided format:

- a. The health care institution's name, mailing address, e-mail address, and license number;
 - b. A narrative description of the modification, including as applicable:
 - i. The services the licensee is requesting be added or removed as an authorized service;
 - ii. The name and license number of an associated licensed provider being added or removed as a collocator;
 - iii. The name and professional license number of an exempt health care provider being added or removed as a collocator;
 - iv. If an associated licensed provider or exempt health care provider is being added as a collocator, the proposed scope of services;
 - v. The current and proposed licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations;
 - vi. The change being made in the physical plant; and
 - vii. The change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in A.A.C. R9-1-412; and
 - c. The name and e-mail address of the health care institution's administrator's or individual representing the health care institution as designated according to A.R.S. § 36-422 and the dated signature of the administrator or individual;
2. Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:
 - a. A floor plan showing the location of each collocator's proposed treatment area and the areas of the collaborating outpatient treatment center's premises shared with a collocator;
 - b. For a change in the licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations or a modification of the physical plant:
 - i. A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or
 - ii. For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in A.A.C. R9-1-412 for the building, documentation of the Department's approval of the health care institution's architectural plans and specifications in R9-10-104(D); and
 - c. Any other documentation to support the requested modification; and
 3. If applicable, a copy of the written agreement the associated licensed provider or exempt health care provider has with the collaborating outpatient treatment center.
- D. The Department shall approve or deny a request for a modification described in subsection (C) according to R9-10-108.
 - E. A licensee shall not implement a modification described in subsection (C) until an approval or amended license is issued by the Department.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October

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1, 2013 (Supp. 13-2). Section R9-10-110 renumbered to Section R9-10-111; new Section R9-10-110 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-111. Enforcement Actions

- A.** If the Department determines that an applicant or licensee is violating applicable statutes and rules and the violation poses a direct risk to the life, health, or safety of a patient, the Department may:
1. Issue a provisional license to the applicant or licensee under A.R.S. § 36-425,
 2. Assess a civil penalty under A.R.S. § 36-431.01,
 3. Impose an intermediate sanction under A.R.S. § 36-427,
 4. Remove a licensee and appoint another person to continue operation of the health care institution pending further action under A.R.S. § 36-429,
 5. Suspend or revoke a license under A.R.S. § 36-427 and R9-10-112,
 6. Deny a license under A.R.S. § 36-425 and R9-10-112, or
 7. Issue an injunction under A.R.S. § 36-430.
- B.** In determining which action in subsection (A) is appropriate, the Department shall consider the direct risk to the life, health, or safety of a patient in the health care institution based on:
1. Repeated violations of statutes or rules,
 2. Pattern of violations,
 3. Types of violation,
 4. Severity of violation, and
 5. Number of violations.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 97, effective January 1, 2014 (Supp. 13-4). Section R9-10-111 renumbered to Section R9-10-112; new Section R9-10-111 renumbered from R9-10-110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-112. Denial, Revocation, or Suspension of License

- A.** The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution:
1. Provides false or misleading information to the Department;
 2. Has had in any state or jurisdiction any of the following:
 - a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process or to pay a required licensing fee within a required time-frame; or
 - b. A health care professional license or certificate denied, revoked, or suspended;
 3. Does not comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
 4. Has operated a health care institution, within the preceding ten years, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, that posed a direct risk to the life, health, or safety of a patient.

- B.** The Department shall suspend or revoke a hospital's license if the Department receives, pursuant to A.R.S. § 36-2901.08(H), notice from the Arizona Health Care Cost Containment System that the hospital's provider agreement registration with the Arizona Health Care Cost Containment System has been suspended or revoked.

Historical Note

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 9 A.A.R. 526, effective April 1, 2003 (Supp. 03-1). Section R9-10-112 renumbered to R9-10-113; new Section R9-10-112 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-112 renumbered from R9-10-111 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-113. Tuberculosis Screening

- A.** A health care institution's chief administrative officer shall ensure that the health care institution complies with one of the following if tuberculosis screening is required by this Chapter at the health care institution:
1. Screens for infectious tuberculosis according to subsection (B); or
 2. Establishes, documents, and implements a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings, 2005, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333 and available at <http://www.cdc.gov/mmwr/PDF/RR/rr5417.pdf>, incorporated by reference, on file with the Department, and including no future editions or amendments and includes:
 - a. Conducting tuberculosis risk assessments, conducting tuberculosis screening testing, screening for signs or symptoms of tuberculosis, and providing training and education related to recognizing the signs and symptoms of tuberculosis; and
 - b. Maintaining documentation of any:
 - i. Tuberculosis risk assessment;
 - ii. Tuberculosis screening test of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution; and
 - iii. Screening for signs or symptoms of tuberculosis of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution.
- B.** For each individual required to be screened for infectious tuberculosis, a health care institution's chief administrative officer shall obtain from the individual:
1. On or before the date specified in the applicable Section of this Chapter, one of the following as evidence of freedom from infectious tuberculosis:
 - a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within 12 months before the date the individual begins providing services at or on

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- behalf of the health care institution or is admitted to the health care institution that includes the date and the type of tuberculosis screening test; or
- b. If the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and
2. Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis:
 - a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the CDC administered to the individual within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or
 - b. If the individual has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement.

Historical Note

Former Section R9-10-113 repealed, new Section R9-10-113 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-113 renumbered to Section R9-10-114; new Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-114. Clinical Practice Restrictions for Hemodialysis Technician Trainees**A.** The following definitions apply in this Section:

1. "Assess" means collecting data about a patient by:
 - a. Obtaining a history of the patient,
 - b. Listening to the patient's heart and lungs, and
 - c. Checking the patient for edema.
2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.
3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.
4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.
5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
6. "Conductivity test" means a determination of the electrolytes in a dialysate.
7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.
8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
9. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
10. "Direct supervision" has the same meaning as "supervision" in A.R.S. § 36-401.
11. "Electrolytes" means chemical compounds that break apart into electrically charged particles, such as sodium, potassium, or calcium, when dissolved in water.
12. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
13. "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.
14. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:
 - a. Dialyzer size,
 - b. Blood-flow rate,
 - c. Dialysate-flow rate, and
 - d. Hemodialysis duration.
15. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
16. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
17. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
18. "Hemodialysis machine" means a mechanical pump that controls:
 - a. The blood-flow rate,
 - b. The mixing and temperature of dialysate,
 - c. The dialysate-flow rate,
 - d. The addition of anticoagulant, and
 - e. The fluid-removal rate.
19. "Hemodialysis technician" has the same meaning as in A.R.S. § 36-423(A).
20. "Hemodialysis technician trainee" means an individual who is working in a health care institution to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
21. "Inexperienced hemodialysis technician trainee" means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
22. "Medical person" means:
 - a. A physician who is experienced in dialysis;
 - b. A registered nurse practitioner who is experienced in dialysis;
 - c. A nurse who is experienced in dialysis;
 - d. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
 - e. An experienced hemodialysis technician trainee approved by the governing authority.
23. "Not established" means not approved by a patient's nephrologist for use in hemodialysis.
24. "Patient" means an individual who receives hemodialysis.
25. "pH test" means a determination of the acidity of a dialysate.

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26. "Preceptor course" means a health care institution's instruction and evaluation provided to a nurse, hemodialysis technician, or hemodialysis technician trainee that enables the nurse, hemodialysis technician, or hemodialysis technician trainee to provide direct observation and education to hemodialysis technician trainees.
 27. "Respond" means to mute, shut off, reset, or troubleshoot an alarm.
 28. "Safety check" means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.
 29. "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.
- B.** An experienced hemodialysis technician trainee may:
1. Perform hemodialysis under direct supervision, and
 2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.
- C.** An experienced hemodialysis technician trainee shall not access a patient's:
1. Fistula that is not established, or
 2. Graft that is not established.
- D.** An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:
1. Access a patient's central line catheter;
 2. Respond to a hemodialysis-machine alarm;
 3. Draw blood for laboratory tests;
 4. Perform a water-contaminant test on a water system used for hemodialysis;
 5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
 6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
 7. Prime a dialyzer;
 8. Test a hemodialysis machine for germicide presence;
 9. Perform a hemodialysis machine safety check;
 10. Prepare a dialysate;
 11. Perform a conductivity test and a pH test on a dialysate;
 12. Assess a patient;
 13. Check and record a patient's vital signs, weight, and temperature;
 14. Determine the amount and rate of fluid removal from a patient;
 15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
 16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
 17. Initiate or discontinue a patient's hemodialysis;
 18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or
 19. Prepare a blood, water, or dialysate culture to determine microorganism presence.
- E.** An inexperienced hemodialysis technician trainee shall not:
1. Access a patient's:
 - a. Fistula that is not established, or
 - b. Graft that is not established; or
 2. Provide direct observation.
- F.** When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:
1. The name of the hemodialysis technician trainee;
 2. The date, time, and hemodialysis task performed;
 3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and
 4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.
- G.** If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-111.

Historical Note

Former Section R9-10-114 repealed, new Section R9-10-114 adopted effective February 4, 1981 (Supp. 81-1).

Amended by adding paragraph (7) as an emergency effective November 17, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Amended by adding paragraph (7) as a permanent amendment effective August 2, 1984 (Supp. 84-4). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-114 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-114 renumbered to Section R9-10-115; new Section R9-10-114 renumbered from R9-10-113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians

If a health care institution is a behavioral health facility or is authorized by the Department to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;
 - b. Cover supervision of a behavioral health paraprofessional, including documentation of supervision;
 - c. Establish the qualifications for a behavioral health professional providing supervision to a behavioral health paraprofessional;
 - d. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;
 - e. Cover clinical oversight for a behavioral health technician, including documentation of clinical oversight;
 - f. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
 - g. Delineate the methods used to provide clinical oversight, including when clinical oversight is provided on an individual basis or in a group setting; and
 - h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician;
2. A behavioral health paraprofessional receives supervision according to policies and procedures;
3. Clinical oversight is provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:

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- a. The scope and extent of the services provided,
- b. The acuity of the patients receiving services, and
- c. The number of patients receiving services;
- 4. A behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;
- 5. When clinical oversight is provided electronically:
 - a. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
 - b. A secure connection is used, and
 - c. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and
- 6. A behavioral health professional provides supervision to a behavioral health paraprofessional or clinical oversight to behavioral health technician within the behavioral health professional's scope of practice established in the applicable licensing requirements under A.R.S. Title 32.
- f. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed; and
- 2. A copy of the materials used for providing the nutrition and feeding assistant training program.
- C. For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
- D. Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:
 - 1. Issue an approval of the agency's nutrition and feeding assistant training program;
 - 2. Provide a notice of administrative completeness to the agency that submitted the application; or
 - 3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.
- E. If the Department provides a notice of deficiencies to an agency:
 - 1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the agency;
 - 2. If the agency does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
 - 3. If the agency submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.
- F. Within the substantive review time-frame, the Department:
 - 1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and
 - 2. May make one written comprehensive request for more information, unless the Department and the agency agree in writing to allow the Department to submit supplemental requests for information.
- G. If the Department issues a written comprehensive request or a supplemental request for information:
 - 1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
 - 2. The agency shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- H. The Department shall issue:
 - 1. An approval for an agency to operate a nutrition and feeding assistant training program if the Department determines that the agency and the application comply with A.R.S. § 36-413 and this Section; or
 - 2. A denial for an agency that includes the reason for the denial and the process for appeal of the Department's decision if:
 - a. The Department determines that the agency does not comply with A.R.S. § 36-413 and this Section; or
 - b. The agency does not submit information and documents listed in the written comprehensive request or

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1).
 Amended by final rulemaking 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-115 renumbered to Section R9-10-116; new Section R9-10-115 renumbered from R9-10-114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-116. Nutrition and Feeding Assistant Training Programs

- A. For the purposes of this Section, "agency" means an entity other than a nursing care institution that provides the nutrition and feeding assistant training required in A.R.S. § 36-413.
- B. An agency shall apply for approval to operate a nutrition and feeding assistant training program by submitting:
 - 1. An application in a Department-provided format that contains:
 - a. The name of the agency;
 - b. The name, telephone number, and e-mail address of the individual in charge of the proposed nutrition and feeding assistant training program;
 - c. The address where the nutrition and feeding assistant training program records are maintained;
 - d. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
 - i. The information presented for each topic,
 - ii. The amount of time allotted to each topic,
 - iii. The skills an individual is expected to acquire for each topic, and
 - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
 - e. Whether the agency agrees to allow the Department to submit supplemental requests for information as specified in subsection (F)(2); and

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supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

I. An individual in charge of a nutrition and feeding assistant training program shall ensure that:

1. The materials and coursework for the nutrition and feeding assistant training program demonstrate the inclusion of the following topics:
 - a. Feeding techniques;
 - b. Assistance with feeding and hydration;
 - c. Communication and interpersonal skills;
 - d. Appropriate responses to resident behavior;
 - e. Safety and emergency procedures, including the Heimlich maneuver;
 - f. Infection control;
 - g. Resident rights;
 - h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior; and
 - i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;
2. An individual providing the training course is:
 - a. A physician,
 - b. A physician assistant,
 - c. A registered nurse practitioner,
 - d. A registered nurse,
 - e. A registered dietitian,
 - f. A licensed practical nurse,
 - g. A speech-language pathologist, or
 - h. An occupational therapist; and
3. An individual taking the training course completes:
 - a. At least eight hours of classroom time, and
 - b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.

J. An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:

1. The name of the agency approved to operate the nutrition and feeding assistant training program;
2. The name of the individual completing the training course;
3. The date of completion;
4. The name, signature, and professional license of the individual providing the training course; and
5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.

K. The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if an agency operating or applying to operate a nutrition and feeding assistance training program:

1. Provides false or misleading information to the Department;
2. Does not comply with the applicable statutes and rules;
3. Issues a training completion certificate to an individual who did not:
 - a. Complete the nutrition and feeding assistant training program, or
 - b. Demonstrate the skills the individual was expected to acquire; or
4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency's application.

L. In determining which action in subsection (K) is appropriate, the Department shall consider the following:

1. Repeated violations of statutes or rules,
2. Pattern of non-compliance,
3. Types of violations,
4. Severity of violations, and
5. Number of violations.

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-116 renumbered to Section R9-10-117; new Section R9-10-116 renumbered from R9-10-115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-117. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-117 renumbered to Section R9-10-118; new Section R9-10-117 renumbered from R9-10-116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Repealed by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-118. Collaborating Health Care Institution

A. An administrator of a collaborating health care institution shall ensure that:

1. A list is maintained of adult behavioral health therapeutic homes and behavioral health respite homes for which the collaborating health care institution serves as a collaborating health care institution;
2. For each adult behavioral health therapeutic home or behavioral health respite home in subsection (A)(1), the collaborating health care institution maintains the following information:
 - a. A copy of the documented agreement that establishes the responsibilities of the adult behavioral health therapeutic home or behavioral health respite home and the collaborating health care institution consistent with the requirements in this Chapter;
 - b. For the adult behavioral health therapeutic home or behavioral health respite home, the following information:
 - i. Provider's name;
 - ii. Street address;
 - iii. License number;
 - iv. Whether the residence is an adult behavioral health therapeutic home or a behavioral health respite home;
 - v. If the residence is a behavioral health respite home, whether the behavioral health respite home provides respite care services to:
 - (1) Individuals 18 years of age or older, or
 - (2) Individuals less than 18 years of age;
 - vi. The beginning and ending dates of the documented agreement in subsection (A)(2)(a); and
 - vii. The name and contact information for the individual assigned by the collaborating health care

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- institution to monitor the adult behavioral health therapeutic home or behavioral health respite home;
- c. For the adult behavioral health therapeutic home or behavioral health respite home, a copy of the following that have been approved by the collaborating health care institution:
 - i. Scope of services,
 - ii. Policies and procedures, and
 - iii. Documentation of the review and update of policies and procedures;
 - d. A description of the required skills and knowledge for a provider, based on the scope of services of the adult behavioral health therapeutic home or behavioral health respite home, as established by the collaborating health care institution; and
 - e. For a provider in the adult behavioral health therapeutic home or behavioral health respite home, documentation of:
 - i. The provider's skills and knowledge;
 - ii. If applicable, the provider's completion of training in assistance in the self-administration of medication;
 - iii. Verification of the provider's skills and knowledge; and
 - iv. If the provider is required to have clinical oversight according to R9-10-1805(C), the provider's receiving clinical oversight;
3. A provider's skills and knowledge are verified by a personnel member according to policies and procedures;
 4. A provider who provides behavioral health services receives clinical oversight, required in R9-10-1805(C), from a behavioral health professional; and
 5. A provider, other than a provider who is a medical practitioner or nurse, receives training in assistance in the self-administration of medication:
 - a. From a medical practitioner or registered nurse or from a personnel member of the collaborating health care institution trained by a medical practitioner or registered nurse;
 - b. That includes:
 - i. A demonstration of the provider's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed; and
 - c. That is documented.
- B.** For a patient referred to an adult behavioral health therapeutic home or a behavioral health respite home, an administrator shall ensure that:
1. A resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home does not present a threat to the referred patient, based on the resident's or recipient's developmental levels, social skills, verbal skills, and personal history;
 2. The referred patient does not present a threat to a resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home based the referred patient's developmental levels, social skills, verbal skills, and personal history;
 3. The referred patient requires services within the adult behavioral health therapeutic home's or behavioral health respite home's scope of services;
 4. A provider of the adult behavioral health therapeutic home or behavioral health respite home has the verified skills and knowledge to provide behavioral health services to the referred patient;
 5. A treatment plan for the referred patient, which includes information necessary for a provider to meet the referred patient's needs for behavioral health services, is completed and forwarded to the provider before the referred patient is accepted as a resident or recipient;
 6. A patient's treatment plan is reviewed and updated at least once every twelve months, and a copy of the patient's updated treatment plan is forwarded to the patient's provider;
 7. If documentation of a significant change in a patient's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address patient's changing needs is received by the collaborating health care institution, a behavioral health professional or behavioral health technician reviews the documentation and:
 - a. Documents the review; and
 - b. If applicable:
 - i. Updates the patient's treatment plan, and
 - ii. Forwards the updated treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;
 8. If the review and updated treatment plan required in subsection (B)(7) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated treatment plan to ensure the patient is receiving the appropriate behavioral health services; and
 9. In addition to the requirements for a medical record for a patient in this Chapter, a referred patient's medical record contains:
 - a. The provider's name and the street address and license number of the adult behavioral health therapeutic home or behavioral health respite home to which the patient is referred,
 - b. A copy of the treatment plan provided to the adult behavioral health therapeutic home or behavioral health respite home,
 - c. Documentation received according to and required by subsection (B)(7),
 - d. Any information about the patient received from the adult behavioral health therapeutic home or behavioral health respite home, and
 - e. Any follow-up actions taken by the collaborating health care institution related to the patient.
- C.** For a patient referred to an adult behavioral health therapeutic home, an administrator shall ensure that the collaborating health care institution has documentation in the patient's medical record of evidence of freedom from infectious tuberculosis that meets the requirements in R9-10-113.

Historical Note

New Section R9-10-118 renumbered from R9-10-117 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-119. Abortion Reporting

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- A.** A licensed health care institution where abortions are performed shall submit to the Department, in a Department-provided format and according to A.R.S. § 36-2161(D) and (E), a report that contains the information required in A.R.S. § 36-2161(A) and the following:
1. The final disposition of the fetal tissue from the abortion; and
 2. Except as provided in subsection (B), if custody of the fetal tissue is transferred to another person or persons:
 - a. The name and address of the person or persons accepting custody of the fetal tissue,
 - b. The amount of any compensation received by the licensed health care institution for the transferred fetal tissue, and
 - c. Whether a patient provided informed consent for the transfer of custody of the fetal tissue.
- B.** A licensed health care institution where abortions are performed is not required to include the information specified in subsections (A)(2)(a) through (c) in the report required in subsection (A) if the licensed health care institution where abortions are performed:
1. Transfers custody of the fetal tissue:
 - a. To a funeral establishment, as defined in A.R.S. § 32-1301;
 - b. To a crematory, as defined in A.R.S. § 32-1301; or
 - c. According to requirements in A.A.C. R18-13-1406, A.A.C. R18-13-1407, and A.A.C. R18-13-1408; or
 2. Complies with requirements in A.A.C. R18-13-1405.
- C.** For purposes of this Section, the following definition applies: "Fetal tissue" means cells, or groups of cells with a specific function, obtained from an aborted human embryo or fetus.

Historical Note

New Section made by emergency rulemaking at 21 A.A.R. 1787, effective August 14, 2015 for 180 days (Supp. 15-3). Emergency expired February 10, 2016. Section amended by emergency rulemaking at 22 A.A.R. 420, effective February 11, 2016, for an additional 180 days; filed in the Office February 8, 2016 (Supp. 16-1). New Section made by final rulemaking at 22 A.A.R. 1343, with an immediate effective date upon filing under A.R.S. § 41-1032(A)(1) and (4) of May 5, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

R9-10-120. Opioid Prescribing and Treatment

- A.** This Section does not apply to a health care institution licensed under Article 20 of this Chapter.
- B.** In addition to the definitions in A.R.S. § 36-401(A) and R9-10-101, the following definitions apply in this Section:
1. "Episode of care" means medical services, nursing services, or health-related services provided by a health care institution to a patient for a specific period of time, ending in discharge or the completion of the patient's treatment plan, whichever is later.
 2. "Order" means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
- C.** An administrator of a health care institution where opioids are prescribed or ordered as part of treatment shall:
1. Establish, document, and implement policies and procedures for prescribing or ordering an opioid as part of treatment, to protect the health and safety of a patient, that:
 - a. Cover which personnel members may prescribe or order an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
 - b. As applicable and except when contrary to medical judgment for a patient, are consistent with the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
 - i. Centers for Disease Control and Prevention, or
 - ii. U.S. Department of Veterans Affairs and the U.S. Department of Defense;
 - c. Include how, when, and by whom:
 - i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
 - ii. An assessment is conducted of a patient's substance use risk;
 - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;
 - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
 - v. Informed consent is obtained from a patient or the patient's representative and, if applicable, in what situations, described in subsection (G) or (H), informed consent would not be obtained before an opioid is prescribed or ordered for a patient;
 - vi. A patient receiving an opioid is monitored; and
 - vii. The actions taken according to subsections (C)(1)(c)(i) through (vi) are documented;
 - d. Address conditions that may impose a higher risk to a patient when prescribing or ordering an opioid as part of treatment, including:
 - i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
 - ii. History of substance use disorder,
 - iii. Co-occurring behavioral health issue, or
 - iv. Pregnancy;
 - e. Cover the criteria for co-prescribing a short-acting opioid antagonist for a patient;
 - f. Include that, if continuing control of a patient's pain after discharge is medically indicated due to the patient's medical condition, a method for continuing pain control will be addressed as part of discharge planning;
 - g. Include the frequency of the following for a patient being prescribed or ordered an opioid for longer than a 30-calendar-day period:
 - i. Face-to-face interactions with the patient,
 - ii. Conducting an assessment of a patient's substance use risk,
 - iii. Renewal of a prescription or order for an opioid without a face-to-face interaction with the patient, and
 - iv. Monitoring the effectiveness of the treatment;
 - h. If applicable according to A.R.S. § 36-2608, include documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - i. Cover the criteria and procedures for tapering opioid prescription or ordering as part of treatment; and

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- j. Cover the criteria and procedures for offering or referring a patient for treatment for substance use disorder;
- 2. Include in the plan for the health care institution's quality management program a process for:
 - a. Review of known incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
 - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (C)(1);
- 3. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid prescribed or ordered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the health care institution learns of the patient's death; and
- 4. Ensure that informed consent required from a patient or the patient's representative includes:
 - a. The patient's:
 - i. Name,
 - ii. Date of birth or other patient identifier, and
 - iii. Condition for which opioids are being prescribed;
 - b. That an opioid is being prescribed or ordered;
 - c. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
 - d. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
 - e. Alternatives to a prescribed or ordered opioid;
 - f. The name and signature of the individual explaining the use of an opioid to the patient; and
 - g. The signature of the patient or the patient's representative and the date signed.
- D. Except as provided in subsection (H), an administrator of a health care institution where opioids are prescribed as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to prescribe an opioid in treating a patient:
 - 1. Before prescribing an opioid for a patient of the health care institution:
 - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted during the patient's same episode of care;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted during the same episode of care by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
 - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
 - e. Explains alternatives to a prescribed opioid; and
 - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in subsection (C)(4), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
 - i. Is also prescribed or ordered a sedative-hypnotic medication, or
 - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
- 2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
 - a. The patient's diagnosis;
 - b. The patient's medical history, including co-occurring disorders;
 - c. The opioid to be prescribed;
 - d. Other medications or herbal supplements being taken by the patient;
 - e. If applicable:
 - i. The effectiveness of the patient's current treatment,
 - ii. The duration of the current treatment, and
 - iii. Alternative treatments tried by or planned for the patient;
 - f. The expected benefit of the treatment and, if applicable, the benefit of the new treatment compared with continuing the current treatment; and
 - g. Other factors relevant to the patient's being prescribed an opioid; and
- 3. If applicable, specifies in the patient's discharge plan how medically indicated pain control will occur after discharge to meet the patient's needs.
- E. Except as provided in subsection (G) or (H), an administrator of a health care institution where opioids are ordered for administration to a patient in the health care institution as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to order an opioid in treating a patient:
 - 1. Before ordering an opioid for a patient of the health care institution:
 - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted:
 - i. During the patient's same episode of care; or
 - ii. Within the previous 30 calendar days, at a health care institution transferring the patient to the health care institution or by the medical practitioner who referred the patient for admission to the health care institution;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted within the previous 30 calendar days by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;

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- rized by policies and procedures to conduct an assessment of the patient's substance use risk;
 - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
 - e. If applicable, explains alternatives to an ordered opioid; and
 - f. Obtains informed consent from the patient or the patient's representative, according to subsection (D)(1)(f); and
 - 2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
 - a. The patient's diagnosis;
 - b. The patient's medical history, including co-occurring disorders;
 - c. The opioid being ordered and the reason for the order;
 - d. Other medications or herbal supplements being taken by the patient; and
 - e. If applicable:
 - i. The effectiveness of the patient's current treatment,
 - ii. The duration of the current treatment,
 - iii. Alternative treatments tried by or planned for the patient,
 - iv. The expected benefit of a new treatment compared with continuing the current treatment, and
 - v. Other factors relevant to the patient's being ordered an opioid.
- F.** For a health care institution where opioids are administered as part of treatment or where a patient is provided assistance in the self-administration of medication for a prescribed opioid, including a health care institution in which an opioid may be prescribed or ordered as part of treatment, an administrator, a manager as defined in R9-10-801, or a provider, as applicable to the health care institution, shall:
1. Establish, document, and implement policies and procedures for administering an opioid as part of treatment or providing assistance in the self-administration of medication for a prescribed opioid, to protect the health and safety of a patient, that:
 - a. Cover which personnel members may administer an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
 - b. Cover which personnel members may provide assistance in the self-administration of medication for a prescribed opioid and the required knowledge and qualifications of these personnel members;
 - c. Include how, when, and by whom a patient's need for opioid administration is assessed;
 - d. Include how, when, and by whom a patient receiving an opioid is monitored; and
 - e. Cover how, when, and by whom the actions taken according to subsections (F)(1)(c) and (d) are documented;
 2. Include in the plan for the health care institution's quality management program a process for:
 - a. Review of incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
 - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (F)(1);
3. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid administered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the patient's death; and
4. Except as provided in subsection (H), ensure that an individual authorized by policies and procedures to administer an opioid in treating a patient or to provide assistance in the self-administration of medication for a prescribed opioid:
- a. Before administering an opioid or providing assistance in the self-administration of medication for a prescribed opioid in compliance with an order as part of the treatment for a patient, identifies the patient's need for the opioid;
 - b. Monitors the patient's response to the opioid; and
 - c. Documents in the patient's medical record:
 - i. An identification of the patient's need for the opioid before the opioid was administered or assistance in the self-administration of medication for a prescribed opioid was provided, and
 - ii. The effect of the opioid administered or for which assistance in the self-administration of medication for a prescribed opioid was provided.
- G.** A medical practitioner authorized by a health care institution's policies and procedures to order an opioid in treating a patient is exempt from the requirements in subsection (E), if:
1. The health care institution's policies and procedures, required in subsection (C)(1) or the applicable Article in 9 A.A.C. 10, contain procedures for:
 - a. Providing treatment without obtaining the consent of a patient or the patient's representative,
 - b. Ordering and administering opioids in an emergency situation, and
 - c. Complying with the requirements in subsection (E) after the emergency is resolved;
 2. The order for the administration of an opioid is:
 - a. Part of the treatment for a patient in an emergency, and
 - b. Issued in accordance with policies and procedures; and
 3. The emergency situation is documented in the patient's medical record.
- H.** The requirements in subsections (D), (E), and (F)(4), as applicable, do not apply to a health care institution's:
1. Prescribing, ordering, or administration of an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy;
 2. Prescribing an opioid as part of treatment for a patient when changing the type or dosage of an opioid, which had previously been prescribed by a medical practitioner of the health care institution for the patient according to the requirements in subsection (D):
 - a. Before a pharmacist dispenses the opioid for the patient; or
 - b. If changing the opioid because of an adverse reaction to the opioid experienced by the patient, within

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- 72 hours after the opioid was dispensed for the patient by a pharmacist;
3. Ordering an opioid as part of treatment for no longer than three calendar days for a patient remaining in the health care institution and receiving continuous medical services or nursing services from the health care institution; or
 4. Ordering an opioid as part of treatment:
 - a. For a patient receiving a surgical procedure or other invasive procedure; or
 - b. When changing the type, dosage, or route of administration of an opioid, which had previously been ordered by a medical practitioner of the health care institution for a patient according to the requirements in subsection (E), to meet the patient's needs.

Historical Note

New Section made by emergency rulemaking at 23 A.A.R. 2203, effective July 28, 2017, for 180 days (Supp. 17-3). Emergency expired; new Section renewed by emergency rulemaking at 24 A.A.R. 303, effective January 25, 2018, for 180 days; new Section made by final rulemaking at 24 A.A.R. 657, with an immediate effective date of March 6, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-121. Repealed**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-122. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2145, effective May 1, 2001 (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3578, effective July 26, 2002 (Supp. 02-3). Amended by exempt rulemaking at 14 A.A.R. 3958, effective September 26, 2008 (Supp. 08-3). Amended by exempt rulemaking at 15 A.A.R. 2100, effective January 1, 2010 (Supp. 09-4). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-123. Repealed**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

R9-10-124. Repealed**Historical Note**

Former Section R9-10-124 repealed, new Section R9-10-124 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

ARTICLE 2. HOSPITALS**R9-10-201. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.
2. "Care plan" means a documented guide for providing nursing services and rehabilitation services to a patient

that includes measurable objectives and the methods for meeting the objectives.

3. "Continuing care nursery" means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
4. "Critically ill inpatient" means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:
 - a. Continuous monitoring and multi-system assessment,
 - b. Complex and specialized rapid intervention, and
 - c. Education of the inpatient or inpatient's representative.
5. "Device" has the same meaning as in A.R.S. § 32-1901.
6. "Diet" means food and drink provided to a patient.
7. "Diet manual" means a written compilation of diets.
8. "Dietary services" means providing food and drink to a patient according to an order.
9. "Diversion" means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.
10. "Drug formulary" means a written list of medications available and authorized for use developed according to R9-10-218.
11. "Gynecological services" means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
12. "Hospital services" means medical services, nursing services, and health-related services provided in a hospital.
13. "Infection control risk assessment" means determining the probability for transmission of communicable diseases.
14. "Inpatient" means an individual who:
 - a. Is admitted to a hospital as an inpatient according to policies and procedures,
 - b. Is admitted to a hospital with the expectation that the individual will remain and receive hospital services for 24 consecutive hours or more, or
 - c. Receives hospital services for 24 consecutive hours or more.
15. "Intensive care services" means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in policies and procedures.
16. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
17. "Multi-organized service unit" means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.
18. "Neonate" means an individual:
 - a. From birth until discharge following birth, or
 - b. Who is designated as a neonate by hospital criteria.
19. "Nurse anesthetist" means a registered nurse who meets the requirements of A.R.S. § 32-1601 and who has clinical privileges to administer anesthesia.
20. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.
21. "Nursery" means an area in a hospital designated only for neonates.
22. "Nurse supervisor" means a registered nurse accountable for managing nursing services provided in an organized service in a hospital.

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23. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.
24. "On duty" means that an individual is at work and performing assigned responsibilities.
25. "Organized service" means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
26. "Outpatient" means an individual who:
 - a. Is admitted to a hospital with the expectation that the individual will receive hospital services for less than 24 consecutive hours; or
 - b. Except as provided in subsection (17) receives, hospital services for less than 24 consecutive hours.
27. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
28. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.
29. "Pediatric" means pertaining to an individual designated by a hospital as a child based on the hospital's criteria.
30. "Perinatal services" means medical services for the treatment and management of obstetrical patients and neonates.
31. "Post-anesthesia care unit" means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
32. "Private duty staff" means an individual, excluding a personnel member, compensated by a patient or the patient's representative.
33. "Psychiatric services" means the diagnosis, treatment, and management of a mental disorder.
34. "Social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness or injury while in the hospital or the anticipated needs of the patient after discharge.
35. "Specialty" means a specific branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific branch in addition to the education or qualifications required for the individual's license.
36. "Surgical services" means medical services involving a surgical procedure.
37. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.
38. "Unit" means a designated area of an organized service.
39. "Vital record" has the same meaning as in A.R.S. § 36-301.
40. "Well-baby bassinet" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours after birth.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4).

Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective

October 1, 2019 (Supp. 19-3).

R9-10-202. Supplemental Application, Notification, and Documentation Submission Requirements

- A. In addition to the license application requirements in A.R.S. § 36-422 and Article 1 of this Chapter, an applicant for a hospital license shall include:
 1. On the application the requested licensed capacity for the hospital, including:
 - a. The number of inpatient beds for each organized service, not including well-baby bassinets; and
 - b. If applicable, the number of inpatient beds for each multi-organized service unit;
 2. On the application, if applicable, the requested licensed occupancy for providing behavioral health observation/stabilization services to:
 - a. Individuals who are under 18 years of age; and
 - b. Individuals 18 years of age and older; and
 3. A list, in a Department-provided format, of medical staff specialties and subspecialties.
- B. For a single group license authorized in A.R.S. § 36-422(F), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department, in a Department-provided format, for each satellite facility under the single group license:
 1. The name, address, e-mail address, and telephone number of the satellite facility;
 2. The class or subclass of the satellite facility, according to R9-10-102;
 3. The name and e-mail address of the administrator;
 4. A list of services to be provided at the satellite facility; and
 5. The hours of operation during which the satellite facility provides medical services, nursing services, behavioral health services, or health-related services.
- C. For a single group license authorized in A.R.S. § 36-422(G), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department in a Department-provided format for each accredited satellite facility under the single group license:
 1. The name, address, e-mail address, and telephone number of the accredited satellite facility;
 2. The class or subclass of the accredited satellite facility, according to R9-10-102;
 3. The name and e-mail address of the administrator;
 4. A list of services to be provided at the accredited satellite facility;
 5. The hours of operation during which the accredited satellite facility provides medical services, nursing services, behavioral health services, or health-related services; and
 6. A copy of the accredited satellite facility's current accreditation report.
- D. A licensee with a single group license shall submit to the Department, with the relevant fees required in R9-10-106(D) and in a Department-provided format, the following, as applicable:
 1. The information required in subsections (B)(1) through (5), or
 2. The information and documentation required in subsections (C)(1) through (6).
- E. A governing authority shall:
 1. Notify the Department:
 - a. At least 30 calendar days before a satellite facility or an accredited satellite facility on a single group license terminates operations;

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- b. Within 30 calendar days after adding a satellite facility or an accredited satellite facility under a single group license and provide, as applicable:
 - i. The information required in subsections (B)(1) through (5), or
 - ii. The information and documentation required in subsections (C)(1) through (6); and
- c. At least 60 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license; and
- 2. Upon notifying the Department according to subsection (E)(1)(c), submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 calendar days but not more than 120 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-203. Administration**A. A governing authority shall:**

- 1. Consist of one or more individuals responsible for the organization, operation, and administration of a hospital;
- 2. Establish, in writing:
 - a. A hospital's scope of services,
 - b. Qualifications for an administrator,
 - c. Which organized services are to be provided in the hospital, and
 - d. The organized services that are to be provided in a multi-organized service unit according to R9-10-228(A);
- 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
- 4. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff bylaws;
- 5. Adopt a quality management program according to R9-10-204;
- 6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
- 7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a hospital's premises for more than 30 calendar days, or
 - b. Not present on a hospital's premises for more than 30 calendar days;
- 8. Except as provided in (A)(7), notify the Department according to A.R.S. § 36-425(I) if there is a change of administrator and identify the name and qualifications of the new administrator; and
- 9. For a health care institution under a single group license, ensure that the health care institution complies with the applicable requirements in this Chapter for the class or subclass of the health care institution.

B. An administrator:

- 1. Is directly accountable to the governing authority of a hospital for the daily operation of the hospital and hospital services and environmental services provided by or at the hospital;
- 2. Has the authority and responsibility to manage the hospital; and
- 3. Except as provided in subsection (A)(7), shall designate, in writing, an individual who is present on a hospital's premises and available and accountable for hospital services and environmental services when the administrator is not present on the hospital's premises.

C. An administrator shall ensure that:

- 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Cover the requirements in Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training required in R9-10-206(5) including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
 - f. Cover use of private duty staff, if applicable;
 - g. Cover diversion, including:
 - i. The criteria for initiating diversion;
 - ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
 - iii. The method for notifying emergency medical services providers of initiation of diversion, the type of diversion, and termination of diversion; and
 - iv. When the need for diversion will be reevaluated;
 - h. Include a method to identify a patient to ensure the patient receives hospital services as ordered;
 - i. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - j. Cover health care directives;
 - k. Cover medical records, including electronic medical records;
 - l. Cover quality management, including incident reports and supporting documentation;
 - m. Cover contracted services;
 - n. Cover tissue and organ procurement and transplant; and

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- o. Cover when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable;
- 2. Policies and procedures for hospital services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of hospital services;
 - c. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;
 - d. Include when general consent and informed consent are required;
 - e. Include the age criteria for providing hospital services to pediatric patients;
 - f. Cover dispensing, administering, and disposing of medication;
 - g. Cover prescribing a controlled substance to minimize substance abuse by a patient;
 - h. Cover infection control;
 - i. Cover restraints that:
 - i. Require an order, including the frequency of monitoring and assessing the restraint; or
 - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a patient's sudden, intense, or out-of-control behavior;
 - j. Cover seclusion of a patient including:
 - i. The requirements for an order, and
 - ii. The frequency of monitoring and assessing a patient in seclusion;
 - k. Cover communicating with a midwife when the midwife's client begins labor and ends labor;
 - l. Cover telemedicine, if applicable; and
 - m. Cover environmental services that affect patient care;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members;
- 5. The licensed capacity in an organized service is not exceeded, except for an emergency admission of a patient;
- 6. A patient is only admitted to an organized service that has exceeded the organized service's licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient's admission is an emergency; and
- 7. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- D. An administrator of a special hospital shall ensure that:
 - 1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the scope of services provided by the special hospital; and
 - 2. A physician or nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785,

effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4004, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-204. Quality Management

- A. A governing authority shall ensure that an ongoing quality management program is established that:
 - 1. Complies with the requirements in A.R.S. § 36-445; and
 - 2. Evaluates the quality of hospital services and environmental services related to patient care.
- B. An administrator shall ensure that:
 - 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate hospital services and environmental services related to patient care;
 - c. A method to evaluate the data collected to identify a concern about the delivery of hospital services or environmental services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
 - e. A method to identify and document each occurrence of exceeding licensed capacity, as described in R9-10-203(C)(5), and to evaluate the occurrences of exceeding licensed capacity, including the actions taken for resolving occurrences of exceeding licensed capacity; and
 - f. The frequency of submitting a documented report required in subsection (B)(2) to the governing authority;
 - 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of hospital services or environmental services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
 - 3. The acuity plan required in R9-10-214(C)(2) is reviewed and evaluated at least once every 12 months and the results are documented and reported to the governing authority;
 - 4. The reports required in subsections (B)(2) and (3) and the supporting documentation for the reports are maintained for at least 12 months after the date the report is submitted to the governing authority; and
 - 5. Except for information or documentation that is confidential under federal or state law, a report or documentation required in this Section is provided to the Department for review within two hours after the Department's request.

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Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-205. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-206. Personnel

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
3. Sufficient personnel members are present on a hospital's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the hospital's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;

4. Orientation occurs within the first 30 calendar days after a personnel member begins providing hospital services and includes:
 - a. Informing a personnel member about Department rules for licensing and regulating hospitals and where the rules may be obtained,
 - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital, and
 - c. Providing the information required by policies and procedures;
5. Policies and procedures designate the categories of personnel providing medical services or nursing services who are:
 - a. Required to be qualified in cardiopulmonary resuscitation within 30 calendar days after the individual's starting date, and
 - b. Required to maintain current qualifications in cardiopulmonary resuscitation;
6. A personnel record for each personnel member is established and maintained and includes:
 - a. The personnel member's name, date of birth, and contact telephone number;
 - b. The personnel member's starting date and, if applicable, ending date;
 - c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
 - d. Documentation of evidence of freedom from infectious tuberculosis required in R9-10-230(5);
 - e. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
 - f. Orientation documentation;
7. Personnel receive in-service education according to criteria established in policies and procedures;
8. In-service education documentation for a personnel member includes:
 - a. The subject matter,
 - b. The date of the in-service education, and
 - c. The signature of the personnel member;
9. Personnel records and in-service education documentation are maintained by the hospital for at least 24 months after the last date the personnel member worked; and
10. Personnel records and in-service education documentation, for a personnel member who has not worked in the hospital during the previous 12 months, are provided to the Department within 72 hours after the Department's request.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-207. Medical Staff

A. A governing authority shall ensure that:

1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;

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2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
3. A medical staff member complies with medical staff bylaws and medical staff regulations;
4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit inpatients to the general hospital or special hospital;
5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit inpatients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
6. A medical staff member is available to direct patient care;
7. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
 - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
 - b. Appointing members to the medical staff, subject to approval by the governing authority;
 - c. Establishing committees including identifying the purpose and organization of each committee;
 - d. Appointing one or more medical staff members to a committee;
 - e. Obtaining and documenting permission for an autopsy of a patient, performing an autopsy, and notifying, if applicable, the medical practitioner coordinating the patient's medical services when an autopsy is performed;
 - f. Requiring that each inpatient has a medical practitioner who coordinates the inpatient's care;
 - g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
 - h. Defining a medical staff member's responsibilities for the transport or transfer of a patient;
 - i. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
 - j. Establishing a time-frame for a medical staff member to complete a patient's medical record;
 - k. Establishing criteria for granting, denying, revoking, and suspending clinical privileges;
 - l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and
 - m. Approving the use of medication and devices under investigation by the U.S. Department of Health and Human Services, Food and Drug Administration including:
 - i. Establishing criteria for patient selection;
 - ii. Obtaining informed consent before administering the investigational medication or device; and
 - iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device; and
8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.

B. An administrator shall ensure that:

1. A medical staff member provides evidence of freedom from infectious tuberculosis according to the requirements in R9-10-230(5);

2. A record for each medical staff member is established and maintained that includes:
 - a. A completed application for clinical privileges;
 - b. The dates and lengths of appointment and reappointment of clinical privileges;
 - c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and
 - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
 - a. As soon as possible, but not more than two hours after the time of the Department's request, if the individual is a current medical staff member; and
 - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-208. Admission

An administrator shall ensure that:

1. A patient is admitted as an inpatient on the order of a medical staff member;
2. An individual, authorized by policies and procedures, is available to accept a patient for admission;
3. Except in an emergency, informed consent is obtained from a patient or the patient's representative before or at the time of admission;
4. The informed consent obtained in subsection (3) or the lack of consent in an emergency is documented in the patient's medical record;
5. A physician or other medical staff member performs a medical history and physical examination on a patient within 30 calendar days before admission or within 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours after admission; and
6. If a physician or other medical staff member performs a medical history and physical examination on a patient before admission, the physician or the medical staff member enters an interval note into the patient's medical record at the time of admission.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-208 renumbered to R9-10-214; new Section R9-10-208 renumbered from R9-10-210 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-209. Discharge Planning; Discharge

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- A.** For an inpatient, an administrator shall ensure that discharge planning:
1. Identifies the specific needs of the patient after discharge, if applicable;
 2. Includes the participation of the patient or the patient's representative;
 3. Is completed before discharge occurs;
 4. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
 5. Is documented in the patient's medical record.
- B.** For an inpatient discharge or a transfer of an inpatient, an administrator shall ensure that:
1. There is a discharge summary that includes:
 - a. A description of the patient's medical condition and the medical services provided to the patient; and
 - b. The signature of the medical practitioner coordinating the patient's medical services;
 2. There is a documented discharge order for the patient by a medical practitioner coordinating the patient's medical services before discharge unless the patient leaves the hospital against a medical staff member's advice; and
 3. If the patient is not being transferred:
 - a. There are documented discharge instructions; and
 - b. The patient or the patient's representative is provided with a copy of the discharge instructions.
- C.** Except as provided in subsection (D), an administrator shall ensure that an outpatient is discharged according to policies and procedures.
- D.** For a discharge of an outpatient receiving emergency services, an administrator shall ensure that:
1. A discharge order is documented by a medical practitioner who provided medical services to the patient before the patient is discharged unless the patient leaves against a medical staff member's advice; and
 2. Discharge instructions are documented and provided to the patient or the patient's representative before the patient is discharged unless the patient leaves the hospital against a medical staff member's advice.
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-209 renumbered to R9-10-212; new Section R9-10-209 renumbered from R9-10-211 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).
- R9-10-210. Transport**
- A.** For a transport of a patient, the administrator of a sending hospital shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient's return;
 - c. Specify the information in the sending hospital's patient medical record that is required to accompany the patient, which shall include the information related to the medical services to be provided to the patient at the receiving health care institution;
 - d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and
 - e. Specify how a medical staff member explains the risks and benefits of a transport to the patient or the patient's representative based on the:
 - i. Patient's medical condition, and
 - ii. Mode of transport; and
- 2.** Documentation in the patient's medical record includes:
- a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transport to the receiving health care institution;
 - d. The date and time of the patient's return to the sending hospital, if applicable;
 - e. The mode of transportation; and
 - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.
- B.** For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the receiving hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending health care institution unless the receiving facility is a satellite facility, as established in A.R.S. § 36-422, and does not have a registered nurse or a medical staff member at the satellite facility;
 - c. Specify the information in the receiving hospital's patient medical record required to accompany the patient when the patient is returned to the sending health care institution, if applicable; and
 - d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending health care institution that is not provided at the time of the patient's return; and
 2. Documentation in the patient's medical record includes:
 - a. The date and time the patient arrived at the receiving hospital;
 - b. The medical services provided to the patient at the receiving hospital;
 - c. Any adverse reaction or negative outcome the patient experienced at the receiving hospital, if applicable;
 - d. The date and time the receiving hospital returned the patient to the sending health care institution, if applicable;
 - e. The mode of transportation to return the patient to the sending health care institution, if applicable; and
 - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

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Historical Note

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-210 renumbered to R9-10-208; new Section R9-10-210 renumbered from R9-10-212 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-211. Transfer

For a transfer of a patient, the administrator of a sending hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
 - a. Specify the process by which the sending hospital personnel members coordinate the transfer and the medical services provided to a patient to protect the health and safety of the patient during the transfer;
 - b. Require an assessment of the patient by a registered nurse or a medical staff member of the sending hospital before the patient is transferred;
 - c. Specify how the sending hospital personnel members communicate medical record information that is not provided at the time of the transfer; and
 - d. Specify how a medical staff member explains the risks and benefits of a transfer to the patient or the patient's representative based on the:
 - i. Patient's medical condition, and
 - ii. Mode of transfer;
2. One of the following accompanies the patient during transfer:
 - a. A copy of the patient's medical record for the current inpatient admission; or
 - b. All of the following for the current inpatient admission:
 - i. A medical staff member's summary of medical services provided to the patient,
 - ii. A care plan containing up-to-date information,
 - iii. Consultation reports,
 - iv. Laboratory and radiology reports,
 - v. A record of medications administered to the patient for the seven calendar days before the date of transfer,
 - vi. Medical staff member's orders in effect at the time of transfer, and
 - vii. Any known allergy; and
3. Documentation in the patient's medical record includes:
 - a. Consent for transfer by the patient or the patient's representative, except in an emergency;
 - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
 - c. The date and the time of the transfer to the receiving health care institution;
 - d. The mode of transportation; and
 - e. The type of personnel member or medical staff member assisting in the transfer if an order requires that a patient be assisted during transfer.

Historical Note

Former Section R9-10-211 renumbered as R9-10-311 as an emergency effective February 22, 1979, new Section R9-10-211 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final

rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-211 renumbered to R9-10-209; new Section R9-10-211 renumbered from R9-10-213 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-212. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the hospital's premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion, except as allowed under R9-10-217 or R9-10-225;
 - i. Restraint, if not necessary to prevent imminent harm to self or others or as allowed under R9-10-225;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a hospital's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse examination or withdraw consent for treatment before treatment is initiated;
 - c. Is informed of:
 - i. Except in an emergency, alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
 - ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
 - iii. The patient complaint policies and procedures, including the telephone number of hospital personnel to contact about complaints, and the Department's telephone number if the hospital is unable to resolve the patient's complaint; and
 - iv. Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;
 - d. Except in an emergency, is provided a description of the health care directives policies and procedures:
 - i. If an inpatient, at the time of admission; or

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- ii. If an outpatient:
 - (1) Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or
 - (2) If the hospital services include a planned series of treatments, at the start of each series;
 - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospital for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
 - C. A patient has the following rights:
 - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in treatment and care for personal needs;
 - 4. To have access to a telephone;
 - 5. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 - 6. To receive a referral to another health care institution if the hospital is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
 - 7. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
 - 8. To participate or refuse to participate in research or experimental treatment; and
 - 9. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- Former Section R9-10-212 renumbered as R9-10-312 as an emergency effective February 22, 1979, new Section R9-10-212 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-212 renumbered to R9-10-210; new Section R9-10-212 renumbered from R9-10-209 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-213. Medical Records**
- A. An administrator shall ensure that:
 - 1. A medical record is established and maintained for each patient according to A.R.S. § Title 12, Chapter 13, Article 7.1;
 - 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 - 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical staff member according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by a medical staff member or medical practitioner;
 - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 - 5. A patient's medical record is available to personnel members and medical staff members authorized by policies and procedures to access the medical record;
 - 6. Policies and procedures include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff member or authorized personnel member; and
 - 7. A patient's medical record is protected from loss, damage, or unauthorized use.
 - B. If a hospital maintains patients' medical records electronically, an administrator shall ensure that:
 - 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
 - C. An administrator shall ensure that a medical record for an inpatient contains:
 - 1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth; and
 - d. Any known allergy, including medication allergies or sensitivities;
 - 2. Medication information that includes:
 - a. A medication ordered for the patient; and
 - b. A medication administered to the patient including:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, and route of administration;
 - iii. The identification and authentication of the individual administering the medication; and
 - iv. Any adverse reaction the patient has to the medication;
 - 3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
 - 4. A medical history and results of a physical examination or an interval note;
 - 5. If the patient provides a health care directive, the health care directive signed by the patient;
 - 6. An admitting diagnosis;
 - 7. The date of admission and, if applicable, the date of discharge;
 - 8. Names of the admitting medical staff member and medical practitioners coordinating the patient's care;
 - 9. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-

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- 3282, a copy of the health care power of attorney or mental health care power of attorney; or
- ii. Is a legal guardian, a copy of the court order establishing guardianship;
10. Orders;
 11. Care plans;
 12. Documentation of hospital services provided to the patient;
 13. Progress notes;
 14. The disposition of the patient after discharge;
 15. Discharge planning, including discharge instructions required in R9-10-209(B)(3);
 16. A discharge summary; and
 17. If applicable:
 - a. A laboratory report,
 - b. A pathology report,
 - c. An autopsy report,
 - d. A radiologic report,
 - e. A diagnostic imaging report,
 - f. Documentation of restraint or seclusion, and
 - g. A consultation report.
- D.** An administrator shall ensure that a hospital's medical record for an outpatient contains:
1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth;
 - d. The name and contact information of the patient's representative, if applicable; and
 - e. Any known allergy including medication allergies or sensitivities;
 2. If necessary for treatment, medication information that includes:
 - a. A medication ordered for the patient; and
 - b. A medication administered to the patient including:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, and route of administration;
 - iii. The identification and authentication of the individual administering the medication; and
 - iv. Any adverse reaction the patient has to the medication;
 3. Documentation of general and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
 4. An admitting diagnosis or reason for outpatient medical services;
 5. Orders;
 6. Documentation of hospital services provided to the patient; and
 7. If applicable:
 - a. A laboratory report,
 - b. A pathology report,
 - c. An autopsy report,
 - d. A radiologic report,
 - e. A diagnostic imaging report,
 - f. Documentation of restraint or seclusion, and
 - g. A consultation report.
- E.** In addition to the requirements in subsection (D), an administrator shall ensure that the hospital's record of emergency services provided to a patient contains:
1. Documentation of treatment the patient received before arrival at the hospital, if available;
 2. The patient's medical history;
 3. An assessment, including the name of the individual performing the assessment;
 4. The patient's chief complaint;
 5. The name of the individual who treated the patient in the emergency room, if applicable; and
 6. The disposition of the patient after discharge.

Historical Note

Former Section R9-10-213 renumbered as R9-10-313 as an emergency effective February 23, 1979, new Section R9-10-213 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-213 renumbered to R9-10-211; new Section R9-10-213 renumbered from R9-10-228 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-214. Nursing Services

- A.** An administrator shall ensure that:
1. Nursing services are provided 24 hours a day, and
 2. A nurse executive is appointed who is qualified according to policies and procedures.
- B.** A nurse executive shall designate a registered nurse who is present on the hospital's premises to be accountable for managing the nursing services when the nurse executive is not present in the hospital.
- C.** A nurse executive shall ensure that:
1. Policies and procedures for nursing services are established, documented, and implemented;
 2. An acuity plan is established, documented, and implemented that includes:
 - a. A method that establishes the types and numbers of nursing personnel that are required for each unit in the hospital;
 - b. An assessment of a patient's need for nursing services made by a registered nurse providing nursing services directly to the patient; and
 - c. A policy and procedure stating the steps a hospital will take to:
 - i. Obtain the necessary nursing personnel to meet patient acuity, and
 - ii. Make assignments for patient care according to the acuity plan;
 3. Registered nurses, including registered nurses providing nursing services directly to a patient, are knowledgeable about the acuity plan and implement the acuity plan established under subsection (C)(2);
 4. If licensed capacity in an organized service is exceeded or patients are kept in areas without licensed beds, nursing personnel are assigned according to the specific rules for the organized service in this Chapter;
 5. There is at least one registered nurse on the hospital's premises whether or not there is a patient;
 6. A general hospital has at least two registered nurses on the general hospital's premises when there is more than one patient;
 7. A special hospital offering emergency services or obstetrical services has at least two registered nurses on the special hospital's premises when there is more than one patient;
 8. A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on the special hospital's premises when there is more than one patient;

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9. A rural general hospital with more than one patient has at least one registered nurse and at least one other nursing personnel member on the rural general hospital's premises. If there is only one registered nurse on the rural general hospital's premises, an additional registered nurse is on-call who is able to be present on the rural general hospital's premises within 15 minutes after being called;
10. If a hospital has a patient in a unit, there is at least one registered nurse present in the unit;
11. If a hospital has more than one patient in a unit, there is at least one registered nurse and one additional nursing personnel member present in the unit;
12. At least one registered nurse is present and accountable for the nursing services provided to a patient:
 - a. During the delivery of a neonate,
 - b. In an operating room, and
 - c. In a post-anesthesia care unit;
13. Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
14. A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;
15. There is a care plan for each inpatient based on the inpatient's need for nursing services; and
16. Nursing personnel document nursing services in a patient's medical record.

Historical Note

Former Section R9-10-214 renumbered as R9-10-314 as an emergency effective February 22, 1979, new Section R9-10-214 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-214 renumbered to R9-10-215; new Section R9-10-214 renumbered from R9-10-208 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-215. Surgical Services

An administrator of a general hospital shall ensure that:

1. There is an organized service that provides surgical services under the direction of a medical staff member;
2. There is a designated area for providing surgical services as an organized service;
3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
5. Postoperative orders are documented in the patient's medical record;
6. There is a chronological log of surgical procedures performed in the surgical services area that contains:
 - a. The date of the surgical procedure,
 - b. The patient's name,
 - c. The type of surgical procedure,
 - d. The time in and time out of the operating room,
 - e. The name and title of each individual performing or assisting in the surgical procedure,
 - f. The type of anesthesia used,
 - g. An identification of the operating room used, and
 - h. The disposition of the patient after the surgical procedure;

7. The chronological log required in subsection (6) is maintained in the surgical services area for at least 12 months after the date of the surgical procedure and then maintained by the hospital for an additional 12 months;
8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;
10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 calendar days before performing a surgical procedure on a patient;
12. Except as provided in subsection (14), a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;
13. Except as provided in subsection (14), the following are documented in a patient's medical record before a surgical procedure:
 - a. A preoperative diagnosis;
 - b. Each diagnostic test performed in the hospital;
 - c. A medical history and physical examination as required in subsection (11) and an interval note as required in subsection (12);
 - d. A consent or refusal for blood or blood products signed by the patient or the patient's representative, if applicable; and
 - e. Informed consent according to policies and procedures; and
14. In an emergency, the documentation required in subsections (12) and (13) is completed within 24 hours after a surgical procedure on a patient is completed.

Historical Note

Former Section R9-10-215 renumbered as R9-10-315 as an emergency effective February 22, 1979, new Section R9-10-215 adopted effective February 23, 1979 (Supp. 79-1). Amended subsection (D) effective August 31, 1988 (Supp. 88-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-215 renumbered to R9-10-216; new Section R9-10-215 renumbered from R9-10-214 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-216. Anesthesia Services

An administrator shall ensure that:

1. Anesthesia services provided in conjunction with surgical services performed in the operating room are provided as an organized service under the direction of a medical staff member;
2. Documentation is available in the surgical services area that specifies the medical staff member's clinical privileges to administer anesthesia;
3. Except in an emergency, an anesthesiologist or a nurse anesthetist performs a pre-anesthesia evaluation within 48 hours before anesthesia is administered in conjunction with surgical services;

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4. Anesthesia administration is documented in a patient's medical record and includes:
 - a. A pre-anesthesia evaluation, if applicable;
 - b. An intra-operative anesthesia record;
 - c. The postoperative status of the patient upon leaving the operating room; and
 - d. Post-anesthesia documentation by the individual performing the post-anesthesia evaluation that includes the information required by the medical staff bylaws and medical staff regulations; and
5. A registered nurse or a physician documents resuscitative measures in the patient's medical record.

Historical Note

Adopted as an emergency effective April 2, 1976 (Supp. 76-2). Adopted effective August 25, 1977 (Supp. 77-4). Former Section R9-10-216 renumbered as R9-10-316 as an emergency effective February 22, 1979, new Section R9-10-216 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-216 renumbered to R9-10-217; new Section R9-10-216 renumbered from R9-10-215 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-217. Emergency Services

- A. An administrator of a general hospital or a rural general hospital shall ensure that:
 1. Emergency services are provided 24 hours a day in a designated area of the hospital;
 2. Emergency services are provided as an organized service under the direction of a medical staff member;
 3. The scope and extent of emergency services offered are documented in the hospital's scope of services;
 4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
 5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and procedures are implemented to minimize risk to the patient until the patient is transported or transferred to another hospital;
 6. A roster of on-call medical staff members is available in the emergency services area;
 7. There is a chronological log of emergency services provided to patients that includes:
 - a. The patient's name;
 - b. The date, time, and mode of arrival; and
 - c. The disposition of the patient including discharge, transfer, or admission; and
 8. The chronological log required in subsection (A)(7) is maintained:
 - a. In the emergency services area for at least 12 months after the date of the emergency services; and
 - b. By the hospital for at least an additional four years.
- B. An administrator of a special hospital that provides emergency services shall comply with subsection (A).
- C. An administrator of a hospital that provides emergency services, but does not provide perinatal organized services, shall ensure that emergency perinatal services are provided within the hospital's capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.
- D. An administrator of a hospital that provides emergency services shall ensure that a room used for seclusion in a design-

ated area of the hospital used for providing emergency services, complies with applicable physical plant health and safety codes and standards for a secure hold room as described in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities, incorporated by reference in A.A.C. R9-1-412.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-217 renumbered to R9-10-218; new Section R9-10-217 renumbered from R9-10-216 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-218. Pharmaceutical Services

An administrator shall ensure that:

1. Pharmaceutical services are provided under the direction of a pharmacist according to A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23;
2. A copy of the pharmacy license is provided to the Department for review upon the Department's request;
3. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - a. Develop a drug formulary,
 - b. Update the drug formulary at least once every 12 months,
 - c. Develop medication usage and medication substitution policies and procedures, and
 - d. Specify which medications and medication classifications are required to be automatically stopped after a specified time period unless the ordering medical staff member specifically orders otherwise;
4. An expired, mislabeled, or unusable medication is disposed of according to policies and procedures;
5. A medication administration error or an adverse reaction is reported to the ordering medical staff member or the medical staff member's designee;
6. A pharmacy medication dispensing error is reported to the pharmacist;
7. In a pharmacist's absence, personnel members designated by policies and procedures have access to a locked area containing a medication;
8. A medication is maintained at temperatures recommended by the manufacturer;
9. A cart used for an emergency:
 - a. Contains medication, supplies, and equipment as specified in policies and procedures;
 - b. Is available to a unit; and
 - c. Is sealed until opened in an emergency;
10. Emergency cart contents and sealing of the emergency cart are verified and documented according to policies and procedures;
11. Policies and procedures specify individuals who may:
 - a. Order medication, and
 - b. Administer medication;
12. A medication is administered in compliance with an order;
13. A medication administered to a patient is documented as required in R9-10-213;

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14. If pain medication is administered to a patient, documentation in the patient's medical record includes:
 - a. An assessment of the patient's pain before administering the medication, and
 - b. The effect of the pain medication administered; and
15. Policies and procedures specify a process for review through the quality management program of:
 - a. A medication administration error,
 - b. An adverse reaction to a medication, and
 - c. A pharmacy medication dispensing error.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-218 renumbered to R9-10-219; new Section R9-10-218 renumbered from R9-10-217 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-219. Clinical Laboratory Services and Pathology Services

An administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation or certificate of compliance in subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day on the hospital's premises to meet the needs of a patient in an emergency;
4. A special hospital whose patients require clinical laboratory services:
 - a. Is able to provide clinical laboratory services when needed by the patients,
 - b. Obtains specimens for clinical laboratory services without transporting the patients from the special hospital's premises, and
 - c. Has the examination of the specimens performed by a clinical laboratory on the special hospital's premises or by arrangement with a clinical laboratory not on the special hospital's premises;
5. A hospital that provides clinical laboratory services 24 hours a day has on duty or on-call laboratory personnel authorized by policies and procedures to perform testing;
6. A hospital that offers surgical services provides pathology services on the hospital's premises or by contracted service to meet the needs of a patient;
7. Clinical laboratory and pathology test results are:
 - a. Available to the medical staff:
 - i. Within 24 hours after the test is completed if the test is performed at a laboratory on the hospital's premises, or
 - ii. Within 24 hours after the test result is received if the test is performed at a laboratory not on the hospital's premises; and
 - b. Documented in a patient's medical record;

8. If a test result is obtained that indicates a patient may have an emergency medical condition, as established by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient's assigned unit;
9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient's medical record;
10. Policies and procedures are established, documented, and implemented for:
 - a. Procuring, storing, transfusing, and disposing of blood and blood products;
 - b. Blood typing, antibody detection, and blood compatibility testing; and
 - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;
11. If blood and blood products are provided by contract, the contract includes:
 - a. The availability of blood and blood products through the contract, and
 - b. The process for delivery of blood and blood products through the contract; and
12. Expired laboratory supplies are discarded according to policies and procedures.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-219 renumbered to R9-10-220; new Section R9-10-219 renumbered from R9-10-218 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-220. Radiology Services and Diagnostic Imaging Services

A. An administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
2. A copy of a certificate documenting compliance with subsection (A)(1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides radiology services 24 hours a day on the hospital's premises to meet the emergency needs of a patient;
4. A hospital that provides surgical services has radiology services and diagnostic imaging services on the hospital's premises to meet the needs of patients;
5. A general hospital or a rural general hospital has a radiologic technologist on duty or on-call; and
6. Except as provided in subsection (A)(4), a special hospital whose patients require radiology services and diagnostic imaging services is able to provide the radiology services and diagnostic imaging services when needed by the patients:
 - a. On the special hospital's premises, or
 - b. By arrangement with a radiology and diagnostic imaging facility that is not on the special hospital's premises.

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B. An administrator of a hospital that provides radiology services or diagnostic imaging services on the hospital's premises shall ensure that:

1. Radiology services and diagnostic imaging services are provided:
 - a. Under the direction of a medical staff member; and
 - b. According to an order that includes:
 - i. The patient's name,
 - ii. The name of the ordering individual,
 - iii. The radiological or diagnostic imaging procedure ordered, and
 - iv. The reason for the procedure;
2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
3. A radiologic or diagnostic imaging patient report is prepared that includes:
 - a. The patient's name;
 - b. The date of the procedure;
 - c. A medical staff member's or radiologist's interpretation of the image;
 - d. The type and amount of radiopharmaceutical used, if applicable; and
 - e. The adverse reaction to the radiopharmaceutical, if any; and
4. A radiologic or diagnostic imaging report is included in the patient's medical record.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-220 renumbered to R9-10-221; new Section R9-10-220 renumbered from R9-10-219 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-221. Intensive Care Services

Except for a special hospital that provides only psychiatric services, an administrator of a hospital that provides intensive care services shall ensure that:

1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
2. An inpatient admitted for intensive care services is personally visited by a physician at least once every 24 hours;
3. Admission and discharge criteria for intensive care services are established;
4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are established and documented in policies and procedures;
5. In addition to the requirements in R9-10-214(C), an intensive care unit is staffed:
 - a. With at least one registered nurse assigned for every two patients, and
 - b. According to an acuity plan as required in R9-10-214;
6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients;

7. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
8. Private duty staff do not provide hospital services in an intensive care unit;
9. At least one registered nurse assigned to a patient in an intensive care unit is certified in advanced cardiac life support specific to the age of the patient;
10. Resuscitation, emergency, and other equipment are available to meet the needs of a patient including:
 - a. Ventilatory assistance equipment,
 - b. Respiratory and cardiac monitoring equipment,
 - c. Suction equipment,
 - d. Portable radiologic equipment, and
 - e. A patient weighing device for patients restricted to a bed; and
11. An intensive care unit has at least one emergency cart that is maintained according to R9-10-218.

Historical Note

Former Section R9-10-221 renumbered as R9-10-317 as an emergency effective February 22, 1979, new Section R9-10-221 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-221 renumbered to R9-10-222; new Section R9-10-221 renumbered from R9-10-220 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-222. Respiratory Care Services

An administrator of a hospital that provides respiratory care services shall ensure that:

1. Respiratory care services are provided under the direction of a medical staff member;
2. Respiratory care services are provided according to an order that includes:
 - a. The patient's name;
 - b. The name and signature of the ordering individual;
 - c. The type, frequency, and, if applicable, duration of treatment;
 - d. The type and dosage of medication and diluent; and
 - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a patient are documented in the patient's medical record and include:
 - a. The date and time of administration;
 - b. The type of respiratory care services;
 - c. The effect of respiratory care services;
 - d. If applicable, any adverse reaction to respiratory care services; and
 - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-219.

Historical Note

Former Section R9-10-222 renumbered as R9-10-318 as an emergency effective February 22, 1979, new Section R9-10-222 adopted effective February 23, 1979 (Supp. 79-1). Correction, subsection (D)(3) reference to paragraph (E)(2) should read subsection (D)(2). (Supp. 79-6). Section repealed; new Section made by final rulemaking

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at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-222 renumbered to R9-10-223; new Section R9-10-222 renumbered from R9-10-221 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-223. Perinatal Services

A. An administrator of a hospital that provides perinatal organized services shall ensure that:

1. Perinatal services are provided in a designated area under the direction of a medical staff member;
2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;
3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in policies and procedures;
4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;
5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;
6. A chronological log of perinatal services provided to patients is maintained that includes:
 - a. The patient's name;
 - b. The date, time, and mode of the patient's arrival;
 - c. The disposition of the patient including discharge, transfer, or admission time;
 - d. The following information for a delivery of a neonate:
 - i. The neonate's name or other identifier;
 - ii. The name of the medical staff member who delivered the neonate;
 - iii. The delivery time and date; and
 - iv. Complications of delivery, if any; and
 - e. If an abortion procedure was performed at or after 20 weeks gestational age, whether the fetus was delivered alive;
7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for at least 12 months after the date the perinatal services are provided and then maintained by the hospital for at least an additional 12 months;
8. The perinatal services unit provides fetal monitoring;
9. The perinatal services unit has ultrasound capability;
10. Except in an emergency, a neonate is identified as required by policies and procedures before moving the neonate from a delivery area;
11. Policies and procedures specify:
 - a. Security measures to prevent neonatal abduction, and
 - b. How the hospital determines to whom a neonate may be discharged;
12. A neonate is discharged only to an individual who:
 - a. Is authorized according to subsection (A)(11), and
 - b. Provides identification;
13. A neonate's medical record identifies the individual to whom the neonate is discharged;
14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in R9-10-209;

15. Intensive care services for neonates comply with the requirements in R9-10-221;
 16. At least one registered nurse is on duty in a nursery when there is a neonate in the nursery except as provided in subsection (A)(17);
 17. A nursery occupied only by a neonate, who is placed in the nursery for the convenience of the neonate's mother and does not require treatment as established in this Article, is staffed by a nurse;
 18. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and
 19. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.
- B.** An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in R9-10-217(C).
- C.** In addition to applicable requirements in A.R.S. Title 36, Chapter 20, an administrator of a hospital in which an abortion procedure is performed shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that require:
 - a. For an abortion procedure performed at or after 20 weeks gestational age, a personnel member or medical staff member qualified according to policies and procedures to perform neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure is performed before the delivery of the fetus;
 - b. Compliance with A.R.S. § 36-2301.01, if applicable;
 - c. Neonatal resuscitation of a fetus delivered alive, according to A.R.S. § 36-2301(D)(3); and
 - d. A medical record to be established and maintained for a fetus delivered alive;
 2. The medical record of a patient receiving an abortion procedure contains:
 - a. Documentation from the physician providing the abortion procedure and other personnel members present certifying that the fetus was not delivered alive, or
 - b. A link to the medical record of a fetus delivered alive; and
 3. For a fetus delivered alive, a medical record contains:
 - a. An identification of the fetus, including:
 - i. The name of the patient from whom the fetus was delivered alive, and
 - ii. The date the fetus was delivered alive;
 - b. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 - c. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
 - d. If applicable, information about medication administered to the fetus delivered alive; and
 - e. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.

Historical Note

Former Section R9-10-223 renumbered as R9-10-319 as an emergency effective February 22, 1979, new Section R9-10-223 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-223 renumbered to R9-10-224; new Section R9-10-223 renumbered from R9-10-222 and amended by exempt rulemaking at 19 A.A.R.

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2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-224. Pediatric Services

- A.** An administrator of a hospital that provides pediatric services or pediatric organized services according to the requirements in this Section shall ensure that:
 - 1. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of the pediatric patient to stay overnight;
 - 2. Policies and procedures are established, documented, and implemented for:
 - a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
 - b. Visitation of a pediatric patient, including age limits if applicable;
 - 3. A pediatric inpatient is only admitted if the hospital has the staff, equipment, and supplies available to meet the needs of the pediatric patient based on the pediatric patient's medical condition and the hospital's scope of services; and
 - 4. If the hospital provides pediatric intensive care services, the pediatric intensive care services comply with intensive care services requirements in R9-10-221.
- B.** An administrator of a hospital that provides pediatric organized services shall ensure that pediatric services are provided in a designated area under the direction of a medical staff member.
- C.** An administrator shall ensure that in a multi-organized service unit or a patient care unit that is providing medical and nursing services to an adult patient and a pediatric patient according to this Section:
 - 1. A pediatric patient is not placed in a patient room with an adult patient, and
 - 2. A medication for a pediatric patient that is stored in the patient care unit is stored separately from a medication for an adult patient.
- D.** A hospital may use a bed in a pediatric organized services patient care unit for an adult patient if an administrator establishes, documents, and implements policies and procedures that:
 - 1. Delineate the specific conditions under which an adult patient is placed in a bed in the pediatric organized services unit, and
 - 2. Except as provided in subsections (H) and (I), ensure that an adult patient is:
 - a. Not placed in a pediatric organized services patient care unit if a pediatric patient is admitted to and present in the pediatric organized services patient care unit, and
 - b. Transferred out of the pediatric organized services patient care unit to an appropriate level of care when a pediatric patient is admitted to the pediatric organized services patient care unit.
- E.** Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.
- F.** Subsection (G) only applies to a general hospital or rural general hospital that:
 - 1. Does not provide pediatric organized services;
 - 2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to a pediatric patient;
 - 3. Has a licensed capacity of less than 100; and

- 4. Is located in a county with a population of less than 500,000.

- G.** An administrator of a general hospital or rural general hospital that meets the criteria in subsection (F) shall ensure that:
 - 1. There are pediatric-appropriate equipment and supplies available, based on the hospital services designated for pediatric patients in the general hospital or rural general hospital's scope of services; and
 - 2. Personnel members that are or may be assigned to provide hospital services to a pediatric patient have the appropriate skills and knowledge for providing hospital services to a pediatric patient, based on the general hospital's or rural general hospital's scope of services.
- H.** Subsection (I) only applies to a general hospital or a rural general hospital that:
 - 1. Provides pediatric organized services in a patient care unit;
 - 2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to an adult patient in a pediatric organized services patient care unit;
 - 3. Has a licensed capacity of less than 100; and
 - 4. Is located in a county with a population of less than 500,000.
- I.** An administrator of a general hospital or rural general hospital that meets the criteria in subsection (H) shall comply with the requirements in subsection (D)(1).

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 18 A.A.R. 1719, effective June 30, 2012 (Supp. 12-2). Section R9-10-224 renumbered to R9-10-225; new Section R9-10-224 renumbered from R9-10-223 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-225. Psychiatric Services

- A.** An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ensure that in the organized psychiatric unit or special hospital:
 - 1. Psychiatric services are provided under the direction of a medical staff member;
 - 2. An inpatient admitted to the organized psychiatric services unit or special hospital has a principal diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
 - 3. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;
 - 4. An individual whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or a special hospital is not admitted to or is transferred out of the organized psychiatric services unit or special hospital;
 - 5. Policies and procedures for the organized psychiatric services unit or special hospital are established, documented, and implemented that:

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- a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;
 - b. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - c. Establish the process for developing and implementing a patient's care plan including:
 - i. Obtaining the patient's or the patient's representative's participation in the development of the patient's care plan;
 - ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;
 - iii. Informing the patient that the patient has the right to refuse any treatment;
 - iv. Updating the patient's care plan and informing the patient of any changes to the patient's care plan; and
 - v. Documenting the actions in subsection (A)(5)(c)(i) through (iv) in the patient's medical record;
 - d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
 - e. Establish the criteria for determining when an inpatient's absence is unauthorized, including whether the inpatient:
 - i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
 - ii. Is absent against medical advice; or
 - iii. Is under 18 years of age;
 - f. Identify each type of restraint and seclusion used in the organized psychiatric services unit or special hospital and include for each type of restraint and seclusion used:
 - i. The qualifications of a medical staff member or personnel member who can:
 - (1) Order the restraint or seclusion,
 - (2) Place a patient in the restraint or seclusion,
 - (3) Monitor a patient in the restraint or seclusion,
 - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
 - (5) Renew the order for restraint or seclusion;
 - ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and
 - iii. Criteria for monitoring and assessing a patient including:
 - (1) Frequencies of monitoring and assessment based on a patient's condition, cognitive status, situational factors, and risks associated with the specific restraint or seclusion;
 - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
- (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is monitored or loosened; and
 - (5) A process for meeting a patient's nutritional needs and elimination needs;
- g. Establish the criteria and procedures for renewing an order for restraint or seclusion;
 - h. Establish procedures for internal review of the use of restraint or seclusion;
 - i. Establish requirements for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
 - j. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
6. If time-out is used in the organized psychiatric services unit or special hospital, a time-out:
 - a. Takes place in an area that is unlocked, lighted, quiet, and private;
 - b. Does not take place in the room approved for seclusion by the Department under R9-10-104;
 - c. Is time-limited and does not exceed two hours per incident or four hours per day;
 - d. Does not result in a patient's missing a meal if the patient is in time-out at mealtime;
 - e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave time-out; and
 - f. Is documented in the patient's medical record, to include:
 - i. The date of the time-out,
 - ii. The reason for the time-out,
 - iii. The duration of the time-out, and
 - iv. The action planned and taken to address the reason for the time-out;
 7. Restraint or seclusion is:
 - a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (A)(8), after obtaining an order for the restraint or seclusion;
 - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
 8. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another indi-

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- vidual is imminent or the patient or another individual is being physically harmed, a personnel member:
- a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
 - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
9. Restraint or seclusion is:
 - a. Only ordered by a physician or a registered nurse practitioner, and
 - b. Not written as a standing order or on an as-needed basis;
 10. An order for restraint or seclusion includes:
 - a. The name of the individual ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint or seclusion without an additional order; and
 - f. The maximum duration authorized for the restraint or seclusion;
 11. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
 - a. Four continuous hours for a patient who is 18 years of age or older,
 - b. Two continuous hours for a patient who is between the ages of nine and 17 years of age, or
 - c. One continuous hour for a patient who is younger than nine years of age;
 12. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:
 - a. Face-to-face monitoring by a medical staff member or personnel member, or
 - b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;
 13. If an order for restraint or seclusion of a patient is not provided by a medical practitioner coordinating the patient's medical services, the medical practitioner is notified as soon as possible;
 14. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion until the medical staff member or personnel member completes education and training that:
 - a. Includes:
 - i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
 - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
 - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
 - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
 - vii. Training exercises in which medical staff members and personnel members successfully demonstrate the techniques that the medical staff members and personnel members have learned for managing emergency situations; and
 - b. Is provided by individuals qualified according to policies and procedures;
15. When a patient is placed in restraint or seclusion:
 - a. The restraint or seclusion is conducted according to policies and procedures;
 - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;
 - iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
 - d. A patient is monitored and assessed according to policies and procedures;
 - e. A physician or other health professional authorized by policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
 - i. The patient's current behavior,
 - ii. The patient's reaction to the restraint or seclusion used,
 - iii. The patient's medical and behavioral condition, and
 - iv. Whether to continue or terminate the restraint or seclusion;
 - f. The patient is given the opportunity:
 - i. To eat during mealtime, and
 - ii. To use the toilet; and
 - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
 16. If a patient is placed in seclusion, the room used for seclusion:
 - a. Is approved for use as a seclusion room by the Department under R9-10-104;
 - b. Is not used as a patient's bedroom or a sleeping area;
 - c. Allows full view of the patient in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Except as provided in subsection (A)(17), contains a non-adjustable bed that:

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- i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material; and
 - (2) Raised off of the floor;
 - ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;
 - 17. If a room used for seclusion does not contain a non-adjustable bed required in subsection (A)(16)(f):
 - a. A piece of equipment is available for use in the room used for seclusion that:
 - i. Is commercially manufactured to safely and humanely restrain a patient's body;
 - ii. Provides support to the trunk and head of a patient's body;
 - iii. Provides restraint to the trunk of a patient's body;
 - iv. Is able to restrict movement of a patient's arms, legs, trunk, and head;
 - v. Allows a patient's body to recline; and
 - vi. Does not inflict harm on a patient's body; and
 - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (A)(17)(a) is maintained;
 - 18. A seclusion room may be used for services or activities other than seclusion if:
 - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
 - b. No permanent equipment other than the bed required in subsection (A)(16)(f) is in the room;
 - c. Policies and procedures are established, documented, and implemented that:
 - i. Delineate which services or activities other than seclusion may be provided in the room,
 - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
 - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
 - d. The sign required in subsection (A)(18)(a) and equipment and supplies in the room, other than the bed required in subsection (A)(16)(f), are removed before a patient is placed in seclusion in the room;
 - 19. A medical staff member or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
 - a. The emergency situation that required the patient to be restrained or put in seclusion;
 - b. The times the patient's restraint or seclusion actually began and ended;
 - c. The time of the face-to-face assessment required in subsection (A)(12)(a);
 - d. The monitoring required in subsection (A)(12)(b) or (15)(d), as applicable;
 - e. The times the patient was given the opportunity to eat or use the toilet according to subsection (A)(15)(f); and
 - f. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
 - 20. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures.
- B.** An administrator of a hospital that provides opioid treatment services to an outpatient shall comply with the requirements in R9-10-1020.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-225 renumbered to R9-10-227; new Section R9-10-225 renumbered from R9-10-224 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-226. Behavioral Health Observation/Stabilization Services

An administrator of a hospital that is authorized to provide behavioral health observation/stabilization services shall ensure that:

- 1. Behavioral health observation/stabilization services are provided according to the requirements in R9-10-1012, and
- 2. Restraint and seclusion are provided according to the requirements for restraint and seclusion in R9-10-225.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-226 renumbered to R9-10-229; new Section R9-10-226 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-227. Rehabilitation Services

An administrator shall ensure that:

- 1. If rehabilitation services are provided as an organized service, the rehabilitation services are provided under the direction of an individual qualified according to policies and procedures;
- 2. Rehabilitation services are provided according to an order; and
- 3. The medical record of a patient receiving rehabilitation services includes:
 - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
 - b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
 - c. The rehabilitation services provided,
 - d. The patient's response to the rehabilitation services, and
 - e. The authentication of the individual providing the rehabilitation services.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Sec-

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tion repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-227 renumbered to R9-10-231; new Section R9-10-227 renumbered from R9-10-225 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-228. Multi-organized Service Unit

- A.** A governing authority may designate the following as a multi-organized service unit:
1. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services,
 2. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services,
 3. A unit that provides both perinatal services and intensive care services for obstetrical patients,
 4. A unit that provides both intensive care services for neonates and a continuing care nursery, or
 5. A unit that provides medical and nursing services to adult and pediatric patients.
- B.** An administrator shall ensure that:
1. For a patient in a multi-organized service unit, a medical staff member designates in the patient's medical record which organized service is to be provided to the patient;
 2. A multi-organized service unit is in compliance with the requirements in this Article that would apply if each organized service were offered as a single organized service unit; and
 3. A multi-organized service unit and each bed in the unit are in compliance with physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 for all organized services provided in the multi-organized service unit.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-228 renumbered to R9-10-213; new Section R9-10-228 renumbered from R9-10-234 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-229. Social Services

An administrator of a hospital that provides social services shall ensure that:

1. A registered nurse or another personnel member designated according to policies and procedures coordinates social services;
2. If a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5;
3. A medical staff member, nurse, patient, patient's representative, or member of the patient's family may request social services;
4. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;
5. The patient has privacy when communicating with a personnel member providing social services; and
6. Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-229 renumbered to R9-10-230; new Section R9-10-229 renumbered from R9-10-226 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-230. Infection Control

An administrator shall ensure that:

1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to policies and procedures;
2. An infection control program has a procedure for documenting:
 - a. The collection and analysis of infection control data,
 - b. The actions taken relating to infections and communicable diseases, and
 - c. Reports of communicable diseases to the governing authority and state and county health departments;
3. Infection control documents are maintained for at least 12 months after the date of the document;
4. Policies and procedures are established, documented, and implemented:
 - a. To prevent or minimize, identify, report, and investigate infections and communicable diseases that include:
 - i. Isolating a patient;
 - ii. Sterilizing equipment and supplies;
 - iii. Maintaining and storing sterile equipment and supplies;
 - iv. Using personal protective equipment such as gowns, masks, or face protection;
 - v. Disposing of biohazardous medical waste; and
 - vi. Moving and processing soiled linens and clothing;
 - b. That specify communicable diseases, medical conditions, or criteria that prevent an individual, a personnel member, or a medical staff member from:
 - i. Working in the hospital,
 - ii. Providing patient care, or
 - iii. Providing environmental services;
 - c. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious tuberculosis based on:
 - i. The level of risk in the area of the hospital premises where the medical staff member practices, and
 - ii. The work that the medical staff member performs; and
 - d. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;
5. Tuberculosis screening is performed:
 - a. As part of a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings according to R9-10-113(2); or
 - b. Using a screening method described in R9-10-113(1), as follows:
 - i. For a personnel member, on or before the date the personnel member begins providing services at or on behalf of the hospital and at least once every 12 months thereafter or more fre-

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- quently if the personnel member is determined to be at an increased risk of exposure based on the criteria in subsection (4)(c);
- ii. Except as required in subsection (4)(d), for a medical staff member, at least once every 24 months; and
- iii. For a medical staff member at an increased risk of exposure based on the criteria in subsection (4)(c), at the frequency required by policies and procedures, but no less frequently than once every 24 months;
- 6. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination,
 - b. Bagged at the site of use, and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
- 7. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material;
- 8. An infection control committee is established according to policies and procedures and consists of:
 - a. At least one medical staff member,
 - b. The individual directing the infection control program, and
 - c. Other personnel identified in policies and procedures; and
- 9. The infection control committee:
 - a. Develops a plan for preventing, tracking, and controlling infections;
 - b. Reviews the type and frequency of infections and develops recommendations for improvement;
 - c. Meets and provides a quarterly written report for inclusion by the quality management program; and
 - d. Maintains a record of actions taken and minutes of meetings.

Historical Note

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-230 renumbered to R9-10-233; new Section R9-10-230 renumbered from R9-10-229 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-231. Dietary Services

An administrator shall ensure that:

- 1. Dietary services are provided according to 9 A.A.C. 8, Article 1;
- 2. A copy of the hospital's food establishment license or permit under 9 A.A.C. 8, Article 1, is maintained;
- 3. For a hospital that contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospital, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1, is maintained;
- 4. If a hospital contracts with a food establishment to prepare and deliver food to the hospital, the hospital is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
- 5. Dietary services are provided under the direction of an individual qualified to direct the provision of dietary services according to policies and procedures;
- 6. There are personnel members on duty to meet the dietary needs of patients;
- 7. Personnel members providing dietary services are qualified to provide dietary services according to policies and procedures;
- 8. A nutrition assessment of a patient is:
 - a. Performed according to policies and procedures, and
 - b. Communicated to the medical practitioner coordinating the patient's medical services if the nutrition assessment reveals a specific dietary need;
- 9. A medical staff member documents an order for a diet for each patient in the patient's medical record;
- 10. A current diet manual approved by a registered dietitian is available to personnel members and medical staff members; and
- 11. A patient's dietary needs are met 24 hours a day.

Historical Note

Former Section R9-10-231 renumbered as R9-10-320 as an emergency effective February 22, 1979, new Section R9-10-231 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-231 renumbered to R9-10-232; new Section R9-10-231 renumbered from R9-10-227 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-232. Disaster Management

An administrator shall ensure that:

- 1. A disaster plan is developed and documented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals;
 - b. Assigned personnel responsibilities; and
 - c. Instructions for the evacuation, transport, or transfer of patients, maintenance of medical records, and arrangements to provide any other hospital services to meet the patients' needs;
- 2. A plan exists for back-up power and water supply;
- 3. A fire drill is performed on each shift at least once every three months;
- 4. A disaster drill is performed on each shift at least once every 12 months;
- 5. Documentation of a fire drill required in subsection (3) and a disaster drill required in subsection (4) includes:
 - a. The date and time of the drill;
 - b. A critique of the drill; and
 - c. Recommendations for improvement, if applicable; and
- 6. Documentation of a fire drill or a disaster drill is maintained by the hospital for at least 12 months after the date of the drill.

Historical Note

Former Section R9-10-232 renumbered as R9-10-321 as an emergency effective February 22, 1979, new Section R9-10-232 adopted effective February 23, 1979 (Supp. 79-1). Section amended by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-232 renumbered to R9-10-234; new Section R9-10-232 renumbered from R9-10-231 and amended by

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exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-233. Environmental Standards

An administrator shall ensure that:

1. An individual providing environmental services who has the potential to transmit infectious tuberculosis to patients, as determined by the infection control risk assessment criteria in R9-10-230(4)(c), provides evidence of freedom from infectious tuberculosis:
 - a. Using a screening method described in R9-10-113(1), on or before the date the individual begins providing environmental services at or on behalf of the hospital and at least once every 12 months thereafter; or
 - b. According to R9-10-113(2);
2. The hospital premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control infection or illness; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
6. Equipment used to provide hospital services is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations; and
7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair.

Historical Note

Former Section R9-10-233 renumbered as R9-10-322 as an emergency effective February 22, 1979, new Section R9-10-233 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section expired under A.R.S. § 41-1056(E) at 14 A.A.R. 2374, effective February 29, 2008 (Supp. 08-2). New Section R9-10-233 renumbered from R9-10-230 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-234. Physical Plant Standards

A. An administrator shall ensure that:

1. A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 in effect on the date the hospital submitted, according to R9-10-104, an application for an approval of architectural plans and specifications to the Department;

2. A hospital's premises or any part of the hospital premises is not leased to or used by another person;
3. A unit with inpatient beds is not used as a passageway to another health care institution; and
4. A hospital's premises are not licensed as more than one health care institution.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the inspection report, and
3. Maintain documentation of a current fire inspection report.

Historical Note

New Section made by final rulemaking 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Section R9-10-234 renumbered to R9-10-228; new Section R9-10-234 renumbered from R9-10-232 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-235. Administrative Separation

- A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-201, the following definition applies in this Section: "Administrative separation" means the temporary isolation of a patient for the purpose of preserving the integrity of evidence during the course of a criminal investigation or for a situation where not isolating the patient presents a risk of serious harm to other individuals or a serious risk to the safety or security of a hospital.
- B. Only a hospital established according to A.R.S. § 36-202 may use administrative separation.
- C. An administrator appointed according to A.R.S. § 36-205 shall ensure that:
 1. Administrative separation:
 - a. Is only used for a patient admitted to the hospital pursuant to a criminal court order; and
 - b. Is not used:
 - i. In conjunction with a restraint,
 - ii. As a method to manage behaviors, or
 - iii. If prohibited by law; and
 2. Policies and procedures are established, documented, and implemented for administrative separation that:
 - a. Include the process and criteria for requesting an administrative separation;
 - b. Include the process and deadlines for approving a request for an administrative separation;
 - c. Cover patient notification of the right to appeal the administrative separation and to file a complaint;
 - d. Include the process for providing a patient access to:
 - i. Incoming mail, and
 - ii. An advocate or legal representative;
 - e. Include the process for providing treatment to a patient while in administrative separation;
 - f. Include the process for establishing investigative goals; and
 - g. Include the process for determining when administrative separation will no longer be used for a patient.

Historical Note

New Section R9-10-235 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

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ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES

Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-301. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

“Child and adolescent residential treatment services” means behavioral health services and physical health services provided in or by a behavioral health inpatient facility to a patient who is:

- Under 18 years of age, or
- Under 21 years of age and meets the criteria in R9-10-318(B).

Historical Note

New Section R9-10-301 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-302. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health inpatient facility shall include in a Department-provided format whether the applicant is requesting authorization to provide:

1. Inpatient services to individuals 18 years of age and older, including the licensed capacity requested;
2. Pre-petition screening;
3. Court-ordered evaluation;
4. Court-ordered treatment;
5. Behavioral health observation/stabilization services, including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals:
 - a. Under 18 years of age, and
 - b. 18 years of age and older;
6. Child and adolescent residential treatment services, including the licensed capacity requested;
7. Detoxification services;
8. Seclusion;
9. Clinical laboratory services;
10. Radiology services; or
11. Diagnostic imaging services.

Historical Note

New Section R9-10-302 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-303. Administration**A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health inpatient facility;
2. Establish, in writing:
 - a. A behavioral health inpatient facility's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);

4. Adopt a quality management program according to R9-10-304;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Expected not to be present on the behavioral health inpatient facility's premises for more than 30 calendar days, or
 - b. Not present on the behavioral health inpatient facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority of a behavioral health inpatient facility for the daily operation of the behavioral health inpatient facility and for all services provided by or at the behavioral health inpatient facility;
2. Has the authority and responsibility to manage the behavioral health inpatient facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health inpatient facility's premises and accountable for the behavioral health inpatient facility when the administrator is not present on the behavioral health inpatient facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - f. Cover first aid training;
 - g. Cover the requirements in subsection (J), if applicable;
 - h. Include a method to identify a patient to ensure the patient receives physical health and behavioral health services as ordered;
 - i. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - j. Cover specific steps for:

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- i. A patient to file a complaint, and
 - ii. The behavioral health inpatient facility to respond to a patient's complaint;
- k. Cover health care directives;
- l. Cover medical records, including electronic medical records;
- m. Cover quality management, including incident reports and supporting documentation;
- n. Cover contracted services; and
- o. Cover when an individual may visit a patient in the behavioral health inpatient facility;
- 2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of behavioral health services and physical health services;
 - c. Include when general consent and informed consent are required;
 - d. Cover restraint and, if applicable, seclusion;
 - e. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - f. Cover prescribing a controlled substance to minimize substance abuse by a patient;
 - g. Cover infection control;
 - h. Cover telemedicine, if applicable;
 - i. Cover environmental services that affect patient care;
 - j. Cover patient outings;
 - k. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of patients or the public;
 - l. If the behavioral health inpatient facility is involved in research, cover the establishment or use of a Human Subject Review Committee;
 - m. Cover the process for receiving a fee from a patient and refunding a fee to a patient;
 - n. Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - o. Cover the security of a patient's possessions that are allowed on the premises; and
 - p. Cover smoking and the use of tobacco products on the premises;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members, employees, volunteers and students; and
- 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health inpatient facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health inpatient facility.
- D. An administrator shall designate a:
 - 1. Medical director who:
 - a. Provides direction for physical health services provided by or at the behavioral health inpatient facility;
 - b. Is a physician or registered nurse practitioner; and
 - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1)(a) and (b);
 - 2. Clinical director who:
 - a. Provides direction for the behavioral health services provided by or at the behavioral health inpatient facility;
 - b. Is a behavioral health professional; and
 - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(2)(a) and (b); and
 - 3. Registered nurse to provide direction for nursing services provided by or at the behavioral health inpatient facility.
- E. An administrator shall provide written notification to the Department of a patient's:
 - 1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
 - 2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F. Except as specified in R9-10-318(A)(1), if abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a behavioral health inpatient facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454.
- G. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a behavioral health inpatient facility's employee or personnel member, the administrator shall:
 - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (G)(1); and
 - c. The report in subsection (G)(2);
 - 4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (G)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and

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6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H. An administrator shall establish and document the criteria for determining when a patient's absence is unauthorized, including the criteria for a patient who:
 1. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
 2. Is absent against medical advice; or
 3. Is under the age of 18.
- I. An administrator shall:
 1. For a patient who is under a court's jurisdiction, within an hour after determining that the patient's absence is unauthorized according to the criteria in subsection (H), notify the appropriate court or a person designated by the appropriate court;
 2. Document the notification in subsection (I)(1) and the written log required in subsection (I)(3);
 3. Maintain a written log of unauthorized absences for at least 12 months after the date of a patient's absence that includes the:
 - a. Name of a patient absent without authorization;
 - b. If applicable, name of the person notified as required in subsection (I)(1); and
 - c. Date of the notification; and
 4. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-304.
- J. If a behavioral health inpatient facility has a physician or registered nurse practitioner on-call to comply with R9-10-306(J)(1), an administrator shall ensure that:
 1. The on-call schedule is documented;
 2. Personnel members are aware of:
 - a. The location at which the on-call schedule is available to personnel members of the behavioral health inpatient facility,
 - b. The process through which the on-call physician or registered nurse practitioner is contacted,
 - c. The circumstances that would require the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility, and
 - d. The process through which a request is made for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility;
 3. A request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is documented, including:
 - a. The time that a request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is made,
 - b. The name of the individual making the request,
 - c. The reason for the request,
 - d. The name of the physician or registered nurse practitioner contacted and requested to come to the behavioral health inpatient facility, and
 - e. The time the on-call physician or registered nurse practitioner arrives at the behavioral health inpatient facility in response to a request;
 4. The documentation in subsections (J)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
 5. Documentation related to the request is included in the medical record of the applicable patient.

Historical Note

New Section R9-10-303 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-304. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section R9-10-304 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-305. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section R9-10-305 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-306. Personnel

A. An administrator shall ensure that:

1. A personnel member is:
 - a. At least 21 years old, or
 - b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

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1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
3. Sufficient personnel members are present on a behavioral health inpatient facility's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the behavioral health inpatient facility's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.
- C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E. An administrator shall ensure that a personnel member or an employee, volunteer, or student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
 1. On or before the date the individual begins providing services at or on behalf of the behavioral health inpatient facility, and
 2. As specified in R9-10-113.
- F. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
 1. The individual's name, date of birth, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the employee's job duties;
 - b. The individual's education and experience applicable to the employee's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-316;
 - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-303(C)(1)(e);
 - h. First aid training, if required for the individual according to this Article or policies and procedures; and
 - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E).
- G. An administrator shall ensure that personnel records are:
 1. Maintained:
 - a. Throughout an individual's period of providing services in or for the behavioral health inpatient facility, and
 - b. For at least 24 months after the last date the individual provided services in or for the behavioral health inpatient facility; and
 2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health inpatient facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H. An administrator shall ensure that:
 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 4. A clinical director develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member; and
 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- I. An administrator shall ensure that a behavioral health inpatient facility has a daily staffing schedule that:
 1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
 3. Is maintained for at least 12 months after the last date on the daily staffing schedule.
- J. An administrator shall ensure that:

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1. A physician or registered nurse practitioner is:
 - a. Present on the behavioral health inpatient facility's premises; or
 - b. On-call and:
 - i. Available through telemedicine, or
 - ii. On the premises within 30 minutes after a request to come to the behavioral health inpatient facility;
2. A registered nurse is present on the behavioral health inpatient facility's premises;
3. A registered nurse who provides direction for the nursing services provided at the behavioral health inpatient facility is present at the behavioral health inpatient facility at least 40 hours every week; and
4. The types and numbers of personnel members required according to the acuity plan in R9-10-315(A)(3) are present in each unit in the behavioral health inpatient facility.

Historical Note

New Section R9-10-306 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-307. Admission; Assessment

Except as provided in R9-10-315(E) or (F), an administrator shall ensure that:

1. A patient is admitted based upon the patient's presenting behavioral health issue and treatment needs and the behavioral health inpatient facility's ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient's treatment needs;
2. A patient is admitted on the order of a medical practitioner or clinical director;
3. A medical practitioner or clinical director, authorized by policies and procedures to accept a patient for admission, is available;
4. Except in an emergency or as provided in subsections (6) and (7), general consent is obtained from a patient or, if applicable, the patient's representative before or at the time of admission;
5. The general consent obtained in subsection (4) or the lack of consent in an emergency is documented in the patient's medical record;
6. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;
8. A medical practitioner performs a medical history and physical examination on a patient within 30 calendar days before admission or within 24 hours after admission and documents the medical history and physical examination in the patient's medical record within 24 hours after admission;
9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient's medical record within seven calendar days after admission;
10. Except when a patient needs crisis services, a behavioral health assessment of a patient is completed to determine the acuity of the patient's behavioral health issue and to identify the behavioral health services needed by the patient before treatment for the patient is initiated and

whenever the patient has a significant change in condition or experiences an event that affects treatment;

11. If a behavioral health assessment is conducted by a:
 - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient;
12. When a patient is admitted, a registered nurse:
 - a. Conducts a nursing assessment of a patient's medical condition and history;
 - b. Determines whether the:
 - i. Patient requires immediate physical health services, and
 - ii. Patient's behavioral health issue may be related to the patient's medical condition and history;
 - c. Determines the acuity of the patient's medical condition;
 - d. Documents the patient's nursing assessment and the determinations required in subsection (12)(b) and (c) in the patient's medical record; and
 - e. Signs the patient's medical record;
13. A behavioral health assessment:
 - a. Documents the patient's:
 - i. Presenting issue, including the acuity of the patient's presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - v. Court-ordered evaluation;
 - vi. Court-ordered treatment;
 - vii. Criminal justice record;
 - viii. Family history;
 - ix. Behavioral health treatment history;
 - x. Symptoms reported by the patient; and
 - xi. Referrals needed by the patient, if any; and
 - b. Includes:
 - i. Recommendations for further assessment or examination of the patient's needs;
 - ii. Recommendations for staffing levels or personnel member qualifications related to the patient's treatment to ensure patient health and safety;
 - iii. For a patient who:
 - (1) Is admitted to receive crisis services, the behavioral health services and physical health services that will be provided to the patient; or
 - (2) Does not need crisis services, the behavioral health services or physical health ser-

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- ices that will be provided to the patient until the patient's treatment plan is completed; and
- iv. The signature and date signed of the personnel member conducting the behavioral health assessment;
14. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
 15. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
 16. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
 17. The request in subsection (15) and the opportunity in subsection (16) are documented in the patient's medical record;
 18. For a patient who is admitted to receive crisis services, the patient's behavioral health assessment is documented in the patient's medical record within eight hours after admission;
 19. Except as provided in subsection (18), a patient's behavioral health assessment is documented in the patient's medical record within 24 hours after completing the assessment; and
 20. If the information listed in subsection (13) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained.

Historical Note

New Section R9-10-307 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-308. Treatment Plan

- A. Except for a patient admitted to receive crisis services or as provided in R9-10-315(E) or (F), an administrator shall ensure that a treatment plan is developed and implemented for a patient that:
 1. Is based on the behavioral health assessment and on-going changes to the behavioral health assessment of the patient;
 2. Is completed:
 - a. By a behavioral health professional or by a behavioral health technician under the clinical oversight of a behavioral health professional, and
 - b. Before the patient receives treatment;
 3. Is documented in the patient's medical record within 24 hours after the patient first receives treatment;
 4. Includes:
 - a. The patient's presenting issue, including the acuity of the patient's presenting issue;
 - b. The behavioral health services and physical health services to be provided to the patient;
 - c. The signature of the patient or the patient's representative and date signed, or documentation of the refusal to sign;
 - d. The date when the patient's treatment plan will be reviewed;

- e. If a discharge date has been determined, the treatment needed after discharge; and
 - f. The signature of the personnel member who developed the treatment plan and the date signed;
5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan identifies the acuity of the patient and meets the patient's treatment needs; and
 6. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changes,
 - c. When additional information that affects the patient's behavioral health assessment is identified, and
 - d. When a patient has a significant change in condition or experiences an event that affects treatment.
- B. An administrator shall ensure that:
 1. A request for participation in developing a patient's treatment plan is made to the patient or the patient's representative;
 2. An opportunity for participation in developing the patient's treatment plan is provided to the patient or the patient's representative; and
 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.
 - C. If a patient who is admitted to receive crisis services remains admitted as a patient after the patient no longer needs crisis services, an administrator shall ensure that a treatment plan for the patient is:
 1. Except for subsection (A)(3), completed according to the requirements in subsection (A); and
 2. Documented in the patient's medical record within 24 hours after the patient no longer needs crisis services.

Historical Note

New Section R9-10-308 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-309. Discharge

- A. Except as provided in R9-10-315(E) or (F), an administrator shall ensure that a discharge plan for a patient is:
 1. Developed that:
 - a. Identifies any specific needs of the patient after discharge;
 - b. If the discharge date has been determined, includes the discharge date;
 - c. Is completed before discharge occurs; and
 - d. Includes a description of the level of care that may meet the patient's assessed and anticipated needs after discharge;
 2. Documented in the patient's medical record within 48 hours after the discharge plan is completed; and
 3. Provided to the patient or the patient's representative before the discharge occurs.
- B. An administrator shall ensure that:
 1. A request for participation in developing a patient's discharge plan is made to the patient or the patient's representative,

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2. An opportunity for participation in developing the patient's discharge plan is provided to the patient or the patient's representative, and
 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.
 - C. An administrator shall ensure that a patient is discharged from a behavioral health inpatient facility when the patient's treatment needs are not consistent with the services that the behavioral health inpatient facility is authorized and able to provide.
 - D. An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a patient is discharged unless the patient leaves the behavioral health inpatient facility against a medical practitioner's or behavioral health professional's advice.
 - E. An administrator shall ensure that, at the time of discharge, a patient receives a referral for treatment or ancillary services that the patient may need after discharge, if applicable.
 - F. If a patient is discharged to any location other than a health care institution, an administrator shall ensure that:
 1. Discharge instructions are documented, and
 2. The patient or the patient's representative is provided with a copy of the discharge instructions.
 - G. An administrator shall ensure that a discharge summary:
 1. Is entered into the patient's medical record within 10 working days after a patient's discharge; and
 2. Includes:
 - a. The following information authenticated by a medical practitioner or behavioral health professional:
 - i. The patient's presenting issue and other physical health and behavioral health issues identified in the patient's nursing assessment, behavioral health assessment, or treatment plan;
 - ii. A summary of the treatment provided to the patient;
 - iii. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
 - iv. The name, dosage, and frequency of each medication ordered for the patient by a medical practitioner at the behavioral health inpatient facility at the time of the patient's discharge; and
 - b. A description of the disposition of the patient's possessions, funds, or medications brought to the behavioral health inpatient facility by the patient.
 - H. An administrator shall ensure that a patient who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the patient is discharged from the behavioral health inpatient facility if a medical practitioner for the behavioral health inpatient facility will not be prescribing the medication for the patient at or after discharge.
2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before and after the transport,
 - b. Information from the patient's medical record is provided to a receiving health care institution,
 - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative, and
 - d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution; and
 3. The patient's medical record includes documentation of:
 - a. Communication or lack of communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transport.
- B.** Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
 2. Transportation provided for a patient by the patient or the patient's representative,
 3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
 4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

Adopted as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 4, 1979 (Supp. 79-3). Amended effective January 28, 1980 (Supp. 80-1). Repealed effective February 4, 1981 (Supp. 81-1). New Section R9-10-310 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-310. Transport; Transfer

- A.** Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;

R9-10-311. Patient Rights

- A.** An administrator shall ensure that:

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1. The requirements in subsection (B) and the patient rights in subsection (D) are conspicuously posted on the premises;
 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (D); and
 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (D), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Except as allowed under R9-10-316, restraint or seclusion;
 - i. Retaliation for submitting a complaint to the Department or another entity;
 - j. Misappropriation of personal and private property by the behavioral health inpatient facility's personnel members, employees, volunteers, or students;
 - k. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative; or
 - l. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet;
 3. Except as provided in subsection (C), a patient is allowed to:
 - a. Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the behavioral health inpatient facility;
 - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
 4. Except as provided in R9-10-318, a patient or, if applicable, the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
 - d. Is informed of the following:
 - i. The policy on health care directives, and
 - ii. The patient complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
- C.** If a medical director or clinical director determines that a patient's treatment requires the behavioral health inpatient facility to restrict the patient's ability to participate in an activity in subsection (B)(3), the medical director or clinical director shall:
1. Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity,
 2. Inform the patient of the reason why the activity is being restricted, and
 3. Inform the patient of the patient's right to file a complaint and the procedure for filing a complaint.
- D.** A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that:
 - a. Supports and respects the patient's individuality, choices, strengths, and abilities;
 - b. Supports the patient's personal liberty and only restricts the patient's personal liberty according to a court order, by the patient's or the patient's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the patient's treatment needs;
 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A patient may be photographed when admitted to a behavioral health inpatient facility for identification and administrative purposes;
 - b. For a patient receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
 4. Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is not able to exercise a specific right or category of rights;
 5. To review, upon written request, the patient's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
 6. To receive a referral to another health care institution if the behavioral health inpatient facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
 7. To participate or have the patient's representative participate in the development of a treatment plan or decisions concerning treatment;
 8. To participate or refuse to participate in research or experimental treatment; and
 9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

Section R9-10-311, formerly numbered as R9-10-211, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90

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days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-311 repealed, new Section R9-10-311 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-311 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-312. Medical Records**A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative, or
 - c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health inpatient facility maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth; and
 - d. Any known allergy, including medication allergies;
2. Medication information that includes:
 - a. Documentation of medication ordered for the patient; and
 - b. Documentation of medication administered to the patient that includes:
 - i. The date and time of administration;
 - ii. The name, strength, dosage, amount, and route of administration;
 - iii. For a medication administered for pain on a PRN basis:

- (1) An assessment of the patient's pain before administering the medication, and
 - (2) The effect of the medication administered;
- iv. For a psychotropic medication administered on a PRN basis:
 - (1) An assessment of the patient's behavior before administering the psychotropic medication, and
 - (2) The effect of the psychotropic medication administered;
 - v. The identification and authentication of the individual administering the medication or providing assistance in the self-administration of the medication; and
 - vi. Any adverse reaction the patient has to the medication;
3. If applicable, documented general consent and informed consent by the patient or the patient's representative;
 4. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 5. The patient's medical history and results of a physical examination or an interval note;
 6. If the patient provides a health care directive, the health care directive signed by the patient or the patient's representative;
 7. An admitting diagnosis or presenting symptoms;
 8. The date of admission and, if applicable, the date of discharge;
 9. The name of the admitting medical practitioner or behavioral health professional;
 10. Orders;
 11. The patient's nursing assessment and behavioral health assessment and any interval notes;
 12. Treatment plans;
 13. Documentation of behavioral health services and physical health services provided to the patient;
 14. Progress notes;
 15. If applicable, documentation of restraint or seclusion;
 16. If applicable, documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient;
 17. The disposition of the patient after discharge;
 18. The discharge plan;
 19. The discharge summary; and
 20. If applicable:
 - a. A laboratory report,
 - b. A radiologic report,
 - c. A diagnostic report, and
 - d. A consultation report.

Historical Note

Section R9-10-312, formerly numbered as R9-10-212, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979

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(Supp. 79-3). Former Section R9-10-312 repealed, new Section R9-10-312 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-312 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-313. Transportation; Patient Outings

A. An administrator of a behavioral health inpatient facility that uses a vehicle owned or leased by the behavioral health inpatient facility to provide transportation to a patient shall ensure that:

1. The vehicle:
 - a. Is safe and in good repair,
 - b. Contains a first aid kit,
 - c. Contains drinking water sufficient to meet the needs of each patient present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Operates the vehicle in a manner that does not endanger a patient in the vehicle;
 - d. Does not leave in the vehicle an unattended:
 - i. Child;
 - ii. Patient who may be a threat to the health, safety, or welfare of the patient or another individual; or
 - iii. Patient who is incapable of independent exit from the vehicle; and
 - e. Ensures the safe and hazard-free loading and unloading of patients; and
4. Transportation safety is maintained as follows:
 - a. An individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

B. An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each patient participating in the outing.

C. An administrator shall ensure that:

1. At least two personnel members are present on an outing;
2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a patient on the outing;
3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-303(C)(1)(e) and first aid training;
4. Documentation is developed before an outing that includes:
 - a. The name of each patient participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and

- f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for a patient participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
 - a. The patient's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the patient during the anticipated duration of the outing;
 - c. The patient's allergies; and
 - d. The name and telephone number of a designated individual, to notify in case of an emergency, who is present on the behavioral health inpatient facility's premises.

Historical Note

Section R9-10-313, formerly numbered as R9-10-213, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-313 repealed, new Section R9-10-313 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-313 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-314. Physical Health Services

A. An administrator shall ensure that:

1. Medical services are provided under the direction of a physician or registered nurse practitioner;
2. Nursing services are provided:
 - a. Under the direction of a registered nurse,
 - b. According to an acuity plan developed for the behavioral health inpatient facility, and
 - c. To meet the needs of a patient based on the patient's acuity; and
3. If a behavioral health inpatient facility is authorized to provide:
 - a. Clinical laboratory services, as defined in R9-10-101, the behavioral health inpatient facility complies with the requirements for clinical laboratory services in R9-10-219; or
 - b. Radiology services or diagnostic imaging services, the behavioral health inpatient facility complies with the requirements in R9-10-220.

B. An administrator shall ensure that, if a patient requires immediate medical services to ensure the patient's health and safety that the behavioral health inpatient facility is not authorized or not able to provide, a personnel member arranges for the patient to be transported to a hospital, another health care institution, or a health care provider where the medical services can be provided.

Historical Note

Section R9-10-314, formerly numbered as R9-10-214, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979

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(Supp. 79-3). Former Section R9-10-314 repealed, new Section R9-10-314 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-314 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-315. Behavioral Health Services

- A.** An administrator shall ensure that:
- Behavioral health services listed in the behavioral health inpatient facility's scope of services are provided to meet the needs of a patient;
 - When behavioral health services are:
 - Listed in the behavioral health inpatient facility's scope of services, the behavioral health services are provided on the behavioral health inpatient facility's premises; and
 - Provided in a setting or activity with more than one patient participating, before a patient participates, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical abuse or sexual abuse, of the patients participating are reviewed to ensure that the:
 - Health and safety of each patient is protected, and
 - Treatment needs of each patient participating in the setting or activity are being met;
 - An acuity plan is developed, documented, and implemented for each unit in the behavioral health inpatient facility that:
 - Includes:
 - A method that establishes the types and numbers of personnel members that are required for each unit in the behavioral health inpatient facility to ensure patient health and safety, and
 - A policy and procedure stating the steps the behavioral health inpatient facility will take to obtain or assign the necessary personnel members to address patient acuity;
 - Is used when making assignments for patient treatment; and
 - Is reviewed and updated, as necessary, at least once every 12 months;
 - A patient is assigned to a unit in the behavioral health inpatient facility based, as applicable, on the patient's:
 - Presenting issue,
 - Substance abuse history,
 - Behavioral health treatment history,
 - Acuity, and
 - Treatment needs; and
 - A patient does not share any space, participate in any activity or treatment, or verbally or physically interact with any other patient that, based on the other patient's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history, may present a threat to the patient's health and safety.
- B.** An administrator shall ensure that counseling is:
- Offered as described in the behavioral health inpatient facility's scope of services,
 - Provided according to the frequency and number of hours identified in the patient's treatment plan, and

- Provided by a behavioral health professional or a behavioral health technician.
- C.** An administrator shall ensure that each counseling session is documented in a patient's medical record to include:
- The date of the counseling session;
 - The amount of time spent in the counseling session;
 - Whether the counseling was individual counseling, family counseling, or group counseling;
 - The treatment goals addressed in the counseling session; and
 - The signature of the personnel member who provided the counseling and the date signed.
- D.** An administrator of a behavioral health inpatient facility authorized to provide pre-petition screening shall ensure pre-petition screening is provided according to the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.
- E.** An administrator of a behavioral health inpatient facility authorized to provide court-ordered evaluation shall ensure that court-ordered evaluation is provided according to the court-evaluation requirements in A.R.S. Title 36, Chapter 5.
- F.** An administrator is not required to comply with the following provisions in this Chapter for a patient receiving court-ordered evaluation:
- Admission requirements in R9-10-307,
 - Patient assessment requirements in R9-10-307,
 - Treatment plan requirements in R9-10-308, and
 - Discharge requirements in R9-10-309.
- G.** An administrator of a behavioral health inpatient facility authorized to provide court-ordered treatment shall ensure that court-ordered treatment is provided according to the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5.

Historical Note

Section R9-10-315, formerly numbered as R9-10-215, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-315 repealed, new Section R9-10-315 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-315 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-316. Seclusion; Restraint

- A.** An administrator shall ensure that restraint is provided according to the requirements in subsection (C).
- B.** An administrator of a behavioral health inpatient facility authorized to provide seclusion shall ensure that:
- Seclusion is provided according to the requirements in subsection (C);
 - If a patient is placed in seclusion, the room used for seclusion:
 - Is approved for use as a seclusion room by the Department;
 - Is not used as a patient's bedroom or a sleeping area;
 - Allows full view of the patient in all areas of the room;
 - Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - Contains at least 60 square feet of floor space; and
 - Except as provided in subsection (B)(3), contains a non-adjustable bed that:

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- i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material; and
 - (2) Raised off of the floor;
 - ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;
 - 3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
 - a. A piece of equipment is available that:
 - i. Is commercially manufactured to safely and humanely restrain a patient's body;
 - ii. Provides support to the trunk and head of a patient's body;
 - iii. Provides restraint to the trunk of a patient's body;
 - iv. Is able to restrict movement of a patient's arms, legs, body, and head;
 - v. Allows a patient's body to recline; and
 - vi. Does not inflict harm on a patient's body; and
 - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
 - 4. A seclusion room may be used for services or activities other than seclusion if:
 - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
 - b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
 - c. Policies and procedures:
 - i. Delineate which services or activities other than seclusion may be provided in the room,
 - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
 - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
 - d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before being used for seclusion.
- C. An administrator shall ensure that:
 - 1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
 - i. The qualifications of a personnel member who can:
 - (1) Order the restraint or seclusion,
 - (2) Place a patient in the restraint or seclusion,
 - (3) Monitor a patient in the restraint or seclusion,
 - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
 - (5) Renew the order for restraint or seclusion;
 - ii. On-going training requirements for a personnel member who has direct patient contact while the patient is in a restraint or seclusion; and
 - iii. Criteria for monitoring and assessing a patient including:
 - (1) Frequencies of monitoring and assessment based on a patient's medical condition and risks associated with the specific restraint or seclusion;
 - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
 - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
 - (5) A process for meeting a patient's nutritional needs and elimination needs;
 - c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
 - d. Establish procedures for internal review of the use of restraint or seclusion; and
 - e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
 - 2. An order for restraint or seclusion is:
 - a. Obtained from a physician or registered nurse practitioner, and
 - b. Not written as a standing order or on an as-needed basis;
 - 3. Restraint or seclusion is:
 - a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
 - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
 - 4. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
 - a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
 - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
 - 5. An order for restraint or seclusion includes:

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- a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint or seclusion without an additional order; and
 - f. The maximum duration authorized for the restraint or seclusion;
6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
 7. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;
 8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
 - a. Includes:
 - i. Techniques to identify medical practitioner, personnel member, and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
 - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
 - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
 - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
 - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
 - b. Is provided by individuals qualified according to policies and procedures;
 9. When a patient is placed in restraint or seclusion:
 - a. The restraint or seclusion is conducted according to policies and procedures;
 - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;
 - iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
 - d. The patient is monitored and assessed according to policies and procedures;
 - e. A physician or registered nurse assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
 - i. The patient's current behavior,
 - ii. The patient's reaction to the restraint or seclusion used,
 - iii. The patient's medical and behavioral condition, and
 - iv. Whether to continue or terminate the restraint or seclusion;
 - f. The patient is given the opportunity:
 - i. To eat during mealtime, and
 - ii. To use the toilet; and
 - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
 10. A medical practitioner or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
 - a. The emergency situation that required the patient to be restrained or put in seclusion;
 - b. The times the patient's restraint or seclusion actually began and ended;
 - c. The time of the assessment required in subsection (C)(9)(e);
 - d. The monitoring required in subsection (C)(9)(d);
 - e. The names of the medical practitioners and personnel members with direct patient contact while the patient was in the restraint or seclusion;
 - f. The times the patient was given the opportunity to eat or use the toilet according to subsection (C)(9)(f); and
 - g. The patient evaluation required in subsection (C)(12);
 11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
 - a. The specific criteria for release from restraint or seclusion without an additional order, and
 - b. The maximum duration authorized for the restraint or seclusion; and
 12. A patient is evaluated after restraint or seclusion is no longer being used for the patient.

Historical Note

Section R9-10-316, formerly numbered as R9-10-216, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-316 repealed, new Section R9-10-316 adopted effective February 4, 1981

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(Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-316 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-317. Behavioral Health Observation/Stabilization Services

- A. An administrator of a behavioral health inpatient facility authorized to provide behavioral health observation/stabilization services shall comply with the requirements for behavioral health observation/stabilization services in R9-10-1012.
- B. If a behavioral health inpatient facility is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age, an administrator shall ensure that, in addition to complying with the requirements in R9-10-1012, the behavioral health inpatient facility complies with the requirements for a patient under 18 years of age, personnel records, and physical plant in R9-10-318.

Historical Note

Section R9-10-317, formerly numbered as R9-10-221, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-317 repealed, new Section R9-10-317 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-317 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-318. Child and Adolescent Residential Treatment Services

- A. An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services shall:
 - 1. If abuse, neglect, or exploitation of a patient under 18 years of age is alleged or suspected to have occurred before the patient was accepted or while the patient is not on the premises and not receiving services from an employee or personnel member of the behavioral health inpatient facility, report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
 - 2. If the administrator has a reasonable basis, according to A.R.S. § 13-3620, to believe that abuse, neglect, or exploitation of a patient under 18 years of age has occurred on the premises or while the patient is receiving services from an employee or a personnel member:
 - a. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - b. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
 - c. Document:
 - i. The suspected abuse, neglect, or exploitation;
 - ii. Any action taken according to subsection (A)(2)(a); and
 - iii. The report in subsection (A)(2)(b);
 - d. Maintain the documentation in subsection (A)(2)(c) for at least 12 months after the date of the report in subsection (A)(2)(b);
 - e. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (A)(2)(b):
 - i. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - ii. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - iii. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - iv. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 - f. Maintain a copy of the documented information required in subsection (A)(2)(e) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated;
- 3. If a patient who is under 18 years of age is absent and the absence is unauthorized as determined according to the criteria in R9-10-303(H), within an hour after determining that the patient's absence is unauthorized, notify:
 - a. Except as provided in subsection (A)(3)(b), the patient's parent or legal guardian; and
 - b. For a patient who is under a court's jurisdiction, the appropriate court or a person designated by the appropriate court;
 - 4. Document the notification in subsection (A)(3) in the patient's medical record and the written log required in R9-10-303(I)(3);
 - 5. In addition to the personnel records requirements in R9-10-306(F), ensure that a personnel record for each employee, volunteer, and student contains documentation of the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
 - 6. Ensure that the patient's representative for a patient who is under 18 years of age:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
 - d. Is informed of the following:
 - i. The policy on health care directives, and
 - ii. The patient complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record; or
 - ii. Financial records;
 - 7. In addition to the restrictions provided in R9-10-311(C), ensure that a parent of a patient under 18 years of age is allowed to restrict the patient from:
 - a. Associating with individuals of the patient's choice, receiving visitors, and making telephone calls during the hours established by the behavioral health inpatient facility;

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- b. Having privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Sending and receiving uncensored and unopened mail;
- 8. Establish, document, and implement policies and procedures to ensure that a patient is protected from the following from other patients at the behavioral health inpatient facility:
 - a. Threats,
 - b. Ridicule,
 - c. Verbal harassment,
 - d. Punishment, or
 - e. Abuse;
- 9. Ensure that:
 - a. The interior of the behavioral health inpatient facility has furnishings and decorations appropriate to the ages of the patients receiving services at the behavioral health inpatient facility;
 - b. A patient older than three years of age does not sleep in a crib;
 - c. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to patients in a quantity sufficient to meet each patient's needs and are appropriate to each patient's age, developmental level, and treatment needs; and
 - d. A patient's educational needs are met by establishing and providing an educational component, approved in writing by the Arizona Department of Education;
- 10. In addition to the requirements for seclusion or restraint in R9-10-316, ensure that:
 - a. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
 - i. Two continuous hours for a patient who is between the ages of nine and 17, or
 - ii. One continuous hour for a patient who is younger than nine; and
 - b. Requirements are established for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
- 11. Prohibit a patient under 18 years of age from possessing or using tobacco products on the premises.
- B. An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services may continue to provide behavioral health services to a patient who is 18 years of age or older:
 - 1. If the patient:
 - a. Was admitted to the behavioral health inpatient facility before the patient's 18th birthday,
 - b. Is not 21 years of age or older, and
 - c. Is completing high school or a high school equivalency diploma or participating in a job training program; or
 - 2. Through the last calendar day of the month of the patient's 18th birthday.

Historical Note

Section R9-10-318, formerly numbered as R9-10-222, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-318 repealed, new Section R9-10-318 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785,

effective October 1, 2002 (Supp. 02-2). New Section R9-10-318 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-318 renumbered to R9-10-319; new Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-319. Detoxification Services

An administrator of a behavioral health inpatient facility authorized to provide detoxification services shall ensure that:

- 1. Detoxification services are available;
- 2. Policies and procedures state:
 - a. Whether the behavioral health inpatient facility is authorized to provide involuntary, court-ordered alcohol treatment;
 - b. Whether the behavioral health inpatient facility includes a local alcoholism reception center, as defined in A.R.S. § 36-2021;
 - c. The types of substances for which the behavioral health inpatient facility provides detoxification services;
 - d. The detoxification process or processes used by the behavioral health inpatient facility; and
 - e. When an adjustable bed can be used by a patient and what actions are necessary, including supervision, to protect the patient's health and safety when the patient is in an adjustable bed; and
- 3. A physician or registered nurse practitioner with skills and knowledge in providing detoxification services is present at the behavioral health inpatient facility or on-call.

Historical Note

Section R9-10-319, formerly numbered as R9-10-223, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-319 repealed, new Section R9-10-319 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-319 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-319 renumbered to R9-10-320; new Section R9-10-319 renumbered from R9-10-318 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-320. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

- 1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;

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- c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
 - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
 - e. Procedures for assisting a patient in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B.** If a behavioral health inpatient facility provides medication administration, an administrator shall ensure that:
 - 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
 - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
 - 3. A medication administered to a patient is:
 - a. Administered in compliance with an order, and
 - b. Documented in the patient's medical record.
- C.** If a behavioral health inpatient facility provides assistance in the self-administration of medication, an administrator shall ensure that:
 - 1. A patient's medication is stored by the behavioral health inpatient facility;
 - 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The patient is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
 - iii. The patient is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
 - e. Observing the patient while the patient takes the medication;
 - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
 - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
 - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 - 6. Assistance in the self-administration of medication provided to a patient:
 - a. Is in compliance with an order, and
 - b. Is documented in the patient's medical record.
- D.** An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members; and
 - 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least once every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a behavioral health inpatient facility, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and

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- d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health inpatient facility's clinical director.

Historical Note

Section R9-10-320, formerly numbered as R9-10-231, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-320 repealed, new Section R9-10-320 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-320 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-320 renumbered to R9-10-321; new Section R9-10-320 renumbered from R9-10-319 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-321. Food Services

- A. An administrator shall ensure that:
 - 1. The behavioral health inpatient facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
 - 2. A copy of the behavioral health inpatient facility's food establishment license or permit is maintained;
 - 3. If a behavioral health inpatient facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health inpatient facility:
 - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health inpatient facility; and
 - b. The behavioral health inpatient facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
 - 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
 - 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.
- B. A registered dietitian or director of food services shall ensure that:
 - 1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 - 2. Meals and snacks provided by the behavioral health inpatient facility are served according to posted menus;
 - 3. Meals and snacks for each day are planned using:
 - a. The applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>, and
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
 - 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 - 2. Food is protected from potential contamination;
 - 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
 - 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 - 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 - 6. Frozen foods are stored at a temperature of 0° F or below; and
 - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- D. Preferences for meals and snacks obtained from patients;
- E. A patient is provided:
 - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A patient group agrees; and
 - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

Historical Note

Section R9-10-321, formerly numbered as R9-10-232, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90

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days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-321 repealed, new Section R9-10-321 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-321 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-321 renumbered to R9-10-322; new Section R9-10-321 renumbered from R9-10-320 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-322. Emergency and Safety Standards**A.** An administrator shall ensure that a behavioral health inpatient facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that are in working order; or
2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

B. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where patients will be relocated;
 - b. How a patient's medical record will be available to individuals providing services to the patient during a disaster;
 - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the behavioral health inpatient facility or the behavioral health inpatient facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, volunteer, or student participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and patients:
 - a. Is conducted at least once every six months; and
 - b. Includes all individuals on the premises except for:
 - i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient; and
 - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);

6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and patients to evacuate to a designated area;
 - c. If applicable:
 - i. An identification of patients needing assistance for evacuation; and
 - ii. An identification of patients who were not evacuated;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health inpatient facility.

C. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Section R9-10-322, formerly numbered as R9-10-233, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-322 repealed, new Section R9-10-322 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-322 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-322 renumbered to R9-10-323; new Section R9-10-322 renumbered from R9-10-321 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-323. Environmental Standards**A.** An administrator shall ensure that:

1. The premises and equipment are:
 - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
4. Equipment used at the behavioral health inpatient facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;

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6. Garbage and refuse are:
 - a. In areas used for food storage, food preparation, or food service, stored in covered containers lined with plastic bags;
 - b. In areas not used for food storage, food preparation, or food service, stored:
 - i. According to the requirements in subsection (6)(a), or
 - ii. In a paper-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
 - c. Removed from the premises at least once a week;
 7. Heating and cooling systems maintain the behavioral health inpatient facility at a temperature between 70° F and 84° F;
 8. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
 9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health inpatient facility used by patients;
 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
 11. Soiled linen and soiled clothing stored by the behavioral health inpatient facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
 12. Oxygen containers are secured in an upright position;
 13. Poisonous or toxic materials stored by the behavioral health inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
 14. Combustible or flammable liquids and hazardous materials stored by a behavioral health inpatient facility are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
 15. If pets or animals are allowed in the behavioral health inpatient facility, pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. For a dog or cat, vaccinated against rabies;
 16. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is maintained for at least 12 months after the date of the test; and
 17. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- B.** An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a behavioral health inpatient facility; and
 2. Except as provided in R9-10-318(A)(11), smoking tobacco products may be permitted on the premises outside a behavioral health inpatient facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-303(C)(1)(e) is present in the pool area when a patient is in the pool area, and
 2. At least two personnel members are present in the pool area when two or more patients are in the pool area.

Historical Note

Section R9-10-323, formerly numbered as R9-10-234, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-323 repealed, new Section R9-10-323 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-323 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-323 renumbered to R9-10-324; new Section R9-10-323 renumbered from R9-10-322 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-324. Physical Plant Standards

- A.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the behavioral health inpatient facility's scope of services, and
 2. An individual accepted as a patient by the behavioral health inpatient facility.
- B.** An administrator shall ensure that:
1. A behavioral health inpatient facility has a:
 - a. Waiting area with seating for patients and visitors;
 - b. Room that provides privacy for a patient to receive treatment or visitors; and
 - c. Common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the patients and other individuals in the behavioral health inpatient facility;
 2. A bathroom is available for use by visitors during the behavioral health inpatient facility's hours of operation and:
 - a. Provides privacy; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
 3. For every six patients, there is at least one working toilet that flushes and has a seat and one sink with running water;
 4. For every eight patients, there is at least one working bathtub or shower with a slip-resistant surface;
 5. A patient bathroom complies with the following:

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- a. Provides privacy when in use;
 - b. Contains:
 - i. A shatterproof mirror, unless the patient's treatment plan requires otherwise;
 - ii. A window that opens or another means of ventilation; and
 - iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
 - c. Has plumbing, piping, ductwork, or other potentially hazardous elements concealed above a ceiling;
 - d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access;
 - e. If grab bars for the toilet and tub or shower or other assistive devices are identified in the patient's treatment plan, has grab bars or other assistive devices to provide for patient safety;
 - f. If a grab bar is provided, has the space between the grab bar and the wall filled to prevent a cord being tied around the grab bar;
 - g. Does not contain a towel bar, a shower curtain rod, or a lever handle that is not a specifically designed anti-ligature lever handle;
 - h. Has tamper-resistant lighting fixtures, sprinkler heads, and electrical outlets; and
 - i. For a bathroom with a sprinkler head where a patient is not supervised while the patient is in the bathroom, has a sprinkler head that is recessed or designed to minimize patient access;
- 6. If a patient bathroom door locks from the inside, an employee has a key and access to the bathroom;
 - 7. Each patient is provided a bedroom for sleeping;
 - 8. A patient bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of a patient occupying the bedroom;
 - c. Contains a door that opens into a hallway, common area, or outdoors and, except as provided in subsection (E), another means of egress;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide patient privacy;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than four patients;
 - (2) Contains, except as provided in subsection (B)(9), at least 60 square feet of floor space, not including a closet, for each patient occupying the bedroom; and
 - (3) Provides sufficient space between beds to ensure that a patient has unobstructed access to the bedroom door;
 - h. Contains for each patient occupying the bedroom:
 - i. A bed that is: at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens that is not a threat to health and safety; and
 - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
 - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each patient;
 - j. Has sufficient lighting for a patient occupying the bedroom to read; and
 - k. If applicable, has a drawer pull that is recessed to eliminate the possibility of use as a tie-off point;
 - 9. If a behavioral health inpatient facility licensed before November 1, 2003 was approved for 50 square feet of floor space for each patient in a bedroom, ensure that the bedroom contains at least 50 square feet for each patient not including the closet;
 - 10. In a patient bathroom or a patient bedroom:
 - a. The ceiling is secured from access or at least 9 feet in height; and
 - b. A ventilation grille is:
 - i. Secured and has perforations that are too small to use as a tie-off point, or
 - ii. Of sufficient height to prevent patient access;
 - 11. For a door located in an area of the behavioral health inpatient facility that is accessible to patients:
 - a. A door closing device, if used on a patient bedroom door, is mounted on the public side of the door;
 - b. A door's hinges are designed to minimize points for hanging;
 - c. Except for a door lever handle that contains specifically designed anti-ligature hardware, a door lever handle points downward when in the latched or unlatched position; and
 - d. Hardware has tamper-resistant fasteners; and
 - 12. A window located in an area of the behavioral health inpatient facility that is accessible to patients is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.
- C.** An administrator of a licensed behavioral health inpatient facility may submit a request, in a Department-provided format, for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) that includes:
- 1. The rule citation for the specific plant requirement,
 - 2. The current physical plant condition that does not comply with the physical plant requirement,
 - 3. How the current physical plant condition will be changed to comply with the physical plant requirement,
 - 4. Estimated completion date of the identified physical plant change, and
 - 5. Specific actions taken to ensure the health and safety of a patient until the physical plant requirement is met.
- D.** When the Department receives a request for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) submitted according to subsection (C), the Department may approve the request for up to 24 months after the effective date of these rules based on:
- 1. The behavioral health inpatient facility's scope of services,
 - 2. The expected patient acuity based on the behavioral health inpatient facility's scope of services,
 - 3. The specific physical plant requirement in the request, and
 - 4. The threat to patients' health and safety.
- E.** A bedroom in a behavioral health inpatient facility is not required to have a second means of egress if:
- 1. An administrator ensures that policies and procedures are established, documented, and implemented that provide for the safe evacuation of a patient in the bedroom based

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on the patient's physical and mental limitations and the location of the bedroom; or

2. The building where the bedroom is located has a fire alarm system and a sprinkler system required in R9-10-322(A)(1).

F. If a swimming pool is located on the premises, an administrator shall ensure that:

1. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (F)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
2. A life preserver or shepherd's crook is available and accessible in the pool area.

G. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

Historical Note

Section R9-10-324, formerly numbered as R9-10-235, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-324 repealed, new Section R9-10-324 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-324 renumbered from R9-10-323 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-325. Repealed**Historical Note**

Section R9-10-325, formerly numbered as R9-10-236, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-325 repealed, new Section R9-10-325 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-326. Repealed**Historical Note**

Section R9-10-326, formerly numbered as R9-10-237, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-326 repealed, new Section R9-10-326 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8

A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-327. Repealed**Historical Note**

Section R9-10-327, formerly numbered as R9-10-241, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-327 repealed, new Section R9-10-327 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-328. Repealed**Historical Note**

Section R9-10-328, formerly numbered as R9-10-242, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-328 repealed, new Section R9-10-328 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-329. Repealed**Historical Note**

Section R9-10-329, formerly numbered as R9-10-243, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-329 repealed, new Section R9-10-329 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-330. Repealed**Historical Note**

Section R9-10-330, formerly numbered as R9-10-244, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-330 repealed, new Section R9-10-330 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-331. Repealed**Historical Note**

Section R9-10-331, formerly numbered as R9-10-245, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-331 repealed, new Section R9-10-331 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-332. Repealed**Historical Note**

Section R9-10-332, formerly numbered as R9-10-246, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-332 repealed, new Section R9-10-332 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8

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A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-333. Repealed**Historical Note**

Section R9-10-333, formerly numbered as R9-10-247, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-333 repealed, new Section R9-10-333 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-334. Repealed**Historical Note**

Section R9-10-334, formerly numbered as R9-10-249, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

R9-10-335. Repealed**Historical Note**

Section R9-10-335, formerly numbered as R9-10-250, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

ARTICLE 4. NURSING CARE INSTITUTIONS

Article 4, consisting of Sections R9-10-411 through R9-10-438, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-401. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Administrator" has the same meaning as in A.R.S. § 36-446.
2. "Care plan" means a documented description of physical health services and behavioral health services expected to be provided to a resident, based on the resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.
3. "Direct care" means medical services, nursing services, or social services provided to a resident.
4. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
5. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
6. "Intermittent" means not on a regular basis.
7. "Nursing care institution services" means medical services, nursing services, behavioral care, health-related services, ancillary services, social services, and environmental services provided to a resident.
8. "Resident group" means residents or residents' family members who:
 - a. Plan and participate in resident activities, or
 - b. Meet to discuss nursing care institution issues and policies.

9. "Secured" means the use of a method, device, or structure that:
 - a. Prevents a resident from leaving an area of the nursing care institution's premises, or
 - b. Alerts a personnel member of a resident's departure from the nursing care institution.
10. "Social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
11. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
12. "Unnecessary drug" means a medication that is not required because:
 - a. There is no documented indication for a resident's use of the medication;
 - b. The medication is duplicative;
 - c. The medication is administered before determining whether the resident requires the medication; or
 - d. The resident has experienced an adverse reaction from the medication, indicating that the medication should be reduced or discontinued.
13. "Ventilator" means a device designed to provide, to a resident who is physically unable to breathe or who is breathing insufficiently, the mechanism of breathing by mechanically moving breathable air into and out of the resident's lungs.

Historical Note

New Section R9-10-401 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-402. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a nursing care institution shall include:

1. In a Department-provided format whether the applicant:
 - a. Has:
 - i. A secured area for a resident with Alzheimer's disease or other dementia, or
 - ii. An area for a resident on a ventilator;
 - b. Is requesting authorization to provide to a resident:
 - i. Behavioral health services,
 - ii. Clinical laboratory services,
 - iii. Dialysis services, or
 - iv. Radiology services and diagnostic imaging services; and
 - c. Is requesting authorization to operate a nutrition and feeding assistant training program; and
2. If the governing authority is requesting authorization to operate a nutrition and feeding assistant training program, the information in R9-10-116(B)(1)(a), (B)(1)(c), and (B)(2).

Historical Note

New Section R9-10-402 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

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tive October 1, 2019 (Supp. 19-3).

R9-10-403. Administration**A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
2. Establish, in writing, the nursing care institution's scope of services;
3. Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
4. Adopt a quality management program according to R9-10-404;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6, if the administrator is:
 - a. Expected not to be present on the nursing care institution's premises for more than 30 calendar days, or
 - b. Not present on the nursing care institution's premises for more than 30 calendar days; and
7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department.

B. An administrator:

1. Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
2. Has the authority and responsibility to manage the nursing care institution;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the nursing care institution's premises and accountable for the nursing care institution when the administrator is not present on the nursing care institution's premises;
4. Ensures the nursing care institution's compliance with A.R.S. § 36-411; and
5. If the nursing care institution provides feeding and nutrition assistant training, ensures the nursing care institution complies with the requirements for the operation of a feeding and nutrition assistant training program in R9-10-116.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to resident care;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training including:
 - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,

- ii. The method and content of cardiopulmonary resuscitation training;
 - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
 - f. Cover first aid training;
 - g. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - h. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
 - i. Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The nursing care institution to respond to a resident's complaint;
 - j. Cover health care directives;
 - k. Cover medical records, including electronic medical records;
 - l. Cover a quality management program, including incident reports and supporting documentation;
 - m. Cover contracted services;
 - n. Cover resident's personal accounts;
 - o. Cover petty cash funds;
 - p. Cover fees and refund policies;
 - q. Cover misappropriation of resident property; and
 - r. Cover when an individual may visit a resident in a nursing care institution; and
2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of physical health services and behavioral health services;
 - c. Include when general consent and informed consent are required;
 - d. Cover storing, dispensing, administering, and disposing of medication;
 - e. Cover infection control;
 - f. Cover how personnel members will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
 - g. Cover telemedicine, if applicable; and
 - h. Cover environmental services that affect resident care;
 3. Policies and procedures are reviewed at least once every three years and updated as needed;
 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing care institution.

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- D. Except for health screening services, an administrator shall ensure that medical services, nursing services, health-related services, behavioral health services, or ancillary services provided by a nursing care institution are only provided to a resident.
- E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- F. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing care institution's employee or personnel member, an administrator shall:
 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. An administrator shall:
 1. Allow a resident advocate to assist a resident, the resident's representative, or a resident group with a request or recommendation, and document in writing any complaint submitted to the nursing care institution;
 2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
 3. Ensure that the following are conspicuously posted on the premises:
 - a. The current nursing care institution license and quality rating issued by the Department;
 - b. The name, address, and telephone number of:
 - i. The Department's Office of Long Term Care,
 - ii. The State Long-Term Care Ombudsman Program, and
 - iii. Adult Protective Services of the Department of Economic Security;
 - c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
 - d. The monthly schedule of recreational activities; and
 - e. One of the following:
 - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
 - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.
- H. An administrator shall provide written notification to the Department of a resident's:
 1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- I. If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
 1. Comply with policies and procedures established according to subsection (C)(1)(n);
 2. Designate a personnel member who is responsible for the personal accounts;
 3. Maintain a complete and separate accounting of each personal account;
 4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
 5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
 7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- J. If a petty cash fund is established for use by residents, the administrator shall ensure that:
 1. The policies and procedures established according to subsection (C)(1)(o) include:
 - a. A prescribed cash limit of the petty cash fund, and
 - b. The hours of the day a resident may access the petty cash fund; and
 2. A resident's written acknowledgment is obtained for a petty cash transaction.

Historical Note

New Section R9-10-403 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective

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tive October 1, 2019 (Supp. 19-3).

R9-10-404. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care; and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section R9-10-404 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-405. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section R9-10-405 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-406. Personnel

A. An administrator shall ensure that:

1. A behavioral health technician is at least 21 years old, and
2. A behavioral health paraprofessional is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the residents receiving physical health services or behavioral health services from the personnel member according to the established job description; and

b. Include:

- i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
3. Sufficient personnel members are present on a nursing care institution's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the nursing care institution's scope of services,
 - b. Meet the needs of a resident, and
 - c. Ensure the health and safety of a resident.

C. Except as provided in R9-10-415, an administrator shall ensure that, if a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5.

D. An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

E. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the nursing care institution, and
2. As specified in R9-10-113.

F. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's compliance with the requirements in A.R.S. § 36-411;
 - d. Orientation and in-service education as required by policies and procedures;
 - e. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;

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- f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-403(C)(1)(e);
 - h. First aid training, if required for the individual according to this Article or policies and procedures;
 - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E); and
 - j. If the individual is a nutrition and feeding assistant:
 - i. Completion of the nutrition and feeding assistant training course required in R9-10-116, and
 - ii. A nurse's observations required in R9-10-423(C)(6).
- G.** An administrator shall ensure that personnel records are:
- 1. Maintained:
 - a. Throughout the individual's period of providing services in or for the nursing care institution, and
 - b. For at least 24 months after the last date the individual provided services in or for the nursing care institution; and
 - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the nursing care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H.** An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 - 2. A personnel member completes orientation before providing physical health services or behavioral health services;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
 - 6. A work schedule of each personnel member is developed and maintained at the nursing care institution for at least 12 months after the date of the work schedule.
- I.** An administrator shall designate a qualified individual to provide:
- 1. Social services, and
 - 2. Recreational activities.

Historical Note

New Section R9-10-406 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-407. Admission

An administrator shall ensure that:

- 1. A resident is admitted only on a physician's order;
- 2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident, such as medication and food services;

- 3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to ensure the resident's immediate needs for nursing care institution services are met;
- 4. A resident's needs do not exceed the medical services and nursing services available at the nursing care institution as established in the nursing care institution's scope of services;
- 5. Before or at the time of admission, a resident or the resident's representative:
 - a. Receives a documented agreement with the nursing care institution that includes rates and charges,
 - b. Is informed of third-party coverage for rates and charges,
 - c. Is informed of the nursing care institution's refund policy, and
 - d. Receives written information concerning the nursing care institution's policies and procedures related to a resident's health care directives;
- 6. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
 - a. A physician, or
 - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
- 7. Except as specified in subsection (8), a resident provides evidence of freedom from infectious tuberculosis:
 - a. Before or within seven calendar days after the resident's admission, and
 - b. As specified in R9-10-113;
- 8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10-113(1) if:
 - a. Fewer than 12 months have passed since the resident was screened for tuberculosis or since the date of the written statement, and
 - b. The documentation of freedom from infectious tuberculosis required in subsection (7) accompanies the resident at the time of transfer; and
- 9. Compliance with the requirements in subsection (6) is documented in the resident's medical record.

Historical Note

New Section R9-10-407 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-408. Transfer; Discharge

A. An administrator shall ensure that:

- 1. A resident is transferred or discharged if:
 - a. The nursing care institution is not authorized or not able to meet the needs of the resident, or
 - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; and
- 2. Documentation of a resident's transfer or discharge includes:
 - a. The date of the transfer or discharge;
 - b. The reason for the transfer or discharge;
 - c. A 30-day written notice except:
 - i. In an emergency, or

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- ii. If the resident no longer requires nursing care institution services as determined by a physician or the physician's designee;
 - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
 - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.
- B.** An administrator may transfer or discharge a resident for failure to pay for residency if:
 - 1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and
 - 2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.
- C.** Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
 - 1. A personnel member coordinates the transfer and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer;
 - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- D.** Except in an emergency, a director of nursing shall ensure that before a resident is discharged:
 - 1. Written follow-up instructions are developed with the resident or the resident's representative that includes:
 - a. Information necessary to meet the resident's need for medical services and nursing services; and
 - b. The state long-term care ombudsman's name, address, and telephone number;
 - 2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
 - 3. A discharge summary is developed by a personnel member and authenticated by the resident's attending physician or designee and includes:
 - a. The resident's medical condition at the time of transfer or discharge,
 - b. The resident's medical and psychosocial history,
 - c. The date of the transfer or discharge, and
 - d. The location of the resident after discharge.
- A.** Except as provided in subsection (B), an administrator shall ensure that:
 - 1. A personnel member coordinates the transport and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Information from the resident's medical record is provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B.** Subsection (A) does not apply to:
 - 1. Transportation to a location other than a licensed health care institution,
 - 2. Transportation provided for a resident by the resident or the resident's representative,
 - 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
 - 4. A transport to another licensed health care institution in an emergency.

Historical Note

New Section R9-10-409 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-410. Resident Rights

- A.** An administrator shall ensure that:
 - 1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
 - 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
 - 3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
 - 1. A resident has privacy in:
 - a. Treatment,
 - b. Bathing and toileting,
 - c. Room accommodations, and
 - d. A visit or meeting with another resident or an individual;
 - 2. A resident is treated with dignity, respect, and consideration;
 - 3. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;

Historical Note

New Section R9-10-408 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-409. Transport

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- e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and
4. A resident or the resident's representative:
- a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication or a surgical procedure and the associated risks and possible complications of the psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. The health care institution's policy on health care directives, and
 - ii. The resident complaint process;
 - e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing care institution for identification and administrative purposes;
 - f. May manage the resident's financial affairs;
 - g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;
 - h. Has access to and may communicate with any individual, organization, or agency;
 - i. May participate in a resident group;
 - j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
 - k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
 - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
 - i. Medical record, and
 - ii. Financial records;
 - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
 - n. Is informed of the method for contacting the resident's attending physician;
 - o. Is informed of the resident's total health condition;
 - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged;
 - q. Is informed in writing of a change in rates and charges at least 60 calendar days before the effective date of the change; and
 - r. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or room-

mate assignment and notification is documented in the resident's medical record.

C. A resident has the following rights:

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
- 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
- 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
- 5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
- 6. To share a room with the resident's spouse if space is available and the spouse consents;
- 7. To receive a referral to another health care institution if the nursing care institution is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
- 8. To participate or have the resident's representative participate in the development of, or decisions concerning, treatment;
- 9. To participate or refuse to participate in research or experimental treatment; and
- 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

New Section R9-10-410 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-411. Medical Records

A. An administrator shall ensure that:

- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
- 2. An entry in a resident's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
- 3. An order is:
 - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
- 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
- 5. A resident's medical record is available to an individual:
 - a. Authorized to access the resident's medical record according to policies and procedures;

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- b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law; and
 - 6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a nursing care institution maintains residents' medical records electronically, an administrator shall ensure that:
 - 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
 - 1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth; and
 - c. Any known allergies, including medication allergies;
 - 2. The admission date and, if applicable, the date of discharge;
 - 3. The admitting diagnosis or presenting symptoms;
 - 4. Documentation of general consent and, if applicable, informed consent;
 - 5. If applicable, the name and contact information of the resident's representative and:
 - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 - 6. The medical history and physical examination required in R9-10-407(6);
 - 7. A copy of the resident's living will or other health care directive, if applicable;
 - 8. The name and telephone number of the resident's attending physician;
 - 9. Orders;
 - 10. Care plans;
 - 11. Behavioral care plans, if the resident is receiving behavioral care;
 - 12. Documentation of nursing care institution services provided to the resident;
 - 13. Progress notes;
 - 14. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
 - 15. If applicable, documentation that evacuation from the nursing care institution would cause harm to the resident;
 - 16. The disposition of the resident after discharge;
 - 17. The discharge plan;
 - 18. The discharge summary;
 - 19. Transfer documentation;
 - 20. If applicable:
 - a. A laboratory report,
 - b. A radiologic report,
 - c. A diagnostic report, and
 - d. A consultation report;
 - 21. Documentation of freedom from infectious tuberculosis required in R9-10-407(7);
 - 22. Documentation of a medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The type of vaccine, if applicable;
 - d. For a medication administered for pain on a PRN basis:
 - i. An evaluation of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - e. For a psychotropic medication administered on a PRN basis:
 - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - f. The identification, signature, and professional designation of the individual administering the medication; and
 - g. Any adverse reaction a resident has to the medication;
 - 23. If the resident has been assessed for receiving nutrition and feeding assistance from a nutrition and feeding assistant, documentation of the assessment and the determination of eligibility; and
 - 24. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-411 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-412. Nursing Services

- A.** An administrator shall ensure that:
 - 1. Nursing services are provided 24 hours a day in a nursing care institution;
 - 2. A director of nursing is appointed who:
 - a. Is a registered nurse,
 - b. Works full-time at the nursing care institution, and
 - c. Is responsible for the direction of nursing services;
 - 3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
 - 4. If the daily census of the nursing care institution is 60 or more, the director of nursing does not provide direct care to residents on a regular basis.
- B.** A director of nursing shall ensure that:
 - 1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution's scope of services;

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2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are on the nursing care institution premises to meet the needs of a resident for nursing services;
3. At least one nurse is present on the nursing care institution's premises and responsible for providing direct care to not more than 64 residents;
4. Documentation of nursing personnel present on the nursing care institution's premises each day is maintained and includes:
 - a. The date,
 - b. The number of residents,
 - c. The name and license or certification title of each nursing personnel member who worked that day, and
 - d. The actual number of hours each nursing personnel member worked that day;
5. The documentation of nursing personnel required in subsection (B)(4) is maintained for at least 12 months after the date of the documentation;
6. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:
 - a. Is injured,
 - b. Is involved in an incident that may require medical services, or
 - c. Has a significant change in condition; and
7. An unnecessary drug is not administered to a resident.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-412 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-413. Medical Services

A. An administrator shall appoint a medical director.

B. A medical director shall ensure that:

1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident at least once every 12 months after the date of admission by an individual listed in R9-10-407(6);
5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
 - a. The attending physician provides documentation that the vaccination is medically contraindicated;
 - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
 - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the cur-

rent recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and

6. If the any of the following services are not provided by the nursing care institution and needed by a resident, the resident is assisted in obtaining, at the resident's expense:
 - a. Vision services;
 - b. Hearing services;
 - c. Dental services;
 - d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
 - e. Psychosocial services;
 - f. Physical therapy;
 - g. Speech therapy;
 - h. Occupational therapy;
 - i. Behavioral health services; and
 - j. Services for an individual who has a developmental disability, as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-413 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-414. Comprehensive Assessment; Care Plan

A. A director of nursing shall ensure that:

1. A comprehensive assessment of a resident:
 - a. Is conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team;
 - b. Is completed for the resident within 14 calendar days after the resident's admission to a nursing care institution;
 - c. Is updated:
 - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
 - ii. When the resident experiences a significant change;
 - d. Includes the following information for the resident:
 - i. Identifying information;
 - ii. An evaluation of the resident's hearing, speech, and vision;
 - iii. An evaluation of the resident's ability to understand and recall information;
 - iv. An evaluation of the resident's mental status;
 - v. Whether the resident's mental status or behaviors:
 - (1) Put the resident at risk for physical illness or injury,
 - (2) Significantly interfere with the resident's care,
 - (3) Significantly interfere with the resident's ability to participate in activities or social interactions,
 - (4) Put other residents or personnel members at significant risk for physical injury,
 - (5) Significantly intrude on another resident's privacy, or
 - (6) Significantly disrupt care for another resi-

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- dent;
- vi. Preferences for customary routine and activities;
- vii. An evaluation of the resident's ability to perform activities of daily living;
- viii. Need for a mobility device;
- ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
- x. Any diagnosis that impacts nursing care institution services that the resident may require;
- xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing care institution services;
- xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
- xiii. An evaluation of the resident's oral and dental status;
- xiv. An evaluation of the condition of the resident's skin;
- xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
- xvi. Identification of any treatment or medication ordered for the resident;
- xvii. A description of the resident or resident's representative's participation in the comprehensive assessment;
- xviii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
- xix. Potential for rehabilitation; and
- xx. Potential for discharge; and
- e. Is signed and dated by:
 - i. The registered nurse who conducts or coordinates the comprehensive assessment or review; and
 - ii. If a behavioral health professional is required to review according to subsection (A)(2), the behavioral health professional who reviewed the comprehensive assessment or review;
- 2. If any of the conditions in (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and care plan to ensure that the resident's needs for behavioral health services are being met;
- 3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
- 4. A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition.
- B.** An administrator shall ensure that a care plan for a resident:
 - 1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
 - 2. Is reviewed and revised based on any change to the resident's comprehensive assessment; and
 - 3. Ensures that a resident is provided nursing care institution services that:

- a. Address any medical condition or behavioral health issue identified in the resident's comprehensive assessment, and
- b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-414 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-415. Behavioral Health Services

Except for behavioral care, if a nursing care institution is authorized to provide behavioral health services, an administrator shall ensure that:

- 1. The behavioral health services are provided:
 - a. Under the direction of a behavioral health professional licensed or certified to provide the type of behavioral health services in the nursing care institution's scope of services; and
 - b. In compliance with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
 - ii. For an assessment, in R9-10-1011(B); and
- 2. Except for a psychotropic drug ordered by a medical practitioner for a resident's out-of-control behavior or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-415 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-416. Clinical Laboratory Services

If clinical laboratory services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

- 1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
- 2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is

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provided to the Department for review upon the Department's request;

3. The nursing care institution:
 - a. Is able to provide the clinical laboratory services delineated in the nursing care institution's scope of services when needed by the residents,
 - b. Obtains specimens for the clinical laboratory services delineated in the nursing care institution's scope of services without transporting the residents from the nursing care institution's premises, and
 - c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
 - a. Available to the ordering physician:
 - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing care institution's premises, or
 - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing care institution's premises; and
 - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
 - a. The ordering physician,
 - b. A registered nurse in the resident's assigned unit,
 - c. The nursing care institution's administrator, or
 - d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the nursing care institution provides blood or blood products, policies and procedures are established, documented, and implemented for:
 - a. Procuring, storing, transfusing, and disposing of blood or blood products;
 - b. Blood typing, antibody detection, and blood compatibility testing; and
 - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-416 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-417. Dialysis Services

If dialysis services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that the dialysis services are provided in compliance with the requirements in R9-10-1018.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-417 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013,

Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-418. Radiology Services and Diagnostic Imaging Services

If radiology services or diagnostic imaging services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
2. A copy of a certificate documenting compliance with subsection (1) is maintained by the nursing care institution;
3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided on the nursing care institution's premises;
4. Radiology services and diagnostic imaging services are provided:
 - a. Under the direction of a physician; and
 - b. According to an order that includes:
 - i. The resident's name,
 - ii. The name of the ordering individual,
 - iii. The radiological or diagnostic imaging procedure ordered, and
 - iv. The reason for the procedure;
5. A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
6. A radiologic or diagnostic imaging report is prepared that includes:
 - a. The resident's name;
 - b. The date of the procedure;
 - c. A medical director, attending physician, or radiologist's interpretation of the image;
 - d. The type and amount of radiopharmaceutical used, if applicable; and
 - e. The resident's adverse reaction to the radiopharmaceutical, if any; and
7. A radiologic or diagnostic imaging report is included in the resident's medical record.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-418 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-419. Respiratory Care Services

If respiratory care services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a medical director or attending physician;
2. Respiratory care services are provided according to an order that includes:
 - a. The resident's name;
 - b. The name and signature of the ordering individual;
 - c. The type, frequency, and, if applicable, duration of treatment;
 - d. The type and dosage of medication and diluent; and
 - e. The oxygen concentration or oxygen liter flow and method of administration;

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3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
 - a. The date and time of administration;
 - b. The type of respiratory care services provided;
 - c. The effect of the respiratory care services;
 - d. The resident's adverse reaction to the respiratory care services, if any; and
 - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-416.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-419 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-420. Rehabilitation Services

If rehabilitation services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Rehabilitation services are provided:
 - a. Under the direction of an individual qualified according to policies and procedures,
 - b. By an individual licensed to provide the rehabilitation services, and
 - c. According to an order; and
2. The medical record of a resident receiving rehabilitation services includes:
 - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
 - b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
 - c. The rehabilitation services provided,
 - d. The resident's response to the rehabilitation services, and
 - e. The authentication of the individual providing the rehabilitation services.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-420 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-421. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
 - a. A process for providing information to a resident about medication prescribed for the resident including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and

- iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
 - d. Procedures for documenting medication services; and
 - e. Procedures for assisting a resident in obtaining medication; and
2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. An administrator shall ensure that:

1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by the director of nursing;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a resident only as prescribed; and
 - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the resident's medical record; and
4. If a psychotropic medication is administered to a resident, the psychotropic medication:
 - a. Is only administered to a resident for a diagnosed medical condition; and
 - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.

C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members; and
2. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - c. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a nursing care institution, an administrator shall ensure that:

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1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and the nursing care institution's director of nursing.
 - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
 - e. Training of personnel members, employees, and volunteers in infection control practices; and
 - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas; and
6. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-421 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-422. Infection Control

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the nursing care institution;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing care institution;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and
 - d. Documentation of infection control activities including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
 - a. Handling and disposal of biohazardous medical waste;
 - b. Sterilization, disinfection, and storage of medical equipment and supplies;

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-422 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-423. Food Services

A. An administrator shall ensure that:

1. The nursing care institution has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the nursing care institution's food establishment license or permit is maintained;
3. If a nursing care institution contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution:
 - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the nursing care institution; and
 - b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
4. A registered dietitian:
 - a. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
 - b. Documents the review of a food menu, and
 - c. Is available for consultation regarding a resident's nutritional needs; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.

B. A registered dietitian or director of food services shall ensure that:

1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;

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2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served on each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 3. Meals and snacks for each day are planned and served using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
 4. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A resident group agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 5. A resident is provided with food substitutions of similar nutritional value if:
 - a. The resident refuses to eat the food served, or
 - b. The resident requests a substitution;
 6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
 7. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
 8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair;
 9. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the resident's medical record; and
 10. Water is available and accessible to residents.
- C.** If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:
1. A nutrition and feeding assistant:
 - a. Is at least 16 years of age;
 - b. If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;
 - c. Completes a nutrition and feeding assistant training course within 12 months before initially providing nutrition and feeding assistance;
 - d. Provides nutrition and feeding assistance where nursing personnel are present;
 - e. Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel; and
 - f. If the nutrition and feeding assistant observes a change in a resident's physical condition or behavior, reports the change to a nurse or, if a nurse is not present in the common area, to nursing personnel;
 2. A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:
 - a. Has difficulty swallowing,
 - b. Has had recurrent lung aspirations,
 - c. Requires enteral feedings,
 - d. Requires parenteral feedings, or
 - e. Has any other eating or drinking difficulty that may cause the resident's health or safety to be compromised if the resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
 3. Only an eligible resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
 4. A nurse determines if a resident is eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant, based on:
 - a. The resident's comprehensive assessment,
 - b. The resident's care plan, and
 - c. An assessment conducted by the nurse when making the determination;
 5. A method is implemented that identifies eligible residents that ensures only eligible residents receive nutrition and feeding assistance from a nutrition and feeding assistant;
 6. When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes the nutrition and feeding assistant while the nutrition and feeding assistant is providing nutrition and feeding assistance to ensure that the nutrition and feeding assistant is providing nutrition and feeding assistance appropriately;
 7. A nurse documents the nurse's observations required in subsection (C)(6); and
 8. A nutrition and feeding assistant is provided additional training:
 - a. According to policies and procedures, and
 - b. If a nurse identifies a need for additional training based on the nurse's observation in subsection (C)(6).

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-423 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-424. Emergency and Safety Standards

- A.** An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated, including:
 - i. Instructions for the evacuation or transfer of residents,
 - ii. Assigned responsibilities for each employee and personnel member, and
 - iii. A plan for continuing to provide services to meet a resident's needs;

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- b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
- c. A plan for back-up power and water supply;
- d. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
- e. A plan to ensure a resident is provided nursing services and other services required by the resident during a disaster; and
- f. A plan for obtaining food and water for individuals present in the nursing care institution or the nursing care institution's relocation site during a disaster;
- 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
- 3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
- 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
- 5. An evacuation drill for employees and residents:
 - a. Is conducted at least once every six months; and
 - b. Includes all individuals on the premises except for:
 - i. A resident whose medical record contains documentation that evacuation from the nursing care institution would cause harm to the resident, and
 - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
- 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and residents to evacuate to a designated area;
 - c. If applicable:
 - i. An identification of residents needing assistance for evacuation, and
 - ii. An identification of residents who were not evacuated;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
- 7. An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.
- B.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- C.** An administrator shall:
 - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 - 2. Make any repairs or corrections stated on the fire inspection report, and
 - 3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective

October 1, 2002 (Supp. 02-2). New Section R9-10-424 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-425. Environmental Standards**A.** An administrator shall ensure that:

- 1. A nursing care institution's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
 - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
- 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
- 3. Equipment used to provide direct care is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
- 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
- 5. Garbage and refuse are:
 - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
 - b. In areas not used for food storage, food preparation, or food service, stored:
 - i. According to the requirements in subsection (A)(5)(a), or
 - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
 - c. Removed from the premises at least once a week;
- 6. Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F;
- 7. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;
- 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
- 9. Linens are clean before use, without holes and stains, and not in need of repair;
- 10. Oxygen containers are secured in an upright position;
- 11. Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
- 12. Combustible or flammable liquids stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
- 13. If pets or animals are allowed in the nursing care institution, pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;

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- b. Licensed consistent with local ordinances; and
- c. For a dog or cat, vaccinated against rabies;
- 14. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
- 15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
 - 1. Smoking tobacco products is not permitted within a nursing care institution, and
 - 2. Smoking tobacco products may be permitted outside a nursing care institution if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
 - 1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-403(C)(1)(e) is present in the pool area when a resident is in the pool area, and
 - 2. At least two personnel members are present in the pool area when two or more residents are in the pool area.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-425 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-426. Physical Plant Standards

- A.** An administrator shall ensure that:
 - 1. A nursing care institution complies with:
 - a. The applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date the nursing care institution submitted architectural plans and specifications to the Department for approval according to R9-10-104; and
 - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412;
 - 2. The premises and equipment are sufficient to accommodate:
 - a. The services stated in the nursing care institution's scope of services, and
 - b. An individual accepted as a resident by the nursing care institution;
 - 3. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
- 4. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
- 5. No more than two individuals reside in a resident room unless:
 - a. The nursing care institution was operating before October 31, 1982; and
 - b. The resident room has not undergone a modification as defined in A.R.S. § 36-401;
- 6. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs in a resident room or suite of rooms;
- 7. A resident room has:
 - a. A window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
 - b. A closet with clothing racks and shelves accessible to the resident; and
 - c. If the resident room contains more than one bed, a curtain or similar type of separation between the beds for privacy; and
- 8. A resident room or a suite of rooms:
 - a. Is accessible without passing through another resident's room; and
 - b. Does not open into any area where food is prepared, served, or stored.
- B.** If a swimming pool is located on the premises, an administrator shall ensure that:
 - 1. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (B)(1)(c);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 - 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- C.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (B)(1) is covered and locked when not in use.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-426 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-427. Quality Rating

- A.** As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a compliance inspection.
- B.** The following quality ratings are established:

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1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points,
 2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points,
 3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points, and
 4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.
- C. The quality rating is determined by the total number of points awarded based on the following criteria:
1. Nursing Services:
 - a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
 - b. 5 points: The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.
 - c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
 2. Resident Rights:
 - a. 10 points: The nursing care institution is implementing a system that ensures a resident's privacy needs are met.
 - b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
 - c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.
 3. Administration:
 - a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last compliance inspection or a complaint investigation conducted between the last compliance inspection and the current compliance inspection.
 - b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Department and as required by A.R.S. § 46-454.
 - c. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.
 - d. 1 point: The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.
 - e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.
 - f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
 - g. 1 point: The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.
 4. Environment and Infection Control:
 - a. 5 points: The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.
 - b. 1 point: The nursing care institution establishes and maintains a pest control program that complies with A.A.C. R3-8-201(C)(4).
 - c. 1 point: The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.
 - d. 1 point: The nursing care institution ensures orientation to the disaster plan for each personnel member is completed within the first scheduled week of employment.
 - e. 1 point: The nursing care institution maintains a clean and sanitary environment.
 - f. 5 points: The nursing care institution is implementing a system to prevent and control infection.
 - g. 1 point: An employee cleans the employee's hands after each direct resident contact or when hand cleaning is indicated to prevent the spread of infection.
 5. Food Services:
 - a. 1 point: The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.
 - b. 3 points: The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.
 - c. 2 points: The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.
 - d. 2 points: The nursing care institution provides assistance to a resident who needs help in eating so that the resident's nutritional, physical, and social needs are met.
 - e. 1 point: The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.
 - f. 1 point: The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.
- D. A nursing care institution's quality rating remains in effect until a subsequent compliance inspection or complaint investigation.

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gation is conducted by the Department except as provided in subsection (E).

- E. If the Department issues a provisional license, the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance inspection. If the Department determines that, as a result of a substantial compliance inspection, the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).
- F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

Historical Note

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-427 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-428. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-429. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-430. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-431. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-432. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-433. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-434. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section

repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-435. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-436. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-437. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-438. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

R9-10-439. Repealed**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Repealed effective October 30, 1989 (Supp. 89-4).

ARTICLE 5. INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES**R9-10-501. Definitions**

1. "Active treatment" means rehabilitative services and habilitation services provided to a resident to address the resident's developmental disability and, if applicable, medical condition.
2. "Acuity" means a resident's need for medical services, nursing services, rehabilitative services, or habilitation services based on the patient's medical condition or developmental disability.
3. "Acuity plan" means a method for establishing requirements for nursing personnel or therapists by unit based on a resident's acuity.
4. "Advocate" means an individual who:
 - a. Assists a resident or the resident's representative to make the resident's wants and needs known,
 - b. Recommends a course of action to address the resident's wants and needs, and
 - c. Supports the resident or the resident's representative in addressing the resident's wants and needs.
5. "Assistive device" means a piece of equipment or mechanism that is designed to enable an individual to better carry out activities of daily living.
6. "Dental services" means activities, methods, and procedures included in the practice of dentistry, as described in A.R.S. § 32-1202.
7. "Developmental disability" means the same as in A.R.S. § 36-551.
8. "Direct care" means medical services, nursing services, rehabilitation services, or habilitation services provided to a resident.

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9. "Habilitation services" means activities provided to an individual to assist the individual with habilitation, as defined in A.R.S. § 36-551.
10. "Inappropriate behavior" means actions by a resident that may:
 - a. Put the resident at risk for physical illness or injury,
 - b. Significantly interfere with the resident's care,
 - c. Significantly interfere with the resident's ability to participate in activities or social interactions,
 - d. Put other residents or personnel members at significant risk for physical injury,
 - e. Significantly intrude on another resident's privacy, or
 - f. Significantly disrupt care for another resident.
11. "Individual program plan" means the same as in A.R.S. § 36-551.
12. "Medical care plan" means a documented guide for providing medical services and nursing services to a resident requiring continuous nursing services that includes measurable objectives and the methods for meeting the objectives.
13. "Nursing care institution administrator" means an individual licensed according to A.R.S. Title 36, Chapter 4, Article 6.
14. "Outing" means a social or recreational activity or habilitation services that:
 - a. Occur away from the premises, and
 - b. May be part of a resident's individual program plan.
15. "Qualified intellectual disabilities professional" means one of the following who has at least one year of experience working directly with individuals who have developmental disabilities:
 - a. A physician;
 - b. A registered nurse;
 - c. A physical therapist;
 - d. An occupational therapist;
 - e. A psychologist, as defined in A.R.S. § 32-2061;
 - f. A speech-language pathologist;
 - g. An audiologist, as defined in A.R.S. § 36-1901;
 - f. A registered dietitian, as defined in A.R.S. § 36-416;
 - g. A licensed clinical social worker under A.R.S. § 32-3293; or
 - h. A nursing care institution administrator.
16. "Resident's representative" has the same meaning as "responsible person" in A.R.S. § 36-551.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-501 renumbered to R9-10-2101; new Section R9-10-501 made by exempt rulemaking at 25 A.A.R.

1222, effective April 25, 2019 (Supp. 19-2).

R9-10-502. Supplemental Application Requirements

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an ICF/IID shall include:
 1. In a Department-provided format, whether the applicant is requesting authorization to provide:
 - a. Active treatment to individuals under 18 years of age, including the licensed capacity requested;
 - b. Seclusion;
 - c. Clinical laboratory services;
 - d. Respiratory care services, or
 - e. Services to residents who have a medical care plan; and
 2. Documentation of the applicant's certification as an ICF/IID by the federal Centers for Medicare and Medicaid Services.
- B. A licensee shall submit to the Department, with the relevant fees required in R9-10-106(C) and in a Department-provided format:
 1. The information required in subsection (A)(1), as applicable, and
 2. The documentation specified in subsection (A)(2).

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-502 renumbered to R9-10-2102; new Section R9-10-502 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-503. Administration

- A. A governing authority shall:
 1. Consist of one or more individuals responsible for the organization, operation, and administration of an ICF/IID;
 2. Establish, in writing, the ICF/IID's scope of services;
 3. Designate, in writing, an administrator for the ICF/IID who:
 - a. Is at least 21 years old; and
 - b. Either:
 - i. Is a nursing care institution administrator, or
 - ii. Has a minimum of three-years' experience working in an ICF/IID;
 4. Adopt a quality management program according to R9-10-504;
 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 6. Designate, in writing, an acting administrator who meets the requirements in subsection (A)(3), if the administrator is:

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- a. Expected not to be present on the premises of the ICF/IID for more than 30 calendar days, or
 - b. Not present on the premises of the ICF/IID for more than 30 calendar days; and
- 7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and, if applicable, submit a copy of the new administrator's license under A.R.S. § 36-446.04 to the Department.
- B. An administrator:**
 - 1. Is directly accountable to the governing authority of an ICF/IID for the daily operation of the ICF/IID and all services provided by or at the ICF/IID;
 - 2. Has the authority and responsibility to manage the ICF/IID;
 - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the premises of the ICF/IID and accountable for the ICF/IID when the administrator is not present on the ICF/IID's premises; and
 - 4. Ensures the ICF/IID's compliance with A.R.S. § 36-411 and, as applicable, A.R.S. §§ 8-804 or 46-459.
- C. An administrator shall ensure that:**
 - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover the process for checking on a personnel member through the adult protective services registry established according to A.R.S. § 46-459;
 - c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - d. Include methods to prevent abuse or neglect of a resident, including:
 - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
 - ii. Reporting of abuse or neglect of a resident;
 - e. Include how a personnel member may submit a complaint relating to resident care;
 - f. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - g. Cover cardiopulmonary resuscitation training including:
 - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
 - ii. The method and content of cardiopulmonary resuscitation training,
 - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
 - h. Cover first aid training;
 - i. Include a method to identify a resident to ensure the resident receives active treatment and other physical health services and behavioral care as ordered;
 - j. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
 - k. Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The ICF/IID to respond to a resident's complaint;
 - l. Cover health care directives;
 - m. Cover medical records, including electronic medical records;
 - n. Cover a quality management program, including incident reports and supporting documentation;
 - o. Cover contracted services;
 - p. Cover the process for receiving a fee for a resident and refunding a fee for a resident;
 - q. Cover resident's personal accounts;
 - r. Cover petty cash funds;
 - s. Cover fees and refund policies;
 - t. Cover smoking and the use of tobacco products on the premises; and
 - u. Cover when an individual may visit a resident in an ICF/IID; and
- 2. Policies and procedures for active treatment and other physical health services and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of active treatment and other physical health services and behavioral care;
 - c. Cover acuity, including a process for obtaining sufficient nursing personnel and therapists to meet the needs of residents;
 - d. Include when general consent and informed consent are required;
 - e. Cover storing, dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - f. Cover infection control;
 - g. Cover interventions to address a resident's inappropriate behavior, including:
 - i. The hierarchy for use;
 - ii. Use of time outs for inappropriate behavior; and
 - iii. Except in an emergency, require positive techniques for behavior modification to be used before more restrictive methods are used;
 - h. Cover restraints, both chemical restraints and physical restraints if applicable, that:
 - i. Require an order, including the frequency of monitoring and assessing the restraint; and
 - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a resident's sudden, intense, or out-of-control behavior;
 - i. Cover seclusion of a resident including:
 - i. The requirements for an order, and
 - ii. The frequency of monitoring and assessing a resident in seclusion;
 - j. Cover telemedicine, if applicable;
 - k. Cover environmental services that affect resident care;
 - l. Cover the security of a resident's possessions that are allowed on the premises;
 - m. Cover methods to encourage participation of a resident's family or friends or other individuals in activities planned according to R9-10-513(C)(2);

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- n. Include a method for obtaining an advocate for a resident, if necessary;
 - o. Cover resident outings;
 - p. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks; and
 - q. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of residents or the public;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
- 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of an ICF/IID, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the ICF/IID.
- D.** An administrator shall designate an individual who is a qualified intellectual disabilities professional to oversee rehabilitation services provided by or on behalf of the ICF/IID.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from an ICF/IID's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
 - 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from an ICF/IID's employee or personnel member, an administrator shall:
 - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 - 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
- c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
- 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** An administrator shall:
 - 1. Allow a resident advocate to assist a resident or the resident's representative with a request or recommendation, and document in writing any complaint submitted to the ICF/IID;
 - 2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
 - 3. Ensure that the following are conspicuously posted on the premises:
 - a. The current ICF/IID license issued by the Department;
 - b. The name, address, and telephone number of:
 - i. The Department's Office of Long Term Care, and
 - ii. Adult Protective Services of the Department of Economic Security;
 - c. A notice that a resident may file a complaint with the Department concerning the ICF/IID;
 - d. The monthly schedule of recreational activities; and
 - e. One of the following:
 - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
 - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.
- H.** An administrator shall provide written notification to the Department of a resident's:
 - 1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 - 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- I.** An administrator shall:
 - 1. Notify a resident's representative, family member, or other individual designated by the resident within one calendar day after:
 - a. The resident's death,
 - b. There is a significant change in the resident's medical condition, or
 - c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and
 - 2. For an illness or injury in subsection (I)(1)(c), document the following:
 - a. The date and time of the illness or injury;
 - b. A description of the illness or injury;
 - c. If applicable, the names of individuals who observed the injury;

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- d. The actions taken by personnel members, according to policies and procedures;
 - e. The individuals notified by the personnel members; and
 - f. Any action taken to prevent the illness or injury from occurring in the future.
- J.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
- 1. Comply with policies and procedures established according to subsection (C)(1)(q);
 - 2. Designate a personnel member who is responsible for the personal accounts;
 - 3. Maintain a complete and separate accounting of each personal account;
 - 4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
 - 5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
 - 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
 - 7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- K.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
- 1. The policies and procedures established according to subsection (C)(1)(r) include:
 - a. A prescribed cash limit of the petty cash fund, and
 - b. The hours of the day a resident may access the petty cash fund; and
 - 2. A resident's written acknowledgment is obtained for a petty cash transaction.
- L.** An administrator shall ensure that an acuity plan is developed, documented, and implemented for each unit in the ICF/IID that:
- 1. Includes:
 - a. A method that establishes the types and numbers of personnel members that are required for each unit in the ICF/IID to ensure resident health and safety, and
 - b. A policy and procedure stating the steps the ICF/IID will take to obtain or assign the necessary personnel members to address resident acuity;
 - 2. Is used when making assignments for resident treatment; and
 - 3. Is reviewed and updated, as necessary, at least once every 12 months.
- M.** An administrator shall establish and document the criteria for determining when a resident's absence is unauthorized, including the criteria for a resident who:
- 1. Is absent against medical advice,
 - 2. Is under the age of 18, or
 - 3. Does not return to the ICF/IID at the expected time after an authorized absence.
- N.** An administrator shall ensure that the following are on the premises of the ICF/IID:
- 1. The most recent inspection report of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(1), and
 - 2. Documentation of the most recent monitoring of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(2).

Historical Note

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R9-10-504. Quality Management

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care; and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed;

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new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-504 renumbered to R9-10-2104; new Section R9-10-504 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-505. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-505 renumbered to R9-10-2105; new Section R9-10-505 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-506. Personnel

A. An administrator shall ensure that:

1. A personnel member is:
 - a. At least 21 years old, or
 - b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of active treatment or other physical health services or behavioral care expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the residents receiving active treatment or other physical health services or behavioral care from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected active treatment or other physical health services and behavioral care listed in the established job description,

- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

- a. Before the personnel member provides active treatment or other physical health services or and behavioral care, and
 - b. According to policies and procedures; and
3. Sufficient personnel members are present on an ICF/IID's premises with the qualifications, skills, and knowledge necessary to:
- a. Provide the services in the ICF/IID's scope of services,
 - b. Meet the needs of a resident, and
 - c. Ensure the health and safety of a resident.

C. An administrator shall ensure that an organizational chart of the ICF/IID is established, updated as necessary, and maintained on the premises:

1. Outlining the roles, responsibilities, and relationships within the ICF/IID; and
2. Including the name and, if applicable, the license or certification credential of each individual shown on the organizational chart.

D. An administrator shall ensure that, if a personnel member provides services that require a license under A.R.S. Title 32 or 36, the personnel member is licensed under A.R.S. Title 32 or 36, as applicable.

E. An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the ICF/IID, and
2. As specified in R9-10-113.

G. An administrator shall ensure that:

1. The types and numbers of nurses or therapists required according to the acuity plan in R9-10-503(L) are present in each unit in the ICF/IID;
2. Documentation of the nurses or therapists present on the ICF/IID's premises each day is maintained and includes:
 - a. The date;
 - b. The number of residents;
 - c. The name, license or certification credential, and assigned duties of each nurse or therapist who worked that day; and
 - d. The actual number of hours each nurse or therapist worked that day; and

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3. The documentation of nurses or therapists required in subsection (G)(2) is maintained for at least 12 months after the date of the documentation.
- H.** An administrator shall ensure that a personnel member is:
1. On duty, on the premises, awake, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if the ICF/IID provides services to:
 - a. More than 16 residents;
 - b. A resident who has a medical care plan; or
 - c. A resident who requires additional supervision because the resident:
 - i. Is aggressive,
 - ii. May cause harm to self or others, or
 - iii. May attempt an unauthorized absence; and
 2. On duty, on the premises, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if:
 - a. The ICF/IID provides services to 16 or fewer residents, and
 - b. None of the residents has a medical care plan or requires additional supervision according to subsection (H)(1)(c).
- I.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's compliance with the requirements in A.R.S. § 36-411;
 - d. The ICF/IID's check on the individual in the adult protective services registry established according to A.R.S. § 46-459;
 - e. Orientation and in-service education as required by policies and procedures;
 - f. Training in preventing, recognizing, and reporting abuse or neglect, required according to R9-10-503(C)(1)(d)(i);
 - g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - h. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-515;
 - i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-503(C)(1)(g);
 - j. First aid training, if required for the individual according to this Article or policies and procedures; and
 - k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- J.** An administrator shall ensure that personnel records are:
1. Maintained:
 - a. Throughout the individual's period of providing services in or for the ICF/IID, and
 - b. For at least 24 months after the last date the individual provided services in or for the ICF/IID; and
2. For a personnel member who has not provided active treatment or other physical health services or behavioral care at or for the ICF/IID during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- K.** An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 2. A personnel member completes orientation before providing active treatment or other physical health services or behavioral care;
 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
 6. A work schedule of each personnel member is developed and maintained at the ICF/IID for at least 12 months after the date of the work schedule.
- L.** An administrator shall designate a qualified individual to provide:
1. Social services, and
 2. Recreational activities.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-506 renumbered to R9-10-2106; new Section R9-10-506 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Section R9-10-506 renumbered to R9-10-2106; new Section R9-10-506 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-507. Admission

An administrator shall ensure that:

1. A resident is admitted only:
 - a. On a physician's order;
 - b. If the resident has a developmental disability or cognitive disability, as defined in A.R.S. § 36-551;
 - c. If the resident's placement evaluation indicates that the resident's needs can be met by the ICF/IID; and

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- d. Except when the resident's placement evaluation states that the resident would benefit from being part of a group that includes residents of different ages, developmental levels, or social needs, if the resident can be assigned to a room or unit within the ICF/IID with other residents of similar ages, developmental levels, or social needs;
2. The physician's admitting order or placement evaluation documentation includes the active treatment or other physical health services or behavioral care required to meet the immediate needs of a resident, such as habilitation services, medication, and food services;
3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
4. A resident's needs do not exceed the medical services, rehabilitation services, and nursing services available at the ICF/IID as established in the ICF/IID's scope of services;
5. A resident is assigned to a unit in the ICF/IID based, as applicable, on the patient's:
 - a. Documented diagnosis,
 - b. Treatment needs,
 - c. Developmental level,
 - d. Social skills,
 - e. Verbal skills, and
 - f. Acuity;
6. A resident does not share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that, based on the other resident's documented diagnosis, treatment needs, developmental level, social skills, verbal skills, and personal history, may present a threat to the resident's health and safety;
7. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
 - a. A physician, or
 - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
8. Compliance with the requirements in subsection (7) is documented in the resident's medical record;
9. Except as specified in subsection (10), a resident provides evidence of freedom from infectious tuberculosis:
 - a. Before or within seven calendar days after the resident's admission, and
 - b. As specified in R9-10-113; and
10. A resident who transfers from an ICF/IID or nursing care institution to the ICF/IID is not required to be rescreened for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10-113 if:
 - a. Fewer than 12 months have passed since the resident was screened for tuberculosis or since the date of the written statement, and
 - b. The documentation of freedom from infectious tuberculosis required in subsection (9) accompanies the resident at the time of transfer.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to

A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2).

Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-507 renumbered to R9-10-2107; new Section R9-10-507 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-508. Transfer; Discharge

- A. An administrator, in coordination with the Arizona Department of Economic Security, Division of Developmental Disabilities, shall ensure that:
 1. A resident is transferred or discharged if:
 - a. The ICF/IID is not authorized or not able to meet the needs of the resident, or
 - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the ICF/IID; and
 2. Documentation of a resident's transfer or discharge includes:
 - a. The date of the transfer or discharge;
 - b. The reason for the transfer or discharge;
 - c. A 30-day written notice except:
 - i. In an emergency, or
 - ii. If the resident no longer requires rehabilitation services or habilitation services as determined by a physician or the physician's designee;
 - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
 - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the ICF/IID and beyond the ICF/IID's scope of services.
- B. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
 1. A qualified intellectual disabilities professional coordinates the transfer and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer;
 - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- C. Except in an emergency, a qualified intellectual disabilities professional shall ensure that before a resident is discharged:

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1. Written follow-up instructions are developed with the resident or the resident's representative that include:
 - a. Information necessary to meet the resident's need for medical services and nursing services; and
 - b. The state long-term care ombudsman's name, address, and telephone number;
2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
3. A discharge summary is developed by a qualified intellectual disabilities professional and authenticated by the resident's attending physician or designee and includes:
 - a. The resident's need for rehabilitation services or habilitation services at the time of transfer or discharge;
 - b. The resident's need for medical services or nursing services;
 - c. The resident's developmental, behavioral, social, and nutritional status;
 - d. The resident's medical and psychosocial history;
 - e. The date of the discharge; and
 - f. The location of the resident after discharge.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-508 renumbered to R9-10-2108; new Section R9-10-508 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-509. Transport

- A. Except as provided in subsections (B) and (C), an administrator shall ensure that:
 1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Information from the resident's medical record is provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transport.

- B. If the transport of a resident is to provide the resident with rehabilitation services or habilitation services off the premises, an administrator shall ensure that:
 1. The rehabilitation services or habilitation services are included in the resident's individual program plan,
 2. A qualified intellectual disabilities professional coordinates the transport and the services provided to the resident, and
 3. The resident is transported according to R9-10-510(A).
- C. Subsection (A) does not apply to:
 1. Except as provided in subsection (B), transportation according to R9-10-510 to a location other than a licensed health care institution;
 2. Transportation provided for a resident by the resident or the resident's representative;
 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative; or
 4. A transport to another licensed health care institution in an emergency.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-509 renumbered to R9-10-2109; new Section R9-10-509 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-510. Transportation; Resident Outings

- A. An administrator of an ICF/IID that uses a vehicle owned or leased by the ICF/IID to provide transportation to a resident shall ensure that:
 1. The vehicle:
 - a. Is safe and in good repair,
 - b. Contains a first aid kit,
 - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
 2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
 3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
 - d. Does not leave in the vehicle an unattended:
 - i. Child;

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- ii. Resident who may be a threat to the health, safety, or welfare of the resident or another individual; or
 - iii. Resident who is incapable of independent exit from the vehicle; and
- e. Ensures the safe and hazard-free loading and unloading of residents; and
- 4. Transportation safety is maintained as follows:
 - a. An individual in the vehicle is sitting in a seat, which may include the seat of a wheel chair, and wearing a working seat belt while the vehicle is in motion; and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B. An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing.
- C. An administrator shall ensure that:
 - 1. At least two personnel members are present on an outing;
 - 2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
 - 3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-503(C)(1)(g) and first aid training;
 - 4. Documentation is developed before an outing that includes:
 - a. The name of each resident participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and
 - f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
 - 5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
 - 6. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
 - a. The resident's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
 - c. The resident's allergies; and
 - d. The name and telephone number of a designated individual, who is present on the ICF/IID's premises, to notify in case of an emergency.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an

emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-510 renumbered to R9-10-2110; new Section R9-10-510 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-511. Resident Rights

- A. An administrator shall ensure that:
 - 1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
 - 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
 - 3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
 - 1. A resident has privacy in:
 - a. Treatment,
 - b. Bathing and toileting,
 - c. Room accommodations, and
 - d. Visiting or meeting with another resident or an individual;
 - 2. A resident is treated with dignity, respect, and consideration;
 - 3. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Except as allowed in R9-10-515, seclusion or restraint;
 - i. Retaliation for submitting a complaint to the Department or another entity;
 - j. Misappropriation of personal and private property by an ICF/IID's personnel members, employees, volunteers, or students; or
 - k. Segregation solely on the basis of the resident's disability; and
 - 4. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
 - d. Is informed of the following:
 - i. The health care institution's policy on health care directives, and
 - ii. The resident complaint process;

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- e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to an ICF/IID for identification and administrative purposes;
 - f. May manage the resident's financial affairs;
 - g. Has access to and may communicate with any individual, organization, or agency;
 - h. Except as provided in the resident's individual program plan, has privacy:
 - i. In interactions with other residents or visitors to the ICF/IID,
 - ii. In the resident's mail, and
 - iii. For telephone calls made by or to the resident;
 - i. May review the ICF/IID's current license survey report and, if applicable, plan of correction in effect;
 - j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
 - k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
 - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
 - i. Medical record, and
 - ii. Financial records;
 - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
 - n. Is informed of the method for contacting the resident's attending physician;
 - o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;
 - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and
 - q. Except in the event of an emergency, is informed orally or in writing before the ICF/IID makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.
- C. In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
 5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
 6. To share a room with the resident's spouse if space is available and the spouse consents;
 7. To receive a referral to another health care institution if the ICF/IID is not authorized or not able to provide active treatment or other physical health services or behavioral care needed by the resident;
 8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
 9. To participate or refuse to participate in research or experimental treatment; and
 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-511 renumbered to R9-10-2111; new Section R9-10-511 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-512. Medical Records

- A. An administrator shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a resident's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A resident's medical record is available to an individual:
 - a. Authorized to access the resident's medical record according to policies and procedures;
 - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law; and

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6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If an ICF/IID maintains residents' medical records electronically, an administrator shall ensure that:
 1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
 1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth; and
 - c. Any known allergies, including medication allergies;
 2. The admission date and, if applicable, the date of discharge;
 3. The admitting diagnosis or presenting symptoms;
 4. Documentation of the resident's placement evaluation;
 5. Documentation of general consent and, if applicable, informed consent;
 6. If applicable, the name and contact information of the resident's representative and:
 - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 7. The name and contact information of an individual to be contacted under R9-10-503(I);
 8. Documentation of the initial assessment required in R9-10-507(3) to determine acuity;
 9. The medical history and physical examination required in R9-10-516(A)(4);
 10. A copy of the resident's living will or other health care directive, if applicable;
 11. The name and telephone number of the resident's attending physician;
 12. Orders;
 13. Documentation of the resident's comprehensive assessment;
 14. Individual program plans, including medical care plans, if applicable;
 15. Documentation of active treatment and other physical health services or behavioral care provided to the resident;
 16. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
 17. If applicable, documentation of restraint or seclusion;
 18. If applicable, documentation of any actions other than restraint or seclusion taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
 19. If applicable, documentation that evacuation from the ICF/IID would cause harm to the resident;
 20. The disposition of the resident after discharge;
 21. The discharge plan;
 22. The discharge summary;
 23. Transfer documentation;
 24. If applicable:
 - a. A laboratory report,
 - b. A radiologic report,
 - c. A diagnostic report, and
 - d. A consultation report;
 25. Documentation of freedom from infectious tuberculosis required in R9-10-507(10);
 26. Documentation of a medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The type of vaccine, if applicable;
 - d. For a medication administered for pain on a PRN basis:
 - i. An evaluation of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - e. For a psychotropic medication administered on a PRN basis:
 - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - f. The identification, signature, and professional designation of the individual administering the medication; and
 - g. Any adverse reaction a resident has to the medication; and
 27. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-512 renumbered to R9-10-2112; new Section R9-10-512 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-513. Rehabilitation Services and Habilitation Services

- A.** Except as provided in subsection (D), an administrator shall ensure that:
 1. Personnel members are available to provide the following rehabilitation services:
 - a. Physical therapy, as defined in A.R.S. § 32-2001;
 - b. Occupational therapy, A.R.S. § 32-3401;
 - c. Psychological service, as defined in A.R.S. § 32-2061;

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- d. Speech-language pathology, as defined in A.R.S. § 36-1901; and
- e. Audiology, as defined in A.R.S. § 36-1901;
- 2. Rehabilitation services are provided:
 - a. Under the direction of a qualified intellectual disabilities professional according to policies and procedures, and
 - b. According to an order;
- 3. A resident receives the rehabilitation services required in the resident's individual program plan;
- 4. Unless otherwise required in the resident's individual program plan:
 - a. A resident does not remain in bed or in the resident's bedroom;
 - b. If the resident is not able to independently move from place to place, even with the use of an assistive device, the resident is moved from place to place in the ICF/IID; and
 - c. A resident receiving rehabilitation services is encouraged to participate in activities that are planned according to subsection (C)(2) and are appropriate to objectives in the resident's individual program plan;
- 5. A qualified intellectual disabilities professional reviews the rehabilitation services provided to a resident and revises the frequency, duration, method, or type of rehabilitation services being provided in the resident's individual program plan:
 - a. As necessary, if the resident is losing skills or failing to progress; or
 - b. If a goal in the resident's individual program plan has been accomplished and a new objective is to be initiated; and
- 6. The medical record of a resident receiving rehabilitation services includes:
 - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis;
 - b. The resident's individual program plan, including all updates;
 - c. The rehabilitation services provided;
 - d. The resident's response to the rehabilitation services; and
 - e. The authentication of the individual providing the rehabilitation services.
- B.** Except as provided in subsection (D), an administrator shall ensure that:
 - 1. Personnel members are available to provide a resident with habilitation services required in the resident's individual program plan;
 - 2. A personnel member is only assigned to provide the habilitation services the personnel member has the documented skills and knowledge to perform;
 - 3. A resident receives the habilitation services in the resident's individual program plan;
 - 4. If applicable, a personnel member:
 - a. Suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living; and
 - b. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's individual program plan;
 - 5. A resident receiving habilitation services is encouraged to participate in activities of the resident's choosing that are planned according to subsection (C)(2); and
 - 6. The medical record of a resident receiving habilitation services includes:
 - a. The resident's individual program plan, including all updates;
 - b. The habilitation services provided;
 - c. The resident's response to the habilitation services; and
 - d. The authentication of the individual providing the habilitation services.
- C.** An administrator shall ensure that:
 - 1. Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information;
 - 2. Daily social or recreational activities are planned according to residents' preferences, needs, and abilities;
 - 3. A calendar of planned activities is:
 - a. Prepared at least one week in advance of the date the activity is provided,
 - b. Posted in a location that is easily seen by residents,
 - c. Updated as necessary to reflect substitutions in the activities provided, and
 - d. Maintained for at least 12 months after the last scheduled activity;
 - 4. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity on the premises;
 - 5. Outings are provided according to R9-10-510(B) and (C); and
 - 6. If necessary and unless otherwise required in the resident's individual program plan, a resident is assisted to participate in outings and other opportunities to leave the premises of the ICF/IID.
- D.** An administrator is not required to ensure that personnel members providing rehabilitation services or habilitation services are on the premises if no resident of the ICF/IID is on the premises because the residents are:
 - 1. Receiving rehabilitation services off the premises,
 - 2. Receiving habilitation services off the premises,
 - 3. Participating in an outing, or
 - 4. Otherwise absent from the ICF/IID.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-513 renumbered to R9-10-2113; new Section R9-10-513 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-514. Individual Program Plan

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- A.** An administrator shall ensure that:
1. A comprehensive assessment of a resident:
 - a. Is conducted or coordinated by a qualified intellectual disabilities professional, in collaboration with an interdisciplinary team that includes:
 - i. The resident's attending physician or designee;
 - ii. A registered nurse;
 - iii. If the resident is receiving medications as part of active treatment, a pharmacist; and
 - iv. Personnel members qualified to provide each type of rehabilitation services identified in a placement evaluation or the initial assessment required in R9-10-507(3);
 - b. Is completed for the resident within 30 calendar days after the resident's admission to an ICF/IID;
 - c. Is updated:
 - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
 - ii. When the resident experiences a significant change;
 - d. Includes the following information for the resident:
 - i. Identifying information;
 - ii. An evaluation of the resident's hearing, speech, and vision;
 - iii. An evaluation of the resident's ability to understand and recall information;
 - iv. An evaluation of the resident's mental status;
 - v. Whether the resident demonstrates inappropriate behavior;
 - vi. Preferences for customary routine and activities;
 - vii. An evaluation of the resident's ability to perform activities of daily living;
 - viii. Need for a mobility device;
 - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
 - x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;
 - xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;
 - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
 - xiii. An evaluation of the resident's oral and dental status;
 - xiv. An evaluation of the condition of the resident's skin;
 - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
 - xvi. Identification of any treatment or medication ordered for the resident;
 - xvii. Identification of interventions that may support the resident towards independence;
 - xviii. Identification of any assistive devices needed by the resident;
 - xix. Identification of the active treatment needed by the resident, including active treatment not provided by the ICF/IID;
 - xx. Identification of measurable goals and behavioral objective for the active treatment, in priority order, with time limits for attainment;
 - xxi. Identification of the methods, schedule, and strategies to accomplish the goals in subsection (A)(1)(d)(xxviii), including the personnel member responsible;
 - xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(xix) are working, including the type of data required and frequency of collection;
 - xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
 - xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;
 - xxv. If restraint or seclusion is included in subsection (A)(1)(d)(xxiv), the specific restraints or conditions of seclusion that may be used because of the resident's inappropriate behavior;
 - xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;
 - xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
 - xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and
 - xxix. Potential for discharge;
 - e. Is signed and dated by the qualified intellectual disabilities professional who conducts or coordinates the comprehensive assessment or review; and
 - f. Is used to determine or update the resident's acuity;
 2. If any of the conditions in subsection (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;
 3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to an ICF/IID unless a physician, an individual designated by the physician, a qualified intellectual disabilities professional, or a registered nurse determines the resident has a significant change in condition; and
 4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:
 - a. A qualified intellectual disabilities professional; and
 - b. If the resident has a medical care plan, a registered nurse.
- B.** An administrator shall ensure that an individual program plan for a resident:
1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
 2. Includes the acuity of the resident;

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3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and
4. Ensures that a resident is provided rehabilitation services and other physical health services or behavioral care that:
 - a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment, and
 - b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

Historical Note

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R9-10-515. Seclusion; Restraint**A.** An administrator shall ensure that:

1. An ICF/IID's policies and procedures for managing a resident's inappropriate behavior, as described in R9-10-503(C)(2)(g) are reviewed, approved, and monitored through the quality management process in R9-10-504; and
2. Restraint is provided according to the requirements in subsection (C).

B. An administrator of an ICF/IID authorized to provide seclusion shall ensure that:

1. Seclusion is provided according to the requirements in subsection (C);
2. If a resident is placed in seclusion, the room used for seclusion:
 - a. Is approved for use as a seclusion room by the Department;
 - b. Is not used as a resident's bedroom or a sleeping area;
 - c. Allows full view of the resident in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
 - i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material; and
 - (2) Raised off of the floor;
 - ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;

3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):

- a. A piece of equipment is available that:
 - i. Is commercially manufactured to safely and humanely restrain a resident's body;
 - ii. Provides support to the trunk and head of a resident's body;
 - iii. Provides restraint to the trunk of a resident's body;
 - iv. Is able to restrict movement of a resident's arms, legs, body, and head;
 - v. Allows a resident's body to recline; and
 - vi. Does not inflict harm on a resident's body; and
 - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
4. A seclusion room may be used for services or activities other than seclusion if:
 - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
 - b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
 - c. Policies and procedures:
 - i. Delineate which services or activities other than seclusion may be provided in the room,
 - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
 - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
 - d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before use as a seclusion room.

C. An administrator shall ensure that:

1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
 - i. The qualifications of a personnel member who can:
 - (1) Order the restraint or seclusion,
 - (2) Place a resident in the restraint or seclusion,
 - (3) Monitor a resident in the restraint or seclusion,
 - (4) Evaluate a resident's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
 - (5) Renew the order for restraint or seclusion;
 - ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint or seclusion; and
 - iii. Criteria for monitoring and assessing a resident including:
 - (1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific

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- restraint or seclusion;
- (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
- (3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
- (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
- (5) A process for meeting a resident's nutritional needs and elimination needs;
- c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
- d. Establish procedures for internal review of the use of restraint or seclusion; and
- e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
- 2. An order for restraint or seclusion is:
 - a. Obtained from a physician or registered nurse practitioner, and
 - b. Not written as a standing order or on an as-needed basis;
- 3. Restraint or seclusion is:
 - a. Not used as a means of coercion, discipline, convenience, or retaliation;
 - b. Only used when all of the following conditions are met:
 - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
 - ii. For the management of a resident's aggressive, violent, or self-destructive behavior;
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resident or another individual, or to stop physical harm to another individual; and
 - c. Discontinued at the earliest possible time;
- 4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:
 - a. May initiate an emergency application of restraint or seclusion for the resident before obtaining an order for the restraint or seclusion, and
 - b. Obtains an order for the restraint or seclusion of the resident during the emergency application of the restraint or seclusion;
- 5. An order for restraint or seclusion includes:
 - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
 - e. The specific criteria for release from restraint or seclusion without an additional order; and
 - f. The maximum duration authorized for the restraint or seclusion;
- 6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
- 7. If an order for restraint or seclusion of a resident is not provided by the resident's attending physician, the resident's attending physician is notified as soon as possible;
- 8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a resident during restraint or seclusion, or evaluate a resident after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
 - a. Includes:
 - i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;
 - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;
 - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
 - vi. Monitoring and assessing a resident while the resident is in restraint or seclusion according to policies and procedures; and
 - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
 - b. Is provided by individuals qualified according to policies and procedures;
- 9. When a resident is placed in restraint or seclusion:
 - a. The restraint or seclusion is conducted according to policies and procedures;
 - b. The restraint or seclusion is proportionate and appropriate to the severity of the resident's behavior and the resident's:
 - i. Chronological and developmental age;
 - ii. Size;
 - iii. Gender;
 - iv. Physical condition;
 - v. Medical condition;
 - vi. Psychiatric condition; and
 - vii. Personal history, including any history of physical or sexual abuse;
 - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for

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- consultation throughout the duration of the restraint or seclusion;
- d. The resident is monitored and assessed according to policies and procedures;
 - e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint or seclusion and determines:
 - i. The resident's current behavior;
 - ii. The resident's reaction to the restraint or seclusion used;
 - iii. The resident's medical and behavioral condition, and
 - iv. Whether to continue or terminate the restraint or seclusion;
 - f. The resident is given the opportunity:
 - i. To eat during mealtime, and
 - ii. To use the toilet; and
 - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or seclusion or, if the resident's restraint or seclusion does not end during the shift in which it began, during the shift in which the resident's restraint or seclusion ends:
 - a. The emergency situation that required the resident to be restrained or put in seclusion,
 - b. The times the resident's restraint or seclusion actually began and ended,
 - c. The monitoring required in subsection (C)(9)(d),
 - d. The time of the assessment required in subsection (C)(9)(e),
 - e. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint or seclusion,
 - f. The times the resident was given the opportunity to eat or use the toilet according to subsection (C)(9)(f), and
 - g. The resident evaluation required in subsection (C)(12);
 11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
 - a. The specific criteria for release from restraint or seclusion without an additional order, and
 - b. The maximum duration authorized for the restraint or seclusion; and
 12. A resident is evaluated after restraint or seclusion is no longer being used for the resident.

Historical Note

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at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-515 renumbered to R9-10-2115; new Section R9-10-515 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-516. Physical Health Services

- A. An administrator shall ensure that:
 1. A resident has an attending physician;
 2. An attending physician is available 24 hours a day;
 3. An attending physician designates a physician who is available when the attending physician is not available;
 4. A physical examination is performed on a resident by a physician or by a physician assistant or registered nurse practitioner designated by the resident's attending physician:
 - a. If indicated, based on the resident's placement evaluation or comprehensive assessment; and
 - b. At least once every 12 months after the date of admission, including an assessment of the acuity of the resident's medical condition;
 5. If a resident's physical examination, placement evaluation, or comprehensive assessment indicates a need for continuous nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a medical care plan of treatment for the resident, which is integrated into the resident's individual program plan; and
 6. Vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
 - a. The attending physician provides documentation that the vaccination is medically contraindicated;
 - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
 - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention.
- B. An administrator shall ensure that:
 1. Nursing services are available 24 hours a day in an ICF/IID;
 2. A registered nurse is appointed as director of nursing who:
 - a. Works full-time at the ICF/IID, and
 - b. Is responsible for the direction of nursing services; and
 3. The director of nursing or an individual designated by the director of nursing participates in the quality management program.
- C. A director of nursing shall ensure that:
 1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on:
 - a. The acuity of the residents, and
 - b. The ICF/IID's scope of services;
 2. Sufficient nursing personnel, as determined by the method in subsection (C)(1), are on the ICF/IID's premises to meet the needs of a resident for nursing services;

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3. A registered nurse participates in the development, review, and updating of a resident's medical care plan;
 4. At least one nurse is present on the ICF/IID's premises if a resident is on the premises;
 5. Personnel members providing direct care to a resident with a medical care plan receive direction from a nurse;
 6. At least once every three months, a nurse:
 - a. Assesses the health of a resident without a medical care plan;
 - b. Documents the results in the resident's medical record; and
 - c. If the assessment indicates the need for physical health services or behavioral care, initiates action, according to policies and procedures, to address the resident's needs;
 7. Nursing personnel provide education and training to:
 - a. Residents on hygiene and other behaviors that promote health; and
 - b. Personnel members on:
 - i. Detecting signs of illness or injury or significant changes in condition,
 - ii. First aid, and
 - iii. Basic skills for caring for residents;
 8. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:
 - a. Is injured,
 - b. Is involved in an incident that requires medical services, or
 - c. Has a significant change in condition; and
 9. Only a medication required by an order is administered to a resident.
- D.** An administrator shall ensure that:
1. Dental services are provided to a resident by an individual licensed as:
 - a. A dentist under A.R.S. Title 32, Chapter 11, Article 2; or
 - b. A dental hygienist under A.R.S. Title 32, Chapter 11, Article 4;
 2. If needed, based on a resident's initial assessment, a dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the development of the resident's individual program plan;
 3. A resident is provided with a complete dental examination within one month after admission, unless the ICF/IID has documentation of the resident's dental examination completed within 12 months before admission;
 4. If a resident's dental examination indicates the resident needs dental treatment:
 - a. A dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the review and updating of the resident's individual program plan, and
 - b. The resident is provided with dental treatment;
 5. A dental examination is performed by a dentist or dental hygienist in subsection (D)(1) on a resident at least once every 12 months and treatment is provided as needed;
 6. If needed, a resident is provided with emergency dental services;
 7. A resident is provided with education and training in oral hygiene; and
 8. A resident's medical record contains documentation of:
 - a. Each dental examination of the resident,
 - b. All dental treatment provided to the resident, and
 - c. The resident's education and training in oral hygiene.
- E.** An administrator shall ensure that:
1. A resident's vision and hearing are assessed as part of the resident's comprehensive assessment and, if applicable, as part of the update of the comprehensive assessment; and
 2. If an issue is identified with the resident's vision or hearing, the resident is provided, as applicable, with:
 - a. Treatment to address the identified issue, or
 - b. An assistive device to address an issue.

Historical Note

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R9-10-517. Behavioral Care

- A.** An administrator shall ensure that:
1. A resident who receives behavioral care from the ICF/IID is evaluated by a behavioral health professional or medical practitioner:
 - a. Within 30 calendar days before the resident is admitted to the ICF/IID or before the resident begins receiving behavioral care, and
 - b. At least once every six months throughout the duration of the resident's need for behavioral care;
 2. A behavioral health professional or medical practitioner:
 - a. Documents that the behavioral care needed by the resident is within the ICF/IID's scope of services, and
 - b. Includes measurable objectives for the behavioral care and the methods for meeting the objectives in the resident's individual program plan; and
 3. The documentation in subsection (A)(2) is included in the resident's medical record.
- B.** If a resident of an ICF/IID requires behavioral health services provided by a behavioral health professional on an intermittent basis as part of behavioral care, an administrator shall ensure that:
1. The behavioral health services are provided by a behavioral health professional licensed or certified to provide the type of behavioral health services required by the resident; and
 2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's

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medical record before the psychotropic drug is administered to the resident.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). Section R9-10-517 renumbered to R9-10-2117; new Section R9-10-517 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-518. Clinical Laboratory Services

If clinical laboratory services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The ICF/IID:
 - a. Is able to provide the clinical laboratory services delineated in the ICF/IID's scope of services when needed by the residents;
 - b. Obtains specimens for the clinical laboratory services delineated in the ICF/IID's scope of services without transporting the residents from the ICF/IID's premises; and
 - c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
 - a. Available to the ordering physician:
 - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the ICF/IID's premises; or
 - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the ICF/IID's premises; and
 - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
 - a. The ordering physician;
 - b. A registered nurse in the resident's assigned unit;
 - c. The ICF/IID's administrator; or
 - d. The director of nursing;

6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the ICF/IID provides blood or blood products, policies and procedures are established, documented, and implemented for:
 - a. Procuring, storing, transfusing, and disposing of blood or blood products;
 - b. Blood typing, antibody detection, and blood compatibility testing; and
 - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-518 renumbered to R9-10-2118; new Section R9-10-518 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-519. Respiratory Care Services

If respiratory care services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of an attending physician;
2. Respiratory care services are provided according to an order that includes:
 - a. The resident's name;
 - b. The name and signature of the ordering individual;
 - c. The type, frequency, and, if applicable, duration of treatment;
 - d. The type and dosage of medication and diluent; and
 - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
 - a. The date and time of administration;
 - b. The type of respiratory care services provided;
 - c. The effect of the respiratory care services;
 - d. The resident's adverse reaction to the respiratory care services, if any; and
 - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-518.

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Historical Note

R9-10-519 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-520. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
 - a. A process for providing information to a resident about medication prescribed for the resident including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
 - d. Procedures for documenting medication services; and
 - e. Procedures for assisting a resident in obtaining medication; and
2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. An administrator shall ensure that:

1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a pharmacist;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a resident only as prescribed; and
 - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the resident's medical record; and
4. If a psychotropic medication is administered to a resident, the psychotropic medication:
 - a. Is only administered to a resident for a diagnosed medical condition; and
 - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and

the attending physician documents the necessity for the continued use and dosage.

C. If an ICF/IID provides assistance in the self-administration of medication, an administrator shall ensure that:

1. A resident's medication is stored by the ICF/IID;
2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the resident;
 - c. Observing the resident while the resident removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the resident's attending physician by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label, and
 - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label; or
 - e. Observing the resident while the resident takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the resident's attending physician or registered nurse;
4. Training for a personnel member, other than a physician, physician assistant, or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by the resident's attending physician, another physician, a physician assistant, or a registered nurse or an individual trained by a physician, physician assistant, or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a physician, physician assistant, or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.

D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members; and
2. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and

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- c. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at an ICF/IID, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the resident's attending physician or the physician who ordered the medication and the ICF/IID's director of nursing.

Historical Note

R9-10-520 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-521. Infection Control

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the ICF/IID;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the ICF/IID;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the ICF/IID; and
 - d. Documentation of infection control activities including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
- 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
- 3. Policies and procedures are established, documented, and implemented that cover:
 - a. Handling and disposal of biohazardous medical waste;
 - b. Sterilization, disinfection, and storage of medical equipment and supplies;
 - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;

- e. Cleaning of a resident's bedroom, furniture, and bedding after the resident's discharge before the bedroom is reassigned to another resident;
- f. Training of personnel members, employees, and volunteers in infection control practices; and
- g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
- 5. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
- 6. A resident's personal laundry is washed separately from towels, sheets, and bedding; and
- 7. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

R9-10-521 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-522. Food Services

A. An administrator shall ensure that:

- 1. The ICF/IID has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
- 2. A copy of the ICF/IID's food establishment license or permit is maintained;
- 3. If the ICF/IID contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the ICF/IID:
 - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the ICF/IID; and
 - b. The ICF/IID is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
- 4. A registered dietitian:
 - a. Participates as part of an interdisciplinary team for a resident requiring a modified or special diet,
 - b. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
 - c. Documents the review of a food menu, and
 - d. Is available for consultation regarding a resident's nutritional needs; and
- 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.

B. A registered dietitian or director of food services shall ensure that:

- 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
- 2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served on each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,

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- d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 3. Meals and snacks for each day are planned and served using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015.asp>;
 4. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;
 - b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;
 - c. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(4)(e);
 - d. The option to have a daily evening snack identified in subsection (B)(4)(e)(ii) or other snack; and
 - e. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A resident group agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 5. A resident is provided with food substitutions of similar nutritional value if:
 - a. The resident refuses to eat the food served, or
 - b. The resident requests a substitution;
 6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
 7. If food is used as a part of a program to manage a resident's inappropriate behavior:
 - a. A special diet is included as part of the resident's individual program plan, and
 - b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;
 8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by an attending physician;
 9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
 10. Personnel members supervise meals in dining areas to:
 - a. Direct a resident's self-help dining procedures,
 - b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and
 - c. Ensure that a resident eats in a manner consistent with the resident's developmental level;
 11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and
 12. Water is available and accessible to residents.
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. A floor plan of the facility showing emergency protection equipment, evacuation routes, and exits;
 - b. When, how, and where residents will be relocated, including:
 - i. Instructions for the evacuation or transfer of residents,
 - ii. Assigned responsibilities for each employee and personnel member, and
 - iii. A plan for continuing to provide services to meet a resident's needs;
 - c. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
 - d. A plan for back-up power and water supply;
 - e. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
 - f. A plan to ensure a resident is provided nursing services, rehabilitation services, and other services required by the resident during a disaster; and
 - g. A plan for obtaining food and water for individuals present in the ICF/IID or the ICF/IID's relocation site during a disaster;
 2. Personnel members receive training on the content and use of the disaster plan required in subsection (A)(1);
 3. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
 4. Documentation of a disaster plan review required in subsection (A)(3) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 5. A disaster drill for employees is conducted on each shift at least once every three months and documented;
 6. An evacuation drill for employees is conducted on each shift at least once every three months and documented;
 7. An evacuation drill for residents:
 - a. Is conducted at least once each year on each shift and documented; and
 - b. Includes all residents on the premises except for:
 - i. A resident whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident, and
 - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(7)(b)(i);
 8. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and residents to evacuate to a designated area;
 - c. If applicable:
 - i. An identification of residents needing assistance for evacuation, and
 - ii. An identification of residents who were not evacuated;
 - d. Any problems encountered in conducting the evacuation drill; and

Historical Note

R9-10-522 made by exempt rulemaking at 25 A.A.R.
1222, effective April 25, 2019 (Supp. 19-2).

R9-10-523. Emergency and Safety Standards

A. An administrator shall ensure that:

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- e. Recommendations for improvement, if applicable; and
- 9. An evacuation path is conspicuously posted on each hallway of each floor of the ICF/IID.
- B.** An administrator shall ensure that, if an ICF/IID has:
 - 1. More than 16 residents or a resident who has a medical care plan:
 - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, and is in working order; and
 - b. A sprinkler system is installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, and is in working order; and
 - 2. Sixteen or fewer residents, none of whom have a medical care plan:
 - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (B)(1) are installed and in working order; or
 - b. The ICF/IID has:
 - i. A fire extinguisher that is:
 - (1) Labeled as rated at least 2A-10-BC by the Underwriters Laboratories;
 - (2) Accessible to personnel members and inaccessible to residents;
 - (3) If a disposable fire extinguisher, replaced when its indicator reaches the red zone; and
 - (4) If a rechargeable fire extinguisher, is serviced at least once every 12 months, as documented by a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher; and
 - ii. Smoke detectors that are:
 - (1) Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
 - (2) Either battery operated or, if hard-wired into the electrical system of the ICF/IID, has a back-up battery;
 - (3) In working order; and
 - (4) Tested at least once a month, with documentation of the test maintained for at least 12 months after the date of the test.
- C.** An administrator shall:
 - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 - 2. Make any repairs or corrections stated on the fire inspection report, and
 - 3. Maintain documentation of a current fire inspection.
- D.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- A.** An administrator shall ensure that:
 - 1. An ICF/IID's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
 - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
 - 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 - 3. Equipment used to provide direct care is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 - 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 - 5. Garbage and refuse are:
 - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
 - b. In areas not used for food storage, food preparation, or food service, stored:
 - i. According to the requirements in subsection (A)(5)(a), or
 - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
 - c. Removed from the premises at least once a week;
 - 6. Heating and cooling systems maintain the ICF/IID at a temperature between 70° F and 84° F;
 - 7. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;
 - 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 - 9. The temperature of the hot water does not exceed 120° F;
 - 10. Linens are clean before use, without holes and stains, and not in need of repair;
 - 11. Oxygen containers are secured in an upright position;
 - 12. Poisonous or toxic materials stored by the ICF/IID are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
 - 13. Combustible or flammable liquids stored by the ICF/IID are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
 - 14. If pets or animals are allowed in the ICF/IID, pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. For a dog or cat, vaccinated against rabies;
 - 15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;

Historical Note

R9-10-523 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-524. Environmental Standards

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- b. If necessary, corrective action is taken to ensure the water is safe to drink; and
- c. Documentation of testing is retained for at least 12 months after the date of the test; and
- 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
 - 1. Smoking tobacco products are not permitted within an ICF/IID; and
 - 2. Smoking tobacco products may be permitted outside an ICF/IID if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
 - 1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-503(C)(1)(g) is present in the pool area when a resident is in the pool area, and
 - 2. At least two personnel members are present in the pool area when two or more residents are in the pool area.
- d. Contains the following:
 - i. At least one working sink with running water,
 - ii. At least one working toilet that flushes and has a seat,
 - iii. Toilet tissue for each toilet,
 - iv. Soap in a dispenser accessible from each sink,
 - v. Paper towels in a dispenser or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
- 5. An outside activity space is provided and available that:
 - a. Is on the premises,
 - b. Has a hard-surfaced section for wheelchairs, and
 - c. Has an available shaded area;
- 6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
- 7. The key to the door of a lockable bathroom or bedroom is available to a personnel member.
- C.** An administrator shall ensure that:
 - 1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
 - 2. For every eight residents there is at least one working bathtub or shower;
 - 3. A resident bathroom provides privacy when in use and contains:
 - a. A mirror;
 - b. Toilet tissue for each toilet;
 - c. Soap accessible from each sink;
 - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one resident;
 - e. A window that opens or another means of ventilation;
 - f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
 - g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
 - 4. An ICF/IID is ventilated by windows or mechanical ventilation, or a combination of both;
 - 5. If required for the residents of the ICF/IID, the corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
 - 6. No more than two individuals reside in a resident bedroom; and
 - 7. A resident's bedroom;
 - a. Is accessible without passing through a storage area, an equipment room, or another resident's bedroom;
 - b. Is constructed and furnished to provide unimpeded access to the door;
 - c. Has floor-to-ceiling walls with at least one door;
 - d. Does not open into any area where food is prepared, served, or stored;
 - e. If a private bedroom, has at least 80 square feet of floor space, not including a closet or bathroom;
 - f. If a shared bedroom, has at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom;
 - g. Has a separate bed, at least 36 inches in width and 72 inches in length, for each resident, consisting of at least a frame and mattress that is clean and in good repair;

Historical Note

R9-10-524 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-525. Physical Plant Standards

- A.** An administrator shall ensure that, if an ICF/IID has:
 - 1. More than 16 residents, the ICF/IID complies with:
 - a. The applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, that were in effect on the earlier of:
 - i. The date the ICF/IID was originally certified as an ICF/IID by the federal Centers for Medicare and Medicaid Services, or
 - ii. The date the ICF/IID submitted architectural plans and specifications to the Department for approval according to R9-10-104; and
 - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412; and
 - 2. Sixteen or fewer residents, the ICF/IID complies with the requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412.
- B.** An administrator shall ensure that:
 - 1. The premises and equipment are sufficient to accommodate:
 - a. The services stated in the ICF/IID's scope of services, and
 - b. An individual accepted as a resident by the ICF/IID;
 - 2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
 - 3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
 - 4. At least one bathroom is accessible from a common area and:
 - a. May be used by residents and visitors;
 - b. Does not open into an area in which food is prepared;
 - c. Provides privacy when in use; and

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- h. Has clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
 - i. Has furniture to meet the resident's needs and sufficient light for reading;
 - j. Has an openable window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
 - k. Has individual storage space for a resident's possessions and assistive devices; and
 - l. Has a closet with clothing racks and shelves accessible to the resident.
- D.** If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (D)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 - 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- E.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(1) is covered and locked when not in use.

Historical Note

R9-10-525 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

ARTICLE 6. HOSPICES**R9-10-601. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:

- 1. "Medical social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness, finances, or personal issues and may include problem-solving, interventions, and identification of resources to address the patient's or the patient's family's concerns.
- 2. "Palliative care" means medical services or nursing services provided to a patient that is not curative and is designed for pain control or symptom management.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-602. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a hospice service agency or hospice inpatient facility shall include on the application:

- 1. For an application as a hospice service agency:
 - a. The hours of operation for the hospice's administrative office, and
 - b. The geographic region to be served by the hospice service agency; and
- 2. For an application as a hospice inpatient facility, the requested licensed capacity.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-603. Administration**A.** A governing authority shall:

- 1. Consist of one or more individuals responsible for the organization, operation, and administration of the hospice;
- 2. Establish, in writing:
 - a. A hospice's scope of services, and
 - b. Qualifications for an administrator;
- 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
- 4. Adopt a quality management plan according to R9-10-604;
- 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
- 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Expected not to be present:
 - i. At a hospice service agency's administrative office for more than 30 calendar days, or
 - ii. On a hospice inpatient facility's premises for more than 30 calendar days; or
 - b. Not present:
 - i. At a hospice service agency's administrative office for more than 30 calendar days, or
 - ii. On a hospice inpatient facility's premises for more than 30 calendar days; and
- 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

- 1. Is directly accountable to the governing authority of a hospice for the daily operation of the hospice and all services provided by or through the hospice;
- 2. Has the authority and responsibility to manage the hospice;
- 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the hospice's premises and accountable for the:
 - a. Hospice service agency when the administrator is not present at the hospice service agency's administrative office, or
 - b. Inpatient hospice facility when the administrator is not on hospice inpatient facility's premises; and
- 4. Designates a personnel member to provide direction for volunteers.

C. An administrator shall ensure that:

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1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Include a method to identify a patient to ensure the patient receives hospice services as ordered;
 - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - g. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The hospice service agency or hospice inpatient facility to respond to a patient's complaint;
 - h. Cover health care directives;
 - i. Cover medical records, including electronic medical records;
 - j. Cover a quality management program, including incident reports and supporting documentation; and
 - k. Cover contracted services;
 2. Policies and procedures for hospice services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
 - b. Cover the provision of hospice services;
 - c. Include when general consent and informed consent are required;
 - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - e. Cover dispensing, administering, and disposing of medication;
 - f. Cover infection control; and
 - g. Cover telemedicine, if applicable;
 3. For a hospice inpatient facility, policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover visitation of a patient, including:
 - i. Allowing visitation by individuals 24 hours a day, and
 - ii. Allowing a visitor to bring a pet to visit the patient;
 - b. Cover the use and display of a patient's personal belongings; and
 - c. Cover environmental services that affect patient care;
 4. Policies and procedures are reviewed at least once every three years and updated as needed;
 5. Policies and procedures are available to personnel members, employees, volunteers, and students; and
 6. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospice, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospice.
- D.** An administrator shall designate, in writing, a:
1. Physician as the medical director who has the authority and responsibility for providing direction for the medical services provided by the hospice, and
 2. Registered nurse as the director of nursing who has the authority and responsibility for managing nursing services provided by the hospice.
- E.** An administrator shall ensure that the following are conspicuously posted:
1. The current Department-issued license;
 2. The current telephone number of the Department; and
 3. The location at which the following are available for review:
 - a. A copy of the most recent Department inspection report;
 - b. A list of the services provided by the hospice; and
 - c. A written copy of rates and charges, as required in A.R.S. § 36-436.03.
- Historical Note**
- New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-604. Quality Management**
- An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.
- Historical Note**
- New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-605. Contracted Services**
- An administrator shall ensure that:

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1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-606. Personnel**A.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services, and
 - b. According to policies and procedures;
3. Sufficient personnel members are available and, for a hospice inpatient facility, present on the hospice inpatient facility's premises, with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the hospice's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
4. Orientation occurs within the first week of providing hospice services and includes:
 - a. Informing personnel about Department rules for licensing and regulating hospices and where the rules may be obtained,
 - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospice, and
 - c. Providing the information required by hospice policies and procedures;
5. Personnel receive in-service education according to criteria established in hospice policies and procedures;

6. In-service education documentation for a personnel member includes:
 - a. The subject matter,
 - b. The date of the in-service education, and
 - c. The signature of each individual who participated in the in-service education; and
7. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing services at or on behalf of the hospice service facility or hospice inpatient facility, and
 - b. As specified in R9-10-113.

B. An administrator shall ensure that record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures; and
 - e. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(7).

C. An administrator shall ensure that personnel records are:

1. Maintained:
 - a. Throughout the individual's period of providing services in or for the hospice, and
 - b. For at least 24 months after the last date the individual provided services in or for the hospice; and
2. For a personnel member who has not provided physical health services at or for the hospice during the previous 12 months, provided to the Department within 72 hours after the Department's request.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-607. Admission**A.** Before admitting an individual as a patient, an administrator shall obtain:

1. The name of the individual's physician;
2. Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that is likely to cause the individual's death in six months or less; and
3. Documentation from the individual or the individual's representative acknowledging that:
 - a. Hospice services include palliative care and supportive services and are not curative, and

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- b. The individual or individual's representative has received a list of services to be provided by the hospice.
- B.** At the time of admission, a physician or registered nurse shall:
 - 1. Assess a patient's medical, social, nutritional, and psychological needs; and
 - 2. As applicable, obtain informed consent or general consent.
- C.** Before or at the time of admission, a personnel member qualified according to policies and procedures shall assess the social and psychological needs of a patient's family, if applicable.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-608. Care Plan

- A.** An administrator shall ensure that a care plan is developed for each patient:
 - 1. Based on the:
 - a. Assessment of the:
 - i. Patient; and
 - ii. Patient's family, if applicable;
 - b. Hospice service agency's or inpatient hospice facility's scope of service;
 - 2. With participation from a:
 - a. Physician,
 - b. Registered nurse, and
 - c. Another personnel member as designated in R9-10-612(A)(4); and
 - 3. That includes:
 - a. The patient's diagnosis;
 - b. The patient's health care directives;
 - c. The patient's cognitive awareness of self, location, and time;
 - d. The patient's functional abilities and limitations;
 - e. Goals for pain control and symptom management;
 - f. The type, duration, and frequency of services to be provided to the patient and, if applicable, the patient's family;
 - g. Treatments the patient is receiving from a health care institution or health care professional other than the hospice, if applicable;
 - h. Medications ordered for the patient;
 - i. Any known allergies;
 - j. Nutritional requirements and preferences; and
 - k. Specific measures to improve the patient's safety and protect the patient against injury.
- B.** An administrator shall ensure that:
 - 1. A request for participation in a patient's care plan is made to the patient or patient's representative;
 - 2. An opportunity for participation in the patient's care plan is provided to the patient, patient's representative, or patient's family; and
 - 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.
- C.** An administrator shall ensure that:
 - 1. Hospice services are provided to a patient and, if applicable, the patient's family according to the patient's care plan;
 - 2. A patient's care plan is reviewed and updated:

- a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
- b. If the patient's physician orders a change in the care plan; and
- c. At least every 30 calendar days; and
- 3. A patient's physician authenticates the care plan with a signature within 14 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-608 renumbered to R9-10-609; new Section R9-10-608 renumbered from R9-10-611 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-609. Transfer

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

- 1. A personnel member coordinates the transfer and the services provided to the patient;
- 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
- 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-609 renumbered to R9-10-610; new Section R9-10-609 renumbered from R9-10-608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-610. Patient Rights

A. An administrator shall ensure that:

- 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
- 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
- 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

- 1. A patient is treated with dignity, respect, and consideration;

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2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by the hospice's personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
 - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospice for identification and administrative purposes;
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records;
 - f. Is informed of:
 - i. The components of hospice services provided by the hospice;
 - ii. The rates and charges for the components of hospice services before the components are initiated and before a change in rates, charges, or services;
 - iii. The hospice's policy on health care directives; and
 - iv. The patient complaint process; and
 - g. Is informed that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.

- C. A patient has the following rights:
 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy in treatment and care for personal needs;
 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 5. To receive a referral to another health care institution if the hospice inpatient facility is not authorized or not able to provide physical health services needed by the patient;
 6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
 7. To participate or refuse to participate in research or experimental treatment; and
 8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-610 renumbered to R9-10-611; new Section R9-10-610 renumbered from R9-10-609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-611. Medical Records

- A. An administrator shall ensure that:
 1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner issuing the order;
 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of a patient or the patient's representative; or
 - c. As permitted by law; and
 6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If a hospice maintains patients' medical records electronically, an administrator shall ensure that:
 1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a patient's medical record contains:
 1. Patient information that includes:
 - a. The patient's name,
 - b. The patient's address,
 - c. The patient's telephone number,
 - d. The patient's date of birth, and
 - e. Any known allergy;
 2. The admission date and, if applicable, the date that the patient stopped receiving services from the hospice;
 3. The name and telephone number of the patient's physician;
 4. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative;
 - i. Is a legal guardian, a copy of the court order establishing guardianship; or
 - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care

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- power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
5. The admitting diagnosis;
 6. If applicable, documented general consent and informed consent, by the patient or the patient's representative;
 7. Documentation of medical history;
 8. A copy of the patient's living will, health care power of attorney, or other health care directive, if applicable;
 9. Orders;
 10. The assessment required in R9-10-607(B)(1);
 11. Care plans;
 12. Progress notes for each patient contact, including:
 - a. The date of the patient contact,
 - b. The services provided,
 - c. A description of the patient's condition, and
 - d. Instructions given to the patient or patient's representative;
 13. Documentation of hospice services provided to the patient;
 14. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 15. Documentation of coordination of patient care;
 16. Documentation of contacts with the patient's physician by a personnel member;
 17. The discharge summary, if applicable;
 18. If applicable, transfer documentation from a sending health care institution; and
 19. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain, when initially administered or when administered on a PRN basis:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication, when initially administered or when administered on a PRN basis:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering the medication; and
 - f. Any adverse reaction a patient has to the medication.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-611 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-611 renumbered to R9-10-608; new Section R9-10-611 renumbered from R9-10-610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-612. Hospice Services

- A. An administrator shall ensure that the following are included in the hospice services provided by the hospice:
 1. Medical services;
 2. Nursing services;
 3. Nutritional services, including menu planning and the designation of the kind and amount of food appropriate for a patient;
 4. Medical social services, provided as follows:
 - a. By a personnel member qualified according to policies and procedures to coordinate medical social services; and
 - b. If a personnel member provides medical social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, by a personnel member who is licensed under A.R.S. Title 32, Chapter 33, Article 5;
 5. Bereavement counseling for a patient's family for at least one year after the death of the patient; and
 6. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity.
- B. In addition to the services specified in subsection (A), an administrator of a hospice service agency shall ensure that the following are included in the hospice services provided by the hospice:
 1. Home health aide services;
 2. Respite care services; and
 3. Supportive services, as defined in A.R.S. § 36-151.
- C. An administrator shall ensure that the medical director provides direction for medical services provided by or through the hospice.
- D. A medical director shall ensure that:
 1. A patient's need for medical services is met, according to the patient's care plan and the hospice's scope of services; and
 2. If a patient is receiving medical services not provided by or through the hospice, hospice services are coordinated with the physician providing medical services to the patient.
- E. A director of nursing shall ensure that:
 1. A registered nurse or practical nurse provides nursing services according to the hospice's policies and procedures;
 2. A sufficient number of nurses are available to provide the nursing services identified in each patient's care plan;
 3. The care plan for a patient is implemented;
 4. A personnel member is only assigned to provide services the personnel member can competently perform;
 5. A registered nurse:
 - a. Assigns tasks in writing to a home health aide who is providing home health aide service to a patient,
 - b. Provides direction for the home health aide services provided to a patient, and
 - c. Verifies the competency of the home health aide in performing assigned tasks;
 6. A registered dietitian or a personnel member under the direction of a registered dietitian plans menus for a patient;
 7. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact;
 8. A patient's physician is immediately informed of a change in the patient's condition that requires medical services; and
 9. The implementation of a patient's care plan is coordinated among the personnel members providing hospice services to the patient.

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Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-612 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-613. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
 - d. Procedures for:
 - i. Documenting medication administration; and
 - ii. Monitoring a patient who self-administers medication;
 - e. Procedures for assisting a patient in obtaining medication; and
 - f. If applicable, procedures for providing medication administration off the premises; and
2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. If a hospice provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record.

C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members;
3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by the hospice's policies and procedures is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at a hospice inpatient facility, an administrator shall ensure that:

1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.

E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the hospice's director of nursing.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-613 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-614. Infection Control

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies

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and procedures, to prevent the development and transmission of infections and communicable diseases including:

- a. A method to identify and document infections;
- b. Analysis of the types, causes, and spread of infections and communicable diseases;
- c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases; and
- d. Documenting infection control activities including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken relating to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documents are maintained for at least 12 months after the date of the documents;
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Handling and disposal of biohazardous medical waste;
 - b. Sterilization and disinfection of medical equipment and supplies;
 - c. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a patient;
 - e. Training of personnel members in infection control practices; and
 - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
5. A personnel member washes hands or use a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-614 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-615. Food Services for a Hospice Inpatient Facility

- A.** An administrator of a hospice inpatient facility shall ensure that:
1. Meals and snacks provided by the hospice inpatient facility are served according to a patient's dietary needs and preferences;
 2. Meals and snacks for each day are planned using:
 - a. The applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>, and
 - b. Preferences for meals and snacks obtained from patients;

3. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
4. Water is available and accessible to patients at all times, unless otherwise stated in a patient's care plan.

- B.** An administrator of a hospice inpatient facility shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient, such as cut, chopped, ground, pureed, or thickened;
 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below;
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
 6. Frozen foods are stored at a temperature of 0° F or below; and
 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

- C.** An administrator shall ensure that:
1. For a hospice inpatient facility with a licensed capacity of more than 20 beds, the hospice inpatient facility:
 - a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1, and
 - b. Maintains a copy of the hospice inpatient facility's food establishment license or permit;
 2. If the hospice inpatient facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospice inpatient facility a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the hospice inpatient facility; and
 3. Food is stored, refrigerated, and reheated to meet the dietary needs of a patient.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-615 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013

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(Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-616. Emergency and Safety Standards for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where patients will be relocated, including:
 - i. Instructions for the evacuation or transfer of patients,
 - ii. Assigned responsibilities for each employee and personnel member, and
 - iii. A plan for providing continuing services to meet patient's needs;
 - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
 - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the hospice inpatient facility or the hospice inpatient facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented; and
5. An evacuation path is conspicuously posted on each hallway of each floor of the hospice inpatient facility.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-616 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-617. Environmental Standards for a Hospice Inpatient Facility

A. An administrator of a hospice inpatient facility shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Cleaning and storing of soiled linens and clothing,
 - b. Housekeeping procedures that ensure a clean environment, and
 - c. Isolation of a patient who may spread an infection;
2. The premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury or illness;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. Equipment used at the hospice inpatient facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in the hospice inpatient facility's policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
7. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
8. Heating and cooling systems maintain the hospice inpatient facility at a temperature between 70° F and 84° F at all times;
9. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
11. Oxygen containers are secured in an upright position;
12. Poisonous or toxic materials stored by the hospice inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
13. Except for medical supplies needed by a patient, combustible or flammable liquids and hazardous materials are stored by the hospice inpatient facility in the original labeled containers or safety containers in a locked area inaccessible to patients;
14. If pets or animals are allowed in the hospice inpatient facility, pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation, and
 - b. Licensed consistent with local ordinances;

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15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink, and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator of a hospice inpatient facility shall ensure that a patient is allowed to use and display personal belongings.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-617 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-618. Physical Plant Standards for a Hospice Inpatient Facility

- A.** An administrator shall ensure that a hospice inpatient facility complies with applicable requirements for Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412.
- B.** An administrator of a hospice inpatient facility shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the hospice inpatient facility's scope of services, and
 2. An individual accepted as a patient by the hospice inpatient facility.
- C.** An administrator of a hospice inpatient facility shall ensure that a patient's sleeping area:
1. Is shared by no more than four patients;
 2. Measures at least 80 square feet of floor space per patient, not including a closet;
 3. Has walls from floor to ceiling;
 4. Contains a door that opens into a hallway, common area, or outdoors;
 5. Is at or above ground level;
 6. Is vented to the outside of the hospice inpatient facility;
 7. Has a working thermometer for measuring the temperature in the sleeping area;
 8. For each patient, has a:
 - a. Bed,
 - b. Bedside table,
 - c. Bedside chair,
 - d. Reading light,
 - e. Privacy screen or curtain, and
 - f. Closet or drawer space;
 9. Is equipped with a bell, intercom, or other mechanical means for a patient to alert a personnel member;
 10. Is no farther than 20 feet from a room containing a toilet and a sink;
11. Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
 12. Contains one of the following to provide sunlight:
 - a. A window to the outside of the hospice inpatient facility, or
 - b. A transparent or translucent door to the outside of the hospice inpatient facility; and
 13. Has coverings for windows and for transparent or translucent doors that provide patient privacy.
- D.** An administrator of a hospice inpatient facility shall ensure that there is:
1. For every six patients, a toilet room that contains:
 - a. At least one working toilet that flushes and has a seat;
 - b. At least one working sink with running water;
 - c. Soap for hand washing;
 - d. Paper towels or a mechanical air hand dryer;
 - e. Grab bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect;
 - f. A mirror;
 - g. Lighting;
 - h. Space for a personnel member to assist a patient;
 - i. A bell, intercom, or other mechanical means for a patient to alert a personnel member; and
 - j. An operable window to the outside of the hospice inpatient facility or other means of ventilation;
 2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip-resistant surface, located in a toilet room or in a separate bathing room;
 3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;
 4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;
 5. A room other than a sleeping area that can be used for social activities;
 6. Sleeping accommodations for family members;
 7. A designated toilet room, other than a patient toilet room, for personnel and visitors that:
 - a. Provides privacy; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
 8. If the hospice inpatient facility has a kitchen with a stove or oven, a mechanism to vent the stove or oven to the outside of the hospice inpatient facility; and
 9. Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas.

Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-618 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20

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A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-619. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-619 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-620. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-620 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-621. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Correction, subsection (H), after "... 105° F" added "not more than 110° F" as certified effective November 6, 1978 (Supp. 87-2). Section R9-10-621 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-622. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-622 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-623. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-623 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-624. Repealed**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-624 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES**R9-10-701. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

"Emergency safety response" means physically holding a resident to manage the resident's sudden, intense, or out-of-con-

trol behavior to prevent harm to the resident or another individual.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted without changes effective October 30, 1989 (Supp. 89-4). Section R9-10-701 repealed, new Section R9-10-701 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-702. Supplemental Application and Documentation Submission Requirements

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health residential facility shall include on the application:
- Whether the applicant is planning to provide:
 - Behavioral health services to individuals under 18 years of age, including the licensed capacity requested;
 - Behavioral health services to individuals 18 years of age and older, including the licensed capacity requested; or
 - Respite services;
 - Whether the applicant is requesting authorization to provide an outdoor behavioral health care program, including:
 - The requested licensed capacity for providing the outdoor behavioral health care program to individuals 12 to 17 years of age, and
 - The requested licensed capacity for providing the outdoor behavioral health care program to individuals 18 to 24 years of age;
 - Whether the applicant is requesting authorization to provide:
 - Behavioral health services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently, or
 - Personal care services;
 - Whether the applicant is requesting authorization to provide recidivism reduction services as an adult residential care institution, including the requested licensed capacity for providing recidivism reduction services;
 - For a behavioral health residential facility requesting authorization to provide respite services, the requested number of individuals the behavioral health residential facility plans to admit for respite services who:
 - Are included in the requested licensed capacities in subsections (A)(1)(a) and (b),
 - Are under 18 years of age and who do not stay overnight in the behavioral health residential facility, and

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- c. Are 18 years of age and older and who do not stay overnight in the behavioral health residential facility; and
- 6. For an outdoor behavioral health care program, a copy of the outdoor behavioral health care program's current accreditation report.
- B. A licensee of an outdoor behavioral health care program shall submit a copy of the outdoor behavioral health care program's current accreditation report to the Department with the relevant fees required in R9-10-106(C).

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-702 repealed, new Section R9-10-702 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-703. Administration

- A. A governing authority shall:
 - 1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health residential facility;
 - 2. Establish, in writing:
 - a. A behavioral health residential facility's scope of services, and
 - b. Qualifications for an administrator;
 - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
 - 4. Adopt a quality management program according to R9-10-704;
 - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 - 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
 - a. Expected not to be present on the behavioral health residential facility's premises for more than 30 calendar days, or
 - b. Not present on the behavioral health residential facility's premises for more than 30 calendar days; and
 - 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
 - 1. Is directly accountable to the governing authority of a behavioral health residential facility for the daily operation of the behavioral health residential facility and all services provided by or at the behavioral health residential facility;
 - 2. Has the authority and responsibility to manage the behavioral health residential facility; and
 - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health residential facility's premises and accountable for the behavioral health residential facility when the administrator is not present on the behavioral health residential facility's premises.
- C. An administrator shall ensure that:
 - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a resident;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - f. Cover implementation of the requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
 - g. Cover first aid training;
 - h. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
 - i. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;
 - j. Cover specific steps for:
 - i. A resident to file a complaint, and
 - ii. The behavioral health residential facility to respond to a resident complaint;
 - k. Cover health care directives;
 - l. Cover medical records, including electronic medical records;
 - m. Cover a quality management program, including incident reports and supporting documentation;
 - n. Cover contracted services; and
 - o. Cover when an individual may visit a resident in a behavioral health residential facility;
 - 2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:

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- a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
 - b. Cover the provision of behavioral health services and physical health services;
 - c. Include when general consent and informed consent are required;
 - d. Cover emergency safety responses;
 - e. Cover a resident's personal funds account;
 - f. Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - g. Cover prescribing a controlled substance to minimize substance abuse by a resident;
 - h. Cover respite services, including, as applicable, respite services for individuals who are admitted:
 - i. To receive respite services for up to 30 calendar days as a resident of the behavioral health residential facility, and
 - ii. For respite services and do not stay overnight in the behavioral health residential facility;
 - i. Cover services provided by an outdoor behavioral health care program, if applicable;
 - j. Cover infection control;
 - k. Cover resident time-out;
 - l. Cover resident outings;
 - m. Cover environmental services that affect resident care;
 - n. Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;
 - o. If animals are used as part of a therapeutic program, cover:
 - i. Inoculation/vaccination requirements, and
 - ii. Methods to minimize risks to a resident's health and safety;
 - p. Cover the process for receiving a fee from a resident and refunding a fee to a resident;
 - q. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - r. Cover the security of a resident's possessions that are allowed on the premises;
 - s. Cover smoking and the use of tobacco products on the premises; and
 - t. Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
 - 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
 - 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health residential facility.
- D. If an applicant requests or a behavioral health residential facility has a licensed capacity of 10 or more residents, an administrator shall designate a clinical director who:
 - 1. Provides direction for the behavioral health services provided by or at the behavioral health residential facility;
 - 2. Is a behavioral health professional; and
 - 3. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1) and (2).
 - E. Except for respite services, an administrator shall ensure that medical services, nursing services, health-related services, or ancillary services provided by a behavioral health residential facility are only provided to a resident who is expected to be present in the behavioral health residential facility for more than 24 hours.
 - F. An administrator shall provide written notification to the Department of a resident's:
 - 1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 - 2. Self-injury, within two working days after the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.
 - G. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
 - 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
 - H. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a behavioral health residential facility's employee or personnel member, the administrator shall:
 - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the resident:
 - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (H)(1); and
 - c. The report in subsection (H)(2);
 - 4. Maintain the documentation in subsection (H)(3) for at least 12 months after the date of the report in subsection (H)(2);
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (H)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the

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- resident's physical, cognitive, functional, or emotional condition;
- c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (H)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- I.** An administrator shall:
1. Establish and document requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
 2. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
 3. If children under the age of 12, who are not admitted to a behavioral health residential facility, are residing at the behavioral health residential facility and being cared for by employees or personnel members, ensure that:
 - a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the ages of children being cared for; and
 - b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained, based on the age of the youngest child in the group;
 4. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
 5. Establish and document the criteria for determining when a resident's absence is unauthorized, including criteria for a resident who:
 - a. Was admitted under A.R.S. Title 36, Chapter 5, Articles 3, 4, or 5;
 - b. Is absent against medical advice; or
 - c. Is under the age of 18;
 6. If a resident's absence is unauthorized as determined according to the criteria in subsection (I)(5), within an hour after determining that the resident's absence is unauthorized, notify:
 - a. For a resident who is under 18 years of age, the resident's parent or legal guardian; and
 - b. For a resident who is under a court's jurisdiction, the appropriate court;
 7. Maintain a written log of unauthorized absences for at least 12 months after the date of a resident's absence that includes the:
 - a. Name of a resident absent without authorization,
 - b. Name of the individual to whom the report required in subsection (I)(6) was submitted, and
 - c. Date of the report; and
 8. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.
- J.** An administrator shall ensure that a personnel member who is able to read, write, understand, and communicate in English is on the premises of the behavioral health residential facility.
- K.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
1. The behavioral health residential facility's current license,
 2. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and
 3. The calendar days and times when a resident may accept visitors or make telephone calls.
- L.** An administrator shall ensure that:
1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;
 2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
 3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
 4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.
- M.** If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator shall:
1. Notify the resident's representative or contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
 2. Maintain documentation of the notification required in subsection (M)(1) in the resident's medical record for at least 12 months after the date of the notification.
- N.** If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
1. Policies and procedure are established, developed, and implemented for:
 - a. Using resident's funds in a personal funds account,
 - b. Protecting resident's funds in a personal funds account,
 - c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
 - d. Processing each deposit into and withdrawal from a personal funds account, and
 - e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
 2. The personal funds account is only initiated after receiving a written request that:
 - a. Is provided:
 - i. Voluntarily by the resident,
 - ii. By the resident's representative, or
 - iii. By a court of competent jurisdiction;
 - b. May be withdrawn at any time; and
 - c. Is maintained in the resident's record.

Historical Note

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R9-10-703 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-704. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-704 repealed, new Section R9-10-704 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-705. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and

2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-705 repealed, new Section R9-10-705 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-706. Personnel

A. An administrator shall ensure that:

1. A personnel member is:
 - a. At least 21 years old, or
 - b. Licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the residents receiving behavioral health services or physical health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavior-

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- ioral health services or physical health services listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
- 3. Sufficient personnel members are present on a behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
 - a. Provide the services in the behavioral health residential facility's scope of services,
 - b. Meet the needs of a resident, and
 - c. Ensure the health and safety of a resident.
- C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E. An administrator shall ensure that:
 - 1. A plan to provide orientation, specific to the duties of a personnel member, an employee, a volunteer, or a student, is developed, documented, and implemented;
 - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A written plan is developed and implemented to provide in-service education specific to the duties of a personnel member; and
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- F. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with residents, provides evidence of freedom from infectious tuberculosis:
 - 1. On or before the date the individual begins providing services at or on behalf of the behavioral health residential facility, and
 - 2. As specified in R9-10-113.
- G. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
 - 1. The individual's name, date of birth, and contact telephone number;
 - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. The individual's compliance with the requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
 - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(e);
 - h. First aid training, if required for the individual according to this Article or policies and procedures; and
 - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- H. An administrator shall ensure that personnel records are:
 - 1. Maintained:
 - a. Throughout an individual's period of providing services in or for the behavioral health residential facility, and
 - b. For at least 24 months after the last date the individual provided services in or for the behavioral health residential facility; and
 - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- I. An administrator shall ensure that a personnel member who is recidivism reduction staff at an adult residential care institution:
 - 1. Submits an application for a fingerprint clearance card according to A.R.S. § 36-411; and
 - 2. If the personnel member is denied a fingerprint clearance card, is evaluated to determine whether the personnel member:
 - a. Has successfully completed treatment for recidivism reduction as shown by:
 - i. Documentation of completion of treatment for recidivism reduction;
 - ii. If applicable, continued negative results on random drug screening tests;
 - iii. If applicable, continued participation in a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous, or a support group related to the personnel member's behavioral health issue; and
 - iv. No arrests or convictions of the personnel member related to the reason for denial of the fingerprint clearance card within the previous two years; and
 - b. Is not likely to be a threat to the health or safety of staff or residents through:
 - i. Review of the reasons for denial of a fingerprint clearance card;
 - ii. Assessment of the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
 - iii. Review of the steps taken by the personnel member to address the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
 - iv. Observation of the personnel member's interactions with residents while under direct visual supervision, as defined in A.R.S. § 36-411, by

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- personnel members having a valid fingerprint clearance card; and
- v. Institution of any other methods, according to policies and procedures, specific to the:
 - (1) Behavioral health residential facility;
 - (2) Issues of the residents that place them at risk for a future threat of prosecution, diversion, or incarceration; and
 - (3) Recidivism reduction services that are expected to be provided by the personnel member.
- J. An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training specific to the populations served by the behavioral health residential facility:
- 1. At least one personnel member who is present at the behavioral health residential facility during hours of operation of the behavioral health residential facility, and
 - 2. Each personnel member participating in an outing.
- K. An administrator shall ensure that:
- 1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
 - 2. In addition to the personnel member in subsection (K)(1), at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
 - 3. There is a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
 - b. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
 - c. Is maintained for at least 12 months after the last date on the documentation;
 - 4. A behavioral health professional is present at the behavioral health residential facility or on-call;
 - 5. A registered nurse is present at the behavioral health residential facility or on-call; and
 - 6. If a resident requires services that the behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

Historical Note

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suant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-707. Admission; Assessment

- A. An administrator shall ensure that:
- 1. A resident is admitted based upon:
 - a. The resident's primary condition for which the resident is admitted to the behavioral health residential facility being a behavioral health issue, and
 - b. The resident's behavioral health issue and treatment needs are within the behavioral health residential facility's scope of services;
 - 2. A behavioral health professional, authorized by policies and procedures to admit a resident, is available;
 - 3. General consent is obtained from:
 - a. An adult resident or the resident's representative before or at the time of admission, or
 - b. A resident's representative, if the resident is not an adult;
 - 4. The general consent obtained in subsection (A)(3) is documented in the resident's medical record;
 - 5. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within 72 hours after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within 72 hours after admission;
 - 6. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note or the nurse enters a progress note in the resident's medical record within seven calendar days after admission;
 - 7. If a behavioral health assessment is conducted by a:
 - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the resident; or
 - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident;
 - 8. Except as provided in subsection (A)(9), a behavioral health assessment for a resident is completed before treatment for the resident is initiated;
 - 9. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains a behavioral health assessment that was completed within 12 months before the date of the resident's current admission:
 - a. The resident's assessment information is reviewed before treatment for the resident is initiated and updated if additional information that affects the resident's assessment is identified, and

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- b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;
 - 10. A behavioral health assessment:
 - a. Documents a resident's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - v. Criminal justice record;
 - vi. Family history;
 - vii. Behavioral health treatment history;
 - viii. Symptoms reported by the resident; and
 - ix. Referrals needed by the resident, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the resident's needs,
 - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
 - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
 - c. Is documented in resident's medical record;
 - 11. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition; and
 - 12. Except as provided in subsection (E)(1)(d), a resident provides evidence of freedom from infectious tuberculosis:
 - a. Before or within seven calendar days after the resident's admission, and
 - b. As specified in R9-10-113.
- B.** An administrator shall ensure that:
- 1. A request for participation in a resident's behavioral health assessment is made to the resident or the resident's representative,
 - 2. An opportunity for participation in the resident's behavioral health assessment is provided to the resident or the resident's representative, and
 - 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.
- C.** An administrator shall ensure that a resident's behavioral health assessment information is documented in the medical record within 48 hours after completing the behavioral health assessment.
- D.** If information in subsection (A)(10) is obtained about a resident after the resident's behavioral health assessment is completed, an administrator shall ensure that an interval note, including the information, is documented in the resident's medical record within 24 hours after the information is obtained.
- E.** If a behavioral health residential facility is authorized to provide respite services, an administrator shall ensure that:
- 1. Upon admission of a resident for respite services:
 - a. Except as provided in subsection (F), a medical history and physical examination of the resident:
 - i. Is performed; or
 - ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
 - b. A treatment plan that meets the requirements in R9-10-708:
 - i. Is developed; or
 - ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
 - c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record; and
 - d. The resident is not required to comply with the requirements in subsection (A)(12) if the resident is not expected to be present in the behavioral health residential facility:
 - i. For more than seven consecutive days, or
 - ii. For 10 days or more days in a 90-consecutive-day period;
2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident, including residents who do not stay overnight; and
3. In addition to the requirements in R9-10-722(B)(3), toilets and hand-washing sinks are available to residents, including residents who do not stay overnight, as follows:
- a. There is at least one working toilet that flushes and has a seat and one sink with running water for every 10 residents,
 - b. There are at least two working toilets that flush and have seats and two sinks with running water if there are 11 to 25 residents, and
 - c. There is at least one additional working toilet that flushes and has a seat and one additional sink with running water for each additional 20 residents.
- F.** A medical history and physical examination is not required for a child who is admitted or expected to be admitted to a residential behavioral health facility for less than 10 days in a 90-consecutive-day period.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-707 repealed, new Section R9-10-707 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective

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tive October 1, 2019 (Supp. 19-3).

R9-10-708. Treatment Plan

A. An administrator shall ensure that a treatment plan is developed and implemented for each resident that:

1. Is based on the medical history and physical examination or nursing assessment required in R9-10-707(A)(5) or (E)(1)(a) and the behavioral health assessment required in R9-10-707(A)(8) or (9) and on-going changes to the behavioral health assessment of the resident;
2. Is completed:
 - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
 - b. Before the resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;
3. Is documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;
4. Includes:
 - a. The resident's presenting issue;
 - b. The physical health services or behavioral health services to be provided to the resident;
 - c. The signature of the resident or the resident's representative and date signed, or documentation of the refusal to sign;
 - d. The date when the resident's treatment plan will be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge; and
 - f. The signature of the personnel member who developed the treatment plan and the date signed;
5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and
6. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changed,
 - c. When additional information that affects the resident's behavioral health assessment is identified, and
 - d. When a resident has a significant change in condition or experiences an event that affects treatment.

B. An administrator shall ensure that:

1. A request for participation in developing a resident's treatment plan is made to the resident or the resident's representative,
2. An opportunity for participation in developing the resident's treatment plan is provided to the resident or the resident's representative, and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to

A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2).

Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-708 repealed, new Section R9-10-708 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-709. Discharge

A. An administrator shall ensure that a discharge plan for a resident is:

1. Developed that:
 - a. Identifies any specific needs of the resident after discharge,
 - b. Is completed before discharge occurs, and
 - c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
3. Provided to the resident or the resident's representative before the discharge occurs.

B. An administrator shall ensure that:

1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

C. An administrator shall ensure that a resident is discharged from a behavioral health residential facility when the resident's treatment needs are not consistent with the services that the behavioral health residential facility is authorized and able to provide.

D. An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a resident is discharged unless the resident leaves the behavioral health residential facility against a medical practitioner's or behavioral health professional's advice.

E. An administrator shall ensure that, at the time of discharge, a resident receives a referral for treatment or ancillary services that the resident may need after discharge, if applicable.

F. If a resident is discharged to any location other than a health care institution, an administrator shall ensure that:

1. Discharge instructions are documented, and
2. The resident or the resident's representative is provided with a copy of the discharge instructions.

G. An administrator shall ensure that a discharge summary for a resident:

1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
2. Includes:
 - a. The following information authenticated by a medical practitioner or behavioral health professional:

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- i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
 - ii. A summary of the treatment provided to the resident;
 - iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
 - iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the behavioral health residential facility at the time of the resident's discharge; and
 - b. A description of the disposition of the resident's possessions, funds, or medications brought to the behavioral health residential facility by the resident.
- H.** An administrator shall ensure that a resident who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the resident is discharged from the behavioral health residential facility if a medical practitioner for the behavioral health residential facility will not be prescribing the medication for the resident at or after discharge.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-709 repealed, new Section R9-10-709 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-710. Transport; Transfer

- A.** Except as provided in subsection (B), an administrator shall ensure that:
- 1. A personnel member coordinates the transport and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport,
 - b. Information from the resident's medical record is provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and

- d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B.** Subsection (A) does not apply to:
 - 1. Transportation to a location other than a licensed health care institution,
 - 2. Transportation provided for a resident by the resident or the resident's representative,
 - 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
 - 4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
 - 1. A personnel member coordinates the transfer and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer;
 - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the resident during a transfer.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section R9-10-710 repealed, new Section R9-10-710 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-711. Resident Rights

- A.** An administrator shall ensure that:
- 1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
 - 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and

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3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of the resident rights in subsection (E), and
 - b. Where resident rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
 1. A resident is treated with dignity, respect, and consideration;
 2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by the behavioral health residential facility's personnel members, employees, volunteers, or students;
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident or the resident's representative; or
 - m. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet;
 3. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, a resident is allowed to:
 - a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;
 - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
 4. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is:
 - i. Ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;
 - ii. Necessary to save the resident's life or physical health; or
 - iii. Provided according to A.R.S. § 36-512;
 - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The behavioral health residential facility's policy on health care directives, and
 - ii. The resident complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the resident's:
 - i. Medical record, or
 - ii. Financial records.
- C. For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:
 1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,
 2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
 3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.
- D. For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsections (C)(1) through (3).
- E. A resident has the following rights:
 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that:
 - a. Supports and respects the resident's individuality, choices, strengths, and abilities;
 - b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or the resident's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the resident's treatment needs;
 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes;
 - b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
 4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is not able to exercise a specific right or category of rights;
 5. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
 7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
 8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
 9. To receive a referral to another health care institution if the behavioral health residential facility is not authorized or not able to provide physical health services or behavioral health services needed by the resident;

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10. To participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;
11. To participate or refuse to participate in research or experimental treatment; and
12. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-712. Medical Records**A.** An administrator shall ensure that:

1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A resident's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the resident's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a behavioral health residential facility maintains residents' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a resident's medical record contains:

1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's address;
 - c. The resident's date of birth; and
 - d. Any known allergies, including medication allergies;
2. The name of the admitting medical practitioner or behavioral health professional;
3. An admitting diagnosis or presenting behavioral health issues;
4. The date of admission and, if applicable, date of discharge;
5. If applicable, the name and contact information of the resident's representative and:
 - a. If the resident is 18 years of age or older or an emancipated minor, the document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
6. If applicable, documented general consent and informed consent for treatment by the resident or the resident's representative;
7. Documentation of medical history and results of a physical examination;
8. A copy of resident's health care directive, if applicable;
9. Orders;
10. Assessment;
11. Treatment plans;
12. Interval notes;
13. Progress notes;
14. Documentation of behavioral health services and physical health services provided to the resident;
15. If applicable, documentation of the use of an emergency safety response;
16. If applicable, documentation of time-out required in R9-10-714(6);
17. Except as allowed in R9-10-707(E)(1)(d), documentation of freedom from infectious tuberculosis required in R9-10-707(A)(12);
18. The disposition of the resident after discharge;
19. The discharge plan;
20. The discharge summary, if applicable;
21. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports, and
 - d. Consultation reports; and
22. Documentation of medication administered to the resident that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain, when administered initially or on a PRN basis:
 - i. An assessment of the resident's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication, when administered initially or on a PRN basis:

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- i. An assessment of the resident's behavior before administering the psychotropic medication, and
- ii. The effect of the psychotropic medication administered;
- e. The identification, signature, and professional designation of the individual administering or providing assistance in the self-administration of the medication; and
- f. Any adverse reaction a resident has to the medication.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-713. Transportation; Resident Outings

A. An administrator of a behavioral health residential facility that uses a vehicle owned or leased by the behavioral health residential facility to provide transportation to a resident shall ensure that:

- 1. The vehicle:
 - a. Is safe and in good repair,
 - b. Contains a first aid kit,
 - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
 - d. Contains a working heating and air conditioning system;
- 2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle are maintained;
- 3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
 - d. Does not leave in the vehicle an unattended:
 - i. Child,
 - ii. Resident who may be a threat to the health or safety of the resident or another individual, or
 - iii. Resident who is incapable of independent exit from the vehicle; and
 - e. Ensures the safe and hazard-free loading and unloading of residents; and
- 4. Transportation safety is maintained as follows:
 - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.

B. An administrator shall ensure that:

- 1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing;
- 2. At least two personnel members are present on an outing;
- 3. In addition to the personnel members required in subsection (B)(2), a sufficient number of personnel members are

present to ensure each resident's health and safety on the outing;

- 4. Documentation is developed before an outing that includes:
 - a. The name of each resident participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and
 - f. If applicable, the license plate number of each vehicle used to transport a resident;
- 5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
- 6. Emergency information for each resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
 - a. The resident's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
 - c. The resident's allergies; and
 - d. The name and telephone number of a designated individual to notify in case of an emergency, who is present on the behavioral health residential facility's premises.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-714. Resident Time-Out

An administrator shall ensure that a time-out:

- 1. Is provided to a resident who voluntarily decides to go in a time-out;
- 2. Takes place in an area that is unlocked, lighted, quiet, and private;
- 3. Is time-limited and does not exceed the amount of time as determined by the resident;
- 4. Does not result in a resident missing a meal if the resident is in time-out at mealtime;
- 5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time-out; and
- 6. Is documented in the resident's medical record, to include:
 - a. The date of the time-out,
 - b. The reason for the time-out,
 - c. The duration of the time-out, and
 - d. The action planned and taken by the administrator to prevent the use of time-out in the future.

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Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-715. Physical Health Services

An administrator of a behavioral health residential facility that is authorized to provide personal care services shall ensure that:

1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5);
2. Residents receive personal care services according to the requirements in R9-10-814(A), (D), (E), and (F); and
3. A resident who has a stage 3 or stage 4 pressure sore is not admitted to the behavioral health residential facility.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-716. Behavioral Health Services

A. An administrator shall ensure that:

1. If a behavioral health residential facility is licensed to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently, a resident admitted to the behavioral health residential facility with limited ability to function independently receives:
 - a. Behavioral health services and personal care services as indicated in the resident's treatment plan, and
 - b. Continuous protective oversight;
2. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident's ability to function independently:
 - a. Receives behavioral health services, and, if indicated in the resident's treatment plan, personal care services; and
 - b. Is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while:
 - i. The resident receives services to maintain the resident's health, safety, or personal hygiene; or
 - ii. Homemaking functions are performed for the resident;
3. Behavioral health services are provided to meet the needs of a resident and are consistent with a behavioral health residential facility's scope of services;

4. Behavioral health services listed in the behavioral health residential facility's scope of services are provided on the premises;
5. Before a resident participates in behavioral health services provided in a setting or activity with more than one resident participating, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, of the residents participating are reviewed to ensure that the:
 - a. Health and safety of each resident is protected, and
 - b. Treatment needs of each resident participating are being met; and
6. A resident does not:
 - a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
 - b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety, based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.

B. An administrator shall ensure that counseling is:

1. Offered as described in the behavioral health residential facility's scope of services,
2. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
3. Provided by a behavioral health professional or a behavioral health technician.

C. An administrator shall ensure that:

1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
2. Each counseling session is documented in a resident's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.

D. An administrator of a behavioral health residential facility authorized to provide behavioral health services to individuals under 18 years of age:

1. May continue to provide behavioral health services to a resident who is 18 years of age or older:
 - a. If the resident:
 - i. Was admitted to the behavioral health residential facility before the resident's 18th birthday;
 - ii. Is not 21 years of age or older; and
 - iii. Is:
 - (1) Attending classes or completing coursework to obtain a high school or a high school equivalency diploma, or
 - (2) Participating in a job training program; or
 - b. Through the last calendar day of the month of the resident's 18th birthday; and
2. Shall ensure that:

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- a. A resident does not receive the following from other residents at the behavioral health residential facility:
 - i. Threats,
 - ii. Ridicule,
 - iii. Verbal harassment,
 - iv. Punishment, or
 - v. Abuse;
 - b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the residents receiving services at the behavioral health residential facility;
 - c. A resident older than three years of age does not sleep in a crib;
 - d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and
 - e. A resident's educational needs are met, including providing or arranging for transportation:
 - i. By establishing and providing an educational component, approved in writing by the Arizona Department of Education; or
 - ii. As arranged and documented by the administrator through the local school district.
- E. An administrator shall ensure that:**
- 1. An emergency safety response is:
 - a. Only used:
 - i. By a personnel member trained to use an emergency safety response,
 - ii. For the management of a resident's violent or self-destructive behavior, and
 - iii. When less restrictive interventions have been determined to be ineffective; and
 - b. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
 - 2. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
 - a. The date and time the emergency safety response was used;
 - b. The name of each personnel member who used an emergency safety response;
 - c. The specific emergency safety response used;
 - d. The personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - e. Any injury that resulted from the use of the emergency safety response;
 - 3. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical director reviews the information in subsection (E)(2); and
 - 4. After the review required in subsection (E)(3), the following information is entered, according to policies and procedures, into the resident's medical record:
 - a. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,
 - b. A determination of whether the resident is appropriately placed at the behavioral health residential facility, and
 - c. Whether the resident's treatment plan was reviewed or needs to be reviewed and amended to ensure that the resident's treatment plan is meeting the resident's treatment needs.
- F. An administrator shall ensure that:**
- 1. A personnel member whose job description includes the ability to use an emergency safety response:
 - a. Completes training in crisis intervention that includes:
 - i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
 - iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
 - b. Completes training required in subsection (F)(1)(a):
 - i. Before providing behavioral health services, and
 - ii. At least once every 12 months after the date the personnel member completed the initial training;
 - 2. Documentation of the completed training in subsection (F)(1)(a) includes:
 - a. The name and credentials of the individual providing the training,
 - b. Date of the training, and
 - c. Verification of a personnel member's ability to use the training; and
 - 3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for at least 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-717. Outdoor Behavioral Health Care Programs

- A.** An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
- 1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
 - 2. Continuous protective oversight is provided to a resident;
 - 3. Transportation is provided to a resident from the behavioral health residential facility's administrative office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behav-

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- ioral health care program is provided to the behavioral health residential facility's administrative office for the outdoor behavioral health care program; and
4. Communication is available between the outdoor behavioral health care program personnel and:
 - a. A behavioral health professional,
 - b. A registered nurse,
 - c. An emergency medical response team, and
 - d. The behavioral health residential facility's administrative office for the outdoor behavioral health care program.
- B.** An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
 2. A food menu is prepared based on the number of calendar days scheduled for the behavioral health care program;
 3. Meals and snacks provided by the behavioral health care program are served according to menus;
 4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
 5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
 6. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan;
 7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 8. Food is protected from potential contamination; and
 9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food's packaging, wrapping, or container or the positioning of the food in the ice or water.
- C.** An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
1. The location and, if applicable, equipment used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
 2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
 3. Garbage and refuse are:
 - a. Stored in plastic bags in covered containers, and
 - b. Removed from the location used by the outdoor behavioral health care program at least once a week;
 4. Common areas:
 - a. Are lighted when in use to assure the safety of residents, and
 - b. Have sufficient lighting to allow personnel members to monitor resident activity;
 5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 6. Soiled clothing is stored in closed containers away from food storage, medications, and eating areas;
 7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
 8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
 9. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
 10. Smoking or the use of tobacco products may be permitted away from the residents.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-717.01. Recidivism Reduction Services

An administrator of a behavioral health residential facility that is an adult residential care institution and is authorized to provide recidivism reduction services shall ensure that:

1. A personnel member who is recidivism reduction staff at the adult residential care institution does not provide:
 - a. Behavioral health services other than recidivism reduction services; or
 - b. Recidivism reduction services to a resident who has not been referred by a physician, behavioral health professional, or court of competent jurisdiction to receive recidivism reduction services;
2. The adult residential care institution accepts an individual as a resident only if the individual:
 - a. Is at least 18 years of age; and
 - b. Has documentation of a referral to receive recidivism reduction services that:
 - i. Was made by a physician, behavioral health professional, or court of competent jurisdiction; and
 - ii. Complies with the requirements in A.R.S. § 36-411.01(D);
3. The referral is included in the resident's medical record; and
4. The recidivism reduction services provided to a resident are:

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- a. Consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident; and
- b. Provided by recidivism reduction staff whose experience is compatible with the experience of the resident.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-718. Medication Services**A.** An administrator shall ensure that policies and procedures for medication services:

- 1. Include:
 - a. A process for providing information to a resident about medication prescribed for the resident including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting any of the following:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
 - d. Procedures for documenting, as applicable, medication administration and assistance in the self-administration of medication;
 - e. A process for monitoring a resident who self-administers medication;
 - f. Procedures for assisting a resident in obtaining medication; and
 - g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. If a behavioral health residential facility provides medication administration, an administrator shall ensure that:

- 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a resident only as ordered; and
 - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
- 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
- 3. A medication administered to a resident:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the resident's medical record.

C. If a behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:

- 1. A resident's medication is stored by the behavioral health residential facility;
- 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the resident;
 - c. Observing the resident while the resident removes the medication from the container;
 - d. Verifying that the medication is taken as prescribed by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
 - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
 - e. Observing the resident while the resident takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
- 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.

D. An administrator shall ensure that:

- 1. A current drug reference guide is available for use by personnel members;
- 2. A current toxicology reference guide is available for use by personnel members; and
- 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - i. Develop a drug formulary,

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- ii. Update the drug formulary at least once every 12 months;
 - iii. Develop medication usage and medication substitution policies and procedures; and
 - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a behavioral health residential facility, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered or prescribed the medication and, if applicable, the behavioral health residential facility's clinical director.
- Historical Note**
- Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).
- R9-10-719. Food Services**
- A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
- 1. For a behavioral health residential facility that has a licensed capacity of more than 10 residents:
 - a. The behavioral health residential facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
 - b. A copy of the behavioral health residential facility's food establishment license or permit is maintained;
 - 2. If a behavioral health residential facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;
 - 3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
 - 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
 - 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.
- B.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:
- 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
 - 2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 - 3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;
 - 4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
 - 5. A resident is provided:
 - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. The resident agrees; and
 - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 - 6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 - 7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.
- C.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that food is obtained, prepared, served, and stored as follows:
- 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;

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2. Food is protected from potential contamination;
 3. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 5. Frozen foods are stored at a temperature of 0° F or below; and
 6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility's relocation site during a disaster;
2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
 3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
 5. An evacuation drill for employees and residents on the premises is conducted at least once every six months on each shift;
 6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;
 - c. Names of employees participating in the evacuation drill;
 - d. An identification of residents needing assistance for evacuation;
 - e. Any problems encountered in conducting the evacuation drill; and
 - f. Recommendations for improvement, if applicable; and
 7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-720. Emergency and Safety Standards

- A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:
 1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that are in working order; or
 2. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.
- B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated;
 - b. How each resident's medical record will be available to individuals providing services to the resident during a disaster;

- C. An administrator shall:
 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-721. Environmental Standards

- A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

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1. The premises and equipment are:
 - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
 - b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
 4. Equipment used at the behavioral health residential facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 6. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 7. Heating and cooling systems maintain the behavioral health residential facility at a temperature between 70° F and 84° F;
 8. A space heater is not used;
 9. Common areas:
 - a. Are lighted to assure the safety of residents, and
 - b. Have lighting sufficient to allow personnel members to monitor resident activity;
 10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the behavioral health residential facility used by residents;
 11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 12. Soiled linen and soiled clothing stored by the behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
 13. Oxygen containers are secured in an upright position;
 14. Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
 15. Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
 16. If pets or animals are allowed in the behavioral health residential facility, pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. For a dog or cat, vaccinated against rabies;
 17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
 18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a behavioral health residential facility; and
 2. Smoking tobacco products may be permitted on the premises outside a behavioral health residential facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. On each day that a resident uses the swimming pool, an employee:
 - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
 - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
 - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
 - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
 - b. Records the results of the water quality tests in a log that includes each testing date and test result;
 2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
 3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
 4. At least one personnel member, with cardiopulmonary resuscitation training that meets the requirements in R9-10-703(C)(1)(e), is present in the pool area when a resident is in the pool area; and
 5. At least two personnel members are present in the pool area if two or more residents are in the pool area.

Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-722. Physical Plant Standards

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- A.** Except for a behavioral health outdoor program, an administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services in the behavioral health residential facility's scope of services, and
 2. An individual admitted as a resident by the behavioral health residential facility.
- B.** An administrator shall ensure that:
1. A behavioral health residential facility has a:
 - a. Room that provides privacy for a resident to receive treatment or visitors; and
 - b. Common area and a dining area that contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;
 2. At least one bathroom is accessible from a common area that:
 - a. May be used by residents and visitors;
 - b. Provides privacy when in use; and
 - c. Contains the following:
 - i. At least one working sink with running water,
 - ii. At least one working toilet that flushes and has a seat,
 - iii. Toilet tissue for each toilet,
 - iv. Soap in a dispenser accessible from each sink,
 - v. Paper towels in a dispenser or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
 3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one working toilet that flushes and has a seat, and one sink with running water;
 4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;
 5. A resident bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror, unless the resident's treatment plan allows for otherwise;
 - b. A window that opens or another means of ventilation; and
 - c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
 6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
 7. Each resident is provided a sleeping area that is in a bedroom; and
 8. A resident bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 - c. Contains a door that opens into a hallway, common area, or outdoors;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Has window or door covers that provide resident privacy;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that:
 - (1) Is shared by no more than eight residents;
 - (2) Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
 - (3) Provides at least three feet of floor space between beds or bunk beds;
- h. Contains for each resident occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
- i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
- j. Has sufficient lighting for a resident occupying the bedroom to read; and
- k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.
- C.** A behavioral health residential facility that was licensed as a Level 4 transitional agency before October 1, 2013 may continue to use a shared bedroom that provides at least 40 square feet of floor space, not including a closet, for each individual occupying the shared bedroom. If there is a modification to the shared bedroom, the behavioral health residential facility shall comply with the requirement in subsection (B)(8)(g).
- D.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational vacuum cleaning system;
 2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (D)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- E.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(2) is covered and locked when not in use.

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Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-723. Repealed**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-724. Repealed**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

ARTICLE 8. ASSISTED LIVING FACILITIES**R9-10-801. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless the context otherwise requires:

1. "Accept" or "acceptance" means:
 - a. An individual begins living in and receiving assisted living services from an assisted living facility; or
 - b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
2. "Assistant caregiver" means an employee or volunteer who helps a manager or caregiver provide supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
3. "Assisted living services" means supervisory care services, personal care services, directed care services, behavioral care, or ancillary services provided to a resident by or on behalf of an assisted living facility.
4. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
5. "Manager" means an individual designated by a governing authority to act on behalf of the governing authority in the onsite management of the assisted living facility.
6. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
7. "Primary care provider" means a physician, a physician's assistant, or registered nurse practitioner who directs a resident's medical services.

8. "Residency agreement" means a document signed by a resident or the resident's representative and a manager, detailing the terms of residency.
9. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, directed care services, ancillary services, or behavioral health services and the specific assisted living services to be provided to the resident.
10. "Termination of residency" or "terminate residency" means a resident is no longer living in and receiving assisted living services from an assisted living facility.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-802. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an assisted living facility shall include in a Department-provided format:

1. Which of the following levels of assisted living services the applicant is requesting authorization to provide:
 - a. Supervisory care services,
 - b. Personal care services, or
 - c. Directed care services; and
2. Whether the applicant is requesting authorization to provide:
 - a. Adult day health care services, or
 - b. Behavioral health services other than behavioral care.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014

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(Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-803. Administration**A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility;
2. Establish, in writing, an assisted living facility's scope of services;
3. Designate, in writing, a manager who:
 - a. Is 21 years of age or older; and
 - b. Except for the manager of an adult foster care home, has either a:
 - i. Certificate as an assisted living facility manager issued under A.R.S. § 36-446.04(C), or
 - ii. A temporary certificate as an assisted living facility manager issued under A.R.S. § 36-446.06;
4. Adopt a quality management program that complies with R9-10-804;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting manager who has the qualifications established in subsection (A)(3), if the manager is:
 - a. Expected not to be present on the assisted living facility's premises for more than 30 calendar days, or
 - b. Not present on the assisted living facility's premises for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the manager and identify the name and qualifications of the new manager;
8. Ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility's premises; and
9. Ensure compliance with A.R.S. § 36-411.

B. A manager:

1. Is directly accountable to the governing authority of an assisted living facility for the daily operation of the assisted living facility and all services provided by or at the assisted living facility;
2. Has the authority and responsibility to manage the assisted living facility; and
3. Except as provided in subsection (A)(6), designates, in writing, a caregiver who is:
 - a. At least 21 years of age, and
 - b. Present on the assisted living facility's premises and accountable for the assisted living facility when the manager is not present on the assisted living facility premises.

C. A manager shall ensure that policies and procedures are:

1. Established, documented, and implemented to protect the health and safety of a resident that:
 - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge, education, and experience for employees and volunteers;
 - b. Cover orientation and in-service education for employees and volunteers;
 - c. Include how an employee may submit a complaint related to resident care;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;

e. Except as provided in subsection (M), cover cardiopulmonary resuscitation training for applicable employees and volunteers, including:

- i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the employee's or volunteer's ability to perform cardiopulmonary resuscitation;
- ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
- iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
- iv. The documentation that verifies that the employee or volunteer has received cardiopulmonary resuscitation training;

f. Cover first aid training;

g. Cover how a caregiver will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;

h. Cover staffing and recordkeeping;

i. Cover resident acceptance and resident rights;

j. Cover termination of residency, including:

- i. Termination initiated by the manager of an assisted living facility, and
- ii. Termination initiated by a resident or the resident's representative;

k. Cover the provision of assisted living services, including:

- i. Coordinating the provision of assisted living services,
- ii. Making vaccination for influenza and pneumonia available to residents according to A.R.S. § 36-406(1)(d), and
- iii. Obtaining resident preferences for food and the provision of assisted living services;

l. Cover the provision of respite services or adult day health services, if applicable;

m. Cover methods by which the assisted living facility is aware of the general or specific whereabouts of a resident, based on the level of assisted living services provided to the resident and the assisted living services the assisted living facility is authorized to provide;

n. Cover resident medical records, including electronic medical records;

o. Cover personal funds accounts, if applicable;

p. Cover specific steps for:

- i. A resident to file a complaint, and
- ii. The assisted living facility to respond to a resident's complaint;

q. Cover health care directives;

r. Cover assistance in the self-administration of medication, and medication administration;

s. Cover food services;

t. Cover contracted services;

u. Cover equipment inspection and maintenance, if applicable;

v. Cover infection control; and

w. Cover a quality management program, including incident report and supporting documentation;

2. Available to employees and volunteers of the assisted living facility; and

3. Reviewed at least once every three years and updated as needed.

D. A manager shall ensure that the following are conspicuously posted:

1. A list of resident rights;

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2. The assisted living facility's license;
 3. Current phone numbers of:
 - a. The unit in the Department responsible for licensing and monitoring the assisted living facility,
 - b. Adult Protective Services in the Department of Economic Security,
 - c. The State Long-Term Care Ombudsman, and
 - d. The Arizona Center for Disability Law; and
 4. The location at which a copy of the most recent Department inspection report and any plan of correction resulting from the Department inspection may be viewed.
- E.** A manager shall ensure that, unless otherwise stated:
1. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 2. When documentation or information is required by this Chapter to be submitted on behalf of an assisted living facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the assisted living facility.
- F.** If a requirement in this Article states that a manager shall ensure an action or condition or sign a document:
1. A governing authority or licensee may ensure the action or condition or sign the document and retain the responsibility to ensure compliance with the requirement in this Article;
 2. The manager may delegate ensuring the action or condition or signing the document to another individual, but the manager retains the responsibility to ensure compliance with the requirement in the Article; and
 3. If the manager delegates ensuring an action or condition or signing a document, the delegation is documented and the documentation includes the name of the individual to whom the action, condition, or signing is delegated and the effective date of the delegation.
- G.** A manager shall:
1. Not act as a resident's representative and not allow an employee or a family member of an employee to act as a resident's representative for a resident who is not a family member of the employee;
 2. If the assisted living facility administers personal funds accounts for residents and is authorized in writing by a resident or the resident's representative to administer a personal funds account for the resident:
 - a. Ensure that the resident's personal funds account does not exceed \$2,000;
 - b. Maintain a separate record for each resident's personal funds account, including receipts and expenditures;
 - c. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
 - d. Provide a copy of the record of the resident's personal funds account to the resident or the resident's representative at least once every three months;
 3. Notify the resident's representative, family member, public fiduciary, or trust officer if the manager determines that a resident is incapable of handling financial affairs; and
 4. Except when a resident's need for assisted living services changes, as documented in the resident's service plan, ensure that a resident receives at least 30 calendar days written notice before any increase in a fee or charge.
- H.** A manager shall permit the Department to interview an employee, a volunteer, or a resident as part of a compliance survey or a complaint investigation.
- I.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not on the premises and not receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- J.** If a manager has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect or exploitation has occurred on the premises or while a resident is receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (J)(1); and
 - c. The report in subsection (J)(2);
 4. Maintain the documentation in subsection (J)(3) for at least 12 months after the date of the report in subsection (J)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (J)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the manager to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (J)(5) for at least 12 months after the date the investigation was initiated.
- K.** A manager shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency services provider.
- L.** If a resident is receiving services from a home health agency or hospice service agency, a manager shall ensure that:
1. The resident's medical record contains:
 - a. The name, address, and contact individual, including contact information, of the home health agency or hospice service agency;
 - b. Any information provided by the home health agency or hospice service agency; and
 - c. A copy of resident follow-up instructions provided to the resident by the home health agency or hospice service agency; and
 2. Any care instructions for a resident provided to the assisted living facility by the home health agency or hospice service agency are:
 - a. Within the assisted living facility's scope of services,
 - b. Communicated to a caregiver, and

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c. Documented in the resident's service plan.

- M.** A manager of an assisted living home may establish, in policies and procedures, requirements that a caregiver obtains and provides documentation of cardiopulmonary resuscitation training specific to adults, which includes a demonstration of the caregiver's ability to perform cardiopulmonary resuscitation, from one of the following organizations:

1. American Red Cross,
2. American Heart Association, or
3. National Safety Council.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-803 renumbered to R9-10-804; new Section R9-10-803 made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-804. Quality Management

A manager shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without

change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-804 renumbered from R9-10-803 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-805. Contracted Services

A manager shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency and (A)(1)(a)(i)(1) amended effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-806. Personnel

A. A manager shall ensure that:

1. A caregiver:
 - a. Is 18 years of age or older; and
 - b. Provides documentation of:
 - i. Completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers;
 - ii. For supervisory care services, employment as a manager or caregiver of a supervisory care home before November 1, 1998;
 - iii. For supervisory care services or personal care services, employment as a manager or caregiver of a supportive residential living center before November 1, 1998; or
 - iv. For supervisory care services, personal care services, or directed services, one of the following:
 - (1) A nursing care institution administrator's

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- license issued by the Board of Examiners;
- (2) A nurse's license issued to the individual under A.R.S. Title 32, Chapter 15;
- (3) Documentation of employment as a manager or caregiver of an unclassified residential care institution before November 1, 1998; or
- (4) Documentation of sponsorship of or employment as a caregiver in an adult foster care home before November 1, 1998;
- 2. An assistant caregiver:
 - a. Is 16 years of age or older, and
 - b. Interacts with residents under the supervision of a manager or caregiver;
- 3. The qualifications, skills, and knowledge required for a caregiver or assistant caregiver:
 - a. Are based on:
 - i. The type of assisted living services, behavioral health services, or behavioral care expected to be provided by the caregiver or assistant caregiver according to the established job description; and
 - ii. The acuity of the residents receiving assisted living services, behavioral health services, or behavioral care from the caregiver or assistant caregiver according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description;
 - ii. The type and duration of education that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description; and
 - iii. The type and duration of experience that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services or behavioral care listed in the established job description;
- 4. A caregiver's or assistant caregiver's skills and knowledge are verified and documented:
 - a. Before the caregiver or assistant caregiver provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
- 5. An assisted living facility has a manager, caregivers, and assistant caregivers with the qualifications, experience, skills, and knowledge necessary to:
 - a. Provide the assisted living services, behavioral health services, behavioral care, and ancillary services in the assisted living facility's scope of services;
 - b. Meet the needs of a resident; and
 - c. Ensure the health and safety of a resident;
- 6. At least one manager or caregiver is present and awake at an assisted living center when a resident is on the premises;
- 7. Documentation is maintained for at least 12 months after the last date on the documentation of the caregivers and assistant caregivers working each day, including the hours worked by each;
- 8. A manager, a caregiver, and an assistant caregiver, or an employee or a volunteer who has or is expected to have more than eight hours per week of direct interaction with residents, provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing services at or on behalf of the assisted living facility, and
 - b. As specified in R9-10-113;
- 9. Before providing assisted living services to a resident, a caregiver or an assistant caregiver receives orientation that is specific to the duties to be performed by the caregiver or assistant caregiver; and
- 10. Before providing assisted living services to a resident, a manager or caregiver provides current documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults.
- B. A manager of an assisted living home shall ensure that:**
 - 1. An individual residing in an assisted living home, who is not a resident, a manager, a caregiver, or an assistant caregiver:
 - a. Either:
 - i. Complies with the fingerprinting requirements in A.R.S. § 36-411, or
 - ii. Interacts with residents only under the supervision of an individual who has a valid fingerprint clearance card; and
 - b. If the individual is 12 years of age or older, provides evidence of freedom from infectious tuberculosis as specified in R9-10-113;
 - 2. Documentation of compliance with the requirements in subsection (B)(1)(a) and evidence of freedom from infectious tuberculosis, if required under subsection (B)(1)(b), is maintained for an individual residing in the assisted living home who is not a resident, a manager, a caregiver, or an assistant caregiver;
 - 3. As part of the policies and procedures required in R9-10-803(C)(1)(h), a plan is established, documented, and implemented to ensure that the manager or a caregiver is available as back-up to provide assisted living services to a resident if the manager or a caregiver assigned to work is not available or not able to provide the required assisted living services; and
 - 4. At least the manager or a caregiver is present at an assisted living home when a resident is present in the assisted living home and:
 - a. Except for nighttime hours, the manager or caregiver is awake; and
 - b. If the manager or caregiver is not awake during nighttime hours:
 - i. The manager or caregiver can hear and respond to a resident needing assistance; and
 - ii. If the assisted living home is authorized to provide directed care services, policies and procedures are developed, documented, and implemented to establish a process for checking on a resident receiving directed care services during nighttime hours to ensure the resident's health and safety.
- C. A manager shall ensure that a personnel record for each employee or volunteer:**
 - 1. Includes:

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- a. The individual's name, date of birth, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. Documentation of:
 - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or in policies and procedures;
 - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - vi. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(8);
 - vii. Cardiopulmonary resuscitation training, if required for the individual in this Article or policies and procedures;
 - viii. First aid training, if required for the individual in this Article or policies and procedures; and
 - ix. Documentation of compliance with the requirements in A.R.S. § 36-411(A) and (C);
 2. Is maintained:
 - a. Throughout the individual's period of providing services in or for the assisted living facility, and
 - b. For at least 24 months after the last date the individual provided services in or for the assisted living facility; and
 3. For a manager, a caregiver, or an assistant caregiver who has not provided physical health services or behavioral health services at or for the assisted living facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.
1. Before or within seven calendar days after the resident's date of occupancy, and
 2. As specified in R9-10-113.
- B.** A manager shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that is dated within 90 calendar days before the individual is accepted by an assisted living facility and:
1. If an individual is requesting or is expected to receive supervisory care services, personal care services, or directed care services:
 - a. Includes whether the individual requires:
 - i. Continuous medical services,
 - ii. Continuous or intermittent nursing services, or
 - iii. Restraints; and
 - b. Is dated and signed by a:
 - i. Physician,
 - ii. Registered nurse practitioner,
 - iii. Registered nurse, or
 - iv. Physician assistant; and
 2. If an individual is requesting or is expected to receive behavioral health services, other than behavioral care, in addition to supervisory care services, personal care services, or directed care services from an assisted living facility:
 - a. Includes whether the individual requires continuous behavioral health services, and
 - b. Is signed and dated by a behavioral health professional.
- C.** A manager shall not accept or retain an individual if:
1. The individual requires continuous:
 - a. Medical services;
 - b. Nursing services, unless the assisted living facility complies with A.R.S. § 36-401(C); or
 - c. Behavioral health services;
 2. The primary condition for which the individual needs assisted living services is a behavioral health issue;
 3. The services needed by the individual are not within the assisted living facility's scope of services and a home health agency or hospice service agency is not involved in the care of the individual;
 4. The assisted living facility does not have the ability to provide the assisted living services needed by the individual; or
 5. The individual requires restraints, including the use of bedrails.
- D.** Before or at the time of an individual's acceptance by an assisted living facility, a manager shall ensure that there is a documented residency agreement with the assisted living facility that includes:
1. The individual's name;
 2. Terms of occupancy, including:
 - a. Date of occupancy or expected date of occupancy,
 - b. Resident responsibilities, and
 - c. Responsibilities of the assisted living facility;
 3. A list of the services to be provided by the assisted living facility to the resident;
 4. A list of the services available from the assisted living facility at an additional fee or charge;
 5. For an assisted living home, whether the manager or a caregiver is awake during nighttime hours;
 6. The policy for refunding fees, charges, or deposits;
 7. The policy and procedure for a resident to terminate residency, including terminating residency because services were not provided to the resident according to the resident's service plan;

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-807. Residency and Residency Agreements

- A.** Except as provided in R9-10-808(B)(2), a manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis:

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8. The policy and procedure for an assisted living facility to terminate residency;
 9. The complaint process; and
 10. The manager's signature and date signed.
- E.** Before or within five working days after a resident's acceptance by an assisted living facility, a manager shall obtain on the documented agreement, required in subsection (D), the signature of one of the following individuals:
1. The resident,
 2. The resident's representative,
 3. The resident's legal guardian, or
 4. Another individual who has been designated by the individual under A.R.S. § 36-3221 to make health care decisions on the individual's behalf.
- F.** A manager shall:
1. Before or at the time of an individual's acceptance by an assisted living facility, provide to the resident or resident's representative a copy of:
 - a. The residency agreement in subsection (D),
 - b. Resident's rights, and
 - c. The policy and procedure on health care directives; and
 2. Maintain the original of the residency agreement in subsection (D) in the resident's medical record.
- G.** A manager may terminate residency of a resident as follows:
1. Without notice, if the resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in an assisted living facility;
 2. With a 14-calendar-day written notice of termination of residency:
 - a. For nonpayment of fees, charges, or deposit; or
 - b. Under any of the conditions in subsection (C); or
 3. With a 30-calendar-day written notice of termination of residency, for any other reason.
- H.** A manager shall ensure that the written notice of termination of residency in subsection (G) includes:
1. The date of notice;
 2. The reason for termination;
 3. The policy for refunding fees, charges, or deposits;
 4. The deposition of a resident's fees, charges, and deposits; and
 5. Contact information for the State Long-Term Care Ombudsman.
- I.** A manager shall provide the following to a resident when the manager provides the written notice of termination of residency in subsection (G):
1. A copy of the resident's current service plan, and
 2. Documentation of the resident's freedom from infectious tuberculosis.
- J.** If an assisted living facility issues a written notice of termination of residency as provided in subsection (G) to a resident or the resident's representative because the resident needs services the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, a manager shall ensure that the written notice of termination of residency includes a description of the specific services that the resident needs that the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide.

Historical Note

Adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an

emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4).

Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-808. Service Plans

- A.** Except as required in subsection (B), a manager shall ensure that a resident has a written service plan that:
1. Is completed no later than 14 calendar days after the resident's date of acceptance;
 2. Is developed with assistance and review from:
 - a. The resident or resident's representative,
 - b. The manager, and
 - c. Any individual requested by the resident or the resident's representative;
 3. Includes the following:
 - a. A description of the resident's medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments;
 - b. The level of service the resident is expected to receive;
 - c. The amount, type, and frequency of assisted living services being provided to the resident, including medication administration or assistance in the self-administration of medication;
 - d. For a resident who requires intermittent nursing services or medication administration, review by a nurse or medical practitioner;
 - e. For a resident who requires behavioral care:
 - i. Any of the following that is necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior:
 - (1) The psychosocial interactions or behaviors for which the resident requires assistance,
 - (2) Psychotropic medications ordered for the resident,
 - (3) Planned strategies and actions for changing the resident's psychosocial interactions or behaviors, and
 - (4) Goals for changes in the resident's psychosocial interactions or behaviors; and
 - ii. Review by a medical practitioner or behavioral health professional; and
 - f. For a resident who will be storing medication in the resident's bedroom or residential unit, how the medication will be stored and controlled;
 4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f):
 - a. No later than 14 calendar days after a significant change in the resident's physical, cognitive, or functional condition; and
 - b. As follows:
 - i. At least once every 12 months for a resident receiving supervisory care services,
 - ii. At least once every six months for a resident receiving personal care services, and

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- iii. At least once every three months for a resident receiving directed care services; and
 - 5. When initially developed and when updated, is signed and dated by:
 - a. The resident or resident's representative;
 - b. The manager;
 - c. If a review is required in subsection (A)(3)(d), the nurse or medical practitioner who reviewed the service plan; and
 - d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.
- B. For a resident receiving respite care services, a manager shall ensure that:
 - 1. A written service plan is:
 - a. Based on a determination of the resident's current needs and:
 - i. Is completed no later than three working days after the resident's date of acceptance; or
 - ii. If the resident has a service plan in the resident's medical record that was developed within the previous 12 months, is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the resident's date of acceptance; and
 - b. If a significant change in the resident's physical, cognitive, or functional condition occurs while the resident is receiving respite care services, updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the significant change occurs; and
 - 2. If the resident is not expected to be present in the assisted living facility for more than seven calendar days, the resident is not required to comply with the requirements in R9-10-807(A).
- C. A manager shall ensure that:
 - 1. A caregiver or an assistant caregiver:
 - a. Provides a resident with the assisted living services in the resident's service plan;
 - b. Is only assigned to provide the assisted living services the caregiver or assistant caregiver has the documented skills and knowledge to perform;
 - c. Provides assistance with activities of daily living according to the resident's service plan;
 - d. If applicable, suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living;
 - e. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's service plan;
 - f. Encourages a resident to participate in activities planned according to subsection (E); and
 - g. Documents the services provided in the resident's medical record; and
 - 2. A volunteer or an assistant caregiver who is 16 or 17 years of age does not provide:
 - a. Assistance to a resident for:
 - i. Bathing,
 - ii. Toileting, or
 - iii. Moving the resident's body from one surface to another surface;
 - b. Assistance in the self-administration of medication;
 - c. Medication administration; or
 - d. Nursing services.
- D. A manager of an assisted living facility that is authorized to provide adult day health services shall ensure that the adult day health care services are provided as specified in R9-10-1113.
- E. A manager shall ensure that:
 - 1. Daily social, recreational, or rehabilitative activities are planned according to residents' preferences, needs, and abilities;
 - 2. A calendar of planned activities is:
 - a. Prepared at least one week in advance of the date the activity is provided,
 - b. Posted in a location that is easily seen by residents,
 - c. Updated as necessary to reflect substitutions in the activities provided, and
 - d. Maintained for at least 12 months after the last scheduled activity;
 - 3. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity; and
 - 4. Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information.
- F. If a resident is not receiving assistance with the resident's psychosocial interactions under the direction of a behavioral health professional or any other behavioral health services at an assisted living facility, the resident is not considered to be receiving behavioral care or behavioral health services from the assisted living facility if the resident:
 - 1. Is prescribed a psychotropic medication, or
 - 2. Is receiving directed care services and has a primary diagnosis of:
 - a. Dementia,
 - b. Alzheimer's disease-related dementia, or
 - c. Traumatic brain injury.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-809. Transport; Transfer

- A. Except as provided in subsection (B), a manager shall ensure that:
 - 1. A caregiver or employee coordinates the transport and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before and after the transport, and

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- b. Information from the resident's medical record is provided to a receiving health care institution; and
 - 3. Documentation includes:
 - a. If applicable, any communication with an individual at a receiving health care institution;
 - b. The date and time of the transport; and
 - c. If applicable, the name of the caregiver accompanying the resident during a transport.
 - B. Subsection (A) does not apply to:
 - 1. Transportation to a location other than a licensed health care institution,
 - 2. Transportation provided for a resident by the resident or the resident's representative,
 - 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
 - 4. A transport to another licensed health care institution in an emergency.
 - C. Except for a transfer of a resident due to an emergency, a manager shall ensure that:
 - 1. A caregiver coordinates the transfer and the services provided to the resident;
 - 2. According to policies and procedures:
 - a. An evaluation of the resident is conducted before the transfer;
 - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A caregiver explains risks and benefits of the transfer to the resident or the resident's representative; and
 - 3. Documentation in the resident's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the caregiver accompanying the resident during a transfer.
- Historical Note**
- Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-809 renumbered to R9-10-812; new Section R9-10-809 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). R9-10-809(E) reflects a corrected reference to Article 14 from Article 4 (05-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-810. Resident Rights**
- A. A manager shall ensure that, at the time of acceptance, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C).
 - B. A manager shall ensure that:
 - 1. A resident is treated with dignity, respect, and consideration;
 - 2. A resident is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by the assisted living facility's manager, caregivers, assistant caregivers, employees, or volunteers; and
 - 3. A resident or the resident's representative:
 - a. Is informed of the following:
 - i. The policy on health care directives, and
 - ii. The resident complaint process;
 - b. Consents to photographs of the resident before the resident is photographed, except that a resident may be photographed when accepted as a resident by an assisted living facility for identification and administrative purposes;
 - c. Except as otherwise permitted by law, provides written consent before the release of information in the resident's:
 - i. Medical record, or
 - ii. Financial records;
 - d. May:
 - i. Request or consent to relocation within the assisted living facility; and
 - ii. Except when relocation is necessary based on a change in the resident's condition as documented in the resident's service plan, refuse relocation within the assisted living facility;
 - e. Has access to the resident's records during normal business hours or at a time agreed upon by the resident or resident's representative and the manager; and
 - f. Is informed of:
 - i. The rates and charges for services before the services are initiated;
 - ii. A change in rates or charges at least 30 calendar days before the change is implemented, unless the change in rates or charges results from a change in services; and
 - iii. A change in services at least 30 calendar days before the change is implemented, unless the resident's service plan changes.
 - C. A resident has the following rights:
 - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive assisted living services that support and respect the resident's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in:
 - a. Care for personal needs;
 - b. Correspondence, communications, and visitation; and

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- c. Financial and personal affairs;
- 4. To maintain, use, and display personal items unless the personal items constitute a hazard;
- 5. To choose to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities;
- 6. To review, upon written request, the resident's own medical record;
- 7. To receive a referral to another health care institution if the assisted living facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
- 8. To choose to access services from a health care provider, health care institution, or pharmacy other than the assisted living facility where the resident is residing and receiving services or a health care provider, health care institution, or pharmacy recommended by the assisted living facility;
- 9. To participate or have the resident's representative participate in the development of, or decisions concerning, the resident's service plan; and
- 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-810 renumbered to R9-10-813; new Section R9-10-810 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-811. Medical Records**A.** A manager shall ensure that:

- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
- 2. An entry in a resident's medical record is:
 - a. Only recorded by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
- 3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
- 4. A resident's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the resident's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law; and
- 5. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If an assisted living facility maintains residents' medical records electronically, a manager shall ensure that:
 - 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** A manager shall ensure that a resident's medical record contains:
 - 1. Resident information that includes:
 - a. The resident's name, and
 - b. The resident's date of birth;
 - 2. The names, addresses, and telephone numbers of:
 - a. The resident's primary care provider;
 - b. Other persons, such as a home health agency or hospice service agency, involved in the care of the resident; and
 - c. An individual to be contacted in the event of emergency, significant change in the resident's condition, or termination of residency;
 - 3. If applicable, the name and contact information of the resident's representative and:
 - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 - 4. The date of acceptance and, if applicable, date of termination of residency;
 - 5. Documentation of the resident's needs required in R9-10-807(B);
 - 6. Documentation of general consent and informed consent, if applicable;
 - 7. Except as allowed in R9-10-808(B)(2), documentation of freedom from infectious tuberculosis as required in R9-10-807(A);
 - 8. A copy of resident's health care directive, if applicable;
 - 9. The resident's signed residency agreement and any amendments;
 - 10. Resident's service plan and updates;
 - 11. Documentation of assisted living services provided to the resident;
 - 12. A medication order from a medical practitioner for each medication that is administered to the resident or for which the resident receives assistance in the self-administration of the medication;
 - 13. Documentation of medication administered to the resident or for which the resident received assistance in the self-administration of medication that includes:
 - a. The date and time of administration or assistance;
 - b. The name, strength, dosage, and route of administration;
 - c. The name and signature of the individual administering or providing assistance in the self-administration of medication; and

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- d. An unexpected reaction the resident has to the medication;
14. Documentation of the resident's refusal of a medication, if applicable;
15. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
16. If applicable, documentation of a determination by a medical practitioner that evacuation from the assisted living facility during an evacuation drill would cause harm to the resident;
17. Documentation of notification of the resident of the availability of vaccination for influenza and pneumonia, according to A.R.S. § 36-406(1)(d);
18. Documentation of the resident's orientation to exits from the assisted living facility required in R9-10-818(B);
19. If a resident is receiving behavioral health services other than behavioral care, documentation of the determination in R9-10-813(3);
20. If a resident is receiving behavioral care, documentation of the determination in R9-10-812(3);
21. If applicable, for a resident who is unable to direct self-care, the information required in R9-10-815(F);
22. Documentation of any significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a manager or caregiver to address the resident's changing needs;
23. Documentation of the notification required in R9-10-803(G) if the resident is incapable of handling financial affairs; and
24. If the resident no longer resides and receives assisted living services from the assisted living facility:
 - a. A written notice of termination of residency; or
 - b. If the resident terminated residency, the date the resident terminated residency.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-811 renumbered to R9-10-814; new Section R9-10-811 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-812. Behavioral Care

A manager shall ensure that for a resident who requests or receives behavioral care from the assisted living facility, a behavioral health professional or medical practitioner:

1. Evaluates the resident:
 - a. Within 30 calendar days before acceptance of the resident or before the resident begins receiving behavioral care, and

- b. At least once every six months throughout the duration of the resident's need for behavioral care;
2. Reviews the assisted living facility's scope of services; and
3. Signs and dates a determination stating that the resident's need for behavioral care can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

Historical Note

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989 (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989 (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-812 renumbered from R9-10-809 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-813. Behavioral Health Services

If an assisted living facility is authorized to provide behavioral health services other than behavioral care, a manager shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when general consent and informed consent are required and by whom general consent and informed consent may be given;
2. The behavioral health services:
 - a. Are provided under the direction of a behavioral health professional; and
 - b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
 - ii. For an assessment, in R9-10-1011(B); and
3. For a resident who requests or receives behavioral health services from the assisted living facility, a behavioral health professional:
 - a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for behavioral health services;
 - b. Reviews the assisted living facility's scope of services; and
 - c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

Historical Note

New Section renumbered from R9-10-810 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, §

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13; effective July 1, 2014 (Supp. 14-2).

R9-10-814. Personal Care Services

- A.** A manager of an assisted living facility authorized to provide personal care services shall not accept or retain a resident who:
1. Is unable to direct self-care;
 2. Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance; or
 3. Except as specified in subsection (C), has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- B.** A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if:
1. The condition is a result of a short-term illness or injury; or
 2. The following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:
 - a. The resident or resident's representative requests that the resident be accepted by or remain in the assisted living facility;
 - b. The resident's primary care provider or other medical practitioner:
 - i. Examines the resident at the onset of the condition, or within 30 calendar days before acceptance, and at least once every six months throughout the duration of the resident's condition;
 - ii. Reviews the assisted living facility's scope of services; and
 - iii. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility; and
 - c. The resident's service plan includes the resident's increased need for personal care services.
- C.** A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner, if the requirements in subsection (B)(2) are met.
- D.** A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who:
1. Is receiving nursing services from a home health agency or a hospice service agency; or
 2. Requires intermittent nursing services if:
 - a. The resident's condition for which nursing services are required is a result of a short-term illness or injury, and
 - b. The requirements of subsection (B)(2) are met.
- E.** A manager shall ensure that a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available and accessible in a bedroom or residential unit being used by a resident receiving personal care services.
- F.** In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving personal care services includes:
1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
 2. Offering sufficient fluids to maintain hydration;

3. Incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
 4. If applicable, the determination in subsection (B)(2)(b)(iii).
- G.** A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving personal care services unless the resident has an order from the resident's primary care provider or another medical practitioner for the non-prescription medication.

Historical Note

New Section renumbered from R9-10-811 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-815. Directed Care Services

- A.** A manager shall ensure that a resident's representative is designated for a resident who is unable to direct self-care.
- B.** A manager of an assisted living facility authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):
1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or
 2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- C.** In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:
1. The requirements in R9-10-814(F)(1) through (3);
 2. If applicable, the determination in R9-10-814(B)(2)(b)(iii);
 3. Cognitive stimulation and activities to maximize functioning;
 4. Strategies to ensure a resident's personal safety;
 5. Encouragement to eat meals and snacks;
 6. Documentation:
 - a. Of the resident's weight, or
 - b. From a medical practitioner stating that weighing the resident is contraindicated; and
 7. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan.
- D.** A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving directed care services unless the resident has an order from a medical practitioner for the non-prescription medication.
- E.** A manager shall ensure that:
1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or
 2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.
- F.** A manager of an assisted living facility authorized to provide directed care services shall ensure that:
1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;

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2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:
 - a. Provides access to an outside area that:
 - i. Allows the resident to be at least 30 feet away from the facility, and
 - ii. Controls or alerts employees of the egress of a resident from the facility;
 - b. Provides access to an outside area:
 - i. From which a resident may exit to a location at least 30 feet away from the facility, and
 - ii. Controls or alerts employees of the egress of a resident from the facility; or
 - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-1-412; and
3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-816. Medication Services

- A. A manager shall ensure that:
 1. Policies and procedures for medication services include:
 - a. Procedures for preventing, responding to, and reporting a medication error;
 - b. Procedures for responding to and reporting an unexpected reaction to a medication;
 - c. Procedures to ensure that a resident's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
 - d. Procedures for:
 - i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
 - ii. Monitoring a resident who self-administers medication;
 - e. Procedures for assisting a resident in procuring medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 2. If a verbal order for a resident's medication is received from a medical practitioner by the assisted living facility:
 - a. The manager or a caregiver takes the verbal order from the medical practitioner,
 - b. The verbal order is documented in the resident's medical record, and
 - c. A written order verifying the verbal order is obtained from the medical practitioner within 14 calendar days after receiving the verbal order.
- B. If an assisted living facility provides medication administration, a manager shall ensure that:
 1. Medication is stored by the assisted living facility;
 2. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner, registered nurse, or pharmacist;
 - b. Include a process for documenting an individual, authorized, according to the definition of "administer" in A.R.S. § 32-1901, by a medical practitioner to administer medication under the direction of the medical practitioner;
 - c. Ensure that medication is administered to a resident only as prescribed; and
 - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record; and
 3. A medication administered to a resident:
 - a. Is administered by an individual under direction of a medical practitioner,
 - b. Is administered in compliance with a medication order, and
 - c. Is documented in the resident's medical record.
- C. If an assisted living facility provides assistance in the self-administration of medication, a manager shall ensure that:
 1. A resident's medication is stored by the assisted living facility;
 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container or medication organizer for the resident;
 - c. Observing the resident while the resident removes the medication from the container or medication organizer;
 - d. Except when a resident uses a medication organizer, verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label,
 - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
 - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label;
 - e. For a resident using a medication organizer, verifying that the resident is taking the medication in the medication organizer according to the schedule specified on the medical practitioner's order; or
 - f. Observing the resident while the resident takes the medication;
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or nurse; and
 4. Assistance in the self-administration of medication provided to a resident:
 - a. Is in compliance with an order, and
 - b. Is documented in the resident's medical record.
- D. A manager shall ensure that:
 1. A current drug reference guide is available for use by personnel members, and
 2. A current toxicology reference guide is available for use by personnel members.

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- E.** A manager shall ensure that a resident's medication organizer is only filled by:
1. The resident;
 2. The resident's representative;
 3. A family member of the resident;
 4. A personnel member of a home health agency or hospice service agency; or
 5. The manager or a caregiver who has been designated and is under the direction of a medical practitioner, according to subsection (B)(2)(b).
- F.** When medication is stored by an assisted living facility, a manager shall ensure that:
1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
 2. Medication is stored according to the instructions on the medication container; and
 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of residents who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- G.** A manager shall ensure that a caregiver immediately reports a medication error or a resident's unexpected reaction to a medication to the medical practitioner who ordered the medication or, if the medical practitioner who ordered the medication is not available, another medical practitioner.
- H.** If medication is stored by a resident in the resident's bedroom or residential unit, a manager shall ensure that:
1. The medication is stored according to the resident's service plan; or
 2. If the medication is not being stored according to the resident's service plan, the resident's service plan is updated to include how the medication is being stored by the resident.
2. Meals and snacks provided by the assisted living facility are served according to posted menus;
 3. If the assisted living facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the assisted living facility;
 4. The assisted living facility is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
 5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
 6. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan;
 7. Water is available and accessible to residents at all times, unless otherwise stated in a medical practitioner's order; and
 8. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the provision of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.
- B.** If the assisted living facility offers therapeutic diets, a manager shall ensure that:
1. A current therapeutic diet manual is available for use by employees, and
 2. The therapeutic diet is provided to a resident according to a written order from the resident's primary care provider or another medical practitioner.
- C.** A manager shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 5. A refrigerator used by an assisted living facility to store food or medication contains a thermometer, accurate to

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-817. Food Services

- A.** A manager shall ensure that:
1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu is served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 2. Meals and snacks provided by the assisted living facility are served according to posted menus;
 3. If the assisted living facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the assisted living facility;
 4. The assisted living facility is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
 5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
 6. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan;
 7. Water is available and accessible to residents at all times, unless otherwise stated in a medical practitioner's order; and
 8. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the provision of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.
- B.** If the assisted living facility offers therapeutic diets, a manager shall ensure that:
1. A current therapeutic diet manual is available for use by employees, and
 2. The therapeutic diet is provided to a resident according to a written order from the resident's primary care provider or another medical practitioner.
- C.** A manager shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 5. A refrigerator used by an assisted living facility to store food or medication contains a thermometer, accurate to

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plus or minus 3° F, placed at the warmest part of the refrigerator;

6. Frozen foods are stored at a temperature of 0° F or below; and
7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

D. A manager of an assisted living center shall ensure that:

1. The assisted living center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
2. A copy of the assisted living center's food establishment license or permit is maintained.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-818. Emergency and Safety Standards

A. A manager shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to caregivers and assistant caregivers, and, if necessary, implemented that includes:
 - a. When, how, and where residents will be relocated;
 - b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
 - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of the disaster plan review required in subsection (A)(2) includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each employee or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents:
 - a. Is conducted at least once every six months; and
 - b. Includes all individuals on the premises except for:
 - i. A resident whose medical record contains documentation that evacuation from the assisted living facility would cause harm to the resident, and
 - ii. Sufficient caregivers to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and residents to evacuate the assisted living facility;
 - c. If applicable:
 - i. An identification of residents needing assistance for evacuation, and

ii. An identification of residents who were not evacuated;

- d. Any problems encountered in conducting the evacuation drill; and
- e. Recommendations for improvement, if applicable; and

7. An evacuation path is conspicuously posted in each hallway of each floor of the assisted living facility.

B. A manager shall ensure that:

1. A resident receives orientation to the exits from the assisted living facility and the route to be used when evacuating the assisted living facility within 24 hours after the resident's acceptance by the assisted living facility, and
2. The resident's orientation is documented.

C. A manager shall ensure that a first-aid kit is maintained in the assisted living facility in a location accessible to caregivers and assistant caregivers.

D. When a resident has an accident, emergency, or injury that results in the resident needing medical services, a manager shall ensure that a caregiver or an assistant caregiver:

1. Immediately notifies the resident's emergency contact and primary care provider; and
2. Documents the following:
 - a. The date and time of the accident, emergency, or injury;
 - b. A description of the accident, emergency, or injury;
 - c. The names of individuals who observed the accident, emergency, or injury;
 - d. The actions taken by the caregiver or assistant caregiver;
 - e. The individuals notified by the caregiver or assistant caregiver; and
 - f. Any action taken to prevent the accident, emergency, or injury from occurring in the future.

E. A manager of an assisted living center shall ensure that:

1. Unless the assisted living center has documentation of having received an exception from the Department before October 1, 2013, in the areas of the assisted living center providing personal care services or directed care services:
 - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, and is in working order; and
 - b. A sprinkler system is installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, and is in working order;
2. For the areas of the assisted living center providing only supervisory care services:
 - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (E)(1) are installed and in working order, or
 - b. The assisted living center complies with the requirements in subsection (F);
3. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal;
4. Any repairs or corrections stated on the fire inspection report are made; and
5. Documentation of a current fire inspection is maintained.

F. A manager of an assisted living home shall ensure that:

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1. A fire extinguisher that is labeled as rated at least 2A-10-BC by the Underwriters Laboratories is mounted and maintained in the assisted living home;
 2. A disposable fire extinguisher is replaced when its indicator reaches the red zone;
 3. A rechargeable fire extinguisher:
 - a. Is serviced at least once every 12 months, and
 - b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher;
 4. Except as provided in subsection (G):
 - a. A smoke detector is:
 - i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
 - ii. Either battery operated or, if hard-wired into the electrical system of the assisted living home, has a back-up battery;
 - iii. In working order; and
 - iv. Tested at least once a month; and
 - b. Documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test;
 5. An appliance, light, or other device with a frayed or spliced electrical cord is not used at the assisted living home; and
 6. An electrical cord, including an extension cord, is not run under a rug or carpeting, over a nail, or from one room to another at the assisted living home.
- G.** A manager of an assisted living home may use a fire alarm system and a sprinkler system to ensure the safety of residents if the fire alarm system and sprinkler system:
1. Are installed and in working order, and
 2. Meet the requirements in subsection (E)(1).
- Historical Note**
- New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).
- R9-10-819. Environmental Standards**
- A.** A manager shall ensure that:
1. The premises and equipment used at the assisted living facility are:
 - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 3. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 4. Heating and cooling systems maintain the assisted living facility at a temperature between 70° F and 84° F at all times, unless individually controlled by a resident;
 5. Common areas:
 - a. Are lighted to ensure the safety of residents, and
 - b. Have lighting sufficient to allow caregivers and assistant caregivers to monitor resident activity;
 6. Hot water temperatures are maintained between 95° F and 120° F in areas of an assisted living facility used by residents;
 7. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
 8. A resident has access to a laundry service or a washing machine and dryer in the assisted living facility;
 9. Soiled linen and soiled clothing stored by the assisted living facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
 10. Oxygen containers are secured in an upright position;
 11. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
 12. Combustible or flammable liquids and hazardous materials stored by the assisted living facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
 13. Equipment used at the assisted living facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 14. If pets or animals are allowed in the assisted living facility, pets or animals are:
 - a. Controlled to prevent endangering the residents and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. For a dog or cat, vaccinated against rabies;
 15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- B.** If a swimming pool is located on the premises, a manager shall ensure that:
1. On a day that a resident uses the swimming pool, an employee:
 - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
 - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
 - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
 - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and

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- b. Records the results of the water quality tests in a log that includes the date tested and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test; and
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a).

Historical Note

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-820. Physical Plant Standards

- A. A manager shall ensure that an assisted living center complies with the physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, that:
 1. Are applicable to the level of services planned to be provided or being provided; and
 2. Were in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B. A manager shall ensure that:
 1. The premises and equipment are sufficient to accommodate:
 - a. The services stated in the assisted living facility's scope of services, and
 - b. An individual accepted as a resident by the assisted living facility;
 2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
 3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
 4. At least one bathroom is accessible from a common area and:
 - a. May be used by residents and visitors;
 - b. Provides privacy when in use; and
 - c. Contains the following:
 - i. At least one working sink with running water,
 - ii. At least one working toilet that flushes and has a seat,
 - iii. Toilet tissue for each toilet,
 - iv. Soap in a dispenser accessible from each sink,
 - v. Paper towels in a dispenser or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A window that opens or another means of ventilation;
 5. An outside activity space is provided and available that:
 - a. Is on the premises,
 - b. Has a hard-surfaced section for wheelchairs, and
 - c. Has an available shaded area;
 6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
 7. The key to the door of a lockable bathroom, bedroom, or residential unit is available to a manager, caregiver, and assistant caregiver.
- C. A manager shall ensure that:
 1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
 2. For every eight residents there is at least one working bathtub or shower; and
 3. A resident bathroom provides privacy when in use and contains:
 - a. A mirror;
 - b. Toilet tissue for each toilet;
 - c. Soap accessible from each sink;
 - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is not in a residential unit and used by more than one resident;
 - e. A window that opens or another means of ventilation;
 - f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
 - g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.
- D. A manager shall ensure that:
 1. Each resident is provided with a sleeping area in a residential unit or a bedroom;
 2. For an assisted living home, a resident's sleeping area is on the ground floor of the assisted living home unless:
 - a. The resident is able to direct self-care;
 - b. The resident is ambulatory without assistance; and
 - c. There are at least two unobstructed, usable exits to the outside from the sleeping area that the resident is capable of using;
 3. Except as provided in subsection (E), no more than two individuals reside in a residential unit or bedroom;
 4. A resident's sleeping area:
 - a. Is not used as a common area;
 - b. Is not used as a passageway to a common area, another sleeping area, or common bathroom unless the resident's sleeping area:
 - i. Was used as a passageway to a common area, another sleeping area, or common bathroom before October 1, 2013; and
 - ii. Written consent is obtained from the resident or the resident's representative;
 - c. Is constructed and furnished to provide unimpeded access to the door;
 - d. Has floor-to-ceiling walls with at least one door;
 - e. Has access to natural light through a window or a glass door to the outside; and
 - f. Has a window or door that can be used for direct egress to outside the building;
 5. If a resident's sleeping area is in a bedroom, the bedroom has:
 - a. For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom;
 - b. For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom; and
 - c. A door that opens into a hallway, common area, or outdoors;
 6. If a resident's sleeping area is in a residential unit, the residential unit has:
 - a. Except as provided in subsection (E)(2), at least 220 square feet of floor space, not including a closet or bathroom, for one individual residing in the residential unit and an additional 100 square feet of floor space, not including a closet or bathroom, for each additional individual residing in the residential unit;

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- b. An individually keyed entry door;
 - c. A bathroom that provides privacy when in use and contains:
 - i. A working toilet that flushes and has a seat;
 - ii. A working sink with running water;
 - iii. A working bathtub or shower;
 - iv. Lighting;
 - v. A mirror;
 - vi. A window that opens or another means of ventilation;
 - vii. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
 - viii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in bathtubs and showers;
 - d. A resident-controlled thermostat for heating and cooling;
 - e. A kitchen area equipped with:
 - i. A working sink and refrigerator,
 - ii. A cooking appliance that can be removed or disconnected,
 - iii. Space for food preparation, and
 - iv. Storage for utensils and supplies; and
 - f. If not furnished by a resident:
 - i. An armchair, and
 - ii. A table where a resident may eat a meal; and
7. If not furnished by a resident, each sleeping area has:
- a. A bed, at least 36 inches in width and 72 inches in length, consisting of at least a frame and mattress that is clean and in good repair;
 - b. Clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
 - c. Sufficient light for reading;
 - d. Storage space for clothing;
 - e. Individual storage space for personal effects; and
 - f. Adjustable window covers that provide resident privacy.
- E. A manager may allow more than two individuals to reside in a residential unit or bedroom if:
- 1. There is at least 60 square feet for each individual living in the bedroom;
 - 2. There is at least 100 square feet for each individual living in the residential unit; and
 - 3. The manager has documentation that the assisted living facility has been operating since before November 1, 1998, with more than two individuals living in the residential unit or bedroom.
- F. If there is a swimming pool on the premises of the assisted living facility, a manager shall ensure that:
- 1. Unless the assisted living facility has documentation of having received an exception from the Department before October 1, 2013, the swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (F)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use;
 - 2. A life preserver or shepherd's crook is available and accessible in the swimming pool area; and
 - 3. Pool safety requirements are conspicuously posted in the swimming pool area.
- G. A manager shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

Historical Note

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

ARTICLE 9. OUTPATIENT SURGICAL CENTERS**R9-10-901. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article, unless otherwise specified:

- 1. "Inpatient care" means postsurgical services provided in a hospital.
- 2. "Outpatient surgical services" means anesthesia and surgical services provided to a patient in an outpatient surgical center.
- 3. "Surgical suite" means an area of an outpatient surgical center that includes one or more operating rooms and one or more recovery rooms.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-902. Administration

- A. A governing authority shall:
- 1. Consist of one or more individuals responsible for the organization, operation, and administration of an outpatient surgical center;
 - 2. Establish, in writing:
 - a. An outpatient surgical center's scope of services, and
 - b. Qualifications for an administrator;
 - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
 - 4. Grant, deny, suspend, or revoke clinical privileges of a physician and other members of the medical staff and delineate, in writing, the clinical privileges of each medical staff member, according to the medical staff bylaws;
 - 5. Adopt a quality management plan according to R9-10-903;
 - 6. Review and evaluate the effectiveness of the quality management plan at least once every 12 months;
 - 7. Designate in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:

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- a. Expected not to be present on an outpatient surgical center's premises for more than 30 calendar days, or
 - b. Not present on an outpatient surgical center's premises for more than 30 calendar days; and
8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:**
 1. Is directly accountable to the governing authority of an outpatient surgical center for the daily operation of the outpatient surgical center and for all services provided by or at the outpatient surgical center;
 2. Has the authority and responsibility to manage the outpatient surgical center; and
 3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on an outpatient surgical center's premises and accountable for the outpatient surgical center when the administrator is not present on the outpatient surgical center's premises.
- C. An administrator shall ensure that:**
 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to patient care;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Include a method to identify a patient to ensure that the patient receives services as ordered;
 - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - g. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The outpatient surgical center to respond to a patient complaint;
 - h. Cover health care directives;
 - i. Cover medical records, including electronic medical records;
 - j. Cover a quality management program, including incident reports and supporting documentation; and
 - k. Cover contracted services;
 2. Policies and procedures for medical services and nursing services provided by an outpatient surgical center are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, transfer, and discharge;
 - b. Cover the provision of medical services, nursing services, and health-related services in the outpatient surgical center's scope of services;
 - c. Include when general consent and informed consent are required;
 - d. Cover dispensing, administering, and disposing of medications;
 - e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
 - f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - g. Cover infection control; and
 - h. Cover environmental services that affect patient care;
3. Policies and procedures are:
 - a. Available to personnel members, employees, volunteers, and students of the outpatient surgical center; and
 - b. Reviewed at least once every three years and updated as needed;
4. A pharmacy maintained by the outpatient surgical center is licensed according to A.R.S. Title 32, Chapter 18;
5. Pathology services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Act of 1967;
6. If the outpatient surgical center meets the definition of "abortion clinic" in A.R.S. § 36-449.01, abortions and related services are provided in compliance with the requirements in Article 15 of this Chapter; and
7. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient surgical center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient surgical center.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-903. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and

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- b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-904. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-905. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
 3. Sufficient personnel members are present on an outpatient surgical center's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the outpatient surgical center's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
 4. A personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with patients, provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing services at or on behalf of the outpatient surgical center, and
 - b. As specified in R9-10-113;
 5. A plan to provide orientation, specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 6. A personnel member completes orientation before providing physical health services or behavioral health services;
 7. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 8. A plan to provide in-service education specific to the job duties of a personnel member is developed, documented, and implemented; and
 9. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the in-service education.
- B. An administrator shall ensure that a personnel member:
1. Is 18 years of age or older; and
 2. Is certified in cardiopulmonary resuscitation within the first month of employment or volunteer service, and maintains current certification in cardiopulmonary resuscitation.
- C. An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student includes:
1. The individual's name, date of birth, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - f. Cardiopulmonary resuscitation training, if required for the individual according to subsection (B); and

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- g. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(4).
- D. An administrator shall ensure that personnel records are:
 - 1. Maintained:
 - a. Throughout the individual's period of providing services in or for the outpatient surgical center, and
 - b. For at least 24 months after the last date the individual provided services in or for the outpatient surgical center; and
 - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the outpatient surgical center during the previous 12 months, provided to the Department within 72 hours after the Department's request.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-906. Medical Staff

A governing authority shall ensure that:

- 1. The medical staff approve bylaws for the conduct of medical staff activities according to medical staff bylaws and governing authority requirements;
- 2. The medical staff physicians conduct medical peer review according to A.R.S. Title 36, Chapter 4, Article 5 and submit recommendations to the governing authority for approval; and
- 3. The medical staff establish written policies and procedures that define the extent of emergency treatment to be performed in the outpatient surgical center.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-907. Admission

- A. A medical staff member shall only admit patients to the outpatient surgical center who:
 - 1. Do not require planned inpatient care, and
 - 2. Are discharged from the outpatient surgical center within 24 hours.
- B. Within 30 calendar days before a patient is admitted to an outpatient surgical center, a medical staff member shall complete a medical history and physical examination of the patient.
- C. The individual who is responsible for performing a patient's surgical procedure shall document the preoperative diagnosis and the surgical procedure to be performed in the patient's medical record.
- D. An administrator shall ensure that the following documents are in a patient's medical record before the patient's surgery:
 - 1. A medical history and the physical examination required in subsection (B),

- 2. A preoperative diagnosis and the results of any laboratory tests or diagnostic procedures relative to the surgery and the condition of the patient,
- 3. Evidence of informed consent by the patient or patient's representative for the surgical procedure and care of the patient,
- 4. Health care directives, and
- 5. Physician orders.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-908. Transfer

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

- 1. A personnel member coordinates the transfer and the services provided to the patient;
- 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
- 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-909. Patient Rights

- A. An administrator shall ensure that:
 - 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 - 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 - 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:

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1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by the outpatient surgical center's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and the associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. Policies and procedures on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient surgical center for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
- C. A patient has the following rights:
 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy in treatment and care for personal needs;
 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 5. To receive a referral to another health care institution if the outpatient surgical center is not authorized or not able to provide physical health services needed by the patient;
 6. To participate, or have the patient's representative participate, in the development of or decisions concerning treatment;
 7. To participate or refuse to participate in research or experimental treatment; and
 8. To receive assistance from a family member, a patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

tion repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-910. Medical Records

- A. An administrator shall ensure that:
 1. A medical record is established and maintained for a patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical staff member according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical staff member issuing the order;
 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law; and
 6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If an outpatient surgical center maintains patients' medical records electronically, an administrator shall ensure that:
 1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a patient's medical record contains:
 1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth; and
 - d. Any known allergies, including medication allergies;
 2. The admitting medical practitioner;
 3. An admitting diagnosis;
 4. Documentation of general consent and informed consent for treatment by the patient or the patient's representative, except in an emergency;
 5. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Sec-

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- 3282, a copy of the health care power of attorney or mental health care power of attorney; or
- ii. Is a legal guardian, a copy of the court order establishing guardianship;
6. The date of admission and, if applicable, date of discharge;
 7. Documentation of medical history and results of a physical examination;
 8. A copy of patient's health care directive, if applicable;
 9. Orders;
 10. Progress notes;
 11. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 12. Documentation of outpatient surgical center services provided to the patient;
 13. A discharge summary, if applicable;
 14. Documentation of receipt of written discharge instructions by the patient or patient's representative;
 15. If applicable:
 - a. Laboratory reports,
 - b. Radiologic report, and
 - c. Diagnostic reports;
 16. The anesthesia report, required in R9-10-911(C)(2);
 17. The operative report of the surgical procedure, required in R9-10-911(C)(1); and
 18. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a patient has to the medication.

Historical Note

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-911. Surgical Services

- A. An administrator shall ensure that:
 1. A current listing of surgical procedures offered by an outpatient surgical center is maintained on the outpatient surgical center's premises, and
 2. A chronological register of surgical procedures performed in the outpatient surgical center is maintained for at least 24 months after the date of the last entry.
- B. An administrator shall ensure that a roster of medical staff members who have clinical privileges at the outpatient surgical center is available to the medical staff, specifying the privi-

leges and limitations of each medical staff member on the roster.

- C. An administrator shall ensure that the individual responsible for:
 1. Performing a surgical procedure completes an operative report of the surgical procedure and any necessary discharge instructions according to medical staff bylaws and policies and procedures, and
 2. Administering anesthesia during a surgical procedure completes an anesthesia report and any necessary discharge instructions according to medical staff bylaws and policies and procedures.
- D. An administrator shall ensure that a physician remains on the outpatient surgical center's premises until all patients are discharged from the recovery room.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-912. Nursing Services

An administrator shall appoint a registered nurse as the director of nursing who:

1. Is responsible for the management of the outpatient surgical center's nursing services;
2. Ensures that policies and procedures are established, documented, and implemented for nursing services provided in the outpatient surgical center;
3. Ensures that the outpatient surgical center is staffed with sufficient nursing personnel, based on the number of patients, the health care needs of the patients, and the outpatient surgical center's scope of services;
4. Participates in quality management activities;
5. Designates a registered nurse, in writing, to manage an outpatient surgical center's nursing services when the director of nursing is not present on the outpatient surgical center's premises;
6. Ensures that a nurse who is not directly assisting the surgeon is responsible for the functioning of an operating room while a surgical procedure is being performed in the operating room;
7. Ensures that a registered nurse is present in the:
 - a. Recovery room when a patient is present in the recovery room, and
 - b. Outpatient surgical center until all patients are discharged; and
8. Ensures that a nurse documents in a patient's medical record that the patient or the patient's representative has received written discharge instructions.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, §

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13; effective July 1, 2014 (Supp. 14-2).

R9-10-913. Behavioral Health Services

If an outpatient surgical center is authorized to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when informed consent is required and by whom informed consent may be given; and
2. The behavioral health services:
 - a. Are provided under the direction of a behavioral health professional; and
 - b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
 - ii. For an assessment, in R9-10-1011(B).

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-914. Medication Services

A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose; and
 - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. An administrator shall ensure that:

1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;

2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record.

C. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least once every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;
 - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.

D. When medication is stored at an outpatient surgical center, an administrator shall ensure that:

1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.

E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient surgical center's director of nursing.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, §

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13; effective July 1, 2014 (Supp. 14-2).

R9-10-915. Infection Control

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the outpatient surgical center;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient surgical center;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient surgical center; and
 - d. Documenting infection control activities including:
 - i. The collection and analysis of infection control data;
 - ii. The actions taken related to infections and communicable diseases; and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
 - a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
 - b. Handling and disposal of biohazardous medical waste;
 - c. Sterilization, disinfection, distribution, and storage of medical equipment and supplies;
 - d. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
 - e. Training personnel members, employees, and volunteers in infection control practices; and
 - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use, and
 - c. Maintained separate from clean linen and clothing; and
6. A personnel member, employee, or volunteer washes hands or uses a hand disinfection product after patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-916. Emergency and Safety Standards

- A. An administrator shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
 1. A list of the medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the outpatient surgical center;
 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
 3. A requirement that a cart or a container is available for medical emergency treatment that contains medications, supplies, and equipment specified in policies and procedures;
 4. A method to verify and document that the contents of the cart or container are available for medical emergency treatment; and
 5. A method for ensuring a patient may be transferred to a hospital or other health care institution to receive treatment for a medical emergency that the outpatient surgical center is not authorized or not able to provide.
- B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the outpatient surgical center according to policies and procedures.
- C. An administrator shall ensure that:
 1. A disaster plan is developed, documented, maintained in a location accessible to medical staff and employees, and, if necessary, implemented that includes:
 - a. Procedures to be followed in the event of a fire or threat to patient safety;
 - b. Assigned personnel responsibilities;
 - c. Instructions for the evacuation or transfer of patients;
 - d. Maintenance of patient medical records; and
 - e. A plan to provide any other services related to patient care to meet the patients' needs;
 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
 3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, medical staff member, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
 5. An evacuation drill for employees is conducted at least once every six months for employees on the premises;
 6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees to evacuate the outpatient surgical center;
 - c. Any problems encountered in conducting the evacuation drill; and
 - d. Recommendations for improvement, if applicable; and
 7. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient surgical center and every room where patients may be present.

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- D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- E. An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-917. Environmental Standards

- A. An administrator shall ensure that:
1. An outpatient surgical center's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 3. Equipment used at the outpatient surgical center to provide care to a patient is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 5. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 6. Heating and cooling systems maintain the outpatient surgical center at a temperature between 70° F and 84° F at all times;
 7. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity; and
 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article.
- B. An administrator shall ensure that an outpatient surgical center has a functional emergency power source.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking

at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-918. Physical Plant Standards

- A. An administrator shall ensure that the outpatient surgical center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date the outpatient surgical center submitted architectural plans and specifications to the Department for approval according to R9-10-104.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the outpatient surgical center's scope of services, and
 2. An individual accepted as a patient by the outpatient surgical center.
- C. An administrator shall ensure that:
1. There are two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered;
 2. One additional recovery bed is available for each additional operating room; and
 3. Recovery beds are located in a space that provides for a minimum of 70 square feet per bed, allowing three feet or more between beds and between the sides of a bed and the wall.
- D. An administrator may provide chairs in the recovery room area that allow a patient to recline for patients who have not received general anesthesia.
- E. An administrator shall ensure that the following are available in the surgical suite:
1. Oxygen and the means of administration;
 2. Mechanical ventilator assistance equipment including airways, manual breathing bag, and suction apparatus;
 3. Cardiac monitor;
 4. Defibrillator; and
 5. Cardiopulmonary resuscitation drugs as determined by the policies and procedures.

Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-919. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-920. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).

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Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-921. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-922. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-923. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-924. Repealed**Historical Note**

Adopted effective June 2, 1983 (Supp. 82-5). Former Section R9-10-924 repealed, new Section R9-10-924 adopted effective November 6, 1985 (Supp. 85-6).
Repealed effective February 17, 1995 (Supp. 95-1).

R9-10-925. Repealed**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
Repealed effective February 17, 1995 (Supp. 95-1).

Attachment 1.**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
Repealed effective February 17, 1995 (Supp. 95-1).

Attachment 2.**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).
Repealed effective November 6, 1985 (Supp. 85-6).

Editor's Note: The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1). Subsequently, those Sections were repealed by final rulemaking (Supp. 99-2).

ARTICLE 10. OUTPATIENT TREATMENT CENTERS**R9-10-1001. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

1. "Emergency room services" means medical services provided to a patient in an emergency.
2. "Pain management services" means medical services, nursing services, or health-related services provided to a patient to reduce or relieve the patient's chronic pain.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-1002. Supplemental Application and Documentation**Submission Requirements**

- A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as an outpatient treatment center shall submit, in a Department-provided format:
 1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
 2. A request to provide one or more of the following services:
 - a. Behavioral health services and, if applicable;
 - i. Behavioral health observation/stabilization services,
 - ii. Children's behavioral health services,
 - iii. Court-ordered evaluation,
 - iv. Court-ordered treatment,
 - v. Counseling,
 - vi. Crisis services,
 - vii. Opioid treatment services,
 - viii. Pre-petition screening,
 - ix. Respite services,
 - x. Respite services for children on the premises,
 - xi. DUI education,
 - xii. DUI screening,
 - xiii. DUI treatment, or
 - xiv. Misdemeanor domestic violence offender treatment;
 - b. Diagnostic imaging services;
 - c. Clinical laboratory services;
 - d. Dialysis services;
 - e. Emergency room services;
 - f. Pain management services;
 - g. Physical health services;
 - h. Rehabilitation services;
 - i. Sleep disorder services; or
 - j. Urgent care services provided in a freestanding urgent care center setting.
- B. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an:
 1. Affiliated outpatient treatment center applying for a license for the affiliated outpatient treatment center shall submit, in a Department-provided format, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:
 - a. Name, and
 - b. Either:
 - i. The license number assigned to the counseling facility by the Department; or
 - ii. If the counseling facility is not currently licensed, the:
 - (1) Counseling facility's street address, and
 - (2) Date the counseling facility submitted to the Department an application for a health care institution license; and
 2. Outpatient treatment center, applying for a license that includes a request for authorization to provide respite services for children on the premises, shall include the requested respite capacity.
- C. A licensee of an affiliated outpatient treatment center shall submit to the Department the information required in subsection (B)(1) with the relevant fees required in R9-10-106(C) or (D), as applicable.
- D. A licensee of an outpatient treatment center authorized to provide respite services for children on the premises shall submit

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to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:

1. The respite capacity, and
2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises.

E. A licensee of an outpatient treatment center authorized to operate as a collaborating outpatient treatment center shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:

1. The information and documentation required in R9-10-1031(D)(1); and
2. A floor plan that shows:
 - a. Each colocator's proposed treatment area, and
 - b. The areas of the collaborating outpatient treatment center shared by a colocator and collaborating outpatient treatment center.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1003. Administration

A. If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.

B. A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
2. Establish, in writing:
 - a. An outpatient treatment center's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (B)(2)(b);
4. Adopt a quality management program according to R9-10-1004;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:
 - a. Expected not to be present on an outpatient treatment center's premises for more than 30 calendar days, or
 - b. Not present on an outpatient treatment center's premises for more than 30 calendar days; and
7. Except as provided in subsection (B)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.

C. An administrator:

1. Is directly accountable to the governing authority for the daily operation of the outpatient treatment center and all services provided by or at the outpatient treatment center;
2. Has the authority and responsibility to manage the outpatient treatment center; and
3. Except as provided in subsection (B)(6), designates, in writing, an individual who is present on the outpatient treatment center's premises and accountable for the outpatient treatment center when the administrator is not available.

D. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover the requirements in Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training including:
 - i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation,
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
 - f. Cover first aid training;
 - g. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
 - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - i. Cover health care directives;
 - j. Cover medical records, including electronic medical records;
 - k. Cover quality management, including incident report and supporting documentation; and
 - l. Cover contracted services;
2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, assessment, transport, transfer, discharge plan, and discharge;
 - b. Cover the provision of medical services, nursing services, behavioral health services, health-related services, and ancillary services;
 - c. Include when general consent and informed consent are required;
 - d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;

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- e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
- f. Cover infection control;
- g. Cover telemedicine, if applicable;
- h. Cover environmental services that affect patient care;
- i. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. An outpatient treatment center to respond to a complaint;
- j. Cover smoking tobacco products on an outpatient treatment center's premises; and
- k. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
- 3. Outpatient treatment center policies and procedures are:
 - a. Reviewed at least once every three years and updated as needed, and
 - b. Available to personnel members and employees;
- 4. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient treatment center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient treatment center;
- 5. The following are conspicuously posted:
 - a. The current license for the outpatient treatment center issued by the Department;
 - b. The name, address, and telephone number of the Department;
 - c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;
 - d. One of the following:
 - i. A schedule of rates according to A.R.S. § 36-436.01(C), or
 - ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;
 - e. A list of patient rights;
 - f. A map for evacuating the facility; and
 - g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and
- 6. Patient follow-up instructions are:
 - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice; and
 - b. Documented in the patient's medical record.
- E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
 - 1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from an outpatient treatment center's employee or personnel member, an administrator shall:
 - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
 - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 - 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 - 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. If an outpatient treatment center is an affiliated outpatient treatment center, an administrator shall ensure that the outpatient treatment center complies with the requirements for an affiliated outpatient treatment center in 9 A.A.C. 10, Article 19.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1004. Quality Management

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;

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- c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1005. Contracted Services

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1006. Personnel

An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the per-

- sonnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

- 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
- 3. Sufficient personnel members are present on an outpatient treatment center's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the outpatient treatment center's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;
- 4. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
- 5. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
- 6. A personnel member completes orientation before providing medical services, nursing services or health-related services to a patient;
- 7. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
- 8. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
- 9. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the in-service education, and
 - c. The subject or topics covered in the in-service education;
- 10. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
- 11. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
 - a. The individual's name, date of birth, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service, and if applicable, the ending date;
 - c. Documentation of:
 - i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;

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- vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable; and
 - vii. Cardiopulmonary resuscitation training, if the individual is required to have cardiopulmonary resuscitation training according to this Article or policies and procedures; and
12. The record in subsection (A)(11) is:
- a. Maintained while an individual provides services for or at the outpatient treatment center and for at least 24 months after the last date the employee or volunteer provided services for or at the outpatient treatment center; and
 - b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.
- a. An evaluation of the patient is conducted before the transfer;
 - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
- a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1007. Transport; Transfer

- A.** Except as provided in subsection (B), an administrator shall ensure that:
- 1. A personnel member coordinates the transport and the services provided to the patient;
 - 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before and after the transport,
 - b. Information from the patient's medical record is provided to a receiving health care institution,
 - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
 - d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution;
 - 3. The patient's medical record includes documentation of:
 - a. Communication or lack of communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transport.
- B.** Subsection (A) does not apply to:
- 1. Transportation to a location other than a licensed health care institution,
 - 2. Transportation provided for a patient by the patient or the patient's representative,
 - 3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
 - 4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
- 1. A personnel member coordinates the transfer and the services provided to the patient;
 - 2. According to policies and procedures:

R9-10-1008. Patient Rights

- A.** An administrator shall ensure that:
- 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 - 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
- 1. A patient is treated with dignity, respect, and consideration;
 - 2. A patient as not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Except as allowed in R9-10-1012(B), restraint or seclusion;
 - i. Retaliation for submitting a complaint to the Department or another entity; or
 - j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
 - 3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;

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- c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. The outpatient treatment center's policy on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
- C.** A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy in treatment and care for personal needs;
 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
 6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
 7. To participate or refuse to participate in research or experimental treatment; and
 8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1009. Medical Records**
- A.** An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law;
 6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If an outpatient treatment center maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
 - a. Except as specified in A.A.C. R9-6-1005, the patient's name and address;
 - b. The patient's date of birth; and
 - c. Any known allergies, including medication allergies;
 2. A diagnosis or reason for outpatient treatment center services;
 3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
 4. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 5. Documentation of medical history and, if applicable, results of a physical examination;
 6. Orders;
 7. Assessment;
 8. Treatment plans;
 9. Interval notes;
 10. Progress notes;
 11. Documentation of outpatient treatment center services provided to the patient;
 12. The name of each individual providing treatment or a diagnostic procedure;
 13. Disposition of the patient upon discharge;

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14. Documentation of the patient's follow-up instructions provided to the patient;
 15. A discharge summary;
 16. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Sleep disorder reports,
 - d. Diagnostic reports, and
 - e. Consultation reports;
 17. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual, other than actions taken while providing behavioral health observation/stabilization services; and
 18. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
 - f. Any adverse reaction a patient has to the medication; and
 - g. For prepacked or sample medication provided to the patient for self-administration, the name, strength, dosage, amount, route of administration, and expiration date.
- c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
 - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
 - e. Procedures for assisting a patient in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B.** If an outpatient treatment center provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
 3. A medication administered to a patient is:
 - a. Administered in compliance with an order, and
 - b. Documented in the patient's medical record.
- C.** If an outpatient treatment center provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A patient's medication is stored by the outpatient treatment center;
 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The patient is taking the dosage of the medication stated on the medication container label, and
 - iii. The patient is taking the medication at the time stated on the medication container label; or
 - e. Observing the patient while the patient takes the medication;
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide

Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1010. Medication Services

- A.** If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;

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- assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
 - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 - 6. Assistance in the self-administration of medication provided to a patient is:
 - a. In compliance with an order, and
 - b. Documented in the patient's medical record.
 - D. An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members;
 - 3. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - c. A copy of the pharmacy license is provided to the Department upon request.
 - E. When medication is stored at an outpatient treatment center, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
 - F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient treatment center's clinical director.
- Historical Note**
- New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1011. Behavioral Health Services**
- A. An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
 - 1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
 - 2. The behavioral health services provided by or at the outpatient treatment center:
 - a. Are provided under the direction of a behavioral health professional; and
 - b. Comply with the requirements:
 - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115, and
 - ii. For an assessment, in subsection (B);
 - 3. A personnel member who provides behavioral health services is:
 - a. At least 21 years of age; or
 - b. At least 18 years of age and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice; and
 - 4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner and an employee or a volunteer comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
 - B. An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
 - 1. Except as provided in subsection (B)(2), a behavioral health assessment for a patient is completed before treatment for the patient is initiated;
 - 2. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:
 - a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and
 - b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;
 - 3. If a behavioral health assessment is conducted by a:
 - a. Behavioral health technician or a registered nurse, within 72 hours a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
 - 4. A behavioral health assessment:
 - a. Documents a patient's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,

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- (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history; and
 - ix. Symptoms reported by the patient and referrals needed by the patient, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the patient's needs;
 - ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient; and
 - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
 - c. Is documented in patient's medical record;
5. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
 6. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
 7. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
 8. Documentation of the request in subsection (B)(6) and the opportunity in subsection (B)(7) is in the patient's medical record;
 9. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
 10. If information in subsection (B)(4)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
 11. Counseling is:
 - a. Offered as described in the outpatient treatment center's scope of services,
 - b. Provided according to the frequency and number of hours identified in the patient's assessment, and
 - c. Provided by a behavioral health professional or a behavioral health technician;
 12. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 13. Each counseling session is documented in the patient's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.
- C. An administrator of an outpatient treatment center authorized to provide behavioral health services may request to provide any of the following to individuals required to attend by a referring court:
1. DUI screening,
 2. DUI education,
 3. DUI treatment, or
 4. Misdemeanor domestic violence offender treatment.
- D. An administrator of an outpatient treatment center authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
 2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1011 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1011 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1012. Behavioral Health Observation/Stabilization Services

- A. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
1. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;
 2. Behavioral health observation/stabilization services are provided in a designated area that:
 - a. Is used exclusively for behavioral health observation/stabilization services;
 - b. Has the space for a patient to receive privacy in treatment and care for personal needs; and
 - c. For every 15 observation chairs or less, has at least one bathroom that contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation;
 3. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age:
 - a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:
 - i. Meets the requirements in subsection (B)(2), and
 - ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;
 - b. A registered nurse is present in the separate designated area; and
 - c. A patient under 18 years of age does not share any space, participate in any activity or treatment, or

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- have verbal or visual interaction with a patient 18 years of age or older;
4. A medical practitioner is available;
 5. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;
 6. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;
 7. A nurse monitors each patient at the intervals determined according to subsection (A)(12) and documents the monitoring in the patient's medical record;
 8. An individual who arrives at the designated area for behavioral health observation/stabilization services in the outpatient treatment center is screened within 30 minutes after entering the designated area to determine whether the individual is in need of immediate physical health services;
 9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
 - a. Able to provide according to the outpatient treatment center's scope of services, the individual is examined by a medical practitioner within 30 minutes after being screened; or
 - b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;
 10. If a screening indicates that an individual needs behavioral health observation/stabilization services and the outpatient treatment center has the capabilities to provide the behavioral health observation/stabilization services, the individual is admitted to the designated area for behavioral health observation/stabilization services and may remain in the designated area and receive observation/stabilization services for up to 23 hours and 59 minutes;
 11. Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
 - a. If the behavioral health observation/stabilization services are provided in a health care institution that also provides inpatient services and is capable of meeting the patient's needs, admitted to the health care institution as an inpatient;
 - b. Transferred to another health care institution capable of meeting the patient's needs;
 - c. Provided a referral to another entity capable of meeting the patient's needs; or
 - d. Discharged and provided patient follow-up instructions;
 12. When a patient is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the patient includes the interval for monitoring the patient based on the patient's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the patient;
 13. If a patient is not being admitted as an inpatient to a health care institution, before discharging the patient from a designated area for behavioral health observation/stabilization services, a personnel member:
 - a. Identifies the specific needs of the patient after discharge necessary to assist the patient to function independently;
 - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the patient; and
 - c. Documents the information in subsection (A)(13)(a) and the resources in subsection (A)(13)(b) in the patient's medical record;
 14. When a patient is discharged from a designated area for behavioral health observation/stabilization services, a personnel member:
 - a. Provides the patient with discharge information that includes:
 - i. The identified specific needs of the patient after discharge, and
 - ii. Resources that may be available for the patient; and
 - b. Contacts any resources identified as required in subsection (A)(13)(b);
 15. Except as provided in subsection (A)(16), a patient is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge from a designated area for behavioral health observation/stabilization services;
 16. A patient may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge if:
 - a. It is at least one hour since the time of the patient's discharge;
 - b. A law enforcement officer or the patient's case manager accompanies the patient to the outpatient treatment center;
 - c. Based on a screening of the patient, it is determined that re-admission for behavioral health observation/stabilization is necessary for the patient; and
 - d. The name of the law enforcement officer or the patient's case manager and the reasons for the determination in subsection (A)(16)(c) are documented in the patient's medical record;
 17. A patient admitted for behavioral health observation/stabilization services is provided:
 - a. An observation chair; or
 - b. A separate piece of equipment for the patient to use to sit or recline that:
 - i. Is at least 12 inches from the floor; and
 - ii. Has sufficient space around the piece of equipment to allow a personnel member to provide behavioral health services and physical health services, including emergency services, to the patient;
 18. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety, which may include:
 - a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
 - b. Establishing a method to notify the individual when there is an observation chair available;
 - c. Referring or providing transportation to the individual to another health care institution;
 - d. Assisting the individual to contact the individual's support system; and
 - e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;

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19. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;
 20. The log required in subsection (A)(19) is maintained for at least 12 months after the date of documentation in the log;
 21. An observation chair or, as provided in subsection (A)(17)(b), a piece of equipment used by a patient to sit or recline is visible to a personnel member;
 22. Except as provided in subsection (A)(23), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;
 23. A patient admitted to receive behavioral health observation/stabilization services may use the bathroom and not be visible to a personnel member, if the personnel member:
 - a. Determines that the patient is capable of using the bathroom unsupervised,
 - b. Is aware of the patient's location, and
 - c. Is able to intervene in the patient's actions to ensure the patient's health and safety; and
 24. An observation chair:
 - a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services, including emergency services, to a patient in the observation chair; and
 - b. Effective on July 1, 2015, has at least three feet of clear floor space:
 - i. On at least two sides of the observation chair, and
 - ii. Between the observation chair and any other observation chair.
- B.** An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall:
1. Have a room used for seclusion that complies with requirements for seclusion rooms in R9-10-316, and
 2. Comply with the requirements for restraint and seclusion in R9-10-316.
- C.** An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover the process for:
 - i. Evaluating a patient previously admitted to the designated area to determine whether the patient is ready for admission to an inpatient setting or discharge, including when to implement the process;
 - ii. Contacting other health care institutions that provide behavioral health observation/stabilization services to determine if the patient could be admitted for behavioral health observation/stabilization services in another health care institution, including when to implement the process; and
 - iii. Ensuring that sufficient personnel members, space, and equipment are available to provide behavioral health observation/stabilization services to patients admitted to receive behavioral health observation/stabilization services; and
 - b. Establish a maximum capacity of the number of patients for whom the outpatient treatment center is capable of providing behavioral health observation/stabilization services;
2. The outpatient treatment center does not:
- a. Exceed the maximum capacity established by the outpatient treatment center in subsection (C)(1)(b); or
 - b. Admit an individual if the outpatient treatment center does not have personnel members, space, and equipment available to provide behavioral health observation/stabilization services to the individual; and
3. Effective on July 1, 2015:
- a. If an admission of an individual causes the outpatient treatment center to exceed the outpatient treatment center's licensed occupancy, the individual is only admitted for behavioral health observation/stabilization services after:
 - (i.) A behavioral health professional reviews the individual's screening and determines the admission is an emergency; and
 - (ii.) Documents the determination in the individual's medical record; and
 - b. The outpatient treatment center's quality management program's plan, required in R9-10-1004(1), includes a method to identify and document each occurrence of exceeding licensed occupancy, to evaluate the occurrences of exceeding licensed occupancy, and to review the actions taken to reduce future occurrences of exceeding licensed occupancy.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1012 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1012 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1013. Court-ordered Evaluation

An administrator of an outpatient treatment center that is authorized to provide court-ordered evaluation shall comply with the requirements for court-ordered evaluation in A.R.S. Title 36, Chapter 5, Article 4.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1013 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995

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(Supp. 95-3). The proposed summary action repealing R9-10-1013 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1014. Court-ordered Treatment

An administrator of an outpatient treatment center that is authorized to provide court-ordered treatment shall comply with the requirements for court-ordered treatment in A.R.S. Title 36, Chapter 5, Article 5.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1014 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1014 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1015. Clinical Laboratory Services

An administrator of an outpatient treatment center that is authorized to provide clinical laboratory services shall ensure that:

1. If clinical laboratory services are provided on the premises or at another location, the clinical laboratory services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and
2. A clinical laboratory test result is documented in a patient's medical record including:
 - a. The name of the clinical laboratory test;
 - b. The patient's name;
 - c. The date of the clinical laboratory test;
 - d. The results of the clinical laboratory test; and
 - e. If applicable, any adverse reaction related to or as a result of the clinical laboratory test.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days

(Supp. 83-6). Former Section R9-10-1015 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1015 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1016. Crisis Services

- A. An administrator of an outpatient treatment center that is authorized to provide crisis services shall comply with the requirements for behavioral health services in R9-10-1011.
- B. An administrator of an outpatient treatment center that is authorized to provide crisis services shall ensure that:
 1. Crisis services are available during clinical hours of operation;
 2. A behavioral health technician, qualified to provide crisis services according to the outpatient treatment center's policies and procedures, is present in the outpatient treatment center during clinical hours of operation; and
 3. The following individuals, qualified to provide crisis services according to policies and procedures, are available during clinical hours of operation:
 - a. A behavioral health professional,
 - b. A medical practitioner, and
 - c. A registered nurse.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1016 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1016 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1017. Diagnostic Imaging Services

An administrator of an outpatient treatment center that is authorized to provide diagnostic imaging services shall:

1. Designate an individual to provide direction for diagnostic imaging services who is a:
 - a. Radiologic technologist, certified under A.R.S. Title 32, Chapter 28, Article 2, who has at least 12 months experience in an outpatient treatment center;
 - b. Physician; or
 - c. Radiologist; and

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2. Ensure that:
 - a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
 - b. A copy of a certificate documenting compliance with subsection (2)(a) is maintained;
 - c. Diagnostic imaging services are provided to a patient according to an order that includes:
 - i. The patient's name,
 - ii. The name of the ordering individual,
 - iii. The diagnostic imaging procedure ordered, and
 - iv. The reason for the diagnostic imaging procedure;
 - d. A physician or radiologist interprets the diagnostic image; and
 - e. A diagnostic imaging patient report is completed that includes:
 - i. The patient's name,
 - ii. The date of the procedure, and
 - iii. A physician's or radiologist's interpretation of the diagnostic image.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1017 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1017 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1018. Dialysis Services

- A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:
 1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
 2. "Chief clinical officer" means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
 3. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
 4. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
 5. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
 6. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.
7. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
8. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
9. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
10. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
11. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the "practice of social work" as defined in A.R.S. § 32-3251.
12. "Stable means" that a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.
13. "Transplant surgeon" means a physician who:
 - a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
 - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.
- B. A governing authority of an outpatient treatment center that is authorized to provide dialysis services shall:
 1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and
 2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
 - a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
 - b. Has at least 12 months of experience or training in providing dialysis services.
- C. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
 1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Long-term care plans and patient care plans,
 - b. Assigning a patient an identification number,
 - c. Personnel members' response to a patient's adverse reaction during dialysis, and
 - d. Personnel members' response to an equipment malfunction during dialysis;
 2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-114 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
 3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
 - a. Before providing dialysis services, and
 - b. At least once every 12 months after the initial date of employment or volunteer service;

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4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and
 5. At least one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.
- D.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, that were in effect on the date listed on the building permit or zoning clearance submitted, as required by R9-10-104, as part of the application for approval of the architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
 2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application for approval of the architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):
 - a. Is submitted to the Department; and
 - b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412, in effect on the date:
 - i. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
 - ii. The application for approval of the architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
 3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in A.A.C. R9-1-412 in effect on the date:
 - a. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
 - b. The application for approval of the architectural plans and specifications required in R9-10-104(A) is submitted to the Department.
- E.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that for a patient receiving dialysis services:
1. The dialysis services provided to the patient meet the needs of the patient;
 2. A physician:
 - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
 - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
 3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 calendar days after the date of the medical history and physical examination:
 - a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
 - b. Performs a medical history and physical examination that includes information specific to nephrology;
 4. The patient's nephrologist or the nephrologist's designee:
 - a. Performs a medical history and physical examination on the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center, and
 - b. Documents monthly notes related to the patient's progress in the patient's medical record;
 5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
 - a. Reviews with the patient the results of any diagnostic tests performed on the patient;
 - b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
 - c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;
 - d. Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and
 - e. Documents in the patient's medical record:
 - i. Any notice provided as required in subsection (E)(5)(c), and
 - ii. Monthly notes related to the patient's progress;
 6. If the patient is not stable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;
 7. The patient:
 - a. Is under the care of a nephrologist;
 - b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);
 - c. Is identified by a personnel member before beginning dialysis;
 - d. Receives the dialysis services ordered for the patient by a medical practitioner;
 - e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and
 - f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;
 8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center's policies and procedures before being used to provide hemodialysis to a patient;
 9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient's medical record;

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10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
 11. If hemodialysis is provided to the patient, a personnel member:
 - a. Inspects the dialyzer before use to ensure that the:
 - i. External surface of the dialyzer is clean;
 - ii. Dialyzer label is intact and legible;
 - iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
 - iv. Dialyzer is free of visible blood and other foreign material;
 - b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
 - c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
 - d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
 - i. The patient's name and the patient's identification number,
 - ii. The number of times the dialyzer has been used in patient treatments,
 - iii. The date of the last use of the dialyzer by the patient, and
 - iv. The date of the last reprocessing of the dialyzer;
 - e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
 - f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;
 12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
 13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c);
 14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(d); and
 15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
 - a. A description of the patient's medical condition and the dialysis services provided to the patient, and
 - b. The signature of the nephrologist.
- F.** If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:
1. A patient or the patient's caregiver is:
 - a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and
 - b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
 2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
 3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
 4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
 5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
 6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
 - a. Reviewed to ensure that the patient is receiving continuity of care, and
 - b. Placed in the patient's medical record; and
 7. If a patient uses self-dialysis and self-administers medication:
 - a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
 - b. The patient and the patient's caregiver are informed of any potential:
 - i. Side effects of the medication; and
 - ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
 - c. The patient or the patient's caregiver is:
 - i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;
 - ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;
 - iii. Provided with instructions for the administration of the medication, including the specific route and technique the patient or the patient's caregiver has been taught to use;
 - iv. Able to read and understand the directions for using the medication;
 - v. Taught and able to self-monitor the patient's blood pressure; and
 - vi. Informed how to store the medication according to the manufacturer's instructions.
- G.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a social worker is employed by the outpatient treatment center to meet the needs of a patient receiving dialysis services including:
1. Conducting an initial psychosocial evaluation of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
 2. Participating in reviewing the patient's need for social work services;
 3. Recommending changes in treatment based on the patient's psychosocial evaluation;
 4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;
 5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;
 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and

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7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
 - H.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a registered dietitian is employed by the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:
 1. Conducting an initial nutritional assessment of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
 2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
 3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
 4. Monitoring the patient's adherence and response to a prescribed diet;
 5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;
 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
 7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
 - I.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a long-term care plan for each patient:
 1. Is developed by a team that includes at least:
 - a. The chief clinical officer of the outpatient treatment center;
 - b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;
 - c. A transplant surgeon or the transplant surgeon's designee;
 - d. A registered nurse responsible for nursing services provided to the patient;
 - e. A social worker;
 - f. A registered dietitian; and
 - g. The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;
 2. Identifies the modality of treatment and dialysis services to be provided to the patient;
 3. Is reviewed and approved by the chief clinical officer;
 4. Is signed and dated by each personnel member participating in the development of the long-term care plan;
 5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;
 6. Is signed and dated by the patient or the patient's representative; and
 7. Is reviewed at least once every 12 months by the team in subsection (I)(1) and updated according to the patient's needs.
 - J.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a patient care plan for each patient:
 1. Is developed by a team that includes at least:
 - a. The patient's nephrologist;
 - b. A registered nurse responsible for nursing services provided to the patient;
 - c. A social worker;
 - d. A registered dietitian; and
 - e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;
 2. Includes an assessment of the patient's need for dialysis services;
 3. Identifies treatment and treatment goals;
 4. Is signed and dated by each personnel member participating in the development of the patient care plan;
 5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;
 6. Is signed and dated by the patient or the patient's representative;
 7. Is implemented;
 8. Is evaluated by:
 - a. The registered nurse responsible for the dialysis services provided to the patient;
 - b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs; and
 - c. The social worker providing services to the patient related to the patient's psychosocial needs;
 9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
 10. Is reviewed and updated according to the needs of the patient:
 - a. At least once every six months for a patient whose medical condition is stable; and
 - b. At least once every 30 calendar days for a patient whose medical condition is not stable.
- K.** In addition to the requirements in R9-10-1009(C), an administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a medical record for each patient contains:
 1. An annual medical history;
 2. An annual physical examination;
 3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
 4. If applicable, documentation of:
 - a. The equipment inspection and testing required in subsection (E)(9), and
 - b. The self-dialysis required in subsection (F)(2); and
 5. If applicable, documentation of the patient's discharge.
- L.** For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center that is authorized to provide dialysis services, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
 1. A description of the patient's medical condition and the dialysis services provided to the patient; and
 2. The signature of the nephrologist.
- M.** If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reprocessing of Hemodialyzers, ANSI/AAMI RD47:2008/(R)2013, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments.
- N.** A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation

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in Dialysis Water and Dialysate Recommendations: A User Guide, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1018 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1018 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1019. Emergency Room Services

An administrator of an outpatient treatment center that is authorized to provide emergency room services shall ensure that:

1. Emergency room services are:
 - a. Available on the premises:
 - i. At all times, and
 - ii. To stabilize an individual's emergency medical condition; and
 - b. Provided:
 - i. In a designated area, and
 - ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;
4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in A.A.C. R9-1-412;
5. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that specify requirements for the use of a room used for seclusion that meets the requirements in R9-10-217(D);
6. A physician is present in an area designated for emergency room services;
7. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
8. The outpatient treatment center has a documented transfer agreement with a general hospital;
9. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
10. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (8);
11. There is a chronological log of emergency room services provided to a patient that includes:
 - a. The patient's name;
 - b. The date, time, and mode of arrival; and

- c. The disposition of the patient, including discharge or transfer; and
12. The chronological log required in subsection (11) is maintained:
 - a. In the designated area for emergency room services for at least 12 months after the date the emergency room services were provided; and
 - b. By the outpatient treatment center for a total of at least 24 months after the date the emergency room services were provided.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1019 adopted as an emergency now adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1019 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1020. Opioid Treatment Services

- A. A governing authority of an outpatient treatment center that is authorized to provide opioid treatment services shall:
 1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment,
 2. Maintain a current Substance Abuse and Mental Health Services Administration certificate for the outpatient treatment center on the premises, and
 3. Ensure that the administrator appointed as required in R9-10-1003(B)(3) is named on the Substance Abuse and Mental Health Services Administration certificate as the individual responsible for the opioid treatment services provided by or at the outpatient treatment center.
- B. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that:
 1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Include the criteria for receiving opioid treatment services and address:
 - i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 calendar days and providing medical and health-related services to the patient, and
 - ii. Detoxification treatment that occurs over a continuous period of more than 30 calendar days;
 - b. Include the criteria and procedures for discontinuing opioid treatment services;
 - c. Address the needs of specific groups of patients, such as patients who:

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- i. Are pregnant;
 - ii. Are children;
 - iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
 - iv. Have a mental disorder;
 - v. Abuse alcohol or other drugs; or
 - vi. Are incarcerated or detained;
 - d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;
 - e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;
 - f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
 - g. Include relapse prevention procedures;
 - h. Include for laboratory testing:
 - i. Criteria for the assessment of a patient's opioid agonist blood levels;
 - ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
 - iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;
 - i. Include procedures for the response of personnel members to a patient's adverse reaction during opioid treatment; and
 - j. Include criteria for dispensing one or more doses of an opioid agonist treatment medication to a patient for use off the premises and address:
 - i. Who may authorize dispensing,
 - ii. Restrictions on dispensing, and
 - iii. Information to be provided to a patient or the patient's representative before dispensing;
2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;
 3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:
 - a. Receives consultation with or a referral for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and
 - b. Is not admitted for opioid treatment services:
 - i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug; and
 - ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and
 4. In addition to the requirements in R9-10-1009(C), a medical record for each patient contains:
 - a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
 - b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.
- C.** An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that for a patient receiving opioid treatment services:
1. The opioid treatment services provided to the patient meet the needs of the patient;
2. A physician or a medical practitioner under the direction of a physician:
 - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
 - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
 3. Before receiving opioid treatment, the patient is informed of the following:
 - a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;
 - b. The goal and benefits of opioid treatment;
 - c. The signs and symptoms of overdose and when to seek emergency assistance;
 - d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
 - e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
 - f. Confidentiality requirements;
 - g. Drug screening and urinalysis procedures;
 - h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
 - i. Testing and treatment available for HIV and other communicable diseases; and
 - j. The patient complaint process;
 4. Documentation of the provision of the information specified in subsection (C)(3) is included in the patient's medical record;
 5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;
 6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treatment center's policy and procedure for discontinuing opioid treatment services required in subsection (B)(1)(b);
 7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection (B)(1)(i);
 8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
 - a. Include information that may reduce the risk of relapse; and
 - b. May include a referral for counseling, support groups, or medication for depression or sleep disorders; and
 9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
 - a. A description of the patient's medical condition and the opioid treatment services provided to the patient, and
 - b. The signature of the medical practitioner.
- D.** An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that an assessment for each patient receiving opioid treatment services:

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1. Includes, in addition to the information in R9-10-1010(B):
 - a. An assessment of the patient's need for opioid treatment services,
 - b. An assessment of the patient's medical conditions that may be affected by opioid treatment,
 - c. An assessment of other medications being taken by the patient and conditions that may be affected by opioid treatment, and
 - d. A plan to prevent relapse;
2. Identifies the treatment to be provided to the patient and treatment goals; and
3. Specifies whether the patient may receive an opioid agonist treatment medication for use off the premises and, if so, the number of doses that may be dispensed.
 - a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;
 - b. An injection or nerve block is administered by a physician or nurse anesthetist; and
 - c. The following information is included in a patient's medical record:
 - i. The evaluation of the patient required in subsection (4)(a),
 - ii. A record of the administration of the injection or nerve block, and
 - iii. Any resuscitation measures taken; and
5. An outpatient treatment center that meets the definition of a pain management clinic in A.R.S. § 36-448.01 and complies with 9 Article 20 of this Chapter.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1020 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1020 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1021. Pain Management Services

A medical director of an outpatient treatment center that is authorized to provide pain management services shall ensure that:

1. Pain management services are provided under the direction of:
 - a. A physician; or
 - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
2. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise;
3. If a controlled substance is used to provide pain management services:
 - a. A medical practitioner discusses the risks and benefits of using a controlled substance with a patient;
 - b. If the controlled substance is an opioid, the outpatient treatment center complies with the requirements in R9-10-2006; and
 - c. The following information is included in a patient's medical record:
 - i. The patient's history of substance use disorder,
 - ii. Documentation of the discussion in subsection (3)(a),
 - iii. The nature and intensity of the patient's pain, and
 - iv. The objectives used to determine whether the patient is being successfully treated; and
4. If an injection or a nerve block is used to provide pain management services:

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1021 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1021 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-1022. Physical Health Services

An administrator of an outpatient treatment center that is authorized to provide physical health services shall ensure that:

1. Medical services provided at or by the outpatient treatment center are provided under the direction of a physician or a registered nurse practitioner,
2. Nursing services provided at or by the outpatient treatment center are provided under the direction of a registered nurse, and
3. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1022 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1022 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, §

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13; effective July 1, 2014 (Supp. 14-2).

R9-10-1023. Pre-petition Screening

An administrator of an outpatient treatment center that is authorized to provide pre-petition screening shall comply with the requirements for pre-petition screening in A.R.S. Title 36, Chapter 5, Article 4.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1023 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1023 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1024. Rehabilitation Services

An administrator shall ensure that if an outpatient treatment center is authorized to provide:

1. Occupational therapy services, an occupational therapist provides direction for the occupational therapy services provided at or by the outpatient treatment center;
2. Physical therapy services, a physical therapist provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, a speech-language pathologist provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). New Section R9-10-1024 adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1024 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1025. Respite Services

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Emergency safety response" has the same meaning as in R9-10-701.
2. "Outing" means travel by a child, who is receiving respite services provided by an outpatient treatment center, to a location away from the outpatient treatment center premises or, if applicable, the child's residence for a specific activity.

3. "Parent" means a child's:

- a. Mother or father, or
- b. Legal guardian.

B. An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:

1. Respite services are not provided in a personnel member's residence unless the personnel member's residence is licensed as a behavioral health respite home;
2. Except for an outpatient treatment center that is authorized to provide respite services for children on the premises, respite services are provided:
 - a. In a patient's residence; or
 - b. Up to 10 continuous hours in a 24-hour time period while the individual who is receiving the respite services is:
 - i. Supervised by a personnel member;
 - ii. Awake;
 - iii. Except as stated in subsection (B)(3), provided food;
 - iv. Allowed to rest;
 - v. Provided an opportunity to use the toilet and meet the individual's hygiene needs; and
 - vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and
3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the child is receiving respite services from the outpatient treatment center.

C. If an outpatient treatment center that is authorized to provide respite services for children includes outings in the outpatient treatment center's scope of services, an administrator shall ensure that:

1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child's parent that includes:
 - a. The child's name;
 - b. A description of the outing;
 - c. The name of the outing destination, if applicable;
 - d. The street address and, if available, the telephone number of the outing destination;
 - e. Either:
 - i. The date or dates of the outing; or
 - ii. The time period, not to exceed 12 months, during which the permission is given;
 - f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;
 - g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child's residence; and
 - h. The dated signature of the child's parent;
2. Each motor vehicle used on an outing by a personnel member for a child receiving respite services from the outpatient treatment center:
 - a. Is maintained in a mechanically safe condition;
 - b. Is free from hazards;
 - c. Has an operational heating system;
 - d. Has an operational air-conditioning system; and
 - e. Is equipped with:
 - i. A first-aid kit that meets the requirements in subsection (S)(1), and
 - ii. Two large, clean towels or blankets;

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3. On an outing, a child does not ride in a truck bed, camper, or trailer attached to a motor vehicle;
4. The Department is notified within 24 hours after a motor vehicle accident that involves a child who is receiving respite services while riding in the motor vehicle on an outing; and
5. A personnel member who drives a motor vehicle with children receiving respite services from the outpatient treatment center in the motor vehicle:
 - a. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;
 - b. Does not permit a child to be seated in front of a motor vehicle's air bag;
 - c. Requires that a child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;
 - d. Requires that a child is secured, as required in A.R.S. § 28-907 or 28-909, before the motor vehicle is set in motion and while the motor vehicle is in motion;
 - e. Assists a child into or out of the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose;
 - f. Carries drinking water in an amount sufficient to meet the needs of each child on the outing and a sufficient number of cups or other drinking receptacles so that each child can drink from a different cup or receptacle; and
 - g. Accounts for each child while on the outing.
- D.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
 1. Respite services are only provided on the premises for up to 10 continuous hours per day between the hours of 6:00 a.m. and 10:00 p.m.;
 2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's license application and according to R9-10-1002(D);
 3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
 4. At least one personnel member who has current training in first aid and cardiopulmonary resuscitation is available on the premises when a child is receiving respite services on the premises;
 5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
 6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
 - a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
 - b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
 - c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
 - d. A firearm as defined in A.R.S. § 13-105;
 7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
 8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
 9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record:
 - a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;
 - b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center;
 - c. The name and contact telephone number of the child's health care provider;
 - d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;
 - e. The name of the individual to be contacted in case of injury or sudden illness of the child;
 - f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;
 - g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and
 10. Documentation is obtained and maintained in the child's medical record each time the child receives respite services on the premises that includes:
 - a. The date and time of each admission to and discharge from receiving respite services; and
 - b. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;
 11. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;
 12. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except:
 - a. When the child's parent authorizes the administrator by telephone or electronic means to release the child to an individual not so designated, and
 - b. The administrator can verify the telephone or electronic authorization using a means of verification that has been agreed to by the administrator and the child's parent and documented in the child's medical record; and
 13. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:

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- a. One personnel member providing supervision for every five children receiving respite services on the premises; and
 - b. Two personnel members on the premises when a child is receiving respite services on the premises.
- E. If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is an individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(13).
- F. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:
 - 1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;
 - 2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;
 - 3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
 - 4. Clean clothing is available to a child when the child needs a change of clothing;
 - 5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
 - 6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
 - 7. The premises, including the buildings, are maintained free from hazards;
 - 8. Toys and play equipment, required in this Section, are maintained:
 - a. Free from hazards, and
 - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
 - 9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;
 - 10. Except when a child is napping or sleeping or for a child who has a sensory issue documented in the child's behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;
 - 11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;
 - 12. Each child's toothbrush, comb, washcloth, and cloth towel that are provided for the child's use by the child's parent are maintained in a clean condition and stored in an identified space separate from those of other children;
 - 13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:
 - a. All materials and chemicals labeled as a toxic or flammable substance;
 - b. All substances that have a child warning label and may be a hazard to a child; and
 - c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
- 14. Hand sanitizers:
 - a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
 - b. When being provided for use, are accessible to children; and
- 15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:
 - a. Garden tools, such as a rake, trowel, and shovel; and
 - b. Cleaning equipment and supplies, such as a mop and mop bucket.
- G. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:
 - 1. Supervises each child at all times;
 - 2. Does not smoke or use tobacco:
 - a. In any area where respite services may be provided for a child, or
 - b. When transporting or transferring a child;
 - 3. Except for a child who can change the child's own clothing, changes a child's clothing when wet or soiled;
 - 4. Empties clothing soiled with feces into a toilet without rinsing;
 - 5. Places a child's soiled clothing in a plastic bag labeled with the child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the child's parent;
 - 6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
 - a. Meals and snacks,
 - b. Naps,
 - c. Indoor activities,
 - d. Outdoor or large muscle development activities,
 - e. Quiet and active activities,
 - f. Personnel member-directed activities,
 - g. Self-directed activities, and
 - h. Activities that develop small muscles;
 - 7. Provides activities and opportunities, consistent with a child's behavioral health assessment, for each child to:
 - a. Gain a positive self-concept;
 - b. Develop and practice social skills;
 - c. Acquire communication skills;
 - d. Participate in large muscle physical activity;
 - e. Develop habits that meet health, safety, and nutritional needs;
 - f. Express creativity;
 - g. Learn to respect cultural diversity of children and staff;
 - h. Learn self-help skills; and
 - i. Develop a sense of responsibility and independence;
 - 8. Implements the schedule in subsection (G)(6);
 - 9. If an activity on the schedule in subsection (G)(6) is not implemented, writes on the schedule the activity that was not implemented and what activity was substituted;
 - 10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement the schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center that day, including:
 - a. Art and crafts supplies;
 - b. Books;

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- c. Balls;
 - d. Puzzles, blocks, and toys to enhance manipulative skills;
 - e. Creative play toys;
 - f. Musical instruments; and
 - g. Indoor and outdoor equipment to enhance large muscle development;
11. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:
- a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;
 - b. Labels the personal products with the child's name; and
 - c. Keeps the personal products inaccessible to children; and
12. Monitors a child for overheating or overexposure to the sun.
- H.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:
- 1. A nonabsorbent, sanitizable diaper changing surface that is:
 - a. Seamless and smooth, and
 - b. Kept clear of items not required for diaper changing;
 - 2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:
 - a. Running water,
 - b. Soap from a dispenser, and
 - c. Single-use paper hand towels from a dispenser;
 - 3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and
 - 4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.
- I.** In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
- 1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:
 - a. Washes and dries the child, using a separate wash cloth and towel only once for each child;
 - b. If applicable, applies the child's individual personal products labeled with the child's name;
 - c. Uses single-use non-porous gloves;
 - d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);
 - e. Washes each child's hands with soap and running water after each diaper change; and
 - f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
 - 2. A personnel member:
 - a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and
- J.** Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
- 1. Serve the following meals or snacks to a child receiving respite services on the premises:
 - a. For the following periods of time:
 - i. Two to four hours, one or more snacks;
 - ii. Four to eight hours, one or more snacks and one or more meals; and
 - iii. More than eight hours, two snacks and one or more meals;
 - b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;
 - c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.; and
 - d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;
 - 2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and
 - 3. If the outpatient treatment center provides a meal or snack to a child:
 - a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving, and
 - b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.
- K.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
- 1. May serve food provided for a child by the child's parent;
 - 2. If a child's parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in Table 10.1, the meals or snacks provided by the child's parent; and
 - 3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child's behavioral health assessment, to meet the child's dietary and nutritional needs.
- L.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.
- M.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the

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premises that is not prepared by the outpatient treatment center or provided by the child's parent, the administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.

- N. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
 1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
 2. A personnel member:
 - a. Washes the hands of an infant or a child who cannot wash the child's own hands before and after the infant or child handles or eats food, using:
 - i. A washcloth,
 - ii. A single-use paper towel, or
 - iii. Soap and running water; and
 - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;
 3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
 - a. After each use:
 - i. Washed in an automatic dishwasher and air dried or heat dried; or
 - ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
 - b. Stored in a clean area protected from contamination;
 4. Single-use utensils and equipment are disposed of after being used;
 5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;
 6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;
 7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and
 8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
 - a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or
 - b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.
- O. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
 1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child's behavioral health assessment;
 2. Shall ensure that:
 - a. A personnel member, consistent with the child's behavioral health assessment:
 - i. Defines and maintains consistent and reasonable guidelines and limitations for a child's behavior;
 - ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
 - iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;
- b. An emergency safety response is:
 - i. Only used:
 - (1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,
 - (2) For the management of a child's violent or self-destructive behavior, and
 - (3) When less restrictive interventions have been determined to be ineffective; and
 - ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
- c. If an emergency safety response was used for a child, a personnel member, when the child is discharged to the child's parent:
 - i. Notifies the child's parent of the use of the emergency safety response for the child and the behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - ii. Documents in the child's medical record that the child's parent was notified of the use of the emergency safety response;
- d. Within 24 hours after an emergency safety response is used for a child receiving respite services on the premises, the following information is entered into the child's medical record:
 - i. The date and time the emergency safety response was used;
 - ii. The name of each personnel member who used an emergency safety response;
 - iii. The specific emergency safety response used;
 - iv. The behavior, event, or environmental factor that caused the need for the emergency safety response; and
 - v. Any injury that resulted from the use of the emergency safety response;
- e. Within 10 working days after an emergency safety response is used for a child receiving respite services on the premises, a behavioral health professional reviews the information in subsection (O)(2)(d) and documents the review in the child's medical record;
- f. After the review required in subsection (O)(2)(e), the following information is entered into the child's medical record:
 - i. Actions taken or planned to prevent the need for a subsequent use of an emergency safety response for the child,
 - ii. A determination of whether the child is appropriately placed at the outpatient treatment center providing respite services for children on the premises, and
 - iii. Whether the child's treatment plan was reviewed or needs to be reviewed and amended to ensure that the child's treatment plan is meeting the child's treatment needs;
- g. Emergency safety response training is documented according to the requirements in R9-10-716(F)(2); and
- h. Materials used for emergency safety response training are maintained according to the requirements in R9-10-716(F)(3); and

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3. A personnel member does not use or permit:
 - a. A method of discipline that could cause harm to the health, safety, or welfare of a child;
 - b. Corporal punishment;
 - c. Abusive language;
 - d. Discipline associated with:
 - i. Eating, napping, sleeping, or toileting;
 - ii. Medication; or
 - iii. Mechanical restraint; or
 - e. Discipline administered to any child by another child.
- P. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
 1. Provide each child who naps or sleeps on the premises with a separate cot or mat and ensure that:
 - a. A cot or mat used by the child accommodates the child's height and weight;
 - b. A personnel member covers each cot or mat with a clean sheet that is laundered when soiled, or at least once every seven days and before use by a different child;
 - c. A clean blanket or sheet is available for each child;
 - d. A rug, carpet, blanket, or towel is not used as a mat; and
 - e. Each cot or mat is maintained in a clean and repaired condition;
 2. Not use bunk beds or waterbed mattresses for a child receiving respite services;
 3. Provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a personnel member access to each child;
 4. Ensure that if a child naps or sleeps while receiving respite services at the outpatient treatment center, the administrator:
 - a. Does not permit the child to lie in direct contact with the floor while napping or sleeping;
 - b. Prohibits the operation of a television in a room where the child is napping or sleeping; and
 - c. Requires that a personnel member remain awake while supervising the napping or sleeping child; and
 5. Ensure that storage space is provided on the premises for cots, mats, sheets, and blankets, that is:
 - a. Accessible to an area used for napping or sleeping; and
 - b. Separate from food service and preparation areas, toilet rooms, and laundry rooms.
- Q. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall, in the area of the premises where the respite services are provided:
 1. Maintain the premises and furnishings:
 - a. Free of insects and vermin,
 - b. In a clean condition, and
 - c. Free from odor; and
 2. Ensure that:
 - a. Floor coverings are:
 - i. Clean; and
 - ii. Free from:
 - (1) Dampness,
 - (2) Odors, and
 - (3) Hazards;
 - b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;
- c. Each toilet room used by children receiving respite services on the premises contains, within easy reach of children:
 - i. Mounted toilet tissue;
 - ii. A sink with running water;
 - iii. Soap contained in a dispenser; and
 - iv. Disposable, single-use paper towels, in a mounted dispenser, or a mechanical hand dryer;
- d. Personnel members wash their hands with soap and running water after toileting;
- e. A child's hands are washed with soap and running water after toileting;
- f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
- g. Food waste and other refuse is removed from the area of the premises where respite services are provided for children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
- h. A personnel member or a child does not draw water for human consumption from a toilet room hand-washing sink;
- i. Toys, materials, and equipment are maintained in a clean condition;
- j. Plumbing fixtures are maintained in a clean and working condition; and
- k. Chipped or cracked sinks and toilets are replaced or repaired.
- R. If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:
 1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
 2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;
 3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and
 4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.
- S. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:
 1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services, including the following:
 - a. Sterile bandages including:
 - i. Self-adhering bandages of assorted sizes,
 - ii. Sterile gauze pads, and
 - iii. Sterile gauze rolls;
 - b. Antiseptic solution or sealed antiseptic wipes;
 - c. A pair of scissors;
 - d. Self-adhering tape;
 - e. Single-use, non-porous gloves; and
 - f. Reclosable plastic bags of at least one-gallon size; and
 2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.
- T. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
 1. Prepare and date a written fire and emergency plan that contains:

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- a. The location of the first aid kit;
 - b. The names of personnel members who have first aid training;
 - c. The names of personnel members who have cardio-pulmonary resuscitation training;
 - d. The directions for:
 - i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and
 - ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and
 - e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;
 3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual who has direct access to an in-and-out operable telephone services; and
 4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.
- U. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall in the area designated for providing respite services:
1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and
 2. Maintain and use a communication system that contains:
 - a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
 - b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.
- V. If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:
1. Notifies the child's parent immediately after the accident, injury, or emergency;
 2. Documents:
 - a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
 - b. The method used to notify the child's parent; and
 - c. The time the child's parent was notified; and
 3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- W. If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the child had while on the premises, an administrator shall ensure that a personnel member:
1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
 2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- X. If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a personnel member:
1. Immediately separates the child from other children,
 2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center,
 3. Documents the notification required in subsection (X)(2), and
 4. Maintains documentation of the notification required in subsection (X)(3) for at least 12 months after the date of the notification.
- Y. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:
1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
 - a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
 - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and
 - c. At least one flush toilet and one hand-washing sink for each additional 20 children;
 2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
 3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
 4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
 - a. The interior walls;
 - b. A kitchen, a bathroom, a closet, a hallway, a stair, an entryway, an office, an area designated for isolating a child from other children, a storage room, or a room or floor space designated for the sole use of personnel members;
 - c. Room space occupied by desks, file cabinets, storage cabinets, or hand-washing sinks for a personnel member's use; or
 - d. Indoor area that is substituted for required outdoor area.
- Z. An administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall ensure that, in addition to the policies and procedures required in this Article, policies and procedures are established, documented, and implemented for the children's use of a toilet and hand-washing sink that ensure the children's health and safety and include:

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1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and
 2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.
- AA.** To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:
1. Provide at least 75 square feet of outdoor area per child for at least 50% of the outpatient treatment center's respite capacity; or
 2. Comply with one of the following:
 - a. If no child receives respite services on the premises for more than four hours per day, provide at least 50 square feet of indoor area for each child, based on the outpatient treatment center's respite capacity;
 - b. If a child receives respite services on the premises for more than four hours but less than six hours per day, provide at least 75 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the indoor area required in subsection (Y)(4); or
 - c. Provide at least 37.5 square feet of outdoor area and 37.5 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the activity area required in subsection (Y)(4).
- BB.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises is substituting indoor area for outdoor area, the administrator shall:
1. Designate, on the site plan and the floor plan submitted with the license application or a request for an intended change or modification, the indoor area that is being substituted for an outdoor area; and
 2. In the indoor area substituted for outdoor area, install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings and climbing equipment.
- CC.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. An outdoor area used by children receiving respite services:
 - a. Is enclosed by a fence:
 - i. A minimum of 4.0 feet high,
 - ii. Secured to the ground, and
 - iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
 - b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
 - c. Has gates that are kept closed while a child is in the outdoor area;
 2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
 - a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
 - b. A minimum depth of 6.0 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
 3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for shock-absorbing unitary surfacing material;
 4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and
 5. A shaded area for each child occupying an outdoor area at any time of the day is provided.
- DD.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in an outpatient treatment center's kitchen and any other location required for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in A.A.C. R9-1-412.
- EE.** In addition to the requirements in R9-10-1029(F), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;
 2. An unvented or open-flame space heater or portable heater is not used on the premises;
 3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
 4. Heating and cooling equipment is inaccessible to a child;
 5. Fans are mounted and inaccessible to a child;
 6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
 7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting; and
 8. A toilet room door does not open into a kitchen or laundry.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1025 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1025 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Sequential numbering corrections made under subsection

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R9-10-1025(G) at the request of the Department of
Health Services on June 27, 2016; file number M16-185

(Supp. 16-3). Amended by final rulemaking at 25 A.A.R.
1583, effective October 1, 2019 (Supp. 19-3).

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Table 10.1 Meal Pattern Requirements for Children

Meal Pattern Requirements for Children

Food Components	Ages 1 through 2 years	Ages 3 through 5 years	Ages 6 and older
Breakfast: 1. Milk, fluid 2. Vegetable, fruit, or full-strength juice 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains	1/2 cup 1/4 cup 1/2 slice 1/2 serving 1/4 cup 1/4 cup	3/4 cup 1/2 cup 1/2 slice 1/2 serving 1/3 cup 1/4 cup	1 cup 1/2 cup 1 slice 1 serving 3/4 cup 1/2 cup
Lunch or Supper: 1. Milk, fluid 2. Vegetable and/or fruit (2 or more kinds) 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/4 cup total 1/2 slice 1/2 serving 1/4 cup 1/4 cup 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp.** 1/2 oz.** 4 oz.	3/4 cup 1/2 cup total 1/2 slice 1/2 serving 1/3 cup 1/4 cup 1 1/2 oz. 1 1/2 oz. 3/4 egg 3/8 cup 3 tbsp.** 3/4 oz.** 6 oz.	1 cup 3/4 cup total 1 slice 1 serving 3/4 cup 1/2 cup 2 oz. 2 oz. 1 egg 1/2 cup 4 tbsp.** 1 oz.** 8 oz.
Snack: (select 2 of these 4 components)*** 1. Milk, fluid 2. Vegetable, fruit, or full-strength juice 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/2 cup 1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz.	1/2 cup 1/2 cup 1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz.	1 cup 3/4 cup 1 slice 1 serving 3/4 cup 1/2 cup 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp. 1 oz. 4 oz.
* In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components. ** At lunch and supper, no more than 50% of the requirement shall be met with nuts, seeds, or nut butters. Nuts, seeds, or nut butters shall be combined with another meat or meat alternative to fulfill the requirement. Two tablespoons of nut butter or one ounce of nuts or seeds equals one ounce of meat. *** Juice may not be served when milk is served as the only other component.			

Historical Note

Table 10.1 made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2).

R9-10-1026. Sleep Disorder Services

An administrator of an outpatient treatment center that is authorized to provide sleep disorder services shall ensure that:

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1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;
2. At least one of the following is present on the premise of the outpatient treatment center:
 - a. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT),
 - b. A polysomnographic technician accepted by the BRPT to sit for the BRPT certification examination, or
 - c. A respiratory therapist;
3. There is at least one patient testing room having a minimum of 140 square feet and no dimension less than 10 feet;
4. There is a bathroom available for use by a patient that contains:
 - a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,
 - d. Soap for hand washing,
 - e. Paper towels or a mechanical air hand dryer,
 - f. Lighting, and
 - g. A means of ventilation;
5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise; and
6. Equipment for the delivery of continuous positive airway pressure and bi-level positive airway pressure, including remote control of the airway pressure, is available on the premises of the outpatient treatment center.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1026 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1026 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1027. Urgent Care Services Provided in a Freestanding Urgent Care Setting

An administrator of an outpatient treatment center that is authorized to provide urgent care services in a freestanding urgent care setting shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D)(1), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover basic life support training and pediatric basic life support training including:
 - a. Method and content of training,
 - b. Qualifications of individuals providing the training, and
 - c. Documentation that verifies a medical practitioner has received the training;
2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing

services, and health-related services included in the outpatient treatment center's scope of services;

3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to A.R.S. § 36-432;
4. If a patient's death occurs at the outpatient treatment center, a written report is submitted to the Department as required in A.R.S. § 36-445.04;
5. A medical practitioner completes basic life support training and pediatric basic life support training:
 - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
 - b. At least once every 24 months after the initial date of employment;
6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
 - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center; and
 - b. At least once every 24 months after the initial date of employment or volunteer service; and
7. In addition to the requirements in R9-10-1006(11), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1027 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1027 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1028. Infection Control

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
 - a. A method to identify and document infections occurring at the outpatient treatment center;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient treatment center;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient treatment center; and
 - d. Documentation of infection control activities including:
 - i. The collection and analysis of infection control data,

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- ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases to the governing authority and state and county health departments;
- 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
- 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. If applicable:
 - i. Handling and disposal of biohazardous medical waste;
 - ii. Isolation of a patient;
 - iii. Sterilization and disinfection of medical equipment and supplies;
 - iv. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; and
 - v. Collection, storage, and cleaning of soiled linens and clothing;
 - b. Cleaning an individual's hands when the individual's hands are visibly soiled;
 - c. Training of personnel members, employees, and volunteers in infection control practices; and
 - d. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
- 5. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1028 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1028 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1029. Emergency and Safety Standards

- A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
 - 1. A list of the medications, supplies, and equipment required on the premises for the emergency treatment provided by the outpatient treatment center;
 - 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;

- 3. A requirement that a cart or a container is available for emergency treatment that contains the medication, supplies, and equipment specified in the outpatient treatment center's policies and procedures; and
 - 4. A method to verify and document that the contents of the cart or container are available for emergency treatment.
- B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the outpatient treatment center according to the outpatient treatment center's policies and procedures.
- C. An administrator shall ensure that:
 - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals on the premises;
 - b. Assigned responsibilities for each personnel member, employee, or volunteer;
 - c. Instructions for the evacuation of patients and other individuals on the premises; and
 - d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;
 - 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
 - 3. An evacuation drill is conducted on each shift at least once every 12 months;
 - 4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
 - a. The date and time of the evacuation drill or disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;
 - c. A critique of the evacuation drill or disaster plan review; and
 - d. If applicable, recommendations for improvement;
 - 5. Documentation required in subsection (C)(4) is maintained for at least 12 months after the date of the evacuation drill or disaster plan review; and
 - 6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.
- D. An administrator shall ensure that an outpatient treatment center has either:
 - 1. Both of the following that are tested and serviced at least once every 12 months:
 - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
 - 2. The following:
 - a. A smoke detector installed in each hallway of the outpatient treatment center that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
 - iii. Tested monthly; and

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- b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
 - i. Is available at the outpatient treatment center;
 - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
 - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.
- E. An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.
- F. An administrator shall ensure that:
 - 1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
 - 2. Except as provided in subsection (G), a corridor in the outpatient treatment center is at least 44 inches wide;
 - 3. Corridors and exits are kept clear of any obstructions;
 - 4. A patient can exit through any exit during hours of operation;
 - 5. An extension cord is not used instead of permanent electrical wiring;
 - 6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
 - 7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
 - 8. Oxygen and medical gas containers:
 - a. Are maintained in a secured, upright position; and
 - b. Are stored in a room with a door:
 - i. In a building with sprinklers, at least five feet from any combustible materials; or
 - ii. In a building without sprinklers, at least 20 feet from any combustible materials.
- G. If an outpatient treatment center licensed before October 1, 2013 has a corridor less than 44 inches wide, an administrator shall ensure that:
 - 1. The corridor is wide enough to allow for:
 - a. Unobstructed movement of patients within the outpatient treatment center, and
 - b. The safe evacuation of patients from the outpatient treatment center; and
 - 2. The corridor is used only as a passageway.
- H. An administrator shall:
 - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 - 2. Make any repairs or corrections stated on the fire inspection report, and
 - 3. Maintain documentation of a current fire inspection.

Historical Note

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1029 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1029 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness

of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards**A.** An administrator shall ensure that:

- 1. An outpatient treatment center's premises are:
 - a. Sufficient to provide the outpatient treatment center's scope of services;
 - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
 - c. Free from a condition or situation that may cause an individual to suffer physical injury;
- 2. If an outpatient treatment center collects urine or stool specimens from a patient, except as provided in subsection (B), or is authorized to provide respite services for children on the premises, the outpatient treatment center has at least one bathroom on the premises that:
 - a. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation; and
 - b. Is for the exclusive use of the outpatient treatment center;
- 3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
- 4. A tobacco smoke-free environment is maintained on the premises;
- 5. A refrigerator used to store a medication is:
 - a. Maintained in working order, and
 - b. Only used to store medications;
- 6. Equipment at the outpatient treatment center is:
 - a. Sufficient to provide the outpatient treatment center's scope of services;
 - b. Maintained in working condition;
 - c. Used according to the manufacturer's recommendations; and
 - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
- 7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair.

B. An outpatient treatment center may have a bathroom used for the collection of a patient's urine or stool that is not for the exclusive use of the outpatient treatment center if:

- 1. The bathroom is located in the same contiguous building as the outpatient treatment center's premises,
- 2. The bathroom is of a sufficient size to support the outpatient treatment center's scope of services, and
- 3. There is a documented agreement between the licensee and the owner of the building stating that the bathroom complies with the requirements in this Section and allow-

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ing the Department access to the bathroom to verify compliance.

- C. If an outpatient treatment center has a bathroom that is not for the exclusive use of the outpatient treatment center as allowed in subsection (B), an administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to:
 - a. Protect the health and safety of an individual using the bathroom; and
 - b. Ensure that the bathroom is cleaned and sanitized to prevent, minimize, and control illness and infection;
 2. Documented instructions are provided to a patient that cover:
 - a. Infection control measures when a patient uses the bathroom, and
 - b. The safe return of a urine or stool specimen to the outpatient treatment center;
 3. The bathroom complies with the requirements in subsection (A)(2)(a); and
 4. The bathroom is free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury.

Historical Note

Adopted effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1031. Colocation Requirements

- A. In addition to the definitions in A.R.S. §§ 36-401 and 36-439 and R9-10-101 and R9-10-1001, the following definition applies in this Section:
 "Patient" means an individual who enters the premises of a collaborating outpatient treatment center to obtain physical health services or behavioral health services from the collaborating outpatient treatment center or a colocator that shares areas of the collaborating outpatient treatment center's premises.
- B. Only one outpatient treatment center in a facility may be designated as a collaborating outpatient treatment center for the facility.
- C. The following health care institutions are not permitted to be a collaborating outpatient treatment center or a colocator in a collaborating outpatient treatment center:
1. An affiliated counseling facility;
 2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;
 3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or
 4. An outpatient treatment center operating under a single group license according to A.R.S. § 36-422(F) or (G).

- D. In addition to the requirements for a license application in R9-10-105, a governing authority of an outpatient treatment center requesting authorization to operate or continue to operate as a collaborating outpatient treatment center shall submit, in a Department-provided format:
1. The following information for each proposed colocator that may share an area of the collaborating outpatient treatment center's premises and nontreatment personnel at the collaborating outpatient treatment center:
 - a. For each proposed associated licensed provider:
 - i. Name,
 - ii. The associated licensed provider's license number or the date the associated licensed provider submitted to the Department a license application for an outpatient treatment center or a counseling facility license,
 - iii. Proposed scope of services, and
 - iv. A copy of the written agreement with the collaborating outpatient treatment center required in subsection (E); and
 - b. For each exempt health care provider:
 - i. Name,
 - ii. Current health care professional license number,
 - iii. Proposed scope of services, and
 - iv. A copy of the written agreement required in subsection (F) with the collaborating outpatient treatment center; and
 2. In addition to the requirements in R9-10-105(A)(5)(b)(vi), a floor plan that shows:
 - a. Each colocator's proposed treatment area, and
 - b. The areas of the collaborating outpatient treatment center's premises shared with a colocator.
- E. An administrator of a collaborating outpatient treatment center shall have a written agreement with each associated licensed provider that includes:
1. In a Department-provided format:
 - a. The associated licensed provider's name;
 - b. The name of the associated licensed provider's governing authority;
 - c. Whether the associated licensed provider plans to share medical records with the collaborating outpatient treatment center;
 - d. If the associated licensed provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
 - i. General consent or informed consent, as applicable;
 - ii. Consent to allow a colocator access to the patient's medical record; and
 - iii. Advance directives;
 - e. How the associated licensed provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
 - f. How the associated licensed provider will ensure controlled substances stored in the associated licensed provider's licensed premises are not diverted;
 - g. How the associated licensed provider will ensure environmental services in the associated licensed provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
 - h. How the associated licensed provider's personnel members will respond to a patient's sudden, intense, or out-of-control behavior, in the associated licensed

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- provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
- i. A statement that, if any of the colocators include children's behavioral health services in the colocator's scope of services, the associated licensed provider will ensure that all employees and personnel members of the associated licensed provider comply the fingerprint clearance card requirements in A.R.S. § 36-425.03;
 - j. A statement that the associated licensed provider will:
 - i. Document the following each time another colocator provides emergency health care services in the associated licensed provider's treatment area:
 - (1) The name of the colocator;
 - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (E)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
 - k. A statement that the associated licensed provider will:
 - i. Document the following each time the associated licensed provider provides emergency health care services in another colocator's treatment area:
 - (1) If different from the name of the associated licensed provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (2) The name of the colocator;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (E)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
 - l. An attestation that the associated licensed provider will comply with the written agreement;
 - m. The signature of the associated licensed provider's governing authority according to A.R.S. § 36-422(B) and the date signed; and
 - n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
2. A copy of the associated licensed provider's scope of services, including whether the associated licensed provider plans to provide behavioral health services for children.
- F. An administrator of a collaborating outpatient treatment center shall have a written agreement with each exempt health care provider that includes:
1. In a Department-provided format:
 - a. The exempt health care provider's name;
 - b. The exempt health care provider license type and license number;
 - c. Whether the exempt health care provider plans to share medical records with the collaborating outpatient treatment center;
 - d. If the exempt health care provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
 - i. General consent or informed consent, as applicable;
 - ii. Consent to allow a colocator access to the patient's medical record; and
 - iii. Advance directives;
 - e. How the exempt health care provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
 - f. How the exempt health care provider will ensure controlled substances stored in the exempt health care provider's designated premises are not diverted;
 - g. How the exempt health care provider will ensure environmental services in the exempt health care provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
 - h. How the exempt health care provider and any staff of the exempt health care provider will respond to a patient's sudden, intense, or out-of-control behavior, in the exempt health care provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
 - i. A statement that, if any of the colocators include children's behavioral health services in the colocator's statement of services, the exempt health care provider will ensure that all employees and staff of the exempt health care provider comply with the fingerprint clearance card requirements A.R.S. § 36-425.03;
 - j. A statement that the exempt health care provider will:
 - i. Document the following each time another colocator provides emergency health care services in the exempt health care provider's treatment area:
 - (1) The name of the colocator;
 - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation in subsection (F)(1)(j)(i) for at least 12 months after the

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- emergency health care services were provided; and
- iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
- k. A statement that the exempt health care provider will:
- i. Document the following each time the exempt health care provider provides emergency health care services in another colocator's treatment area:
- (1) If different from the name of the exempt health care provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
- (2) The name of the colocator;
- (3) A description of the emergency health care services provided; and
- (4) The date and time the emergency health care services were provided;
- ii. Maintain the documentation in subsection (F)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
- iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
- l. An attestation that the exempt health care provider will comply with the written agreement;
- m. The signature of the exempt health care provider and the date signed; and
- n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
2. A copy of the exempt health care provider's scope of services, including whether the exempt health care provider plans to provide behavioral health services for children.
- G.** As part of the policies and procedures required in this Article, an administrator of a collaborating outpatient treatment center shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient based on the scopes of services of all colocators that:
1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
2. Cover orientation and in-service education for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
3. Cover cardiopulmonary resuscitation training, including:
- a. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
- b. The qualifications for an individual to provide cardiopulmonary resuscitation training;
- c. The time-frame for renewal of cardiopulmonary resuscitation training; and
- d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
4. Cover first aid training;
5. Cover patient screening, including a method to ensure that, if a patient identifies a specific colocator, the patient is directed to the identified colocator;
6. Cover the provision of emergency treatment to protect the health and safety of a patient or individual present in an area of the collaborating outpatient treatment center's premises shared with a colocator according to the requirements for emergency treatment policies and procedures in R9-10-1029(A);
7. If medication is stored in an area of the collaborating outpatient treatment center's premises shared with a colocator, cover obtaining, storing, accessing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
8. Cover biohazardous wastes, if applicable;
9. Cover environmental services in an area of the collaborating outpatient treatment center's premises shared with a colocator that affect patient care; and
10. Cover how personnel members and nontreatment personnel will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual in an area of the collaborating outpatient treatment center's premises shared with a colocator.
- H.** An administrator of a collaborating outpatient treatment center shall ensure that:
1. Areas of the collaborating outpatient treatment center's premises shared with a colocator are:
- a. Sufficient to accommodate the outpatient treatment center's and any colocators' scopes of services;
- b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
- c. Free from a condition or situation that may cause an individual to suffer physical injury;
2. A written log is maintained that documents the date, time, and circumstances each time a colocator provides emergency health care services in another colocator's designated treatment area; and
3. The documentation in the written log required in subsection (H)(2) is maintained for at least 12 months after the date the colocator provides emergency health care services in another colocator's designated treatment area.
- I.** If any colocator at a collaborating outpatient treatment center includes children's behavioral health services as part of the colocator's scope of services, an administrator of the collaborating outpatient treatment center shall ensure that the governing authority, employees, personnel members, nontreatment personnel, and volunteers of the collaborating outpatient treatment center comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
- Historical Note**
- New Section made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).
- ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES**
- R9-10-1101. Definitions**
- In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article, unless otherwise specified:
- "Care plan" means a written program of action for a participant's care based upon an assessment of the participant's physical, nutritional, psychosocial, economic, and environmental

Historical Note

New Section made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES

R9-10-1101. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article, unless otherwise specified:

"Care plan" means a written program of action for a participant's care based upon an assessment of the participant's physical, nutritional, psychosocial, economic, and environmental

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strengths and needs and implemented according to established short- and long-term goals.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1102. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an adult day health care facility shall include on the application the number of participants for whom the applicant is requesting authorization to provide adult day health services.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1102 renumbered to Section R9-10-1103; new Section R9-10-1102 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1103. Administration**A.** A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of an adult day health care facility;
2. Establish, in writing:
 - a. An adult day health care facility's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1104;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate in writing, an acting administrator, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on an adult day health care facility's premises for more than 30 calendar days, or
 - b. Not present on an adult day health care facility's premises for more than 30 calendar days; and
7. Except as provided in (A)(6), notify the Department according to A.R.S. § 36-425(I), when there is a change in an administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is 21 years of age or older;
2. Is directly accountable to the governing authority of an adult day health care facility for the daily operation of the adult day health care facility and all services provided by or at the adult day health care facility;
3. Has the authority and responsibility to manage the adult day health care facility; and
4. Except as provided in subsection (A)(6), designates, in writing, an individual who is 21 years of age or older and present on the adult day health care facility's premises and accountable for the adult day health care facility when the administrator is not present on the adult day

health care facility premises and participants are present on the adult day health care facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Cover certification in cardiopulmonary resuscitation and first aid training;
 - d. Include how a personnel member may submit a complaint relating to services provided to a participant;
 - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - f. Include a method to identify a participant to ensure that the participant receives the appropriate services;
 - g. Cover participant rights, including assisting a participant who does not speak English or who has a disability to become aware of participant rights;
 - h. Cover specific steps for:
 - i. A participant to file a complaint, and
 - ii. The adult day health care facility to respond to a participant complaint;
 - i. Cover medical records, including electronic medical records; and
 - j. Cover a quality management program, including incident reports and supporting documentation;
2. Policies and procedures for services provided by an adult day health care facility are established, documented, and implemented to protect the health and safety of a participant that:
 - a. Cover screening, enrollment, and discharge;
 - b. Cover the provision of the services in the adult day health care facility's scope of services;
 - c. Cover dispensing, administering, and disposing of medications, including provisions for inventory control and preventing diversion of controlled substances;
 - d. Cover how personnel members will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
 - e. Cover food services;
 - f. Cover environmental services;
 - g. Cover infection control;
 - h. Cover contracted services;
 - i. Cover emergency treatment provided at the adult day health care facility; and
 - j. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
3. Policies and procedures are:
 - a. Available to personnel members, employees, volunteers, and students, and
 - b. Reviewed at least once every three years and updated as needed; and
4. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and

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- b. When documentation or information is required by this Chapter to be submitted on behalf of an adult day health care facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the adult day health care facility.

D. An administrator shall:

1. Maintain, and make available to individuals upon request, a schedule of rates and charges;
2. Ensure that a monthly calendar of planned activities is:
 - a. Posted before the beginning of a month, and
 - b. Maintained on the premises for at least 90 calendar days after the end of the month;
3. Ensure that materials, supplies, and equipment are provided for the planned activities; and
4. Assist in the formation of a participants' council according to R9-10-1112.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1103 renumbered to Section R9-10-1104; new Section R9-10-1103 renumbered from Section R9-10-1102 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1104. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to participants;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to participant care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1104 renumbered to Section R9-10-1105; new Section R9-10-1104 renumbered from Section R9-10-1103 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1105. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1105 renumbered to Section R9-10-1106; new Section R9-10-1105 renumbered from Section R9-10-1104 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1106. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the participants receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
3. Sufficient personnel members are present on an adult day health care facility's premises when participants are present and have the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the adult day health care facility's scope of services,
 - b. Meet the needs of a participant, and
 - c. Ensure the health and safety of a participant; and
4. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a participant for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:

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- a. On or before the date the individual begins providing services at or on behalf of the adult day health care facility, and
- b. As specified in R9-10-113.
- B.** An administrator shall ensure that a personnel member:
 - 1. Is 18 years of age or older, and
 - 2. Is not a participant of the adult day health care facility.
- C.** An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student:
 - 1. Includes:
 - a. The individual's name, date of birth, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. Documentation of:
 - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
 - vi. First aid training, if required for the individual according to this Article and policies and procedures; and
 - vii. Evidence of freedom from infectious tuberculosis, if required for the individual according to this Article or policies and procedures;
 - 2. Is maintained:
 - a. Throughout the individual's period of providing services in or for the adult day health care facility, and
 - b. For at least 24 months after the last date the individual provided service in or for the adult day health care facility; and
 - 3. For a personnel member who has not provided physical health services or behavioral health services at or for the adult day health care facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.
- D.** An administrator shall ensure that:
 - 1. At least two personnel members are present on the premises whenever two or more participants are in the adult day health care facility;
 - 2. At least one personnel member with cardiopulmonary resuscitation and first-aid certification is on the premises at all times;
 - 3. A registered nurse manages the nursing services and provides direction for health-related services provided by the adult day health care facility; and
 - 4. A nurse is on the premises daily to:
 - a. Administer medications and treatments, and
 - b. Monitor a participant's health status.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1106 renumbered to Section R9-10-1107; new Section R9-10-1106 renumbered from Section R9-

10-1105 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1107. Enrollment

- A.** An administrator shall ensure that a participant provides evidence of freedom from infectious tuberculosis:
 - 1. Before or within seven calendar days after the participant's enrollment, and
 - 2. As specified in R9-10-113.
- B.** Before or at the time of enrollment, an administrator shall ensure that a participant or the participant's representative signs a written agreement with the adult day health care facility that includes:
 - 1. The participant's name and date of birth,
 - 2. Enrollment requirements,
 - 3. A list of the customary services that the adult day health care facility provides,
 - 4. A list of services that are available at an additional cost,
 - 5. A list of fees and charges,
 - 6. Procedures for termination of the agreement,
 - 7. The requirements of the adult day health care facility,
 - 8. The names and telephone numbers of individuals designated by the participant to be notified in the event of an emergency, and
 - 9. A copy of the adult day health care facility's procedure on health care directives.
- C.** An administrator shall give a copy of the agreement in subsection (B) to the participant or the participant's representative and keep the original in the participant's medical record.
- D.** An administrator shall ensure that a participant has a signed written medical assessment that:
 - 1. Was completed by the participant's medical practitioner within 60 calendar days before enrollment; and
 - 2. Includes:
 - a. Information that addresses the participant's:
 - i. Physical health;
 - ii. Cognitive awareness of self, location, and time; and
 - iii. Deficits in cognitive awareness;
 - b. Physical, mental, and emotional problems experienced by the participant;
 - c. A schedule of the participant's medications;
 - d. A list of treatments the participant is receiving;
 - e. The participant's special dietary needs; and
 - f. The participant's known allergies.
- E.** At the time of enrollment, an administrator shall ensure that the participant or participant's representative:
 - 1. Documents whether the participant may sign in and out of the adult day health care facility; and
 - 2. Provides the following:
 - a. The name and telephone number of the:
 - i. Participant's representative;
 - ii. Family member to be contacted in an emergency;
 - iii. Participant's medical practitioner; and
 - iv. Adult who provides the participant with supervision and assistance in the preparation of meals, housework, and personal grooming, if applicable; and
 - b. If applicable, a copy of the participant's health care directive.
- F.** An administrator shall ensure that a comprehensive assessment of the participant:
 - 1. Is completed by a registered nurse before the participant's tenth visit or within 30 calendar days after enrollment, whichever comes first;

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2. Documents the participant's:
 - a. Physical health,
 - b. Mental and emotional status, and
 - c. Social history; and
3. Includes:
 - a. Medical practitioner orders,
 - b. Adult day health care services recommended for the participant's care plan, and
 - c. The signature of the registered nurse conducting the comprehensive assessment and date signed.
- c. Behavior that is dangerous to self or that interferes with the physical or psychological well-being of other participants, or
- d. The participant requires services not in the adult day health care facility's scope of services.

B. An administrator shall ensure that discharge instructions for a participant are:

1. Developed that:
 - a. Identify any specific needs of the participant after discharge,
 - b. Are completed before discharge occurs,
 - c. Include a description of the level of care that may meet the participant's assessed and anticipated needs after discharge, and
 - d. Are documented in the participant's medical record within 48 hours after the discharge instructions are completed; and
2. Provided to the participant or the participant's representative before the discharge occurs.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1107 renumbered to Section R9-10-1108; new Section R9-10-1107 renumbered from Section R9-10-1106 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1108. Care Plan

An administrator shall ensure that a care plan for a participant:

1. Is developed within seven calendar days after the completion of the participant's comprehensive assessment;
2. Has input from:
 - a. The participant or participant's representative,
 - b. The registered nurse who performed the comprehensive assessment, and
 - c. Personnel who have provided services to the participant;
3. Is based on the participant's comprehensive assessment;
4. Includes:
 - a. A summary of the participant's medical or health problems, including physical, mental, and emotional disabilities or impairments;
 - b. Adult day health services to be provided;
 - c. Goals and objectives of care that are time-limited and measurable;
 - d. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers; and
 - e. Discharge instructions according to R9-10-1109(B); and
5. Is reviewed and updated at least once every six months and whenever there is a significant change in the participant's condition.

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1108 renumbered to Section R9-10-1109; new Section R9-10-1108 renumbered from Section R9-10-1107 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1109. Discharge

A. An administrator may discharge a participant from an adult day health care facility by terminating the agreement in R9-10-1107(B):

1. After giving the participant or participant's representative five working days written notice; and
2. For any of the following reasons:
 - a. Evidence of repeated failure to comply with the requirements of the adult day health care facility,
 - b. Documented proof of failure to pay,

Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1109 renumbered to Section R9-10-1110; new Section R9-10-1109 renumbered from Section R9-10-1108 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1110. Participant Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
2. At the time of enrollment, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
3. Policies and procedures include:
 - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
 - b. Where participant rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A participant is treated with dignity, respect, and consideration;
2. A participant is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by the adult day health care facility's personnel members, employees, volunteers, or students; and
3. A participant or the participant's representative:
 - a. Except in an emergency, either consents to or refuses treatment;

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- b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to the treatment, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The policy on health care directives,
 - ii. The participant complaint process,
 - iii. Rates and charges for participating at the adult day health care facility, and
 - iv. The process for contacting the local office of Adult Protective Services;
 - e. Consents to photographs of the participant before the participant is photographed, except that a participant may be photographed when enrolled at an adult day health care facility for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
 - i. Medical record, or
 - ii. Financial records.
- C. A participant has the following rights:**
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that supports and respects the participant's individuality, choices, strengths, and abilities;
 - 3. To communicate, associate, and meet privately with individuals of the participant's choice;
 - 4. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the adult day health care facility;
 - 5. To arrive and depart from the adult day health care facility, consistent with the participant's care plan and personal safety;
 - 6. To receive privacy in treatment and care for personal needs;
 - 7. To review, upon written request, the participant's own records;
 - 8. To receive a referral to another health care institution if the adult day health care facility is not authorized or not able to provide physical health services or behavioral health services needed by the participant;
 - 9. To participate or have the participant's representative participate in the development of a care plan or decisions concerning treatment;
 - 10. To participate or refuse to participate in research or experimental treatment; and
 - 11. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights.
- Historical Note**
- New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1110 renumbered to Section R9-10-1111; new Section R9-10-1110 renumbered from Section R9-10-1109 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1111. Medical Records**
- A.** An administrator shall ensure that:
- 1. A medical record is established and maintained for a participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
 - 2. An entry in a participant's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 - 3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 - 4. A participant's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the participant's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
 - c. As permitted by law; and
 - 5. A participant's medical record is protected from loss, damage, or unauthorized use.
- B.** If an adult day health care facility maintains participant's medical records electronically, an administrator shall ensure that:
- 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a participant's medical record contains:
- 1. Participant information that includes:
 - a. The participant's name;
 - b. The participant's address;
 - c. The participant's date of birth; and
 - d. Any known allergies, including medication allergies;
 - 2. The name of the participant's medical practitioner or other individuals involved in the care of the participant;
 - 3. An enrollment agreement and date of the participant's first visit;
 - 4. If applicable, documented general consent and informed consent by the participant or the participant's representative;
 - 5. If applicable, the name and contact information of the participant's representative and:
 - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
 - b. If the participant's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 - 6. Documentation of medical history;
 - 7. A copy of the participant's health care directive, if applicable;
 - 8. Orders;
 - 9. The medical assessment required in R9-10-1107(D);
 - 10. A care plan;
 - 11. The comprehensive assessment required in R9-10-1107(F);
 - 12. Progress notes;

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13. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
14. Documentation of adult day health services provided to the participant;
15. The disposition of the participant upon discharge;
16. The discharge date, if applicable;
17. Documentation of a medication administered to the participant that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. The identification and signature of the individual administering, providing assistance in the self-administration of medication, or observing the participant's self-administration of the medication;
 - d. If medication for pain is administered on a PRN basis to a participant:
 - i. An identification of the participant's pain before administering the medication, and
 - ii. The effect of the medication administered; and
 - e. Any adverse reaction a participant has to the medication;
18. If applicable, documentation of:
 - a. A significant change in the participant's condition,
 - b. An injury or accident that occurred at the adult day health care facility and required medical services, and
 - c. Notification provided to the participant's medical practitioner or the participant's representative of the significant change in subsection (C)(18)(a) or the injury or accident in subsection (C)(18)(b);
19. Documentation of whether the participant may sign in or out of the adult day health care facility;
20. Documentation of freedom from infectious tuberculosis required in R9-10-1107(A); and
21. Names and telephone numbers of individuals to be notified in the event of an emergency.

Historical Note

Amended effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1111 renumbered to Section R9-10-1112; new Section R9-10-1111 renumbered from Section R9-10-1110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1112. Participant's Council

- A. A participants' council:
 1. Is composed of participants, who are willing to serve on the council and take part in scheduled meetings;
 2. May develop guidelines that govern the council's activities;
 3. May meet quarterly;
 4. May record minutes of the meetings; and
 5. May provide written input on planned activities and policies of the adult day health care facility.
- B. A participants' council may invite personnel or the administrator to attend their meetings.
- C. An administrator shall act as a liaison between the participants' council and personnel members, employees, and volunteers.

Historical Note

Amended effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1112 renumbered to Section R9-10-1113; new Section R9-10-1112 renumbered from Section R9-10-1111 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1113. Adult Day Health Services

- A. An administrator shall ensure that a personnel member provides supervision for a participant, except during periods of the day when the participant signs out or is signed out according to policies and procedures.
- B. An administrator shall ensure that a personnel member provides assistance with activities of daily living and supervision of personal hygiene according to the participant's care plan and policies and procedures.
- C. An administrator shall ensure that a personnel member provides a participant with planned therapeutic individual and group activities:
 1. According to the:
 - a. Participant's care plan,
 - b. Policies and procedures, and
 - c. Monthly calendar of planned activities required in R9-10-1103(D)(2); and
 2. That include:
 - a. Physical activities,
 - b. Group discussion,
 - c. Techniques a participant may use to maintain or improve the participant's independence in performing activities of daily living,
 - d. Assessment of deficits in cognitive awareness and reinforcement of remaining cognitive awareness,
 - e. Activities of daily living,
 - f. Participants' council meetings, and
 - g. Leisure time.
- D. An administrator shall ensure that a nurse monitors the health status of a participant according to the participant's care plan and policies and procedures by:
 1. Observing the participant's mental and physical condition, including monthly monitoring of the participant's vital signs and nutritional status;
 2. Documenting changes in the participant's mental and physical condition in the participant's medical record; and
 3. Reporting any changes to the participant's representative or medical practitioner.
- E. If an adult day health care facility administers medication or provides assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication administration or assistance in the self-administration of medication:
 1. Include:
 - a. A process for providing information to a participant about medication prescribed for the participant including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;

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- b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose; and
 - c. Procedures for documenting medication services and assistance in the self-administration of medication; and
 - 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- F. An administrator shall ensure that:
 - 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a pharmacist, medical practitioner, or registered nurse; and
 - b. Ensure that medication is administered to a participant only as prescribed;
 - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
 - 3. A medication administered to a participant:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the participant's medical record.
- G. If an adult day health care facility provides assistance in the self-administration of medication, an administrator shall ensure that:
 - 1. A participant's medication is stored by the adult day health care facility;
 - 2. The following assistance is provided to a participant:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the participant;
 - c. Observing the participant while the participant removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
 - i. The participant taking the medication is the individual stated on the medication container label,
 - ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
 - iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
 - e. Observing the participant while the participant takes the medication;
 - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a pharmacist, medical practitioner, or registered nurse;
 - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (G)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a participant:
 - a. Is in compliance with an order, and
 - b. Is documented in the participant's medical record.
- H. An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members, and
 - 2. A current toxicology reference guide is available for use by personnel members.
- I. When medication is stored at an adult day health care facility, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication; and
 - b. Storing, inventorying, and dispensing controlled substances.
- J. A medication error or a participant's refusal to take a medication is:
 - 1. Reported to the participant's representative within 12 hours, and
 - 2. Documented in the participant's medical record within 24 hours.
- K. An adverse reaction is:
 - 1. Reported to the participant's representative and medical practitioner within 12 hours, and
 - 2. Documented in the participant's medical record within 24 hours.
- L. An administrator shall:
 - 1. Immediately notify a participant's representative and medical practitioner of an injury that may require medical services;
 - 2. Report an injury to Adult Protective Services according to A.R.S. § 46-454, when applicable;
 - 3. Prepare a written report on the day of occurrence or when any injury of unknown origin is detected that includes the:
 - a. Name of the participant;
 - b. Type of injury;
 - c. Names of witnesses, if applicable; and
 - d. Action taken;
 - 4. Investigate the injury within 24 hours and documenting any corrective action in the report; and
 - 5. Retain the report for at least 12 months after the date of the injury.
- M. For a participant whose care plan includes counseling on an individual or group basis, an administrator shall ensure that:
 - 1. If the counseling needed by the participant is within the adult day health care facility's scope of services, a per-

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sonnel member provides the counseling to the participant according to policies and procedures; or

2. If the counseling needed by the participant is not within the adult day health care facility's scope of services, a personnel member assists the participant or the participant's representative to obtain counseling for the participant according to policies and procedures.

Historical Note

Amended effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1113 renumbered to Section R9-10-1114; new Section R9-10-1113 renumbered from Section R9-10-1112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1114. Food Services**A.** An administrator shall:

1. Designate a food service supervisor who is responsible for food service in an adult day health care facility; and
2. If an adult day health care facility provides a therapeutic diet to participants, ensure that:
 - a. The therapeutic diet is prescribed in writing by:
 - i. The participant's medical practitioner, or
 - ii. A registered dietitian; and
 - b. A current therapeutic diet reference manual is available to the food service supervisor.

B. A food service supervisor shall ensure that:

1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the adult day health care facility are served according to posted menus;
3. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
4. A participant is provided a diet that meets the participant's nutritional needs as specified in the participant's comprehensive assessment, under R9-10-1107(F), or the participant's care plan;
5. Water is available and accessible to participants at all times, unless otherwise stated by the participant's medical practitioner; and
6. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the participant.

C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:

- a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a participant, such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below;
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
 6. Frozen foods are stored at a temperature of 0° F or below; and
 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

D. An administrator shall ensure that:

1. If an adult day health care facility is licensed to provide adult day health services to more than 15 participants, the adult day health care facility:
 - a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
 - b. Maintains a copy of the adult day health care facility's food establishment license or permit;
2. If the adult day health care facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the adult day health care facility, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the adult day health care facility; and
3. The adult day health care facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant.

Historical Note

Amended effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1114 renumbered to Section R9-10-1115; new Section R9-10-1114 renumbered from Section R9-10-1113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1115. Emergency and Safety Standards**A.** An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and employees, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of participants and other individuals on the premises;

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- b. Assigned responsibilities for each personnel member and employee;
 - c. Instructions for the evacuation of participants, including:
 - i. When, how, and where participants will be relocated; and
 - ii. A plan for notifying the emergency contact for each participant;
 - d. A plan to ensure each participant's medications will be available to administer to the participant during a disaster; and
 - e. A plan for providing water, food, and needed services to participants present in the adult day health care facility or the adult day health care facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
 3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement; and
 4. A disaster drill for assigned personnel is conducted on each shift at least once every three months and documented.
- B.** An administrator shall ensure that:
1. A participant receives orientation to the exits from the adult day health care facility and the route to be used when evacuating participants within two visits after the participant's enrollment, and
 2. A participant's orientation is documented in the participant's medical record.
- C.** An administrator shall ensure that:
1. An evacuation drill for employees and participants is conducted at least once every six months;
 2. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and participants to evacuate to a designated area;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
 3. An evacuation path is conspicuously posted on each hallway of each floor of the adult day health care facility.
- Historical Note**
- Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1115 renumbered to Section R9-10-1116; new Section R9-10-1115 renumbered from Section R9-10-1114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1116. Environmental Standards**
- A.** An administrator shall ensure that:
1. The adult day health care facility's premises are:
 - a. Cleaned and disinfected according to policies and procedures to prevent, minimize, and control illness and infection; and
 - b. Free from a condition or situation that may cause a participant or an individual to suffer physical injury;
 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
 3. Windows and doors opening to the outside are screened if they are kept open at any time for ventilation or other purposes;
 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
 5. Equipment used at the adult day health care facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 7. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 8. Heating and cooling systems maintain the adult day health care facility at a temperature between 70° F and 84° F;
 9. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
 10. Soiled linen and soiled clothing stored by the adult day health care facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
 11. Oxygen containers are secured in an upright position;
 12. Poisonous or toxic materials stored by the adult day health care facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
 13. Combustible or flammable liquids and hazardous materials stored by the adult day health care facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants; and
 14. Pets or animals are:
 - a. Controlled to prevent endangering the participants and to maintain sanitation;
 - b. Not allowed in treatment, food storage, food preparation, or dining areas;
 - c. Licensed consistent with local ordinances; and
 - d. For a dog or cat, vaccinated against rabies.
- B.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. On a day that a participant uses the swimming pool, an employee:
 - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
 - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;

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- ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
 - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
- b. Records the results of the water quality tests in a log that includes the date tested and test result;
- 2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
- 3. A swimming pool is not used by a participant if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a);
- 4. At least one personnel member with cardiopulmonary resuscitation training, required in R9-10-1106(D), is present in the pool area when a participant is in the pool area; and
- 5. At least two personnel members are present in the pool area if two or more participants are in the pool area.

Historical Note

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1116 renumbered to Section R9-10-1117; new Section R9-10-1116 renumbered from Section R9-10-1115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1117. Physical Plant Standards

- A. An administrator shall ensure that an adult day health care facility complies with the physical plant health and safety codes and standards applicable to existing educational occupancies in the Life Safety Code, incorporated by reference in A.A.C. R9-1-412(A)(2)(b), in effect on the date the adult day health care facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
 - 1. The services stated in the adult day health care facility's scope of services, and
 - 2. An individual accepted as a participant by the adult day health care facility.
- C. An administrator shall ensure that an adult day health care facility has at least 40 square feet of indoor activity space for each participant, excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for use by individuals who are not participants.
- D. An administrator shall ensure that an outside activity space is provided and available that:
 - 1. Is on the premises,
 - 2. Has a hard-surfaced section for wheelchairs,
 - 3. Has an available shaded area, and
 - 4. Has a means of egress without entering the adult day health care facility.
- E. An administrator shall ensure that:
 - 1. There is at least one working toilet that flushes and has a seat and one sink with running water for each ten participants;
 - 2. A bathroom for use by participants provides privacy when in use and contains in a location accessible to participants:
 - a. A mirror;
 - b. Toilet paper for each toilet;
 - c. Soap accessible from each sink;

- d. Paper towels in a dispenser or an air hand dryer; and
 - e. Grab bars for the toilet and other assistive devices, if required, to provide for participant safety;
- 3. A bathroom has a window that opens or another means of ventilation;
- 4. If a bathing facility is provided:
 - a. The bathing facility provides privacy when in use,
 - b. Shower enclosures have nonporous surfaces,
 - c. Showers and tubs have grab bars for participant safety, and
 - d. Tub and shower floors have slip-resistant surfaces;
- 5. Dining areas are furnished with dining tables and chairs and large enough to accommodate participants;
- 6. There is a wall or other means of physical separation between dining facilities and food preparation areas;
- 7. If the adult day health care facility serves food, areas are designated for food preparation, storage, and handling and are not used as a passageway by participants; and
- 8. All flooring is slip-resistant.
- F. If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:
 - 1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational vacuum cleaning system;
 - 2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground; and
 - iii. Is locked when the swimming pool is not in use;
 - 3. A life preserver or shepherd's crook is available and accessible in the pool area; and
 - 4. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area.

Historical Note

Adopted effective September 2, 1977 (Supp. 77-5).
 Repealed effective July 22, 1994 (Supp. 94-3). New Section R9-10-1117 renumbered from Section R9-10-1116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1118. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).

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Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1119. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1120. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1121. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1122. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1123. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1124. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1125. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1126. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

R9-10-1127. Repealed**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).
Repealed effective July 22, 1994 (Supp. 94-3).

ARTICLE 12. HOME HEALTH AGENCIES**R9-10-1201. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article, unless otherwise specified:

1. "Branch office" means a location other than a home health agency's main administrative office that:
 - a. Operates under the license of the home health agency, and
 - b. Is under the control of the home health agency's administrator.
2. "Home health services director" means an individual who provides direction for the home health services provided by or through a home health agency.
3. "Medical social services" means activities that assist a patient to cope with concerns about the patient's illness or injury, and may include helping to find resources to address the patient's concerns.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1202. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a home health agency shall:

1. Include on the application:
 - a. The name and address of each proposed branch office, if applicable; and
 - b. The geographic region to be served by:
 - i. The proposed home health agency's administrative office, and
 - ii. Each proposed branch office; and
2. Submit to the Department a copy of a valid fingerprint clearance card issued according to A.R.S. Title 41, Chapter 12, Article 3.1 for:
 - a. The applicant, if the applicant is an individual; or
 - b. Each individual with a 10% or greater ownership of the business organization, if the applicant is a business organization.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1203. Administration**A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of the home health agency;
2. Establish, in writing:
 - a. A home health agency's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1204;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present in a home health agency's administrative office for more than 30 calendar days, or
 - b. Not present in a home health agency's administrative office for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator;
8. Appoint, according to A.R.S. § 36-151(5)(b), an advisory group that consists of four or more members that include:
 - a. A physician;
 - b. A registered nurse who has at least one year of experience as a registered nurse providing home health services; and
 - c. Two or more individuals who represent a medical, nursing, or health-related profession; and
9. Ensure that the advisory group appointed according to subsection (A)(8):
 - a. Meets at least once every 12 months,

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- b. Documents meetings, and
 - c. Assists in establishing and evaluating policies and procedures for the home health agency.
- B. An administrator:
 - 1. Is directly accountable to the governing authority of a home health agency for all services provided by the home health agency;
 - 2. Has the authority and responsibility to manage the home health agency;
 - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present at the home health agency's administrative office and accountable for services provided by the home health agency when the administrator is not present at the home health agency's administrative office; and
 - 4. Ensures compliance with A.R.S. § 36-411.
- C. An administrator shall:
 - 1. Ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, and volunteers;
 - b. Cover orientation and in-service education for personnel members, employees, and volunteers;
 - c. Cover how a personnel member may submit a complaint relating to patient care;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Include a method to identify a patient to ensure the patient receives the appropriate services;
 - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
 - g. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The home health agency to respond to a patient complaint;
 - h. Cover health care directives;
 - i. Cover medical records, including electronic medical records;
 - j. Cover a quality management program, including incident reports and supporting documentation;
 - k. Cover contracted services; and
 - l. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
 - 2. Ensure that policies and procedures for services provided by a home health agency are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient admission, discharge planning, and discharge;
 - b. Cover the provision of home health services and, if applicable, supportive services;
 - c. Include when general consent and informed consent are required;
 - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - e. Cover medication procurement, if applicable, and administration; and
 - f. Cover infection control;
 - 3. Ensure that policies and procedures are:
 - a. Available to personnel members, employees, and volunteers, and
 - b. Reviewed at least once every three years and updated as needed;
 - 4. Ensure that records of advisory group meetings are maintained for at least 24 months after the date of the meeting;
 - 5. Designate, in writing, a home health services director who is:
 - a. A physician with at least 24 months of experience working for or with a home health agency; or
 - b. A registered nurse with at least three years of nursing experience, including at least 24 months of experience as a registered nurse providing home health services;
 - 6. Ensure that:
 - a. Speech therapy or speech-language pathology services are provided by a speech-language pathologist or speech-language pathologist assistant licensed according to A.R.S. § 36-1940.04;
 - b. Nutritional services are provided by a registered dietitian;
 - c. Occupational therapy services are provided by an occupational therapist or occupational therapy assistant;
 - d. Physical therapy services are provided by a physical therapist or a physical therapist assistant;
 - e. Respiratory care services are provided by a respiratory therapist, respiratory therapy technician licensed according to A.R.S. Title 32, Chapter 35, or registered nurse;
 - f. Pharmacy services are provided by a pharmacist; and
 - g. Medical social services are provided:
 - i. By a personnel member qualified according to policies and procedures that coordinates medical social services; and
 - ii. For medical social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, by a personnel member licensed under A.R.S. Title 32, Chapter 33, Article 5;
 - 7. Ensure that the services specified in subsection (C)(6) are provided to a patient only under an order by the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
 - 8. Unless otherwise stated, ensure that:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a home health agency, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the home health agency.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1204. Quality Management

An administrator shall ensure that:

- 1. A plan for a quality management program for the home health agency is established, documented, and implemented that includes:

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- a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate the provision of services, including oversight of personnel members;
 - c. A method to evaluate the data collected to identify a concern about the provision of services;
 - d. A method to make changes or take action as a result of the identification of a concern about the provision of services;
 - e. A method to determine whether actions taken improved the provision of services; and
 - f. The frequency of submitting the documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. Each identified concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
 3. The report in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services, and
 - b. According to policies and procedures;
 3. Sufficient personnel members are available with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the home health agency's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient; and
 4. A personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
 - a. On or before the date the individual begins providing services at or on behalf of the home health agency, and
 - b. As specified in R9-10-113.

B. An administrator shall ensure that a personnel record for each personnel member, employee, or volunteer:

1. Includes:
 - a. The individual's name, date of birth, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service, and if applicable, ending date; and
 - c. Documentation of:
 - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. The individual's compliance with the requirements in A.R.S. § 36-411;
 - vi. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
 - vii. First aid training, if required for the individual according to this Article and policies and procedures; and
 - viii. Evidence of freedom from infectious tuberculosis, if required according to subsection (A)(4);
2. Is maintained:
 - a. Throughout the individual's period of providing services in or for the home health agency; and
 - b. For at least 24 months after the last date the individual provided services in or for the home health agency; and
 3. For a personnel member who has not provided services for the home health agency during the previous 12 months, provided to the Department within 72 hours after the Department's request.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1205. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1206. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description, and

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by

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exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1207. Care Plan

A. An administrator shall ensure that a care plan is developed for each patient:

1. Based on an assessment of the patient as required in R9-10-1210(D)(1) or (F)(2)(e)(i);
2. With participation from:
 - a. The patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
 - b. A registered nurse; and
3. That includes:
 - a. The patient's diagnosis;
 - b. Surgery dates relevant to home health services, if applicable;
 - c. The patient's cognitive awareness of self, location, and time;
 - d. Functional abilities and limitations;
 - e. Goals for functional rehabilitation, if applicable;
 - f. The type, duration, and frequency of each service to be provided;
 - g. Treatments the patient is receiving from a source other than the home health agency;
 - h. Medications and herbal supplements reported by the patient or the patient's representative as being used by the patient, and the dose, route of administration, and schedule for administration of each medication or herbal supplement;
 - i. Any known drug allergies;
 - j. Nutritional requirements and preferences;
 - k. Specific measures to improve the patient's safety and protect the patient against injury; and
 - l. A discharge plan for the patient including, if applicable, a plan for assessing the accomplishment of treatment or therapy goals for the patient.

B. An administrator shall ensure that:

1. Home health services are provided to a patient by the home health agency according to the patient's care plan;
2. The patient's care plan is reviewed and updated:
 - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
 - b. If the patient's physician, registered nurse practitioner, or podiatrist, as applicable, orders a change in the care plan; and
 - c. At least every 60 calendar days; and
3. The patient's physician, registered nurse practitioner, or podiatrist, as applicable, authenticates the care plan with a signature within 30 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1208. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted at the home health agency's administrative office;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and

3. Policies and procedures include:

- a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
- b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a home health agency's personnel members, employees, or volunteers; and
3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed alternatives to a psychotropic medication and the associated risks and possible complications of a psychotropic medication;
 - d. Is informed of the following:
 - i. The home health agency's policy on health care directives;
 - ii. The patient complaint process;
 - iii. Home health services provided by or through the home health agency; and
 - iv. The rates and charges for services before the services are initiated and before a change in rates, charges, or services;
 - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a home health agency for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the home health agency is not authorized or not able to provide physical health services needed by the patient;

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6. To participate or have the patient's representative participate in the development of a care plan or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1209. Medical Records**A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by a policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a physician, registered nurse practitioner, or podiatrist according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the physician, registered nurse practitioner, or podiatrist issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to personnel members, physicians, registered nurse practitioners, or podiatrists authorized by policies and procedures to access the patient's medical record;
6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

B. If a home health agency maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

C. An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address and telephone number;
 - c. The patient's date of birth; and
 - d. Any known allergies, including medication allergies;
2. The date the patient began receiving services from the home health agency and, if applicable, the date the patient stopped receiving services from the home health agency;
3. The name and telephone of the patient's physician or registered nurse practitioner;

4. The name and telephone number of patient's podiatrist, if applicable;
5. Documentation of general consent and, if applicable, informed consent;
6. Documentation of medical history and current diagnoses;
7. A copy of patient's health care directive, if applicable;
8. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Is a legal guardian, a copy of the court order establishing guardianship; or
 - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
9. Orders;
10. Assessments;
11. Care plan;
12. Progress notes;
13. If applicable, documentation of any actions taken to control the patient's sudden, intense or out-of-control behavior to prevent harm to the patient or another individual;
14. Documentation of meetings with the patient to assess the home health services and supportive services provided to the patient;
15. The disposition of the patient upon discharge;
16. The discharge plan;
17. Discharge instructions and discharge summary, if applicable;
18. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports, and
 - d. Consultation reports;
19. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
 - f. Any adverse reaction a patient has to the medication;
20. Documentation of tasks assigned to a home health aide or other personnel member;
21. Documentation of coordination of patient care;
22. Copies of patient summary reports sent to the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
23. Documentation of contacts with the patient's physician, registered nurse practitioner, or podiatrist, as applicable, by a personnel member or the patient.

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Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1210. Home Health Services

- A.** An administrator shall ensure that an individual admitted to the home health agency has an order from a physician, registered nurse practitioner, or podiatrist for home health services.
- B.** An administrator shall ensure that the home health services director provides direction for home health services provided by or through the home health agency.
- C.** A home health services director shall ensure that nursing services are provided by a registered nurse or practical nurse, according to policies and procedures.
- D.** A home health services director shall ensure that a registered nurse:
 1. Unless a patient's physician or registered nurse practitioner orders only speech therapy, occupational therapy, or physical therapy for the patient, within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an initial assessment of the patient to determine:
 - a. The needs of the patient;
 - b. Resources available to address the patient's needs;
 - c. The patient's home and family environment;
 - d. Goals for patient care;
 - e. Medications used by the patient, including non-compliance, drug interactions, side effects, and contraindications; and
 - f. Medical supplies or equipment needed by the patient;
 2. Reviews a patient's health care directives at the time of the initial assessment;
 3. Implements a patient's care plan, developed as specified in R9-10-1207;
 4. Coordinates patient care with other individuals providing home health services or other services to the patient;
 5. Immediately informs the patient's physician or registered nurse practitioner of a change in a patient's condition that requires medical services; and
 6. At least every 60 calendar days until a patient is discharged:
 - a. Reassesses the patient based on the patient's care plan, needs, and medical condition; and
 - b. Summarizes the patient's condition and needs for the patient's physician, registered nurse practitioner, or podiatrist, as applicable.
- E.** A home health services director shall ensure that:
 1. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact; and
 2. Verbal orders from a patient's physician, registered nurse practitioner, or podiatrist, as applicable, are:
 - a. Except as specified in subsection (F)(2)(d), received by a registered nurse and documented by the registered nurse in the patient's medical record; and
 - b. Authenticated by the patient's physician, registered nurse practitioner, or podiatrist, as applicable, with a signature, within 30 calendar days.
- F.** A home health services director shall ensure that:
 1. A registered nurse:
 - a. Except as specified in subsection (F)(2)(b)(i) and (ii):
 - i. Assigns tasks in writing to a home health aide who is providing home health services to a patient; and
 - ii. Verifies the competency of the home health aide in performing assigned tasks;
 - b. Except as specified in subsection (F)(2)(b)(iii), provides direction for the home health aide services provided to a patient; and
 - c. Except as specified in subsection (F)(2)(e)(ii), meets with a patient who is receiving home health aide services to assess the home health services provided by the home health aide:
 - i. At least every two weeks when the patient is also receiving nursing services or therapy services, and
 - ii. At least every 60 calendar days when the patient is only receiving home health aide services;
 2. When a patient's physician or registered nurse practitioner orders speech therapy, occupational therapy, or physical therapy for the patient, an individual specified in R9-10-1203(C)(6)(a), (c), or (d), as applicable:
 - a. Provides the applicable therapy service to the patient according to the patient's care plan;
 - b. If a home health aide is assigned to assist the patient in performing activities related to the therapy service:
 - i. Assigns tasks in writing to the home health aide who is assisting the patient;
 - ii. Verifies the competency of the home health aide in performing assigned tasks; and
 - iii. Provides direction to the home health aide in performing the assigned tasks related to the therapy service;
 - c. Coordinates the provision of the therapy service to the patient with the registered nurse providing direction for other home health services for the patient;
 - d. Documents in the patient's medical record any orders by the patient's physician or registered nurse practitioner received concerning the therapy service; and
 - e. If the only home health services ordered for the patient are speech therapy, occupational therapy, or physical therapy:
 - i. Within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an initial assessment of the patient as specified in subsections (D)(1)(a) through (f); and
 - ii. Meets with a patient who is receiving home health services from a home health aide every two weeks to assess the home health services provided by the home health aide; and
 3. A home health aide:
 - a. Is only assigned to provide services the home health aide can competently perform; and
 - b. Only performs tasks assigned to the home health aide in writing by a registered nurse or as specified in subsection (F)(2)(b)(i).

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1211. Supportive Services

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- A. A governing authority may include supportive services, including personal care services, in the scope of services for a home health agency.

B. An administrator:

1. May allow:
 - a. Supportive services to be provided to a patient without an order from a physician, registered nurse practitioner, or podiatrist; and
 - b. A personnel member who is not a home health aide to perform personal care services; and
2. Shall ensure that:
 - a. Supportive services are provided to a patient according to policies and procedures;
 - b. A registered nurse:
 - i. Assesses a patient's need for supportive services,
 - ii. Assigns specific tasks in writing to a home health aide providing supportive services other than personal care services,
 - iii. Assigns specific tasks in writing to a personnel member providing personal care services,
 - iv. Provides direction for supportive services, and
 - v. Includes supportive services in the reassessment of a patient required in R9-10-1210(D)(6); and
 - c. Supportive services are documented in a patient's medical record.

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1212. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1213. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1214. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1215. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1216. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective

August 9, 2002 (Supp. 02-3).

R9-10-1217. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1218. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1219. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1220. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1221. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1222. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1223. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1224. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1225. Reserved

R9-10-1226. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1227. Repealed

Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1228. Repealed

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Historical Note

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

R9-10-1229. Reserved**R9-10-1230. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY**R9-10-1301. Definitions**

Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Reference in paragraph (24) corrected (Supp. 94-2). Section R9-10-1301 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1302. Administration

A. The governing authority for a behavioral health specialized transitional facility:

1. Is the superintendent of the state hospital; and
2. Shall:
 - a. Establish, in writing:
 - i. A behavioral health specialized transitional facility's scope of services, and
 - ii. Qualifications for an administrator;
 - b. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(a)(ii);
 - c. Adopt a quality management program according to R9-10-1303;
 - d. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 - e. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(a)(ii), if the administrator is:
 - i. Expected not to be present on the behavioral health specialized transitional facility's premises for more than 30 calendar days, or
 - ii. Not present on the behavioral health specialized transitional facility's premises for more than 30 calendar days; and
 - f. Except as provided in subsection (A)(2)(e), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the superintendent of the state hospital for the daily operation of the behavioral health specialized transitional facility and for all services provided by or at the behavioral health specialized transitional facility;
2. Has the authority and responsibility to manage the behavioral health specialized transitional facility; and
3. Except as provided in subsection (A)(2)(e), designates, in writing, an individual who is present on the behavioral health specialized transitional facility's premises and accountable for the behavioral health specialized transitional facility when the administrator is not present on the behavioral health specialized transitional facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Cover patient admission, assessment, treatment plan, transfer, discharge planning, and recordkeeping;
 - d. Cover discharge, including the amount of medication provided to a patient at discharge, based on an assessment of the patient's medical condition;
 - e. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - f. Cover the requirements in A.R.S. §§ 36-3708, 36-3709, and 36-3714;
 - g. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the patient has the apparent intent and ability to carry out the threat;
 - h. Cover when informed consent is required and how informed consent is obtained;
 - i. Cover the criteria and process for conducting research using patients or patients' medical records;
 - j. Include the establishment of, disbursing from, and recordkeeping for a patient personal funds account;
 - k. Include a method of patient identification to ensure a patient receives the services ordered for the patient;
 - l. Cover contracted services;
 - m. Cover health care directives;
 - n. Cover medical records, including electronic medical records;
 - o. Cover medication procurement, storage, inventory monitoring and control, and disposal;
 - p. Cover infection control;
 - q. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
 - r. Cover environmental services that affect patient care;

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- s. Cover reporting suspected or alleged abuse, neglect, exploitation, or other criminal activity;
 - t. Cover quality management, including incident reports and supporting documentation;
 - u. Cover emergency treatment and disaster plan;
 - v. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - w. Include security of the facility, patients and their possessions, personnel members, and visitors at the behavioral health specialized transitional facility;
 - x. Include preventing unauthorized patient absences;
 - y. Cover transportation of patients, including the criteria for using a locking mechanism to restrict a patient's movement during transportation;
 - z. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The behavioral health specialized transitional facility to respond to a patient's complaint;
 - aa. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities; and
 - bb. Include equipment inspection and maintenance;
2. Policies and procedures are available to each personnel member;
 3. Laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
 4. Food services are provided as specified in R9-10-1314;
 5. The following individuals have access to a patient:
 - a. The patient's representative,
 - b. An individual assigned by a court of law to provide services to the patient, and
 - c. An attorney hired by the patient or patient's family;
 6. Labor performed by a patient for the behavioral health specialized transitional facility is consistent with A.R.S. § 36-510 and applicable state and federal law; and
 7. The following information is posted in an area easily viewed by a patient or an individual entering or leaving the behavioral health specialized transitional facility:
 - a. Patient rights,
 - b. Telephone number for the Department and the Office of Human Rights,
 - c. Location of inspection reports,
 - d. Complaint procedures, and
 - e. Visitation hours and procedures.
- D.** An administrator shall:
1. Provide written notification to the Department of a patient's:
 - a. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death;
 - b. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical service provider; and
 - c. Absence, within one working day after an unauthorized patient absence from the behavioral health specialized transitional facility is discovered;
 2. Maintain the documentation required in subsection (D)(1) for at least 12 months after the date of the notification; and
 3. Ensure that sufficient personnel are present at the behavioral health specialized transitional facility at all times to maintain safe and secure conditions.
- E.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving services from an employee or personnel member of the behavioral health specialized transitional facility, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation of the patient;
 - b. Any action taken according to subsection (E)(1); and
 - c. The report in subsection (E)(2);
 4. Maintain the documentation required in subsection (E)(3) for at least 12 months after the date of the report;
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (E)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- F.** An administrator shall:
1. Unless otherwise stated, ensure that:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health specialized transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health specialized transitional facility;
 2. Appoint a medical director, to direct the medical and nursing services provided by or at the behavioral health specialized transitional facility, who:
 - a. Is a medical staff member, and
 - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
 3. Appoint a clinical director, to provide direction for the behavioral health services provided by or at the behavioral health specialized transitional facility, who:
 - a. Is a psychiatrist or a psychologist;
 - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
 - c. May, if qualified, also serve as the medical director.

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G. A medical director:

1. Is responsible for the medical services, nursing services, and physical health-related services provided to patients consistent with the patients behavioral treatment plan; and
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Restraint and seclusion, according to R9-10-225;
 - b. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's physical health conditions;
 - c. Dispensing and administration of medications, including the process and criteria for determining whether a patient is capable of and eligible to self-administer medication;
 - d. The process by which emergency medical treatment will be provided to a patient; and
 - e. The requirements for completion of medication records and recording of adverse events.

H. A clinical director:

1. Is responsible for the behavioral health services provided to patients;
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
 - a. Assessing the competency and proficiency of a behavioral health personnel member for each type of service the personnel member provides and each type of patient to which the personnel member is assigned;
 - b. Providing:
 - i. Supervision to behavioral health paraprofessionals, according to R9-10-115(1); and
 - ii. Clinical oversight to behavioral health technicians, according to R9-10-115(2);
 - c. The qualifications for personnel members who provide clinical oversight;
 - d. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's behavioral health issues;
 - e. The process for developing and implementing a patient's treatment plan;
 - f. The frequency of and process for reviewing and modifying a patient's treatment plan, based on the ongoing monitoring of the patient's response to treatment; and
 - g. The process for determining whether a patient is eligible for discharge or conditional release to a less restrictive alternative;
3. Shall ensure that patient services are provided by personnel competent and proficient in providing the services; and
4. Shall ensure that clinical oversight of personnel members is provided according to the policies and procedures.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992

(Supp. 92-4). Section R9-10-1302 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1303. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1303 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1304. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and

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2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted without change effective November 25, 1992 (Supp. 92-4). Section R9-10-1304 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1305. Personnel Requirements and Records**A.** An administrator shall ensure that a personnel member:

1. Is at least 21 years of age; and
2. Either:
 - a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
 - b. Submits to the administrator a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02 within seven working days after becoming a personnel member.

B. An administrator shall ensure that each personnel member submits to the administrator a copy of the individual's valid fingerprint clearance card:

1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
2. Each time the fingerprint clearance card is issued or renewed.

C. If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:

1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
2. Make a record of this determination, including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.

D. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and

b. Include:

- i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

- a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
- 3.** Personnel members are present on a behavioral health specialized transitional facility's premises with the qualifications, skills, and knowledge necessary to:
- a. Provide the services in the behavioral health specialized transitional facility's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.

E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.**F.** An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a patient for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing service at or on behalf of the behavioral health specialized transition facility, and
2. As specified in R9-10-113.

G. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, ending date;
3. A copy of the individual's fingerprint clearance card; and
4. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - f. Cardiopulmonary resuscitation training, if required for the individual according to this Article or policies and procedures;

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- g. First aid training, if required for the individual according to this Article or policies and procedures; and
 - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- H.** An administrator shall ensure that personnel records are maintained:
- 1. Throughout an individual's period of providing services in or for the behavioral health specialized transitional facility; and
 - 2. For at least 24 months after the last date the individual provided services in or for the behavioral health specialized transitional facility.
- I.** An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented and implemented; and
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1305 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1306. Admission Requirements

- A.** An administrator shall ensure that, before a patient is admitted to the behavioral health specialized transitional facility, a court of competent jurisdiction has ordered the patient to be:
- 1. Detained under A.R.S. § 36-3705(B) or § 36-3713(B); or
 - 2. Committed under A.R.S. § 36-3707.
- B.** An administrator shall ensure that, at the time a patient is admitted to the behavioral health specialized transitional facility:
- 1. The administrator receives a copy of the court order for the patient to be detained at or committed to the behavioral health specialized transitional facility,

- 2. The patient's possessions are taken to the bedroom to which the patient has been assigned, and
 - 3. The patient is provided with a written list and verbal explanation of the patient's rights and responsibilities.
- C.** Within seven calendar days after a patient is admitted to the behavioral health specialized transitional facility, a medical director shall ensure that:
- 1. A medical history is taken from and a physical examination performed on the patient;
 - 2. Except as specified in subsection (C)(3), a patient provides evidence of freedom from infectious tuberculosis as required in R9-10-113;
 - 3. A patient is not required to be retested for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10-113(1) if:
 - a. Fewer than 12 months have passed since the patient was tested for tuberculosis or since the date of the written statement, and
 - b. The documentation of freedom from infectious tuberculosis required in subsection (C)(2) accompanies the patient at the time of the patient's admission to the behavioral health specialized transitional facility; and
 - 4. An assessment for the patient is completed:
 - a. According to the behavioral health specialized transitional facility's policies and procedures;
 - b. That includes the patient's:
 - i. Legal history, including criminal justice record;
 - ii. Behavioral health treatment history;
 - iii. Medical conditions and history; and
 - iv. Symptoms reported by the patient and referrals needed by the patient, if any; and
 - c. That includes:
 - i. Recommendations for further assessment or examination of the patient's needs,
 - ii. The physical health services or ancillary services that will be provided to the patient until the patient's treatment plan is completed; and
 - iii. The signature of the personnel member conducting the assessment and the date signed.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1306 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1307. Discharge or Conditional Release to a Less Restrictive Alternative

- A.** An administrator shall ensure that annual written notice is given to a patient of the patient's right to petition for:

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1. Conditional release to a less restrictive alternative under A.R.S. § 36-3709, or
2. Discharge under A.R.S. § 36-3714.
- B.** An administrator shall ensure that a patient who is detained at or committed to the behavioral health specialized transitional facility is transported to a hearing to determine the patient's continued detention at or commitment to the behavioral health specialized transitional facility.
- C.** An administrator shall ensure that a patient is not discharged or conditionally released to a less restrictive alternative before the behavioral health specialized transitional facility receives documentation from a court of competent jurisdiction of the patient's:
 1. Conditional release to a less restrictive alternative, or
 2. Discharge including the disposition of the patient upon discharge.
- D.** A clinical director shall ensure that before a patient is discharged or conditionally released to a less restrictive alternative:
 1. The clinical director or the clinical director's designee, as specified in the behavioral health specialized transitional facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional to whom a copy of the patient's discharge summary will be sent; and
 2. The patient receives:
 - a. Written follow-up instructions including as applicable to the patient:
 - i. On-going behavioral health issues and physical health conditions;
 - ii. A list of the patient's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
 - iii. Counseling goals; and
 - b. A supply of medications determined according to the policies and procedures specified in R9-10-1302(C)(1)(d).
- b. Contains a locked first aid kit,
 - c. Contains a working heating and air conditioning system, and
 - d. Contains drinking water sufficient to meet the needs of each patient present in the vehicle;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
3. A driver of the vehicle:
 - a. Is 21 years of age or older,
 - b. Has a valid driver license,
 - c. Operates the vehicle in a manner that does not endanger a patient in the vehicle,
 - d. Does not leave a patient in the vehicle unattended, and
 - e. Ensures the safe and hazard-free loading and unloading of patients; and
4. Transportation safety is maintained as follows:
 - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
 - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1308 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1309. Patient Rights

An administrator shall ensure that:

1. A patient:
 - a. Has privacy in treatment and personal care needs;
 - b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
 - i. Restricted by court order; or
 - ii. Contraindicated on the basis of clinical judgment, as documented in the patient's medical record;
 - c. Is given the opportunity to seek, speak to, and be assisted by legal counsel:
 - i. Whom the court assigns to the patient, or
 - ii. Whom the patient obtains at the patient's own expense; and
 - d. Is not subjected to:
 - i. Abuse;
 - ii. Neglect;
 - iii. Exploitation;
 - iv. Coercion;
 - v. Manipulation;

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1307 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1308. Transportation

An administrator of a behavioral health specialized transitional facility that uses a vehicle owned or leased by the behavioral health specialized transitional facility to provide transportation to a patient shall ensure that:

1. The vehicle:
 - a. Is safe and in good repair,

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- vi. Seclusion, if not necessary to prevent imminent harm to self or others;
 - vii. Restraint, if not necessary to prevent imminent harm to self or others;
 - viii. Sexual abuse according to A.R.S. § 13-1404; or
 - ix. Sexual assault according to A.R.S. § 13-1406; and
2. A patient or the patient's representative:
 - a. Is provided with the opportunity to participate in the development of the patient's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
 - b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
 - c. Is allowed to control the patient's finances and have access to the patient's personal funds account according to the behavioral health specialized transitional facility's policies and procedures specified in R9-10-1302(C)(1)(j);
 - d. Has an opportunity to review the medical record for the patient according to the behavioral health specialized transitional facility's policies and procedures; and
 - e. Receives information about the behavioral health specialized transitional facility's policies and procedures for:
 - i. Health care directives;
 - ii. Filing complaints, including the telephone number of an individual at the behavioral health specialized transitional facility to contact about a complaint and the Department's telephone number; and
 - iii. Petitioning a court for a patient's discharge or conditional release to a less restrictive alternative.
 - b. Based on the assessment conducted under R9-10-1306(C)(4) and on-going changes to the assessment of the patient's behavioral health issues, mental disorders, and physical health conditions, as applicable; and
 - c. Including:
 - i. The physical health services, behavioral health services, and ancillary services to be provided to the patient until completion of the treatment plan;
 - ii. The type, frequency, and duration of counseling or other treatment ordered for the patient;
 - iii. The name of each individual who ordered medication, counseling, or other treatment for the patient;
 - iv. The signature of the patient or the patient's representative and dated signed, or documentation of the refusal to sign;
 - v. The date when the patient's treatment plan will be reviewed;
 - vi. If a discharge date has been determined, the treatment needed after discharge; and
 - vii. The signature of the personnel member who developed the treatment plan and the date signed; and
 2. A patient's treatment plan is reviewed and updated:
 - a. According to the review date specified in the treatment plan,
 - b. When a treatment goal is accomplished or changes,
 - c. When additional information that affects the patient's assessment is identified, and
 - d. When a patient has a significant change in condition or experiences an event that affects treatment.

- B. A clinical director shall ensure that treatment is:
 1. Offered to a patient according to the patient's treatment plan;
 2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the treatment from the patient; and
 3. Documented in the patient's medical record as specified in R9-10-1312.
- C. The clinical director shall ensure that restraint and seclusion are used, performed, and documented according to the behavioral health specialized transitional facility's policies and procedures.
- D. A clinical director shall ensure that:
 1. A patient receives the annual examination required by A.R.S. § 36-3708, and
 2. A report of the patient's annual examination is prepared according to the behavioral health specialized transitional facility's policies and procedures.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1309 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1310. Behavioral Health Services

- A. A clinical director shall ensure that:
 1. A treatment plan is developed and implemented for the patient:
 - a. According to the behavioral health specialized transitional facility's policies and procedures;

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1310 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the

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Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1311. Physical Health Services

- A.** A medical director shall ensure that:
1. A patient's physical health is assessed during the physical examination specified in R9-10-1306(C)(1), and
 2. Any physical health conditions identified through the assessment are addressed in the patient's treatment plan.
- B.** A medical director shall ensure that on-going assessment or treatment of a patient's physical health condition is:
1. Offered to a patient according to the patient's treatment plan;
 2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the assessment or treatment from the patient; and
 3. Documented in the patient's medical record as specified in R9-10-1312.
- C.** An administrator shall ensure that, if a patient requires assessment or treatment not available at the behavioral health specialized transitional facility, the patient is provided with transportation to the location where assessment or treatment may be provided to the patient.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1311 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1312. Medical Records

- A.** An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by facility policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to facility policies and procedures; and
 4. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 5. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or the electronic signature;
 6. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law;
 7. A patient's medical record is available to the patient or patient's representative upon request at a time agreed upon by the patient or patient's representative and the administrator; and
 8. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a behavioral health specialized transitional facility maintains patient's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. A copy of the court order requiring the patient to be detained at or committed to the behavioral health specialized transitional facility;
 2. The date the patient was detained at or committed to the behavioral health specialized transitional facility;
 3. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth; and
 - d. Any known allergies, including medication allergies;
 4. Documentation of the patient's freedom from infectious tuberculosis as required in R9-10-1306(C)(2);
 5. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
 6. If applicable, the name and contact information of the patient's representative and:
 - a. The document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Is a legal guardian, a copy of the court order establishing guardianship; or
 - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
 7. Documentation of medical history and physical examination of the patient;
 8. A copy of patient's health care directives, if applicable;
 9. Orders;
 10. The patient's assessment including updates;
 11. The patient's treatment plan including updates;
 12. Progress notes;
 13. Documentation of transportation provided to the patient;

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14. Documentation of behavioral health services and physical health services provided to the patient;
15. Documentation of patient's annual examination and report required by A.R.S. § 36-3708;
16. Documentation of the annual written notice of the patient of the patient's right to petition for:
 - a. Conditional release to a less restrictive alternative as required by A.R.S. § 36-3709, or
 - b. Discharged as required by A.R.S. § 36-3714;
17. A copy of any petition for discharge or conditional release to a less restrictive alternative filed by the patient and provided to the behavioral health specialized transitional facility and the outcome of the petition;
18. Documentation of the patient's, if applicable;
 - a. Conditional release to a less restrictive alternative; or
 - b. Discharge, including the disposition of the patient upon discharge;
19. If a patient has been discharged, a discharge summary that includes:
 - a. A summary of the treatment provided to the patient;
 - b. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved;
 - c. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge from the behavioral health specialized transitional facility;
 - d. A description of the disposition of the patient's possessions, funds, or medications; and
 - e. The date the patient was discharged from the behavioral health specialized transitional facility;
20. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports,
 - d. Documentation of restraint or seclusion,
 - e. Patient follow-up instructions, and
 - f. Consultation reports; and
21. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
 - f. Any adverse reaction a patient has to the medication; and
 - g. If applicable, a patient's refusal to take medication ordered for the patient.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted

again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1312 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

R9-10-1313. Medication Services

- A. An administrator shall ensure that policies and procedures for medication services:
 1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient, including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse response to a medication, or
 - iii. A medication overdose;
 - c. Procedures for documenting medication services and assistance in the self-administration of medication; and
 - d. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B. A medical director shall ensure that:
 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication; and
 - c. Ensure that medication is administered to a patient only as prescribed;
 2. A patient's refusal to take prescribed medication is documented in the patient's medical record;
 3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 4. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record; and
 5. If pain medication is administered to a patient on a PRN basis, documentation in the patient's medical record includes:

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- a. An identification of the patient's pain before administering the medication, and
 - b. The effect of the pain medication administered.
- C. If a behavioral health specialized transitional facility provides assistance in the self-administration of medication, a medical director shall ensure that:
 - 1. A patient's medication is stored by the behavioral health specialized transitional facility;
 - 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The dosage of the medication is the same as stated on the medication container label, and
 - iii. The medication is being taken by the patient at the time stated on the medication container label; or
 - e. Observing the patient while the patient takes the medication;
 - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
 - 4. Training for a personnel member, other than a medical practitioner or nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
 - 5. A personnel member, other than a medical practitioner or nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 - 6. Assistance in the self-administration of medication provided to a patient:
 - a. Is in compliance with an order, and
 - b. Is documented in the patient's medical record.
- D. An administrator shall ensure that:
 - 1. A current drug reference guide is available for use by personnel members;
 - 2. A current toxicology reference guide is available for use by personnel members; and
 - 3. If pharmaceutical services are provided:
 - a. The pharmaceutical services are provided under the direction of a pharmacist;
 - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - c. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a behavioral health specialized transitional facility, an administrator shall ensure that:
 - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication;
 - d. Storing, inventorying, and dispensing controlled substances; and
 - e. Documenting the maintenance of a medication requiring refrigeration.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health specialized transitional facility's medical director.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1313 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1314. Food Services

- A. An administrator shall ensure that:
 - 1. The behavioral health specialized transitional facility has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
 - 2. A copy of the behavioral health specialized transitional facility's food establishment license is maintained;
 - 3. If a behavioral health specialized transitional facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health specialized transitional facility:
 - a. A copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health specialized transitional facility; and
 - b. The behavioral health specialized transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
 - 4. A registered dietitian is employed full-time, part-time, or as a consultant; and

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5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.
- B.** A registered dietitian or director of food services shall ensure that:
 1. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 2. Meals and snacks provided by the behavioral health specialized transitional facility are served according to posted menus;
 3. Meals for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
 4. A patient is provided:
 - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment plan;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A patient group agrees; and
 - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 6. Water is available and accessible to a patient at all times, unless otherwise specified in the patient's treatment plan.
- C.** An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
 4. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 6. Frozen foods are stored at a temperature of 0° F or below; and
 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1314 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1315. Emergency and Safety Standards

- A.** A medical director shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
 1. The medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the behavioral health specialized transitional facility;
 2. A system to ensure all medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
 3. A requirement that a cart or container is available for medical emergency treatment that contains all of the medication, supplies, and equipment specified in the behavioral health specialized transitional facility's policies and procedures;
 4. A method to verify and document that the contents of the cart or container in subsection (A)(3) are available for medical emergency treatment; and
 5. A method for ensuring a patient may be transported to a hospital or other health care institution to receive treatment for a medical emergency that the behavioral health specialized transitional facility is not able or not authorized to provide.
- B.** An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the behavioral health specialized transitional facility according to the behavioral

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health specialized transitional facility's policies and procedures.

C. An administrator shall ensure that the behavioral health specialized transitional facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.

D. An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. Procedures for protecting the health and safety of patients and other individuals at the behavioral health specialized transitional facility;
 - b. When, how, and where patients will be relocated;
 - c. How each patient's medical record will be available to personnel providing services to the patient during a disaster;
 - d. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - e. A plan for obtaining food and water for individuals present in the behavioral health specialized transitional facility or the behavioral health specialized transitional facility's relocation site during a disaster;
2. The disaster plan required in subsection (D)(1) is reviewed at least once every 12 months;
3. A disaster drill is performed on each shift at least once every 12 months;
4. Documentation of a disaster plan review required in subsection (D)(2) and a disaster drill required in subsection (D)(3) is created, is maintained for at least 12 months after the date of the disaster plan review or disaster drill, and includes:
 - a. The date and time of the disaster plan review or disaster drill;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review or disaster drill;
 - c. A critique of the disaster plan review or disaster drill; and
 - d. If applicable, recommendations for improvement;
5. An evacuation drill is conducted on each shift at least once every three months;
6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for all employees and patients to evacuate the behavioral health specialized transitional facility;
 - c. If applicable, an identification of patients needing assistance for evacuation;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and

7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health specialized transitional facility.

E. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1316. Environmental Standards

A. An administrator shall ensure that:

1. The premises and equipment are:
 - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical wastes are identified, stored, and disposed of according to 18 A.A.C. 13, Article 14;
4. Equipment used at the behavioral health specialized transitional facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
 - a. Stored in covered containers, and
 - b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health specialized transitional facility at a temperature between 70° F and 84° F;
8. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health specialized transitional facility used by patients;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
11. Soiled linen and soiled clothing stored by the behavioral health specialized transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas; and
12. Pets and animals, except for service animals, are prohibited on the premises.

B. An administrator shall ensure that smoking or tobacco products are not permitted within or on the premises of the facility.

C. An administrator shall ensure that:

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1. Poisonous or toxic materials stored by the behavioral health specialized transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
 2. Combustible or flammable liquids and hazardous materials stored by a behavioral health specialized transitional facility are stored in the original labeled containers or safety containers in an area inaccessible to patients; and
 3. Poisonous, toxic, combustible, or flammable medical supplies in use for a patient are stored in a locked area according to the behavioral health specialized transitional facility's policies and procedures.
- D.** An administrator shall ensure that:
1. A patient's bedroom is provided with:
 - a. An individual storage space, such as a dresser or chest;
 - b. A bed that:
 - i. Consists of at least a mattress and frame, and
 - ii. Is at least 36 inches wide and 72 inches long; and
 - c. A pillow and linens that include:
 - i. A mattress pad;
 - ii. A top sheet and a bottom sheet are large enough to tuck under the mattress;
 - iii. A pillow case;
 - iv. A waterproof mattress cover, if needed; and
 - v. A blanket or bedspread sufficient to ensure the patient's warmth;
 2. Clean linens and bath towels are provided to a patient as needed and at least once every seven calendar days; and
 3. A patient's clothing may be cleaned according to policies and procedures.
- Historical Note**
- Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).
- R9-10-1317. Physical Plant Standards**
- A.** An administrator shall ensure that a behavioral health specialized transitional facility complies with the applicable physical plant health and safety codes and standards for secure residential facilities, incorporated by reference in A.A.C. R9-1-412, in effect on the date the behavioral health specialized transitional facility submitted architectural plans and specifications to the Department for approval according to R9-10-104.
- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the behavioral health specialized transitional facility's scope of services, and
 2. An individual accepted as a patient by the behavioral health specialized transitional facility.
- C.** An administrator shall ensure that:
1. A behavioral health specialized transitional facility has:
 - a. An area in which a patient may meet with a visitor,
 - b. Areas where patients may receive individual treatment,
 - c. Areas where patients may receive group counseling or other group treatment,
 - d. An area for community dining; and
 - e. Sufficient space in one or more common areas for individual and group activities.
- D.** An administrator shall ensure that the behavioral health specialized transitional facility has:
1. A bathroom adjacent to a common area for use by patients and visitors that:
 - a. Provides privacy to the user; and
 - b. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue dispenser,
 - iv. Dispensed soap for hand washing,
 - v. Single use paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation;
 2. An indoor common area that is not used as a sleeping area and that has:
 - a. A working telephone that allows a patient to make a private telephone call;
 - b. A distortion-free mirror;
 - c. A current calendar and an accurate clock;
 - d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of patients; and
 - e. A working television and access to a radio;
 3. A dining room or dining area that:
 - a. Is lighted and ventilated,
 - b. Contains tables and seats, and
 - c. Is not used as a sleeping area;
 4. An outdoor area that:
 - a. Is accessible to patients,
 - b. Has sufficient space to accommodate the social and recreational needs of patients, and
 - c. Has shaded and unshaded areas;
 5. For every ten patients, at least one working toilet that flushes and has a seat and dispensed toilet tissue;
 6. For every 12 patients, at least one sink with running water, dispensed soap for hand washing, and single use paper towels or a mechanical air hand dryer;
 7. For every 12 patients, at least one working bathtub or shower with a slip resistant surface; and
 8. For each patient, a private bedroom that:
 - a. Contains at least 60 square feet of floor space, not including the closet;
 - b. Has walls from floor to ceiling;
 - c. Has a door that opens into a hallway or common area;
 - d. Is constructed and furnished to provide unimpeded access to the door;
 - e. Is not used as a passageway to another bedroom or a bathroom, unless the bathroom is for the exclusive use of a the patient occupying the bedroom; and
 - f. Has sufficient lighting for a patient to read.
- Historical Note**
- Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES**
- R9-10-1401. Definitions**
- In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified: "Emergency medical care technician" has the same meaning as in A.R.S. § 36-2201.

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Historical Note

Adopted effective February 1, 1994 (Supp. 94-1).
 Amended by exempt rulemaking at 19 A.A.R. 2015,
 effective October 1, 2013 (Supp. 13-2). Amended by
 exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws
 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1402. Administration**A.** A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of a substance abuse transitional facility;
2. Establish, in writing:
 - a. A substance abuse transitional facility's scope of services, and
 - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who meets the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1403;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a substance abuse transitional facility's premises for more than 30 calendar days, or
 - b. Not present on a substance abuse transitional facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

B. An administrator:

1. Is directly accountable to the governing authority for the daily operation of the substance abuse transitional facility and all services provided by or at the substance abuse transitional facility;
2. Has the authority and responsibility to manage the substance abuse transitional facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on a substance abuse transitional facility's premises and accountable for the substance abuse transitional facility when the administrator is not present on the substance abuse transitional facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a participant;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training, including:
 - i. The method and content of cardiopulmonary resuscitation training, which includes a demon-

stration of the individual's ability to perform cardiopulmonary resuscitation;

- ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
- iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
- iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
- f. Include a method to identify a participant to ensure the participant receives physical health services and behavioral health services as ordered;
- g. Cover first aid training;
- h. Cover participant rights, including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;
- i. Cover specific steps for:
 - i. A participant to file a complaint, and
 - ii. The substance abuse transitional facility to respond to a participant's complaint;
- j. Cover medical records, including electronic medical records;
- k. Cover quality management, including incident reports and supporting documentation;
- l. Cover contracted services; and
- m. Cover when an individual may visit a participant in the substance abuse transitional facility;
2. Policies and procedures for services are established, documented, and implemented to protect the health and safety of a participant that:
 - a. Cover participant screening, admission, assessment, transfer, discharge planning, and discharge;
 - b. Include when general consent and informed consent are required;
 - c. Cover the provision of behavioral health services and physical health services;
 - d. Cover medication administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
 - e. Cover infection control;
 - f. Cover environmental services that affect participant care;
 - g. Cover the process for receiving a fee from and refunding a fee to a participant or the participant's representative;
 - h. Cover the security of a participant's possessions that are allowed on the premises;
 - i. Cover smoking tobacco products on the premises;
 - j. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual; and
 - k. Cover how often periodic monitoring occurs based on a participant's condition;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to employees; and
5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a substance

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abuse transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the substance abuse transitional facility.

- D. An administrator shall provide written notification to the Department of a participant's:
 1. Death, if the participant's death is required to be reported according to A.R.S. § 11-593, within one working day after the participant's death; and
 2. Self-injury, within two working days after the participant inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E. If abuse, neglect, or exploitation of a participant is alleged or suspected to have occurred before the participant was admitted or while the participant is not on the premises and not receiving services from a substance abuse transitional facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454.
- F. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a participant is receiving services from a substance abuse transitional facility's employee or personnel member, the administrator shall:
 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. An administrator shall establish, document, and implement a process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services.
- H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a participant, or a participant's representative:
 1. The participant rights listed in R9-10-1409,
 2. The facility's current license,
 3. The location at which inspection reports are available for review or can be made available for review, and

4. The days and times when a participant may accept visitors and make telephone calls.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1402 repealed; new Section R9-10-1402 renumbered from Section R9-10-1403 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1403. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to participants;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to participant care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1403 renumbered to R9-10-1402; new Section R9-10-1403 renumbered from R9-10-1404 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1404. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1404 renumbered to R9-10-1403; new Section R9-10-1404 renumbered from R9-10-1405 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014

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(Supp. 14-2).

R9-10-1405. Personnel

- A.** An administrator shall ensure that:
1. A personnel member is:
 - a. At least 21 years old, or
 - b. Licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
 2. An employee is at least 18 years old;
 3. A student is at least 18 years old; and
 4. A volunteer is at least 21 years old.
- B.** An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services and physical health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
 2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides behavioral health services or physical health services, and
 - b. According to policies and procedures;
 3. An emergency medical care technician complies with the requirements in 9 A.A.C. 25 for certification and medical direction;
 4. A substance abuse transitional facility has sufficient personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
 - a. Provide the behavioral health services and physical health services in the substance abuse transitional facility's scope of services,
 - b. Meet the needs of a participant, and
 - c. Ensure the health and safety of a participant;
 5. A written plan is developed and implemented to provide orientation specific to the duties of a personnel member;
 6. A personnel member's orientation is documented, to include:
 - a. The personnel member's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 7. In addition to the training required in subsections (B)(1) and (B)(5), a written plan is developed and implemented to provide a personnel member with in-service education specific to the duties of the personnel member;
 8. A personnel member receives training in how to respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual:
 - a. Before providing services related to participant care, and
 - b. At least once every 12 months after the date the personnel member begins providing services related to participant care; and
 9. An individual's in-service education and, if applicable, training in how to respond to a participant's sudden, intense, or out-of-control behavior is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training.
- C.** An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor receives direct supervision as defined in A.A.C. R4-6-101.
- D.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the substance abuse transitional facility, and
 2. As specified in R9-10-113.
- E.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- F.** An administrator shall ensure that a personnel record is maintained for a personnel member, employee, volunteer, or student that contains:
1. The individual's name, date of birth, and contact telephone number;
 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. The individual's completion of the training required in subsection (B)(8), if applicable;
 - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - g. Cardiopulmonary resuscitation training, if required for the individual according to subsection (H) or policies and procedures;
 - h. First aid training, if required for the individual according to subsection (H) or policies and procedures; and

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- i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D).
- G. An administrator shall ensure that personnel records are:
 - 1. Maintained:
 - a. Throughout an individual's period of providing services at or for a substance abuse transitional facility, and
 - b. For at least 24 months after the last date the individual provided services at or for a substance abuse transitional facility; and
 - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the substance abuse transitional facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H. An administrator shall ensure at least one personnel member who is present at the substance abuse transitional facility during hours of facility operation has first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the facility.
- I. An administrator shall ensure that:
 - 1. At least one personnel member is present and awake at a substance abuse transitional facility at all times when a participant is on the premises;
 - 2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the substance abuse transitional facility if needed;
 - 3. A substance abuse transitional facility has sufficient personnel members to provide general participant supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each participant;
 - 4. There is a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each individual assigned to work, including on-call individuals;
 - b. Includes documentation of the employees who work each day and the hours worked by each employee; and
 - c. Is maintained for at least 12 months after the last date on the documentation;
 - 5. A behavioral health professional is present on the substance abuse transitional facility's premises or on-call; and
 - 6. A registered nurse is present on the substance abuse transitional facility's premises or on-call.
- 2. General consent is obtained from a participant or the participant's representative before or at the time of admission;
- 3. The general consent obtained in subsection (2) is documented in the participant's medical record;
- 4. An assessment of a participant is completed or updated by an emergency medical care technician or a registered nurse;
- 5. If an assessment is completed or updated by an emergency medical care technician, a registered nurse reviews the assessment within 24 hours after the completion of the assessment to ensure that the assessment identifies the behavioral health services and physical health services needed by the participant;
- 6. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the substance abuse transitional facility or the substance abuse transitional facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
 - a. The participant's assessment information is reviewed and updated if additional information that affects the participant's assessment is identified, and
 - b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed;
- 7. An assessment:
 - a. Documents a participant's:
 - i. Presenting issue;
 - ii. Substance abuse history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Behavioral health treatment history;
 - vi. Symptoms reported by the participant; and
 - vii. Referrals needed by the participant, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the participant's needs,
 - ii. The behavioral health services and physical health services that will be provided to the participant, and
 - iii. The signature and date signed of the personnel member conducting the assessment; and
 - c. Is documented in participant's medical record;
- 8. A participant is referred to a medical practitioner if a determination is made that the participant requires immediate physical health services or the participant's behavioral health issue may be related to the participant's medical condition;
- 9. If a participant requires behavioral health services that the substance abuse transitional facility is not authorized or not able to provide, a personnel member arranges for the participant to be provided transportation to transfer to another health care institution where the behavioral health services can be provided;
- 10. A request for participation in a participant's assessment is made to the participant or the participant's representative;
- 11. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative;
- 12. Documentation of the request in subsection (10) and the opportunity in subsection (11) is in the participant's medical record; and
- 13. A participant's assessment information is:

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).
 Section R9-10-1405 renumbered to R9-10-1404; new Section R9-10-1405 renumbered from R9-10-1406 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1406. Admission; Assessment

An administrator shall ensure that:

- 1. A participant is admitted based upon the participant's presenting behavioral health issue and treatment needs and the substance abuse transitional facility's ability and authority to provide behavioral health services or physical health services consistent with the participant's needs;

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- a. Documented in the medical record within 48 hours after completing the assessment, and
- b. Reviewed and updated when additional information that affects the participant's assessment is identified.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1406 renumbered to R9-10-1405; new Section R9-10-1406 renumbered from R9-10-1407 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1407. Discharge**A.** An administrator shall ensure that:

1. If a participant is not being transferred to another health care institution, before discharging the participant from a substance abuse transitional facility, a personnel member:
 - a. Identifies the specific needs of the participant after discharge necessary to assist the participant to address the participant's substance abuse issues;
 - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the participant; and
 - c. Documents the information in subsection (A)(1)(a) and the resources in subsection (A)(1)(b) in the participant's medical record; and
2. When an individual is discharged, a personnel member:
 - a. Provides the participant with discharge information that includes:
 - i. The identified specific needs of the participant after discharge, and
 - ii. Resources that may be available for the participant; and
 - b. Contacts any resources identified as required in subsection (A)(1)(b).

B. An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is discharged unless the participant leaves the facility against a medical practitioner's advice.**C.** An administrator shall ensure that, at the time of discharge, a participant receives a referral for behavioral health services that the participant may need after discharge, if applicable.**D.** An administrator shall ensure that a discharge summary:

1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
2. Includes the following information completed by an individual authorized by policies and procedures:
 - a. The participant's presenting issue and other behavioral health and physical health issues identified in the participant's assessment;
 - b. A summary of the behavioral health services and physical health services provided to the participant;
 - c. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
 - d. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.

E. An administrator shall ensure that a participant who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the participant is discharged.**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1407 renumbered to R9-10-1406; new Section R9-10-1407 renumbered from R9-10-1408 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1408. Transfer

Except for a transfer of a participant due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the participant;
2. According to policies and procedures:
 - a. An evaluation of the participant is conducted before the transfer;
 - b. Information in the participant's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the participant or the participant's representative; and
3. Documentation in the participant's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the participant during a transfer.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1408 renumbered to R9-10-1407; new Section R9-10-1408 renumbered from R9-10-1409 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1409. Participant Rights**A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that include:
 - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
 - b. Where participant rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A participant is treated with dignity, respect, and consideration;
2. A participant is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;

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- d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity;
 - k. Misappropriation of personal and private property by the substance abuse transitional facility's personnel members, employees, volunteers, or students; or
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative; and
3. A participant or the participant's representative:
- a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication, associated risks, and possible complications;
 - d. Is informed of the participant complaint process; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
 - i. Medical record, or
 - ii. Financial records.
- C. A participant has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that:
 - a. Supports and respects the participant's individuality, choices, strengths, and abilities;
 - b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or the participant's representative's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the participant's treatment needs;
 - 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A participant may be photographed when admitted to a substance abuse transitional facility for identification and administrative purposes;
 - b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
 - 4. To review, upon written request, the participant's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 - 5. To receive a referral to another health care institution if the substance abuse transitional facility is not authorized or not able to provide behavioral health services or physical health services needed by the participant;
 - 6. To participate or have the participant's representative participate in the development of or decisions concerning treatment;
 - 7. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights;
 - 8. To be provided locked storage space for the participant's belongings while the participant receives services; and
 - 9. To be informed of the requirements necessary for the participant's discharge.
- Historical Note**
- Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1409 renumbered to R9-10-1408; new Section R9-10-1409 renumbered from R9-10-1410 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1410. Medical Records**
- A. An administrator shall ensure that:
- 1. A medical record is established and maintained for each participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
 - 2. An entry in a participant's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 - 3. An order is:
 - a. Dated when the order is entered in the participant's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 - 5. A participant's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the participant's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
 - c. As permitted by law; and
 - 6. A participant's medical record is protected from loss, damage, or unauthorized use.
- B. If a substance abuse transitional agency maintains participants' medical records electronically, an administrator shall ensure that:
- 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a participant's medical record contains:
- 1. Participant information that includes:
 - a. The participant's name;
 - b. The participant's address;
 - c. The participant's date of birth; and
 - d. Any known allergies, including medication allergies;
 - 2. A participant's presenting behavioral health issue;

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3. Documentation of general consent and, if applicable, informed consent for treatment by the participant or the participant's representative, except in an emergency;
4. If applicable, the name and contact information of the participant's representative and:
 - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
 - b. If the participant's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. Documentation of medical history and results of a physical examination;
6. The date of admission and, if applicable, date of discharge;
7. Orders;
8. Assessment;
9. Progress notes;
10. Documentation of substance abuse transitional agency services provided to the participant;
11. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
12. The disposition of the participant upon discharge;
13. The discharge plan;
14. A discharge summary, if applicable; and
15. Documentation of a medication administered to a participant that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain:
 - i. An evaluation of the participant's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication:
 - i. An evaluation of the participant's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The signature of the individual administering the medication; and
 - f. Any adverse reaction a participant has to the medication.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1410 renumbered to R9-10-1409; new Section R9-10-1410 renumbered from R9-10-1411 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1411. Behavioral Health Services

- A.** An administrator shall ensure that counseling is:
1. Offered as described in the substance abuse transitional facility's scope of services,

2. Provided according to the frequency and number of hours identified in the participant's assessment, and
 3. Provided by a behavioral health professional.
- B.** An administrator shall ensure that:
1. A behavioral health professional providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
 2. Each counseling session is documented in a participant's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1411 renumbered to R9-10-1410; new Section R9-10-1411 renumbered from R9-10-1412 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1412. Medication Services

- A.** If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
1. Include:
 - a. A process for providing information to a participant about medication prescribed for the participant including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the participant's needs;
 - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
 - e. Procedures for assisting a participant in obtaining medication; and
 - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

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- B.** If a substance abuse transitional facility provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a participant only as prescribed;
 - d. Cover the documentation of a participant's refusal to take prescribed medication in the participant's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
 3. A medication administered to a participant:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the participant's medical record.
- C.** If a substance abuse transitional facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A participant's medication is stored by the substance abuse transitional facility;
 2. The following assistance is provided to a participant:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the participant;
 - c. Observing the participant while the participant removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
 - i. The participant taking the medication is the individual stated on the medication container label,
 - ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
 - iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
 - e. Observing the participant while the participant takes the medication;
 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse;
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
 6. Assistance in the self-administration of medication provided to a participant:
 - a. Is in compliance with an order, and
 - b. Is documented in the participant's medical record.
- D.** An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members, and
 2. A current toxicology reference guide is available for use by personnel members.
- E.** When medication is stored at the substance abuse transitional facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 2. Medication is stored according to the instructions of the medication container; and
 3. Policies and procedures are established, documented, and implemented for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of participants who received recalled medication;
 - d. Storing, inventorying, and dispensing controlled substances; and
 - e. Documenting the maintenance of a medication requiring refrigeration.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a participant's adverse reaction to a medication to the medical practitioner who ordered the medication and the registered nurse required in R9-10-1405(I)(6).

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1412 renumbered to R9-10-1411; new Section R9-10-1412 renumbered from R9-10-1413 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1413. Food Services

- A.** An administrator shall ensure that:
1. If a substance abuse transitional facility has a licensed capacity of more than 10 participants:
 - a. Food services are provided in compliance with 9 A.A.C. 8, Article 1; and
 - b. A copy of the substance abuse transitional facility's food establishment license or permit required according to subsection (A)(1) is maintained;
 2. If a substance abuse transitional facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility:
 - a. A copy of the contracted food establishment's license or permit is maintained by the substance abuse transitional facility; and

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- b. The substance abuse transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant;
 3. A registered dietitian is employed full-time, part-time, or as a consultant; and
 4. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the participants.
- B. A registered dietitian or director of food services shall ensure that:
 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a participant such as cut, chopped, ground, pureed, or thickened;
 2. A food menu is:
 - a. Prepared at least one week in advance,
 - b. Conspicuously posted, and
 - c. Maintained for at least 60 calendar days after the last day included in the food menu;
 3. If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs;
 4. Meals and snacks provided by the substance abuse transitional facility are served according to posted menus;
 5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
 6. A participant is provided:
 - a. A diet that meets the participant's nutritional needs as specified in the participant's assessment;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(6)(d);
 - c. The option to have a daily evening snack identified in subsection (B)(6)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. The participant agrees; and
 - ii. The participant is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 7. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 8. Water is available and accessible to participants at all times, unless otherwise stated in a participant's assessment.
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Potentially hazardous food is maintained as follows:
 - a. Foods requiring refrigeration are maintained at 41° F or below; and
 - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
 - i. Ground beef and any food containing ground beef are cooked to heat all parts of the food to at least 155° F;
 - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
 - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
 - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
 - v. If the facility serves a population that is not a highly susceptible population, rare roast beef may be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak may be served cooked on both top and bottom to a surface temperature of at least 145° F; and
 - vi. Leftovers are reheated to a temperature of at least 165° F;
 4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
 5. Frozen foods are stored at a temperature of 0° F or below; and
 6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1413 renumbered to R9-10-1412; new Section R9-10-1413 renumbered from R9-10-1414 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1414. Emergency and Safety Standards

- A. An administrator shall ensure that:
 1. An evacuation drill for employees and participants on the premises is conducted at least once every six months on each shift;
 2. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the drill;
 - b. The amount of time taken for all employees and participants to evacuate the substance abuse transitional facility;
 - c. Any problems encountered in conducting the drill; and
 - d. Recommendations for improvement, if applicable;
 3. An evacuation path is conspicuously posted on each hallway of each floor of the facility;
 4. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
 - a. When, how, and where participants will be relocated;
 - b. How a participant's medical record will be available to individuals providing services to the participant during a disaster;
 - c. A plan to ensure a participant's medication will be available to administer to the participant during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the substance abuse transitional facility or

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the substance abuse transitional facility's relocation site during a disaster;

5. The disaster plan required in subsection (A)(4) is reviewed at least once every 12 months;
6. Documentation of a disaster plan review required in subsection (A)(5) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each employee or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement; and
7. A disaster drill for employees is conducted on each shift at least once every three months and documented.

B. An administrator shall ensure that:

1. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal;
2. Any repairs or corrections stated on the fire inspection report are made, and
3. Documentation of a current fire inspection is maintained.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1414 renumbered to R9-10-1413; new Section R9-10-1414 renumbered from R9-10-1415 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1415. Environmental Standards

A. An administrator shall ensure that:

1. The premises and equipment are sufficient to accommodate the activities, treatment, and ancillary services stated in the substance abuse transitional facility's scope of services;
2. The premises and equipment are:
 - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment,
 - b. Clean, and
 - c. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Equipment used at the substance abuse transitional facility is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
7. Garbage and refuse are:

- a. Stored in plastic bags in covered containers, and
- b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the facility at a temperature between 70° F and 84° F at all times;
9. A space heater is not used;
10. Common areas:
 - a. Are lighted to assure the safety of participants, and
 - b. Have lighting sufficient to allow personnel members to monitor participant activity;
11. Hot water temperatures are maintained between 95° F and 120° F in the areas of the substance abuse transitional facility used by participants;
12. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
13. Soiled linen and soiled clothing stored by the substance abuse transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
14. Oxygen containers are secured in an upright position;
15. Poisonous or toxic materials stored by the substance abuse transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
16. Combustible or flammable liquids and hazardous materials stored by the substance abuse transitional facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants;
17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

B. An administrator shall ensure that:

1. Smoking tobacco products is not permitted within a substance abuse transitional facility; and
2. Smoking tobacco products may be permitted on the premises outside a substance abuse transitional facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1415 renumbered to R9-10-1414; new Section R9-10-1415 renumbered from R9-10-1416 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1416. Physical Plant Standards

A. An administrator shall ensure that a substance abuse transitional facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and

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Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or

2. An alternative method to ensure participant safety that is documented and approved by the local jurisdiction.

B. An administrator shall ensure that:

1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and
2. A substance abuse transitional facility has:
 - a. A room that provides privacy for a participant to receive treatment or visitors; and
 - b. A common area and a dining area that:
 - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
 - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.

C. An administrator shall ensure that:

1. For every six participants, there is at least one working toilet that flushes and one sink with running water;
2. For every eight participants, there is at least one working bathtub or shower;
3. A participant bathroom provides privacy when in use and contains:
 - a. A shatter-proof mirror;
 - b. Toilet tissue for each toilet;
 - c. Soap accessible from each sink;
 - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one participant;
 - e. A window that opens or another means of ventilation; and
 - f. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;
4. Each participant is provided a bedroom for sleeping; and
5. A participant bedroom complies with the following:
 - a. Is not used as a common area;
 - b. Except as provided in subsection (D):
 - i. Contains a door that opens into a hallway, common area, or outdoors; and
 - ii. In addition to the door in subsection (C)(5)(b)(i), contains another means of egress;
 - c. Is constructed and furnished to provide unimpeded access to the door;
 - d. Has window or door covers that provide participant privacy;
 - e. Except as provided in subsection (D), is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 - f. Has floor to ceiling walls;
 - g. Is a:
 - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - ii. Shared bedroom that, except as provided in subsection (D):
 - (1) Is shared by no more than eight participants;
 - (2) Contains at least 60 square feet of floor

space, not including a closet, for each individual occupying the bedroom; and

- (3) Provides at least three feet of floor space between beds or bunk beds;
 - h. Except as provided in subsection (D), contains for each participant occupying the bedroom:
 - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
 - ii. Individual storage space for personnel effects and clothing such as a dresser or chest; and
 - i. Has sufficient lighting for participant occupying the bedroom to read.
- D.** An administrator of a substance abuse transitional facility that uses a building that was licensed as a rural substance abuse transitional center before October 1, 2013 shall ensure that:
1. A bedroom has a door that allows egress from the bedroom,
 2. A shared bedroom contains enough space to allow each participant occupying the bedroom to freely move about the bedroom,
 3. A bed is of a sufficient size to accommodate a participant using the bed and provide space for all parts of the participant's body on the bed's mattress, and
 4. A participant is provided storage space on a substance abuse transitional facility's premises that is accessible to the participant.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1416 renumbered to R9-10-1415; new Section R9-10-1416 renumbered from R9-10-1417 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1417. Renumbered

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1417 renumbered to R9-10-1416 by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

ARTICLE 15. ABORTION CLINICS

R9-10-1501. Definitions

In addition to the definitions in A.R.S. §§ 36-401, 36-449.01, 36-449.03, 36-2151, 36-2158, and 36-2301.01 and R9-10-101, the following definitions apply in this Article, unless otherwise specified:

1. "Admitting privileges" means permission extended by a hospital to a physician to allow admission of an individual as an inpatient, as defined in R9-10-201:
 - a. By the patient's own physician, or
 - b. Through a written agreement between the patient's physician and another physician that states that the other physician has permission to personally admit the patient to a hospital in this state and agrees to do so.
2. "Course" means training or education, including hands-on practice under the supervision of a physician.
3. "Employee" means an individual who receives compensation from a licensee, but does not provide medical services, nursing services, or health-related services.
4. "First trimester" means 1 through 14 weeks as measured from the first day of the last menstrual period or 1 through 12 weeks as measured from the date of fertilization.

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5. "Incident" means an abortion-related patient death or serious injury to a patient or fetus delivered alive.
6. "Local" means under the jurisdiction of a city or county in Arizona.
7. "Medical director" means a physician who is responsible for the direction of the medical services, nursing services, and health-related services provided to patients at an abortion clinic.
8. "Medical evaluation" means obtaining a patient's medical history, performing a physical examination of a patient's body, and conducting laboratory tests as provided in R9-10-1509.
9. "Monitor" means to observe and document, continuously or intermittently, the values of certain physiologic variables on a patient such as pulse, blood pressure, oxygen saturation, respiration, and blood loss.
10. "Neonatal resuscitation" means procedures to assist in maintaining the life of a fetus delivered alive, as described in A.R.S. § 36-2301(D)(3).
11. "Patient" means a female receiving medical services, nursing services, or health-related services related to an abortion.
12. "Patient care staff member" means a physician, registered nurse practitioner, nurse, physician assistant, or surgical assistant who provides medical services, nursing services, or health-related services to a patient.
13. "Patient transfer" means relocating a patient requiring medical services from an abortion clinic to another health care institution.
14. "Personally identifiable patient information" means:
 - a. The name, address, telephone number, e-mail address, Social Security number, and birth date of:
 - i. The patient,
 - ii. The patient's representative,
 - iii. The patient's emergency contact,
 - iv. The patient's children,
 - v. The patient's spouse,
 - vi. The patient's sexual partner, and
 - vii. Any other individual identified in the patient's medical record other than patient care staff;
 - b. The patient's place of employment;
 - c. The patient's referring physician;
 - d. The patient's insurance carrier or account;
 - e. Any "individually identifiable health information" as proscribed in 45 CFR 164-514; and
 - f. Any other information in the patient's medical record that could reasonably lead to the identification of the patient.
15. "Personnel" means patient care staff members, employees, and volunteers.
16. "Serious injury" means a life-threatening physical condition related to an abortion procedure.
17. "Surgical assistant" means an individual who is not licensed as a physician, physician assistant, registered nurse practitioner, or nurse who performs duties as directed by a physician, physician assistant, registered nurse practitioner, or nurse.
18. "Volunteer" means an individual who, without compensation, performs duties as directed by a patient care staff member at an abortion clinic.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to

Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1502. Application Requirements and Documentation Submission

- A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.
- B. A licensee shall submit to the Department the documentation required according to A.R.S. § 36-449.02(B) with the applicable fees required in R9-10-106(C).

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

Exhibit A. Repealed**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

R9-10-1503. Administration

- A. A licensee is responsible for the organization and management of an abortion clinic.
- B. A licensee shall:
 1. Adopt policies and procedures for the administration and operation of an abortion clinic;
 2. Designate a medical director who:
 - a. Is licensed according to A.R.S. Title 32, Chapter 13, 17, or 29; and
 - b. May be the same individual as the licensee;
 3. Ensure the following documents are conspicuously posted on the premises:

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- a. Current abortion clinic license issued by the Department,
- b. Current telephone number and address of the unit in the Department responsible for licensing the abortion clinic,
- c. Evacuation map, and
- d. Signs that comply with A.R.S. § 36-2153(H); and
- 4. Except as specified in R9-10-1512(D)(4), ensure that documentation required by this Article is provided to the Department within two hours after a Department request.
- C. A medical director shall ensure written policies and procedures are established, documented, and implemented to protect the health and safety of a patient including:
 - 1. Personnel qualifications, duties, and responsibilities;
 - 2. Individuals qualified to provide counseling in the abortion clinic and the amount and type of training required for an individual to provide counseling;
 - 3. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age:
 - a. Individuals qualified in neonatal resuscitation and the amount and type of training required for an individual to provide neonatal resuscitation, and
 - b. Designation of an individual to arrange the transfer to a hospital of a fetus delivered alive;
 - 4. Verification of the competency of the physician performing an abortion according to R9-10-1506;
 - 5. The storage, administration, accessibility, disposal, and documentation of a medication or controlled substance;
 - 6. Accessibility and security of medical records;
 - 7. Abortion procedures including:
 - a. Recovery and follow-up care;
 - b. The minimum length of time a patient remains in the recovery room or area based on:
 - i. The type of abortion performed,
 - ii. The estimated gestational age of the fetus,
 - iii. The type and amount of medication administered, and
 - iv. The physiologic signs including vital signs and blood loss; and
 - c. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the requirements in A.R.S. § 36-2301(D);
 - 8. Infection control including methods of sterilizing equipment and supplies;
 - 9. Medical emergencies; and
 - 10. Patient discharge and patient transfer.
- D. For an abortion clinic that is not in substantial compliance or that is in substantial compliance but refuses to carry out a plan of correction acceptable to the Department, the Department may take enforcement action as specified in R9-10-111.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by final

rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1504. Quality Management

A medical director shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the licensee;
- 2. A documented report is submitted to the licensee that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1504 renumbered to R9-10-1505; new Section R9-10-1504 made by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1505. Incident Reporting

- A. A licensee shall ensure that the Department is notified of an incident as follows:
 - 1. For the death of a patient, verbal notification the next working day;
 - 2. For a fetus delivered alive, verbal notification the next working day; and
 - 3. For a serious injury of a patient or viable fetus, written notification within 10 calendar days after the date of the serious injury.

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- B.** A medical director shall conduct an investigation of an incident and document an incident report that includes:
1. The date and time of the incident;
 2. The name of the patient;
 3. A description of the incident, including, if applicable, information required in A.R.S. § 36-2161(A)(15);
 4. Names of individuals who observed the incident;
 5. Action taken by patient care staff members and employees during the incident and immediately following the incident; and
 6. Action taken by the patient care staff members and employees to prevent the incident from occurring in the future.
- C.** A medical director shall ensure that the incident report is:
1. Submitted to the Department and, if the incident involved a licensed individual, the applicable professional licensing board within 10 calendar days after the date of the notification in subsection (A); and
 2. Maintained on the premises for at least two years after the date of the incident.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1505 renumbered to R9-10-1506; new Section R9-10-1505 renumbered from R9-10-1504 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

R9-10-1506. Personnel Qualifications and Records

A licensee shall ensure that:

1. A physician who performs an abortion demonstrates to the medical director that the physician is competent to perform an abortion by:
 - a. The submission of documentation of education and experience, and
 - b. Observation by or interaction with the medical director;
2. Surgical assistants and volunteers who provide counseling and patient advocacy receive training in these specific responsibilities and any other responsibilities assigned and that documentation of the training received is maintained in the individual's personnel file;
3. An individual who performs an ultrasound provides documentation that the individual is:
 - a. A physician;
 - b. A physician assistant, registered nurse practitioner, or nurse who completed a course in performing ultrasounds under the supervision of a physician; or
 - c. An individual who:
 - i. Completed a course in performing ultrasounds under the supervision of a physician, and
 - ii. Is not otherwise precluded by law from performing an ultrasound;
4. An individual has completed a course for the type of ultrasound the individual performs;
5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, an individual who is available to perform neonatal resuscitation provides documentation that the individual:
 - a. Is a:
 - i. Physician,
 - ii. Physician assistant,
 - iii. Registered nurse practitioner, or
 - iv. Nurse; and
 - b. Has completed a course in performing neonatal resuscitation that is consistent with training provided by the American Academy of Pediatrics Neonatal Resuscitation Program and includes:
 - i. Instruction in the use of resuscitation devices for positive-pressure ventilation, tracheal intubation, medications that may be necessary for neonatal resuscitation and their administration, and resuscitation of pre-term newborns; and
 - ii. Assessment of the individual's skill in applying the information provided through the instruction in subsection (5)(b)(i);
6. A personnel file for each patient care staff member and each volunteer is maintained either electronically or in writing and includes:
 - a. The individual's name and position title;
 - b. The first and, if applicable, the last date of employment or volunteer service;
 - c. Verification of qualifications, training, or licensure, as applicable;
 - d. Documentation of cardiopulmonary resuscitation certification, as applicable;
 - e. Documentation of verification of competency, as required in subsection (1), and signed and dated by the medical director;
 - f. Documentation of training for surgical assistants and volunteers;
 - g. Documentation of completion of a course as required in subsection (3), for an individual performing ultrasounds; and
 - h. Documentation of competency to perform neonatal resuscitation, as required in subsection (5), if applicable; and
7. Personnel files are maintained on the premises for at least two years after the ending date of employment or volunteer service.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23,

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1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1506 renumbered to R9-10-1507; new Section R9-10-1506 renumbered from R9-10-1505 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1507. Staffing Requirements

- A.** A licensee shall ensure that there is a sufficient number of patient care staff members and employees to:
1. Meet the requirements of this Article,
 2. Ensure the health and safety of a patient, and
 3. Meet the needs of a patient based on the patient's medical evaluation.
- B.** A licensee shall ensure that:
1. A patient care staff member other than a surgical assistant, who is current in cardiopulmonary resuscitation certification, is on the premises until all patients are discharged;
 2. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B), remains on the premises of the abortion clinic until all patients who received a medication abortion are stable and ready to leave;
 3. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B) and that is within 30 miles of the abortion clinic by road, as defined in A.R.S. § 17-451, remains on the abortion clinic's premises until all patients who received a surgical abortion are stable and discharged from the recovery room;
 4. A patient care staff member is on the premises to comply with R9-10-1509(H); and
 5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, a patient care staff member qualified according to policies and procedures to perform neonatal resuscitation is available for the abortion procedure.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1507 renumbered to R9-10-1508; new Section R9-10-1507 renumbered from R9-10-1506 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1508. Patient Rights

A licensee shall ensure that a patient is afforded the following rights, and is informed of these rights:

1. To refuse treatment, or withdraw consent for treatment;
2. To have medical records kept confidential; and
3. To be informed of:
 - a. Billing procedures and financial liability before abortion services are provided;
 - b. Proposed medical or surgical procedures, associated risks, possible complications, and alternatives;
 - c. Counseling services that are provided on the premises;
 - d. The right to review the ultrasound results with a physician, a physician assistant, a registered nurse practitioner, or a registered nurse before the abortion procedure; and
 - e. The right to receive a print of the ultrasound image.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1508 renumbered to R9-10-1509; new Section R9-10-1508 renumbered from R9-10-1507 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1509. Abortion Procedures

- A.** A medical director shall ensure that a medical evaluation of a patient is conducted before the patient's abortion is performed that includes:
1. A medical history including:
 - a. Allergies to medications, antiseptic solutions, or latex;
 - b. Obstetrical and gynecological history;
 - c. Past surgeries;
 - d. Medication the patient is currently taking; and
 - e. Other medical conditions;
 2. A physical examination, performed by a physician that includes a bimanual examination to estimate uterine size and palpation of adnexa;
 3. The following laboratory tests:
 - a. A urine or blood test to determine pregnancy;
 - b. Rh typing, unless the patient provides written documentation of blood type acceptable to the physician;
 - c. Anemia screening; and
 - d. Other laboratory tests recommended by the physician or medical director on the basis of the physical examination; and
 4. An ultrasound imaging study of the fetus, performed as required in A.R.S. §§ 36-2156 and 36-2301.02(A).

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- B.** If the medical evaluation indicates a patient is Rh negative, a medical director shall ensure that:
1. The patient receives information from a physician on this condition;
 2. The patient is offered RhO(d) immune globulin within 72 hours after the abortion procedure;
 3. If a patient refuses RhO(d) immune globulin, the patient signs and dates a form acknowledging the patient's condition and refusing the RhO(d) immune globulin;
 4. The form in subsection (B)(3) is maintained in the patient's medical record; and
 5. If a patient refuses RhO(d) immune globulin or if a patient refuses to sign and date an acknowledgment and refusal form, the physician documents the patient's refusal in the patient's medical record.
- C.** A physician shall estimate the gestational age of the fetus, based on one of the following criteria, and record the estimated gestational age in the patient's medical record:
1. Ultrasound measurements of the biparietal diameter, length of femur, abdominal circumference, visible pregnancy sac, or crown-rump length or a combination of these; or
 2. The date of the last menstrual period or the date of fertilization and a bimanual examination of the patient.
- D.** A medical director shall ensure that:
1. The ultrasound of a patient required in subsection (A)(4) is performed by an individual who meets the requirements in R9-10-1506(3);
 2. An ultrasound estimate of gestational age of a fetus is performed using methods and tables or charts in a publication distributed nationally that contains peer-reviewed medical information, such as medical information derived from a publication describing research in obstetrics and gynecology or in diagnostic imaging;
 3. An original patient ultrasound image is:
 - a. Interpreted by a physician, and
 - b. Maintained in the patient's medical record in either electronic or paper form; and
 4. If requested by the patient, the ultrasound image is reviewed with the patient by a physician, physician assistant, registered nurse practitioner, or registered nurse.
- E.** A medical director shall ensure that before an abortion is performed on a patient:
1. Written consent, that meets the requirements in A.R.S. § 36-2152 or 36-2153, as applicable, and A.R.S. § 36-2158 is signed and dated by the patient or the patient's representative;
 2. Information is provided to the patient on the abortion procedure, including alternatives, risks, and potential complications;
 3. Information specified in A.R.S. § 36-2161(A)(12) is requested from the patient; and
 4. If applicable, information required in A.R.S. § 36-2161(C) is provided to the patient.
- F.** A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article.
- G.** A medical director shall ensure that:
1. A patient care staff member monitors a patient's vital signs throughout an abortion procedure to ensure the patient's health and safety;
 2. Intravenous access is established and maintained on a patient undergoing an abortion after the first trimester unless the physician determines that establishing intravenous access is not appropriate for the particular patient and documents that fact in the patient's medical record;
 3. If an abortion procedure is performed at or after 20 weeks gestational age, a patient care staff member qualified in neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure takes place before the delivery of the fetus; and
 4. If a fetus is delivered alive:
 - a. Resuscitative measures, including the following, are used to support life:
 - i. Warming and drying of the fetus,
 - ii. Clearing secretions from and positioning the airway of the fetus,
 - iii. Administering oxygen as needed to the fetus, and
 - iv. Assessing and monitoring the cardiopulmonary status of the fetus;
 - b. A determination is made of whether the fetus is a viable fetus;
 - c. A viable fetus is provided treatment to support life;
 - d. A viable fetus is transferred as required in R9-10-1510; and
 - e. Resuscitative measures and the transfer, as applicable, are documented.
- H.** To ensure a patient's health and safety, a medical director shall ensure that following the abortion procedure:
1. A patient's vital signs and bleeding are monitored by:
 - a. A physician;
 - b. A physician assistant;
 - c. A registered nurse practitioner;
 - d. A nurse; or
 - e. If a physician is able to provide direct supervision, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, as applicable, to a medical assistant, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, a medical assistant under the direct supervision of the physician; and
 2. A patient remains in the recovery room or recovery area until a physician, physician assistant, registered nurse practitioner, or nurse examines the patient and determines that the patient's medical condition is stable and the patient is ready to leave the recovery room or recovery area.
- I.** A medical director shall ensure that follow-up care:
1. For a surgical abortion is offered to a patient that includes:
 - a. With a patient's consent, a telephone call made to the patient to assess the patient's recovery:
 - i. By a patient care staff member other than a surgical assistant; and
 - ii. Within 24 hours after the patient's discharge following a surgical abortion; and
 - b. A follow-up visit scheduled, if requested, no more than 21 calendar days after the abortion that includes:
 - i. A physical examination,
 - ii. A review of all laboratory tests as required in subsection (A)(3), and
 - iii. A urine pregnancy test;
 2. For a medication abortion includes a follow-up visit, scheduled between seven and 21 calendar days after the initial dose of a substance used to induce an abortion, that includes:
 - a. A urine pregnancy test, and
 - b. An assessment of the degree of bleeding; and
 3. Is documented in the patient's medical record, including:

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- a. A patient's acceptance or refusal of a follow-up visit following a surgical abortion;
 - b. If applicable, the results of the follow-up visit; and
 - c. If applicable, whether the patient consented to a telephone call and, if so, whether the patient care staff member making the telephone call to the patient:
 - i. Spoke with the patient about the patient's recovery, or
 - ii. Was unable to speak with the patient.
- J.** If a continuing pregnancy is suspected as a result of the follow-up visit in subsection (I)(1)(b) or (I)(2), a physician who performs abortions shall be consulted.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1509 renumbered to R9-10-1510; new Section R9-10-1509 renumbered from R9-10-1508 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

R9-10-1510. Patient Transfer and Discharge**A.** A medical director shall ensure that:

- 1. For a patient:
 - a. A patient is transferred to a hospital for an emergency involving the patient;
 - b. A patient transfer is documented in the patient's medical record; and
 - c. Documentation of a medical evaluation, treatment provided, and laboratory and diagnostic information is transferred with a patient; and
- 2. For a viable fetus:
 - a. A viable fetus requiring emergency care is transferred to a hospital,
 - b. The transfer of a viable fetus is documented in the viable fetus's medical record, and
 - c. Documentation of an assessment of cardiopulmonary function and treatment provided to a viable fetus is transferred with the viable fetus.

B. A medical director shall ensure that before a patient is discharged:

- 1. A physician signs the patient's discharge order; and
- 2. A patient receives follow-up instructions at discharge that include:
 - a. Signs of possible complications,
 - b. When to access medical services in response to complications,
 - c. A telephone number of an individual or entity to contact for medical emergencies,
 - d. Information and precautions for resuming vaginal intercourse after the abortion, and
 - e. Information specific to the patient's abortion or condition.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1510 renumbered to R9-10-1511; new Section R9-10-1510 renumbered from R9-10-1509 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1511. Medications and Controlled Substances

A medical director shall ensure that:

- 1. The abortion clinic complies with the requirements for medications and controlled substances in A.R.S. Title 32, Chapter 18, and A.R.S. Title 36, Chapter 27;
- 2. A medication is administered in compliance with an order from a physician, physician assistant, registered nurse practitioner, or as otherwise provided by law;
- 3. A medication is administered to a patient or to a viable fetus by a physician or as otherwise provided by law;
- 4. Medications and controlled substances are maintained in a locked area on the premises;
- 5. Only personnel designated by policies and procedures have access to the locked area containing medications and controlled substances;
- 6. Expired, mislabeled, or unusable medications and controlled substances are disposed of according to policies and procedures;
- 7. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is immediately reported to the medical director and licensee, and recorded in the patient's medical record;
- 8. Medication information for a patient is maintained in the patient's medical record and contains:
 - a. The patient's name, age, and weight;
 - b. The medications the patient is currently taking;
 - c. Allergies or sensitivities to medications, antiseptic solutions, or latex; and
 - d. If medication is administered to the patient:
 - i. The date and time of administration;
 - ii. The name, strength, dosage form, amount of medication, and route of administration; and
 - iii. The identification and signature of the individual administering the medication; and
- 9. If administered to a fetus delivered alive, the following are documented in the fetus's medical record:
 - a. The date and time of oxygen administration;
 - b. The amount and flow rate of the oxygen;
 - c. The identification and signature of the individual administering the oxygen; and
 - d. For a viable fetus:
 - i. The date and time of medication administration;
 - ii. The name, strength, dosage form, amount of medication, and route of administration; and

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- iii. The identification and signature of the individual administering the medication.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Section R9-10-1511 renumbered to R9-10-1512; new Section R9-10-1511 renumbered from R9-10-1510 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1512. Medical Records

- A. A licensee shall ensure that a medical record is established and maintained for a patient that contains:
 1. Patient identification including:
 - a. The patient's name, address, and date of birth;
 - b. The designated patient's representative, if applicable; and
 - c. The name and telephone number of an individual to contact in an emergency;
 2. The patient's medical history required in R9-10-1509(A)(1);
 3. The patient's physical examination required in R9-10-1509(A)(2);
 4. The laboratory test results required in R9-10-1509(A)(3);
 5. The ultrasound results, including the original print, required in R9-10-1509(A)(4);
 6. The physician's estimated gestational age of the fetus required in R9-10-1509(C);
 7. Each consent form signed by the patient or the patient's representative;
 8. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 9. A record of medical services, nursing services, and health-related services provided to the patient;
 10. The patient's medication information;
 11. Documentation related to follow-up care specified in R9-10-1509(I); and
 12. If the abortion procedure was performed at or after 20 weeks gestational age and the fetus was not delivered alive, documentation from the physician and other patient care staff member present certifying that the fetus was not delivered alive.
- B. A licensee shall ensure that a medical record is established and maintained for a fetus delivered alive that contains:
 1. An identification of the fetus, including:
 - a. The name of the patient from whom the fetus was delivered alive; and
 - b. The date the fetus was delivered alive;
 2. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 3. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
 4. If applicable, information about medication administered to the fetus delivered alive; and
 5. If the abortion procedure was performed at or after 20 weeks gestational age:
 - a. Documentation of the requirements in R9-10-1509(G)(4); and
 - b. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.
- C. A licensee shall ensure that:
 1. A medical record is accessible only to the Department or personnel authorized by policies and procedures;
 2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law;
 3. A medical record is protected from loss, damage, or unauthorized use and is maintained and accessible for at least seven years after the date of an adult patient's discharge or if the patient is a child, either for at least three years after the child's 18th birthday or for at least seven years after the patient's discharge, whichever date occurs last;
 4. A medical record is maintained at the abortion clinic for at least six months after the date of the patient's discharge; and
 5. Vital records and vital statistics are retained according to A.R.S. § 36-343.
- D. If the Department requests patient medical records for review, the licensee:
 1. Is not required to produce any patient medical records created or prepared by a referring physician's office;
 2. May provide patient medical records to the Department either in paper or in an electronic format that is acceptable to the Department;
 3. Shall provide the Department with the following patient medical records related to medical services associated with an abortion, including any follow-up visits to the abortion clinic in connection with the abortion:
 - a. The patient's medical history required in R9-10-1509(A)(1);
 - b. The patient's physical examination required in R9-10-1509(A)(2);
 - c. The laboratory test results required in R9-10-1509(A)(3);
 - d. The physician's estimate of gestational age of the fetus required in R9-10-1509(C);
 - e. The ultrasound results required in R9-10-1509(D)(2);
 - f. Each consent form signed by the patient or the patient's representative;
 - g. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 - h. A record of medical services, nursing services, and health-related services provided to the patient; and
 - i. The patient's medication information;
 4. If the Department's request is in connection with a licensing or compliance inspection:
 - a. Is not required to produce any patient medical records associated with an abortion that occurred before the licensing inspection or a previous compliance inspection of the abortion clinic; and
 - b. Shall:

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- i. Redact only personally identifiable patient information from the patient medical records before the licensee discloses the patient medical records to the Department;
 - ii. Upon request by the Department, code the requested patient medical records by a means that allows the Department to track all patient medical records related to a specific patient without the personally identifiable patient information; and
 - iii. Unless the Department and the licensee agree otherwise, provide redacted copies of patient medical records to the Department:
 - (1) For one to ten patients, within two working days after the request, and
 - (2) For every additional five patients, within an additional two working days; and
- 5. If the Department's request is in connection with a complaint investigation, shall:
 - a. Not redact patient information from the patient medical records before the licensee discloses the patient medical records to the Department; and
 - b. Ensure the patient medical records include:
 - i. The patient's name, address, and date of birth;
 - ii. The patient's representative, if applicable; and
 - iii. The name and telephone number of an individual to contact in an emergency.
- E. A medical director shall ensure that only personnel authorized by policies and procedures, records or signs an entry in a medical record and:
 - 1. An entry in a medical record is dated and legible;
 - 2. An entry is authenticated by:
 - a. A signature; or
 - b. An individual's initials if the individual's signature already appears in the medical record;
 - 3. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
 - 4. When a verbal or telephone order is entered in the medical record, the entry is authenticated within 21 calendar days by the individual who issued the order;
 - 5. If a rubber-stamp signature or an electronic signature is used:
 - a. An individual's rubber stamp or electronic signature is not used by another individual;
 - b. The individual who uses a rubber stamp or electronic signature signs a statement that the individual is responsible for the use of the rubber stamp or the electronic signature; and
 - c. The signed statement is included in the individual's personnel record; and
 - 6. If an abortion clinic maintains medical records electronically, the medical director shall ensure the date and time of an entry is recorded by the computer's internal clock.
- F. As required by A.R.S. § 36-449.03(J), the Department shall not release any personally identifiable patient or physician information.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an

exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1512 renumbered to R9-10-1513; new Section R9-10-1512 renumbered from R9-10-1511 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1513. Environmental and Safety Standards

A licensee shall ensure that:

- 1. The premises:
 - a. Provide lighting and ventilation to ensure the health and safety of a patient,
 - b. Are maintained in a clean condition,
 - c. Are free from a condition or situation that may cause a patient to suffer physical injury,
 - d. Are maintained free from insects and vermin, and
 - e. Are smoke-free;
- 2. A warning notice is placed at the entrance to a room or area where oxygen is in use;
- 3. Soiled linen and clothing are kept:
 - a. In a covered container, and
 - b. Separate from clean linen and clothing;
- 4. Personnel wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste;
- 5. A written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals in a fire, natural disaster, loss of electrical power, or threat or incidence of violence;
- 6. An evacuation drill is conducted at least once every six months that includes all personnel on the premises on the day of the evacuation drill; and
- 7. Documentation of the evacuation drill is maintained on the premises for at least one year after the date of the evacuation drill and includes:
 - a. The date and time of the evacuation drill, and
 - b. The names of personnel participating in the evacuation drill.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1513 renumbered to R9-10-1514; new Section R9-10-1513 renumbered from R9-10-1512 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1514. Equipment Standards

A licensee shall ensure that:

- 1. Equipment and supplies are maintained in a:
 - a. Clean condition, and

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- b. Quantity sufficient to meet the needs of patients present in the abortion clinic;
2. Equipment to monitor vital signs is in each room in which an abortion is performed;
3. A surgical or gynecologic examination table is used for an abortion;
4. The following equipment and supplies are available in the abortion clinic:
 - a. Equipment to measure blood pressure;
 - b. A stethoscope;
 - c. A scale for weighing a patient;
 - d. Supplies for obtaining specimens and cultures and for laboratory tests; and
 - e. Equipment and supplies for use in a medical emergency including:
 - i. Ventilatory assistance equipment,
 - ii. Oxygen source,
 - iii. Suction apparatus, and
 - iv. Intravenous fluid equipment and supplies; and
 - f. Ultrasound equipment;
5. In addition to the requirements in subsection (4), the following equipment is available for an abortion procedure performed after the first trimester:
 - a. Drugs to support cardiopulmonary function of a patient, and
 - b. Equipment to monitor the cardiopulmonary status of a patient;
6. In addition to the requirements in subsections (4) and (5), if the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the following equipment is available for the abortion procedure:
 - a. Equipment to provide warmth and drying of a fetus delivered alive,
 - b. Equipment necessary to clear secretions from and position the airway of a fetus delivered alive,
 - c. Equipment necessary to administer oxygen to a fetus delivered alive,
 - d. Equipment to assess and monitor the cardiopulmonary status of a fetus delivered alive, and
 - e. Drugs to support cardiopulmonary function in a viable fetus;
7. Equipment and supplies are clean and, if applicable, sterile before each use;
8. Equipment required in this Section is maintained in working order, tested and calibrated at least once every 12 months or according to the manufacturer's recommendations, and used according to the manufacturer's recommendations; and
9. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair and provided to the Department for review within two hours after the Department requests the documentation.

Historical Note

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4).

Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1514 renumbered to R9-10-1515; new Section R9-10-1514 renumbered from R9-10-1513 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

R9-10-1515. Physical Plant Standards

- A. A licensee shall ensure that an abortion clinic complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the abortion clinic shall comply with the applicable codes and standards incorporated by reference in A.A.C. R9-1-412 that were in effect on the date the abortion clinic's architectural plans and specifications were submitted to the Department for approval.
- B. A licensee shall ensure that an abortion clinic provides areas or rooms:
 1. That provide privacy for:
 - a. A patient's interview, medical evaluation, and counseling;
 - b. A patient to dress; and
 - c. Performing an abortion procedure;
 2. For personnel to dress;
 3. With a sink and a flushable toilet in working order;
 4. For cleaning and sterilizing equipment and supplies;
 5. For storing medical records;
 6. For storing equipment and supplies;
 7. For hand washing before the abortion procedure; and
 8. For a patient recovering after an abortion.
- C. A licensee shall ensure that an abortion clinic has an emergency exit to accommodate a stretcher or gurney.

Historical Note

New Section R9-10-1515 made by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section repealed; new Section renumbered from R9-10-1514 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

ARTICLE 16. BEHAVIORAL HEALTH RESPITE HOMES**R9-10-1601. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual receives services from a provider in a behavioral health respite home.
2. "Provider" means an individual who lives in a behavioral health respite home and ensures that a recipient receives the behavioral health services and ancillary services in the recipient's treatment plan.
3. "Recipient" means an individual referred by a collaborating health care institution to and accepted by a behavioral health respite home.
4. "Release" means a documented termination of services by a provider to a recipient that is authorized by a collaborating health care institution.
5. "Sibling" means one of two or more individuals having one or both parents in common.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1602. Supplemental Application Requirements

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In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department, the following information for the behavioral health respite home's collaborating health care institution:

1. Name,
2. Address,
3. Class or subclass,
4. License number, and
5. Name and contact information for an individual assigned by the collaborating health care institution to monitor the behavioral health respite home.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1602 renumbered to R9-10-1603; new Section R9-10-1602 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1603. Administration

- A.** A governing authority of a behavioral health respite home:
 1. Consists of no more than two providers, who live in the behavioral health respite home;
 2. Has the authority and responsibility to manage the behavioral health respite home;
 3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the behavioral health respite home and the collaborating health care institution, consistent with the requirements in this Chapter;
 4. Shall establish, in writing, the behavioral health respite home's scope of services, which are approved by the collaborating health care institution; and
 5. Shall ensure that:
 - a. Except as provided in R9-10-1612(A), no more than three recipients are accepted by the behavioral health respite home;
 - b. A provider is on the premises whenever a recipient is present in the behavioral health respite home;
 - c. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - d. When documentation or information is required by this Chapter to be submitted on behalf of the behavioral health respite home, the documentation or information is provided to the unit in the Department that is responsible for licensing the behavioral health respite home.
- B.** A provider:
 1. Is at least 21 years of age;
 2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of recipients;
 3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
 4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
 5. Has documentation of evidence of freedom from infectious tuberculosis:
 - a. On or before the date the provider begins providing services at or on behalf of the behavioral health respite home, and
 - b. As specified in R9-10-113.
- C.** A provider shall ensure that policies and procedures are:
 1. Established, documented, and implemented to protect the health and safety of a recipient that cover:
 - a. Recordkeeping;
 - b. Recipient acceptance and release;
 - c. The release of a recipient under 18 years of age to an individual other than the recipient's parent or guardian;
 - d. Recipient rights;
 - e. The provision of respite care services, including coordinating the provision of behavioral health services;
 - f. Recipients' medical records, including electronic medical records;
 - g. Assistance in the self-administration of medication;
 - h. Infection control; and
 - i. How a provider will respond to a recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
 2. Approved, in writing, by the behavioral health respite home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
 3. Reviewed by the provider and the behavioral health respite home's collaborating health care institution at least once every three years and updated as needed.
- D.** A provider shall provide written notification to the Department and the collaborating health care institution of a recipient's:
 1. Death, if the recipient's death is required to be reported according to A.R.S. § 11-593, within one working day after the recipient's death; and
 2. Self-injury, within two working days after the recipient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E.** If abuse, neglect, or exploitation of a recipient is alleged or suspected to have occurred before the recipient was accepted or while the recipient is not at a behavioral health respite home and not receiving services from the behavioral health respite home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the recipient as follows:
 1. For a recipient 18 years of age or older, according to A.R.S. § 46-454; or
 2. For a recipient under 18 years of age, according to A.R.S. § 13-3620.
- F.** If a provider has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a recipient is receiving behavioral health respite home services, the provider shall:
 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the recipient as follows:
 - a. To the behavioral health respite home's collaborating health care institution; and
 - b. For a:
 - i. Recipient 18 years of age or older, according to A.R.S. § 46-454; and
 - ii. Recipient under 18 years of age, according to A.R.S. § 13-3620;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);

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5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the recipient related to the suspected abuse or neglect and any change to the recipient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The action taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** A provider shall ensure that a recipient under 18 years of age is only released to an individual who, according to policies and procedures:
1. Is designated by the recipient's parent or guardian to release the recipient, and
 2. Presents documentation at the time of the recipient's release that verifies the individual's identity.
- H.** A provider shall maintain a record for each provider that includes:
1. The provider's:
 - a. Name,
 - b. Date of birth, and
 - c. Contact telephone number; and
 2. Documentation of:
 - a. Verification of skills and knowledge, completed by the behavioral health respite home's collaborating health care institution;
 - b. Certification in cardiopulmonary resuscitation and first aid training;
 - c. Completion of training in assistance in the self-administration of medication, provided by the behavioral health respite home's collaborating health care institution; and
 - d. Evidence of freedom from infectious tuberculosis.
- j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by:
 - i. A behavioral health respite home's provider, or
 - ii. An individual other than a recipient residing in the behavioral health respite home; and
 3. A recipient or the recipient's representative:
 - a. Is informed of the recipient complaint process;
 - b. Consents to photographs of the recipient before the recipient is photographed, except that a recipient may be photographed when accepted by a behavioral health respite home for identification and administrative purposes; and
 - c. Except as otherwise permitted by law, provides written consent to the release of information in the recipient's medical record.
- B.** A recipient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive services that support and respect the recipient's individuality, choices, strengths, and abilities;
 3. To receive privacy in care for personal needs;
 4. To review, upon written request, the recipient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the recipient; and
 6. To receive assistance from a family member, recipient's representative, or other individual in understanding, protecting, or exercising the recipient's rights.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1604 renumbered to R9-10-1605; new Section R9-10-1604 renumbered from R9-10-1603 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1605. Providing Services

- A.** A provider shall ensure that behavioral health services and ancillary services are provided to a recipient according to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution.
- B.** A provider shall submit to the behavioral health respite home's collaborating health care institution and, if applicable, the recipient's case manager:
1. Documentation of any significant change in a recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs; and
 2. Notification of a recipient's unexpected self-release.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1605 renumbered to R9-10-1606; new Section R9-10-1605 renumbered from R9-10-1604 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1606. Assistance in the Self-Administration of Medication**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1603 renumbered to R9-10-1604; new Section R9-10-1603 renumbered from R9-10-1602 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1604. Recipient Rights

- A.** A provider shall ensure that:
1. A recipient is treated with dignity, respect, and consideration;
 2. A recipient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;

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- A.** If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
1. If a recipient is receiving assistance in the self-administration of medication, the recipient's medication is stored by the provider;
 2. The following assistance is provided to a recipient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container or medication organizer for the recipient;
 - c. Observing the recipient while the recipient removes the medication from the medication container or medication organizer;
 - d. Verifying that the medication is taken as ordered by the recipient's medical practitioner by confirming that:
 - i. The recipient taking the medication is the individual stated on the medication container label,
 - ii. The recipient is taking the dosage of the medication as stated on the medication container label, and
 - iii. The recipient is taking the medication at the time stated on the medication container label;
 - e. Observing the recipient while the recipient takes the medication; and
 3. Assistance in the self-administration of medication provided to a recipient is documented in the recipient's medical record.
- B.** When medication is stored by a provider, the provider shall ensure that:
1. A locked cabinet, closet, or self-contained unit is used for medication storage;
 2. Medication is stored according to the instructions on the medication container; and
 3. Medication, including expired medication, that is no longer being used is discarded.
- C.** A provider shall immediately report a medication error or a recipient's adverse reaction to a medication to the:
1. Medical practitioner who ordered the medication, or
 2. Contact individual at the behavioral health respite home's collaborating health care institution.
4. A recipient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a provider maintains recipients' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.
- C.** A provider shall ensure that a recipient's medical record contains:
1. Recipient information that includes:
 - a. The recipient's name,
 - b. The recipient's date of birth,
 - c. Any known allergies, and
 - d. Medication information for the recipient;
 2. The names, addresses, and telephone numbers of:
 - a. The recipient's medical practitioner;
 - b. The recipient's case manager, if applicable;
 - c. The behavioral health professional assigned to the recipient by the behavioral health respite home's collaborating health care institution; and
 - d. An individual to be contacted in the event of an emergency;
 3. The date and time of the recipient's acceptance by the behavioral health respite home and, if applicable, the date and time of the recipient's release from the behavioral health respite home;
 4. If applicable, the name and contact information of the recipient's representative and:
 - a. If the recipient is 18 years of age or older or an emancipated minor, the document signed by the recipient consenting for the recipient's representative to act on the recipient's behalf; or
 - b. If the recipient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 5. A copy of the recipient's treatment plan and any updates to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution;
 6. For a recipient receiving assistance in the self-administration of medication, documentation that includes for each medication:
 - a. The date and time of assistance;
 - b. The name, strength, dosage, and route of administration;
 - c. The provider's signature or first and last initials; and
 - d. Any adverse reaction the recipient has to the medication;
 7. Documentation of the recipient's refusal of a medication, if applicable;
 8. Documentation of any significant change in the recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs;
 9. If applicable, documentation of any actions taken to control the recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
 10. If applicable, documentation of a notification to the behavioral health respite home's collaborating health care institution of an unexpected self-release of the recipient; and

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1606 renumbered to R9-10-1607; new Section R9-10-1606 renumbered from R9-10-1605 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1607. Medical Records

- A.** A provider shall ensure that:
1. A medical record is established and maintained for each recipient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a recipient's medical record is:
 - a. Only recorded by the provider or an individual designated by the provider to record an entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. A recipient's medical record is available to an individual:
 - a. Authorized by policies and procedures to access the recipient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the recipient or the recipient's representative; or
 - c. As permitted by law; and

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11. A written notice of release from the behavioral health respite home, if applicable.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1607 renumbered to R9-10-1608; new Section R9-10-1607 renumbered from R9-10-1606 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1608. Food Services

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a recipient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a recipient as prescribed by the recipient's physician or registered dietitian; and
5. Chemicals and detergents are not stored with food.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1608 renumbered to R9-10-1609; new Section R9-10-1608 renumbered from R9-10-1607 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1609. Emergency and Safety Standards

A provider shall ensure that:

1. A first aid kit is available at a behavioral health respite home sufficient to meet the needs of recipients;
2. If a firearm or ammunition for a firearm is stored at a behavioral health respite home:
 - a. The firearm is stored separate from the ammunition for the firearm; and
 - b. The firearm and the ammunition for the firearm are:
 - i. Stored in a locked closet, cabinet, or container; and
 - ii. Inaccessible to a recipient;
3. A smoke detector is installed in:
 - a. A bedroom used by a recipient,
 - b. A hallway in a behavioral health respite home, and
 - c. A behavioral health respite home's kitchen;
4. A smoke detector required in subsection (3):
 - a. Is maintained in operable condition; and
 - b. Is battery operated or, if hard-wired into the electrical system of a behavioral health respite home, has a back-up battery;
5. A behavioral health respite home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the behavioral health respite home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
 - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
 - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by the provider and any recipient in a behavioral health respite home;
8. An evacuation drill is conducted at least once every six months; and

9. A record of an evacuation drill required in subsection (8) is maintained for at least 12 months after the date of the evacuation drill.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1609 renumbered to R9-10-1610; new Section R9-10-1609 renumbered from R9-10-1608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1610. Environmental Standards

A. A provider shall ensure that a behavioral health respite home:

1. Is in a building that:
 - a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
 - b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a recipient;
2. Has a living room accessible at all times to a recipient;
3. Has a dining area furnished for group meals that is accessible to the provider, recipients, and any other individuals present in the behavioral health respite home;
4. For each six individuals residing in the behavioral health respite home, including recipients, has at least one bathroom equipped with:
 - a. A working toilet that flushes and has a seat; and
 - b. A sink with running water accessible for use by a recipient;
5. Has equipment and supplies to maintain a recipient's personal hygiene accessible to the recipient;
6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the behavioral health respite home.

B. A provider shall ensure that any pets or other animals allowed on the premises are:

1. Controlled to prevent endangering a recipient and to maintain sanitation;
2. Licensed consistent with local ordinances; and
3. For a dog or cat, vaccinated against rabies.

C. If a swimming pool is located on the premises, a provider shall ensure that:

1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational cleaning system;
2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
 - d. Is not chain-link;

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- e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 - 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- D.** A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1610 renumbered to R9-10-1611; new Section R9-10-1610 renumbered from R9-10-1609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1611. Adult Behavioral Health Respite Services

A provider shall ensure that:

- 1. A bedroom for use by a recipient:
 - a. Is separated from a hall, corridors, or other habitable room by floor to ceiling walls containing no interior openings except doors and is not used as a passage-way to another bedroom or habitable room;
 - b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
 - c. Contains for each recipient using the bedroom:
 - i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
 - ii. Clean bedding appropriate for the season; and
 - iii. Storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers; and
 - d. If used for:
 - i. Single occupancy, contains at least 60 square feet of floor space; or
 - ii. Double occupancy, contains at least 100 square feet of floor space;
- 2. A mirror is available to a recipient for grooming;
- 3. A recipient does not share a bedroom with an individual who is not a recipient;
- 4. No more than two recipients share a bedroom;
- 5. If two recipients share a bedroom, each recipient agrees, in writing, to share the bedroom; and
- 6. A recipient's bedroom is not used to store anything that may be a hazard to the recipient or another individual.

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1611 renumbered to R9-10-1612; new Section R9-10-1611 renumbered from R9-10-1610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1612. Children's Behavioral Health Respite Services

- A.** A provider may provide children's behavioral health respite services for up to four recipients if at least two of the recipients are siblings.

- B.** For a behavioral health respite home that provides children's behavioral health respite services, a provider shall:
- 1. Have a valid fingerprint clearance card according to A.R.S. § 36-425.03; and
 - 2. Ensure that:
 - a. If an adult other than a provider is present in the behavioral health respite home, the provider supervises the adult when and where a recipient is present;
 - b. A recipient does not share a bedroom with:
 - i. An individual that, based on the other individual's developmental levels, social skills, verbal skills, and personal history, may present a threat to the recipient;
 - ii. Except as provided in subsection (C), an adult; or
 - iii. Except as provided in subsection (B)(2)(c), an individual that is not the same gender;
 - c. A recipient may share a bedroom with an individual that is not the same gender if the individual is the recipient's sibling;
 - d. A bedroom used by a recipient:
 - i. If the bedroom is a private bedroom, contains at least 60 square feet of floor space, not including the closet; or
 - ii. If the bedroom is a shared bedroom:
 - (1) Contains at least 100 square feet of floor space, not including a closet, for two individuals occupying the bedroom or contains at least 140 square feet of floor space, not including a closet, for three individuals occupying the bedroom;
 - (2) If there are four siblings occupying the bedroom, contains at least 140 square feet of floor space, not including a closet;
 - (3) Provides space between beds or bunk beds; and
 - (4) Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
 - iii. For a recipient under three years of age, may contain a crib;
 - iv. Except for a recipient under three years of age who has a crib, contains a bed for the recipient that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and clean linens; and
 - v. Contains individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
 - e. Clean linens for a bed include a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, waterproof mattress covers as needed, and blankets to ensure warmth and comfort of a recipient;
 - f. A recipient older than three years of age does not sleep in a crib;
 - g. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to recipients in a quantity sufficient to meet each recipient's needs and are appropriate to each recipient's age and developmental level; and
 - h. The following are stored in a labeled container separate from food storage areas and inaccessible to a recipient:

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- i. Materials and chemicals labeled as a toxic substance, and
 - ii. Substances that have a child warning label and may be a hazard to a recipient.
- C. If a recipient is younger than 2 years of age and sleeps in a crib, the recipient may sleep in a crib placed in a provider's bedroom.

Historical Note

New Section R9-10-1612 renumbered from R9-10-1611 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

ARTICLE 17. UNCLASSIFIED HEALTH CARE INSTITUTIONS**R9-10-1701. Definitions**

Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1702. Administration

- A. A governing authority for a health care institution not otherwise classified or subclassified in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10 shall:
 - 1. Consist of one or more individuals responsible for the organization, operation, and administration of the health care institution;
 - 2. Establish, in writing:
 - a. A health care institution's scope of services, and
 - b. Qualifications for an administrator;
 - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
 - 4. Adopt a quality management program according to R9-10-1703;
 - 5. Review and evaluate the effectiveness of the quality management program in R9-10-1703 at least once every 12 months;
 - 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a health care institution's premises for more than 30 calendar days, or
 - b. Not present on a health care institution's premises for more than 30 calendar days; and
 - 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425 when there is a change in an administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
 - 1. Is directly accountable to the governing authority of a health care institution for the daily operation of the health care institution and all services provided by or at the health care institution;
 - 2. Has the authority and responsibility to manage the health care institution; and
 - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the health care institution's premises and accountable for the health care institution when the administrator is not present on the health care institution's premises.
- C. An administrator shall ensure that:
 - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers and students;
 - b. Cover orientation and in-service education for personnel members, employees, volunteers and students;
 - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
 - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
 - e. Cover cardiopulmonary resuscitation training, including:
 - i. The method and content of cardiopulmonary resuscitation training,
 - ii. The qualifications for an individual providing cardiopulmonary resuscitation training,
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
 - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
 - f. Include a method to identify a patient to ensure the patient receives services as ordered;
 - g. Cover first aid training;
 - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
 - i. Cover specific steps for:
 - i. A patient to file a complaint, and
 - ii. The health care institution to respond to and resolve a patient complaint;
 - j. Cover medical records, including electronic medical records;
 - k. Cover a quality management program, including incident report and supporting documentation;
 - l. Cover contracted services;
 - m. Cover health care directives; and
 - n. Cover when an individual may visit a patient in a health care institution;
 - 2. Policies and procedures for health care institution services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, and discharge, if applicable;
 - b. Cover patient outings, if applicable;
 - c. Include when general consent and informed consent are required;
 - d. Cover the provision of services listed in the health care institution's scope of services;
 - e. Cover administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances, if applicable;
 - f. Cover infection control;
 - g. Cover telemedicine, if applicable;
 - h. Cover environmental services that affect patient care;
 - i. Cover smoking and the use of tobacco products on the health care institution's premises;

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- j. Cover how the health care institution will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - k. Cover how incidents are reported and investigated; and
 - l. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
- 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after the Department's request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a health care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the health care institution.
- D. If applicable, an administrator shall designate a clinical director who:
 - 1. Provides direction for behavioral health services provided at the health care institution, and
 - 2. Is a behavioral health professional.
- E. An administrator shall provide written notification to the Department of a patient's:
 - 1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
 - 2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a health care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
 - 1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - 2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- G. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving unclassified healthcare services, the administrator shall:
 - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - 2. Report the suspected abuse, neglect, or exploitation of the patient:
 - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
 - 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (G)(1); and
 - c. The report in subsection (G)(2);
 - 4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
- 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (G)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The action taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
- 6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a patient, or a patient's representative:
 - 1. The health care institution's current license,
 - 2. The evacuation plan listed in R9-10-1711, and
 - 3. The location at which inspection reports required in R9-10-1711(B) are available for review or can be made available for review.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Subsection reference for inspection reports corrected at R9-10-1702(H)(3), file number R20-03 at the request of the Department (Supp. 19-3).

R9-10-1703. Quality Management

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least

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12 months after the date the report is submitted to the governing authority.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1704. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article,
2. Documented of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1705. Personnel

A. An administrator shall ensure that:

1. A personnel member is:
 - a. At least 21 years old, or
 - b. Licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old,
3. A student is at least 18 years old, and
4. A volunteer is at least 21 years old.

B. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures;
3. Sufficient personnel members are present on a health care institution's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the health care institution's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.

C. An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, employee, volunteer, and student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed;
5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
6. A work schedule of each personnel member is developed and maintained at the health care institution for at least 12 months after the date of the work schedule.

D. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

- a. On or before the date the individual begins providing services at or on behalf of the unclassified healthcare institution, and
- b. As specified in R9-10-113.

E. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
 - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
 - b. The individual's education and experience applicable to the individual's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. If the health care institution provides serves to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
 - f. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-1702(C)(2)(I);

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- g. First aid training, if required for the individual according to this Article or policies and procedures; and
 - h. Evidence of freedom from infectious tuberculosis, if the individual is required to provide evidence of freedom according to subsection (D).
- F.** An administrator shall ensure that personnel records are:
- 1. Maintained:
 - a. Throughout an individual's period of providing services in or for the health care institution, and
 - b. For at least 24 months after the last date the individual provided services in or for the health care institution; and
 - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the health care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- G.** An administrator shall ensure that at least one personnel member who is present at the health care institution during the hours of the health care institution operation has first-aid training and cardiopulmonary resuscitation certification specific to the populations served by the health care institution.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1706. Transport; Transfer

- A.** Except as provided in subsection (B), an administrator shall ensure that:
- 1. A personnel member coordinates the transport and the services provided to the patient;
 - 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before and after the transport,
 - b. Information in the patient's medical record is provided to a receiving health care institution, and
 - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
 - 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transport;
 - c. The mode of transportation; and
 - d. If applicable, the personnel member accompanying the patient during a transport.
- B.** Subsection (A) does not apply to:
- 1. Transportation to a location other than a licensed health care institution,
 - 2. Transportation provided for a patient by the patient or the patient's representative,
 - 3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
 - 4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
- 1. A personnel member coordinates the transfer and the services provided to the patient;
 - 2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
 - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
 - 3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1707. Patient Rights

- A.** An administrator shall ensure that:
- 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 - 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 - 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
- 1. A patient is treated with dignity, respect, and consideration;
 - 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by the unclassified health care institution's personnel members, employees, volunteers, or students; and
 - 3. A patient or the patient's representative:
 - a. Is informed of the patient complaint process;
 - b. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a health care institution for identification and administrative purposes; and

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- c. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
 - C. A patient has the following rights:
 - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive services that support and respect the patient's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in care for personal needs;
 - 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 - 5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the patient; and
 - 6. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1708. Medical Records**
- A. An administrator shall ensure that:
 - 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 - 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the entry illegible;
 - 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 - 5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law;
 - 6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
 - 7. A patient's medical record is protected from loss, damage, or unauthorized use.
 - B. If a health care institution maintains a patient's medical records electronically, an administrator shall ensure that:
 - 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
 - C. An administrator shall ensure that a patient's medical record contains:
 - 1. Patient information that includes:
 - a. The patient's name;
 - b. The patient's address;
 - c. The patient's date of birth; and
 - d. Any known allergies, including medication allergies;
 - 2. The name of the admitting medical practitioner or behavioral health professional;
 - 3. The date of admission and, if applicable, the date of discharge;
 - 4. An admitting diagnosis;
 - 5. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Is a legal guardian, a copy of the court order establishing guardianship; or
 - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
 - 6. If applicable, documented general consent and informed consent by the patient or the patient's representative;
 - 7. Documentation of medical history and results of a physical examination;
 - 8. A copy of the patient's health care directive, if applicable;
 - 9. Orders;
 - 10. Assessment;
 - 11. Treatment plans;
 - 12. Interval note;
 - 13. Progress notes;
 - 14. Documentation of health care institution services provided to the patient;
 - 15. Disposition of the patient after discharge;
 - 16. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - 17. Discharge plan;
 - 18. A discharge summary, if applicable;
 - 19. If applicable:
 - a. Laboratory reports,
 - b. Radiologic reports,
 - c. Diagnostic reports, and
 - d. Consultation reports; and
 - 20. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain, when initially administered or PRN:
 - i. An assessment of the patient's pain before administering the medication, and

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- ii. The effect of the medication administered;
- d. For a psychotropic medication, when initially administered or PRN:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
- e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
- f. Any adverse reaction a patient has to the medication.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1709. Medication Services**A.** An administrator shall ensure that:

- 1. Policies and procedures for medication services include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting a medication error;
 - c. Procedures for responding to and reporting an unexpected reaction to a medication;
 - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner and to ensure the medication regimen meets the patient's needs;
 - e. Procedures for:
 - i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
 - ii. Monitoring a patient who self-administers medication;
 - f. Procedures for assisting a patient in obtaining medication; and
 - g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- 2. A process is specified for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.

B. If a health care institution provides medication administration, an administrator shall ensure that:

- 1. Medication is stored by the health care institution;
- 2. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and

- d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;

- 3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and

- 4. A medication administered to a patient:

- a. Is administered in compliance with an order, and
- b. Is documented in the patient's medical record.

C. If a health care institution provides assistance in the self-administration of medication, an administrator shall ensure that:

- 1. A patient's medication is stored by the health care institution;
- 2. The following assistance is provided to a patient:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container for the patient;
 - c. Observing the patient while the patient removes the medication from the container;
 - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
 - i. The patient taking the medication is the individual stated on the medication container label,
 - ii. The patient is taking the dosage of the medication as stated on the medication container label, and
 - iii. The patient is taking the medication at the time stated on the medication container label; or
 - e. Observing the patient while the patient takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
- 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
 - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
 - b. Includes:
 - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
 - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
 - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a patient:
 - a. Is in compliance with an order, and
 - b. Is documented in the patient's medical record.

D. An administrator shall ensure that:

- 1. A current drug reference guide is available for use by personnel members;
- 2. A current toxicology reference guide is available for use by personnel members; and
- 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as

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determined by policies and procedures, is established to:

- i. Develop a drug formulary,
- ii. Update the drug formulary at least once every 12 months,
- iii. Develop medication usage and medication substitution policies and procedures, and
- iv. Specify which medications and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical practitioner specifically orders otherwise;
- b. The pharmaceutical services are provided under the direction of a pharmacist;
- c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
- d. A copy of the pharmacy license is provided to the Department upon request.

E. When medication is stored at a health care institution, an administrator shall ensure that:

1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.

F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the health care institution's clinical director.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1710. Food Services

If food services are provided, an administrator shall ensure:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a patient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a patient as prescribed by the patient's physician or dietitian; and
5. Chemicals and detergents are not stored with food.

Historical Note

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19

A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1711. Emergency and Safety Standards

A. An administrator shall ensure that:

1. A first aid kit is available at a health care institution;
2. If a firearm or ammunition for a firearm are stored at a health care institution:
 - a. The firearm is stored separate from the ammunition for the firearm; and
 - b. The firearm and the ammunition for the firearm are:
 - i. Stored in a locked closet, cabinet, or container; and
 - ii. Inaccessible to a patient;
3. If applicable, there is a smoke detector installed in:
 - a. A bedroom used by a patient,
 - b. A hallway in a health care institution, and
 - c. A health care institution's kitchen;
4. A smoke detector required in subsection (A)(3):
 - a. Is maintained in operable condition; and
 - b. Is battery operated or, if hard-wired into the electrical system of a health care institution, has a back-up battery;
5. A health care institution has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and is available to a personnel member;
6. A portable fire extinguisher required in subsection (A)(5) is:
 - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
 - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by personnel members and any patient in a health care institution;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (A)(8) is maintained for at least 12 months after the date of the evacuation drill.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

Historical Note

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1712. Physical Plant, Environmental Services, and Equipment Standards

A. If applicable, an administrator shall ensure that a health care institution:

1. Is in a building that:
 - a. Has a certificate of occupancy from the local jurisdiction; and
 - b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize the health or safety of a patient;
2. Has a living room accessible at all times to a patient;

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3. Has a dining area furnished for group meals that is accessible to the provider, patients, and any other individuals present in the health care institution;
4. Has:
 - a. At least one bathroom for each six individuals residing in the health care institution, including patients; and
 - b. A bathroom accessible for use by a patient that contains:
 - i. A working sink with running water, and
 - ii. A working toilet that flushes and has a seat; and
5. Has equipment and supplies to maintain a patient's personal hygiene that are accessible to the patient.

B. An administrator shall ensure that:

1. A health care institution's premises are:
 - a. Sufficient to provide the health care institution's scope of services;
 - b. Cleaned and disinfected according to the health care institution's policies and procedures to prevent, minimize, and control illness and infection;
 - c. Clean and free from accumulations of dirt, garbage, and rubbish; and
 - d. Free from a condition or situation that may cause an individual to suffer physical injury;
2. If a health care institution collects urine or stool specimens from a patient, the health care institution has at least one bathroom that:
 - a. Contains:
 - i. A working sink with running water,
 - ii. A working toilet that flushes and has a seat,
 - iii. Toilet tissue,
 - iv. Soap for hand washing,
 - v. Paper towels or a mechanical air hand dryer,
 - vi. Lighting, and
 - vii. A means of ventilation; and
 - b. Is for the exclusive use of the health care institution;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. If pets or animals are allowed in the health care institution, pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation;
 - b. Licensed consistent with local ordinances; and
 - c. For a dog or a cat, vaccinated against rabies;
5. A smoke-free environment is maintained on the premises;
6. A refrigerator used to store a medication is:
 - a. Maintained in working order, and
 - b. Only used to store medications;
7. Equipment at the health care institution is:
 - a. Sufficient to provide the health care institution's scope of service;
 - b. Maintained in working condition;
 - c. Used according to the manufacturer's recommendations; and
 - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures;
8. Documentation of an equipment test, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair; and
9. Combustible or flammable liquids and hazardous materials stored by the health care institution are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to patients.

Historical Note

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

R9-10-1713. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

R9-10-1714. Reserved**R9-10-1715. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1716. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1717. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1718. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1719. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1720. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1721. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1722. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1723. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

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R9-10-1724. Reserved**R9-10-1725. Reserved****R9-10-1726. Reserved****R9-10-1727. Reserved****R9-10-1728. Reserved****R9-10-1729. Reserved****R9-10-1730. Reserved****R9-10-1731. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1732. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1733. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Corrections: R9-10-1733(B)(2), correction in spelling, "architectural"; R9-10-1733(C)(1)(d), 100 square feet, corrected to read "1000" square feet, as certified effective July 24, 1978 (Supp. 87-2). Repealed effective July 6, 1994 (Supp. 94-3).

R9-10-1734. Repealed**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

ARTICLE 18. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES**R9-10-1801. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual begins to live in and receive services from a provider in an adult behavioral health therapeutic home.
2. "Backup provider" means an individual designated by a provider to be present in an adult behavioral health therapeutic home, when a provider is not present, who ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
3. "Provider" means an individual who lives in an adult behavioral health therapeutic home and ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
4. "Release" means a documented termination of services to a resident by a provider that is authorized by a collaborating health care institution.
5. "Resident" means an individual referred by a collaborating health care institution to and accepted by an adult behavioral health therapeutic home.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1802. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department:

1. The name of the backup provider; and
2. For the adult behavioral health therapeutic home's collaborating health care institution:
 - a. Name,
 - b. Address,
 - c. Class or subclass,
 - d. License number, and
 - e. Name and contact information for an individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1803. Administration

- A governing authority of an adult behavioral health therapeutic home:
 1. Consists of no more than two providers, who live in the adult behavioral health therapeutic home;
 2. Has the authority and responsibility to manage the adult behavioral health therapeutic home;
 3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the adult behavioral health therapeutic home and the collaborating health care institution, consistent with the requirements in this Chapter;
 4. Shall establish, in writing, the adult behavioral health therapeutic home's scope of services, which are approved by the collaborating health care institution;
 5. Shall designate a back-up provider to be present in the adult behavioral health therapeutic home and accountable for services provided by the adult behavioral health therapeutic home when the provider is not present at the adult behavioral health therapeutic home; and
 6. Shall ensure that:
 - a. No more than three residents are accepted by the adult behavioral health therapeutic home;
 - b. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - c. When documentation or information is required by this Chapter to be submitted on behalf of the adult behavioral health therapeutic home, the documentation or information is provided to the unit in the Department that is responsible for licensing the adult behavioral health therapeutic home.
- B. A provider or back-up provider:
 1. Is at least 21 years of age;
 2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of residents;
 3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
 4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
 5. Has documentation of evidence of freedom from infectious tuberculosis:
 - a. On or before the date the provider or back-up provider begins providing services at or on behalf of the adult behavioral health therapeutic home, and

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- b. As specified in R9-10-113.
- C. A provider shall ensure that policies and procedures are:
- Established, documented, and implemented to protect the health and safety of a resident that cover:
 - Recordkeeping;
 - Resident acceptance and release;
 - Resident rights;
 - The provision of services, including coordinating the provision of behavioral health services;
 - Residents' medical records, including electronic medical records;
 - Assistance in the self-administration of medication;
 - Infection control; and
 - How a provider will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
 - Approved, in writing, by an adult behavioral health therapeutic home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
 - Reviewed by the provider and an adult behavioral health therapeutic home's collaborating health care institution at least once every three years and updated as needed.
- D. A provider shall provide written notification to the Department and the adult behavioral health therapeutic home's collaborating health care institution of a resident's:
- Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
 - Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not at an adult behavioral health therapeutic home and not receiving services from the adult behavioral health therapeutic home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- F. If a provider has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving adult behavioral health therapeutic services, the provider shall:
- If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 - Immediately report the suspected abuse, neglect, or exploitation of the resident as follows:
 - To the adult behavioral health therapeutic home's collaborating health care institution; and
 - According to A.R.S. § 46-454;
 - Document:
 - The suspected abuse, neglect, or exploitation;
 - Any action taken according to subsection (F)(1); and
 - The report in subsection (F)(2);
 - Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 - Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
- c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
- d. The actions taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. A provider shall maintain a record for each provider and backup provider that includes:
- For the provider and the backup provider:
 - Name;
 - Date of birth;
 - Contact telephone number; and
 - Documentation of:
 - Verification of skills and knowledge, completed by the adult behavioral health therapeutic home's collaborating health care institution;
 - Certification in cardiopulmonary resuscitation and first aid training;
 - Completion of training in assistance in the self-administration of medication, provided by the adult behavioral health therapeutic home's collaborating health care institution;
 - If the provider or backup provider provides behavioral health services, clinical oversight as required in R9-10-1805(C); and
 - Evidence of freedom from infectious tuberculosis; and
 - For the backup provider, home address.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1804. Resident Rights

- A. A provider shall ensure that:
- A resident is treated with dignity, respect, and consideration;
 - A resident is not subjected to:
 - Abuse;
 - Neglect;
 - Exploitation;
 - Coercion;
 - Manipulation;
 - Sexual abuse;
 - Sexual assault;
 - Seclusion;
 - Restraint;
 - Retaliation for submitting a complaint to the Department or another entity; or
 - Misappropriation of personal and private property by:
 - An adult behavioral health therapeutic home's provider or backup provider, or
 - An individual other than a resident residing in the adult behavioral health therapeutic home; and
 - A resident or the resident's representative:
 - Is informed of the resident complaint process;
 - Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when accepted by an adult

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- behavioral health therapeutic home for identification and administrative purposes; and
- c. Except as otherwise permitted by law, provides written consent to the release of information in the resident's medical record.

B. A resident has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive services that support and respect the resident's individuality, choices, strengths, and abilities;
3. To receive privacy in care for personal needs;
4. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the resident; and
6. To receive assistance from a family member, resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1805. Providing Services

- A.** A provider shall ensure that behavioral health services and ancillary services are provided to a resident according to the resident's treatment plan obtained from the adult behavioral health therapeutic home's collaborating health care institution.
- B.** A provider shall submit documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by the provider to address the resident's changing needs to the adult behavioral health therapeutic home's collaborating health care institution or, if applicable, the resident's case manager.
- C.** A provider who provides behavioral health services to a resident:
 1. For the purpose of an exception to licensing in A.R.S. § 32-3271, is considered a behavioral health technician; and
 2. Shall comply with the requirements for clinical oversight for a behavioral health technician in R9-10-115.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1806. Assistance in the Self-Administration of Medication

- A.** If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
 1. If a resident is receiving assistance in the self-administration of medication, the resident's medication is stored by the provider;
 2. The following assistance is provided to a resident:
 - a. A reminder when it is time to take the medication;
 - b. Opening the medication container or medication organizer for the resident;
 - c. Observing the resident while the resident removes the medication from the medication container or medication organizer;

- d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
 - i. The resident taking the medication is the individual stated on the medication container label;
 - ii. The resident is taking the dosage of the medication as stated on the medication container label; and
 - iii. The resident is taking the medication at the time stated on the medication container label; or
- e. Observing the resident while the resident takes the medication; and
3. Assistance in the self-administration of medication provided to a resident is documented in the resident's medical record.

B. When medication is stored by a provider, the provider shall ensure that:

1. A locked cabinet, closet, or self-contained unit is used for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Medication, including expired medication, that is no longer being used is discarded.

C. A provider shall immediately report a medication error or a resident's adverse reaction to a medication to the:

1. Medical practitioner who ordered the medication; or
2. Contact individual at an adult behavioral health therapeutic home's collaborating health care institution.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1807. Medical Records**A. A provider shall ensure that:**

1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
 - a. Only recorded by the provider or individual designated by the provider to record an entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
3. A resident's medical record is available to an individual:
 - a. Authorized by policies and procedures to access the resident's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
 - c. As permitted by law; and
4. A resident's medical record is protected from loss, damage, or unauthorized use.

B. If a provider maintains residents' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.**C. A provider shall ensure that a resident's medical record contains:**

1. Resident information that includes:
 - a. The resident's name;
 - b. The resident's date of birth;
 - c. Any known allergies; and
 - d. Medication information for the resident;
2. The names, addresses, and telephone numbers of:
 - a. The resident's medical practitioner;
 - b. The resident's case manager, if applicable;

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- c. The behavioral health professional assigned to the resident by the adult behavioral health therapeutic home's collaborating health care institution; and
- d. An individual to be contacted in the event of an emergency;
3. The date of the resident's acceptance by the adult behavioral health therapeutic home and, if applicable, the date of the resident's release from the adult behavioral health therapeutic home;
4. If applicable, the name and contact information of the resident's representative and:
 - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
 - b. If the resident's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. A copy of the resident's treatment plan and any updates to the resident's treatment plan, obtained from the adult behavioral health therapeutic home's collaborating health care institution;
6. For a resident receiving assistance in the self-administration of medication, documentation that includes for each medication:
 - a. The date and time of assistance;
 - b. The name, strength, dosage, and route of administration;
 - c. The provider's signature or first and last initials; and
 - d. Any adverse reaction the resident has to the medication;
7. Documentation of the resident's refusal of a medication, if applicable;
8. Documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs;
9. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual; and
10. If applicable, a written notice of termination of residency.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1808. Food Services

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a resident;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a resident as prescribed by the resident's physician or registered dietitian; and
5. Chemicals or detergents are not stored with food.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July

1, 2014 (Supp. 14-2).

R9-10-1809. Emergency and Safety Standards

A provider shall ensure that:

1. A first aid kit is available at an adult behavioral health therapeutic home sufficient to meet the needs of residents;
2. If a firearm or ammunition for a firearm is stored at an adult behavioral health therapeutic home:
 - a. The firearm is stored separate from the ammunition for the firearm; and
 - b. The firearm and the ammunition for the firearm are:
 - i. Stored in a locked closet, cabinet, or container; and
 - ii. Inaccessible to a resident;
3. A smoke detector is installed in:
 - a. A bedroom used by a resident,
 - b. A hallway in an adult behavioral health therapeutic home, and
 - c. An adult behavioral health therapeutic home's kitchen;
4. A smoke detector required in subsection (3):
 - a. Is maintained in operable condition; and
 - b. Is battery operated or, if hard-wired into the electrical system of an adult behavioral health therapeutic home, has a back-up battery;
5. An adult behavioral health therapeutic home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the adult behavioral health therapeutic home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
 - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
 - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by the provider and any resident in an adult behavioral health therapeutic home;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least one year after the date of the evacuation drill.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

R9-10-1810. Physical Plant, Environmental Services, and Equipment Standards

A. A provider shall ensure that an adult behavioral health therapeutic home:

1. Is in a building that:
 - a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
 - b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a resident;
2. Has a living room accessible at all times to a resident;
3. Has a dining area furnished for group meals that is accessible to the provider, residents, and any other individuals present in the adult behavioral health therapeutic home;
4. For each six individuals residing in the adult behavioral health therapeutic home, including residents, has at least one bathroom equipped with:

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- a. A working toilet that flushes and has a seat; and
- b. A sink with running water accessible for use by a resident;
- 5. Has equipment and supplies to maintain a resident's personal hygiene that are accessible to the resident;
- 6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
- 7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the adult behavioral health therapeutic home.
- B.** A provider shall ensure that pets and animals are:
 - 1. Controlled to prevent endangering the residents and to maintain sanitation;
 - 2. Licensed consistent with local ordinances; and
 - 3. For a dog or cat, vaccinated against rabies.
- C.** If a swimming pool is located on the premises, a provider shall ensure that:
 - 1. The swimming pool is equipped with the following:
 - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
 - i. A removable strainer,
 - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
 - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
 - b. An operational cleaning system;
 - 2. The swimming pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height as measured on the exterior of the wall or fence;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
 - f. Has a self-closing, self-latching gate that:
 - i. Opens away from the swimming pool,
 - ii. Has a latch located at least 54 inches from the ground, and
 - iii. Is locked when the swimming pool is not in use; and
 - 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- D.** A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.
- E.** A provider shall ensure that:
 - 1. A bedroom for use by a resident:
 - a. Is separated from a hall, corridors, or other habitable room by floor-to-ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
 - b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
 - c. Contains for each resident using the bedroom:
 - i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
 - ii. Clean bedding appropriate for the season; and
 - iii. An individual dresser and closet for storage of personal possessions and clothing; and
 - d. If used for:
 - i. Single occupancy, contains at least 60 square feet of floor space; or
 - ii. Double occupancy, contains at least 100 square feet of floor space; and
 - 2. A mirror is available to a resident for grooming;
 - 3. A resident does not share a bedroom with an individual who is not a resident;
 - 4. No more than two residents share a bedroom;
 - 5. If two residents share a bedroom, each resident agrees, in writing, to share the bedroom; and
 - 6. A resident's bedroom is not used to store anything other than the furniture and articles used by the resident and the resident's belongings.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

ARTICLE 19. COUNSELING FACILITIES**R9-10-1901. Repealed****Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Repealed by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1902. Supplemental Application Requirements

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as a counseling facility shall submit, in a format provided by the Department:

- 1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation;
- 2. If applicable, a request to provide one of more of the following:
 - a. DUI screening,
 - b. DUI education,
 - c. DUI treatment, or
 - d. Misdemeanor domestic violence offender treatment;
- 3. Whether the counseling facility has an affiliated outpatient treatment center;
- 4. If the counseling facility has an affiliated outpatient treatment center:
 - a. The affiliated outpatient treatment center's name; and
 - b. Either:
 - i. The license number assigned to the affiliated outpatient treatment center by the Department; or
 - ii. If the affiliated outpatient treatment center is not currently licensed, the:
 - (1) Street address of the affiliated outpatient treatment center, and
 - (2) Date the affiliated outpatient treatment center submitted to the Department an application for a health care institution license;
- 5. Whether the counseling facility is sharing administrative support with an affiliated counseling facility; and
- 6. If the counseling facility is sharing administrative support with an affiliated counseling facility, for each affiliated

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counseling facility sharing administrative support with the counseling facility:

- a. The affiliated counseling facility's name; and
- b. Either:
 - i. The license number assigned to the affiliated counseling facility by the Department; or
 - ii. If the affiliated counseling facility is not currently licensed, the:
 - (1) Street address of the affiliated counseling facility, and
 - (2) Date the affiliated counseling facility submitted to the Department an application for a health care institution license.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

R9-10-1903. Administration

- A. A governing authority shall:
 1. Consist of one of more individuals accountable for the organization, operation, and administration of a counseling facility;
 2. Establish, in writing:
 - a. A counseling facility's scope of services, and
 - b. Qualifications for an administrator;
 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
 4. Adopt a quality management program according to R9-10-1904;
 5. Review and evaluate the effectiveness of the quality management program in R9-10-1904 at least once every 12 months;
 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on the premises for more than 30 calendar days, or
 - b. Not present on the premises for more than 30 calendar days; and
 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
 1. Is directly accountable to the governing authority for the daily operation of the counseling facility and all services provided by or at the counseling facility;
 2. Has the authority and responsibility to manage the counseling facility; and
 3. Except as provided in subsection (A)(6), designates in writing, an individual who is present on the counseling facility's premises and accountable for the counseling facility when the administrator is not available.
- C. An administrator or the administrator of the counseling facility's affiliated outpatient treatment center shall establish policies and procedures to protect the health and safety of a patient that:
 1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience, for personnel members, employees, volunteers, and students;
 2. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
 3. Include how a personnel member may submit a complaint relating to services provided to a patient;
 4. Cover the requirements in Title 36, Chapter 4, Article 11;
 5. Cover patient screening, admission, assessment, discharge planning, and discharge;
 6. Cover medical records;
 7. Cover the provision of counseling and any services listed in the counseling facility's scope of services;
 8. Include when general consent and informed consent are required;
 9. Cover telemedicine, if applicable;
 10. Cover specific steps for:
 - a. A patient or a patient's representative to file a complaint, and
 - b. A counseling facility to respond to a complaint; and
 11. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.
- D. An administrator shall ensure that:
 1. Policies and procedures established according to subsection (C) are documented and implemented;
 2. Counseling facility policies and procedures are:
 - a. Reviewed at least once every three years and updated as needed, and
 - b. Available to personnel members and employees;
 3. Unless otherwise stated:
 - a. Documentation required by this Article is maintained and provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a counseling facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the counseling facility;
 4. The following are conspicuously posted:
 - a. The current license for the counseling facility issued by the Department;
 - b. The name, address, and telephone number of the Department;
 - c. A notice that a patient may file a complaint with the Department about the counseling facility;
 - d. A list of patient rights;
 - e. A map for evacuating the facility; and
 - f. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(H), with patient information redacted, are available;
 5. Patient follow-up instructions are:
 - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the counseling facility unless the patient leaves against a personnel member's advice; and
 - b. Documented in the patient's medical record; and
 6. Cardiopulmonary resuscitation training includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation.
- E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a counseling facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
 1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or

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2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F. If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a counseling facility's employee or personnel member, an administrator shall:
 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
 2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
 - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
 - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
 3. Document:
 - a. The suspected abuse, neglect, or exploitation;
 - b. Any action taken according to subsection (F)(1); and
 - c. The report in subsection (F)(2);
 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
 - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
 - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
 - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
 - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1905. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1906. Personnel

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of counseling expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients expected to be receiving the counseling from the personnel member according to the established job description; and
 - b. Include:
 - i. The specific skills and knowledge necessary for the personnel member to provide the counseling listed in the established job description,
 - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description, and
 - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides counseling, and
 - b. According to policies and procedures;
3. Sufficient personnel members are present on a counseling facility's premises during hours of clinical operation with the qualifications, skills, and knowledge necessary to:
 - a. Provide the counseling in the counseling facility's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient;

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1904. Quality Management

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:

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4. At least one personnel member with cardiopulmonary resuscitation training is present on a counseling facility's premises during hours of clinical operation;
5. At least one personnel member with first aid training is present on a counseling facility's premises during hours of clinical operation;
6. A personnel member only provides counseling the personnel member is qualified to provide;
7. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
8. A personnel member completes orientation before providing counseling to a patient;
9. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
10. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
11. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the in-service education, and
 - c. The subject or topics covered in the in-service education;
12. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
13. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
 - a. The individual's name, date of birth, and contact telephone number;
 - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
 - c. Documentation of:
 - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
 - ii. The individual's education and experience applicable to the individual's job duties;
 - iii. The individual's completed orientation and in-service education as required by policies and procedures;
 - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
 - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable;
 - vii. If applicable, cardiopulmonary resuscitation training; and
 - viii. If applicable, first aid training; and
14. The record in subsection (13) is:
 - a. Maintained while an individual provides services for or at the counseling facility and for at least 24 months after the last date the individual provided services for or at the counseling facility; and
 - b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 5535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1907. Patient Rights

- A. An administrator shall ensure that at the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C).
- B. An administrator shall ensure that:
 1. A patient is treated with dignity, respect, and consideration;
 2. A patient as not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Restraint or seclusion;
 - i. Retaliation for submitting a complaint to the Department or another entity; or
 - j. Misappropriation of personal and private property by a counseling facility's personnel member, employee, volunteer, or student; and
 3. A patient or the patient's representative:
 - a. Either consents to or refuses counseling;
 - b. May refuse or withdraw consent for receiving counseling before counseling is initiated;
 - c. Is informed of the following:
 - i. The counseling facility's policy on health care directives, and
 - ii. The patient complaint process;
 - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a counseling facility for identification and administrative purposes; and
 - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
- C. A patient has the following rights:
 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 2. To receive counseling that supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy during counseling;
 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 5. To receive a referral to another health care institution if the counseling facility is not authorized or not able to provide the behavioral health services needed by the patient;
 6. To participate or have the patient's representative participate in the development of, or decisions concerning, the counseling provided to the patient;
 7. To participate or refuse to participate in research or experimental treatment; and
 8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

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Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1908. Medical Records

- A.** An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 2. An entry in a patient's medical record is:
 - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 5. A patient's medical record is available to an individual:
 - a. Authorized according to policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law; and
 6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a counseling facility maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
 - a. The patient's name and address, and
 - b. The patient's date of birth;
 2. A diagnosis or reason for counseling;
 3. Documentation of general consent and, if applicable, informed consent for counseling by the patient or the patient's representative;
 4. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
 - ii. Is a legal guardian, a copy of the court order establishing guardianship;
 5. Documentation of medical history;

6. Orders;
7. Assessment;
8. Interval notes;
9. Progress notes;
10. Documentation of counseling provided to the patient;
11. The name of each individual providing counseling;
12. Disposition of the patient upon discharge;
13. Documentation of the patient's follow-up instructions provided to the patient;
14. A discharge summary; and
15. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1909. Counseling

- A.** An administrator of a counseling facility shall ensure that:
1. Counseling provided at the counseling facility is provided under the direction of a behavioral health professional;
 2. A personnel member who provides counseling is:
 - a. At least 21 years of age, or
 - b. At least 18 years of age and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice; and
 3. If a counseling facility provides counseling to a patient who is less than 18 years of age, an employee or a volunteer and the owner comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
- B.** An administrator of a counseling facility shall ensure that:
1. Before counseling for a patient is initiated, there is a behavioral health assessment for the patient that complies with the requirements in this Section that is:
 - a. Available:
 - i. In the patient's medical record maintained by the counseling facility;
 - ii. If the counseling facility is an affiliated counseling facility, in the patient's integrated medical record; or
 - iii. If the counseling facility has an affiliated outpatient treatment center, in the patient's integrated medical record maintained by the counseling facility's affiliated outpatient treatment center;
 - b. Completed by a personnel member at the counseling facility; and
 - c. Obtained from a behavioral health provider other than the counseling facility; or
 2. A behavioral health assessment, obtained from a behavioral health provider other than the counseling facility or available in a medical record or integrated medical record, was completed within 12 months before the date of the patient's current admission;
 3. If a behavioral health assessment is obtained from a behavioral health provider other than the counseling facility or is available as stated in subsection (B)(1)(a), the information in the behavioral health assessment is reviewed and updated if additional information that affects the patient's behavioral health assessment is identified;
 4. The review and update of the patient's assessment information in subsection (B)(3) is documented in the patient's medical record within 48 hours after the review is completed;

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5. If a behavioral health assessment is conducted by a:
 - a. Behavioral health technician or a registered nurse, within 72 hours after the behavioral health assessment is conducted, a behavioral health professional certified or licensed to provide the counseling needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the counseling needed by the patient; or
 - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the counseling needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the counseling needed by the patient;
6. A behavioral health assessment:
 - a. Documents a patient's:
 - i. Presenting issue;
 - ii. Substance use history;
 - iii. Co-occurring disorder;
 - iv. Medical condition and history;
 - v. Legal history, including:
 - (1) Custody,
 - (2) Guardianship, and
 - (3) Pending litigation;
 - vi. Criminal justice record;
 - vii. Family history;
 - viii. Behavioral health treatment history; and
 - ix. Symptoms reported by the patient or the patient's representative and referrals needed by the patient, if any;
 - b. Includes:
 - i. Recommendations for further assessment or examination of the patient's needs;
 - ii. A description of the counseling, including type, frequency, and number of hours, that will be provided to the patient; and
 - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
 - c. Is documented in patient's medical record;
7. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
8. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
9. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
10. Documentation of the request in subsection (B)(8) and the opportunity in subsection (B)(9) is in the patient's medical record;
11. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
12. If information in subsection (B)(6)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
13. Counseling is:
 - a. Offered as described in the counseling facility's scope of services;
 - b. Provided according to the type, frequency, and number of hours identified in the patient's assessment; and
 - c. Provided by a behavioral health professional or a behavioral health technician;
14. A personnel member providing counseling to address a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
15. Each counseling session is documented in the patient's medical record to include:
 - a. The date of the counseling session;
 - b. The amount of time spent in the counseling session;
 - c. Whether the counseling was individual counseling, family counseling, or group counseling;
 - d. The treatment goals addressed in the counseling session; and
 - e. The signature of the personnel member who provided the counseling and the date signed.
- C. An administrator may request authorization to provide any of the following to individuals required to attend by a referring court:
 1. DUI screening,
 2. DUI education,
 3. DUI treatment, or
 4. Misdemeanor domestic violence offender treatment.
- D. An administrator of a counseling facility authorized to provide the services in subsection (C):
 1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
 2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1910. Physical Plant, Environmental Services, and Equipment Standards

- A. An administrator shall ensure that a counseling facility has either:
 1. Both of the following:
 - a. A smoke detector installed in each hallway of the counseling facility that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
 - iii. Tested monthly; and
 - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
 - i. Is available at the counseling facility;
 - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
 - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies

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- the date of the last servicing and the name of the servicing person; or
2. Both of the following that are tested and serviced at least once every 12 months:
 - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order.
- B.** An administrator shall ensure that documentation of a test required in subsection (A) is maintained for at least 12 months after the date of the test.
- C.** An administrator shall ensure that on a counseling facility's premises:
1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
 2. Corridors and exits are kept clear of any obstructions;
 3. A patient can exit through any exit during hours of clinical operation;
 4. An extension cord is not used instead of permanent electrical wiring; and
 5. Each electrical outlet and electrical switch has a cover plate that is in good repair.
- D.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the fire inspection report, and
 3. Maintain documentation of a current fire inspection.
- E.** An administrator shall ensure that:
1. A counseling facility's premises are:
 - a. Sufficient to provide the counseling facility's scope of services;
 - b. Cleaned and disinfected to prevent, minimize, and control illness and infection; and
 - c. Free from a condition or situation that may cause an individual to suffer physical injury;
 2. If a bathroom is on the premises, the bathroom contains:
 - a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,
 - d. Soap for hand washing,
 - e. Paper towels or a mechanical air hand dryer,
 - f. Lighting, and
 - g. A means of ventilation;
 3. If a bathroom is not on the premises, a bathroom is:
 - a. Available for a patient's use,
 - b. Located in a building in contiguous proximity to the counseling facility, and
 - c. Free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury; and
 4. A tobacco smoke-free environment is maintained on the premises.
- A.** An administrator of an affiliated outpatient treatment center may maintain the following information, required in this Article for a counseling facility for which the affiliated outpatient treatment center provides administrative support, integrated with information required in 9 A.A.C. 10, Article 10 for the outpatient treatment center:
1. Quality management plan, documented incidents, and reports required in R9-10-1904;
 2. Contracted services information in R9-10-1905;
 3. Orientation plan, in-service education plan, and personnel records in R9-10-1906; and
 4. Medical records in R9-10-1908.
- B.** An administrator of an affiliated counseling facility that shares administrative support with one or more other affiliated counseling facilities may maintain the information in subsections (A)(1) through (A)(4) integrated with information maintained by the other affiliated counseling facilities.
- C.** If an administrator of an affiliated outpatient treatment center or an affiliated counseling facility maintains integrated information according to subsection (A) or (B), the administrator shall develop, document, and implement a method to ensure that:
1. If the quality management plan is integrated, the incidents documented, concerns identified, and changes or actions taken are identified for each facility;
 2. If a person provides contracted services at more than one facility, the types of services the person provides at each facility is identified in the contract information;
 3. If an orientation plan is applicable to more than one facility, the orientation a personnel member is expected to obtain for each facility is identified in the orientation plan;
 4. If an in-service education plan is applicable to more than one facility, the in-service education a personnel member is expected to obtain for each facility is identified in the orientation plan;
 5. If a personnel member provides counseling at more than one facility, the following is identified in the personnel member's record:
 - a. The days and hours the personnel member provides counseling for each facility;
 - b. If the personnel member's job description is different for each facility:
 - i. Each job description for the personnel member; and
 - ii. Verification of the skills and knowledge to provide counseling according to each of the personnel member's job descriptions; and
 - c. If a personnel member is a behavioral health technician, documentation of the clinical oversight provided to the personnel member, based on the number and acuity of the patients to whom the personnel member provided counseling at each facility; and
 6. If a patient receives counseling at more than one facility, the counseling received and any information related to the counseling received at each facility is identified in the patient's medical record.
- D.** An administrator of a counseling facility receiving administrative support from an affiliated outpatient treatment center or an affiliated counseling facility shall ensure that if the counseling facility:
1. Has integrated information, the integrated information is provided to the Department for review within two hours after the Department's request:
 - a. In a written or electronic format at the counseling facility's premises; or

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

R9-10-1911. Integrated Information

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- b. Electronically directly to the Department.
- 2. No longer receives or shares administrative support that includes integrating the information in subsection (A), the information for the counseling facility required in this Article is maintained by the counseling facility and provided to the Department according to the requirements in this Article.

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

ARTICLE 20. PAIN MANAGEMENT CLINICS**R9-10-2001. Definitions**

In addition to the definitions in R9-10-101, the following definitions apply in this Article, unless otherwise specified:

- 1. "Order" means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
- 2. "Physician" means an individual licensed as a physician according to A.R.S. Title 32, Chapter 13, 14, or 17.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2002. Application and Documentation Submission Requirements

- A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.
- B. An applicant or licensee shall submit to the Department:
 - 1. The applicable fees required in R9-10-106(C), and
 - 2. The documentation required according to 36-448.02(C)(1).

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2003. Administration

- A. A licensee is responsible for the organization and management of a pain management clinic.
- B. A licensee shall:
 - 1. Adopt policies and procedures for the administration and operation of a pain management clinic;
 - 2. Designate a medical director who:
 - a. Is licensed:
 - i. As a physician according to A.R.S. Title 32, Chapter 13 or 17; or
 - ii. As a nurse practitioner according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity; and
 - b. May be the same individual as the licensee;
 - 3. Ensure that there are a sufficient number of personnel members and employees with the required knowledge and qualifications to:
 - a. Meet the requirements of this Article,
 - b. Ensure the health and safety of a patient, and
 - c. Meet the needs of a patient based on the patient's medical evaluation; and
 - 4. Ensure the following are conspicuously posted on the premises:
 - a. The current pain management clinic license issued by the Department;

- b. The current telephone number and address of the unit in the Department responsible for licensing the pain management clinic;
 - c. An evacuation map posted in all hallways; and
 - d. A phone number for:
 - i. An opioid assistance and referral hotline, and
 - ii. A poison control hotline.
- C. A medical director shall ensure that:
- 1. Pain management services are provided under the direction of:
 - a. A physician, or
 - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
 - 2. A record that includes cardiopulmonary resuscitation training is maintained for each personnel member, employee, volunteer, or student who is required by policies and procedures to obtain cardiopulmonary resuscitation training; and
 - 3. A personnel member certified in cardiopulmonary resuscitation is available on the pain management clinic's premises while patients are present.
- D. A medical director shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
- 1. Cover personnel member qualifications, duties, and responsibilities, including who may order, prescribe, or administer an opioid and the required knowledge and qualifications of those personnel members;
 - 2. Cover cardiopulmonary resuscitation training, including:
 - a. The method and content of cardiopulmonary resuscitation training, including a demonstration of an individual's ability to perform cardiopulmonary resuscitation;
 - b. The qualifications required for an individual to provide cardiopulmonary resuscitation training;
 - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
 - 3. Cover the storage, accessibility, disposal, and documentation of a medication;
 - 4. Cover the prescribing or ordering of an opioid:
 - a. Including how, when, and by whom:
 - i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
 - ii. An assessment is conducted of a patient's substance use risk;
 - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;
 - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
 - v. Informed consent is obtained from a patient or the patient's representative;
 - vi. A patient receiving an opioid is monitored; and
 - vii. The actions taken according to subsections (D)(4)(a)(i) through (vi) are documented;
 - b. Addressing conditions that may impose a higher risk to a patient when prescribing or ordering an opioid, including:

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- i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication;
 - ii. History of substance use disorder;
 - iii. Co-occurring behavioral health issue, or
 - iv. Pregnancy;
 - c. Addressing the criteria for co-prescribing a short-acting opioid antagonist for a patient;
 - d. Including the frequency of the following for a patient prescribed an opioid for longer than a 30-calendar-day period:
 - i. Face-to-face interactions with the patient;
 - ii. Assessment of a patient's substance use risk;
 - iii. Urine drug testing;
 - iv. Renewal of an opioid prescription without a face-to-face interaction with the patient; and
 - v. Monitoring the effectiveness of the treatment;
 - e. If applicable according to A.R.S. § 36-2608, including documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - f. Addressing the criteria and procedures for tapering opioid prescription or ordering;
 - g. Addressing the criteria and procedures for offering or referring a patient for treatment for substance use disorder; and
 - h. If opioids are administered at the pain management clinic, including how, when, and by whom:
 - i. A patient's need for opioid administration is assessed;
 - ii. A patient receiving an opioid is monitored; and
 - iii. The actions taken according to subsections (D)(4)(h)(i) and (ii) are documented;
- 5. Cover accessibility and security of medical records;
- 6. Cover infection control, including methods for sterilizing equipment and supplies and methods for identifying, storing, and disposing of biohazardous medical waste; and
- 7. Cover emergency treatment, including:
 - a. A list of the medications, supplies, and equipment kept on the premises to provide treatment in response to an emergency caused by a procedure or medication administered at the pain management clinic;
 - b. A requirement that a cart or a container is available for emergency treatment that contains the medications, supplies, and equipment specified in the policies and procedures according to subsection (D)(7)(a);
 - c. A method to verify and document that the contents of the cart or container are available for emergency treatment; and
 - d. A method for ensuring a patient is transferred to a hospital or other health care institution to receive treatment for a medical emergency that the pain management clinic is not authorized or not able to provide.
- E. As applicable and except when contrary to medical judgment for a patient, a medical director shall ensure that the policies and procedures in subsection (D)(4) are consistent with the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
 - 1. Centers for Disease Control and Prevention; or
 - 2. The U.S. Department of Veterans Affairs and the U.S. Department of Defense.
- F. A medical director shall, except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, ensure that:
 - 1. If an opioid may have contributed to a patient's death:
 - a. Written notification of the patient's death is provided to the Department in a Department-provided format if:
 - i. A personnel member of the pain management clinic prescribed, ordered, or administered the opioid that may have contributed to the patient's death; or
 - ii. The patient's death occurred while the patient was on the premises of the pain management clinic; and
 - b. The written notification required by subsection (F)(1)(a)(i) is provided within one working day:
 - i. After the patient's death, if an opioid administered as part of treatment may have contributed to the death; or
 - ii. After a personnel member of the pain management clinic learns of the patient's death, if a prescribed opioid may have contributed to the patient's death; and
 - c. The written notification required by subsection (F)(1)(a)(ii) is provided according to R9-4-602; and
 - 2. Written notification of a suspected opioid overdose is provided to the Department according to R9-4-602.
- G. If the Department requests a patient's medical record for review, the licensee:
 - 1. May provide the patient medical record to the Department either in paper or in an electronic format that is acceptable to the Department; and
 - 2. Shall ensure that documentation required by this Article is provided to the Department within two hours after a Department request.
- H. The Department may take enforcement action as specified in R9-10-111 if a pain management clinic:
 - 1. Is not in substantial compliance with applicable requirements in 9 A.A.C. 10, Article 1 or this Article; or
 - 2. Is in substantial compliance, but refuses to carry out a plan of correction acceptable to the Department.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2004. Quality Management

A medical director shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate opioid-related adverse reactions or other incidents;
 - b. A method to collect data on services provided to patients;
 - c. A method to use the data to identify concerns about the delivery of services related to patient care;
 - d. A method to make changes or take action in response to a concern identified according to subsection (1)(c); and
 - e. The frequency with which the documented report required in subsection (2) will be submitted to the licensee;
- 2. A documented report is submitted to the licensee that includes:
 - a. Each concern about the delivery of services related to patient care; and
 - b. Any changes made or actions taken in response to that concern; and

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3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2005. Medication Services

A medical director shall ensure that:

1. Medications are stored in a locked area on the premises;
2. Only personnel members designated by policies and procedures have access to the locked area containing medications;
3. Expired, mislabeled, or unusable medications are disposed of according to policies and procedures;
4. If an opioid is administered at a pain management clinic, an opioid antagonist is available on the premises;
5. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is:
 - a. Immediately reported to the medical director and licensee, and
 - b. Recorded in the patient's medical record; and
6. Medication information for a patient is maintained in the patient's medical record.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2006. Pain Management Services

A. A medical director shall ensure that a medical practitioner or nurse anesthetist remains on the premises until all patients who received a procedure at the pain management clinic are discharged.

B. A medical director shall ensure that, if a procedure other than the administration of an opioid is used to provide pain management services:

1. Before the procedure is initially used on a patient, the patient is evaluated by:
 - a. A medical practitioner or
 - b. A nurse anesthetist, according to A.R.S. § 32-1634.04;
2. The procedure is performed by a personnel member qualified according to policies and procedures to perform the procedure; and
3. The following information is included in the patient's medical record:
 - a. The evaluation of the patient required in subsection (B)(1),
 - b. A record of the procedure, and
 - c. Any adverse reaction to the procedure and any measures taken to address an adverse reaction.

C. Except as provided in subsection (E), a medical director shall ensure that a medical practitioner:

1. Before prescribing an opioid for a patient of the pain management clinic:
 - a. Conducts a physical examination of the patient;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk;

d. Explains to the patient or the patient's representative the risks and benefits associated with use of an opioid;

e. Explains alternatives to a prescribed opioid; and

f. Obtains informed consent from the patient or the patient's representative that meets the requirements in R9-10-2007(B), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:

- i. Is also prescribed or ordered a sedative-hypnotic medication, or
- ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;

2. Before ordering an opioid for a patient of the pain management clinic:

- a. Conducts a physical examination of the patient;
- b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
- c. Conducts an assessment of the patient's substance use risk;
- d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of an opioid as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of an opioid;

e. If applicable, explains alternatives to an ordered opioid; and

f. Obtains informed consent from the patient or the patient's representative, according to R9-10-2007(B);

3. When administering or causing administration of an opioid to a patient;

a. Before administration, identifies the patient's need for the opioid; and

b. Monitors the patient's response to the opioid; and

4. Documents the pain management services provided in the patient's medical record according to R9-10-2008.

D. A medical practitioner is exempt from the requirements in subsection (C)(2), if:

1. An order for an opioid is part of treatment for a patient in an emergency;

2. The order is issued according to policies and procedures that include procedures for:

a. Providing treatment without obtaining the consent of a patient or the patient's representative,

b. Ordering and administering an opioid in an emergency situation, and

c. Complying with the requirements in subsection (C)(2) after the emergency is resolved; and

3. The emergency situation is documented in the patient's medical record.

E. The requirements in subsections (C)(1), (2), and (3), as applicable, do not apply when:

1. A personnel member of a pain management clinic prescribes, orders, or administers an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy; or

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2. A prescription for an opioid changes only the type or dosage of an opioid previously prescribed to the patient according to subsection (C)(1):
 - a. Before a pharmacist dispenses the opioid for the patient; or
 - b. If changing the opioid because the patient experienced an adverse reaction to the opioid, within 72 hours after a pharmacist dispensed the opioid for the patient.

Historical Note

New Section made by final rulemaking at 24 A.A.R.
3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2007. Patient Rights

- A. A licensee shall ensure that a patient is afforded the following rights and is informed of these rights:
 1. To refuse treatment or withdraw consent for treatment;
 2. To have patient medical records kept confidential; and
 3. To be informed of proposed treatment and associated risks, possible complications, and alternatives before pain management services are provided.
- B. A medical director shall ensure that before an opioid is prescribed or ordered for a patient, a medical practitioner obtains informed consent from the patient or patient's representative that includes:
 1. The patient's:
 - a. Name,
 - b. Date of birth or other patient identifier, and
 - c. Condition for which an opioid is being prescribed or ordered;
 2. That an opioid is being prescribed or ordered;
 3. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
 4. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
 5. Alternatives to a prescribed or ordered opioid;
 6. The name and signature of the individual explaining the use of an opioid to the patient; and
 7. The signature of the patient or the patient's representative and the date signed.

Historical Note

New Section made by final rulemaking at 24 A.A.R.
3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2008. Medical Records

- A. A medical director shall ensure that a medical record is established and maintained for a patient that contains:
 1. Patient identification, including:
 - a. The patient's name, address, and date of birth;
 - b. The patient's representative, if applicable; and
 - c. The name and telephone number of an individual to contact in an emergency;
 2. The patient's medical history;
 3. The patient's physical examination;
 4. Laboratory test results;
 5. The patient's diagnosis, including co-occurring disorders;
 6. The patient's treatment plan;
 7. If applicable:
 - a. The effectiveness of the patient's current treatment,
 - b. The duration of the current treatment,
 - c. Alternative treatments tried by or planned for the patient, and

- d. The expected benefit of a new treatment compared with continuing the current treatment;
8. Each consent form signed by the patient or the patient's representative;
9. The patient's medication information, including:
 - a. The patient's age and weight;
 - b. The medications and herbal supplements the patient is currently taking; and
 - c. Allergies or sensitivities to medications, antiseptic solutions, or latex;
10. Prescriptions ordered for the patient and, if an opioid is prescribed or ordered:
 - a. The nature and intensity of the patient's pain,
 - b. The specific opioid and the reason for the prescription or order,
 - c. The objectives used to determine whether the patient is being successfully treated, and
 - d. Other factors relevant to prescribing or ordering an opioid for the patient;
11. Medications administered to the patient and, if an opioid is administered:
 - a. The patient's need for the opioid before the opioid was administered, and
 - b. The effect of the opioid administered; and
12. A record of services provided to the patient.

B. A licensee shall ensure that:

1. A medical record is accessible only to the Department or personnel members authorized by policies and procedures;
2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law; and
3. A medical record is protected from loss, damage, or unauthorized use and is retained according to A.R.S. § 12-2297.

C. A medical director shall ensure that:

1. Only personnel authorized by policies and procedures record or sign an entry in a medical record;
2. An entry in a medical record is dated and legible;
3. An entry is authenticated;
4. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
5. When a verbal or telephone order is entered in the medical record, the entry is authenticated according to policies and procedures by the individual who issued the order;
6. If a rubber-stamp signature or an electronic signature is used:
 - a. An individual's rubber-stamp or electronic signature is not used by another individual; and
 - b. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature; and
7. If a pain management clinic maintains medical records electronically, the date and time of an entry is recorded by the computer's internal clock.

Historical Note

New Section made by final rulemaking at 24 A.A.R.
3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2009. Equipment and Safety Standards

- A. A medical director shall ensure that:

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1. The equipment is:
 - a. Sufficient to accommodate:
 - i. The services stated in the pain management clinic's scope of services, and
 - ii. An individual accepted as a patient by the pain management clinic;
 - b. Maintained in working order;
 - c. Tested and calibrated at least once every 12 months or according to the manufacturer's recommendations; and
 - d. Used according to the manufacturer's recommendations;
 2. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair;
 3. Equipment and supplies are clean and, if applicable, sterile before each use;
 4. Personnel members wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste; and
 5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures.
- B.** A medical director shall establish an infection control program and ensure that:
1. The infection control program includes:
 - a. A method to identify and document infections that occur at the pain management clinic;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the pain management clinic;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the pain management clinic; and
 - d. Documentation of infection control activities, including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases; and
 2. Infection control documentation is maintained for at least 12 months after the date of documentation.
- C.** A medical director shall ensure that soiled linen and clothing are kept:
1. In a covered container, and
 2. Separate from clean linen and clothing.
- D.** A licensee shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal;
 2. Make and document any repairs or corrections stated on the fire inspection report;
 3. Maintain documentation of a current fire inspection;
 4. Ensure that a written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals if circumstances arise in the pain management clinic that immediately threaten the life or health of patients and other individuals, such as a fire, natural disaster, loss of electrical power, or threat or incidence of violence; and
 5. Ensure that an evacuation drill is conducted at least once every six months that includes all personnel members on the premises on the day of the evacuation drill.
- E.** A licensee shall ensure that a pain management clinic has either:
1. Both of the following that are tested and serviced at least once every 12 months:
 - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
 2. Both of the following:
 - a. A smoke detector installed in each hallway of the pain management clinic that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the pain management clinic, has a back-up battery; and
 - iii. Tested monthly; and
 - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
 - i. Is available at the pain management clinic;
 - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
 - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

R9-10-2010. Environmental and Physical Plant Standards

- A.** A licensee shall ensure that the premises:
1. Provide lighting and ventilation to ensure the health and safety of a patient;
 2. Are maintained in a clean condition;
 3. Are free from a condition or situation that may cause a patient to suffer physical injury;
 4. Are maintained free from insects and vermin;
 5. Are smoke-free; and
 6. Are sufficient to accommodate:
 - a. The services stated in the pain management center's scope of services, and
 - b. An individual accepted as a patient by the pain management center.
- B.** A licensee shall ensure that if a pain management clinic collects urine specimens from a patient, the pain management clinic has at least one bathroom on the premises that:
1. Contains:
 - a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,
 - d. Soap for hand washing,
 - e. Paper towels or a mechanical air hand dryer,
 - f. Lighting, and

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- g. A means of ventilation; and
- 2. Is for the exclusive use of the pain management clinic.

Historical Note

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

ARTICLE 21. RECOVERY CARE CENTERS**R9-10-2101. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

“Recovery care services” has the same meaning as in A.R.S. § 36-448.51.

Historical Note

New Section R9-10-2101 renumbered from R9-10-501 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2102. Administration

- A. A governing authority shall:
 - 1. Consist of one or more individuals responsible for the organization, operation, and administration of a recovery care center;
 - 2. Establish in writing:
 - a. A recovery care center’s scope of services, and
 - b. Qualifications for an administrator;
 - 3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
 - 4. Grant, deny, suspend, or revoke the clinical privileges of a medical staff member according to medical staff bylaws;
 - 5. Adopt a quality management program according to R9-10-2103;
 - 6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 - 7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
 - a. Expected not to be present on a recovery care center’s premises for more than 30 calendar days, or
 - b. Not present on a recovery care center’s premises for more than 30 calendar days; and
 - 8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
 - 1. Is directly accountable to the governing authority of a recovery care center for the daily operation of the recovery care center and all services provided by or at the recovery care center;
 - 2. Has the authority and responsibility to manage a recovery care center; and
 - 3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on the recovery care center’s premises and accountable for the recovery care center when the administrator is not present on the recovery care center premises.
- C. An administrator shall ensure that:
 - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
 - 2. Policies and procedures for recovery care services are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
 - b. Cover the provision of recovery care services;
 - c. Include when general consent and informed consent are required;
 - d. Cover prescribing a controlled substance to minimize substance abuse by a patient;
 - e. Cover dispensing, administering, and disposing of medications;
 - f. Cover how personnel members will respond to a patient’s sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - g. Cover infection control; and
 - h. Cover environmental services that affect patient care;
 - 3. Policies and procedures are reviewed at least once every three years and updated as needed;
 - 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
 - 5. Unless otherwise stated:
 - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
 - b. When documentation or information is required by this Chapter to be submitted on behalf of a recovery

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care center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the recovery care center.

Historical Note

New Section R9-10-2102 renumbered from R9-10-502 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2103. Quality Management

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

Historical Note

New Section R9-10-2103 renumbered from R9-10-503 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2104. Contracted Services

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

Historical Note

New Section R9-10-2104 renumbered from R9-10-504 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2105. Personnel

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
 - a. Are based on:
 - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
 - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and

b. Include:

- i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
 - a. Before the personnel member provides physical health services or behavioral health services, and
 - b. According to policies and procedures; and
3. Sufficient personnel members are present on a recovery care center's premises with the qualifications, skills, and knowledge necessary to:
 - a. Provide the services in the recovery care center's scope of services,
 - b. Meet the needs of a patient, and
 - c. Ensure the health and safety of a patient.

B. An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

C. An administrator shall ensure that a personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the recovery care center, and
2. As specified in R9-10-113.

D. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
 - a. The individual's qualifications, including skills and knowledge applicable to the employee's job duties;
 - b. The individual's education and experience applicable to the employee's job duties;
 - c. The individual's completed orientation and in-service education as required by policies and procedures;
 - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
 - e. The individual's compliance with the requirements in A.R.S. § 36-411;
 - f. Cardiopulmonary resuscitation training, if required for the individual, according to R9-10-2102(C)(1)(e);

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- g. First aid training, if the individual is required to have according to this Article and policies and procedures; and
 - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (C).
- E.** An administrator shall ensure that personnel records are:
- 1. Maintained:
 - a. Throughout the individual's period of providing services in or for the recovery care center, and
 - b. For at least 24 months after the last date the individual provided services in or for the recovery care center; and
 - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the recovery care center during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- F.** An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
 - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
 - 3. An individual's orientation is documented, to include:
 - a. The individual's name,
 - b. The date of the orientation, and
 - c. The subject or topics covered in the orientation;
 - 4. A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member;
 - 5. A personnel member's in-service education is documented, to include:
 - a. The personnel member's name,
 - b. The date of the training, and
 - c. The subject or topics covered in the training; and
 - 6. A work schedule of each personnel member is developed and maintained at the recovery care center for at least 12 months from the date of the work schedule.
- G.** An administrator shall ensure that a nursing personnel member:
- 1. Is 18 years of age or older,
 - 2. Is certified in cardiopulmonary resuscitation within the first month of employment,
 - 3. Maintains current certification in cardiopulmonary resuscitation, and
 - 4. Attends additional orientation that includes patient care and infection control policies and procedures.
- Historical Note**
New Section R9-10-2105 renumbered from R9-10-505 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2106. Medical Staff**
- A.** A governing authority shall require that:
- 1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a recovery care center;
 - 2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
 - 3. A medical staff member complies with medical staff bylaws and medical staff regulations;
- 4. The medical staff includes at least two physicians who have clinical privileges to admit patients to the recovery care center;
 - 5. A medical staff member is available to direct patient care;
 - 6. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
 - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
 - b. Appointing members to the medical staff, subject to approval by the governing authority;
 - c. Establishing committees, including identifying the purpose and organization of each committee;
 - d. Appointing one or more medical staff members to a committee;
 - e. Requiring that each patient has a medical staff member who coordinates the patient's care;
 - f. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
 - g. Defining a medical staff member's responsibilities for the transfer of a patient;
 - h. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
 - i. Establishing a time-frame for a medical staff member to complete a patient's medical record; and
 - j. Establishing criteria for granting, denying, revoking, and suspending clinical privileges; and
 - 7. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.
- B.** An administrator shall ensure that:
- 1. A medical staff member provides evidence of freedom from infectious tuberculosis as specified in R9-10-113 before providing services at the recovery care center and at least once every 12 months thereafter;
 - 2. A record for each medical staff member is established and maintained that includes:
 - a. A completed application for clinical privileges,
 - b. The dates and lengths of appointment and reappointment of clinical privileges,
 - c. The specific clinical privileges granted to the medical staff member including revision or revocation dates for each clinical privilege, and
 - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
 - 3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
 - a. For a current medical staff member, within 2 hours after the Department's request, or
 - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.
- Historical Note**
New Section R9-10-2106 renumbered from R9-10-506 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2107. Admission**
- A.** An administrator shall ensure that a physician only admits patients to the recovery care center who require recovery care services, as defined in A.R.S. § 36-448.51.

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- B.** An administrator shall ensure that the following documents are in a patient's medical record at the time the patient is admitted to the recovery care center:
1. A medical history and physical examination performed or approved by a member of the recovery care center's medical staff within 30 calendar days before the patient's admission to the recovery care center,
 2. A discharge summary from the referring health care institution or physician,
 3. Physician orders, and
 4. Documentation concerning health care directives.
3. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

New Section R9-10-2109 renumbered from R9-10-509 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

Historical Note

New Section R9-10-2107 renumbered from R9-10-507 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2108. Discharge

- A.** For a patient, an administrator shall ensure that discharge planning:
1. Identifies the specific needs of the patient after discharge, if applicable;
 2. If a discharge date has been determined, identifies the anticipated discharge date;
 3. Includes the participation of the patient or the patient's representative;
 4. Is completed before discharge occurs;
 5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
 6. Is documented in the patient's medical record.
- B.** For a patient discharge or a transfer of the patient, an administrator shall ensure that:
1. A discharge summary is developed that includes:
 - a. A description of the patient's medical condition and the medical services provided to the patient, and
 - b. The signature of the medical practitioner coordinating the patient's medical services;
 2. A discharge order for the patient is received from a medical practitioner coordinating the patient's medical services before discharge, unless the patient leaves the recovery care center against a medical staff member's advice;
 3. Discharge instructions are developed and documented; and
 4. The patient or the patient's representative is provided with a copy of the discharge instructions.

Historical Note

New Section R9-10-2108 renumbered from R9-10-508 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2109. Transfer

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
 - a. An evaluation of the patient is conducted before the transfer;
 - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
3. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
4. Documentation in the patient's medical record includes:
 - a. Communication with an individual at a receiving health care institution;
 - b. The date and time of the transfer;
 - c. The mode of transportation; and
 - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

Historical Note

New Section R9-10-2109 renumbered from R9-10-509 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2110. Patient Rights

- A.** An administrator shall ensure:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of the patient rights in subsection (C), and
 - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
 2. A patient is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion;
 - i. Restraint;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a recovery care center's medical staff, personnel members, employees, volunteers, or students; and
 3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
 - d. Is informed of the following:
 - i. The recovery care center's policy on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a recovery care center for identification and administrative purposes; and

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- f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records.
 - C. A patient has the following rights:
 - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 - 3. To receive privacy in treatment and care for personal needs;
 - 4. To have access to a telephone;
 - 5. To be advised of the recovery care center's policy regarding health care directives;
 - 6. To associate and communicate privately with individuals of the patient's choice;
 - 7. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 - 8. To receive a referral to another health care institution if the health care institution is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
 - 9. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
 - 10. To participate or refuse to participate in research or experimental treatment; and
 - 11. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- New Section R9-10-2110 renumbered from R9-10-510 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2111. Medical Records**
- A. An administrator shall ensure that:
 - 1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
 - 2. An entry in a patient's medical record is:
 - a. Recorded only by an individual authorized by policies and procedures to make the entry;
 - b. Dated, legible, and authenticated; and
 - c. Not changed to make the initial entry illegible;
 - 3. An order is:
 - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
 - b. Authenticated by a medical staff according to policies and procedures; and
 - c. If the order is a verbal order, authenticated by the medical staff issuing the order;
 - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
 - 5. A patient's medical record is available to an individual:
 - a. Authorized according by policies and procedures to access the patient's medical record;
 - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
 - c. As permitted by law;
 - 6. Policies and procedures that include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff or authorized personnel member; and
 - 7. A patient's medical record is protected from loss, damage, or unauthorized use.
 - B. If a recovery care center maintains patients' medical records electronically, an administrator shall ensure that:
 - 1. Safeguards exist to prevent unauthorized access, and
 - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
 - C. An administrator shall ensure that a patient's medical record contains:
 - 1. Patient information that includes:
 - a. The patient's name,
 - b. The patient's address,
 - c. The patient's date of birth, and
 - d. Any known allergies;
 - 2. The date of admission and, if applicable, the date of discharge;
 - 3. The admitting diagnosis;
 - 4. A discharge summary from the referring health care institution or physician;
 - 5. If applicable, documented general consent and informed consent by the patient or the patient's representative;
 - 6. The medical history and physical examination required in R9-10-2107(B)(1);
 - 7. A copy of the patient's health care directive, if applicable;
 - 8. The name and telephone number of the patient's medical practitioner;
 - 9. If applicable, the name and contact information of the patient's representative and:
 - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
 - b. If the patient's representative:
 - i. Is a legal guardian, a copy of the court order establishing guardianship; or
 - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
 - 10. Orders;
 - 11. Nursing assessment;
 - 12. Treatment plans;
 - 13. Progress notes;
 - 14. Documentation of recovery care center services provided to a patient;
 - 15. The disposition of the patient after discharge;
 - 16. The discharge plan;
 - 17. A discharge summary, if applicable;
 - 18. Transfer documentation from the referring health care institution or physician;
 - 19. If applicable:
 - a. A laboratory report,
 - b. A radiologic report,
 - c. A diagnostic report, and
 - d. A consultation report;
 - 20. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
 - 21. If applicable, documentation that evacuation from the recovery care center would cause harm to the patient; and

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22. Documentation of a medication administered to the patient that includes:
 - a. The date and time of administration;
 - b. The name, strength, dosage, and route of administration;
 - c. For a medication administered for pain on a PRN basis:
 - i. An assessment of the patient's pain before administering the medication, and
 - ii. The effect of the medication administered;
 - d. For a psychotropic medication administered on a PRN basis:
 - i. An assessment of the patient's behavior before administering the psychotropic medication, and
 - ii. The effect of the psychotropic medication administered;
 - e. The signature of the individual administering or observing the patient self-administer the medication; and
 - f. Any adverse reaction a patient has to the medication.
- D. An administrator shall ensure that a patient's medical record is completed within 30 calendar days after the patient's discharge.

Historical Note

New Section R9-10-2111 renumbered from R9-10-511 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2112. Nursing Services

- A. An administrator shall appoint a registered nurse as the director of nursing who has the authority and responsibility to manage nursing services at a recovery care center.
- B. A director of nursing shall:
 1. Ensure that policies and procedures are developed, documented, and implemented to protect the health and safety of a patient that cover nursing assessments;
 2. Designate, in writing, a registered nurse to manage nursing services when the director of nursing is not present on a recovery care center's premises;
 3. Ensure that a recovery care center is staffed with nursing personnel according to the number of patients and their health care needs;
 4. Ensure that a patient receives medical services, nursing services, and health-related services based on the patient's nursing assessment and the physician's orders; and
 5. Ensure that medications are administered by a nurse licensed according to A.R.S. Title 32, Chapter 15 or as otherwise provided by law.
- C. An administrator shall ensure that a registered nurse completes a nursing assessment of each patient, which addresses patient care needs, when the patient is admitted to the recovery care center.
- D. An administrator shall ensure that a licensed nurse provides a patient with written discharge instructions, based on the patient's health care needs and physician's instructions, before the patient is discharged from the recovery care center.

Historical Note

New Section R9-10-2112 renumbered from R9-10-512 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2113. Medication Services

- A. An administrator shall ensure that policies and procedures for medication services:
 1. Include:
 - a. A process for providing information to a patient about medication prescribed for the patient including:
 - i. The prescribed medication's anticipated results,
 - ii. The prescribed medication's potential adverse reactions,
 - iii. The prescribed medication's potential side effects, and
 - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
 - b. Procedures for preventing, responding to, and reporting:
 - i. A medication error,
 - ii. An adverse reaction to a medication, or
 - iii. A medication overdose;
 - c. Procedures for documenting medication administration; and
 - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
 2. Specify a process for review through the quality management program of:
 - a. A medication administration error, and
 - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
 1. Policies and procedures for medication administration:
 - a. Are reviewed and approved by a medical practitioner;
 - b. Specify the individuals who may:
 - i. Order medication, and
 - ii. Administer medication;
 - c. Ensure that medication is administered to a patient only as prescribed; and
 - d. Cover the documentation of a patient's refusal to take prescribed medication is documented in the patient's medical record;
 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
 3. A medication administered to a patient:
 - a. Is administered in compliance with an order, and
 - b. Is documented in the patient's medical record.
- C. An administrator shall ensure that:
 1. A current drug reference guide is available for use by personnel members;
 2. A current toxicology reference guide is available for use by personnel members; and
 3. If pharmaceutical services are provided on the premises:
 - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
 - i. Develop a drug formulary,
 - ii. Update the drug formulary at least every 12 months,
 - iii. Develop medication usage and medication substitution policies and procedures, and
 - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
 - b. The pharmaceutical services are provided under the direction of a pharmacist;

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- c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
 - d. A copy of the pharmacy license is provided to the Department upon request.
- D.** When medication is stored at a recovery care center, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
 - 2. Medication is stored according to the instructions on the medication container; and
 - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
 - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
 - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
 - c. A medication recall and notification of patients who received recalled medication; and
 - d. Storing, inventorying, and dispensing controlled substances.
- E.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the recovery care center's director of nursing.

Historical Note

New Section R9-10-2113 renumbered from R9-10-513 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2114. Ancillary Services

An administrator shall ensure that:

- 1. Laboratory services are provided on the premises, or are available through contract, with a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967; and
- 2. Pharmaceutical services are provided on the premises, or are available through contract, by a pharmacy licensed according to A.R.S. Title 32, Chapter 18.

Historical Note

New Section R9-10-2114 renumbered from R9-10-514 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2115. Food Services

A. An administrator shall ensure that:

- 1. The recovery care center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
- 2. A copy of the recovery care center's food establishment license or permit is maintained; and
- 3. If a recovery care center contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the recovery care center:
 - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the recovery care center; and
 - b. The recovery care center is able to store, refrigerate, and reheat food to meet the dietary needs of a patient.

B. An administrator shall:

- 1. Designate a food service manager who is responsible for food service in the recovery care center; and
 - 2. Ensure that a current therapeutic diet reference manual is available to the food service manager.
- C.** A food service manager shall ensure that:
- 1. Food is prepared:
 - a. Using methods that conserve nutritional value, flavor, and appearance; and
 - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
 - 2. A food menu:
 - a. Is prepared at least one week in advance,
 - b. Includes the foods to be served each day,
 - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
 - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
 - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
 - 3. Meals and snacks provided by the recovery care center are served according to posted menus;
 - 4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
 - 5. A patient is provided:
 - a. A diet that meets the patient's nutritional needs and, if applicable, the orders of the patient's physician;
 - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (C)(5)(d);
 - c. The option to have a daily evening snack identified in subsection (C)(5)(d)(ii) or other snack; and
 - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
 - i. A patient agrees; and
 - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
 - 6. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
 - 7. Water is available and accessible to a patient.

Historical Note

New Section R9-10-2115 renumbered from R9-10-515 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2116. Emergency and Safety Standards

- A.** An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
- 1. Basic life support procedures, including the administration of oxygen and cardiopulmonary resuscitation; and
 - 2. Transfer arrangements for patients who require care not provided by the recovery care center.
- B.** An administrator shall ensure that emergency treatment is provided to a patient admitted to the recovery care center according to policies and procedures.
- C.** An administrator shall ensure that:

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1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
 - a. When, how, and where patients will be relocated, including:
 - i. Instructions for the evacuation or transfer of patients,
 - ii. Assigned responsibilities for each employee and personnel member, and
 - iii. A plan for providing continuing services to meet patient's needs;
 - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
 - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
 - d. A plan for obtaining food and water for individuals present in the recovery care center or the recovery care center's relocation site during a disaster;
 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
 3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
 - a. The date and time of the disaster plan review;
 - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
 - c. A critique of the disaster plan review; and
 - d. If applicable, recommendations for improvement;
 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
 5. An evacuation drill for employees and patients:
 - a. Is conducted at least once every six months;
 - b. Includes all individuals on the premises except for:
 - i. A patient whose medical record contains documentation that evacuation from the recovery care center would cause harm to the patient, and
 - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (C)(5)(b)(i);
 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
 - a. The date and time of the evacuation drill;
 - b. The amount of time taken for employees and patients to evacuate to a designated area;
 - c. If applicable:
 - i. An identification of patients needing assistance for evacuation, and
 - ii. An identification of patients who were not evacuated;
 - d. Any problems encountered in conducting the evacuation drill; and
 - e. Recommendations for improvement, if applicable; and
 7. An evacuation path is conspicuously posted on each hallway of each floor of the recovery care center.
- D.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
 2. Make any repairs or corrections stated on the inspection report, and
 3. Maintain documentation of a current fire inspection.
- Historical Note**
New Section R9-10-2116 renumbered from R9-10-516 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2117. Environmental Standards**
- A.** An administrator shall ensure the recovery care center's infection control policies and procedures include:
1. Development and implementation of a written plan for preventing, detecting, reporting, and controlling communicable diseases and infection;
 2. Handling and disposal of biohazardous medical waste; and
 3. Sterilization, disinfection, and storage of medical equipment and supplies.
- B.** An administrator shall ensure that:
1. A recovery care center's premises and equipment are:
 - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
 - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
 2. A pest control program is implemented and documented;
 3. Equipment used to provide recovery care services is:
 - a. Maintained in working order;
 - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
 - c. Used according to the manufacturer's recommendations;
 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
 5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
 6. Soiled linen and clothing are:
 - a. Collected in a manner to minimize or prevent contamination;
 - b. Bagged at the site of use; and
 - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
 7. Garbage and refuse are:
 - a. Stored in covered containers lined with plastic bags, and
 - b. Removed from the premises at least once a week;
 8. Heating and cooling systems maintain the recovery care center at a temperature between 70° F and 84° F;
 9. Common areas:
 - a. Are lighted to assure the safety of patients, and
 - b. Have lighting sufficient to allow personnel members to monitor patient activity;
 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
 11. Oxygen containers are secured in an upright position;
 12. Poisonous or toxic materials stored by the recovery care center are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
 13. Combustible or flammable liquids and hazardous materials stored by the recovery care center are stored in the

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original labeled containers or safety containers in a locked area inaccessible to patients;

14. If pets or animals are allowed in the recovery care center, pets or animals are:
 - a. Controlled to prevent endangering the patients and to maintain sanitation; and
 - b. Licensed consistent with local ordinances;
 15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
 - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
 - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
 - c. Documentation of testing is retained for at least 12 months after the date of the test; and
 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- C. An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a recovery care center; and
 2. Smoking tobacco products may be permitted outside a recovery care center if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.

Historical Note

New Section R9-10-2117 renumbered from R9-10-517 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

R9-10-2118. Physical Plant Standards

- A. An administrator shall ensure that recovery care center's patient rooms and service areas comply with the applicable physical plant health and safety codes and standards, incorporated by reference in A.A.C. R9-1-412(A)(2)(b), in effect on the date the recovery care center submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
 1. The services stated in the recovery care center's scope of services; and
 2. An individual accepted as a patient by the recovery care center.
- C. An administrator shall ensure that the recovery care center does not allow more than two beds per room.

Historical Note

New Section R9-10-2118 renumbered from R9-10-518 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

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Arizona Administrative CODE

9 A.A.C. 13 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 9

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 9. HEALTH SERVICES

CHAPTER 13. DEPARTMENT OF HEALTH SERVICES - HEALTH PROGRAMS SERVICES

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

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Questions about these rules? Contact:

Name: Patricia Tarango, Bureau Chief
Address: Arizona Department of Health Services
Division of Public Health Services, Public Health Prevention
Bureau of Women's and Children's Health
150 N. 18th Ave., Suite 320
Phoenix, AZ 85007-3248
Telephone: (602) 542-1436
Fax: (602) 364-1496
E-mail: Patricia.Tarango@azdhs.gov
or
Name: Robert Lane, Chief
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Ave., Suite 200
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
E-mail: Robert.Lane@azdhs.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 17-4, 1-17 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 9. HEALTH SERVICES

CHAPTER 13. DEPARTMENT OF HEALTH SERVICES - HEALTH PROGRAMS SERVICES

Editor's Note: Supp. 15-2 has rules that were filed as final exempt rules. The Department was required to provide an opportunity for public comment on the amended rules under Laws 2014, Ch. 171. The amended rules were published on the Department's website from May 1, 2015 to May 30, 2015. Even though the proposed amendments were not published in the Register, the Office of the Secretary of State makes a distinction between exempt rulemakings and final exempt rulemakings. Exempt rulemakings are those filed with the Office of the Secretary of State that did not receive public comments (Supp. 15-2).

ARTICLE 1. HEARING SCREENING

Article 1 consisting of Sections R9-13-101 through R9-13-110 adopted effective February 18, 1986.

Former Article 1 consisting of Sections R9-13-111 through R9-13-117 repealed effective February 18, 1986 (Supp. 86-1).

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R9-13-103.	Hearing Screening Requirements 5
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R9-13-105.	Notification; Follow-up 6
R9-13-106.	Equipment Standards 7
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ARTICLE 2. NEWBORN AND INFANT SCREENING

Article 2, consisting of R9-13-201 through R9-13-205, recodified from R9-14-501 through R9-14-505 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3).

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ARTICLE 3. REPEALED

Article 3 consisting of Sections R9-13-301 through R9-13-304 adopted effective July 16, 1981.

Article 3 consisting of Sections R9-13-301 through R9-13-306 repealed effective July 16, 1981.

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ARTICLE 4. REPEALED

Article 4 consisting of Sections R9-13-401 through R9-13-406 repealed effective December 16, 1996 (Supp. 96-4).

Article 4 consisting of Sections R9-13-401 through R9-13-406 adopted effective July 16, 1981.

Article 4 consisting of Sections R9-13-401 through R9-13-407 repealed effective July 16, 1981.

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R9-13-406.	Repealed22
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ARTICLE 5. REPEALED

Article 5 consisting of Sections R9-13-501 through R9-13-504 adopted effective July 16, 1981.

Article 5 consisting of Sections R9-13-501 through R9-13-511 repealed effective July 16, 1981.

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ARTICLE 6. REPEALED

Article 6 consisting of Sections R9-13-601 through R9-13-606 repealed effective December 16, 1996 (Supp. 96-4).

Article 6 consisting of Sections R9-13-601 through R9-13-606 adopted effective July 16, 1981.

Article 6 consisting of Sections R9-13-601 through R9-13-605 repealed effective July 16, 1981.

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ARTICLE 7. REPEALED

Article 7 consisting of Sections R9-13-701 through R9-13-704 adopted effective July 16, 1981.

Section		
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ARTICLE 8. REPEALED

The rules in Article 8 (R9-13-801, R9-13-802, and R9-13-806) were automatically repealed June 1, 2000. The heading for Article 8 was repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

Article 8 consisting of Sections R9-13-801 through R9-13-806 adopted effective July 16, 1981.

Section		
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ARTICLE 9. REPEALED

Article 9, consisting of Section R9-13-901, repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

Article 9 consisting of Section R9-13-901 adopted effective October 13, 1982.

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ARTICLE 12. REPEALED

Section		
R9-13-1201.	Repealed	24
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ARTICLE 13. REPEALED

Article 13, consisting of Sections R9-13-1301 through R9-13-

1303, repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

Article 13 consisting of Sections R9-13-1301 through R9-13-1303 adopted effective November 23, 1983.

Section		
R9-13-1301.	Repealed	24
R9-13-1302.	Repealed	25
R9-13-1303.	Repealed	25

ARTICLE 14. REPEALED

Article 14, consisting of Sections R9-13-1401 through R9-13-1415, repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

Article 14 consisting of Sections R9-13-1401 through R9-13-1415 adopted effective March 19, 1984.

Article 14 consisting of Sections R9-13-1401 through R9-13-1417 adopted as an emergency effective November 29, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days.

Section		
R9-13-1401.	Repealed	25
R9-13-1402.	Repealed	25
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ARTICLE 15. RECODIFIED

Editor's Note: Article 15, consisting of R9-13-1501 through R9-13-1503 and Exhibits, was recodified to 9 A.A.C. 25.

Editor's Note: Former Article 15 was originally adopted, and subsequently amended by the addition of a new Section, under an exemption from the provisions of the Administrative Procedure Act which means that the rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify the rules.

Article 15, consisting of Sections R9-13-1501 through R9-13-1503, recodified to 9 A.A.C. 25, R9-25-801 through R9-25-803 (Supp. 98-1).

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CHAPTER 13. DEPARTMENT OF HEALTH SERVICES - HEALTH PROGRAMS SERVICES

ARTICLE 1. HEARING SCREENING

R9-13-101. Definitions

In this Article, unless the context otherwise requires:

1. "Accredited" means that an educational institution is recognized by the U.S. Department of Education as providing standards necessary to meet acceptable levels of quality for its graduates to gain admission to other reputable institutions of higher learning or to achieve credentials for professional practice.
2. "Administrator" means the principal or person having general daily control and oversight of a school or that person's designee.
3. "Assistive listening device" has the same meaning as "assistive listening device or system" in A.R.S. § 36-1901.
4. "Audiological equipment" means an instrument used to help determine the presence, type, or degree of hearing loss, such as:
 - a. A pure tone audiometer,
 - b. A tympanometer, or
 - c. An otoacoustic emissions device.
5. "Audiological evaluation" means:
 - a. Examination of an individual's ears;
 - b. Assessment of the functioning of the individual's middle ear;
 - c. Testing of the individual's ability to perceive sounds using audiological equipment; and
 - d. Analysis by a specialist of the results obtained from the activities described in subsections (a) through (c) to determine if the individual has a hearing loss and, if so, the type and degree of the individual hearing loss.
6. "Audiologist" means an individual licensed under A.R.S. Title 36, Chapter 17.
7. "Audiometer" means an electronic device that administers sounds of varying pitches and intensities to assess an individual's ability to hear the sounds.
8. "Auditory canal" means the tubular passage between the cartilaginous portion of the ear that projects from an individual's head and the outer surface of the ear drum.
9. "Auditory nerve" means the filament of neurological tissue that:
 - a. Connects the cochlea and the brain, and
 - b. Transmits impulses related to hearing.
10. "Calendar day" means each day, that:
 - a. Is not the day of the act, event, or default from which a designated period of time begins to run; and
 - b. Includes the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
11. "Calibrate" means to measure the response of an instrument against a standard and adjust the instrument until the response falls within specified values according to the equipment's manufacturer specifications and by an authorized manufacturer's dealer, if recommended by the manufacturer.
12. "Certificate of completion" means a document issued to an individual who has completed the requirements in:
 - a. R9-13-108 to perform hearing screening for students according to this Article; or
 - b. R9-13-111 or R9-13-112 to provide training to individuals who perform hearing screenings.
13. "Cochlea" means a coiled tube in the inner ear that converts sounds into neural messages.
14. "Cochlear implant" means a device that is surgically inserted into the cochlea to electrically stimulate the auditory nerve.
15. "Continuing education" means a course that provides instruction and training that is designed to develop or improve a trainer or screener's professional competence.
16. "Continuing education unit" means 50 to 60 minutes of continuous course work.
17. "Course" means a workshop, seminar, lecture, conference, or other learning program activities approved by the Department.
18. "daPa" means dekaPascal, a standard measure of air pressure.
19. "dB HL" means decibel hearing level, a measurement used to compare the intensity at which an individual hears sound at a particular frequency to a standard.
20. "dB SPL" means sound pressure level measured in units of decibels.
21. "Deaf" has the same meaning as in A.R.S. § 36-1941.
22. "Diagnosis" means a determination of whether a student is deaf or hard of hearing that is:
 - a. Made by specialist; and
 - b. Based on an audiological evaluation of the student.
23. "Documentation" means a method used to report information on paper, electronic, photographic, or other permanent form.
24. "Eardrum" means the tympanic membrane in the ear that vibrates in response to sound.
25. "Earphone" means the part of an audiometer that is worn over an individual's ear.
26. "Electroacoustic analysis" means the evaluation by an audiologist of the functioning of a hearing aid or an assistive listening device using specialized electronic equipment.
27. "Eustachian tube" means a passage in an individual's head that:
 - a. Connects the middle ear and the throat, and
 - b. Equalizes pressure on both sides of the eardrum.
28. "Follow-up" means an action that serves to verify the effectiveness of a previous hearing screening that resulted in treatment.
29. "Frequency" means the number of cycles per second of a sound wave, expressed in Hz and corresponding to the pitch of sound.
30. "Hard of hearing" has the same meaning as in A.R.S. § 36-1941.
31. "Hearing aid" has the same meaning as in A.R.S. § 36-1901.
32. "Hearing loss" means the difference, expressed in decibels, between the hearing threshold of an individual and a standard reference hearing threshold.
33. "Hearing screening" means:
 - a. The same as "hearing screening evaluation" in A.R.S. § 36-899, and
 - b. Is performed by an individual who meets the requirements specified in R9-13-108 for the purpose of identifying students who may need further evaluation; or
 - c. An audiological evaluation provided by a specialist.
34. "Hearing screening population" means the students who are expected to have a hearing screening during a school year.
35. "Hearing threshold" means the faintest sound an individual hears at each frequency at which the individual is tested.

CHAPTER 13. DEPARTMENT OF HEALTH SERVICES - HEALTH PROGRAMS SERVICES

36. "Hz" means Hertz, a unit of frequency equal to one cycle per second.
37. "Immittance" means the mobility of the parts of the middle ear during the transmission of sound vibrations through the middle ear.
38. "Immediate family member" means an individual related by birth, marriage, or adoption.
39. "Inner ear" means the part of the ear, including the semi-circular canals, cochlea, and auditory nerve, that converts sound into neural messages that are sent through the auditory nerve to the brain.
40. "Intensity" means the strength of a sound wave, resulting in the perception of sound volume as expressed in decibels or decibels hearing level dB HL.
41. "KHz" means a unit of frequency equal to one thousand cycles per second or one thousand hertz.
42. "Middle ear" means the part of the ear that conducts sound to the inner ear, consisting of:
 - a. The eardrum;
 - b. The three small bones called the malleus, incus, and stapes; and
 - c. The space containing the eardrum and the three small bones.
43. "ml" means a volume measurement unit.
44. "mmho" or "millimho" means a unit of electric conductance.
45. "Notification" means a method used to inform or announce information on paper, electronic, photographic, or other permanent form.
46. "Other amplification device" means a hearing product used to amplify sounds, but may not address other components of hearing loss, such as distortion.
47. "Otitis media" means inflammation of the middle ear.
48. "Otoacoustic emissions device" or "OAE device" means an instrument used to determine the status of an individual's cochlear function by:
 - a. Presenting sounds into the auditory canal with a sound generator, and
 - b. Detecting, with one or more microphones, low-intensity echoes in the auditory canal that are produced by normally functioning cochlea in response to sounds.
49. "Outer ear" means the part of the ear that projects from an individual's head and the auditory canal.
50. "Parent" means a:
 - a. Natural or adoptive mother or father,
 - b. Legal guardian appointed by a court of competent jurisdiction, or
 - c. Custodian as defined in A.R.S. § 8-201.
51. "Pass" means a recordable response detected by a hearing screener or audiological equipment consistent with established criteria for hearing screening requirements.
52. "Person" has the meaning in A.R.S. § 41-1001.
53. "Preschool" means the instruction preceding kindergarten provided to individuals three to five year old through a school.
54. "Probe" means the part of a tympanometer or an OAE that is inserted into an individual's auditory canal during a hearing screening.
55. "Pure tone hearing screening" means a type of hearing screening using single frequency sounds that is performed using a pure tone audiometer or a device that includes the functions of both an audiometer and a tympanometer.
56. "School" means:
 - a. A school as defined in A.R.S. § 15-101,
 - b. An accommodation school as defined in A.R.S. § 15-101,
 - c. A charter school as defined in A.R.S. § 15-101, or
 - d. A private school as defined in A.R.S. § 15-101.
57. "School day" means any day in which students attend an educational institution for instructional purposes.
58. "School year" means the period from July 1 through June 30.
59. "Screener" means an individual qualified to perform a hearing screening specified in R9-13-108.
60. "Semicircular canal" means the loop-shaped tubular parts of the inner ear that contain portions of the sensory organs of balance.
61. "Sound wave" means the repeating cycles of high pressure and low pressure that are made by a vibrating object.
62. "Special education" has the same meaning as in A.R.S. § 15-761.
63. "Specialist" means an audiologist or a doctor of medicine licensed according to A.R.S. Title 32, Chapters 13 or 17 who specializes in the ear, nose, and throat.
64. "Student" means an individual enrolled in a school.
65. "Supervision" means a screener is in the room observing and providing direction while an individual provides hearing screening to students specified in R9-13-108(M).
66. "Trainer" means an individual, who:
 - a. Has a current certificate of completion, and
 - b. Provides classroom instruction and assessment of competency in using audiological equipment specified in R9-13-108.
67. "Tympanogram" means a graphic display of the mobility of the middle ear in response to an acoustic stimulus as a function of air pressure in the auditory canal.
68. "Tympanometer" means a device used to determine the status of an individual's middle ear by:
 - a. Presenting sound into the auditory canal with a sound generator;
 - b. Varying the air pressures in the auditory canal via an air pump to control the movement of the tympanic membrane; and
 - c. Detecting, with a microphone, variations in sound pressure level as acoustic energy passes into the individual's middle ear.

Historical Note

Adopted effective February 18, 1986 (Supp. 86-1).
 Amended effective October 15, 1993 (Supp. 93-4).
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-102. Hearing Screening Population

- A. An administrator shall ensure each student included in a school's hearing screening population receives a hearing screening.
- B. An administrator may exclude from a school's hearing screening population:
 1. A student who is 16 years of age or older;
 2. A student for whom the school has documentation from a specialist that:
 - a. States that the student received an audiological evaluation from a specialist;
 - b. Is dated within 12 months before the date the student would receive a hearing screening; or
 - c. Includes a time period during or after the current school year when the student is scheduled to receive

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- another audiological evaluation from the audiologist or specialist; and
- d. Contains the following information:
 - i. The student's name;
 - ii. The date the student's audiological evaluation was performed;
 - iii. The type of audiological equipment used;
 - iv. Whether the student has been diagnosed as being deaf or hard of hearing and, if so, the type and degree of hearing loss; and
 - v. The name of the specialist who performed the audiological evaluation; and
- 3. A student who is deaf or hard of hearing.

- C. An administrator shall exclude from a school's hearing screening population a student for whom the administrator has documentation, from a student's parent objecting to the student receiving a hearing screening, specified in A.R.S. § 36-899.04, that contains:
 - 1. The student's name;
 - 2. A statement objecting to the student receiving a hearing screening, including:
 - a. The school year the student should not receive the hearing screening, or
 - b. Instruction the student is not to receive a hearing screening until the parent notifies the administrator that the student may receive a hearing screening; and
 - 3. The parent's name, signature, and date signed.

Historical Note

Former Section R9-13-112 renumbered and amended as Section R9-13-102 effective February 18, 1986 (Supp. 86-1). Amended effective October 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-103. Hearing Screening Requirements

- A. Before permitting a screener to provide a hearing screening, an administrator shall ensure that the screener:
 - 1. Is an audiologist; or
 - 2. Has a certificate of completion, specified in R9-13-108(F) or (I).
- B. If an individual is not a screener and requires supervision, an administrator shall ensure that the individual provides hearing screenings specified in R9-13-108(M).
- C. Before performing a hearing screening on a student, a screener shall:
 - 1. Verify that the student is on a list of students in the school's hearing screening population provided by the administrator; and
 - 2. Conduct a non-otoscopic inspection of the student's outer ears for anything that would contra-indicate continuation of the hearing screening, such as:
 - a. Blood or other bodily fluid in or draining from the auditory canal,
 - b. Earwax that may be occluding,
 - c. An open sore, or
 - d. A foreign object.
- D. If a screener observes a condition specified in subsection (C)(2) when inspecting a student's outer ears, the screener shall:
 - 1. Not perform a hearing screening on the student, and
 - 2. Report the student's condition to the administrator immediately.

- E. If a screener does not observe a condition specified in subsection (C)(2) when inspecting a student's outer ears, the screener shall:
 - 1. Determine the developmental and age appropriate audiological equipment to be used when:
 - a. The student is unable to understand the screener's instructions;
 - b. The student has been designated as a child with a disability, as defined in A.R.S. § 15-761; or
 - c. The student is physically or behaviorally limited in the ability to respond to perceived sounds;
 - 2. Use one of the hearing screening methods specified in subsection (G);
 - 3. Perform a hearing screening on each of the student's ears; and
 - 4. Comply with the requirements specified in R9-13-104(A).

- F. If a screener determines that a student in subsection (E)(1) is not able to complete the hearing screening, the screener shall:
 - 1. Not perform a hearing screening on the student, and
 - 2. Report the student's condition to the administrator within 10 school days.

- G. When performing a hearing screening on a student, a screener shall comply with one of the following passing criteria, if using:
 - 1. A pure tone audiometer to perform a three-frequency, pure tone hearing screening on each of the student's ears with response recorded at each of the following frequencies and intensities:
 - a. 1000 Hz at 20 dB HL,
 - b. 2000 Hz at 20 dB HL, and
 - c. 4000 Hz at 20 dB HL;
 - 2. A combination of a tympanometer and a pure tone audiometer to:
 - a. Produce a tympanogram showing the following results:
 - i. Peak acoustic immittance in mmho, ml, or compliance for a 226 Hz probe tone; or
 - ii. Tympanometric width in daPa; and
 - b. Obtain the results of a three-frequency, pure tone hearing screening on each of the student's ears with response recorded at each of the following frequencies and intensities:
 - i. 1000 Hz at 20 dB HL,
 - ii. 2000 Hz at 20 dB HL, and
 - iii. 4000 Hz at 20 dB HL; or
 - 3. An OAE device to:
 - a. Measure responses of the cochlea to no less than three test frequencies; and
 - b. Device display screen indicates pass.

Historical Note

Adopted effective February 18, 1986 (Supp. 86-1). Amended effective October 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-104. Criteria for Passing a Hearing Screening

- A. A screener shall consider a student to have passed a developmentally and age appropriate hearing screening if one of the following applies:
 - 1. During a three-frequency, pure tone hearing screening, performed according to R9-13-103(G)(1), the student responds to each frequency and intensity specified in R9-

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- 13-103(G)(1)(a) through (c) for each ear on which a hearing screening is performed;
2. During a hearing screening using both a tympanometer and pure tone audiometer, performed according to R9-13-103(G)(2):
 - a. The tympanogram for each of the student's ears shows:
 - i. The height of the peak acoustic immittance is > 0.3 mmho, ml, or compliance; or
 - ii. The tympanometric width is < 250 daPa; and
 - b. The student responds to each frequency specified in R9-13-103(G)(2)(b)(i) through (iii) for each ear on which a hearing screening is performed; or
 3. During a hearing screening using an OAE device, performed according to R9-13-103(G)(3), the OAE device indicates results that the student has passed the hearing screening for each ear.
- B.** For a student in a school's hearing screening population who does not receive an initial hearing screening specified in Table 13.1, an administrator shall ensure that the student receives the initial hearing screening not more than 45 school days after the date the student was expected to receive the initial hearing screening.
- C.** For a student in a school's hearing screening population who does not pass an initial hearing screening according to subsection (A), an administrator shall ensure that:
1. The student shall receive a second hearing screening no earlier than 10 school days and no later than 30 school days after the date of the hearing screening specified in R9-13-103;
 2. If the hearing screening specified in R9-13-103(G)(2) was performed using both a tympanometer and pure tone audiometer, the second hearing screening for the student is performed using both a tympanometer and pure tone audiometer; and
 3. If the hearing screening specified in R9-13-103(G)(3) was performed using an otoacoustic emissions device, the second hearing screening for the student is performed using an otoacoustic emissions device.
- D.** If a student does not pass the second hearing screening in subsection (C)(1) and (2), an administrator shall provide notification to the student's parent specified in R9-13-105.
- Historical Note**
- Adopted effective February 18, 1986 (Supp. 86-1).
 Amended effective October 15, 1993 (Supp. 93-4).
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).
- R9-13-105. Notification; Follow-up**
- A.** An administrator shall provide a notification to parents of students identified in Table 13.1 that includes:
1. The information for hearing screening to be conducted during the school year, and
 2. A reference to A.R.S. § 36-899.04 and information about the parent's right to object to their student receiving a hearing screening by submitting the document specified in R9-13-102(C) to the administrator.
- B.** If an administrator excludes a student from a hearing screening specified in R9-13-102(B)(3), the administrator shall provide a notification to the student's parent that:
1. Informs the parent, whose student wears a device listed in subsection (3)(a) through (c), that the student shall not receive a hearing screening;
 2. Recommends the parent schedule an audiological evaluation for the student with a specialist;
 3. Requests the parent in subsection (2) provide the administrator a copy of a specialist's audiological report dated within the past 12 months for the student's:
 - a. Hearing aid,
 - b. Assistive listening device, or
 - c. Other amplification device;
 4. Informs a parent, who chooses for their student to not wear a device listed in subsection (3)(a) through (c), that the student shall receive a hearing screening unless the administrator receives documentation specified in R9-13-102(C) stating that the parent does not want their student to have a hearing screening; and
 5. Informs a parent that a student may receive a hearing screening if an administrator does not have:
 - a. Documentation of an audiological report in subsection (3), or
 - b. Documentation specified in R9-13-102(C) stating that the parent does not want their student to have a hearing screening.
- C.** Except for a student in subsection (2)(a), within 10 school days after an initial hearing screening in subsection (A) has been completed, an administrator shall provide notification to a student's parent that includes:
1. The student's name; and
 2. The reason why the student did not receive a hearing screening due to:
 - a. A visual condition of the outer ear specified in R9-13-103(C)(2), or
 - b. A behavioral condition specified in R9-13-103(E)(1).
- D.** Except for a student's second hearing screening in subsection (3)(b), within 10 school days after a student receives a second hearing screening specified in R9-13-104(C), an administrator shall provide notification to a student's parent that includes:
1. The student's name;
 2. The type of hearing screening the student received, if received; and
 3. The hearing screening results whether the student:
 - a. Did not pass; or
 - b. Was not screened due to:
 - i. A visual condition of the outer ear specified in R9-13-103(C)(2), or
 - ii. A behavioral condition specified in R9-13-103(E)(1).
- E.** If a student in subsections (C) or (D) has an audiological evaluation on file at the school that is dated within the past 12 months, the student will not receive a hearing screening.
- F.** If a student did not receive a hearing screening due to a reason identified in subsections (C)(2)(a), (D)(3)(a), or (D)(3)(b)(i), an administrator shall provide an immediate notification to the student's parent that includes:
1. The student's name;
 2. The reason for the immediate notification;
 3. A request that the parent contact a specialist to:
 - a. Examine the student's ears;
 - b. Perform an audiological evaluation; and
 - c. If the student uses any of the following, perform an:
 - i. Electroacoustic analysis of a hearing aid, an assistive listening device, or other amplification device; or
 - ii. Evaluation of a cochlear implant; and
 4. A request that the parent provide to the administrator documentation received from the specialist who examined the student that includes:

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- a. The student's name;
- b. The name of the specialist;
- c. The date the specialist performed the services;
- d. The type of services provided; and
- e. If applicable:
 - i. The results of the examination of the student's ears,
 - ii. The results of the student's audiological evaluation, including diagnosis,
 - iii. Whether there is hearing loss, including the type and degree of hearing loss,
 - iv. The type of audiological equipment used to perform the audiological evaluation; and
 - v. A recommendation for treatment.
- G.** Forty-five calendar days after sending a notification specified in subsection (F)(4), an administrator shall provide a follow-up notification to the student's parent to verify whether the student received an audiological evaluation and if evaluated, provide diagnosis.
- H.** Within 10 school days after an administrator receives documentation from a specialist of a diagnosis that a student is deaf or hard of hearing, the administrator shall provide notification of the diagnosis, consistent with the privacy requirements in applicable law, to:
 - 1. Each of the student's teachers,
 - 2. Other school personnel who interacts with the student, and
 - 3. The persons responsible for determining the student's eligibility for special education services under A.A.C. R7-2-401.

Historical Note

Adopted effective February 18, 1986 (Supp. 86-1).

Amended effective October 15, 1993 (Supp. 93-4).

Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-106. Equipment Standards

- A.** An administrator shall ensure that audiological equipment used for hearing screenings is recommended by the American Academy of Audiology.
- B.** An administrator shall ensure that:
 - 1. A pure tone audiometer is calibrated:
 - a. Not more than 12 months before the hearing screening is planned to occur; and
 - b. According to ANSI/ASA S3.6-2010 American National Standards Institution/Acoustical Society of America, Specification for Audiometers, incorporated by reference, on file with the Department, including no future editions or amendments, and available from the American National Standards Institution at <https://webstore.ansi.org>.
 - 2. A tympanometer is calibrated:
 - a. Not more than 12 months before the hearing screening is planned to occur; and
 - b. According to ANSI/ASA S3.39-1987 (R2012) American National Standards Institution/Acoustical Society of America, American National Standard Specifications for Instruments to Measure Aural Acoustic Impedance and Admittance (Aural Acoustic Immittance), incorporated by reference, on file with the Department, including no future editions or amendments, and available from the American National Standards Institution at <https://webstore.ansi.org>.

- 3. An OAE is calibrated:
 - a. Not more than 12 months before the hearing screening is planned to occur; and
 - b. According to the specifications of the otoacoustic emissions device's manufacturer, including:
 - i. Distortion product emission,
 - ii. No less than three test frequencies between 1 and 5 kHz,
 - iii. An f2/f1 ratio of 1.22,
 - iv. A L1/L2 levels of 65/55 dB SPL, and
 - v. A pass and fail criterion based on an emission-to-noise ratio.
- C.** A screener shall ensure that:
 - 1. A pure tone audiometer:
 - a. Is inspected within one school day before the hearing screening is planned to occur; and
 - b. During the inspection in subsection (1)(a):
 - i. Had a power source and power indicator that were working,
 - ii. Had earphones that were free of noise or distortion that could interfere with a hearing screening,
 - iii. Had earphone cords that were connected securely to the pure tone audiometer and had no breaks, and
 - iv. Generated a signal at each frequency and intensity specified in R9-13-103(G)(1) that did not cross from one earphone to the other.
 - 2. A tympanometer:
 - a. Is inspected within one school day before the hearing screening is planned to occur; and
 - b. During the inspection in subsection (2)(a):
 - i. Had no obstruction in the tympanometer's probe, and
 - ii. Generated a signal.
 - 3. An OAE:
 - a. Is inspected within one school day before the hearing screening is planned to occur; and
 - b. During the inspection in subsection (3)(a):
 - i. Had no obstruction in the OAE's probe microphone, and
 - ii. Generated a signal.

Historical Note

Adopted effective February 18, 1986 (Supp. 86-1).

Amended effective October 15, 1993 (Supp. 93-4).

Section repealed by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-107. Records and Reporting Requirements

- A.** An administrator shall obtain from a screener:
 - 1. The screener's license number, if the screener is an audiologist; or
 - 2. A copy of the screener's certificate of completion dated within four years before the date the hearing screening is planned to occur.
- B.** A student's record shall include:
 - 1. The dates and results of each hearing screening performed on the student;
 - 2. An objection to a hearing screening made by the student's parent specified in R9-13-102(C);
 - 3. A request for a hearing screening made by an individual listed in Table 13.1;

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4. A written diagnosis received by an administrator from a specialist specified in R9-13-105(H) that a student is deaf or hard of hearing;
 5. If an administrator received a written diagnosis in subsection (4), the name of each individual specified in R9-13-105(H) that received notification of the student's diagnosis and the date notified; and
 6. If an administrator notified a student's parent according to R9-13-105:
 - a. A copy of the notification; or
 - b. Documentation that contains:
 - i. The reason for the notification,
 - ii. The date of notification, and
 - iii. Whether the administrator recommended that the student have an audiological evaluation completed by a specialist.
- C. Between April 1 and June 30 of each school year, an administrator shall submit to the Department in a Department-provided format:
1. The school:
 - a. Name,
 - b. Address, and
 - c. Telephone number;
 2. The name of the school district, if applicable; and
 3. For hearing screenings conducted at the school during the school year:
 - a. The name of each screener who performed hearing screenings;
 - b. The screener's audiological license number, if applicable;
 - c. A copy of the screener's certificate of completion specified in R9-13-108(F) or R9-13-108(I)(3), if applicable;
 - d. The type of audiological equipment used to conduct the hearing screenings;
 - e. The date the audiological equipment was calibrated;
 - f. The name and title of the individual submitting the information;
 - g. The date the information is submitted;
 - h. Whether the hearing screenings for students identified in Table 13.1 were conducted within the first 45 calendar days of the school year;
 - i. The number of students grouped by:
 - i. The grades listed in Table 13.1, and
 - ii. Enrollment in special education;
 - j. The number of students who:
 - i. Were enrolled at the start of the school year at the time of prior to the first hearing screening provided to students,
 - ii. Were excluded from the school's hearing screening population as specified in R9-13-102(B) and Table 13.1,
 - iii. Received an initial hearing screening,
 - iv. Did not pass an initial hearing screening,
 - v. Received a second hearing screening,
 - vi. Did not pass a second hearing screening, and
 - vii. Were first identified as deaf or hard of hearing; and
 - k. The number of students for whom:
 - i. An administrator provided notification to a student's parent, as specified in R9-13-105; and
 - ii. An administrator received documentation during the school year from a student's specialist related to an examination, audiological evaluation, electroacoustic analysis, or evaluation of the student's cochlear implant.
- D. An administrator shall retain the information in:
1. Subsection (A) for at least three years after the date that the hearing screening occurred.
 2. Subsection (B) for three school years after fiscal year of last attendance, according to Arizona State Library, Archives and Public Records, General Records Retention Schedule for All Arizona School Districts and Charter Schools Student Records.
- Historical Note**
- Former Section R9-13-113 renumbered and amended as Section R9-13-107 effective February 18, 1986 (Supp. 86-1). Amended effective October 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).
- R9-13-108. Screener Qualifications**
- A. An individual may be a screener:
1. If the individual is an audiologist, or
 2. If the individual:
 - a. Is at least 18 years of age;
 - b. Has a high school diploma or a general equivalency diploma;
 - c. Has the ability to recognize a student's response to hearing a range of tones at different pitches and volumes; and
 - d. Has a current certificate of completion specified in subsection (F).
- B. For an individual, who is not an audiologist, to become a screener, the individual shall complete classroom instruction for pure tone audiometry provided by a trainer:
1. Introduction to hearing screening for children, including the:
 - a. Development of speech and language,
 - b. Anatomy and physiology of the ear,
 - c. Signs of hearing loss in children,
 - d. Prevention of hearing loss in children,
 - e. Otitis media, and
 - f. Infection control;
 2. Essentials for hearing screening children, including:
 - a. Auditory development;
 - b. Rationale for early identification of hearing loss;
 - c. When, how, and on whom hearing screening is performed; and
 - d. How to set up a hearing screening, including the selection of a method to use for hearing screening and a location to conduct hearing screening;
 3. Hearing screening protocols, including:
 - a. Possible results of hearing screening;
 - b. Screener requirements specified in this Article;
 - c. Procedures for tracking students expected to receive hearing screening and recording hearing screening results;
 - d. Notification of and communication with the parents of students;
 - e. The information that a parent of a student who does not pass a hearing screening is requested to obtain from the student's specialist and provide to the student's school;
 - f. When and to whom a student's hearing loss is required to be reported;
 - g. Procedures for reporting hearing screening results to the Department;
 - h. What resources are available to the parent of a student who does not pass hearing screening; and

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- i. Requirements in A.R.S. Title 36, Chapter 7.2 and requirements in this Article in addition to screener requirements; and
 - 4. Audiological equipment, including:
 - a. A pure tone audiometer:
 - i. How a pure tone audiometer works;
 - ii. Checking the pure tone audiometer and earphones before performing hearing screening;
 - iii. Earphone placement;
 - iv. Performing hearing screening using a pure tone audiometer;
 - v. Identifying students who need a second hearing screening; and
 - vi. Identifying students for whom notification of a parent is required; and
 - b. An otoacoustic emission device:
 - i. How an otoacoustic emission device works;
 - ii. Why and when it is appropriate to use an otoacoustic emissions device is used during hearing screening;
 - iii. Performing a hearing screening using an otoacoustic emissions device with a remote probe;
 - iv. Identifying students who need a second hearing screening; and
 - v. Identifying students for whom notification of a parent is required.
- C. An individual who has completed the hearing screening instruction in subsection (B) may request training in the use of a tympanometer by completing the following classroom instruction provided by a trainer:
 - 1. How a tympanometer works;
 - 2. Why and when it is appropriate to use a tympanometer during hearing screening;
 - 3. The anatomy and functions of the middle ear and Eustachian tube;
 - 4. How to use a tympanometer;
 - 5. Identifying students who need a second hearing screening; and
 - 6. Identifying students for whom notification of a parent is required.
- D. Obtain a score of at least 80% on a written examination that covers the classroom instruction specified in subsection (B) or (C).
- E. Demonstrate competency in the use of the audiological equipment specified in subsection (B) or (C) that an individual received classroom instruction.
- F. Obtain a certificate of completion in a Department-provided format from the trainer who provided the classroom instruction, examination, and competency assessment specified in (B) through (E), as applicable, that includes:
 - 1. The individual's name;
 - 2. The hearing screening methods specified in subsections (B) or (C) completed by the individual;
 - 3. The date the individual completed the classroom instruction in subsection (B) or (C);
 - 4. The date the individual completed the hearing screening:
 - a. Examination; and
 - b. Assessment, including the type of audiological equipment;
 - 5. The certificate of completion issue date;
 - 6. An attestation that the classroom instruction provided to the individual meets the requirements in subsection (B) or (C); and
 - 7. The trainer's printed name and date issued.
- G. A screener's certificate of completion expires four years from the issue date indicated on the certificate of completion specified in subsection (F).
- H. Prior to the expiration date of a certificate of completion, a screener shall complete the requirements in subsection (I) to renew the screener's certificate of completion.
- I. A screener, who is not an audiologist, wanting to renew a certificate of completion shall:
 - 1. Complete two hearing screening continuing education units each year:
 - a. Specified by the Department according to subsection (J), and
 - b. Applicable to the type of audiological equipment that the screener uses when performing a hearing screening;
 - 2. As provided by a trainer:
 - a. Complete four hours of classroom instruction related to:
 - i. Development of speech and language,
 - ii. Essentials for hearing screening children, and
 - iii. Hearing screening protocols;
 - b. Obtain a score of at least 80% on a written examination that covers the hearing screening requirements in subsection (a); and
 - c. Demonstrate competency in the use of the audiological equipment consistent with the hearing screening training received in subsection (1) and (2);
 - 3. Obtain a certificate of completion in a Department-provided format from the trainer who provided classroom instruction, the examination, and competency assessment in subsection (2) that includes:
 - a. The screener's name;
 - b. The hearing screening methods specified in subsection (1);
 - c. The date the screener completed the methods in subsection (1);
 - d. The date the screener completed the hearing screening:
 - i. Examination; and
 - ii. Assessment, including the type of audiological equipment;
 - e. The certificate of completion issue date;
 - f. An attestation that the classroom instruction provided to the screener meets the requirements in subsections (1) and (2); and
 - g. The trainer's printed name.
- J. By January 1 of each calendar year, the Department shall provide a list of Department-approved continuing education courses.
- K. An individual who does not score at least 80% on a written examination in subsection (D) may retake the written examination. If an individual does not score at least 80% on the second written examination, the individual shall repeat classroom instruction in subsection (B) or (C) before taking a third written examination.
- L. A screener, who does not score at least 80% on a written examination for renewal in subsection (I), may retake the written examination. A screener, who does not score at least 80% on the second written examination, shall repeat the classroom instruction in subsection (I)(1) and (2) before taking a third written examination.
- M. An individual who is not a screener:
 - 1. May use a pure tone audiometer to perform an initial three-frequency, pure tone hearing screening for a student, specified in R9-13-103(G)(1), under the supervision of a screener; and

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2. Shall not perform a hearing screening:
 - a. For a student who did not pass an initial hearing screening,
 - b. Using a combination of a tympanometer and a pure tone audiometer according to R9-13-103(G)(2); or
 - c. Using an OAE specified in R9-13-103(G)(3).

Historical Note

Adopted effective February 18, 1986 (Supp. 86-1).

Amended effective October 15, 1993 (Supp. 93-4).

Amended by final rulemaking at 8 A.A.R. 3307, effective

July 16, 2002 (Supp. 02-3). Section repealed; new

Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-109. Trainer Eligibility

- A. An individual is eligible to be a trainer if the individual meets at least one of the following:
 1. Has completed at least 30 semester credits at an accredited college or university related to audiology and speech-language pathology or the equivalent credits from a college or university from outside the United States or its territories verified by a Department-approved third party evaluation service;
 2. Has completed at least two years of employment in a position directly related to and providing assistance in the practice of audiology and speech-language pathology;
 3. Is currently licensed in this state as an audiologist according to A.R.S. Title 36, Chapter 17; or
 4. Is currently a screener who has maintained a hearing screener certificate of completion for the previous five years.
- B. In addition to subsection (A), an individual who meets the requirement in:
 1. Subsection (1) or (2), has completed at least 100 hearing screenings within the previous 12 months from the date of request specified in R9-13-110(C)(9).
 2. Subsection (3), has completed at least 25 hearing screenings within the previous 12 months from the date of request specified in R9-13-110(C)(9).
 3. Subsection (4), has completed 3,000 hearing screenings within the previous five years from the date of request specified in R9-13-110(C)(9).
- C. Prior to the expiration date of a trainer certificate of completion, a trainer is eligible to renew a certificate of completion if the trainer demonstrates the trainer provided at least two hearing screening trainings for each year during the five-year period that a certificate of completion is valid.
- D. The practice of a trainer includes:
 1. Providing classroom instruction specified in R9-13-108(B) and (C) in a classroom;
 2. Training individuals in hearing screening skills, procedures, and techniques specified in R9-13-108(B) and (C);
 3. Observing and assessing individuals and screeners in the operations of audiological equipment specified in R9-13-108(E);
 4. Administering to individuals a hearing screening examination specified in R9-13-108(D);
 5. Entering an individual's or screener's information in the Department's hearing screening database for issuance of a certificate of completion; and
 6. Providing, if available to the public, notice to the Department indicating what, where, and when classroom instruction, examination, or assessment of competency are scheduled to be provided to individuals to become a screener specified in R9-13-110(C)(8) or R9-13-112(C)(4).

- E. A trainer who provides instruction to an individual seeking a screener certificate of completion shall:
 1. Ensure that:
 - a. Eight hours of classroom instruction is provided, and
 - b. The types of classroom instruction are consistent with R9-13-108; and
 2. Establish a hearing screening record in the Department's hearing screening database for each individual seeking a certificate of completion as a screener that includes:
 - a. The individual's:
 - i. Name,
 - ii. Address,
 - iii. E-mail address, and
 - iv. Telephone number;
 - b. The date the certificate of completion expires;
 - c. The address where the classroom instructions, examination, and assessment were held;
 - d. If applicable, the name of a sponsoring organization, such as a school, school district, or other public agency; and
 - e. Documentation indicating when classroom instruction, examination, and assessment were provided.
- F. A trainer who provides instruction to a screener who is seeking renewal of certificate of completion shall:
 1. Ensure that:
 - a. A hearing screening continuing education units are completed,
 - b. Four hours of classroom instruction is provided, and
 - c. The types of classroom instruction are consistent with R9-13-108(I); and
 2. Update the screener's record in the Department's hearing screening database for each screener seeking renewal of certificate of completion that includes:
 - a. The screener's:
 - i. Name,
 - ii. Address,
 - iii. E-mail address, and
 - iv. Telephone number;
 - b. The date the certificate of completion expires;
 - c. The address where the classroom instructions, examination, and assessment were held;
 - d. If applicable, the name of a sponsoring organization, such as a school, school district, or other public agency; and
 - e. Documentation indicating when classroom instruction, examination, and assessment were provided.
- G. A trainer shall:
 1. Comply with A.R.S. §§ 36-899 through 36-899.04, and
 2. Comply with this Article.

Historical Note

Former Section R9-13-116 renumbered and amended as Section R9-13-109 effective February 18, 1986 (Supp. 86-1). Amended effective October 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-110. Trainer Certificate of Completion Request

- A. An individual may apply for a trainer certificate of completion if the individual meets the eligibility requirements specified in R9-13-109(A) and (B).
- B. An individual applying for a trainer certificate of completion shall submit a request to the Department at least 30 days prior to November 1 of a calendar year.

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- C. An individual shall provide a request for a trainer certificate of completion to the Department in a Department-provided format that includes:

1. The individual's;
 - a. Name,
 - b. Address,
 - c. E-mail address, and
 - d. Telephone number;
 2. If applicable, the individual's former names;
 3. If the individual has completed 30 semester credits specified in R9-13-109(A)(1), the:
 - a. Name of the accredited college or university attended,
 - b. Class title for each class completed, and
 - c. Number of semester credits for each class;
 4. If the individual has completed two years of employment specified in R9-13-109(A)(2), the:
 - a. Employer's name,
 - b. Individual's position and description of responsibilities, and
 - c. Months and years of employment;
 5. If the individual is a licensed audiologist specified in R9-13-109(A)(3), the:
 - a. Audiologist's license number, and
 - b. Date of expiration;
 6. If the individual is a screener specified in R9-13-109(A)(4), who has maintained a hearing screener certificate of completion for the previous five years, the:
 - a. Names of the school districts where the screener provided hearing screenings, and
 - b. Screener's certification of completion date of expiration;
 7. Whether the individual completed the hearing screenings specified in R9-13-109(B);
 8. An attestation that the individual affirms:
 - a. To provide, if available to the public, notice of hearing screening instruction, examination, or assessment of competency specified in R9-13-109(D) to the Department 30 calendar days prior to providing to individuals to become a screener;
 - b. To provide information for each hearing screening training specified in R9-13-109(C); and
 - c. The information provided in the request for certificate of completion is true and accurate; and
 9. The individual's printed name and date of signature.
- D. Within 10 calendar days from the date the Department receives an individual's request for a trainer certificate of completion, the Department shall send a notification to the individual that:
1. The individual may register to take classroom instruction and written examination, and
 2. How the individual may register.
- E. If the Department determines there is a need for additional trainers prior to the November 1 submission date in subsection (B), the Department shall provide:
1. A notice to the public that trainer certificate of completion requests will be accepted.
 2. When an individual may submit a trainer certificate of completion request.
- F. If the Department determines not to accept any trainer certificate of completion requests in subsection (B), the Department shall provide:
1. A notice to the public that no trainer certificate of completion requests will be accepted.
 2. The notice 30 days prior to the November 1 submission date in subsection (B).

Historical Note

Former Section R9-13-117 renumbered and amended as Section R9-13-110 effective February 18, 1986 (Supp. 86-1). Repealed effective October 15, 1993 (Supp. 93-4).
New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-111. Trainer Instruction, Examination, and Observation

- A. An individual requesting to become a trainer shall complete required classroom instruction, written examination, and observation within 160 calendar days from the date provided in the Department's notification specified in R9-13-110(D).
- B. An individual, who has received notification from the Department specified in R9-13-110(D), shall attend classroom instruction provided by the Department or designee that includes:
1. Adult education learning strategies,
 2. Sensory curriculum,
 3. Hearing screening protocols, confirm
 4. Audiological equipment, and
 5. Written examination.
- C. An individual who completes classroom instruction and written examination specified in subsection (B) shall:
1. Pass a written examination with a score of 80% or more;
 2. Obtain written confirmation from the Department or designee that indicates the individual's competency in the use of each type of audiological equipment in subsection (B)(4);
 3. Submit to the Department, in a Department-provided format, a request to schedule hearing screening training observation that includes:
 - a. The individual's:
 - i. Name,
 - ii. Address,
 - iii. E-mail address, and
 - iv. Telephone number;
 - b. The date the individual passed the written examination in subsection (C)(1); and
 - c. The date the individual is requesting the hearing screening training observation; and
 4. Submit the request to take the hearing screening training observation 30 calendars days prior to the individual's requested schedule hearing screening training observation in subsection (3)(c).
- D. Within 10 calendar days from the date the Department receives an individual's request to schedule a hearing screening training observation, the Department shall send a notification to the individual that:
1. The individual may register for hearing screening training observation, and
 2. How the individual may register.
- E. An individual who completes hearing screening training observation in subsection (D) shall:
1. Pass the hearing screening training observation with a score of 80% or more; and
 2. Obtain a trainer certificate of completion from the Department or designee.
- F. Within 10 calendar days from the date an individual passed the hearing screening training observation with a score of 80% or more, the Department shall send the individual a trainer certificate of completion.
- G. An individual, who does not score at least 80% on a written examination in subsection (D), may take a second written examination no later than 30 calendar days after having taken the first written examination.

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- H. If an individual does not score at least 80% on the second written examination, the individual shall repeat the classroom instruction in subsection (B) before taking a third written examination.
- I. An individual who does not pass the written examination in subsection (H) shall not be issued a certificate of completion.
- J. An individual, who does not pass a training observation in subsection (E), may take a second training observation no later than 60 calendar days after having taken the first training observation.
- K. If an individual does not pass the second training observation, the individual shall repeat the classroom instruction in subsection (B) and written examination in subsection (C) before taking a third training observation.
- L. An individual who does not pass the training observation in subsection (K) shall not be issued a certificate of completion.
- M. If an individual does not complete the hearing screening training observation within 160 calendar days in subsection (E), the individual shall reapply for a trainer certificate of completion as specified in R9-13-110.
- N. By October 1 of each year, if the Department accepts requests specified in R9-13-110(B), the Department will provide a list of Department-approved core curriculum and applicable material related to classroom instruction in subsection (B).
- O. An individual, who does not pass the written examination or pass the training observation may file an appeal according to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-112. Trainer Certificate of Completion Renewal

- A. A trainer's certificate of completion expires five years from the issue date specified on the certificate of completion.
- B. Except as specified in R9-13-113(H), a trainer shall renew the trainer's certificate of completion every five years.
- C. At least 60 calendar days before the expiration date of a certificate of completion, a trainer shall submit to the Department a renewal request in a Department-provided format that contains:
 - 1. The trainer's:
 - a. Name,
 - b. Address,
 - c. E-mail address, and
 - d. Telephone number;
 - 2. For each continuing education course specified in R9-13-113(B) and (C), the following:
 - a. The course title,
 - b. A course description,
 - c. The name of the individual providing the continuing education course,
 - d. The date the continuing education course was completed, and
 - e. The total number of continuing education hours attended;
 - 3. For each hearing screening training specified in R9-13-109(C), the following:
 - a. Title of the classroom instruction, examination, or assessment provided, as applicable;
 - b. Date and location of the classroom instruction, examination, or assessment provided in subsection (a); and
 - c. Number of attendees;
 - 4. An attestation that the trainer affirms:

- a. The continuing education courses specified in subsection (2) are applicable and consistent with the Department's approved continuing education courses;
 - b. To provide, if available to the public, notice of hearing screening instruction, examination, or assessment of competency specified in R9-13-109(D) to the Department 30 calendar days prior to the trainer providing to individuals to become a screener; and
 - c. The information in the request for renewal is true and accurate; and
5. The trainer's printed name and date of signature.
- D. Within 10 calendar days from the date a trainer submits a renewal request, the Department shall send the trainer a certificate of completion.
 - E. Except as specified in R9-13-113, a trainer who does not submit a trainer renewal request according to this Section 60 calendar days prior to the expiration date of the trainer's certificate of completion, the trainer's certificate of completion expires.
 - F. Except as specified in R9-13-113, a trainer who does not complete required continuing education specified in subsection (C)(2) shall apply for a trainer certificate of completion specified in R9-13-110 and R9-13-111.

Historical Note

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Section R9-13-112 renumbered and amended as Section R9-13-102 effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-113. Trainer Continuing Education

- A. By January 1 of each calendar year, the Department shall provide a list of Department-approved continuing education courses.
- B. Each calendar year, a trainer, who is not an audiologist, shall complete 10 continuing education units approved by the Department.
- C. Every two calendar years, a trainer, who is an audiologist, shall complete 20 continuing education units approved by the Department.
- D. A trainer shall report continuing education units completed in subsection (B) and (C) as required in a trainer renewal request specified in R9-13-112(C).
- E. By November 1 of a calendar year or every two calendar years, as applicable, a trainer, who was prevented from completing the required continuing education units due to a personal illness or an immediate family member's illness during at least six continuous months of the preceding 12 months, may request to defer continuing education units by submitting to the Department:
 - 1. A notification in a Department-provided format that contains:
 - a. The trainer's:
 - i. Name,
 - ii. Address,
 - iii. E-mail address, and
 - iv. Telephone number;
 - b. A statement regarding the trainer's personal or immediate family member's illness;
 - c. The number of continuing education units the trainer is requesting to defer;
 - d. The date submitted; and

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- e. An attestation that the trainer affirms the information provided in the request to deter continuing education is true and accurate; and
- 2. The trainer's printed name and date of signature.
- F. If a trainer completed any continuing education units during a calendar year in subsection (B) or every two calendar years in subsection (C), as applicable, report the completed continuing education units specified in R9-12-112(C)(2).
- G. A trainer who defers continuing education units shall obtain the deferred continuing education during the first 180 calendar days of the subsequent calendar year.
- H. A trainer called to active military service shall:
 - 1. Submit a written notice of renewal extension to the Department that includes:
 - a. The trainer's:
 - i. Name,
 - ii. Address,
 - iii. E-mail address, and
 - iv. Telephone number;
 - b. A statement stating the reason for the notice of renewal extension;
 - c. The trainer's signature, including date of signature; and
 - d. A copy of the trainer's deployment documentation;
 - 2. Retain trainer certificate of completion for the term of service or deployment plus 180 calendar days;
 - 3. Defer the requirement for completing the continuing education specified in R9-13-112 for the term of service or deployment plus 180 calendar days; and
 - 4. Submit a renewal request according to R9-13-112 after the term of service or deployment plus 180 calendar days.

Historical Note

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Section R9-13-113 renumbered and amended as Section R9-13-107 effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-114. Requesting a Change

A trainer requesting a change to personal information shall submit to the Department in a Department-provided format a written notice stating the information to be changed and indicating the new information within 30 calendar days after the effective date of the change.

Historical Note

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-115. Requirement for Screener or Trainer Certificate of Completion Issued Before Article Effective Date

- A. If a screener's certificate of completion expires before June 30, 2020, the screener whose certificate of completion includes pure tone audiometry or OAE and wishes to retain screener certificate of completion, shall complete training, examination, and assessment specified in R9-13-108 prior to the certificate's date of expiration.
- B. If a screener's certificate of completion expires after June 30, 2020, the screener whose certificate of completion includes pure tone audiometry or OAE and wishes to retain screener certificate of completion, shall complete training, examination, and assessment specified in R9-13-108 prior to June 30, 2020.
- C. A screener, whose certificate of completion includes both pure tone audiometry and OAE, shall renew current certificate of completion within 30 days prior to the expiration date of the certificate.
- D. A trainer, who wishes to retain trainer certificate of completion and whose certificate of completion was issued before the effective date of this Article, shall submit a certificate of completion request specified in R9-13-110 no later than 30 days prior to November 2019.

Historical Note

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

R9-13-116. Renumbered**Historical Note**

Effective 4-72. Correction, Section R9-13-116 omitted in Supp. 76-5 (Supp. 77-5). Section R9-13-116 renumbered and amended as Section R9-13-109 effective February 18, 1986 (Supp. 86-1).

R9-13-117. Renumbered**Historical Note**

Effective 4-72. Correction, Section R9-13-117 omitted in Supp. 76-5 (Supp. 77-5). Section R9-13-117 renumbered and amended as Section R9-13-110 effective February 18, 1986 (Supp. 86-1).

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Table 13.1 Hearing Screening Population (students)

A. Students Included in Hearing Screening Population	
1. All grades, including preschool and kindergarten	Every student: a. Who is enrolled in special education, as required by A.R.S. Title 15, Chapter 7, Article 4 and A.A.C. R7-2-401; b. Who did not pass a hearing re-screening given to the student during the previous school year; c. For whom the school does not have any documentation that the student has previously had a hearing screening; d. Who is repeating a grade; and e. For whom one of the following requests a hearing screening: i. The student; ii. The student's parent; iii. A teacher; iv. A school nurse; v. A school psychologist, licensed according to A.R.S. Title 32, Chapter 19.1; vi. An audiologist, licensed according to A.R.S. § 36-1901; vii. A specialist; viii. A speech-language pathologist, licensed according to A.R.S. § 36-1901; ix. A medical physician, licensed according to A.R.S. Title 32, Chapter 13; x. An osteopathic physician licensed according to A.R.S. Title 32, Chapter 17; and xi. The Department.
2. Preschool	Every enrolled student
3. Kindergarten	Every enrolled student
4. Grade 1	Every enrolled student
5. Grade 2	Every enrolled student for whom the school does not have: a. Documentation that the student received and passed a hearing screening in or after grade 1, or b. Documentation that meets the requirements in subsection (B).
6. Grade 3	Every enrolled student
7. Grade 4	Every enrolled student for whom the school does not have: a. Documentation that the student received and passed a hearing screening in or after grade 3, or b. Documentation that meets the requirements in subsection (B).
8. Grade 5	Every enrolled student
9. Grade 6	Every enrolled student for whom the school does not have: a. Documentation that the student received and passed a hearing screening in or after grade 5, or b. Documentation that meets the requirements in subsection (B).
10. Grade 7	Every enrolled student
11. Grade 8	Every enrolled student for whom the school does not have: a. Documentation that the student received and passed a hearing screening in or after grade 7, or b. Documentation that meets the requirements in subsection (B).
12. Grade 9	Every enrolled student
13. Grades 10, 11, and 12	Every enrolled student for whom the school does not have: a. Documentation that the student received and passed a hearing screening in or after grade 9, or b. Documentation that meets the requirements in subsection (B).
B. Students Not Included in Hearing Screening Population	
1. A student who is at least 16 years of age and has requested not to receive a hearing screening according to A.R.S. § 36-899.01.	
2. A student enrolled in a child care facility regulated pursuant to A.R.S. Title 36, Chapter 7.1, Child Care Programs.	

Historical Note

Table 13.1 made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

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ARTICLE 2. NEWBORN AND INFANT SCREENING**R9-13-201. Definitions**

In this Article, unless otherwise specified:

1. "Abnormal result" means an outcome that deviates from the range of values established by:
 - a. The Department for an analysis performed as part of a bloodspot test or for a hearing test, or
 - b. A health care facility or health care provider for critical congenital heart defect screening.
2. "Admission" or "admitted" means the same as in A.A.C. R9-10-101.
3. "AHCCCS" means the Arizona Health Care Cost Containment System.
4. "Argininosuccinic acidemia" means a congenital disorder characterized by an inability to metabolize the amino acid argininosuccinic acid due to defective argininosuccinate lyase activity.
5. "Arizona State Laboratory" means the entity operated according to A.R.S. § 36-251.
6. "Audiological equipment" means an instrument used to help determine the presence, type, or degree of hearing loss by:
 - a. Providing ear-specific and frequency-specific stimuli to an individual; or
 - b. Measuring an individual's physiological response to stimuli.
7. "Audiologist" means the same as in A.R.S. § 36-1901.
8. "Beta-ketothiolase deficiency" means a congenital disorder characterized by an inability to metabolize 2-methyl-acetoacetyl-CoA due to defective mitochondrial acetoacetyl-CoA thiolase activity.
9. "Biotinidase deficiency" means a congenital disorder characterized by defective biotinidase activity that causes abnormal biotin metabolism.
10. "Birth center" means a health care facility that is not a hospital and is organized for the purpose of delivering newborns.
11. "Blood sample" means capillary or venous blood, but not cord blood, applied to the filter paper of a specimen collection kit.
12. "Bloodspot test" means multiple laboratory analyses performed on a blood sample to screen for the presence of congenital disorders listed in R9-13-203.
13. "Carnitine uptake defect" means a congenital disorder characterized by a decrease in the amount of free carnitine due to defective sodium ion-dependent carnitine transporter OCTN2 activity.
14. "Citrullinemia" means a congenital disorder characterized by an inability to convert the amino acid citrulline and aspartic acid into argininosuccinic acid due to defective argininosuccinate synthetase activity.
15. "Classic galactosemia" means a congenital disorder characterized by abnormal galactose metabolism due to defective galactose-1-phosphate uridylyltransferase activity.
16. "Congenital adrenal hyperplasia" means a congenital disorder characterized by decreased cortisol production and increased androgen production due to defective 21-hydroxylase activity.
17. "Congenital disorder" means an abnormal condition present at birth, as a result of heredity or environmental factors, that impairs normal physiological functioning of a human body.
18. "Congenital hypothyroidism" means a congenital disorder characterized by deficient thyroid hormone production.
19. "Critical congenital heart defect" means a heart abnormality or condition present at birth that places a newborn or infant at significant risk of disability or death if not diagnosed soon after birth.
20. "Cystic fibrosis" means a congenital disorder caused by defective functioning of a transmembrane regulator protein and characterized by damage to and dysfunction of various organs, such as the lungs, pancreas, and reproductive organs.
21. "Department" means the Arizona Department of Health Services.
22. "Diagnostic evaluation" means a hearing test performed by an audiologist or a physician to determine whether hearing loss exists, and, if applicable, determine the type or degree of hearing loss.
23. "Discharge" means the termination of inpatient services to a newborn or an infant.
24. "Disorder" means a disease or medical condition that may be identified by a laboratory analysis.
25. "Document" means to establish and maintain information in written, photographic, electronic, or other permanent form.
26. "Educational materials" means printed or electronic information provided by the Department, explaining newborn and infant screening, any of the congenital disorders listed in R9-13-203, hearing loss, or critical congenital heart defect.
27. "Electronic" means the same as in A.R.S. § 44-7002.
28. "First specimen" means the initial specimen that is collected from a newborn who is less than five days of age and sent to the Arizona State Laboratory for testing and recording of demographic information.
29. "Glutaric acidemia type I" means a congenital disorder characterized by an accumulation of glutaric acid due to defective glutaryl-CoA dehydrogenase activity.
30. "Guardian" means an individual appointed by a court under A.R.S. Title 14, Chapter 5, Article 2.
31. "Health care facility" means a health care institution defined in A.R.S. § 36-401 where obstetrical care or newborn care is provided.
32. "Health care provider" means a physician, physician assistant, registered nurse practitioner, or midwife.
33. "Health-related services" means the same as in A.R.S. § 36-401.
34. "Hearing screening" means a hearing test to determine the likelihood of hearing loss in a newborn or infant.
35. "Hearing test" means an evaluation of each of a newborn's or an infant's ears, using audiological equipment to:
 - a. Screen the newborn or infant for a possible hearing loss;
 - b. Determine that the newborn or infant does not have a hearing loss; or
 - c. Diagnose a hearing loss in the newborn or infant, including determining the type or degree of hearing loss.
36. "Hemoglobin S/Beta-thalassemia" means a sickle cell disease in which an individual has one sickle cell gene and one gene for beta thalassemia, another inherited hemoglobinopathy.
37. "Hemoglobin S/C disease" means a sickle cell disease in which an individual has one sickle cell gene and one gene for another inherited hemoglobinopathy called hemoglobin C.

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38. "Hemoglobinopathy" means a congenital disorder characterized by abnormal production, structure, or functioning of hemoglobin.
39. "Home birth" means delivery of a newborn, outside a health care facility, when the newborn is not hospitalized within 72 hours of delivery.
40. "Homocystinuria" means a congenital disorder characterized by abnormal methionine and homocysteine metabolism due to defective cystathione- β -synthase activity.
41. "Hospital" means the same as in A.A.C. R9-10-101.
42. "Hospital services" means the same as in A.A.C. R9-10-201.
43. "3-Hydroxy-3-methylglutaric aciduria" means a congenital disorder characterized by the accumulation of 3-hydroxy-3-methylglutaric acid due to a defective 3-hydroxy-3-methylglutaryl-CoA lyase activity.
44. "Identification code" means a unique set of numbers or letters, or a unique set of both numbers and letters, assigned by the Department to a health care facility, a health care provider, an audiologist, or another person submitting specimen collection kits to the Arizona State Laboratory or hearing test results to the Department.
45. "Infant" means the same as in A.R.S. § 36-694.
46. "Inpatient" means an individual who:
 - a. Is admitted to a hospital,
 - b. Receives hospital services for 24 consecutive hours, or
 - c. Is admitted to a birth center.
47. "Inpatient services" means medical services, nursing services, or other health-related services provided to an inpatient in a health care facility.
48. "Isovaleric acidemia" means a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity.
49. "Long-chain 3-hydroxy acyl-CoA dehydrogenase deficiency" means a congenital disorder characterized by an inability to metabolize fatty acids that are 12 to 16 carbon atoms in length due to defective long-chain 3-hydroxy acyl-CoA dehydrogenase activity.
50. "Maple syrup urine disease" means a congenital disorder of branched chain amino acid metabolism due to defective branched chain-keto acid dehydrogenase activity.
51. "Medical services" means the same as in A.R.S. § 36-401.
52. "Medium chain acyl-CoA dehydrogenase deficiency" means a congenital disorder characterized by an inability to metabolize fatty acids that are 6 to 10 carbon atoms in length due to defective medium-chain acyl-CoA dehydrogenase activity.
53. "3-Methylcrotonyl-CoA carboxylase deficiency" means a congenital disorder characterized by an accumulation of 3-methylcrotonyl-glycine due to defective 3-methylcrotonyl-CoA carboxylase activity.
54. "Methylmalonic acidemia (Cbl A,B)" means a congenital disorder characterized by an accumulation of methylmalonic acid due to defective activity of methylmalonyl-CoA racemase or adenosylcobalamin synthetase.
55. "Methylmalonic acidemia (mutase deficiency)" means a congenital disorder characterized by an accumulation of methylmalonic acid due to defective methylmalonyl-CoA mutase activity.
56. "Midwife" means an individual licensed under A.R.S. Title 36, Chapter 6, Article 7, or certified under A.R.S. Title 32, Chapter 15.
57. "Multiple carboxylase deficiency" means a congenital disorder characterized by an inability to transport or metabolize biotin that leads to defective activity of propionyl-CoA carboxylase, beta-methylcrotonyl-CoA carboxylase, and pyruvate carboxylase.
58. "Newborn" means the same as in A.R.S. § 36-694.
59. "Newborn care" means medical services, nursing services, and health-related services provided to a newborn.
60. "Nursing services" means the same as in A.R.S. § 36-401.
61. "Obstetrical care" means medical services, nursing services, and health-related services provided to a woman throughout her pregnancy, labor, delivery, and postpartum.
62. "Organ" means a somewhat independent part of a human body, such as a salivary gland, kidney, or pancreas, which performs a specific function.
63. "Parent" means a natural, adoptive, or custodial mother or father of a newborn or an infant.
64. "Parenteral nutrition" means the feeding of an individual intravenously through the administration of a formula containing glucose, amino acids, lipids, vitamins, and minerals.
65. "Person" means the state, a municipality, district, or other political subdivision, a cooperative, institution, corporation, company, firm, partnership, individual, or other legal entity.
66. "Phenylketonuria" means a congenital disorder characterized by abnormal phenylalanine metabolism due to defective phenylalanine hydroxylase activity.
67. "Physician" means an individual licensed under A.R.S. Title 32, Chapters 13, 14, 17, or 29.
68. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25.
69. "Propionic acidemia" means a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.
70. "Pulse oximetry" means a non-invasive method of measuring the percentage of hemoglobin in the blood that is saturated with oxygen using a device approved by the U.S. Food and Drug Administration for use with newborns or infants less than six weeks of age.
71. "Registered nurse practitioner" means the same as in A.R.S. § 32-1601.
72. "Second specimen" means a specimen that is sent to the Arizona State Laboratory for testing and recording of demographic information, after being collected:
 - a. From a newborn after a first specimen; or
 - b. From an individual at least five days and not older than one year of age, regardless of whether a first specimen was collected.
73. "Severe combined immunodeficiency" means a congenital disorder usually characterized by a defect in both the T- and B-lymphocyte systems, which typically results in the onset of one or more serious infections within the first few months of life.
74. "Sickle cell anemia" means a sickle cell disease in which an individual has two sickle cell genes.
75. "Sickle cell disease" means a hemoglobinopathy characterized by an abnormally shaped red blood cell resulting from the abnormal structure of the protein hemoglobin.
76. "Sickle cell gene" means a unit of inheritance that is involved in producing an abnormal type of the protein hemoglobin, in which the amino acid valine is substituted for the amino acid glutamic acid at a specific location in the hemoglobin.

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77. "Specimen" means a blood sample obtained from and demographic information about a newborn or an infant.
78. "Specimen collection kit" means a strip of filter paper for collecting a blood sample attached to a form for obtaining the information specified in R9-13-203(B)(3) about a newborn or an infant.
79. "Transfer" means a health care facility or health care provider discharging a newborn and sending the newborn to a hospital for inpatient medical services without the intent that the patient will be returned to the sending health care facility or health care provider.
80. "Transfusion" means the infusion of blood or blood products into the body of an individual.
81. "Trifunctional protein deficiency" means a congenital disorder characterized by an inability to metabolize fatty acids that are 12 to 18 carbon atoms in length due to defective mitochondrial trifunctional protein activity.
82. "Tyrosinemia type I" means a congenital disorder characterized by an accumulation of the amino acid tyrosine due to defective fumarylacetoacetate hydrolase activity.
83. "Verify" means to confirm by obtaining information through a source such as the newborn screening program, a health care provider, a health care facility, or a documented record.
84. "Very long-chain acyl-CoA dehydrogenase deficiency" means a congenital disorder characterized by an inability to metabolize fatty acids that are 14 to 18 carbon atoms in length due to defective very long-chain acyl-CoA dehydrogenase activity.
85. "Working day" means 8:00 a.m. through 5:00 p.m. Monday through Friday, excluding state holidays.

Historical Note

Amended effective October 26, 1977 (Supp. 77-5). Former Section R9-13-201 repealed, new Section R9-13-201 adopted effective July 16, 1981 (Supp. 81-4). Amended as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Amended by adding paragraphs (3), (5) and (7) and renumbering remaining paragraphs effective November 23, 1983. Amended as an emergency, by adding paragraphs (32) and (42) and renumbering remaining paragraphs, effective November 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency amendment expired. Permanent amendment, adding paragraphs (32) and (42) and renumbering remaining paragraphs adopted effective March 19, 1984 (Supp. 84-2). Amended as an emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Readopted as an emergency effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Readopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency with changes effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency amendments permanently

adopted with changes effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-501 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Amended by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 3262, effective November 7, 2017 (Supp. 17-4).

R9-13-202. Newborn and Infant Critical Congenital Heart Defect Screening

- A. A health care facility's designee, a health care provider, or a health care provider's designee shall order critical congenital heart defect screening using pulse oximetry for a newborn to be performed:
 1. Between 24 and 48 hours after birth according to the health care facility's or health care provider's policies and procedures, or
 2. As late as possible before discharge according to the health care facility's or health care provider's policies and procedures if the newborn is discharged earlier than 24 hours after birth.
- B. Before critical congenital heart defect screening is performed on a newborn, a health care facility's designee, a health care provider, or a health care provider's designee shall provide educational materials to the newborn's parent or guardian.
- C. When critical congenital heart defect screening is ordered for a newborn, a health care facility's designee, a health care provider, or a health care provider's designee shall submit, in a format specified by the Department, the following information:
 1. The newborn's name, gender, race, ethnicity, medical record number, and, if applicable, AHCCCS identification number;
 2. Whether the newborn is from a single or multiple birth;
 3. If the newborn is from a multiple birth, the birth order of the newborn;
 4. The date and time of birth, and the newborn's weight at birth;
 5. The identification code or the name and address of the health care facility or health care provider submitting the information;
 6. Except as provided in subsection (C)(7), the mother's first and last names, date of birth, name before first marriage, mailing address, telephone number, and, if applicable, AHCCCS identification number;
 7. If the newborn's mother does not have physical custody of the newborn, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn;
 8. The date, time, and result of the critical congenital heart defect screening;
 9. If critical congenital heart defect screening was not performed, the reason critical congenital heart defect screening was not performed;
 10. If the newborn was transferred to another health care facility or health care provider before the critical congenital heart defect screening was performed, the name, address, and telephone number of the health care facility or health care provider to which the newborn was transferred; and

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11. Whether the newborn has a medical condition that may affect the critical congenital heart defect screening results.
- D. In addition to the information in subsection (C), if the reported result of critical congenital heart defect screening for a newborn or infant is abnormal, a health care facility's designee, a health care provider, or a health care provider's designee shall submit to the Department, upon request and in a format specified by the Department, the following information:
 1. The dates, times, values of all critical congenital heart defect screening results;
 2. The dates, times, and results of any subsequent tests performed as a result of critical congenital heart defect screening;
 3. The name, address, and telephone number of the contact person for the health care facility, health care provider, or other person performing the subsequent tests; and
 4. If a medical condition is found as a result of critical congenital heart defect screening or subsequent tests, the type of medical condition found and the name of the health care provider who will be responsible for the coordination of medical services for the newborn or infant after the newborn or infant is discharged.
11. Cystic fibrosis,
12. Glutaric acidemia type I,
13. Hemoglobin S/Beta-thalassemia,
14. Hemoglobin S/C disease,
15. Homocystinuria,
16. Isovaleric acidemia,
17. Long-chain 3-hydroxy acyl-CoA dehydrogenase deficiency,
18. Maple syrup urine disease,
19. Medium chain acyl-CoA dehydrogenase deficiency,
20. Methylmalonic acidemia (Cbl A,B),
21. Methylmalonic acidemia (mutase deficiency),
22. Multiple carboxylase deficiency,
23. Phenylketonuria,
24. Propionic acidemia,
25. Severe combined immunodeficiency,
26. Sickle cell anemia,
27. Trifunctional protein deficiency,
28. Tyrosinemia type I, and
29. Very long-chain acyl-CoA dehydrogenase deficiency.
- B. When a bloodspot test is ordered for a newborn or an infant, a health care facility's designee, a health care provider, or the health care provider's designee shall:
 1. Only use a specimen collection kit supplied by the Department;
 2. Collect a blood sample from the newborn or infant on a specimen collection kit;
 3. Complete the following information on the specimen collection kit:
 - a. The newborn's or infant's name, gender, race, ethnicity, medical record number, and, if applicable, AHCCCS identification number;
 - b. The newborn's or infant's type of food or food source;
 - c. Whether the newborn or infant is from a single or multiple birth;
 - d. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
 - e. Whether the newborn or infant has a medical condition that may affect the bloodspot test results;
 - f. Whether the newborn or infant received a blood transfusion and, if applicable, the date of the last blood transfusion;
 - g. The date and time of birth, and the newborn's or infant's weight at birth;
 - h. The date and time of blood sample collection, and the newborn's or infant's weight when the blood sample is collected;
 - i. The identification code or the name and address of the health care facility or health care provider submitting the specimen collection kit;
 - j. The name, address, and telephone number or the identification code of the health care provider responsible for the management of medical services provided to the newborn or infant;
 - k. Except as provided in subsection (B)(3)(l), the mother's first and last names, date of birth, name before first marriage, mailing address, telephone number, and if applicable, AHCCCS identification number; and
 - l. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant; and

Historical Note

Amended effective October 26, 1977 (Supp. 77-5).
 Former Section R9-13-202 repealed, new Section R9-13-202 adopted effective July 16, 1981 (Supp. 81-4).
 Repealed by emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Emergency repeal readopted effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1).
 Emergency repeal readopted effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency repeal readopted effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency repeal readopted effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency repeal readopted effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1).
 Emergency repeal readopted effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Repealed permanently effective July 3, 1991 (Supp. 91-3). New Section recodified from R9-14-502 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2).
 Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2).

R9-13-203. Newborn and Infant Bloodspot Tests

- A. A bloodspot test shall screen for the following congenital disorders:
 1. 3-Hydroxy-3-methylglutaric aciduria,
 2. 3-Methylcrotonyl-CoA carboxylase deficiency,
 3. Argininosuccinic acidemia,
 4. Beta-ketothiolase deficiency,
 5. Biotinidase deficiency,
 6. Carnitine uptake defect,
 7. Citrullinemia,
 8. Classic galactosemia,
 9. Congenital adrenal hyperplasia,
 10. Congenital hypothyroidism,

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4. Submit the specimen collection kit to the Arizona State Laboratory no later than 24 hours or the next working day after the blood sample is collected.
- C. A health care facility or a health care provider submitting a first specimen to the Arizona State Laboratory shall pay the Department the fee in R9-13-208(A).
- D. A person who submits a second specimen to the Arizona State Laboratory shall:
 1. Pay the fee in R9-13-208(B) to the Department, or
 2. Provide the following information to the Arizona State Laboratory for billing purposes:
 - a. The name, mailing address, and telephone number of the newborn's or infant's parent or the individual responsible for paying, if not the parent; and
 - b. If the individual responsible for paying has health care insurance for the newborn or infant, information about the health care insurance, including:
 - i. The policyholder's name;
 - ii. The name and billing address of the health care insurance company;
 - iii. The member identification number;
 - iv. The group number, if applicable; and
 - v. The effective date of the health care insurance; or
 - c. That the individual responsible for paying has no health care insurance for the newborn or infant.
- E. When a health care insurance company or an individual responsible for paying is identified as specified in subsection (D)(2), the health care insurance company or the individual responsible for paying shall pay the Department the fee in R9-13-208(B).
- F. When a home birth not attended by a health care provider is reported to a local registrar, a deputy local registrar, or the state registrar under A.R.S. § 36-333:
 1. The local registrar, deputy local registrar, or state registrar shall notify the local health department of the county where the birth occurred; and
 2. The local health department's designee shall collect a specimen from the newborn or infant according to the requirements in R9-13-204(A)(2) or R9-13-205(C).
- G. A health care facility's designee, a health care provider, or the health care provider's designee shall ensure that:
 1. Educational materials are provided to the parent or guardian of a newborn or an infant for whom a bloodspot test is ordered, and
 2. The newborn's or infant's parent or guardian is informed of the requirement for a second specimen if the second specimen has not been collected.
- H. For a home birth, a health care provider or the health care provider's designee shall provide educational materials to the parent or guardian of a newborn or an infant for whom a bloodspot test is ordered.

Historical Note

Effective 11-74; Former Section R9-13-203 repealed, new Section R9-13-203 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-503 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2). Amended by final

rulemaking at 23 A.A.R. 3262, effective November 7, 2017 (Supp. 17-4).

R9-13-204. First Specimen Collection

- A. When a newborn is born in a hospital, the hospital's designee shall collect a first specimen from the newborn according to whichever of the following occurs first:
 1. Unless specified otherwise by a physician, physician assistant, or registered nurse practitioner, before administering a transfusion or parenteral nutrition;
 2. When the newborn is at least 24 but not more than 72 hours old; or
 3. Before the newborn is discharged, unless the newborn:
 - a. Is transferred to another hospital before the newborn is 48 hours old; or
 - b. Dies before the newborn is 72 hours old.
- B. If a newborn is admitted or transferred to a hospital before the newborn is 48 hours old, the receiving hospital's designee shall:
 1. Verify that the first specimen was collected before admission or transfer, or
 2. Collect a first specimen from the newborn according to the requirements in subsection (A).
- C. When a newborn is born in a birth center, the birth center's designee shall collect a first specimen from the newborn according to subsections (A)(1) or (A)(2).
- D. For a home birth attended by a health care provider, the health care provider or the health care provider's designee shall collect a first specimen from the newborn according to the requirements in subsection (A)(2).

Historical Note

Effective 11-74; Former Section R9-13-204 repealed, new Section R9-13-204 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 6, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-504 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2).

R9-13-205. Second Specimen Collection

- A. After a newborn's or an infant's discharge from a health care facility or after a home birth, a health care provider or the health care provider's designee shall:
 1. Collect a second specimen from the newborn or infant not older than one year of age at the time of the newborn's or infant's first visit to the health care provider, or
 2. Verify that a health care facility or different health care provider has collected a second specimen from the newborn or infant.
- B. If a newborn is an inpatient of a health care facility at 5 days of age, the health care facility's designee shall collect a second specimen from the newborn:
 1. When the newborn is at least 5 but not more than 10 days old; or
 2. If the newborn is discharged from the health care facility when the newborn is at least 5 but not more than 10 days old, before discharge.
- C. For a home birth that is not attended by a health care provider, a local health department's designee shall collect a specimen from a newborn or an infant if the local health department's designee has not verified that a second specimen has already been collected from the newborn or infant.

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Historical Note

Effective 11-74; Former Section R9-13-205 repealed, new Section R9-13-205 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 6, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-505 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2).

R9-13-206. Reporting Requirements for Specimens

- A. The Arizona State Laboratory shall report, in written or electronic format, to the health care provider and, if applicable, health care facility identified on a specimen collection kit:
 1. The results of a bloodspot test on a specimen; or
 2. For a specimen that does not meet quality standards established by the Arizona State Laboratory in compliance with 42 CFR § 493.1200:
 - a. That a bloodspot test was not performed on the specimen; and
 - b. The reason the bloodspot test was not performed.
- B. A health care facility's designee, a health care provider, or the health care provider's designee, who orders a subsequent test on a newborn or an infant in response to an abnormal result on a bloodspot test, shall send the results of the subsequent test in writing to the Department, if the subsequent test is not performed by the Arizona State Laboratory.
- C. Bloodspot test results are confidential subject to the disclosure provisions of 9 A.A.C. 1, Article 3, and A.R.S. §§ 12-2801 and 12-2802.

Historical Note

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4). Adopted as an emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Readopted as an emergency effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Readopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency without change effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency rule permanently adopted with changes effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2).

R9-13-207. Newborn and Infant Hearing Tests

- A. Before a hearing test is performed on a newborn or infant, a health care facility's designee, a health care provider, or the health care provider's designee shall provide educational materials to the newborn's or infant's parent or guardian.

- B. A health care facility's designee, a health care provider, or the health care provider's designee shall order hearing testing for a newborn or infant to be performed according to the health care facility's or health care provider's policies and procedures that includes:
 1. An initial hearing screening ordered to be performed within 30 days after birth or before discharge;
 2. A second hearing screening ordered to be performed within 30 days after birth if an abnormal result is obtained in one or both of a newborn's or infant's ears on the initial hearing screening; and
 3. Diagnostic evaluation ordered to be performed:
 - a. If a newborn or infant has an abnormal result in one or both ears on the second hearing screening;
 - b. If a newborn or infant has been admitted to the Neonatal Intensive Care Unit for five days or more and has an abnormal initial hearing screening;
 - c. If a newborn or infant has a medical condition that makes diagnostic evaluation more appropriate; or
 - d. As clinically indicated.
- C. When an initial hearing test is performed on a newborn or infant, a health care facility's designee, a health care provider, or the health care provider's designee shall submit to the Department, as specified in subsection (G), the following information:
 1. The newborn's or infant's name, date of birth, gender, and medical record number;
 2. Whether the newborn or infant is from a single or multiple birth;
 3. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
 4. The first and last names and date of birth of the newborn's or infant's mother;
 5. The name and identification code of the health care facility of birth;
 6. The name and identification code of the health care facility where the initial hearing test was performed or of the health care provider who performed the initial hearing test;
 7. The date of the initial hearing test;
 8. Whether or not the initial hearing test was performed when the newborn or infant was an inpatient;
 9. The audiological equipment used for the initial hearing test and the type of initial hearing test performed; and
 10. The initial hearing test result for each of the newborn's or infant's ears.
- D. In addition to the information in subsection (C), if the reported results of an initial hearing test on a newborn or infant include an abnormal result, a health care facility's designee, a health care provider, or the health care provider's designee shall submit to the Department, as specified in subsection (G), the following information:
 1. Except as provided in subsection (D)(2), the mother's name before first marriage, mailing address, and telephone number;
 2. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant;
 3. The name of the health care provider who will be responsible for the coordination of medical services for the newborn or infant after the newborn or infant is discharged from the health care facility;
 4. The name and telephone number of the person to whom the newborn's or infant's mother or other person who has

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- physical custody of the newborn or infant was referred for a subsequent hearing test;
5. The date of the appointment for a subsequent hearing test, if available; and
 6. The health care facility where a subsequent hearing test is scheduled to be performed or the name and address of the health care provider who is scheduled to perform the subsequent test, if available.
- E.** When a subsequent hearing test is performed on a newborn or an infant after an initial hearing test, the designee of the health care facility, health care provider, or other person that performs the subsequent hearing test shall submit to the Department, as specified in subsection (G), the following information:
1. The newborn's or infant's name, date of birth, and gender;
 2. Whether the newborn or infant is from a single or multiple birth;
 3. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
 4. The first and last names and date of birth of the newborn's or infant's mother;
 5. The name of the health care facility of birth, if known;
 6. The name of the health care facility where the subsequent hearing test was performed, or the name and address of the health care provider who performed the subsequent hearing test;
 7. The date of the subsequent hearing test;
 8. The audiological equipment used for the subsequent hearing test and type of hearing test performed;
 9. The result, including a quantitative result if applicable, for each of the newborn's or infant's ears on the subsequent hearing test;
 10. The name, address and telephone number of the contact person for the health care facility, health care provider, or other person that performed the subsequent hearing test, if different from the person specified in subsection (E)(6); and
 11. If the subsequent hearing test was a diagnostic evaluation:
 - a. Whether the newborn or infant has a hearing loss and, if so, the type and degree of hearing loss;
 - b. A copy of the narrative that describes the hearing test performed on the newborn or infant to determine that the newborn or infant does not have a hearing loss or diagnose a hearing loss in the newborn or infant, the results of the hearing test, and the analysis of the hearing test results by the audiologist or physician who performed the hearing test;
 - c. Whether the newborn or infant has a medical condition that may affect the hearing test results; and
 - d. Whether the newborn or infant has been referred to early intervention services, including a date of referral.
- F.** In addition to the information in subsection (E), if the reported results of a subsequent hearing test on a newborn or infant include an abnormal result, the person submitting the report on the subsequent hearing test shall submit to the Department, as specified in subsection (G), the following information:
1. Except as provided in subsection (F)(2), the mailing address and telephone number of the newborn's or infant's mother;
 2. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant;
 3. The name of the health care provider who is responsible for the coordination of medical services for the newborn or infant; and
 4. If applicable, the name and phone telephone number of the person to whom the newborn's or infant's parent was referred for further hearing tests, evaluation services, specialty care, or early intervention.
- G.** A health care facility's designee, health care provider, health care provider's designee, or other person required to report under subsections (C), (D), (E), or (F) shall submit, in an electronic format specified by the Department, the information specified in subsections (C), (D), (E), or (F) for hearing tests performed each week by the sixth day of the subsequent week.

Historical Note

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4). New Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2).

R9-13-208. Fees

- A.** The fee for a first specimen is \$36.00.
- B.** The fee for a second specimen is \$65.00.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final rulemaking at 23 A.A.R. 3262, effective November 7, 2017 (Supp. 17-4).

ARTICLE 3. REPEALED**R9-13-301. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-301 repealed, new Section R9-13-301 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 10, 1997 (Supp. 99-1).

R9-13-302. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-302 repealed, new Section R9-13-302 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 10, 1997 (Supp. 99-1).

R9-13-303. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-303 repealed, new Section R9-13-303 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-304. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-304 repealed, new Section R9-13-304 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final

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rulemaking at 3 A.A.R. 146, effective September 10, 1997 (Supp. 99-1).

R9-13-305. Repealed**Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-306. Repealed**Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4).

ARTICLE 4. REPEALED**R9-13-401. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-401 repealed, new Section R9-13-401 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-402. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-402 repealed, new Section R9-13-402 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-403. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-403 repealed, new Section R9-13-403 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-404. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-404 repealed, new Section R9-13-404 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-405. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-405 repealed, new Section R9-13-405 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-406. Repealed**Historical Note**

Effective 11-74; Former Section R9-13-406 repealed, new Section R9-13-406 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-407. Repealed**Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4).

ARTICLE 5. REPEALED**R9-13-501. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-501 repealed, new Section R9-13-501 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective March 23, 1997 (Supp. 99-1).

R9-13-502. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-502 repealed, new Section R9-13-502 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective March 23, 1997 (Supp. 99-1).

R9-13-503. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-503 repealed, new Section R9-13-503 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-504. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-504 repealed, new Section R9-13-504 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective March 23, 1997 (Supp. 99-1).

R9-13-505. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-506. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-507. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-508. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-509. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-510. Repealed**Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

R9-13-511. Repealed

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Historical Note

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

ARTICLE 6. REPEALED**R9-13-601. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-601 repealed, new Section R9-13-601 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-602. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-602 repealed, new Section R9-13-602 adopted effective July 16, 1981 (Supp. 81-4). Amended effective July 3, 1991 (Supp. 91-3). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-603. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-603 repealed, new Section R9-13-603 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-604. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-604 repealed, new Section R9-13-604 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-605. Repealed**Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-605 repealed, new Section R9-13-605 adopted effective July 16, 1981 (Supp. 81-4). Amended effective July 3, 1991 (Supp. 91-3). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-606. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

ARTICLE 7. REPEALED**R9-13-701. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 1, 1997 (Supp. 99-1).

R9-13-702. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 1, 1997 (Supp. 99-1).

R9-13-703. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-704. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 1, 1997 (Supp. 99-1).

ARTICLE 8. REPEALED**R9-13-801. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed June 1, 2000 (Supp. 01-1).

R9-13-802. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended by emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired, Readopted as an emergency effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Readopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency without change effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency rule permanently adopted effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed June 1, 2000 (Supp. 01-1).

R9-13-803. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-804. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

R9-13-805. Repealed**Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 30, 1998 (Supp. 99-1).

R9-13-806. Repealed

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Historical Note

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed June 1, 2000 (Supp. 01-1).

ARTICLE 9. REPEALED**R9-13-901. Repealed****Historical Note**

Adopted as an emergency effective April 6, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-2). Former Section R9-13-901 expired, new Section R9-13-901 adopted as a permanent rule effective October 13, 1982 (Supp. 82-5). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-902. Emergency expired**Historical Note**

Adopted as an emergency effective April 6, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-2). Former Section R9-13-902 expired (Supp. 82-5).

ARTICLE 10. REPEALED**R9-13-1001. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1002. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1003. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1004. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

ARTICLE 11. REPEALED**R9-13-1101. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1102. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1103. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1104. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1105. Repealed**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1). New Section made by final rulemaking at 8 A.A.R. 2323, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

ARTICLE 12. REPEALED**R9-13-1201. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1202. Emergency expired**Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired (Supp. 83-2).

ARTICLE 13. REPEALED**R9-13-1301. Repealed**

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Adopted effective November 23, 1983 (Supp. 83-6).
Section repealed by final rulemaking at 7 A.A.R. 1082,
effective February 13, 2001 (Supp. 01-1).

R9-13-1302. Repealed**Historical Note**

Adopted effective November 23, 1983 (Supp. 83-6).
Section repealed by final rulemaking at 7 A.A.R. 1082,
effective February 13, 2001 (Supp. 01-1).

R9-13-1303. Repealed**Historical Note**

Adopted effective November 23, 1983 (Supp. 83-6).
Section repealed by final rulemaking at 7 A.A.R. 1082,
effective February 13, 2001 (Supp. 01-1).

ARTICLE 14. REPEALED**R9-13-1401. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1403 renumbered and amended as permanent rule R9-13-
1401 effective March 19, 1984 (Supp. 84-2). Section
repealed by final rulemaking at 7 A.A.R. 1082, effective
February 13, 2001 (Supp. 01-1).

R9-13-1402. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1404 renumbered and amended as permanent rule R9-13-
1402 effective March 19, 1984 (Supp. 84-2). Section
repealed by final rulemaking at 7 A.A.R. 1082, effective
February 13, 2001 (Supp. 01-1).

R9-13-1403. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1405 renumbered as permanent rule R9-13-1403
effective March 19, 1984 (Supp. 84-2). Section repealed
by final rulemaking at 7 A.A.R. 1082, effective February
13, 2001 (Supp. 01-1).

R9-13-1404. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1406 renumbered and amended as permanent rule R9-13-
1404 without change effective March 19, 1984 (Supp. 84-
2). Section repealed by final rulemaking at 7 A.A.R.
1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1405. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1407 renumbered and amended as permanent rule R9-13-
1405 effective March 19, 1984 (Supp. 84-2). Section

repealed by final rulemaking at 7 A.A.R. 1082, effective
February 13, 2001 (Supp. 01-1).

R9-13-1406. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1408 renumbered and amended as permanent rule R9-13-
1406 effective March 19, 1984 (Supp. 84-2). Section
repealed by final rulemaking at 7 A.A.R. 1082, effective
February 13, 2001 (Supp. 01-1).

R9-13-1407. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1409 renumbered and amended as permanent rule R9-13-
1407 effective March 19, 1984 (Supp. 84-2). Section
repealed by final rulemaking at 7 A.A.R. 1082, effective
February 13, 2001 (Supp. 01-1).

R9-13-1408. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1410 renumbered and amended as permanent rule R9-13-
1408 effective March 19, 1984 (Supp. 84-2). Section
repealed by final rulemaking at 7 A.A.R. 1082, effective
February 13, 2001 (Supp. 01-1).

R9-13-1409. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1411 renumber and amended as permanent rule R9-13-
1409 effective March 19, 1984 (Supp. 84-2). Section
repealed by final rulemaking at 7 A.A.R. 1082, effective
February 13, 2001 (Supp. 01-1).

R9-13-1410. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1412 renumbered and amended as permanent rule R9-13-
1410 effective March 19, 1984 (Supp. 84-2). Section
repealed by final rulemaking at 7 A.A.R. 1082, effective
February 13, 2001 (Supp. 01-1).

R9-13-1411. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983
pursuant to A.R.S. § 41-1003, valid for only 90 days
(Supp. 83-6). Emergency expired. Former Section R9-13-
1413 renumbered and amended as permanent rule R9-13-
1411 effective March 19, 1984 (Supp. 84-2). Section
repealed by final rulemaking at 7 A.A.R. 1082, effective
February 13, 2001 (Supp. 01-1).

R9-13-1412. Repealed

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Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1414 renumbered and amended as permanent rule R9-13-1412 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1413. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1415 renumbered and amended as permanent rule R9-13-1413 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1414. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1416 renumbered and amended as permanent rule R9-13-1414 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1415. Repealed**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1417 renumbered and amended as permanent rule R9-13-1415 effective March 19, 1984 (Supp. 84-2). Correction in subsection (C)(2) to insert the word 'not' which was inadvertently omitted (Supp. 94-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1416. Emergency expired**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1416 renumbered and amended as permanent rule R9-13-1414 effective March 19, 1984 (Supp. 84-2).

R9-13-1417. Emergency expired**Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1417 renumbered and amended as permanent rule R9-13-1414 effective March 19, 1984 (Supp. 84-2).

Editor's Note: Article 15 was recodified to 9 A.A.C. 25, Article 8 (Supp. 98-1).

Editor's Note: Former Article 15 contained Sections and Exhibits which were adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice

of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.

ARTICLE 15. RECODIFIED**R9-13-1501. Recodified****Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former Section R9-13-1501 recodified to A.A.C. R9-25-801 (Supp. 98-1).

R9-13-1502. Recodified**Historical Note**

Adopted effective October 12, 1994; received by the Office of the Secretary of State October 24, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 94-4). Former Section R9-13-1502 recodified to A.A.C. R9-25-802 (Supp. 98-1).

Exhibit 1. Recodified**Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 1 recodified to A.A.C. R9-25-802, Exhibit 1 (Supp. 98-1).

Exhibit 2. Recodified**Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 2 recodified to A.A.C. R9-25-802, Exhibit 2 (Supp. 98-1).

Exhibit 3. Recodified**Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 3 recodified to A.A.C. R9-25-802, Exhibit 3 (Supp. 98-1).

Exhibit 4. Recodified**Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 4 recodified to A.A.C. R9-25-802, Exhibit 4 (Supp. 98-1).

R9-13-1503. Recodified**Historical Note**

Adopted effective November 27, 1995, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp.

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95-4). Former Section R9-13-1503 recodified to A.A.C.
R9-25-803 (Supp. 98-1).

Exhibit 1. Recodified**Historical Note**

Adopted effective November 27, 1995, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 95-4). Former R9-13-1503, Exhibit 1 recodified to A.A.C. R9-25-803, Exhibit 1 (Supp. 98-1).

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Arizona Administrative CODE

9 A.A.C. 16 Supp. 19-3

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 9

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 9. HEALTH SERVICES

CHAPTER 16. DEPARTMENT OF HEALTH SERVICES - OCCUPATIONAL LICENSING

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Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

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Questions about these rules? Contact:

Name: Megan Whitby, Bureau Chief
Address: Department of Health Services
Public Health Licensing Services
150 N. 18th Ave., Suite 400
Phoenix, AZ 85007
Telephone: (602) 364-3052
Fax: (602) 364-2079
E-mail: Megan.Whitby@azdhs.gov
or
Name: Robert Lane, Chief
Address: Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Ave., Suite 200
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
E-mail: Robert.Lane@azdhs.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 17-4, 1-42 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

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HOW TO USE THE CODE

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ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

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CHAPTER 16. DEPARTMENT OF HEALTH SERVICES - OCCUPATIONAL LICENSING

ARTICLE 1. LICENSING OF MIDWIFERY

R9-16-101. Definitions

In addition to the definitions in A.R.S. § 36-751, the following definitions apply in this Article unless otherwise specified:

1. "Abnormal presentation" means the fetus is not in a head-down position with the crown of the head being the leading body part.
2. "Addiction" means a condition that results when a person ingests a substance that becomes compulsive and interferes with ordinary life responsibilities, such as work, relationships, or health.
3. "Amniotic" means the fluid surrounding the fetus while in the mother's uterus.
4. "Apgar score" means the number indicating a newborn's physical condition attained by rating selected body functions.
5. "Aseptic" means free of germs.
6. "Breech" means a complete breech, a frank breech, or an incomplete breech.
7. "Certified nurse midwife" means an individual who meets the criteria in 4 A.A.C. 19, Article 5 and is certified by the Arizona State Board of Nursing.
8. "Complete breech" means that at the time of birth the buttocks of a fetus is pointing downward with both legs folded at the knees and the feet near the buttocks.
9. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
10. "Cervix" means the narrow lower end of the uterus which protrudes into the cavity of the vagina.
11. "Consultation" means communication between a midwife and a physician or a midwife and a certified nurse midwife for the purpose of receiving a written or verbal recommendation and implementing prospective advice regarding the care of a pregnant woman or the woman's child.
12. "Current photograph" means an image of an individual, taken no more than 60 calendar days before the submission of the individual's application, in a Department-approved electronic format capable of producing an image that:
 - a. Has a resolution of at least 600 x 600 pixels but not more than 1200 x 1200 pixels;
 - b. Is 2 inches by 2 inches in size;
 - c. Is in natural color;
 - d. Is a front view of the individual's full face, without a hat or headgear that obscures the hair or hairline;
 - e. Has a plain white or off-white background; and
 - f. Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head.
13. "Dilation" means opening of the cervix during the mechanism of labor to allow for passage of the fetus.
14. "Effacement" means the gradual thinning of the cervix during the mechanism of labor and indicates progress in labor.
15. "Emergency care plan" means the arrangements established by a midwife for a client's transfer of care in a situation in which the health or safety of the client or newborn are determined to be at risk.
16. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
41. "Primipara" means a woman who has given birth to her
17. "Episiotomy" means the cutting of the perineum, center, middle, or midline, in order to enlarge the vaginal opening for delivery.
18. "Fetus" means a child in utero from conception to birth.
19. "Frank breech" means that at the time of birth the buttocks of a fetus is pointing downward with both legs folded flat up against the head.
20. "Gestation" means the length of time from conception to birth, as calculated from the first day of the last normal menstrual period.
21. "Gravida" means the number of times the mother has been pregnant, including a current pregnancy, regardless of whether these pregnancies were carried to term.
22. "Incomplete breech" means that at the time of birth the buttocks of a fetus is pointing downward with one leg folded at the knee with the foot near the buttocks.
23. "Infant" has the same meaning as in A.R.S. § 36-694.
24. "Informed consent" means a document signed by a client, as provided in R9-16-109, agreeing to the provision of midwifery services.
25. "Intrapartum" means occurring from the onset of labor until after the delivery of the placenta.
26. "Jurisprudence test" means an assessment of an individual's knowledge of the:
 - a. Laws of this state concerning the reporting of births, prenatal blood tests, and newborn screening; and
 - b. Rules pertaining to the practice of midwifery.
27. "Ketones" means certain harmful chemical elements which are present in the body in excessive amounts when there is a compromised bodily function.
28. "Local registrar" means a person appointed by the state's registrar of vital statistics for a registration district whose duty includes receipt of birth and death certificates for births and deaths occurring within that district for review, registration, and transmittal to the state office of vital records according to A.R.S. Title 36, Chapter 3.
29. "Meconium" means the first bowel movement of the newborn, which is greenish black in color and tarry in consistency.
30. "Midwifery services" means health care, provided by a midwife to a mother, related to pregnancy, labor, delivery or postpartum care.
31. "Newborn" has the same meaning as in A.R.S. § 36-694.
32. "Para" means the number of births that are greater than 20 weeks of gestation, including viable and non-viable births, where multiples are counted as one birth.
33. "Parity" means the number of newborns a woman has delivered.
34. "Perineum" means the muscular region in the female between the vaginal opening and the anus.
35. "Physician" means an allopathic, an osteopathic, or a naturopathic practitioner licensed according to A.R.S. Title 32, Chapters 13, 14, or 17.
36. "Postpartum" means the six-week period following delivery of a newborn and placenta.
37. "Prenatal" means the period from conception to the onset of labor and birth.
38. "Prenatal care" means the on-going risk assessments, clinical examinations, and prenatal, nutritional, and anticipatory guidance offered to a pregnant woman.
39. "Prenatal visit" means each clinical examination of a pregnant woman for the purpose of monitoring the course of gestation and the overall health of the woman.
40. "Primigravida" means a woman who is pregnant for the first time.

CHAPTER 16. DEPARTMENT OF HEALTH SERVICES - OCCUPATIONAL LICENSING

42. "Quickening" means the first perceptible movement of the fetus in the uterus, occurring usually in the 16th to the 20th week of gestation.
 43. "Rh" means a blood antigen.
 44. "Serious mental illness" means a condition in an individual who is 18 years of age or older and who exhibits emotional or behavioral functioning, as a result of a mental disorder as defined in A.R.S. § 36-501, that:
 - a. Is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation; and
 - b. Impairs or substantially interferes with the capacity of the individual to remain in the community without supportive treatment or services of a long-term or indefinite duration.
 45. "Substance abuse" means the continued use of alcohol or other drugs in spite of negative consequences.
 46. "Shoulder dystocia" means the shoulders of the fetus are wedged in the mother's pelvis in such a way that the fetus is unable to be born without emergency action.
 47. "Transfer of care" means that a midwife refers the care of a client or newborn to an emergency medical services provider, a certified nurse midwife, a hospital, or a physician who then assumes responsibility for the direct care of the client or newborn.
 48. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a state-wide furlough day.
- d. Documentation of legal resident alien status;
 3. Documentation that demonstrates the applicant is 21 years of age or older if the documentation submitted in subsection (A)(2) does not demonstrate that the applicant is 21 years of age or older;
 4. Current documentation of completion of training in:
 - a. Adult basic cardiopulmonary resuscitation through a course recognized by the American Heart Association, and
 - b. Neonatal resuscitation through a course recognized by the American Academy of Pediatrics or American Heart Association;
 5. Documentation of a high school diploma, a high school equivalency diploma, an associate degree, or a higher degree;
 6. Documentation that the applicant is certified by the North American Registry of Midwives as a Certified Professional Midwife;
 7. A current photograph of the applicant;
 8. A non-refundable application fee of \$25; and
 9. A non-refundable testing fee of \$100 for a jurisprudence test administered by the Department.
 - B.** The Department shall review an application for an initial license to practice midwifery according to R9-16-107 and Table 1.1.
 - C.** If an applicant receives notification of eligibility to take the jurisprudence test, the applicant:
 1. Shall take the jurisprudence test administered by the Department,
 2. Shall provide proof of identity by a government-issued photographic identification card upon the request of the individual administering the jurisprudence test,
 3. May take the jurisprudence test as many times as desired without paying an additional testing fee, and
 4. Shall score 80% or higher correct answers on the jurisprudence test to be eligible to receive an initial license to practice midwifery.
 - D.** If an applicant scores 80% or higher correct answers on the jurisprudence test, the Department shall provide written notice to the applicant, within five working days after the date of the jurisprudence test, to submit to the Department:
 1. A licensing fee of \$25; and
 2. The documentation required in subsection (A)(4) or (6), if the training required in subsection(A)(4) or certification required in subsection (A)(6) is not current.
 - E.** The Department shall issue an initial license to practice midwifery within five working days after receiving the applicable documentation and licensing fee required in subsection (D).
 - F.** The Department shall provide to an applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A) and inform the applicant that the applicant may reapply under subsection (A) if the applicant does not:
 1. Score 80% or higher correct answers on the jurisprudence test within 180 calendar days after the date of the notification of eligibility to take the jurisprudence test, or
 2. Submit to the Department the applicable documentation and licensing fee required in subsection (D) within 120 calendar days after the date of the notification in subsection (D).

Historical Note

Section repealed, new Section adopted effective March 14, 1994 (Supp. 94-1). Section amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-102. Application for Initial Licensure

- A.** An applicant for an initial license to practice midwifery shall submit:
 1. An application in a format provided by the Department that contains:
 - a. The applicant's name, address, telephone number, and e-mail address;
 - b. The applicant's Social Security Number, as required under A.R.S. §§ 25-320 and 25-502;
 - c. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state or jurisdiction;
 - d. If the applicant was convicted of a felony or misdemeanor:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);
 - f. An attestation that information required as part of the application has been submitted and is true and accurate; and
 - g. The applicant's signature and date of signature;
 2. A copy of the applicant's:
 - a. U.S. passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or

Historical Note

Section repealed, new Section adopted effective March 14, 1994 (Supp. 94-1). Amended by final rulemaking at 8 A.A.R. 2896, effective June 18, 2002 (Supp. 02-2). Section R9-16-102 repealed; new Section R9-16-102 renumbered from R9-16-103 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013

CHAPTER 16. DEPARTMENT OF HEALTH SERVICES - OCCUPATIONAL LICENSING

(Supp. 13-2).

effective July 1, 2013 (Supp. 13-2).

Exhibit A. Repealed**Historical Note**

Section repealed, new Section adopted effective March 14, 1994 (Supp. 94-1). Exhibit A repealed by final rulemaking at 8 A.A.R. 2896, effective June 18, 2002 (Supp. 02-2).

R9-16-103. Renewal

- A.** At least 30 calendar days and no more than 60 calendar days before the expiration date of a midwifery license, a midwife shall submit to the Department:
1. An application for renewal of a midwifery license in a format provided by the Department, that contains:
 - a. The midwife's name, address, telephone number, and e-mail address;
 - b. The midwife's license number;
 - c. Whether the midwife has been convicted of a felony or a misdemeanor in this or another state or jurisdiction in the previous two years;
 - d. If the midwife was convicted of a felony or misdemeanor:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the midwife was convicted, and
 - iv. The disposition of the case;
 - e. Whether the midwife agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);
 - f. An attestation that the midwife has completed the continuing education requirement in R9-16-105;
 - g. An attestation that the midwife is complying with the requirements in A.R.S. § 32-3211;
 - h. An attestation that information required as part of the application has been submitted and is true and accurate; and
 - i. The midwife's signature and date of signature;
 2. Either:
 - a. Documentation that the midwife is currently certified by the North American Registry of Midwives as a Certified Professional Midwife; or
 - b. For a midwife who has been continuously licensed as a midwife by the Department since 1999, a copy of both sides of documentation showing the completion of current training in:
 - i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a), and
 - ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b); and
 3. A non-refundable renewal fee of \$25.
- B.** The Department shall review an application for renewal of a license to practice midwifery according to R9-16-107 and Table 1.

Historical Note

Adopted effective March 14, 1994 (Supp. 94-1). Section R9-16-103 renumbered to R9-16-102; new Section R9-16-103 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

Exhibit B. Repealed**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Exhibit B repealed by exempt rulemaking at 19 A.A.R. 1805,

Exhibit C. Repealed**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Exhibit C repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-104. Administration

- A.** A midwife may submit a written request for the Department to:
1. Add the midwife's name, address, and telephone number to a list of licensed midwives on the Department's website; or
 2. Remove the midwife's name, address, and telephone number from a list of licensed midwives on the Department's website.
- B.** A midwife shall:
1. Notify the Department in a format provided by the Department within five working days after:
 - a. A client has died while under the midwife's care,
 - b. A stillborn child has been delivered by the midwife, or
 - c. A newborn delivered by the midwife has died within the first 6 weeks after birth; and
 2. Provide a summary of the:
 - a. Circumstances leading up to the event, and
 - b. Actions taken by the midwife in response to the event.
- C.** A midwife shall:
1. Maintain documentation of:
 - a. Completion of current training in:
 - i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a), and
 - ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b);
 - b. Except as provided in R9-16-103(A)(2)(b), current certification as a Certified Professional Midwife by the North American Registry of Midwives; and
 - c. The continuing education required in subsection R9-16-105 for at least the previous three years; and
 2. Provide a copy of documentation required in subsection (C)(1) to the Department within 2 working days after the Department's request.

Historical Note

Adopted effective March 14, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-105. Continuing Education

During the term of a midwifery license, the midwife shall obtain at least 20 continuing education units that:

1. Improve the midwife's ability to:
 - a. Provide services within the midwife's scope of practice,
 - b. Recognize and respond to situations outside the midwife's scope of practice, or
 - c. Provide guidance to other services a client may need; and
2. Have been approved as applicable to the practice of midwifery by the:
 - a. American Nurses Association,
 - b. American Congress of Obstetrics and Gynecologists,
 - c. Midwives Alliance of North America,

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- d. Arizona Medical Association,
- e. American College of Nurse Midwives,
- f. Midwifery Education Accreditation Council, or
- g. Another health professional organization.

Historical Note

Adopted effective March 14, 1994, except for subsections (B)(3) and (C) which are effective September 15, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

Exhibit D. Repealed**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Exhibit D repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-105.01. Repealed**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2896, effective June 18, 2002 (Supp. 02-2). Section repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

Table 1. Repealed**Historical Note**

Table 1 made by final rulemaking at 8 A.A.R. 2896, effective June 18, 2002 (Supp. 02-2). Table 1 repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-106. Name Change; Duplicate License

- A. To request a name change on a midwifery license or a duplicate midwifery license, a midwife shall submit in writing to the Department:
 - 1. The midwife's name on the current midwifery license;
 - 2. If applicable, the midwife's new name;
 - 3. The midwife's address, license number, and e-mail address;
 - 4. As applicable:
 - a. Documentation supporting the midwife's name change, or
 - b. A statement that the midwife is requesting a duplicate midwifery license; and
 - 5. A non-refundable fee of \$10.00.
- B. Upon receipt of the written request required in subsection (A), the Department shall issue, as applicable:
 - 1. An amended midwifery license that incorporates the name change but retains the expiration date of the midwifery license, or
 - 2. A duplicate midwifery license.

Historical Note

Adopted effective March 14, 1994 (Supp. 94-1). Section R9-16-106 renumbered to R9-16-108; new Section R9-16-106 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-107. Time-frames

- A. The overall time-frame described in A.R.S. § 41-1072(2) for each type of license granted by the Department is specified in Table 1.1. The applicant or midwife and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25 percent of the overall time-frame.

- B. The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of license granted by the Department is specified in Table 1.1.

1. The administrative completeness review time-frame begins:
 - a. For an applicant submitting an application for initial licensure, when the Department receives the application packet required in R9-16-102(A); and
 - b. For a licensed midwife applying to renew a midwifery license, when the Department receives the application packet required in R9-16-103(A).
 2. If an application is incomplete, the Department shall provide a notice of deficiencies to the applicant or midwife describing the missing documentation or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the documentation or information listed in the notice of deficiencies. An applicant or midwife shall submit to the Department the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1 for responding to a notice of deficiencies.
 3. If the applicant or midwife submits the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1, the Department shall provide a written notice of administrative completeness to the applicant or midwife.
 4. If the applicant or midwife does not submit the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1, the Department shall consider the application withdrawn.
 5. When an application is complete the Department shall provide a notice of administrative completeness to the applicant or midwife.
 6. If the Department issues a notice of eligibility to take the jurisprudence test or a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame described in A.R.S. § 41-1072(3) is specified in Table 1.1 and begins on the date of the notice of administrative completeness.
 1. If an application complies with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife.
 2. If an application does not comply with the requirements in this Article or A.R.S. Title 36, Chapter 6, Article 7, the Department shall make one comprehensive written request for additional information, unless the applicant or midwife has agreed in writing to allow the Department to submit supplemental requests for information. The substantive review time-frame and the overall time-frame are suspended from the date that the Department sends a comprehensive written request for additional information or a supplemental request for information until the date that the Department receives all of the information requested.
 3. An applicant or midwife shall submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information within the time specified in Table 1.1.

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4. If the applicant or midwife does not submit the additional information within the time specified in Table 1.1 or the additional information submitted by the applicant or midwife does not demonstrate compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide to the applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A).
5. If the applicant or midwife submits the additional information within the time specified in Table 1.1 and the additional information submitted by the applicant or mid-

wife demonstrates compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife.

Historical Note

Adopted effective March 14, 1994 (Supp. 94-1). Section R9-16-107 renumbered to R9-16-115; new Section R9-16-107 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

Table 1.1. Time-frames (in calendar days)

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Eligibility for Jurisprudence Test (R9-16-102)	A.R.S. §§ 36-753, 36-754, and 36-755	30	15	60	15	30
Midwifery License Renewal (R9-16-103)	A.R.S. § 36-754	30	15	30	15	15

Historical Note

Table 1.1 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

Exhibit E. Repealed**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1).
Amended to correct printing errors (Supp. 99-4). Exhibit E repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-108. Responsibilities of a Midwife; Scope of Practice

- A. A midwife shall provide midwifery services only to a healthy woman, determined through a physical assessment and review of the woman's obstetrical history, whose expected outcome of pregnancy is most likely to be the delivery of a healthy newborn and an intact placenta.
- B. Except as provided in R9-16-111(C) or (D), a midwife who is certified by the North American Registry of Midwives as a Certified Professional Midwife may accept a client for a vaginal delivery:
 1. After prior Cesarean section, or
 2. Of a fetus in a complete breech or frank breech presentation.
- C. Before providing services to a client, a midwife shall:
 1. Inform a client, both orally and in writing, of:
 - a. The midwife's scope of practice, educational background, and credentials;
 - b. If applicable to the client's condition, the midwife's experience with:
 - i. Vaginal birth after prior Cesarean section delivery, or
 - ii. Delivery of a fetus in a complete breech or frank breech presentation;
 - c. The potential risks; adverse outcomes; neonatal or maternal complications, including death; and alternatives associated with an at-home delivery specific to the client's condition, including the conditions described in subsection (C)(1)(b);
 - d. The requirement for tests specified in subsections (I) and (K)(4)(c), and the potential risks for declining a test, and, if a test is declined, the need for a written assertion of a client's decision to decline testing;
 - e. The requirement for consultation for a condition specified in R9-16-112; and
 - f. The requirement for the transfer of care for a condition specified in R9-16-111; and
2. Obtain a written informed consent for midwifery services according to R9-16-109.
- D. A midwife shall establish an emergency care plan for the client that includes:
 1. The name, address, and phone number of:
 - a. The hospital closest to the birthing location that provides obstetrical services, and
 - b. An emergency medical services provider that provides service between the birthing location and the hospital identified in subsection (D)(1)(a);
 2. The hospital identified in subsection (D)(1)(a) is within 25 miles of the birthing location for a delivery identified in subsection (B);
 3. The signature of the client and the date signed; and
 4. The signature of the midwife and the date signed.
- E. A midwife shall ensure the client receives a copy of the emergency care plan required in subsection (D).
- F. A midwife shall implement the emergency care plan by immediately calling the emergency medical services provider identified in subsection (D)(1)(b) for any condition that threatens the life of the client or the client's child.
- G. A midwife shall maintain all instruments used for delivery in an aseptic manner and other birthing equipment and supplies in clean and good condition.
- H. A midwife shall assess a client's physical condition in order to establish the client's continuing eligibility to receive midwifery services.
- I. During the prenatal period, the midwife shall:
 1. Until October 1, 2013, schedule or arrange for the following tests for the client within 28 weeks gestation:
 - a. Blood type, including ABO and Rh, with antibody screen;
 - b. Urinalysis;
 - c. HIV;
 - d. Hepatitis B;

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- e. Hepatitis C;
 - f. Syphilis as required in A.R.S. § 36-693;
 - g. Rubella titer;
 - h. Chlamydia; and
 - i. Gonorrhea;
2. Until October 1, 2013, schedule or arrange for the following tests for the client:
 - a. A blood glucose screening test for diabetes completed between 24 and 28 weeks of gestation;
 - b. A hematocrit and hemoglobin or complete blood count test completed between 28 and 36 weeks of gestation;
 - c. A vaginal-rectal swab for Group B Strep Streptococcus culture completed between 35 and 37 weeks of gestation;
 - d. At least one ultrasound and recommended follow-up testing to determine placental location and risk for placenta previa and placenta accrete; and
 - e. An ultrasound at 36-37 weeks gestation to confirm fetal presentation and estimated fetal weight for a breech pregnancy;
 3. As of October 1, 2013, except as provided in R9-16-110, ensure that the tests in section (I)(1) are completed by the client within 28 weeks gestation;
 4. As of October 1, 2013, except as provided in R9-16-110, ensure that the tests in subsection (I)(2) are completed by the client;
 5. Conduct a prenatal visit at least once every 4 weeks until the beginning of 28 weeks of gestation, once every 2 weeks from the beginning of 28 weeks until the end of 36 weeks of gestation, and once a week after 36 weeks of gestation that includes:
 - a. Taking the client's weight, urinalysis for protein, nitrites, glucose and ketones; blood pressure; and assessment of the lower extremities for swelling;
 - b. Measurement of the fundal height and listening for fetal heart tones and, later in the pregnancy, feeling the abdomen to determine the position of the fetus;
 - c. Documentation of fetal movement beginning at 28 weeks of gestation;
 - d. Document of:
 - i. The occurrence of bleeding or invasive uterine procedures, and
 - ii. Any medications taken during the pregnancy that are specific to the needs of an Rh negative client;
 - e. Referral of a client for lab tests or other assessments, if applicable, based upon examination or history; and
 - f. Recommendation of administration of the drug RhoGam to unsensitized Rh negative mothers after 28 weeks, or any time bleeding or invasive uterine procedures are done, or midwife administration of RhoGam under a physician's written orders;
 6. Monitor fetal heart tones with fetoscope and document the client's report of first quickening, between 18 and 20 weeks of gestation;
 7. Conduct weekly visits until signs of first quickening have occurred if first quickening has not been reported by 20 weeks of gestation;
 8. Initiate a consultation if first quickening has not occurred by the end of 22 weeks of gestation; and
 9. Conduct a prenatal visit of the birthing location before the end of 35 weeks of gestation to ensure that the birthing environment is appropriate for birth and that communication is available to the hospital and emergency medical services provider identified in subsection(D)(1).
- J. During the intrapartum period, a midwife shall:**
1. Determine if the client is in labor and the appropriate course of action to be taken by:
 - a. Assessing the interval, duration, intensity, location, and pattern of the contractions;
 - b. Determining the condition of the membranes, whether intact or ruptured, and the amount and color of fluid;
 - c. Reviewing with the client the need for an adequate fluid intake, relaxation, activity, and emergency management; and
 - d. Deciding whether to go to client's home, remain in telephone contact, or arrange for transfer of care or consultation;
 2. Contact the hospital identified in subsection (D)(1)(a) according to the policies and procedures established by the hospital regarding communication with midwives when the client begins labor and ends labor;
 3. During labor, assess the condition of the client and fetus upon initial contact, every half hour in active labor until completely dilated, and every 15 to 20 minutes during pushing, following rupture of the amniotic bag, or until the newborn is delivered, including:
 - a. Initial physical assessment and checking of vital signs every 2 to 4 hours of the client;
 - b. Assessing fetal heart tones every 30 minutes in active first stage labor, and every 15 minutes during second stage, following rupture of the amniotic bag, or with any significant change in labor patterns;
 - c. Periodically assessing contractions, fetal presentation, dilation, effacement, and fetal position by vaginal examination;
 - d. Maintaining proper fluid balance for the client throughout labor as determined by urinary output and monitoring urine for presence of ketones; and
 - e. Assisting in support and comfort measures to the client and family;
 4. For deliveries described in subsection (B), during labor determine:
 - a. For primiparas, the progress of active labor by monitoring whether dilation occurs at an average of 1 centimeter per hour until completely dilated, and a second stage does not exceed 2 hours, if applicable;
 - b. Normal progress of active labor for multigravidas by monitoring whether dilation occurs at an average of 1.5 to 2 centimeters per hour until completely dilated, and a second stage does not exceed 1 hour, if applicable; or
 - c. The progress of active labor according to the Management Guidelines recommended by the American Congress of Obstetricians and Gynecologists;
 5. After delivery of the newborn:
 - a. Assess the newborn at 1 minute and 5 minutes to determine the Apgar scores;
 - b. Physically assess the newborn for any abnormalities;
 - c. Inspect the client's perineum, vagina, and cervix for lacerations;
 - d. Deliver the placenta within 1 hour and assess the client for signs of separation, frank or occult bleeding; and
 - e. Examine the placenta for intactness and to determine the number of umbilical cord vessels; and
 6. Recognize and respond to any situation requiring immediate intervention.

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K. During the postpartum period, the midwife shall:

1. During the 2 hours after delivery of the placenta, provide the following care to the client:
 - a. Every 15 to 20 minutes for the first hour and every 30 minutes for the second hour:
 - i. Take vital signs of the client,
 - ii. Perform external massage of the uterus, and
 - iii. Evaluate bleeding;
 - b. Assist the client to urinate within 2 hours following the birth, if applicable;
 - c. Evaluate the perineum, vagina, and cervix for tears, bleeding, or blood clots;
 - d. Assist with maternal newborn and infant bonding;
 - e. Assist with initial breast feeding, instructing the client in the care of the breast, and reviewing potential danger signs, if appropriate;
 - f. Provide instruction to the family about adequate fluid and nutritional intake, rest, and the types of exercise allowed, normal and abnormal bleeding, bladder and bowel function, appropriate baby care, signs and symptoms of postpartum depression, and any symptoms that may pose a threat to the health or life of the client or the client's newborn and appropriate emergency phone numbers;
 - g. Recommend or administer under physician's written orders, the drug RhoGam to an unsensitized Rh-negative mother who delivers an Rh-positive newborn. Administration shall occur not later than 72 hours after birth; and
 - h. Document any medications taken by the client in the client's record to an unsensitized Rh-negative client who delivers an Rh-positive newborn;
2. During the 2 hours after delivery of the placenta, provide the following care to the newborn:
 - a. Perform a newborn physical exam to determine the newborn's gestational age and any abnormalities;
 - b. Comply with the requirements in A.A.C. R9-6-332;
 - c. Recommend or administer Vitamin K under physician's written orders to the newborn. Administration shall occur not later than 72 hours after birth; and
 - d. Document the administration of any medications or vitamins to the newborn in the newborn's record according to the physician's written orders;
3. Evaluate the client or newborn for any abnormal or emergency situation and seek consultation or intervention, if applicable, according to these rules; and
4. Re-evaluate the condition of the client and newborn between 24 and 72 hours after delivery to determine whether the recovery is following a normal course, including:
 - a. Assessing baseline indicators such as the client's vital signs, bowel and bladder function, bleeding, breasts, feeding of the newborn, sleep/rest cycle, activity with any recommendations for change;
 - b. Assessing baseline indicators of well-being in the newborn such as vital signs, weight, cry, suck and feeding, fontanel, sleeping, and bowel and bladder function with documentation of meconium, and providing any recommendations for changes made to the family;
 - c. Submitting blood obtained from a heel stick to the newborn to the state laboratory for screening according to A.R.S. § 36-694(B) and 9 A.A.C. 13, Article 2, unless a written refusal is obtained from the client and documented in the client's record and the newborn's record; and

- d. Recommending to the client that the client secure medical follow-up for her newborn.

- L.** A midwife shall file a birth certificate with the local registrar within seven calendar days after the birth of the newborn.
- M.** Subsections (B), (C)(1)(b), (C)(1)(d) and (J)(2) and (4) are effective July 1, 2014.

Historical Note

Adopted effective March 14, 1994 (Supp. 94-1). R9-16-108 renumbered to R9-16-111; new Section R9-16-108 renumbered from R9-16-106 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-109. Informed Consent for Midwifery Services

- A.** A midwife shall obtain a written informed consent for midwifery services in a format provided by the Department that contains:
1. The midwife's:
 - a. Name,
 - b. Telephone number,
 - c. License number, and
 - d. E-mail address;
 2. The client's:
 - a. Name;
 - b. Address;
 - c. Telephone number;
 - d. Date of birth; and
 - e. E-mail address, if applicable;
 3. An attestation that the client was:
 - a. Provided the information required in R9-16-108(C)(1);
 - b. Informed of the emergency care plan as required in R9-16-108(D); and
 - c. Given an opportunity to have questions answered, have an understanding of the information provided, and choose to continue with midwifery services; and
 4. The signatures of the client and midwife and date signed.
- B.** A midwife shall ensure that the written informed consent for midwifery services is placed in the client file.
- C.** A midwife shall ensure that a copy of the written informed consent for midwifery services is provided to the:
1. Client, and
 2. Department within five calendar days after a Department request.
- D.** This section is effective October 1, 2013.

Historical Note

Adopted effective March 14, 1994 (Supp. 94-1). R9-16-109 renumbered to R9-16-112; new Section R9-16-109 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Manifest typographical errors corrected in subsections (A)(3)(a) and (b) to rule Section reference of incorrect Chapter number; request made by department at file number R13-232 (Supp. 13-3).

R9-16-110. Assertion to Decline Required Tests

- A.** Except for R9-16-108(I)(1)(f), if the client declines a test required in R9-16-108(I)(3) and (4), a midwife shall obtain a written assertion of a client's decision to decline a required test in a format provided by the Department, that contains:
1. The midwife's:
 - a. Name,
 - b. Telephone number,
 - c. License number, and
 - d. E-mail address;
 2. The client's:
 - a. Name;

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- b. Address;
 - c. Telephone number;
 - d. Date of birth; and
 - e. E-mail address, if applicable;
 - 3. The required test being declined by the client;
 - 4. Additional information as required by the Department;
 - 5. An attestation that the client:
 - a. Was provided the information as required in R9-16-108(C)(1)(d), and
 - b. Is declining testing; and
 - 6. The signatures of the client and midwife and date signed.
 - B.** A midwife shall ensure that the written assertion of the decision to decline a test is placed in the client file.
 - C.** A midwife shall ensure that a copy of the written assertion of the decision to decline a test is provided to the:
 - 1. Client, and
 - 2. Department within five calendar days after a Department request.
 - D.** This section is effective October 1, 2013.
- Historical Note**
- Adopted effective March 14, 1994 (Supp. 94-1). R9-16-110 renumbered to R9-16-113; new Section R9-16-110 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Manifest typographical error corrected in subsection (A)(5)(a) to rule Section reference of incorrect Chapter number; request made by department at file number R13-232 (Supp. 13-3).
- R9-16-111. Prohibited Practice; Transfer of Care**
- A.** A midwife shall not provide midwifery services in a location that has the potential to cause harm to the client or the client's child.
 - B.** A midwife shall not accept for midwifery services or continue midwifery services for a client who has or develops any of the following:
 - 1. A previous surgery that involved:
 - a. An incision in the uterus, except as provided in R9-16-108(B)(1); or
 - b. A previous uterine surgery that enters the myometrium;
 - 2. Multiple fetuses;
 - 3. Placenta previa or placenta accreta;
 - 4. A history of severe postpartum bleeding, of unknown cause, which required transfusion;
 - 5. Deep vein thrombosis or pulmonary embolism;
 - 6. Uncontrolled gestational diabetes;
 - 7. Insulin-dependent diabetes;
 - 8. Hypertension;
 - 9. Rh disease with positive titers;
 - 10. Active:
 - a. Tuberculosis;
 - b. Syphilis;
 - c. Genital herpes at the onset of labor;
 - d. Hepatitis until treated and recovered, following which midwifery services may resume; or
 - e. Gonorrhea until treated and recovered, following which midwifery services may resume;
 - 11. Preeclampsia or eclampsia persisting after the second trimester;
 - 12. A blood pressure of 140/90 or an increase of 30 millimeters of Mercury systolic or 15 millimeters of Mercury diastolic over the client's lowest baseline blood pressure for two consecutive readings taken at least six hours apart;
 - 13. A persistent hemoglobin level below 10 grams or a hematocrit below 30 during the third trimester;
 - 14. A pelvis that will not safely allow a baby to pass through during labor;
 - 15. A serious mental illness;
 - 16. Evidence of substance abuse, including six months prior to pregnancy, to one of the following, evident during an assessment of a client:
 - a. Alcohol,
 - b. Narcotics, or
 - c. Other drugs;
 - 17. Except as provided in R9-16-108(B)(2), a fetus with an abnormal presentation;
 - 18. Labor beginning before the beginning of 36 weeks gestation;
 - 19. A progression of labor that does not meet the requirements of R9-16-108(J)(4), if applicable;
 - 20. Gestational age greater than 34 weeks with no prior prenatal care;
 - 21. A gestation beyond 42 weeks;
 - 22. Presence of ruptured membranes without onset of labor within 24 hours;
 - 23. Abnormal fetal heart rate consistently less than 120 beats per minute or more than 160 beats per minute;
 - 24. Presence of thick meconium, blood-stained amniotic fluid, or abnormal fetal heart tones;
 - 25. A postpartum hemorrhage of greater than 500 milliliters in the current pregnancy; or
 - 26. A non-bleeding placenta retained for more than 60 minutes.
 - C.** A midwife shall not perform a vaginal delivery after prior Cesarean section for a client who:
 - 1. Had:
 - a. More than one previous Cesarean section;
 - b. A previous Cesarean section:
 - i. With a classical, vertical, or unknown uterine incision;
 - ii. Within 18 months before the expected delivery;
 - iii. With complications, including uterine infection; or
 - iv. Due to failure to progress as a result of cephalopelvic insufficiency; or
 - c. Complications during a previous vaginal delivery after a Cesarean section; or
 - 2. Has a fetus:
 - a. With fetal anomalies, confirmed by an ultrasound; or
 - b. In a breech presentation.
 - D.** A midwife shall not perform a vaginal delivery of a fetus in a breech presentation for a client who:
 - 1. Had a previous:
 - a. Unsuccessful vaginal delivery or other demonstration of an inadequate maternal pelvis, or
 - b. Cesarean section; or
 - 2. Has a fetus:
 - a. With fetal anomalies, confirmed by an ultrasound;
 - b. With an estimated fetal weight less than 2500 grams or more than 3800 grams; or
 - c. In an incomplete breech presentation.
 - E.** If the client has any of the conditions in subsections (B) through (D), a midwife shall:
 - 1. Document the condition in the client record, and
 - 2. Initiate transfer of care.
 - F.** A midwife shall not perform any operative procedures except as provided in R9-16-113.
 - G.** A midwife shall not:
 - 1. Use any artificial, forcible, or mechanical means to assist birth; or

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2. Attempt to correct fetal presentations by external or internal movement of the fetus.
- H.** A midwife shall not administer drugs or medications except as provided in R9-16-108(I)(5)(f), (K)(1)(g), (K)(2)(c), or R9-16-113.
- I.** Except as provided in R9-16-113, a midwife shall:
 1. Discontinue midwifery services and transfer care of a newborn in which any of the following conditions are present:
 - a. Birth weight less than 2000 grams;
 - b. Pale, blue, or gray color after 10 minutes;
 - c. Excessive edema;
 - d. Major congenital anomalies; or
 - e. Respiratory distress; and
 2. Document the condition in subsection (I)(1) in the newborn record.

Historical Note

Adopted effective March 14, 1994 (Supp. 94-1). R9-16-111 renumbered to R9-16-116; new Section R9-16-111 renumbered from R9-16-108 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-112. Required Consultation

- A.** A midwife shall obtain a consultation at the time a client is determined to have any of the following during the current pregnancy:
 1. A positive culture for Group B Streptococcus;
 2. History of seizure disorder;
 3. History of stillbirth, premature labor, or parity greater than 5;
 4. Age younger than 16 years;
 5. A primigravida older than 40 years of age;
 6. Failure to auscultate fetal heart tones by the beginning of 22 weeks gestation;
 7. Failure to gain 12 pounds by the beginning of 30 weeks gestation or gaining more than 8 pounds in any two-week period during pregnancy;
 8. Greater than 1+ sugar, ketones, or protein in the urine on two consecutive visits;
 9. Excessive vomiting or continued vomiting after the end of 20 weeks gestation;
 10. Symptoms of decreased fetal movement;
 11. A fever of 100.4° F or 38° C or greater measured twice at 24 hours apart;
 12. Tender uterine fundus;
 13. Effacement or dilation of the cervix, greater than a fingertip, accompanied by contractions, prior to the beginning of 36 weeks gestation;
 14. Measurements for fetal growth that are not within 2 centimeters of the gestational age;
 15. Second degree or greater lacerations of the birth canal;
 16. Except as provided in R9-16-111(B)(19), an abnormal progression of labor;
 17. An unengaged head at 7 centimeters dilation in active labor;
 18. Failure of the uterus to return to normal size in the current postpartum period;
 19. Persistent shortness of breath requiring more than 24 breaths per minute, or breathing which is difficult or painful;
 20. Gonorrhea;
 21. Chlamydia;
 22. Syphilis;
 23. Heart disease;
 24. Kidney disease;

25. Blood disease; or
26. A positive test result for:
 - a. HIV,
 - b. Hepatitis B, or
 - c. Hepatitis C.

- B.** A midwife shall obtain a consultation at the time a newborn demonstrates any of the following conditions:
 1. Weight less than 2500 grams or 5 pounds, 8 ounces;
 2. Congenital anomalies;
 3. An Apgar score less than 7 at 5 minutes;
 4. Persistent breathing at a rate of more than 60 breaths per minute;
 5. An irregular heartbeat;
 6. Persistent poor muscle tone;
 7. Less than 36 weeks gestation or greater than 42 weeks gestation by gestational exam;
 8. Yellowish-colored skin within 48 hours;
 9. Abnormal crying;
 10. Meconium staining of the skin;
 11. Lethargy;
 12. Irritability;
 13. Poor feeding;
 14. Excessively pink coloring over the entire body;
 15. Failure to urinate or pass meconium in the first 24 hours of life;
 16. A hip examination which results in a clicking or incorrect angle;
 17. Skin rashes not commonly seen in the newborn; or
 18. Temperature persistently above 99.0° or below 97.6° F.
- C.** The midwife shall inform the client of the consultation required in subsections (A) or (B) and recommendations of the physician or certified nurse midwife.
- D.** The midwife shall document the consultation required in subsections (A) or (B) and recommendations received in the client record or newborn record.

Historical Note

Adopted effective March 14, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 5029, effective September 30, 2001 (Supp. 01-4). New Section R9-16-112 renumbered from R9-16-109 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-113. Emergency Measures

- A.** In an emergency situation in which the health or safety of the client or newborn are determined to be at risk, a midwife:
 1. Shall ensure that an emergency medical services provider is called; and
 2. May perform the following procedures as necessary:
 - a. Cardiopulmonary resuscitation of the client or newborn with a bag and mask;
 - b. Administration of oxygen at no more than 8 liters per minute via mask for the client and 5 liters per minute for the newborn via neonatal mask;
 - c. Episiotomy to expedite the delivery during fetal distress;
 - d. Suturing of episiotomy or tearing of the perineum to stop active bleeding, following administration of local anesthetic, contingent upon consultation with a physician or certified nurse midwife, or physician's written orders;
 - e. Release of shoulder dystocia by utilizing:
 - i. Hyperflexion of the client's legs to the abdomen,
 - ii. Application of external pressure suprapubically,

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- iii. Rotation of the nonimpacted shoulder until the impacted shoulder is released,
 - iv. Delivery of the posterior shoulder,
 - v. Application of posterior pressure on the anterior shoulder, or
 - vi. Positioning of the client on all fours with the back arched;
 - f. Manual exploration of the uterus for control of severe bleeding; or
 - g. Manual removal of placenta.
- B.** A licensed midwife may administer a maximum dose of 20 units of pitocin intramuscularly, in 10-unit dosages each, 30 minutes apart, to a client for the control of postpartum hemorrhage, contingent upon physician or certified nurse midwife consultation and written orders by a physician, and arrangements for immediate transport of the client to a hospital.
- C.** A midwife shall document in the client's record any medications taken by a client for the control of postpartum hemorrhage.
- 6. Whether the client required transfer of care and, if applicable:
 - a. Method of transport,
 - b. Type of facility or individual to which the midwife transferred care of the client,
 - c. Name of destination,
 - d. Time arrived at destination,
 - e. Confirmation the emergency care plan was utilized, and
 - f. Medical reason for transfer of care;
 - 7. The date midwifery services were terminated;
 - 8. Reason for the termination of midwifery services;
 - 9. If termination of midwifery services was due to a medical condition, the specific medical condition;
 - 10. Whether information was provided on newborn screening; and
 - 11. Whether newborn screening tests were ordered as required in A.R.S. § 36-694.
- B.** The midwife shall submit a midwife report for a client to the Department within 30 calendar days after the termination of midwifery services to the client.

Historical Note

New Section R9-16-113 renumbered from R9-16-110 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-114. Midwife Report after Termination of Midwifery Services

- A.** A midwife shall complete a midwife report for each client, in a format provided by the Department, that includes the following:
- 1. The midwife's:
 - a. First name,
 - b. Last name, and
 - c. License number;
 - 2. The client's:
 - a. Date of birth;
 - b. Client number;
 - c. Date of last menstrual period;
 - d. Estimated date of delivery;
 - e. Gravida (number);
 - f. Para (number); and
 - g. If applicable, whether the client had a vaginal delivery after prior Cesarean section or vaginal delivery of a fetus in a complete breech or frank breech presentation;
 - 3. A description of the maternal outcome, including any complications;
 - 4. If a vaginal delivery after prior Cesarean section or vaginal delivery of a fetus in a complete breech or frank breech presentation:
 - a. Rate of dilation, and
 - b. Duration of second stage labor;
 - 5. If applicable, the newborn's:
 - a. Date of birth;
 - b. Gender;
 - c. Weight;
 - d. Length;
 - e. Head circumference;
 - f. Designation of average, small, or large for gestational age;
 - g. Apgar score at 1 minute;
 - h. Apgar score at 5 minutes;
 - i. Existence of complications;
 - j. Description of complications, if applicable;
 - k. Birth certificate filing date; and
 - l. Birth certificate number, if available;

Historical Note

Section made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-115. Client and Newborn Records

- A.** A midwife shall ensure that a record is established and maintained according to A.R.S. §§ 12-2291 and 12-2297 for each:
- 1. Client, and
 - 2. Newborn delivered by the midwife from a client.
- B.** A midwife shall ensure that a record for each client includes the following:
- 1. The client's full name, date of birth, address, and client number;
 - 2. Names, addresses, and telephone numbers of the client's spouse or other individuals designated by the client to be contacted in an emergency;
 - 3. Written informed consent for midwifery services, as required in R9-16-108(C)(2);
 - 4. Assertion to decline required tests, as required in R9-16-110(A)(3);
 - 5. A copy of the emergency care plan, as required in R9-16-108(E);
 - 6. The date the midwife began providing midwifery services to the client;
 - 7. The date the client is expected to deliver the newborn;
 - 8. The date the newborn was delivered, if applicable;
 - 9. An initial assessment of the client to:
 - a. Determine whether the client has a history of a condition or circumstance that would preclude care of the client by the midwife, as specified in R9-16-111; and
 - b. Determine the:
 - i. Number and outcome of previous pregnancies, and
 - ii. Number of previous medical or midwife visits the client has had during the current pregnancy;
 - 10. Progress notes documenting the midwifery services provided to the client;
 - 11. For a delivery identified in R9-16-108(B):
 - a. Rate of dilation, and
 - b. Duration of second stage labor;
 - 12. Laboratory and diagnostic reports, according to R9-16-108(I);
 - 13. Documentation of consultations as required in R9-16-112, including:

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- a. Reason for the consultation,
 - b. Name of physician or certified nurse midwife,
 - c. Date of consultation,
 - d. Time of consultation, and
 - e. Recommendation made by the physician or certified nurse midwife;
14. Written reports received from consultations as required in R9-16-112;
 15. A description of any conditions or circumstances arising during the pregnancy that required the transfer of care;
 16. The name of the physician, certified nurse midwife, or hospital to which the care of the client was transferred, if applicable;
 17. Documentation of medications or vitamins taken by the client;
 18. Documentation of medications or vitamins administered to the client and the physician's written orders for the medications or vitamins;
 19. The outcome of the pregnancy;
 20. The date the midwife stopped providing midwifery services to the client; and
 21. Instructions provided to the client before the midwife stopped providing midwifery services to the client.
- C. A midwife shall ensure that a record for each newborn includes the following:
1. The full name, date of birth, and address of the newborn's mother;
 2. The newborn's:
 - a. Date of birth,
 - b. Gender,
 - c. Weight at birth,
 - d. Length at birth, and
 - e. Apgar scores at 1 minute and 5 minutes after birth;
 3. The newborn's estimated gestational age at birth;
 4. Progress notes documenting the midwifery services provided to the newborn;
 5. Laboratory and diagnostic reports, as required in R9-16-108(I);
 6. Documentation of consultations as required in R9-16-112:
 - a. Reason for the consultation,
 - b. Name of physician or certified nurse midwife,
 - c. Date of consultation,
 - d. Time of consultation, and
 - e. Recommendation made by the physician or certified nurse midwife;
 7. Written reports received from consultations as required in R9-16-112;
 8. A description of any conditions or circumstances arising during or after the newborn's birth that required the transfer of care;
 9. The name of the physician, certified nurse midwife, or hospital to which the care of the newborn was transferred, if applicable;
 10. Documentation of medications or vitamins taken by the newborn;
 11. Documentation of medications or vitamins administered to the newborn and the physician's written orders for the medications or vitamins;
 12. Documentation of newborn screening, including when the specimen collection kit, as defined in A.A.C. R9-13-201, was submitted and results received, as required in R9-16-108(K)(4)(c);
 13. The date the midwife stopped providing midwifery services to the newborn; and

14. Instructions provided to the client about the newborn before the midwife stopped providing midwifery services to the newborn.

Historical Note

New Section R9-16-115 renumbered from R9-16-107 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-116. Denial, Suspension, or Revocation of License; Civil Penalties; Procedures

In addition to the grounds specified in A.R.S. §§ 36-756 and 13-904(E), the Department may deny, suspend, or revoke a license permanently or for a definite period of time, and may assess a civil penalty for each violation, for any of the following causes:

1. Practicing under a false name or alias so as to interfere with or obstruct the investigative or regulatory process,
2. Practicing under the influence of drugs or alcohol,
3. Falsification of records,
4. Obtaining any fee for midwifery services by fraud or misrepresentation,
5. Permitting another to use the midwife's license, or
6. Knowingly providing false information to the Department.

Historical Note

New Section R9-16-116 renumbered from R9-16-111 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

R9-16-117. Expired**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 1044, effective August 26, 2017 (Supp. 17-3).

ARTICLE 2. LICENSING AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS**R9-16-201. Definitions**

In addition to the definitions in A.R.S. § 36-1901, the following definitions apply in this Article, unless otherwise specified:

1. "Accredited" means approved by the:
 - a. New England Association of Schools and Colleges,
 - b. Middle States Commission on Higher Education,
 - c. North Central Association of Colleges and Schools,
 - d. Northwest Commission on Colleges and Universities,
 - e. Southern Association of Colleges and Schools, or
 - f. Western Association of Schools and Colleges.
2. "Applicant" means:
 - a. An individual who submits an application packet, or
 - b. A person who submits a request for approval for a continuing education course.
3. "Application packet" means the information, documents, and fees required by the Department for a license.
4. "ASHA" means the American Speech-Language-Hearing Association, a national scientific and professional organization for audiologists and speech-language pathologists.
5. "Calendar day" means each day, not including the day of the act, event, or default, from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
6. "CCC" means Certificate of Clinical Competence, an award issued by ASHA to an individual who:

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- a. Completes a degree in audiology or speech-language pathology from an accredited college or university that includes a clinical practicum,
 - b. Passes the ETSNEA or ETSNESLP, and
 - c. Completes a clinical fellowship.
7. "Clinical fellow" means an individual engaged in a clinical fellowship.
8. "Clinical fellowship" means an individual's postgraduate professional experience assessing, diagnosing, screening, treating, writing reports, and counseling individuals exhibiting speech, language, hearing, or communication disorders, obtained:
 - a. After completion of graduate level academic course work and a clinical practicum;
 - b. Under the supervision of a clinical fellowship supervisor; and
 - c. While employed on a full-time or part-time equivalent basis.
9. "Clinical fellowship agreement" means the document submitted to the Department by a clinical fellow to register the initiation of a clinical fellowship.
10. "Clinical fellowship report" means a document completed by a clinical fellowship supervisor containing:
 - a. A summary of the diagnostic and therapeutic procedures performed by the clinical fellow,
 - b. A verification by the clinical fellowship supervisor of the clinical fellow's performance of diagnostic and therapeutic procedures, and
 - c. An evaluation of the clinical fellow's ability to perform the diagnostic and therapeutic procedures.
11. "Clinical fellowship supervisor" means a licensed speech-language pathologist who:
 - a. Is a sponsor of a temporary licensee,
 - b. Had a CCC while supervising a clinical fellow before October 28, 1999, or
 - c. Has a CCC while supervising a clinical fellow in another state.
12. "Clinical practicum" means the experience acquired by an individual who is completing course work in audiology or speech-language pathology, while supervised by a licensed audiologist, a licensed speech-language pathologist, or an individual holding a CCC, by assessing, diagnosing, evaluating, screening, treating, and counseling individuals exhibiting speech, language, cognitive, hearing, or communication disorders.
13. "Continuing education" means a course that provides instruction and training that is designed to develop or improve the licensee's professional competence in disciplines directly related to the licensee's scope of practice.
14. "Course" means a workshop, seminar, lecture, conference, or class.
15. "Current CCC" means documentation issued by ASHA verifying that an individual is presently certified by ASHA.
16. "Department-designated written hearing aid dispenser examination" means one of the following that has been identified by the Department as complying with the requirements in A.R.S. § 36-1924:
 - a. The International Licensing Examination for Hearing Healthcare Professionals, administered by the International Hearing Society; or
 - b. A test provided by the Department or other organization.
17. "Diagnostic and therapeutic procedures" means the principles and methods used by an audiologist in the practice of audiology or a speech-language pathologist in the practice of speech-language pathology.
18. "Disciplinary action" means a proceeding that is brought against a licensee by the Department under A.R.S. § 36-1934 or a state licensing entity.
19. "ETSNEA" means Educational Testing Service National Examination in Audiology, the specialty area test of the Praxis Series given by the Education Testing Service, Princeton, N.J.
20. ETSNESLP means Educational Testing Service National Examination in Speech-Language Pathology, the specialty area test of the Praxis Series given by the Education Testing Service, Princeton, N.J.
21. Full-time means 30 clock hours or more per week.
22. "Graduate level" means leading to, or creditable towards, a master's or doctoral degree.
23. "Local education agency" means a school district governing board established by A.R.S. §§ 15-301 through 15-396.
24. "Monitoring" means being responsible for and providing direction to a clinical fellow without directly observing diagnostic and therapeutic procedures.
25. "On-site" observations" means the presence of a clinical fellowship supervisor who is watching a clinical fellow perform diagnostic and therapeutic procedures.
26. "Part-time equivalent" means:
 - a. 25-29 clock hours per week for 48 weeks,
 - b. 20-24 clock hours per week for 60 weeks, or
 - c. 15-19 clock hours per week for 72 weeks.
27. "Pupil" means a child attending a school, a charter school, a private school, or an accommodation school as defined in A.R.S. § 15-101.
28. "Semester credit hour" means one earned academic unit of study based on completing, at an accredited college or university, a 50 to 60 minute class session per calendar week for 15 to 18 weeks.
29. "Semester credit hour equivalent" means one quarter credit, which is equal in value to 2/3 of a semester credit hour.
30. "State-supported institution" means a school receiving funding under A.R.S. §§ 15-901 through 15-1045.
31. "Supervise" means being responsible for and providing direction to:
 - a. A clinical fellow during on-site observations or monitoring of the clinical fellow's performance of diagnostic and therapeutic procedures; or
 - b. An individual completing a clinical practicum.
32. "Supervisory activities" means evaluating and assessing a clinical fellow's performance of diagnostic and therapeutic procedures in assessing, diagnosing, evaluating, screening, treating, and counseling individuals exhibiting speech, language, cognitive, hearing, or communication disorders.
33. "Week" means the period of time beginning at 12:00 a.m. on Sunday and ending at 11:59 p.m. the following Saturday.

Historical Note

Former Section R9-16-201 repealed, new Section R9-16-201 adopted effective January 23, 1978 (Supp. 78-1).
Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-202. Application for an Initial License for an Audiologist

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- A.** Except as provided in subsection (B), an applicant for an audiology license or an audiology license to fit and dispense shall submit to the Department:
1. An application in a format provided by the Department that contains:
 - a. The applicant's name, home address, telephone number, and e-mail address;
 - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
 - c. If applicable, the applicant's business address and telephone number;
 - d. If applicable, the name of applicant's employer, including the employer's business address and telephone number;
 - e. Whether the applicant is requesting an audiology license to fit and dispense;
 - f. Whether the applicant has ever been convicted of a felony or a misdemeanor involving moral turpitude in this or another state;
 - g. If the applicant has been convicted of a felony or a misdemeanor involving moral turpitude:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - h. Whether the applicant is or has been licensed as an audiologist or an audiologist to fit and dispense hearing aids in another state or country;
 - i. Whether the applicant has had a license revoked or suspended by any state within the previous two years;
 - j. Whether the applicant is currently ineligible for licensing in any state because of a license revocation or suspension;
 - k. Whether any disciplinary action has been imposed by any state, territory or district in this country for an act related to the applicant's practice of audiology;
 - l. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-209;
 - m. An attestation that the information submitted is true and accurate; and
 - n. The applicant's signature and date of signature;
 2. If a license for the applicant has been revoked or suspended by any state within the previous two years, documentation that includes:
 - a. The date of the revocation or suspension,
 - b. The state or jurisdiction of the revocation or suspension, and
 - c. An explanation of the revocation or suspension;
 3. If the applicant is currently ineligible for licensing in any state because of a license revocation or suspension, documentation that includes:
 - a. The date of the ineligibility for licensing,
 - b. The state or jurisdiction of the ineligibility for licensing, and
 - c. An explanation of the ineligibility for licensing;
 4. If the applicant has been disciplined by any state, territory, or district of this country for an act related to the applicant's audiology license that is grounds for disciplinary action under Title 37, Chapter 17, documentation that includes:
 - a. The date of the disciplinary action,
 - b. The state or jurisdiction of the disciplinary action,
 - c. An explanation of the disciplinary action, and
 - d. Any other applicable documents, including a legal order or settlement agreement;
 5. If applicable, a list of all states and countries in which the applicant is or has been licensed as an audiologist or an audiologist to fit and dispense hearing aids;
 6. A copy of the applicant's:
 - a. U.S. passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation of legal resident alien status;
 7. One of the following:
 - a. A copy of the applicant's official transcript issued to the applicant by an accredited college or university after the applicant's completion of a doctoral degree consistent with the standards of this state's universities, as required in A.R.S. § 36-1940(A)(2); or
 - b. Documentation that the applicant is eligible for a waiver, according to A.R.S. § 36-1940.02(C), of the education and clinical rotation requirements in A.R.S. § 36-1940;
 8. Documentation:
 - a. Of a passing grade on a ETSNEA dated within three years before the date of application required in A.R.S. § 36-1902(E);
 - b. Of a current CCC completed by the applicant within three years before the date of application; or
 - c. The applicant is eligible for a waiver, according to A.R.S. § 36-1940.02(D), of the audiology examination requirements in A.R.S. § 36-1940; and
 9. A nonrefundable \$100 application fee.
- B.** An applicant for an audiology license to fit and dispense hearing aids who was awarded a master's degree before December 31, 2007 shall submit to the Department:
1. An application in a format provided by the Department that contains the information in subsections (A)(1) through (A)(7) and (A)(9);
 2. A copy of the applicant's official transcript from an accredited college or university demonstrating the applicant's completion of a master's degree in audiology before December 31, 2007;
 3. Documentation that the applicant is eligible, according to A.R.S. § 36-1940.02(C), for a waiver of the education and clinical rotation requirements in A.R.S. § 36-1940;
 4. Documentation that the applicant:
 - a. Has a passing grade on a ETSNEA completed within three years before the date of application;
 - b. Has a CCC completed within three years before the date of application; or
 - c. Is eligible for a waiver, according to A.R.S. § 36-1940.02(D), of the audiology examination requirements in A.R.S. § 36-1940; and
 5. Documentation:
 - a. Of a passing grade obtained by the applicant on a Department designated written hearing aid dispenser's examination as required in A.R.S. § 36-1940(C); or
 - b. That the applicant is eligible for a waiver, according to A.R.S. § 36-1940.02(E), of the hearing aid dispensing examination requirements in A.R.S. § 36-1940.
- C.** The Department shall review the application packet for a license to practice as an audiologist, an audiologist to fit and dispense hearing aids, or an audiologist, who has a master's

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degree, to fit and dispense hearing aids, as applicable, according to R9-16-209 and Table 2.1.

- D.** An audiologist with a doctoral degree in audiology who is licensed to fit and dispense hearing aids shall take and pass a Department-provided jurisprudence and ethics examination within six months after the issue date of the audiologist's license.

Historical Note

Former Section R9-16-202 repealed, new Section R9-16-202 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Section R9-16-202 repealed; new Section R9-16-202 renumbered from R9-16-203 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-203. Application for an Initial License for a Speech-language Pathologist

- A.** Except as provided in subsection (B), an applicant for a speech-language pathologist license shall submit to the Department:

1. An application in a format provided by the Department that contains:
 - a. The applicant's name, home address, telephone number, and e-mail address;
 - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
 - c. If applicable, the applicant's business address and telephone number;
 - d. If applicable, the name of the applicant's employer, including the employer's business address and telephone number;
 - e. Whether the applicant has ever been convicted of a felony or a misdemeanor involving moral turpitude in this or another state;
 - f. If the applicant has been convicted of a felony or a misdemeanor involving moral turpitude:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - g. Whether the applicant is or has been licensed as a speech-language pathologist in another state or country;
 - h. Whether the applicant has had a license revoked or suspended by any state within the previous two years;
 - i. Whether the applicant is currently ineligible for licensing in any state because of a license revocation or suspension;
 - j. Whether a disciplinary action has been imposed by any state, territory, or district in this country for an act related to the applicant's speech-language pathologist license;
 - k. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-209;
 - l. An attestation that the information submitted is true and accurate; and
 - m. The applicant's signature and date of signature;
2. If applicable, a list of all states and countries in which the applicant is or has been licensed as speech-language pathologist;

3. If a license for the applicant has been revoked or suspended by any state within the previous two years, documentation that includes:
 - a. The date of the revocation or suspension,
 - b. The state or jurisdiction of the revocation or suspension, and
 - c. An explanation of the revocation or suspension;
 4. If the applicant is currently ineligible for licensing in any state because of a license revocation or suspension, documentation that includes:
 - a. The date of the ineligibility for licensing,
 - b. The state or jurisdiction of the ineligibility for licensing, and
 - c. An explanation of the ineligibility for licensing;
 5. If the applicant has been disciplined by any state, territory, or district of this country for an act related to the applicant's speech-language pathologist license that is grounds for disciplinary action under Title 37, Chapter 17, documentation that includes:
 - a. The date of the disciplinary action;
 - b. The state or jurisdiction of the disciplinary action;
 - c. An explanation of the disciplinary action; and
 - d. Any other applicable documents, including a legal order or settlement agreement;
 6. A copy of the applicant's:
 - a. U.S. passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation of legal resident alien status;
 7. Documentation of the applicant's:
 - a. Official transcript issued to the applicant by an accredited college or university after the applicant's completion of a master's degree consistent with the standards of this state's universities;
 - b. Completion of a clinical practicum, as required in A.R.S. § 36-1940.01(A)(2)(b); and
 - c. One of the following:
 - i. Completion of clinical fellowship signed by the clinical fellowship supervisor as required in A.R.S. § 36-1940.01(A)(2)(c); or
 - ii. Completion of a CCC within three years before the date of the application;
 8. Documentation:
 - a. Of the applicant's passing score on the ETSNESLP; or
 - b. That the applicant is eligible for a waiver, according to A.R.S. § 36-1940.02(B), from the examination requirements in A.R.S. § 36-1940.01; and
 9. A nonrefundable \$100 application fee.
- B.** An applicant for a speech-language pathologist license, limited to providing services to pupils under the authority of a local education agency or state-supported institution, shall submit:
1. An application in a format provided by the Department that contains requirements in subsections (A)(1) through (6) and (A)(9);
 2. A copy of an employee agreement or employment contract, conditioned upon the applicant's receipt of a speech-language pathologist license, with a local education agency or a state-supported institution that includes the:
 - a. Applicant's name and Social Security number,
 - b. Name of the local education agency or state-supported institution,
 - c. Classification title of the applicant,

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- d. Work dates or projected work dates of the employment contract, and
- e. Signatures of the applicant and the individual authorized by the governing board to represent the local education agency or state-supported institution; and
- 3. A copy of a temporary or regular certificate in speech and language therapy issued by the State Board of Education to the applicant.
- C. The Department shall review an application packet for a license to practice as a speech-language pathologist according to R9-16-209 and Table 2.1.

Historical Note

Former Section R9-16-203 repealed, new Section R9-16-203 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section R9-16-203 renumbered to R9-16-202; new Section R9-16-203 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-204. Application for a Temporary License for a Speech-Language Pathologist License

- A. An applicant for a temporary speech-language pathologist license shall submit to the Department:
 - 1. An application in a format provided by the Department that contains:
 - a. The applicant's name, home address, telephone number, and e-mail address;
 - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
 - c. If applicable, the applicant's business address and telephone number;
 - d. If applicable, the name of the applicant's employer, including the employer's business address and telephone number;
 - e. Whether the applicant has ever been convicted of a felony or a misdemeanor involving moral turpitude in this or another state;
 - f. If the applicant has been convicted of a felony or a misdemeanor involving moral turpitude:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - g. Whether the applicant is or has been licensed as a speech-language pathologist in another state or country;
 - h. Whether the applicant has had a license revoked or suspended by any state within the previous two years;
 - i. Whether the applicant is currently ineligible for licensing in any state because of a license revocation or suspension;
 - j. Whether any disciplinary action, consent order, or settlement agreement is pending or has been imposed by any state or country upon the applicant's speech-language pathologist license;
 - k. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-209;
 - l. An attestation that the information submitted is true and accurate; and
 - m. The applicant's signature and date of signature;
 - 2. If applicable, a list of all states and countries in which the applicant is or has been licensed as a speech-language pathologist;
 - 3. If a license for the applicant has been revoked or suspended by any state within the previous two years, documentation that includes:
 - a. The date of the revocation or suspension,
 - b. The state or jurisdiction of the revocation or suspension, and
 - c. An explanation of the revocation or suspension;
 - 4. If the applicant is currently ineligible for licensing in any state because of a license revocation or suspension, documentation that includes:
 - a. The date of the ineligibility for licensing,
 - b. The state or jurisdiction of the ineligibility for licensing, and
 - c. An explanation of the ineligibility for licensing;
 - 5. If the applicant has been disciplined by any state, territory or district of this country for an act related to the applicant's speech-language pathologist license that is grounds for disciplinary action under Title 37, Chapter 17, documentation that includes:
 - a. The date of the disciplinary action;
 - b. The state or jurisdiction of the disciplinary action;
 - c. An explanation of the disciplinary action; and
 - d. Any other applicable documents, including a legal order or settlement agreement;
 - 6. A copy of the applicant's:
 - a. U.S. passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation of legal resident alien status;
 - 7. Documentation of the applicant's:
 - a. Official transcript issued to the applicant by an accredited college or university after the applicant's completion of a master's degree consistent with the standards of this state's universities, as required in A.R.S. § 36-1940.01(A)(2)(a); and
 - b. Completion of a clinical practicum, as required in A.R.S. § 36-1940.01(A)(2)(b);
 - 8. A copy of the applicant's clinical fellowship agreement that includes:
 - a. The applicant's name, home address, and telephone number;
 - b. The clinical fellowship supervisor's name, business address, telephone number, and Arizona speech-language pathology license number;
 - c. The name and address where the clinical fellowship will take place;
 - d. A statement by the clinical fellowship supervisor agreeing to comply with R9-16-210; and
 - e. The signatures of the applicant and the clinical fellowship supervisor;
 - 9. Documentation of the applicant's completion of the ETS-NESLP as required in A.R.S. § 36-1940.01(A)(3); and
 - 10. A nonrefundable \$100 application fee.
- B. A temporary license issued is effective for 12 months from the date of issuance.
- C. A temporary license may be renewed only once.
- D. An applicant issued a temporary speech-language pathologist license shall:
 - 1. Practice under the supervision of a licensed speech-language pathologist, and
 - 2. Not practice under the supervision of individual who has a temporary speech-language pathologist license.

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- E. The Department shall review an application packet for a temporary speech-language pathologist license according to R9-16-209 and Table 2.1

Historical Note

Former Section R9-16-204 repealed, new Section R9-16-204 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section R9-16-204 renumbered to R9-16-209; new Section R9-16-204 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-205. License Renewal for an Audiologist

- A. Except as provided in subsection (B) and before the expiration date of the audiologist's license, a licensed audiologist or audiologist who fits and dispenses hearing aids shall submit to the Department:

1. A renewal application in a format provided by the Department that contains:
 - a. The applicant's name, home address, telephone number, and e-mail address;
 - b. If applicable, the applicant's business address and telephone number;
 - c. If applicable, the name of the applicant's employer, including the employer's business address and telephone number;
 - d. The applicant's license number and date of expiration;
 - e. Since the previous license application, whether the applicant has been convicted of a felony or a misdemeanor involving moral turpitude in this or another state;
 - f. If the applicant was convicted of a felony or a misdemeanor involving moral turpitude:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - g. Whether the applicant has had, within two years before the renewal application date, an audiologist license suspended or revoked by any state;
 - h. An attestation that the information submitted is true and accurate; and
 - i. The applicant's signature and date of signature;
2. Documentation of the continuing education required in R9-16-208, completed within the two years before the expiration date of the license, including:
 - a. The name of the individual or organization providing the course;
 - b. The date and location where the course was provided;
 - c. The title of each course attended;
 - d. A description of each course's content;
 - e. The name of the instructor;
 - f. The instructor's education, training, and experience background, if applicable; and
 - g. The number of continuing education hours earned for each course; and
3. A \$200 license renewal fee.

- B. In addition to the documentation and renewal fee in subsection (A), an applicant who submits a renewal application within 30 calendar days after the license expiration date shall submit a \$25 late fee.

- C. An applicant who does not submit the documentation and the fee in subsection (A) and, if applicable, (B) within 30 calendar days after the license expiration date shall apply for a new license in R9-16-202.

- D. If an applicant applies for a license according to R9-16-202 more than 30 calendar days but less than one year after the expiration date of the applicant's previous license, the applicant:

1. Is not required to submit ETSNEA documentation, and
2. Shall submit documentation of continuing education according to R9-16-208, completed within the two years before the date of application.

- E. The Department shall review the application packet for a renewal license to practice as an audiologist or an audiologist to fit and dispense hearing aids according to R9-16-209 and Table 2.1.

Historical Note

Former Section R9-16-205 repealed, new Section R9-16-205 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Section R9-16-205 renumbered to R9-16-210; new Section R9-16-205 renumbered from R9-16-206 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-206. License Renewal for a Speech-language Pathologist

- A. Except as provided in subsection (B) and before the expiration date of the speech-language pathologist's license, a licensed speech-language pathologist shall submit to the Department:

1. A renewal application in a format provided by the Department that contains:
 - a. The applicant's name, home address, telephone number, and e-mail address;
 - b. If applicable, the applicant's business address and telephone number;
 - c. If applicable, the name of the applicant's employer, including the employer's business address and telephone number;
 - d. The applicant's license number and date of expiration;
 - e. Since the previous license application, whether the applicant has been convicted of a felony or a misdemeanor involving moral turpitude in this or another state;
 - f. If the applicant was convicted of a felony or a misdemeanor:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - g. Whether the applicant had, within two years before the renewal application date, a speech-language pathologist license suspended or revoked by any state;
 - h. An attestation that the information submitted is true and accurate; and
 - i. The applicant's signature and date of signature;
2. Documentation of the continuing education required in R9-16-208, completed within the two years before the expiration date of the license, including:
 - a. The name of the individual or organization providing the course;

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- b. The date and location where the course was provided;
 - c. The title of each course attended;
 - d. The description of each course's content;
 - e. The name of the instructor;
 - f. The instructor's education, training, and experience background, if applicable; and
 - g. The number of continuing education hours earned for each course;
- 3. If the applicant is limited to providing speech-language pathology services to pupils under the authority of a local education agency or state-supported institution the documents required in R9-16-203(B); and
- 4. A \$200 license renewal fee.
- B.** In addition to the documentation and renewal fee in subsection (A), an applicant who submits a renewal application within 30 calendar days after the license expiration date shall submit a \$25 late fee.
- C.** An applicant who does not submit the documentation and the fee in subsection (A) and, if applicable, (B) within 30 calendar days after the license expiration date shall apply for a new license in R9-16-203.
- D.** If an applicant applies for a license according to R9-16-203 more than 30 calendar days but less than one year after the expiration date of the applicant's previous license, the applicant:
 - 1. Is not required to submit ETSNESLP documentation, and
 - 2. Shall submit documentation of continuing education according to R9-16-208 completed within the two years before the date of application.
- E.** The Department shall review the application packet for a renewal license to practice as a speech-language pathologist according to R9-16-209 and Table 2.1.

Historical Note

Former Section R9-16-206 repealed, new Section R9-16-206 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section R9-16-206 renumbered to R9-16-205; new Section R9-16-206 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-207. License Renewal for a Temporary Speech-language Pathologist

- A.** Before the expiration date of the temporary speech-language pathologist license, a licensed temporary speech-language pathologist shall submit to the Department:
 - 1. A renewal application in a format provided by the Department that contains:
 - a. The applicant's name, home address, e-mail address, and telephone number;
 - b. The applicant's license number and date of expiration;
 - c. The name of the applicant's employer, including the employer's business address, and telephone number;
 - d. The name, business address, telephone number, and license number of the speech language pathologist providing supervision to the applicant;
 - e. Since the previous license application, whether the applicant has been convicted of a felony or a misdemeanor involving moral turpitude in this or another state;
 - f. If the applicant was convicted of a felony or a misdemeanor:

- i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
- g. An attestation that the information submitted is true and accurate; and
- h. The applicant's signature and date of signature;
- 2. A statement signed and dated by the applicant's clinical fellowship supervisor agreeing to comply with R9-16-210; and
- 3. A \$100 license renewal fee.

- B.** The Department shall review the application packet for a renewal temporary license to practice as a temporary speech-language pathologist according to R9-16-209 and Table 2.1.

Historical Note

Former Section R9-16-207 repealed, new Section R9-16-207 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Section R9-16-207 renumbered to R9-16-208; new Section R9-16-207 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-208. Continuing Education

- A.** Every 24 months after the effective date of a regular license, a licensee shall complete continuing education approved by the Department.
 - 1. Except as provided in (A)(2), a licensed audiologist shall complete at least 20 continuing education hours related to audiology;
 - 2. A licensed audiologist who fits and dispenses hearing aids shall complete:
 - a. At least 20 continuing education hours related to audiology and hearing aid dispensing, and
 - b. No more than eight continuing education hours required in subsection (A)(2)(a) provided by a single manufacturer of hearing aids; and
 - 3. A licensed speech-language pathologist shall complete at least 20 continuing education hours in speech-language pathology related courses.
- B.** Continuing education shall:
 - 1. Directly relate to the practice of audiology, speech-language pathology, or fitting and dispensing hearing aids;
 - 2. Have educational objectives that exceed an introductory level of knowledge of audiology, speech-language pathology, or fitting and dispensing hearing aids; and
 - 3. Consist of courses that include advances within the last five years in:
 - a. Practice of audiology,
 - b. Practice of speech-language pathology,
 - c. Procedures in the selection and fitting of hearing aids,
 - d. Pre- and post-fitting management of clients,
 - e. Instrument circuitry and acoustic performance data,
 - f. Ear mold design and modification contributing to improved client performance,
 - g. Audiometric equipment or testing techniques that demonstrate an improved ability to identify and evaluate hearing loss,
 - h. Auditory rehabilitation,
 - i. Ethics,
 - j. Federal and state statutes or rules, or
 - k. Assistive listening devices.

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- C.** A continuing education course developed, endorsed, or sponsored by one of the following meets the requirements in subsection (B):
1. Hearing Healthcare Providers of Arizona,
 2. Arizona Speech-Language-Hearing Association,
 3. American Speech-Language-Hearing Association,
 4. International Hearing Society,
 5. International Institute for Hearing Instrument Studies,
 6. American Auditory Society,
 7. American Academy of Audiology,
 8. Academy of Doctors of Audiology,
 9. Arizona Society of Otolaryngology-Head and Neck Surgery,
 10. American Academy of Otolaryngology-Head and Neck Surgery, or
 11. An organization determined by the Department to be consistent with an organization in subsection (C)(1) through (10).
- D.** An applicant may request approval for a continuing education course by submitting the following to the Department:
1. The applicant's name, address, telephone number, and e-mail address, as applicable;
 2. If the applicant is a licensee, the licensee's license number;
 3. The title of the continuing education course;
 4. A brief description of the course;
 5. The name, educational background, and teaching experience of the individual presenting the course, if available;
 6. The educational objectives of the course; and
 7. The date, time, and place of presentation of the course.
- E.** If an applicant submits the information in subsection (D), the Department shall review the request for approval for a continuing education course according to R9-16-209 and Table 2.1.
- F.** The Department shall approve a continuing education course if the Department determines that the continuing education course:
1. Is designed to provide current developments, skills, procedures, or treatment in diagnostic and therapeutic procedures in audiology, speech-language pathology, or hearing aid dispensing;
 2. Is developed and presented by individuals knowledgeable and experienced in the subject area; and
 3. Contributes directly to the professional competence of a licensee.
- Historical Note**
- Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Section R9-16-208 renumbered to R9-16-214; new Section R9-16-208 renumbered from R9-16-207 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).
- R9-16-209. Time-frames**
- A.** For each type of license or approval issued by the Department under this Article, Table 2.1 specifies the overall time-frame described in A.R.S. § 41-1072(2).
1. An applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
 2. The extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.
- B.** For each type of license or approval issued by the Department under this Article, Table 2.1 specifies the administrative completeness review time-frame described in A.R.S. § 41-1072(1), which begins on the date the Department receives an application packet.
1. The administrative completeness review time-frame begins:
 - a. The date the Department receives an application packet required in this Article, or
 - b. The date the Department receives a request for continuing education course approval according to R9-16-208.
 2. Except as provided in subsection (B)(3), the Department shall provide a written notice of administrative completeness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.
 - a. If a license application packet or request for continuing education course approval is not complete, the notice of deficiencies listing each deficiency and the information or documentation needed to complete the license application packet or request for continuing education course approval.
 - b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing information or documentation.
 - c. If the applicant does not submit to the Department all the information or documentation listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the license application packet or request for continuing education course approval withdrawn.
 3. If the Department issues a license or approval during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C.** For each type of license or approval issued by the Department under this Article, Table 2.1 specifies the substantive review time-frame described in A.R.S. § 41-1072(3), which begins on the date the Department sends a written notice of administrative completeness.
1. Within the substantive review time-frame, the Department shall provide a written notice to the applicant that the Department approved or denied the license or continuing education course approval.
 2. During the substantive review time-frame:
 - a. The Department may make one comprehensive written request for additional information or documentation; and
 - b. If the Department and the applicant agree in writing to allow one or more supplemental requests for additional information or documentation, the Department may make the number of supplemental requests agreed to between the Department and the applicant.
 3. A comprehensive written request or a supplemental request for additional information or documentation suspends the substantive review time-frame and the overall time-frame from the date of the request until the date the Department receives all the information or documentation requested.
 4. If the applicant does not submit to the Department all the information or documentation listed in a comprehensive written request or supplemental request for additional information or documentation within 30 calendar days after the date of the request, the Department shall deny the license or approval.

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- D. After receiving the written notice of approval in subsection (C)(1), an applicant for a regular license or a temporary license shall send the required license fee to the Department. If the applicant does not submit the license fee within 30 calendar days after the date the Department sends the written notice of approval to the applicant, the Department shall consider the application withdrawn.
- E. The Department shall issue a regular license or a temporary license:
1. Within five calendar days after receiving the license fee, and
 2. From the date of issue, the license is valid for:
 - a. Two years, if a regular license, and
 - b. Twelve months, if a temporary license.
- F. An applicant who is denied a license may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Section R9-16-209 renumbered to R9-16-212; new Section R9-16-209 renumbered from R9-16-204 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

Table 2.1. Time-frames (in calendar days)

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Application for an Initial License for an Audiologist (R9-16-202)	A.R.S. §§ 36-1904 and 36-1940	60	30	30	30	30
Application for an Initial License for a Speech-language Pathologist (R9-16-203)	A.R.S. §§ 36-1904 and 36-1940.01	60	30	30	30	30
Application for Temporary License for a Speech-language Pathologist (R9-16-204)	A.R.S. §§ 36-1904 and 36-1940.03	60	30	30	30	30
License Renewal for an Audiologist (R9-16-205)	A.R.S. § 36-1904	60	30	30	30	30
License Renewal for a Speech-language Pathologist (R9-16-206)	A.R.S. § 36-1904	60	30	30	30	30
License Renewal for a Temporary Speech-language Pathologist (R9-16-207)	A.R.S. §§ 36-1904 and 36-1940.03	60	30	30	30	30
Approval of Continuing Education Course (R9-16-208)	A.R.S. § 36-1904	45	30	30	15	30

Historical Note

Table 2.1 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-210. Clinical Fellowship Supervisors

In addition to complying with the requirements in A.R.S. § 36-1905, a clinical fellowship supervisor shall:

1. Complete a minimum of 36 supervisory activities throughout an individual's clinical fellowship that include:
 - a. A minimum of 18 on-site observations,
 - b. No more than six on-site observations in a 24-hour period, and
 - c. A minimum of 18 monitoring activities;
2. Submit a copy of the clinical fellowship report to the Department within 30 calendar days after the completion of the clinical fellowship; and
3. Provide the Department and the clinical fellow with written notice within 72 hours after the decision to stop supervising the clinical fellow if the clinical fellowship

supervisor voluntarily stops supervising a clinical fellow before the completion of the clinical fellowship.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section R9-16-210 renumbered to R9-16-215; new Section R9-16-210 renumbered from R9-16-205 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-211. Requirements for Supervising a Speech-language Pathologist Assistant

A licensed speech-language pathologist who provides direct supervision or indirect supervision to a speech-language pathologist assistant shall:

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1. Have at least two years of full-time professional experience as a licensed speech-language pathologist;
2. Provide direct supervision or indirect supervision to no more than two full-time or three part-time speech-language pathologist assistants at one time;
3. Ensure that the amount and type of direct supervision and indirect supervision provided is consistent with:
 - a. The speech-language pathologist assistant's skills and experience,
 - b. The needs of the clients served,
 - c. The setting where the services are provided, and
 - d. The tasks assigned;
4. Inform a client when the services of a speech-language pathology assistant is being provided;
5. Document each occurrence of direct supervision and indirect supervision provided to a speech-language pathology assistant, including:
 - a. The speech-language pathologist assistant's name and license number,
 - b. The name and address of business where services occurred, and
 - c. The date and type of supervision provided;
6. Ensure that the amount and type of direct supervision and indirect supervision provided to a speech-language pathology assistant is:
 - a. A minimum of 20 per cent direct supervision and 10 per cent indirect supervision during the first 90 days of employment; and
 - b. Subsequent to the first 90 days of employment, a minimum of 10 per cent direct supervision and 10 per cent indirect supervision;
7. If more than one licensed speech-language pathologist provides direct supervision or indirect supervision to a speech-language pathology assistant, designate one speech-language pathologist as the primary speech-language pathologist who is responsible for coordinating direct supervision and indirect supervision provided by other speech-language pathologists;
8. Establish a record for each speech-language pathologist assistant who receives direct supervision and indirect supervision from the speech-language pathologist that includes:
 - a. The speech-language pathologist assistant's name, home address, telephone number, and e-mail;
 - b. A plan indicating the types of skills and the number of hours allocated to the development of each skill that the speech-language pathologist assistant is expected to complete;
 - c. A document listing each occurrence of direct supervision or indirect supervision provided to the speech-language pathologist assistant that includes:
 - i. Business name and address where supervision occurred;
 - ii. The times when the supervision started and ended,
 - iii. The types of clinical interactions provided; and
 - iv. Notation of speech-language pathologist assistant's progress;
 - d. Documentation of evaluations provided to the speech-language pathologist assistant during the time supervision was provided; and
 - e. Documentation of when supervision was terminated; and
9. Maintain a speech-language pathologist assistant record:
 - a. Throughout the period that the speech-language pathologist assistant receives direct supervision and indirect supervision clinical interactions from the supervisor; and
 - b. For at least two years after the last date the speech-language pathologist assistant received clinical interactions from the supervisor.

Historical Note

Adopted as an emergency effective July 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-4). Emergency expired. Permanent rule R9-16-211 adopted effective January 14, 1983 (Supp. 83-1). Repealed effective March 14, 1994 (Supp. 94-1). New Section R9-16-211 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-212. Equipment; Records

- A. A licensee shall maintain equipment used by the licensee in the practice of audiology or the practice of speech-language pathology according to the manufacturer's specifications.
- B. If a licensee uses equipment that requires calibration, the licensee shall ensure that:
 1. The equipment is calibrated a minimum of every 12 months and according to the American National Standard - Specifications for Audiometers, S3.6-2010, Standards Secretariat, c/o Acoustical Society of America, 1305 Walt Whitman Road, Suite 300, Melville, New York, 11747-4300, November 2, 2010, incorporated by reference and on file with the Department and the Office of the Secretary of State with no future additions or amendments; and
 2. A written record of the calibration is maintained in the same location as the calibrated equipment for at least 36 months after the date of the calibration.
- C. A licensee shall maintain the following records according to A.R.S. § 32-3211 for each client for at least 36 months after the date the licensee provided a service or dispensed a product while engaged in the practice of audiology, practice of speech-language pathology, or practice of fitting and dispensing hearing aids:
 1. The name, address, and telephone number of the individual to whom services are provided;
 2. The name or description and the results of each test and procedure used in evaluating speech, language, and hearing disorders or determining the need for dispensing a product or service; and
 3. If a product such as a hearing aid, augmentative communication device, or laryngeal device is dispensed, a record of the following:
 - a. The name of the product dispensed;
 - b. The product's serial number, if any;
 - c. The product's warranty or guarantee, if any;
 - d. The refund policy for the product, if any;
 - e. A statement of whether the product is new or used;
 - f. The total amount charged for the product;
 - g. The name of the licensee; and
 - h. The name of the intended user of the product.

Historical Note

Adopted as an emergency effective July 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-4). Emergency expired. Permanent rule R9-16-212 adopted effective January 14, 1983 (Supp. 83-1). Repealed effective March 14, 1994 (Supp. 94-1). New Section R9-16-212 renumbered from R9-16-209 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-213. Bill of Sale Requirements

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An audiologist who dispenses hearing aids shall provide a bill of sale to a client at the time the audiologist provides a hearing aid to the client or at a time requested by the client that complies with the requirements in R9-16-314.

Historical Note

Adopted as an emergency effective July 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-4). Emergency expired. Permanent rule R9-16-213 adopted effective January 14, 1983 (Supp. 83-1). Repealed effective March 14, 1994 (Supp. 94-1). New Section R9-16-213 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-214. Disciplinary Actions

- A. The Department may, as applicable:
 1. Deny, revoke, or suspend an audiologist or speech-language pathologist's license under A.R.S. § 36-1934;
 2. Request an injunction under A.R.S. § 36-1937; or
 3. Assess a civil money penalty under A.R.S. § 36-1939.
- B. In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:
 1. The type of violation,
 2. The severity of the violation,
 3. The danger to the public health and safety,
 4. The number of violations,
 5. The number of clients affected by the violations,
 6. The degree of harm to the consumer,
 7. A pattern of noncompliance, and
 8. Any mitigating or aggravating circumstances.
- C. A licensee may appeal a disciplinary action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.
- D. The Department shall notify a licensee's employer within five calendar days after the Department initiates a disciplinary action against a licensee.

Historical Note

Adopted as an emergency effective July 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-4). Emergency expired. Permanent rule R9-16-214 adopted effective January 14, 1983 (Supp. 83-1). Repealed effective March 14, 1994 (Supp. 94-1). New Section R9-16-214 renumbered from R9-16-208 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-215. Changes Affecting a License or a Licensee; Request for a Duplicate License

- A. A licensee shall submit a notice to the Department in writing within 30 calendar days after the effective date of a change in:
 1. The licensee's home address or e-mail address, including the new home address or e-mail address;
 2. The licensee's name, including a copy of one of the following with the licensee's new name:
 - a. Marriage certificate,
 - b. Divorce decree, or
 - c. Other legal document establishing the licensee's new name; and
 3. The place or places, including address or addresses, where the licensee engages in the practice of audiology, speech-language pathology, or fitting and dispensing hearing aids.
- B. A licensee may obtain a duplicate license by submitting to the Department a written request for a duplicate license in a format provided by the Department that includes:
 1. The licensee's name and address,
 2. The licensee's license number and expiration date,

3. The licensee's signature and date of signature, and
4. A \$25 duplicate license fee.

Historical Note

New Section R9-16-215 renumbered from R9-16-210 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

ARTICLE 3. LICENSING HEARING AID DISPENSERS**R9-16-301. Definitions**

In addition to the definitions in A.R.S. § 36-1901, the following definitions apply in this Article unless otherwise specified:

1. "Applicant" means an individual or a business organization that submits to the Department an approval to test, or initial, renewal or temporary license application packet to practice as a hearing aid dispenser.
2. "Application packet" means the information, documents, and fees required by the Department to apply for a license.
3. "Business organization" means an entity identified in A.R.S. § 36-1910.
4. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
5. "Continuing education" means a course that provides instruction and training that directly relates to the practice of fitting and dispensing hearing aids as specified in A.R.S. § 36-1904.
6. "Continuing education hour" means 50 minutes of continuing education.
7. "Controlling person" has the same meaning as in A.R.S. § 36-881.
8. "Course" means a workshop, seminar, lecture, conference, or class.
9. "Department-designated written hearing aid dispenser examination" means one of the following that has been identified by the Department as complying with the requirements in A.R.S. § 36-1924:
 - a. The International Licensing Examination for Healthcare Professionals, administered by the International Hearing Society; or
 - b. A test provided by the Department or other organization.
10. "Designated agent" means an individual who is authorized by an applicant or hearing aid dispenser to receive communications from the Department, including legal service of process, and to file or sign documents on behalf of the applicant or hearing aid dispenser.
11. "Disciplinary action" means a proceeding that is brought against a licensee by the Department under A.R.S. § 36-1934 or a state licensing entity.
12. "In-service education" means organized instruction or information that is provided to a licensed hearing aid dispenser.

Historical Note

Section repealed, new Section adopted effective June 25, 1993 (Supp. 93-2). Section amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-302. Individuals to Act for Applicant

When an applicant or a hearing aid dispenser is required by this Article to provide information on or sign an application form or

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other document, the following shall satisfy the requirement on behalf of the applicant or hearing aid dispenser:

1. If the applicant or the hearing aid dispenser is an individual, the individual; or
2. If the applicant or hearing aid dispenser is a business organization, the designated agent who:
 - a. Is a controlling person of the business organization,
 - b. Is a U.S. citizen or legal resident, and
 - c. Has an Arizona address.

Historical Note

Amended effective March 22, 1976 (Supp. 76-2). Section repealed, new Section adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-303. Examination Requirements

- A. Within two years after the date an applicant receives the approval notification in R9-16-304(C)(1), or a hearing aid dispenser with a temporary license receives the approval in R9-16-309(C), the applicant or hearing aid dispenser with a temporary license shall take and obtain a passing score on the Department-designated:
 1. Written hearing aid dispenser examination required R9-16-304, and
 2. Practical examination required in R9-16-305.
- B. An applicant approved to take the Department-designated practical examination according to R9-16-304(C)(1), the examination required in R9-16-307(E), or a hearing aid dispenser with a temporary license approved to take the Department-designated practical examination according to R9-16-309(F)(1) shall:
 1. Arrive on the scheduled date and time of the examination,
 2. Provide proof of identity by a government-issued photographic identification card that is provided by the applicant or hearing aid dispenser with a temporary license upon the request of the individual administering the examination, and
 3. Exhibit ethical conduct during the examination process.
- C. An applicant or hearing aid dispenser with a temporary license who does not comply with subsection (B)(1) or (B)(2) is ineligible to take the examination on the scheduled date and time.
- D. An applicant or hearing aid dispenser with a temporary license taking the examination:
 1. Required in R9-16-307(E), will receive:
 - a. A passing score if 75% or more of the responses are correct, as determined by the Department; or
 - b. A failing score if fewer than 75% of the responses are incorrect, as determined by the Department; and
 2. Required in R9-16-304(C)(1) or R9-16-309(F)(1) will receive a passing score on the examination if the applicant or hearing aid dispenser with a temporary license demonstrates the proficiencies in A.R.S. § 36-1924(A)(4), as determined by the Department.
- E. The Department shall notify an applicant or hearing aid dispenser with a temporary license that the applicant or hearing aid dispenser with a temporary license may apply for an initial hearing aid dispenser license when the applicant or hearing aid dispenser with a temporary license has received a passing score on both of the examinations in subsection (A).

Historical Note

The Department of Health Services advises that this rule is preempted by Section 521(a) of the federal Food, Drug and Cosmetic Act (21 U.S.C. 360K). See 21 CFR 808.53, effective November 10, 1980 (Supp. 80-6). Section repealed, new Section adopted effective June 25, 1993

(Supp. 93-2). Amended by final rulemaking at 10 A.A.R.

2063, effective July 3, 2004 (Supp. 04-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-304. Written Hearing Aid Dispenser Examination

- A. An applicant applying for an approval to take the Department-designated written hearing aid dispenser examination shall submit to the Department:
 1. An application in a format provided by the Department that contains:
 - a. The applicant's name, home address, telephone number, and e-mail address;
 - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
 - c. If applicable, the name of the applicant's employer and the employer's business address and business telephone number;
 - d. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state or jurisdiction; and
 - e. If the applicant was convicted of a felony or misdemeanor:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - f. Whether within the two years before the application date, a hearing aid dispenser license issued to the applicant was suspended or revoked;
 - g. Whether the applicant is currently ineligible to apply for a hearing aid dispenser license due to a prior revocation or suspension of the applicant's hearing aid dispenser license;
 - h. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-316;
 - i. An attestation that the information submitted as part of the application is true and accurate; and
 - j. The applicant's signature and date of signature;
 2. A copy of the applicant's:
 - a. U.S. passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation of legal resident alien status;
 3. Documentation that the applicant:
 - a. Received a high school diploma from an accredited high school;
 - b. Passed the general education development tests;
 - c. Completed an associate degree or higher from an accredited college or university; or
 - d. Continuously engaged in the practice of fitting and dispensing hearing aids during the three years before August 11, 1970;
 4. If the applicant was issued a hearing aid dispenser license in another state or jurisdiction, where the applicant was issued a hearing aid dispenser license; and
 5. A nonrefundable \$100 application fee.
- B. The Department shall review an application for an approval to take the Department-designated written hearing aid examination according to R9-16-316 and Table 3.1.
- C. Within five calendar days after the Department receives the applicant's Department-designated written hearing aid dispenser examination results, the Department shall provide written notification to the applicant of:

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1. A passing score that includes approval to take the Department-designated practical examination in R9-16-305; or
2. A failing score that includes, as applicable, approval to retake the Department-designated written hearing aid dispenser examination.

Historical Note

Amended effective March 22, 1976 (Supp. 76-2). The Department of Health Services advises that this rule is preempted by Section 521(a) of the federal Food, Drug and Cosmetic Act (21 U.S.C. 360K). See 21 CFR 808.53, effective November 10, 1980 (Supp. 80-6). Section repealed, new Section adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-305. Practical Examination

- A. After an applicant takes the Department-designated practical examination required in R9-16-303(A), the Department shall provide written notification to the applicant within five calendar days after the Department receives the applicant's examination results whether the applicant received:
 1. A passing score; or
 2. A failing score and, as applicable, approval to retake the Department-designated practical examination.
- B. The Department shall administer the Department-designated practical exam that complies with A.R.S. § 36-1924(A)(4):
 1. In October each calendar year, and
 2. According to A.R.S. § 36-1923.

Historical Note

Section repealed, new Section adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-306. Application for an Initial License by Examination

- A. Within six months after receiving the written notice in R9-16-303(E), an applicant for an initial license by examination shall submit to the Department:
 1. An application in a format provided by the Department that contains:
 - a. The applicant's name, home address, telephone number, and e-mail address;
 - b. An attestation that the information submitted as part of the application for approval to take the Department-designated written hearing aid dispenser examination required in R9-16-304 is currently true and accurate; and
 - c. The applicant's signature and date signed; and
 2. A license fee of \$200.
- B. The Department shall review an application for an initial hearing aid dispenser license by examination according to R9-16-316 and Table 3.1.
- C. If the Department does not issue an initial hearing aid dispenser license by examination to an applicant, the Department shall return the license fee to the applicant.
- D. An initial hearing aid dispenser license is valid for two years from the date of issue.

Historical Note

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-307. Application for an Initial License by Reciprocity

- A. An applicant for an initial license by reciprocity shall submit to the Department:
 1. An application in a format provided by the Department that contains:
 - a. The information required in R9-16-304(A)(1)(a) through (A)(1)(j),
 - b. The name of each state that issued the applicant a current hearing aid dispenser license,
 - c. The license number of each current hearing aid dispenser license, and
 - d. The date each current hearing aid dispenser license was issued;
 2. The documents required R9-16-304(A)(2) through (A)(5);
 3. For each state named in subsection (A)(1)(b):
 - a. A statement, on the letterhead of the state licensing entity that issued the hearing aid dispenser license and signed by an official of the state licensing entity, that the applicant holds a current hearing aid dispenser license in good standing;
 - b. A copy of the written and practical portions of the Department-designated hearing aid dispenser examination taken by the applicant or a detailed description of each portion of the examination;
 - c. The state licensing entity's statement of:
 - i. The applicant's score on each section of the hearing aid dispenser examination taken by the applicant,
 - ii. The minimum passing score for each section of the hearing aid dispenser examination taken by the applicant, and
 - iii. The minimum passing score for the hearing aid dispenser examination taken by the applicant;
 - d. A copy of the applicant's current license;
 - e. An attestation that the information submitted as part of the application for an initial license by reciprocity is true and accurate; and
 - f. The applicant's signature and date of signature; and
 4. A \$200 license fee.
- B. Based on the information submitted under subsections (A)(1) through (A)(3), the Department shall determine whether:
 1. The content of the examination taken by the applicant is substantially the same as the content of the Department's examinations in:
 - a. The Department-designated written hearing aid dispenser examination, and
 - b. The Department-designated practical examination;
 2. The applicant's scores on the examinations in (A)(3)(c) meet the requirements in R9-16-303 for passing; and
 3. The applicant complies with A.R.S. §§ 36-1922 and 36-1923(A), and this Article.
- C. The Department shall review an application for an initial license by reciprocity according to R9-16-316 and Table 3.1.
- D. If the Department does not issue an initial license by reciprocity to an applicant, the Department shall return the license fee to the applicant.
- E. If the Department issues an initial license by reciprocity to an applicant, the Department shall provide notification to the applicant that the applicant is approved to take and required to pass the examination identified in A.R.S. § 36-1922 within six months after the initial license by reciprocity is issued.
- F. After an applicant takes the examination in subsection (E), the Department shall provide written notification to the applicant within five calendar days after the Department receives the applicant's examination results whether the applicant received:
 1. A passing score; or

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2. A failing score and, as applicable, approval to retake the examination.
- G.** An initial license by reciprocity issued to an applicant is valid for two years from the date of issue.

Historical Note

Adopted effective June 25, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-308. Application for an Initial License to a Business Organization

- A.** An applicant that is a business organization shall submit to the Department:
1. An application for an initial hearing aid dispenser license in a format provided by the Department that contains:
 - a. The name of the business organization;
 - b. The business organization's Arizona business name, address, and telephone number;
 - c. The name, address, telephone number, and e-mail address of the individual authorized by the business organization to be the designated agent;
 - d. The name, business telephone number, and Arizona hearing aid dispenser license number of each hearing aid dispenser employed by the business organization in Arizona;
 - e. Whether the business organization or a hearing aid dispenser working for the business organization has had a hearing aid dispenser license suspended or revoked by any state within two years before the application date;
 - f. Whether the business organization or a hearing aid dispenser working for the business organization currently is not eligible for licensing in any state due to a suspension or revocation;
 - g. An attestation that information required as part of the application has been submitted and is true and accurate; and
 - h. The signature and date of signature from the designated agent;
 2. A nonrefundable \$100 application fee; and
 3. A \$200 license fee.
- B.** The Department shall review an application for an initial hearing aid dispenser license to a business organization according to R9-16-316 and Table 3.1.
- C.** If the Department does not issue an initial hearing aid dispenser license to a business organization, the Department shall return the license fee in subsection (A)(3) to the applicant.
- D.** A business organization licensed according to this Section shall comply with A.R.S. § 36-1910.
- E.** An initial license issued to a business organization according to this Section is valid for two years from the date of issue.

Historical Note

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-309. Application for a Temporary License

- A.** An applicant for a temporary license shall submit to the Department:
1. An application in a format provided by the Department that contains:
 - a. The information in R9-16-304(A)(1)(a) through (A)(5); and
 - b. The applicant's sponsor's:
 - i. Name,
 - ii. Business address,
 - iii. Business telephone number, and
 - iv. Arizona hearing aid dispenser license number;
 2. A statement signed by the sponsor that the sponsor is a licensed hearing aid dispenser who agrees to train, supervise, and be responsible for the applicant's hearing aid dispenser practice according to A.R.S. § 36-1905; and
 3. A \$100 license fee.

- B.** The Department shall review an application for a temporary license according to R9-16-316 and Table 3.1.
- C.** If the Department issues a temporary license to the applicant, the Department shall also provide written notification to the applicant of approval to take the Department-designated written hearing aid dispenser examination within six months after the temporary license is issued.
- D.** If the Department does not issue an applicant a temporary license, the Department shall return the license fee in subsection (A)(3) to the applicant.
- E.** If a hearing aid dispenser with a temporary license takes and fails the Department-designated written hearing aid dispenser examination required in subsection (C), the temporary hearing aid dispenser may:
1. Renew the temporary license once according to R9-16-311(F), and
 2. Take the Department-designated written hearing aid dispenser examination within the six months after renewal of the temporary license.
- F.** Within five calendar days after the Department receives an individual's Department-designated written hearing aid dispenser examination results, the Department shall provide written notification to the individual of:
1. A passing score that includes approval to take the Department-designated practical examination; or
 2. A failing score that includes, as applicable, approval to retake the Department-designated written hearing aid dispenser examination.
- G.** A temporary license is no longer valid on the date the Department receives notice from the sponsor that the sponsor is terminating sponsorship.
- H.** A hearing aid dispenser whose temporary license is terminated according to subsection (G), shall:
1. Not practice until issued a new license, and
 2. May apply for an initial license as a hearing aid dispenser according to this Article or a temporary license according to this Section.
- I.** A temporary license is valid for 12 months from the date of issue.

Historical Note

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-310. Sponsors

- A.** A sponsor shall:
1. Provide to a hearing aid dispenser with a temporary license a minimum of 64 hours per month of on-site training and supervision that:
 - a. Consists of coordinating, directing, watching, inspecting, and evaluating the fitting and dispensing activities of the hearing aid dispenser with a temporary license; and
 - b. Directly relates to the type of training and education needed to pass the licensing examination required in A.R.S. § 36-1924;
 2. Maintain a record that:

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- a. Is signed by the hearing aid dispenser with a temporary license;
 - b. Has the date, time, and content of the training and supervision provided to the hearing aid dispenser with a temporary license, as required in subsection (A)(1); and
 - c. Is available for inspection by the Department for at least 12 months after the end of the sponsorship agreement; and
- 3. Not provide sponsorship to more than two hearing aid dispensers with temporary licenses, at one time.
- B.** When a sponsor terminates a sponsorship agreement with a hearing aid dispenser with a temporary license:
 - 1. The sponsor shall:
 - a. Provide a written notice to the hearing aid dispenser with a temporary license indicating termination of the sponsorship agreement; and
 - b. Provide a copy of the written notice required in subsection (B)(1)(a), and documentation that the hearing aid dispenser with a temporary license received the written notice, to the Department; and
 - 2. The hearing aid dispenser with a temporary license shall return the temporary license to the Department.
- j. An attestation that information required as part of the application has been submitted and is true and accurate; and
 - k. The applicant's signature and date of signature;
- 2. In addition to the requirements in subsection (A)(1) an individual shall submit:
 - a. Documentation of 24 continuing education hours completed within the 24 months before the expiration date on the license, including:
 - i. The name of the organization providing the course;
 - ii. The date and location where the course was provided;
 - iii. The title of each course attended;
 - iv. A description of each course's content;
 - v. Whether the course was taught in-person;
 - vi. The name of the instructor;
 - vii. The instructor's education, training, and experience background, if available; and
 - viii. The number of continuing education hours earned for each course; and
 - b. A \$200 license renewal fee; or
- 3. For a business organization licensed as a hearing aid dispenser:
 - a. The information in subsection R9-16-308(A)(1), and
 - b. A \$200 license renewal fee.

Historical Note

Adopted effective June 25, 1993 (Supp. 93-2). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 5029, effective September 30, 2001 (Supp. 01-4). New Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-311. License Renewal

- A.** A licensee, except for a hearing aid dispenser with a temporary license, shall submit a renewal application in a format provided by the Department that contains:
 - 1. For an individual licensed as a hearing aid dispenser:
 - a. The applicant's name, home address, telephone number, and e-mail address;
 - b. The applicant's Social Security Number, as required under A.R.S. §§ 25-320 and 25-502;
 - c. If applicable, the name of the applicant's employer and the employer's business address and business telephone number;
 - d. The applicant's license number and expiration date;
 - e. Since the hearing aid dispenser's previous license application, whether the applicant has been convicted of a felony or a misdemeanor involving moral turpitude in this or another state or jurisdiction;
 - f. If the applicant was convicted of a felony or misdemeanor involving moral turpitude:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - g. Whether the applicant has had a license revoked or suspended by any state within the previous two years;
 - h. Whether the applicant is currently ineligible for licensure in any state because of a prior license revocation or suspension;
 - i. Whether any disciplinary action has been imposed by any state, territory or district in this country for an act upon the applicant's hearing aid dispenser license;
 - 2. A \$25 late fee.
- C.** A renewal license issued to a licensee, except for a hearing aid dispenser with a temporary license, is valid for two years after the expiration date of the previous license issued by the Department.
- D.** If a licensee does not comply with subsections (A) or (B), the license is nonrenewable and:
 - 1. The hearing aid dispenser may apply for a new license according to subsection (E), or
 - 2. The business organization may apply for a new license according to R9-16-308.
- E.** A licensee whose license is nonrenewable according to subsection (D)(1) and it is within one year after the expiration date of the hearing aid dispenser's license:
 - 1. The applicant shall submit an application in a format provided by the Department that contains:
 - a. The information required in R9-16-304(A)(1) through (A)(4), and
 - b. Documentation of continuing education according to R9-16-312; and
 - 2. A nonrefundable \$100 application fee and a \$100 license fee.
- F.** If allowed in R9-16-309(E)(1), a hearing aid dispenser with a temporary license shall submit at least 30 calendar days before the expiration date on the license, a renewal application in a format provided by the Department that contains:
 - 1. The information in R9-16-304(A)(1) through (A)(4);
 - 2. The applicant's sponsor's:
 - a. Name,
 - b. Business address,
 - c. Business telephone number, and
 - d. Arizona hearing aid dispenser license number;
 - 3. A statement signed by the sponsor that the sponsor is a licensed hearing aid dispenser who agrees to train, super-

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wise, and be responsible for the applicant's hearing aid dispenser practice according to A.R.S. § 36-1905; and

4. A \$100 license renewal fee.
- G. A renewal license issued to a licensee according to subsection (F) is valid for one year after the expiration date of the previous license issued by the Department.
- H. The Department shall review a renewal application according to R9-16-316 and Table 3.1.

Historical Note

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-312. Continuing Education

- A. Continuing education shall:
 1. Directly relate to the practice of fitting and dispensing hearing aids;
 2. Have educational objectives that exceed an introductory level of knowledge of fitting and dispensing hearing aids; and
 3. Consist of courses that include advances within the last five years in:
 - a. Procedures in the selection and fitting of hearing aids,
 - b. Pre- and post-fitting management of clients,
 - c. Instrument circuitry and acoustic performance data,
 - d. Ear mold design and modification contributing to improved client performance,
 - e. Audiometric equipment or testing techniques that demonstrate an improved ability to identify and evaluate hearing loss,
 - f. Auditory rehabilitation,
 - g. Ethics,
 - h. Federal and state statutes or rules, or
 - i. Assistive listening devices.
- B. A continuing education course developed, endorsed, or sponsored by one of the following meets the requirements in subsection (A):
 1. Hearing Healthcare Providers of Arizona,
 2. Arizona Speech-Language-Hearing Association,
 3. American Speech-Language-Hearing Association,
 4. International Hearing Society,
 5. International Institute for Hearing Instrument Studies,
 6. American Auditory Society,
 7. American Academy of Audiology,
 8. Academy of Doctors of Audiology,
 9. Arizona Society of Otolaryngology-Head and Neck Surgery,
 10. American Academy of Otolaryngology-Head and Neck Surgery, or
 11. An organization determined by the Department to be consistent with an organization in subsection (B)(1) through (10).
- C. A hearing aid dispenser shall comply with the continuing education requirements in A.R.S. § 36-1904.

Historical Note

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-313. Responsibilities of a Hearing Aid Dispenser

- A. A hearing aid dispenser licensed according to subsections R9-16-306 or R9-16-307 shall:
 1. Upon licensure, notify the Department in writing of the address where the hearing aid dispenser practices the fitting and dispensing of hearing aids;

2. Conspicuously post the license received according to subsections R9-16-306 or R9-16-307 in the hearing aid dispenser's office or place of business;
3. Except as specified in subsections (A)(4) or (A)(5), conduct audiometric tests before selecting a hearing aid for a client that provides detailed information about the client's hearing loss, including:
 - a. Type, degree, and configuration of hearing loss;
 - b. Ability, as measured by the percentage of words the client is able to repeat correctly, to discriminate speech; and
 - c. The client's most comfortable and uncomfortable loudness levels in decibels;
4. Have the option to conduct audiometric testing required in subsection (A)(3) before selling a client a hearing aid if the client provides to the dispenser the information required in subsection (A)(3) from a licensed professional and the information was:
 - a. Obtained within the previous 12 months for an adult, or
 - b. Within the previous six months for an individual under the age of 18;
5. Have the option to conduct audiometric testing required in subsection (A)(3) if the tests cannot be performed on the client due to:
 - a. The client's young age, or
 - b. A physical or mental disability;
6. Maintain documentation for three years from the date of receipt of the information, that supports the exclusion of specific audiometric tests according to subsections (A)(4) and (A)(5);
7. Evaluate the performance characteristics of the hearing aid as it functions on the client's ear for the purpose of assessing the degree of audibility provided by the device and benefit to the client;
8. Provide a bill of sale to a client according to A.R.S. § 36-1909(A) that contains:
 - a. Information required in A.R.S. § 36-1909;
 - b. A complete description of:
 - i. Warranty information, and
 - ii. The conditions of any offer of a trial period with a money back guarantee or partial refund; and
 - c. The client's signature and date of signature; and
9. Not:
 - a. Practice without a license according to A.R.S. § 36-1907,
 - b. Commit unlawful acts according to A.R.S. § 36-1936, or
 - c. Commit actions described in A.R.S. § 36-1934(A).
- B. The trial period described in subsection (A)(8)(b)(ii) shall not include any time that the hearing aid is in the possession of the hearing aid dispenser or the manufacturer of the hearing aid.

Historical Note

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-314. Equipment and Records

- A. A licensee shall maintain an audiometer that performs the audiometric tests as described in R9-16-313 according to the manufacturer's specifications.
- B. If a licensee uses equipment that requires calibration, the licensee shall ensure that:

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1. The equipment is calibrated at least every 12 months and according to the American National Standard - Specifications for Audiometers, S3.6-2010, Standards Secretariat, c/o Acoustical Society of America, 1305 Walt Whitman Road, Suite 300, Melville, New York, 11747-4300, November 2, 2010, incorporated by reference and on file with the Department and the Office of the Secretary of State, with no future additions or amendments; and
 2. A written record of the calibration is maintained in the same location as the calibrated equipment for at least 36 months after the date of the calibration.
- C. A licensee shall maintain a record according to A.R.S. § 32-3211 for each client with the following documents for at least 36 months after the date the licensee provided a service or dispensed a product while engaged in the practice of fitting and dispensing hearing aids:
1. The name, address, and telephone number of the individual to whom services are provided;
 2. A written statement from a licensed physician that the client has medical clearance to use hearing aids or a medical waiver signed by the client who is 18 years of age or older;
 3. For each audiometric test conducted for the client, the:
 - a. Audiometric test results by date and procedure used in evaluating hearing disorders or determining the need for dispensing a product or service,
 - b. Name of the individual who performed the audiometric tests, and
 - c. Signature of the individual who performed the audiometric tests;
 4. A copy of the bill of sale required in R9-16-313(A)(8);
 5. Documented verification of the effectiveness of the hearing aid required in R9-16-313 (A)(7); and
 6. The contracts, agreements, warranties, trial periods, or other documents involving the client.

Historical Note

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-315. Disciplinary Actions

- A. The Department may, as applicable:
1. Take an action under A.R.S. § 36-1934,
 2. Request an injunction under A.R.S. § 36-1937, or
 3. Assess a civil money penalty under A.R.S. § 36-1939.
- B. In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:
1. The type of violation,
 2. The severity of the violation,
 3. The danger to the public health and safety,
 4. The number of violations;
 5. The number of clients affected by the violations,
 6. The degree of harm to the consumer,
 7. A pattern of noncompliance, and
 8. Any mitigating or aggravating circumstances.
- C. A licensee may appeal a disciplinary action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.
- D. The Department shall notify a licensee's employer within five days after the Department initiates a disciplinary action against a licensee.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2688, effective June 7, 2002 (Supp. 02-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R.

1998, effective July 1, 2014 (Supp. 14-2).

Table 1. Renumbered**Historical Note**

Table 1 made by final rulemaking at 8 A.A.R. 2688, effective June 7, 2002 (Supp. 02-2). Table 1 renumbered to Table 3.1 by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-316. Time-frames

- A. The overall time-frame described in A.R.S. § 41-1072 for each type of license or approval granted by the Department is specified in Table 3.1. The Department and an applicant may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25 percent of the overall time-frame.
- B. The administrative completeness review time-frame described in A.R.S. § 41-1072 for each type of license or approval granted by the Department is specified in Table 3.1.
1. The administrative completeness review time-frame begins:
 - a. For an applicant submitting an application for approval to take the Department-designated written hearing aid dispenser examination, when the Department receives the application required in R9-16-304(A);
 - b. For an applicant submitting an application for initial hearing aid dispenser license by examination, when the Department receives the application required in R9-16-306;
 - c. For an applicant submitting an application for initial hearing aid dispenser license by reciprocity, when the Department receives the application required in R9-16-307;
 - d. For a business organization submitting an application for an initial hearing aid dispenser license to a business organization, when the Department receives the application required in R9-16-308;
 - e. For an applicant submitting an application for a temporary license, when the Department receives the application required in R9-16-309;
 - f. For a licensed hearing aid dispenser applying to renew a hearing aid dispenser license, when the Department receives the application required in R9-16-311;
 - g. For a business organization applying to renew a business organization hearing aid dispenser license, when the Department receives the application required in R9-16-311; and
 - h. For a temporary hearing aid dispenser applying to renew a temporary license, when the Department receives the application required in R9-16-311.
 2. If an application is incomplete, the Department shall provide a notice of deficiencies to the applicant or licensee describing the missing documents or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the documentation or information listed in the notice of deficiencies. An applicant or licensee shall submit to the Department the documentation or information listed in the notice of deficiencies within the time specified in Table 3.1 for responding to a notice of deficiencies.
 3. If the applicant or licensee submits the documentation or information listed in the notice of deficiencies within the time specified in Table 3.1, the Department shall provide

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- a written notice of administrative completeness to the applicant of licensee.
4. If the applicant or licensee does not submit the documentation or information listed in the notice of deficiencies within the time specified in Table 3.1, the Department shall consider the application withdrawn.
 5. When an application is complete, the Department shall provide a notice of administrative completeness to the applicant or licensee.
 6. If the Department issues a license or notice of approval during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame described in A.R.S. § 41-1072 is specified in Table 3.1 and begins on the date of the notice of administrative completeness.
1. If an application complies with this Article and A.R.S. Title 36, Chapter 17, Articles 1 through 4, the Department shall issue a notice of approval to an applicant or a license to an applicant or licensee.
 2. If an application does not comply with this Article and A.R.S. Title 36, Chapter 17, Articles 1 through 4, the Department shall make one comprehensive written request for additional information, unless the applicant or licensee has agreed in writing to allow the Department to submit supplemental requests for information. The substantive review time-frame and the overall time-frame are suspended from the date that the Department sends a comprehensive written request for additional or a supplemental request for information until the date that the Department receives all of the information requested.
 3. An applicant or licensee shall submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information within the time specified in Table 3.1.
 4. If the applicant or licensee does not submit the additional information within the time specified in Table 3.1 or the additional information submitted by the applicant or licensee does not demonstrate compliance with this Article and A.R.S. Title 36, Chapter 17, Articles 1 through 4, the Department shall provide to the applicant or licensee a written notice of denial that complies with A.R.S. § 41-1092.03(A).
 5. If the applicant or licensee submits the additional information within the time specified in Table 3.1 and the additional information submitted by the applicant or licensee demonstrates compliance with this Article and A.R.S. Title 36, Chapter 17, Articles 1 through 4, the Department shall issue a license to an applicant or licensee or a notice of approval to an applicant.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Historical note corrected to reflect the rulemaking action on file and effective with the 04-2 supplement (Supp. 05-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

Table 3.1. Time-frames (in calendar days)

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Review Time-frame	Time to Respond to Notice of Deficiency	Substantive Review Time-frame	Time to Respond to Comprehensive Written Request
Approval to take the Department-designated Written Hearing Aid Dispenser Examination	A.R.S. §§ 36-1923, 36-1924	60	30	60	30	30
Initial License by Examination	A.R.S. §§ 36-1904, 36-1923	60	30	30	30	15
Initial License by Reciprocity	A.R.S. § 36-1922	60	30	30	30	15
Initial License to a Business Organization	A.R.S. § 36-1910	60	30	30	30	15
Temporary License	A.R.S. § 36-1926	60	30	30	30	15
Renewal of a Hearing Aid Dispenser License	A.R.S. § 36-1904	60	30	30	30	15
Renewal of a Business Organization License	A.R.S. § 36-1910	60	30	30	30	15

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Renewal of a Temporary License	A.R.S. § 36-1926	60	30	30	30	15
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Historical Note

Table 3.1 renumbered from Table 1 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-317. Change Affecting a License or a Licensee; Request for Duplicate License

- A.** A licensee shall submit a written notice to the Department in writing within 30 calendar days after the effective date of a change in:
1. The licensee's home address or e-mail address, including the new home address or e-mail address;
 2. The licensee's name, including a copy of one of the following with the licensee's new name:
 - a. Marriage certificate,
 - b. Divorce decree, or
 - c. Other legal document establishing the licensee's new name; or
 3. The place or places where the licensee engages in the practice of hearing aid dispensing, including the address or addresses of the place or places where the licensee engages in the practice of hearing aid dispensing.
- B.** A licensee may obtain a duplicate license by submitting to the Department a request for a duplicate license in a format provided by the Department that includes:
1. The licensee's name and address,
 2. The licensee's license number and expiration date,
 3. The licensee's signature and date of signature, and
 4. A \$25 duplicate license fee

Historical Note

New Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

ARTICLE 4. REGISTRATION OF ENVIRONMENTAL HEALTH SANITARIANS**R9-16-401. Definitions**

The following definitions apply in this Article, unless otherwise specified:

1. "Accredited" means that an educational institution is recognized by the U.S. Department of Education as providing standards necessary to meet acceptable levels of quality for its graduates to gain admission to other reputable institutions of higher learning or to achieve credentials for professional practice.
2. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
3. "Applicant" means an individual who submits an application packet or renewal application packet for registration as an environmental health sanitarian.
4. "Application packet" means the information, documents, and fees required by the Department to apply for approval to:
 - a. Take a sanitarian examination, and
 - b. Be registered as an environmental health sanitarian.
5. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run and including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
6. "Continuing education" means a course that provides instruction and training that is designed to develop or improve a registered environmental health sanitarian's professional competence in disciplines directly related to the practice of a registered environmental health sanitarian.
7. "Continuing education hour" means 50 to 60 minutes of continuous course work.
8. "Course" means a workshop, seminar, lecture, conference, or other learning program activities as approved by the Department.
9. "Department" means the Arizona Department of Health Services established in A.R.S. § 36-104 and the Sanitarians Council established in A.R.S. § 36-136.01.
10. "Environmental health" means the science and practice of preventing human injury and illness and promoting well-being by identifying sources that produce potential hazardous physical, chemical, and biological agents in air, water, soil, food, and other conditions; and eliminating or minimizing exposure to the sources that adversely affect or may adversely affect human health.
11. "Environmental health sanitarian aide" means an individual who performs and assists with environmental health services as described and under the supervision of an individual in R9-16-403.
12. "Hazardous environmental agent" means a material, whether liquid, solid, gas, or sludge, that contains properties that make the material potentially harmful to public health or the environment.
13. "Immediate family member" means an individual related by birth, marriage, or adoption.
14. "License or licensed" means a permit, certificate, or similar form of approval issued by a state agency according to state law that an individual may practice in the profession indicated by the approval.
15. "Natural science" means a branch of science that deals with the physical world, including life, physical, and health sciences.
16. "Overall time-frame" has the same meaning as in A.R.S. § 41-1072.
17. "Practice of a registered environmental health sanitarian" means acting under the authority of R9-16-402.
18. "Registered environmental health sanitarian" means the same as a "registered sanitarian" in A.R.S. § 36-136.01.
19. "Renewal application packet" means the information, documents, and fees required by the Department to apply for a renewal registration as an environmental health sanitarian.
20. "Sanitarian examination" means a test that consists of questions related to environmental health including natural sciences, facility and system inspections, investigations, compliance, responding to emergencies, and promoting environmental public health awareness.
21. "Semester credit" means one earned academic unit of study or equivalent, with a grade of "C" or better, at an accredited college or university by:
 - a. Attending a 50 to 60 minute class session each calendar week for at least 16 weeks, or
 - b. Completing practical work for a class as determined by the accredited college or university.
22. "Substantive review time-frame" has the same meaning as in A.R.S. § 41-1072.

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23. "Supervision" means being responsible for and providing direction to an individual who:
- Performs and assists a registered environmental health sanitarian with environmental health services as described in R9-16-403, and
 - Is employed as an environmental health sanitarian aide in a position directly related to environmental health.

Historical Note

Adopted effective September 29, 1976 (Supp. 76-4). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 5257, effective September 30, 2001 (Supp. 01-4). New Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

R9-16-402. Eligibility and Responsibilities for a Registered Environmental Health Sanitarian

- A. An individual is eligible to be a registered environmental health sanitarian, if the individual meets at least one of the following:
- Has completed at least 30 semester credits at an accredited college or university in the natural sciences or the equivalent credits from a college or university from outside the United States or its territories verified by a Department-approved third party evaluation service;
 - Has completed at least five years of employment as a sanitarian aide in a position directly related to environmental health;
 - Has completed at least five years of active military service in the field of environmental health;
 - Is currently licensed as a sanitarian in another jurisdiction, has passed a sanitarian examination that is equivalent to this state's examination with a score of 70% or more, and has completed at least one of the requirements identified in subsections (A)(1), (2), or (3); or
 - Has received an official notice from a testing organization approved by the Department that contains the sanitarian examination test results with a score of 70% or more and has completed at least one of the requirements identified in subsections (A)(1), (2), or (3).
- B. An individual who is eligible to be a registered environmental health sanitarian according to subsection (A)(1) through (3) shall pass a sanitarian examination administered by the Department or administered by a testing organization approved by the Department.
- C. The practice of a registered environmental health sanitarian may include:
- Investigate, sample, measure, and assess hazardous environmental agents;
 - Recommend and apply protective interventions that control hazards to health;
 - Develop, promote, and enforce guidelines, policies, rules, statutes, and regulations;
 - Perform system analysis;
 - Interpret research utilizing science and evidence to understand the relationship between health and environment; or
 - Interpret data and prepare technical summaries and reports.
- D. A registered environmental health sanitarian shall:
- Comply with A.R.S. § 41-1009;
 - Comply with A.A.C. Title 9, Chapter 8; and
 - Review and, as applicable, sign reports prepared by a sanitarian aide.

Historical Note

Adopted effective September 29, 1976 (Supp. 76-4). Amended effective April 12, 1985 (Supp. 85-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

R9-16-403. Requirements for an Environmental Health Sanitarian Aide

- A. An environmental health sanitarian aide may perform and assist in any of the following environmental health services:
- Inspections related to food establishments, food processing, food distribution, sewage and refuse disposal, water supplies, hotels, motels, campground, swimming pools, and other related public facilities regulated under A.A.C. Title 9, Chapter 8;
 - Investigations of complaints to ensure compliance with environmental regulations;
 - Routine samplings of water, sewage, food, and other samples for analysis; or
 - Application of ordinances, codes, rules, and regulations governing public health.
- B. An environmental health sanitarian aide shall:
- Have reports reviewed by a registered environmental health sanitarian;
 - Not approve or disapprove the operation of an establishment under A.A.C. Title 9, Chapter 8; and
 - Not sign on behalf of a registered environmental health sanitarian.
- C. A sanitarian aide, who has completed at least five years of employment as an environmental health sanitarian aide in a position directly related to environmental health, may apply for registration as an environmental health sanitarian according to R9-16-405.
- D. An individual who provides supervision to an environmental health sanitarian aide shall:
- Ensure that the number of hours and type of supervision in providing environmental health services is consistent with:
 - The sanitarian aide's skills and experience,
 - The setting where the environmental health services are provided, and
 - The tasks assigned;
 - Establish a record for the environmental health sanitarian aide who receives supervision that includes:
 - The sanitarian aide's name, address, e-mail address, and telephone number;
 - A plan indicating the types of skills and the number of hours allocated to the development of each skill that the environmental health sanitarian aide is expected to complete;
 - Documentation of evaluations provided to the environmental health sanitarian aide during the time supervision was provided; and
 - Documentation of when supervision began and ended; and
 - Maintain a sanitarian aide's record throughout the period that the environmental health sanitarian aide received supervision.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Former R9-16-403 renumbered to R9-16-404; new R9-16-403 made by final

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rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

R9-16-404. Continuing Education Requirements; Continuing Education Deferral; and Renewal Extension

- A.** A registered environmental health sanitarian shall complete 12 continuing education hours during the 12 months prior to December 31 of each calendar year, unless the registered environmental health sanitarian:
1. Has been a registered environmental health sanitarian for less than 12 months as indicated on the renewal application;
 2. Was prevented from completing continuing education according to subsection (A) due to a personal or immediate family member's illness during at least six continuous months of the preceding 12 months; or
 3. Was called to active military service.
- B.** Except for a registered environmental health sanitarian in subsection (A)(1) and (3), by November 1 of each calendar year, a registered environmental health sanitarian may request to defer continuing education by submitting:
1. A request in a Department-provided format that contains:
 - a. The registered environmental health sanitarian's name, address, e-mail address, and telephone number;
 - b. The registered environmental health sanitarian's registration number;
 - c. A statement regarding the registered environmental health sanitarian's personal or immediate family member's illness;
 - d. Indicate the number of continuing education hours requesting to defer;
 - e. An attestation that the Department is authorized to verify all information provided in the continuing education deferral request; and
 - f. The registered environmental health sanitarian's signature, including date of signature;
 2. Documentation that verifies the duration of the registered environmental health sanitarian's personal or immediate family member's illness from the physician treating or who treated the registered environmental health sanitarian's personal or immediate family member's illness; and
 3. If a registered environmental health sanitarian has completed any continuing education hours, report the completed continuing education hours according to R9-16-406(D)(1)(h).
- C.** A registered environmental health sanitarian that deferred continuing education in subsection (B) shall obtain:
1. The deferred continuing education by the end of the subsequent renewal year, and
 2. The continuing education required in subsection (A) for the current renewal year.
- D.** A registered environmental health sanitarian called to active military service:
1. Shall submit:
 - a. Written notice for renewal extension to the Department that includes:
 - i. The registered environmental health sanitarian's name, address, e-mail address, and telephone number;
 - ii. The registered environmental health sanitarian's registration number;
 - iii. A statement stating the reason for the notice of renewal extension; and
 - iv. The registered environmental health sanitarian's signature, including date of signature; and

- b. A copy of the registered environmental health sanitarian's deployment documentation;
 2. Retains registration as an environmental health sanitarian for the term of service or deployment plus 180 calendar days;
 3. Defers the requirement for completing the continuing education for the term of service or deployment plus 180 calendar days; and
 4. Shall submit a renewal application packet according to R9-16-406 after the term of service or deployment plus 180 calendar days.
- E.** The Department shall review the request to defer continuing education submitted in subsection (B) for approval according to R9-16-407 and Table 4.1.
- F.** If the Department denies a registered environmental health sanitarian's request to defer continuing education, the registered environmental health sanitarian shall submit the required continuing education hours in subsection (A) according to R9-16-406(D)(1)(h).

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Former R9-16-404 renumbered to R9-16-406; new R9-16-404 renumbered from R9-16-403 and amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

R9-16-405. Application for Sanitarian Examination and Registration

- A.** An individual may apply to take the sanitarian examination for registration as a sanitarian if the individual meets one of the eligibility requirements in R9-16-402(A).
- B.** At least seven calendar days before a Sanitarians Council meeting, an applicant for environmental health sanitarian registration shall submit an application packet to the Department containing:
1. The following information in a Department-provided format:
 - a. The applicant's name, address, e-mail address, and telephone number;
 - b. If applicable, applicant's former names;
 - c. The applicant's social security number, required under A.R.S. §§ 25-320 and 25-502;
 - d. If applicable, the applicant's current employment information:
 - i. The employer's name, address, e-mail address, and telephone number;
 - ii. The applicant's position title; and
 - iii. The applicant's employment start date;
 - e. If an applicant meets the eligibility requirement in R9-16-402(A)(1), the following for each college or university where the applicant completed semester credits or the equivalent credits from a college or university:
 - i. The college or university's name, address, e-mail address, and telephone number;
 - ii. The number of natural science semester credits completed; and
 - iii. If applicable, the degree obtained;
 - f. If an applicant meets the eligibility requirement in R9-16-402(A)(2), the following for each employer during the five years the applicant was employed as a sanitarian aide:
 - i. The employer's name, address, e-mail address, and telephone number;

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- ii. The name, title, e-mail address, and telephone number of a contact individual for the employer;
- iii. The applicant's position and description of responsibilities; and
- iv. The months and years of employment;
- g. If an applicant meets the eligibility requirement in R9-16-402(A)(3), the following for each active military service assignment during the five years the applicant held a military job position in the field of environmental health:
 - i. The military branch name, address, e-mail address, and telephone number;
 - ii. The name, title, e-mail address, and telephone number of a contact individual from the military branch;
 - iii. The applicant's military job position and description of responsibilities; and
 - iv. The months and years of active military service assignments;
- h. If an applicant meets the eligibility requirement in R9-16-402(A)(4), the following for a sanitarian licensed in another state or jurisdiction:
 - i. The state, county, and city that issued the applicant's current license as a sanitarian;
 - ii. The testing organization that administered the sanitarian examination;
 - iii. The name of the sanitarian examination;
 - iv. The sanitarian examination administration date;
 - v. The number of sanitarian examination questions;
 - vi. The sanitarian examination score;
 - vii. The other eligibility requirement in R9-16-402(A)(1), (2), or (3) met by the applicant; and
 - viii. As applicable, the information required in subsection (B)(1)(e), (f), or (g);
- i. If an applicant meets the eligibility requirement in R9-16-402(A)(5), the following for an official notice from a Department-approved testing organization that contains a sanitarian examination test results with a score of 70% or more:
 - i. The name of the testing organization;
 - ii. The date the sanitarian examination was completed;
 - iii. The sanitarian examination score; and
 - iv. As applicable, the information required in subsection (B)(1)(e), (f), or (g);
- j. Whether the applicant is or has been licensed as a sanitarian in another state or jurisdiction;
- k. Whether the applicant has had an application for licensure as a sanitarian denied in a state or jurisdiction;
- l. If the applicant has had an application for licensure as a sanitarian denied, the:
 - i. Reason for denial;
 - ii. Date of the denial; and
 - iii. Name, address, and telephone number of the licensing agency that denied the applicant's application;
- m. Whether the applicant has had a license as a sanitarian suspended or revoked by a state or jurisdiction or entered into a consent agreement with a state or jurisdiction;
- n. If the applicant has had a license as a sanitarian suspended or revoked or entered into a consent agreement, the:
 - i. Reason for the suspension, revocation, or consent agreement;
 - ii. Date of the suspension, revocation, or consent agreement; and
 - iii. Name, address, and telephone number of the licensing agency that suspended, revoked, or entered into a consent agreement with the applicant;
- o. Whether the applicant has been convicted of a felony or a misdemeanor related to the functions of the applicant's employment or occupation as a sanitarian in this state or another state;
- p. If the applicant has been convicted of a felony or a misdemeanor in subsection (o):
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
- q. Whether the applicant agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-16-407;
- r. An attestation that:
 - i. The applicant authorizes the Department to verify all information provided in the application packet, and
 - ii. The information submitted as part of the application packet is true and accurate; and
- s. The applicant's signature and date of signature;
- 2. In addition to the application in subsection (B)(1), the following:
 - a. A copy of applicant's Social Security card;
 - b. Proof of U.S. citizenship or alien status according to A.R.S. § 41-1080;
 - c. If applicable, a copy of an applicant's sanitarian license issued by another state or jurisdiction;
 - d. If an official transcript is issued by a college or university from outside of the United States or its territories, documentation from a third party evaluation service verifying equivalent credits identified in subsection (d);
 - e. If applicable, a letter verifying an applicant's start and end dates of employment for each employer identified in subsection (B)(1)(f);
 - f. If applicable, a letter verifying an applicant's start and end dates of the military job position for each active military service assignment identified in subsection (B)(1)(g);
 - g. If applicable, documentation of the completed sanitarian examination, including the sanitarian examination test results, from the testing organization or jurisdiction that administered the sanitarian examination required by another state or jurisdiction in subsection (B)(1)(h); and
 - h. If applicable, a copy of the official notice from a Department-approved testing organization in subsection (B)(1)(i); and
- 3. The nonrefundable \$25 application fee.
- C. If an official transcript documents natural science semester credit hours identified in subsection (B)(1)(e), an applicant shall instruct the college or university to send the official transcript to the Department.
- D. The Department shall review an application packet for an applicant to take a sanitarian examination according to R9-16-407 and Table 4.1.

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- E. The Department shall review a sanitarian examination for an applicant licensed by another state or jurisdiction for approval for the applicant to practice as a registered environmental health sanitarian according to R9-16-407 and Table 4.1.
- F. The Department shall:
1. Administer the sanitarian examination at least four times each calendar year;
 2. By January 1 of each calendar year, provide the annual sanitarian examination schedule;
 3. If a scheduled sanitarian examination requires rescheduling, provide a notice at least 14 calendar days before a scheduled sanitarian examination date in subsection (2) occurs that includes information about the revised sanitarian examination; and
 4. By January 1 of each calendar year, provide a list of Department-approved testing organizations.
- G. An applicant approved to take a sanitarian examination shall:
1. Determine whether the applicant will take a sanitarian examination administered by the Department or administered by a testing organization approved by the Department;
 - a. If the applicant determines to take a sanitarian examination administered by the Department, the applicant shall:
 - i. Submit a nonrefundable \$140 sanitarian examination fee to the Department at least 30 calendar days before taking a scheduled sanitarian examination,
 - ii. Take a scheduled sanitarian examination administered by the Department, and
 - iii. Submit the completed sanitarian examination to the Department; or
 - b. If the applicant determines to take a sanitarian examination administered by a testing organization approved by the Department, the applicant shall:
 - i. Select a testing organization from the Department-approved list,
 - ii. Take a scheduled sanitarian examination administered by the testing organization, and
 - iii. Submit a copy of the official notice from the testing organization that contains the sanitarian examination test results to the Department.
 2. Take the sanitarian examination within 6 months after the date the applicant received the notice of approval to take the sanitarian examination.
 3. Pass the sanitarian examination with a score of 70% or more.
- H. The Department shall review a sanitarian examination for approval for an applicant to practice as a registered environmental health sanitarian according to R9-16-407 and Table 4.1.
- I. An applicant, who does not submit a sanitarian examination or a copy of an official notice from a testing organization in subsection (G) within 6 months after the date that the applicant received the notice of approval to take the sanitarian examination, shall submit a new application packet according to R9-16-405(B).
- J. An applicant, who submits a sanitarian examination or a copy of an official notice from a testing organization in subsection (G) within 6 months after the date that the applicant received the notice of approval to take the sanitarian examination and does not score 70% or more, shall:
1. Have 12 months from the date of the approval letter the applicant received from the Department to resubmit a sanitarian examination or a copy of an official notice from a testing organization in subsection (G); and
 2. Comply with subsections (G)(1)(a) or (b) to retake the sanitarian examination.

Historical Note

Adopted effective September 29, 1976 (Supp. 76-4). Amended effective April 12, 1985 (Supp. 85-2). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 5257, effective September 30, 2001 (Supp. 01-4). New Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Former R9-16-405 renumbered to R9-16-407; new R9-16-405 made by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

R9-16-406. Application for Renewal Registration

- A. Except as provided in R9-16-404(D), a registered environmental health sanitarian shall submit an application packet for registration renewal on or before December 31 of each calendar year.
- B. A registered environmental health sanitarian who does not submit a renewal application packet by December 31 has a grace period until February 15 to submit a renewal application packet.
- C. A registered environmental health sanitarian, who does not submit a renewal application packet by February 15, shall not practice as a registered environmental health sanitarian.
- D. By December 31 of each calendar year, an applicant shall submit to the Department a renewal application packet containing:
1. The following information in a Department-provided format:
 - a. The applicant's name, address, e-mail address, and telephone number;
 - b. The applicant's environmental health sanitarian registration number;
 - c. Whether the applicant, since the applicant last submitted an application packet or renewal application packet, has had a license as a sanitarian suspended or revoked by a state or jurisdiction or entered into a consent agreement with another jurisdiction;
 - d. If the applicant has had a license as a sanitarian suspended or revoked or entered into a consent agreement with another jurisdiction, the:
 - i. Reason for the suspension, revocation, or consent agreement;
 - ii. Date of the suspension, revocation, or consent agreement; and
 - iii. Name, address, and telephone number of the licensing agency that suspended, revoked, or entered into a consent agreement;
 - e. Whether the applicant, since the applicant last submitted a renewal application packet, has been convicted of a felony or a misdemeanor related to the applicant's employment or occupation as a sanitarian in this state or another jurisdiction;
 - f. If the applicant has been convicted of a felony or a misdemeanor as stated according to subsection (c):
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - g. Whether the applicant requested to defer continuing education due to a personal or immediate family member's illness according to R9-16-404(B);
 - h. Except for a registered environmental health sanitarian in R9-16-404(A), for each continuing education

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course completed during the previous 12 months, the following:

- i. The course title,
- ii. A course description,
- iii. The name of the individual providing the continuing education course,
- iv. The date the continuing education course was completed, and
- v. The total number of continuing education hours attended;
- i. Whether the applicant has been a registered environmental health sanitarian for less than 12 months according to R9-16-404(A)(1);
- j. An attestation that:
 - i. The applicant affirms that the continuing education courses specified according to subsection (h) are applicable and consistent with the Department's approved continuing education courses or with the practice of a registered environmental sanitarian described in R9-16-402(C);
 - ii. The applicant authorizes the Department to verify all information provided in the renewal application packet; and
 - iii. The information submitted as part of the renewal application packet is true and accurate; and
 - k. The applicant's signature and date of signature;

2. If applicable, a copy of the approved request to defer continuing education, and

3. The \$10 renewal application fee.

E. If a registered environmental health sanitarian does not submit a renewal application packet in subsection (D) by February 15:

1. The registered environmental health sanitarian's registration expires on February 16; and
2. Before practicing as a registered environmental health sanitarian, a registered environmental health sanitarian whose environmental health sanitarian registration expired shall submit a new application packet according to R9-16-405.

F. The Department shall review the renewal application packet for approval of registration as an environmental health sanitarian according to R9-16-407 and Table 4.1.

Historical Note

Adopted effective September 29, 1976 (Supp. 76-4). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Former R9-16-406 renumbered to R9-16-408; new R9-16-406 renumbered from R9-16-404 by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

R9-16-407. Time-frames

A. The overall time-frame begins, for:

1. A sanitarian examination approval, on the date the Department receives an application packet in R9-16-405;
2. An environmental health sanitarian registration approval, on the date the Department receives an official notice for an applicant's sanitarian examination test result administered by:
 - a. A testing organization described in R9-16-405(B)(1)(i) or (G), or
 - b. A testing organization or jurisdiction that administered the sanitarian examination required by another

state or jurisdiction described in R9-16-405(B)(1)(h);

3. A continuing education deferral approval, on the date the Department receives the continuing education deferral request in R9-16-404; and

4. A renewal registration approval, on the date the Department receives a renewal application packet in R9-16-406.

B. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.

C. Within the administrative completeness review time-frame in Table 4.1, the Department shall:

1. Provide a notice of administrative completeness to an applicant; or
2. Provide a notice of deficiencies to an applicant, including a list of the missing information or documents.

D. If the Department provides a notice of deficiencies to an applicant:

1. The administrative completeness review time-frame and the overall time-frame are suspended after the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant;
2. If the applicant submits the missing information or documents to the Department within the time-frame in Table 4.1, the substantive review time-frame resumes on the date the Department receives the missing information or documents; and
3. If the applicant does not submit the missing information or documents to the Department within the time-frame in Table 4.1, the Department shall consider the application or the request withdrawn.

E. If the Department issues a registration or notice of approval during the administrative completeness review time-frame, the Department may not issue a separate written notice of administrative completeness.

F. Within the substantive review time-frame specified in Table 4.1, the Department:

1. Shall approve an:
 - a. Applicant's request for registration as an environmental health sanitarian or
 - b. Applicant, who did not score 70% or more on the sanitarian examination, to resubmit a sanitarian examination according to R9-16-405(J);
2. Shall deny an applicant's request for registration as an environmental health sanitarian;
3. May make a written comprehensive request for additional information or documentation; and
4. May make supplemental requests for additional information and documentation if agreed to by the applicant.

G. If the Department provides a written comprehensive request for additional information or documentation or a supplemental request to the applicant:

1. The substantive review time-frame and overall time-frame are suspended from the date of the written comprehensive request or supplemental request until the date the Department receives the information and documents requested; and
2. The applicant shall submit to the Department the information and documents listed in the written comprehensive request within 15 calendar days after the date of the written comprehensive request or supplemental request.

H. The Department shall issue:

1. An approval to an applicant who submits:

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- a. An application packet to take a sanitarian examination that complies with the requirements in R9-16-405;
 - b. An application packet and a sanitarian examination with a score of 70% or more from a testing organization approved by the Department that complies with the requirements in R9-16-405;
 - c. An application packet and a sanitarian examination test results from the testing organization or jurisdiction that administered the sanitarian examination that complies with the requirements in R9-16-405;
 - d. A continuing education deferral request that complies with the requirements in R9-16-404; and
 - e. A renewal application packet that complies with the requirements R9-16-406; or
2. A denial to an applicant, including the reason for the denial and the appeal process in A.R.S. Title 41, Chapter 6, Article 10, if:
 - a. The applicant does not submit all of the information and documentation listed in a written comprehensive request or supplemental request for additional information or documentation; or
 - b. The applicant does not comply with A.R.S. § 36-136.01 and this Article.

Historical Note

Adopted effective September 29, 1976 (Supp. 76-4). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Former R9-16-407 renumbered to R9-16-409; new R9-16-407 renumbered from R9-16-405 and amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

Table 1. Repealed**Historical Note**

Table 1. Time-frames made by final rulemaking under new Section R9-16-405 at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Table 1. Time-frames following Section R9-16-405 renumbered below Section R9-16-407 and amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Table 1. Time-frames repealed by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

Table 4.1 Time-frames (in calendar days)

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Review Time-frame	Time to Respond to Deficiency Notice	Substantive Review Time-frame	Time to Respond to Written Comprehensive Request
Sanitarian Examination (R9-16-405)	A.R.S. § 36-136.01(B)	150	30	30	120	15
Registration (R9-16-405)	A.R.S. § 36-136.01(B)	35	5	15	30	15
Registration by Reciprocity (R9-16-405)	A.R.S. § 36-136.01(C)	150	30	30	120	15
Deferred Continuing Education (R9-16-404)	A.R.S. § 36-136.01(E)	45	30	15	15	15
Renewal Registration (R9-16-406)	A.R.S. § 36-136.01(D)	75	60	15	15	15

Historical Note

Table 4.1 Time-frames made by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

R9-16-408. Requesting a Change

Within 30 calendar days after the effective date of a change, a registered environmental health sanitarian requesting a change to personal information shall submit in a Department-provided format:

1. A written notice stating the information to be changed and indicating the new information; and
2. If the change is to the registered environmental health sanitarian's legal name, a copy of one of the following with the registered environmental health sanitarian's new name:
 - a. Marriage certificate,
 - b. Divorce decree,
 - c. Professional license, or
 - d. Other legal document establishing the registered environmental health sanitarian's legal name.

Historical Note

Adopted effective September 29, 1976 (Supp. 76-4). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Section R9-16-408 renumbered from R9-16-406 by final rulemaking at 10

A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

R9-16-409. Denial, Suspension, or Revocation

- A. The Department may deny an application packet for approval for registration or renewal of registration if the Department determines that an applicant:
 1. Intentionally provided false information or documents in an application packet or renewal application packet;
 2. Had an application for a license related to the practice of a registered environmental health sanitarian denied by a state or jurisdiction;
 3. Had a license related to the practice of a registered environmental health sanitarian suspended or revoked by a state or jurisdiction or entered into a consent agreement with a state or jurisdiction; or
 4. Was convicted of or entered into a plea of no contest to a misdemeanor resulting from employment as a registered environmental health sanitarian or a felony.

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- B.** The Department may suspend or revoke a registered environmental health sanitarian's registration if the Department determines that a registered environmental health sanitarian:
1. Assisted an individual who is not a registered environmental health sanitarian to circumvent the requirements in this Article;
 2. Allowed an individual who is not a registered environmental health sanitarian to use the registered environmental health sanitarian's registration;
 3. Falsified records to interfere with or obstruct an investigation or regulatory process of the Department or a political subdivision; or
 4. Failed to comply with any of the requirements in A.R.S. § 36-136.01 or this Article.
- C.** In determining whether to suspend or revoke a registered environmental health sanitarian's registration, the Department shall consider the threat to public health based on:
1. Whether there is repeated non-compliance with statutes or rules,
 2. Type of non-compliance,
 3. Severity of non-compliance, and
 4. Number of non-compliance actions.
- D.** The Department's notice of suspension or revocation to the applicant or registered environmental health sanitarian shall comply with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted effective September 29, 1976 (Supp. 76-4). Amended effective April 12, 1985 (Supp. 85-2). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Section R9-16-409 renumbered from R9-16-407 and amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

R9-16-410. Repealed**Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4). Former Section R9-16-410 repealed, new Section R9-16-410 adopted effective April 12, 1985 (Supp. 85-2). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2).

R9-16-411. Repealed**Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4). Former Section R9-16-411 renumbered as Section R9-16-414, new Section R9-16-411 adopted effective April 12, 1985 (Supp. 85-2). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2).

R9-16-412. Repealed**Historical Note**

Adopted effective April 12, 1985 (Supp. 85-2). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2).

R9-16-413. Repealed**Historical Note**

Adopted effective April 12, 1985 (Supp. 85-2). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2).

R9-16-414. Expired**Historical Note**

Former Section R9-16-411 renumbered as Section R9-16-414 effective April 12, 1985 (Supp. 85-2). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 5257, effective September 30, 2001 (Supp. 01-4).

ARTICLE 5. LICENSING SPEECH-LANGUAGE PATHOLOGIST ASSISTANTS**R9-16-501. Definitions**

In addition to the definitions in A.R.S. § 36-1901, the following definitions apply in this Article unless otherwise specified:

1. "Accredited" means approved by the:
 - a. New England Association of Schools and Colleges,
 - b. Middle States Commission on Higher Education,
 - c. North Central Association of Colleges and Schools,
 - d. Northwest Commission on Colleges and Universities,
 - e. Southern Association of Colleges and Schools, or
 - f. Western Association of Schools and Colleges.
2. "Applicant" means:
 - a. An individual who submits a license application packet, or
 - b. A person who submits a request for approval of a continuing education course.
3. "Application packet" means the information, documents, and fees required by the Department to apply for a license.
4. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
5. "Client" means an individual who receives speech-language pathology services from a speech-language pathologist assistant.
6. "Continuing education" means a course that provides instruction and training that is designed to develop or improve a licensee's professional competence in disciplines that directly relate to the licensee's scope of practice.
7. "Continuing education hour" means 50 to 60 minutes of continuous instruction.
8. "Course" means a workshop, seminar, lecture, conference, or class.
9. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
10. "General education" means instruction that includes:
 - a. Oral communication,
 - b. Written communication,
 - c. Mathematics,
 - d. Computer instruction,
 - e. Social sciences, and
 - f. Natural sciences.
11. "Observation" means to witness:
 - a. The provision of speech-language pathology services to a client, or
 - b. A demonstration of how to provide speech-language pathology services to a client.
12. "Semester credit hour" means one earned academic unit of study completed, at an accredited college or university, by:
 - a. Attending a 50 to 60 minute class session each calendar week for at least 16 weeks, or

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- b. Completing practical work for a course as determined by the accredited college or university.
- 13. "Speech-language pathologist" means an individual who is licensed under A.R.S. § 36-1940.01.
- 14. "Speech-language pathology technical course work" means a curriculum that provides knowledge to develop core skills and assume job responsibilities, including:
 - a. Language acquisition,
 - b. Speech development,
 - c. Communication disorders,
 - d. Articulation and phonology, and
 - e. Intervention techniques for speech and language disorders.
- 15. "Supervision" means instruction and monitoring provided by a licensed speech-language pathologist as required in A.R.S. § 36-1940.04 to an individual training to become a speech-language pathologist assistant that includes:
 - a. Onsite observation and guidance; and
 - b. Activities, such as consultation, record review, and review and evaluation of an audiotaped or videotaped screening evaluation or clinical session.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-502. Application for an Initial License

- A. An applicant for a speech-language pathologist assistant initial license shall submit to the Department an application packet that includes:
 - 1. An application in a format provided by the Department that contains:
 - a. The applicant's name, home address, telephone number, and e-mail address;
 - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
 - c. If applicable, the name of the applicant's employer and the employer's business address and telephone number;
 - d. Whether the applicant has ever been convicted of a felony or of a misdemeanor involving moral turpitude in this state or another state;
 - e. If the applicant has been convicted of a felony or a misdemeanor involving moral turpitude:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - f. Whether the applicant has had a license revoked or suspended by any state within the previous two years;
 - g. Whether the applicant is currently ineligible for licensure in any state because of a prior license revocation or suspension;
 - h. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-505;
 - i. An attestation that the information submitted is true and accurate; and
 - j. The applicant's signature and date of signature;
 - 2. If applicable, a list of all states and countries in which the applicant is or has been licensed as a speech-language pathologist assistant;

- 3. If a license for an applicant has been revoked or suspended by any state within the previous two years, documentation that includes:
 - a. The date of the revocation or suspension,
 - b. The state or jurisdiction of the revocation or suspension, and
 - c. An explanation of the revocation or suspension;
- 4. If the applicant is currently ineligible for licensure in any state because of a prior license revocation or suspension, documentation that includes:
 - a. The date of the ineligibility for licensure,
 - b. The state or jurisdiction of the ineligibility for licensure, and
 - c. An explanation of the ineligibility for licensure;
- 5. A copy of the applicant's:
 - a. U.S. passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation of legal resident alien status;
- 6. An official transcript issued to the applicant from an accredited college or university, showing completion of at least 60 semester credit hours of general education and speech-language pathology technical course work, as required in A.R.S. § 36.1940.04(A);
- 7. Documentation, signed by a licensed speech-language pathologist as required in A.R.S. § 36-1940.04 who provided supervision to the applicant, confirming the applicant's completion of at least 100 hours of clinical interaction that did not include observation;
- 8. A nonrefundable \$100 application fee; and
- 9. A \$200 license fee.
- B. The Department shall review the application packet for an initial license to practice as a speech-language pathologist assistant according to R9-16-505 and Table 5.1.
- C. If the Department does not issue an initial license to an applicant, the Department shall refund the license fee to the applicant.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Section R9-16-502 repealed; new Section R9-16-502 renumbered from R9-16-503 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-503. License Renewal

- A. Before the expiration date of a speech-language pathologist assistant license, an applicant shall submit to the Department:
 - 1. An application for renewal of a speech-language pathologist assistant license in a format provided by the Department that contains:
 - a. The applicant's name, home address, telephone number, and e-mail address;
 - b. If applicable, the name of the applicant's employer and the employer's business address and telephone number;
 - c. If applicable, the name of the applicant's supervising speech-language pathologist;
 - d. The applicant's license number and date of expiration;
 - e. Since the previous license application, whether the applicant has been convicted of a felony or a misdemeanor involving moral turpitude in this or another state;
 - f. If the applicant has been convicted of a felony or a misdemeanor:
 - i. The date of the conviction,

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- ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
- g. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-505;
- h. An attestation that the information submitted is true and accurate; and
- i. The applicant's signature and date of signature;
- 2. Documentation of continuing education as required in R9-16-504 and completed within 24 months before the expiration date on the license, including:
 - a. The name of the individual or organization providing the course;
 - b. The date and location where the course was provided;
 - c. The title of each course attended;
 - d. A description of each course's content;
 - e. The name of the instructor;
 - f. The instructor's education, training, and experience background, if applicable; and
 - g. The number of continuing education hours earned for each course; and
- 3. A \$200 license renewal fee.
- B.** According to A.R.S. § 36-1904, the Department shall allow a speech-language pathologist assistant to renew a license within 30 calendar days after the expiration date of the license by submitting to the Department:
 - 1. The renewal application packet required in subsection (A), and
 - 2. A \$25 late fee.
- C.** An individual who does not submit a renewal application packet required according to subsection (A) or (B) shall reapply for an initial license according to R9-16-502.
- 7. American Academy of Audiology,
- 8. Academy of Doctors of Audiology,
- 9. Arizona Society of Otolaryngology-Head and Neck Surgery,
- 10. American Academy of Otolaryngology-Head and Neck Surgery, or
- 11. An organization determined by the Department to be consistent with an organization in subsection (C)(1) through (10).
- D.** An applicant may request approval for a continuing education course by submitting the following to the Department:
 - 1. The applicant's name, address, telephone number, and e-mail address, as applicable;
 - 2. If a licensee, the licensee's license number;
 - 3. The title of the continuing education course;
 - 4. A brief description of the course;
 - 5. The name, educational background, and teaching experience of the individual presenting the course, if available;
 - 6. The educational objectives of the course; and
 - 7. The date, time, and place of presentation of the course, if applicable.
- E.** If an applicant submits the information in subsection (D), the Department shall review the request for approval for a continuing education course according to R9-16-505 and Table 5.1.
- F.** The Department shall approve a continuing education course if the Department determines that the continuing education course:
 - 1. Is designed to provide current developments, skills, procedures, or treatment in diagnostic and therapeutic procedures in speech-language pathology;
 - 2. Is developed and presented by individuals knowledgeable and experienced in the presented subject area; and
 - 3. Contributes directly to the professional competence of a licensee.
- G.** A speech-language pathologist assistant shall comply with the requirements in A.R.S. § 36-1904.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Section R9-16-503 renumbered to R9-16-502; new Section R9-16-503 renumbered from R9-16-504 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-504. Continuing Education

- A.** According to A.R.S. § 36-1904, a licensee shall complete at least 20 continuing education hours.
- B.** Continuing education shall:
 - 1. Directly relate to the practice of speech-language pathology;
 - 2. Have educational objectives that exceed an introductory level of knowledge of speech-language pathology; and
 - 3. Consist of courses that include advances within the last five years in:
 - a. Practice of speech-language pathology,
 - b. Auditory rehabilitation,
 - c. Ethics, or
 - d. Federal and state statutes or rules.
- C.** A continuing education course developed, endorsed, or sponsored by one of the following meets the requirements in subsection (B):
 - 1. Hearing Healthcare Providers of Arizona,
 - 2. Arizona Speech-Language-Hearing Association,
 - 3. American Speech-Language-Hearing Association,
 - 4. International Hearing Society,
 - 5. International Institute for Hearing Instrument Studies,
 - 6. American Auditory Society,

Historical Note

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Section R9-16-504 renumbered to R9-16-503; new Section R9-16-504 renumbered from R9-16-506 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-505. Time-frames

- A.** For each type of license or approval issued by the Department under this Article, Table 5.1 specifies the overall time-frame described in A.R.S. § 41-1072(2).
 - 1. A regular license is valid for two years.
 - 2. An applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
 - 3. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.
- B.** For each type of license or approval issued by the Department under this Article, Table 5.1 specifies the administrative completeness review time-frame described in A.R.S. § 41-1072(1).
 - 1. The administrative completeness review time-frame begins on the date the Department receives:
 - a. An application packet required in R9-10-502 and R9-10-503, or
 - b. A request for continuing education course approval according to R9-10-504.

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2. Except as provided in subsection (B)(3), the Department shall provide a written notice of administrative completeness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.
 - a. If a license application packet or request for continuing education course approval is not complete, the notice of deficiencies shall list each deficiency and the documents or information needed to complete the license application packet or request for continuing education course approval.
 - b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing documents or information.
 - c. If the applicant does not submit to the Department all the documents and information listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the license application packet or request for continuing education course approval withdrawn.
3. If the Department issues a license or approval during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. For each type of license or approval issued by the Department under this Article, Table 5.1 specifies the substantive review time-frame described in A.R.S. § 41-1072(3), which begins on the date of the notice of administrative completeness.
 1. Within the substantive review time-frame, the Department shall provide a written notice to the applicant that the Department issued or denied the license or continuing education course approval.
 2. During the substantive review time-frame:
 - a. The Department may make one comprehensive written request for additional information or documentation; and
 - b. If the Department and the applicant agree in writing to allow one or more supplemental requests for additional information or documentation, the Department may make the number of supplemental requests agreed to between the Department and the applicant.
 3. A comprehensive written request or a supplemental request for additional information or documentation suspends the substantive review time-frame and the overall time-frame from the date of the request until the date the Department receives all the documents and information requested.
 4. If the applicant does not submit to the Department all the information or documentation listed in a comprehensive written request or supplemental request for information or documentation within 30 calendar days after the date of the request, the Department shall deny the license or approval.
- D. An applicant who is denied a license may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

Table 1. Renumbered**Historical Note**

New Table 1 made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Table 1 renumbered to Table 5.1 by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

Table 5.1. Time-frames (in calendar days)

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Initial License (R9-16-502)	A.R.S. §§ 36-1904 and 36-1904.04	60	30	30	30	30
Renewal License (R9-16-503)	A.R.S. § 36-1904	60	30	30	30	30
Continuing Education (R9-16-504)	A.R.S. § 36-1904	45	30	30	15	30

Historical Note

Table 5.1 renumbered from Table 1 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-506. Disciplinary Actions

- A. The Department may, as applicable:
 1. Deny, revoke, or suspend a speech-language pathologist assistant license under A.R.S. § 36-1934;
 2. Request an injunction under A.R.S. § 36-1937; or
 3. Assess a civil money penalty under A.R.S. § 36-1939.
- B. In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:
 1. The type of violation,
 2. The severity of the violation,
 3. The danger to public health and safety,
 4. The number of violations,
 5. The number of clients affected by the violations,
 6. The degree of harm to a client,
 7. A pattern of noncompliance, and
 8. Any mitigating or aggravating circumstances.
- C. A licensee may appeal a disciplinary action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Section R9-16-506 renumbered to R9-16-504; new Section R9-16-506 renumbered from R9-16-507 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1,

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2014 (Supp. 14-2).

R9-16-507. Changes Affecting a License or a Licensee; Request for a Duplicate License

- A.** A licensee shall submit a notice to the Department in writing within 30 calendar days after the effective date of a change in:
1. The licensee's home address or e-mail address, including the new home address or e-mail address;
 2. The licensee's name, including one of the following with the licensee's new name:
 - a. Marriage certificate,
 - b. Divorce decree, or
 - c. Other legal document establishing the licensee's new name; or
 3. The place or places, including address or addresses, where the licensee engages in the practice of speech-language pathology.
- B.** A licensee may obtain a duplicate license by submitting to the Department a written request for a duplicate license in a format provided by the Department that contains:
1. The licensee's name and address,
 2. The licensee's license number and expiration date,
 3. The licensee's signature and date of signature, and
 4. A \$25 duplicate license fee.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Section R9-16-507 renumbered to R9-16-506; new Section R9-16-507 renumbered from R9-16-508 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

R9-16-508. Renumbered**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). R9-16-508 renumbered to R9-16-507 by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

ARTICLE 6. RADIATION TECHNOLOGISTS**R9-16-601. Definitions**

In addition to the definitions in A.R.S. § 32-2801, the following definitions apply in this Article unless otherwise specified:

1. "Applicant" means:
 - a. An individual who submits an application packet, or
 - b. A person who submits a request for approval of a radiation technologist training program.
2. "Application packet" means the information, documents, and fees required by the Department for a certificate or permit.
3. "ARRT" means the American Registry of Radiologic Technologists.
4. "Authorized user" means the same as in A.A.C. R9-7-102.
5. "Calendar day" means each day, not including the day of the act, event, or default, from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
6. "CBRPA" means the Certification Board for Radiology Practitioner Assistants.
7. "Certification" means the issuing of a certificate.
8. "Chest radiography" means radiography performed to visualize the heart and lungs only.

9. "Continuing education" means a course or learning activity that provides instruction and training designed to develop or improve the professional competence of a certificate holder related to the certificate holder's scope of practice.
10. "Contrast media" means material intentionally administered to a human body to define a part or parts of the human body that are not normally radiographically visible.
11. "Department-approved educational program" means a curriculum of courses and learning activities that is accredited by a nationally recognized accreditation body or granted approval through the Department.
12. "Department-approved examination" means a test administered through ARRT, NMTCB, ISCD, or CBRPA.
13. "Extremity" means the same as in A.A.C. R9-7-102.
14. "Fluoroscopy" means the use of radiography to directly visualize internal structures of the human body, the motion of internal structures, and fluids in real time, or near real-time, to aid in the treatment or diagnosis of disease or the performance of other medical procedures.
15. "ISCD" means the International Society for Clinical Densitometry.
16. "Nationally recognized accreditation body" means ARRT, NMTCB, ISCD, or CBRPA.
17. "NMTCB" means the Nuclear Medicine Technology Certification Board.
18. "Radiography" means the record of an image, representing anatomical details of a part of a human body examined through the use of ionizing radiation, formed by the differential absorption of ionizing radiation within the part of the human body.
19. "Radiography" means the use of ionizing radiation in making radiographs.
20. "Radiopharmaceutical agent" means a radionuclide or radionuclide compound designed and prepared for administration to human beings.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-602. Training Programs

- A.** The Department shall maintain a list of Department-approved educational programs according to A.R.S. § 32-2804 on the Department's website at <https://www.azdhs.gov/licensing/special/index.php#mrt-provider-info>.
- B.** An applicant may request Department approval of a curriculum of courses and learning activities as a training program by submitting an application packet that contains:
1. An application, in a Department-provided format, that includes:
 - a. The name and address of the school providing the training program;
 - b. The name, title, telephone number, and e-mail address of the administrator or designee of the school; and
 - c. A list of each training program for which approval is being requested, including the number of hours of instruction provided for each;
 2. A copy of the curriculum that includes course titles and course descriptions; and
 3. A list of instructors providing the instruction and the credentials of each.
- C.** The Department shall:
1. Review each application packet according to R9-16-621; and

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2. If approved, add the applicant's school to the list of Department-approved educational programs in subsection (A).

- D.** If an applicant for certification or permit did not complete a Department-approved educational program, the applicant may submit to the Department a copy of the curriculum for the training program completed by the applicant with the applicant's application packet in R9-16-606(B), R9-16-607(A), or R9-16-609(A).

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-603. Practical Technologist in Radiology - Eligibility and Scope of Practice

- A.** An individual is eligible for certification as a practical technologist in radiology if the individual:
1. Is at least 18 years of age; and
 2. Either:
 - a. Has completed a training program in radiologic technology through a Department-approved educational program and achieved a score of at least 67% on a Department-approved examination; or
 - b. Meets the criteria in A.R.S. § 32-4302(A).
- B.** An individual certified as a practical technologist in radiology shall:
1. Follow the standards specified in the 2017 American Society of Radiologic Technologists Limited X-Ray Machine Operator Practice Standards available at https://www.asrt.org/docs/default-source/practice-standards-published/ps_lxmo.pdf?sfvrsn=29e176d0_16, incorporated by reference, on file with the Department, and including no future editions or amendments;
 2. Perform only:
 - a. Chest radiography, and
 - b. Radiography of the extremities; and
 3. Not use fluoroscopy or contrast media.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-604. Practical Technologist in Podiatry - Eligibility and Scope of Practice

- A.** An individual is eligible for certification as a practical technologist in podiatry if the individual:
1. Is at least 18 years of age; and
 2. Either:
 - a. Has:
 - i. Completed a training program in podiatry radiology through a Department-approved educational program;
 - ii. Received a signed and dated attestation from a podiatrist licensed according to A.R.S. Title 32, Chapter 7, verifying that the applicant:
 - (1) Completed training under the direction of the licensed podiatrist, and
 - (2) Is proficient in independently taking radiographs; and
 - iii. Achieved a score of at least 70% on a Department-approved examination; or
 - b. Meets the criteria in A.R.S. § 32-4302(A).
- B.** An individual certified as a practical technologist in podiatry shall:
1. Follow the standards specified in the 2017 American Society of Radiologic Technologists Limited X-Ray Machine Operator Practice Standards, available at https://www.asrt.org/docs/default-source/practice-standards-published/ps_bd.pdf?sfvrsn=11e176d0_22, incorporated by reference, on file with the Department, and including no future editions or amendments;

www.asrt.org/docs/default-source/practice-standards-published/ps_lxmo.pdf?sfvrsn=29e176d0_16, incorporated by reference, on file with the Department, and including no future editions or amendments; and

2. Only perform radiographic examinations of the lower leg, ankle, and foot, without the use of fluoroscopy or contrast media.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-605. Practical Technologist in Bone Densitometry - Eligibility and Scope of Practice

- A.** An individual is eligible for certification as a practical technologist in bone densitometry if the individual:
1. Is at least 18 years of age; and
 2. Either:
 - a. Has completed a training program in bone densitometry through a Department-approved educational program and achieved a score of at least 70% on a Department-approved examination, or
 - b. Meets the criteria in A.R.S. § 32-4302(A).
- B.** An individual certified as a practical technologist in bone densitometry shall:
1. Follow the standards specified in the 2017 American Society of Radiologic Technologists Bone Densitometry Practice Standards, available at https://www.asrt.org/docs/default-source/practice-standards-published/ps_bd.pdf?sfvrsn=11e176d0_22, incorporated by reference, on file with the Department, and including no future editions or amendments; and
 2. Apply ionizing radiation only to a person's hips, spine, and extremities through the use of a bone density machine without the use of fluoroscopy or contrast media.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-606. Application for Examination

- A.** An individual may apply for examination if the individual meets eligibility criteria for a:
1. Practical technologist in radiology listed in R9-16-603(A);
 2. Practical technologist in podiatry listed in R9-16-604(A); or
 3. Practical technologist in bone densitometry listed in R9-16-605(A).
- B.** An applicant for examination shall submit an application packet to the Department that includes:
1. The information and documents required in R9-16-619;
 2. Except as provided in R9-16-602(D), documentation of completion of a Department-approved educational program; and
 3. For an applicant for examination as a practical technologist in podiatry, the attestation specified in R9-16-604(A)(2)(a)(ii).
- C.** The Department shall approve or deny an individual's application for examination according to R9-16-621.
- D.** If the Department determines that the application packet submitted under subsection (B) is complete and in compliance, the Department shall notify the applicant that the applicant is approved to test.
- E.** Upon notification by the Department according to subsection (D), and applicant:
1. Shall arrange testing through AART, and

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2. Has six months to complete testing before the applicant is required to re-apply for examination.

Historical Note

New Section made by final expedited rulemaking at 25
A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-607. Application for Initial Certification as a Practical Technologist in Radiology, Practical Technologist in Podiatry, or Practical Technologist in Bone Densitometry

- A. Except as provided in subsection (B), an applicant for initial certification as a practical technologist in radiology, practical technologist in podiatry, or practical technologist in bone densitometry shall submit an application packet to the Department that includes:
 1. The information and documents required in R9-16-619;
 2. Except as provided in R9-16-602(D), documentation of completion of a Department-approved educational program;
 3. Documentation of achieving the applicable minimum score on a Department-approved examination;
 4. For an application for a practical technologist in podiatry, the signed attestation in R9-16-604(A)(2)(a)(ii) containing:
 - a. The name and date of birth of the applicant,
 - b. The name and license number of the licensed podiatrist,
 - c. A statement by the licensed podiatrist verifying completion of the applicant's clinical training and approval of radiographic images taken by the applicant, and
 - d. The licensed podiatrist's signature and date; and
 5. The applicable fee in R9-16-623.
- B. If an applicant for initial certification as a practical technologist in radiology, practical technologist in podiatry, or practical technologist in bone densitometry may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application packet to the Department that includes:
 1. The information and documentation required in R9-16-619;
 2. Documentation of the professional license or certification issued to the applicant by each state in which the applicant holds a professional license or certification;
 3. A statement, signed and dated by the applicant, attesting that the applicant:
 - a. Has been licensed or certified in another state for at least one year, with a scope of practice consistent with the scope of practice for which certification is being requested;
 - b. Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);
 - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
 - d. Does not have a complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and
 4. The applicable fee in R9-16-623.
- C. The Department shall approve or deny an individual's application for initial certification according to R9-16-621.

Historical Note

New Section made by final expedited rulemaking at 25
A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-608. Radiologic Technologist, Nuclear Medicine Tech-**nologist, and Radiation Therapy Technologist - Eligibility and Scope of Practice**

- A. An individual is eligible to apply for initial certification as a radiologic technologist, nuclear medicine technologist, or radiation therapy technologist if the individual:
 1. Is at least 18 years of age; and
 2. Satisfies one of the following:
 - a. Holds current applicable ARRT or NMTCB certification,
 - b. Has completed a Department-approved educational program in radiation technology and has a passing score on a Department-approved examination, or
 - c. Meets the criteria in A.R.S. § 32-4302(A).
- B. An individual certified as a radiologic technologist shall follow the standards specified in the 2017 American Society of Radiologic Technologists Radiography Practice Standards, available at https://www.asrt.org/docs/default-source/practice-standards-published/ps_rad.pdf?sfvrsn=13e176d0_18, incorporated by reference, on file with the Department, and including no future editions or amendments.
- C. An individual certified as a nuclear medicine technologist shall:
 1. Follow the standards specified in the 2017 American Society of Radiologic Technologists Nuclear Medicine Practice Standards, available at https://www.asrt.org/docs/default-source/practice-standards-published/ps_nm.pdf?sfvrsn=1ee176d0_14, incorporated by reference, on file with the Department, and including no future editions or amendments; and
 2. Use radiopharmaceutical agents on humans for diagnostic or therapeutic purposes only.
- D. An individual certified as a radiation therapy technologist shall follow the standards specified in the 2017 American Society of Radiologic Technologists Radiation Therapy Practice Standards, available at https://www.asrt.org/docs/default-source/practice-standards-published/ps_rt.pdf?sfvrsn=18e076d0_16, incorporated by reference, on file with the Department, and including no future editions or amendments.

Historical Note

New Section made by final expedited rulemaking at 25
A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-609. Application for Initial Certification as a Radiation Technologist, Nuclear Medicine Technologist, or Radiation Therapy Technologist

- A. Except as provided in subsection (B), an applicant for initial certification as a radiation technologist, nuclear medicine technologist, or radiation therapy technologist shall submit an application packet to the Department that includes:
 1. The information and documents required in R9-16-619;
 2. Either:
 - a. A copy of the applicant's current ARRT or NMTCB certification; or
 - b. Documentation of:
 - i. Completing a Department-approved educational program, except as provided in R9-16-602(D); and
 - ii. Having a passing score on a Department-approved examination; and
 3. The applicable fee in R9-16-623.
- B. If an applicant for initial certification as a radiation technologist, nuclear medicine technologist, or radiation therapy technologist may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application packet to the Department that includes:

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1. The information and documentation required in R9-16-619;
 2. Documentation of the professional license or certification issued to the applicant by each state in which the applicant holds a professional license or certification;
 3. A statement, signed and dated by the applicant, attesting that the applicant:
 - a. Has been licensed or certified in another state for at least one year, with a scope of practice consistent with the scope of practice for which certification is being requested;
 - b. Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);
 - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
 - d. Does not have an complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and
 4. The applicable fee in R9-16-623.
- C. The Department shall approve or deny an individual's application for initial certification according to R9-16-621.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-610. Mammographic Technologist - Eligibility and Scope of Practice

- A. An individual is eligible to apply for initial certification as a mammographic technologist if the individual:
1. Is at least 18 years of age;
 2. Possesses a current Department-issued certification in radiologic technology; and
 3. Satisfies one of the following:
 - a. Holds a current ARRT certification in mammography;
 - b. Meets the initial training and education requirements in 21 CFR 900.12 and has a passing score on a Department-approved examination in mammography, or
 - c. Meets the criteria in A.R.S. § 32-4302(A).
- B. An individual certified as a mammographic technologist:
1. Shall follow the standards specified in the 2017 American Society of Radiologic Technologists Mammography Practice Standards, available at https://www.asrt.org/docs/default-source/practice-standards-published/ps_mamm.pdf?sfvrsn=10e076d0_16, incorporated by reference, on file with the Department, and including no future editions or amendments; and
 2. May perform diagnostic mammography or screening mammography, as defined in A.R.S. § 30-651.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-611. Student Mammography Permits

- A. Before beginning the initial training in 21 CFR 900.12 under R9-16-610(A)(3)(b), an individual shall obtain a student mammography permit from the Department.
- B. An applicant for a student mammography permit shall submit an application packet to the Department that includes:
1. The information and documents required under R9-16-619; and
 2. A Department-provided agreement form that includes the following:
 - a. The name and date of birth of the applicant;
 - b. The name, license number, e-mail address, and telephone number of a radiologist, licensed under A.R.S. Title 32, Chapter 13 or 17 and certified in radiology by the American Board of Radiology;
 - c. A statement that the licensed radiologist is accepting responsibility for the applicant's supervision and training; and
 - d. The licensed radiologist's signature and date of signing.
 - C. The Department shall approve or deny an individual's application for a student mammography permit according to R9-16-621.
 - D. A student mammography permit is valid for one year from the date issued and may not be renewed.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-612. Application for Initial Certification as a Mammographic Technologist

- A. Except as provided in subsection (B), an applicant for initial certification as a mammographic technologist shall submit an application packet to the Department that includes:
1. The information and documents required in R9-16-619;
 2. The applicant's current radiology technologist certificate number;
 3. The applicant's current student mammography permit number, if applicable;
 4. Either:
 - a. A copy of current ARRT certification in mammography; or
 - b. Documentation of:
 - i. Completing of initial education and training that meets the requirements specified in 21 CFR 900.12, and
 - ii. Having a passing score on a Department-approved examination in mammography; and
 5. The applicable fee in R9-16-623.
- B. If an applicant for initial certification as a mammographic technologist may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application packet to the Department that includes:
1. The information and documentation required in R9-16-619;
 2. Documentation of the license or certification as a mammographic technologist issued to the applicant by each state in which the applicant holds the license or certification;
 3. A statement, signed and dated by the applicant, attesting that the applicant:
 - a. Has been licensed or certified as a mammographic technologist in another state for at least one year;
 - b. Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);
 - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
 - d. Does not have an complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and
 4. The applicable fee in R9-16-623.

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- C. The Department shall approve or deny an individual's application for initial certification as a mammographic technologist according to R9-16-621.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-613. Computed Tomography Technologist - Eligibility and Scope of Practice

- A. An individual is eligible to apply for initial certification as a computed tomography technologist if the individual:
1. Is at least 18 years of age;
 2. Possesses a current Department-issued certification as a radiologic technologist or nuclear medicine technologist; and
 3. Satisfies one of the following:
 - a. Holds a current ARRT or NMTCB certification in computed tomography,
 - b. Has completed two years of training in computed tomography and twelve hours of computed tomography-specific education, or
 - c. Meets the criteria in A.R.S. § 32-4302(A).
- B. An individual certified as a computed tomography technologist:
1. Shall follow the standards specified in the 2017 American Society of Radiologic Technologists Computed Tomography Practice Standards, available at https://www.asrt.org/docs/default-source/practice-standards-published/ps_ct.pdf?sfvrsn=9e076d0_16, incorporated by reference, on file with the Department, and including no future editions or amendments; and
 2. May apply ionizing radiation to a human using a computed tomography machine for diagnostic purposes.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-614. Application for Computed Tomography Preceptorship and Temporary Certification

- A. Before beginning training under R9-16-613(A)(3)(b), an individual shall obtain a computed tomography preceptorship certificate from the Department.
- B. An applicant for a computed tomography preceptorship certificate shall submit an application packet to the Department that includes:
1. The information and documents required under R9-16-619; and
 2. A Department-provided agreement form from a radiologist, licensed under A.R.S. Title 32, Chapter 13 or 17 and certified in radiology by the American Board of Radiology, that includes the following:
 - a. The name and date of birth of the applicant;
 - b. The name, license number, e-mail address, and telephone number of the licensed radiologist;
 - c. A statement that the licensed radiologist is accepting responsibility for the applicant's supervision and training; and
 - d. The licensed radiologist's signature and date of signing.
- C. The Department shall approve or deny an individual's application for a computed tomography preceptorship certificate according to R9-16-621.
- D. A computed tomography preceptorship certificate is valid for one year from the date issued and may not be renewed.
- E. At least 30 days before the expiration of an individual's computed tomography preceptorship certificate, the individual

may apply for a computed tomography temporary certificate by submitting an application packet to the Department that includes:

1. The information and documents required under R9-16-619; and
2. A Department-provided agreement form from a radiologist, licensed under A.R.S. Title 32, Chapter 13 or 17 and certified in radiology by the American Board of Radiology, that includes the following:
 - a. The name and date of birth of the applicant;
 - b. The name, license number, e-mail address, and telephone number of the licensed radiologist;
 - c. A statement that the licensed radiologist is accepting responsibility for the applicant's supervision and training; and
 - d. The licensed radiologist's signature and date of signing.

- F. The Department shall approve or deny an individual's application for a computed tomography temporary certificate according to R9-16-621.

- G. A computed tomography temporary certificate is valid for one year and may not be renewed.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-615. Application for Initial Certification for a Computed Tomography Technologist

- A. Except as provided in subsection (B), an applicant for initial certification as a computed tomography technologist shall submit an application packet to the Department that includes:
1. The information and documents required in R9-16-619;
 2. The applicant's current radiation technologist or nuclear medicine technologist certificate number;
 3. The applicant's computed tomography preceptorship number or temporary certificate number, if applicable;
 4. Either:
 - a. A copy of the applicant's current ARRT or NMTCB certification in computed tomography; or
 - b. Documentation of completion of:
 - i. Two years of training in computed tomography, and
 - ii. Twelve hours of computed tomography-specific education; and
 5. The applicable fee in R9-16-623.
- B. If an applicant for initial certification as a computed tomography technologist may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application packet to the Department that includes:
1. The information and documentation required in R9-16-619;
 2. Documentation of the license or certification as a computed tomography technologist issued to the applicant by each state in which the applicant holds the license or certification;
 3. A statement, signed and dated by the applicant, attesting that the applicant:
 - a. Has been licensed or certified as a computed tomography technologist in another state for at least one year;
 - b. Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);
 - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and

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- d. Does not have a complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and
- 4. The applicable fee in R9-16-623.
- C. The Department shall approve or deny an individual's application for initial certification as a computed tomography technologist according to R9-16-621.

Historical Note

New Section made by final expedited rulemaking at 25
A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-616. Radiologist Assistant - Eligibility and Scope of Practice

- A. An individual is eligible to apply for initial certification as a radiologist assistant if the individual:
 - 1. Is at least 18 years of age; and
 - 2. Satisfies one of the following:
 - a. Holds a current ARRT or CBRPA certification as a radiologist assistant;
 - b. Has:
 - i. Completed a baccalaureate degree or post-baccalaureate certificate from an accredited educational institution that encompasses a radiologist assistant curriculum that includes a radiologist-directed clinical preceptorship, and
 - ii. Achieved a passing score on an ARRT or a CBRPA examination for radiologist assistants; or
 - c. Meets the criteria in A.R.S. § 32-4302(A).
- B. An individual certified as a radiologist assistant:
 - 1. Shall follow the standards specified the 2017 American Society of Radiologic Technologists Radiologist Assistant Practice Standards, available at https://www.asrt.org/docs/default-source/practice-standards-published/ps_raa.pdf?sfvrsn=1ae076d0_16, incorporated by reference on file with the Department, and including no future editions or amendments; and
 - 2. May perform the following procedures under the direction of a radiologist, licensed under A.R.S. Title 32, Chapter 13 or 17 and certified in radiology by the American Board of Radiology:
 - a. Fluoroscopy;
 - b. Assessment and evaluation of the physiological and psychological responsiveness of individuals undergoing radiologic procedures;
 - c. Evaluation of image quality, making initial image observations and communicating observations to the supervising radiologist; and
 - d. Administration of contrast media or other medications prescribed by the supervising radiologist.
- C. A radiologist assistant shall not interpret images, make diagnoses, or prescribe medications or therapies.

Historical Note

New Section made by final expedited rulemaking at 25
A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-617. Application for Initial Certification as a Radiologist Assistant

- A. Except as provided in subsection (B), an applicant for initial certification as a radiologist assistant shall submit an application packet to the Department that includes:
 - 1. The information and documents required in R9-16-619;
 - 2. Either:
 - a. The applicant's current ARRT or CBRPA certification as a radiologist assistant; or

- b. Documentation of:
 - i. Completing a baccalaureate degree or post-baccalaureate certificate from an accredited educational institution that encompasses a radiologist assistant curriculum that includes a radiologist-directed clinical preceptorship, and
 - ii. Having a passing score on an ARRT or a CBRPA examination for radiologist assistants; and
- 3. The applicable fee in R9-16-623.

- B. If an applicant for initial certification as a radiologist assistant may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application packet to the Department that includes:

- 1. The information and documentation required in R9-16-619;
- 2. Documentation of the license or certification as a radiologist assistant issued to the applicant by each state in which the applicant holds the license or certification;
- 3. A statement, signed and dated by the applicant, attesting that the applicant:
 - a. Has been licensed or certified as a radiologist assistant in another state for at least one year;
 - b. Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);
 - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
 - d. Does not have a complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and
- 4. The applicable fee in R9-16-623.

- C. The Department shall approve or deny an individual's application for initial certification as a radiologist assistant according to R9-16-621.

Historical Note

New Section made by final expedited rulemaking at 25
A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-618. Special Permits

- A. An applicant for a special permit under A.R.S. § 32-2814(B) shall submit an application packet to the Department containing:
 - 1. The information and documents required in R9-16-619;
 - 2. An attestation, in a Department-provided format, from the health care institution in which the applicant proposes to practice:
 - a. Stating that the requesting health care institution is located in an Arizona medically underserved area, as defined in A.A.C. R9-15-101(4), or a health professional shortage area, as defined in A.A.C. R9-15-101(25);
 - b. Verifying that the health care institution developed and is implementing a program of continuing education for the applicant to protect the health and safety of individuals undergoing radiologic procedures; and
 - c. Signed and dated by the health care institution's administrator or designee; and
 - 3. A letter signed by the health care institution's administrator or designee that provides justification for the issuance of a special permit.
- B. The Department shall approve or deny an application for a special permit according to R9-16-621.

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- C. A special permit is valid for no more than one year, but may be renewed as provided in subsection (A) if the circumstances justifying the issuance of a special permit have not changed.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-619. Application Information

An applicant for certification shall submit to the Department:

1. The following information in a Department-provided format:
 - a. The applicant's name;
 - b. The applicant's residential address and, if different, mailing address;
 - c. The applicant's telephone number;
 - d. The applicant's e-mail address;
 - e. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
 - f. The applicant's date of birth;
 - g. The applicant's current employment in the radiation technology field, if applicable, including:
 - i. The employer's name,
 - ii. The applicant's position,
 - iii. Dates of employment,
 - iv. The address of the employer,
 - v. The supervisor's name,
 - vi. The supervisor's email address, and
 - vii. The supervisor's telephone number;
 - h. The applicant's educational history related to radiation technology, including:
 - i. The name and address of each educational institution,
 - ii. The degree or certification received, and
 - iii. The applicant's date of graduation;
 - i. The type of certificate being applied for;
 - j. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state;
 - k. If the applicant has been convicted of a felony or a misdemeanor:
 - i. The date of the conviction,
 - ii. The state or jurisdiction of the conviction,
 - iii. An explanation of the crime of which the applicant was convicted, and
 - iv. The disposition of the case;
 - l. Whether the applicant holds other professional licenses or certifications and, if so:
 - i. The professional license or certification, and
 - ii. The state in which the professional license or certification was issued;
 - m. Whether the applicant has had a professional license or certificate suspended, revoked, or had disciplinary action taken against the professional license or certificate;
 - n. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-621;
 - o. An attestation that the information submitted as part of an application packet is true and accurate; and
 - p. The applicant's signature and date of signing;
2. If the applicant has had a professional license or certificate suspended, revoked, or had disciplinary action taken against the professional license or certificate within the previous five years, documentation that includes:
 - a. The date of the disciplinary action, revocation, or suspension;

- b. The state or nationally accredited certifying body that issued the disciplinary action, revocation, or suspension; and
 - c. An explanation of the disciplinary action, revocation, or suspension;
3. If the applicant is currently ineligible for licensing or certification in any state because of a license revocation or suspension, documentation that includes:
 - a. The date of the ineligibility for licensing or certification,
 - b. The state or jurisdiction of the ineligibility for licensing or certification, and
 - c. An explanation of the ineligibility for licensing or certification; and
 4. Documentation for the applicant that complies with A.R.S. § 41-1080.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-620. Renewal of Certification

- A. Certifications issued under R9-16-607, R9-16-609, R9-16-612, R9-16-615, and R9-16-617 are valid for two years after issuance, unless revoked.
- B. A certificate holder may apply to renew a certification:
 1. Within 90 days before the expiration date of the certificate holder's current certification;
 2. Within the 30-day period after the expiration date of the certificate holder's certification, if the certificate holder pays the late renewal penalty fee in R9-16-623; or
 3. Within the extension time period granted under A.R.S. § 32-4301.
- C. An applicant for renewal of a certification shall submit to the Department an application packet, including:
 1. The following in a Department-provided format:
 - a. The applicant's name, address, telephone number, email address, date of birth, and Social Security number;
 - b. The applicant's current certification number and type;
 - c. The applicant's current employment in the radiation technology field, if applicable, including:
 - i. The employer's name,
 - ii. The applicant's position,
 - iii. Dates of employment,
 - iv. The address of the employer,
 - v. The supervisor's name,
 - vi. The supervisor's email address, and
 - vii. The supervisor's telephone number;
 - d. Whether the applicant has, within the two years before the date of the application, had:
 - i. A certificate issued under this Article suspended or revoked; or
 - ii. A professional license or certificate revoked by another state, jurisdiction, or nationally recognized accreditation body;
 - e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-621;
 - f. Attestation that all the information submitted as part of the application packet is true and accurate; and
 - g. The applicant's signature and date of signature;
 2. Either:
 - a. An attestation that the applicant completed continuing education required under A.R.S. § 32-2815(D)

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- and that documentation of completion is available upon request, signed and dated by the applicant; or
- b. A copy of the applicant's current certification from a nationally recognized accreditation body; and
 3. The applicable renewal fee and, if applicable, the late renewal penalty fee required in R9-16-623.
- D. The Department shall approve or deny an application for recertification according to R9-16-621.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-621. Review Time-frames

- A. For each type of certificate or permit issued by the Department under this Article, Table 6.1 specifies the overall time-frame described in A.R.S. § 41-1072(2).
1. An applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
 2. The extension of the substantive review time-frame and overall time-frame may not exceed 25% of the overall time-frame.
- B. For each type of certificate or permit issued by the Department under this Article, Table 6.1 specifies the administrative completeness review time-frame described in A.R.S. § 41-1072(1).
1. The administrative completeness review time-frame begins on the date the Department receives an application packet required in this Article.
 2. Except as provided in subsection (B)(3), the Department shall provide written notice of administrative completeness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.
 - a. If an application packet is not complete, the notice of deficiencies shall list each deficiency and the information or documentation needed to complete the application packet.
 - b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing information or documentation.

- c. If the applicant does not submit to the Department all the information or documentation listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the application packet withdrawn.
 3. If the Department issues a certificate during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. For each type of certificate or permit issued by the Department under this Article, Table 6.1 specifies the substantive review time-frame described in A.R.S. § 41-1072(3), which begins on the date the Department sends a written notice of administrative completeness.
1. Within the substantive review time-frame, the Department shall provide written notice to the applicant that the Department approved or denied the application.
 2. During the substantive review time-frame:
 - a. The Department may make one comprehensive written request for additional information or documentation; and
 - b. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation.
 3. A comprehensive written request or a supplemental request for additional information or documentation suspends the substantive review time-frame and the overall time-frame from the date of the request until the date the Department receives all the information or documentation requested.
 4. If the applicant does not submit to the Department all the information or documentation listed in a comprehensive written request or supplemental request for additional information or documentation within 30 calendar days after the date of the request, the Department shall deny the certificate or permit.
- D. An applicant who is denied a certificate or permit may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

Table 6.1. Time-frames

Type of Application	Administrative Completeness Review Time-frame (in Calendar Days)	Substantive Review Time-frame (in Calendar Days)	Overall Time-frame (in Calendar Days)
Application for Examination	30	30	60
Initial Certificate	30	30	60
Renewal Certificate	30	30	60
Student Mammography Permit	30	30	60
Computed Tomography Preceptorship Certificate or Computed Tomography Temporary Certificate	30	30	60
Special Permit	30	30	60
School Approval	60	60	120

Historical Note

New Table 6.1 made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-622. Changes Affecting a Certificate or Certificate Holder; Request for a Duplicate Certificate

- A. A certificate holder shall notify the Department in writing, within 30 calendar days after the effective date of a change in:

1. The certificate holder's residential address, mailing address, or e-mail address, including the new residential address, mailing address, or e-mail address;
2. The certificate holder's name, including a copy of the legal document establishing the certificate holder's new name; or

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3. The certificate holder's employer, including the name and address of the new employer.
- B.** A certificate holder may obtain a duplicate certificate by submitting to the Department:
 1. A written request for a duplicate certificate, in a Department-provided format, that includes:
 - a. The certificate holder's name and address,
 - b. The certificate holder's certificate number and expiration date, and
 - c. The certificate holder's signature and date of signature; and
 2. The duplicate certificate fee in R9-16-623.
- C.** A certificate holder may submit to the Department, either as a separate written document or as part of the renewal application, a signed and dated request to transfer to inactive status or retirement status under A.R.S. § 32-2816(F).

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-623. Fees

- A.** An applicant shall submit to the Department the following nonrefundable fees for:
 1. An initial application or renewal application for certification as a practical technologist in radiology, practical technologist in podiatry, or practical technologist in bone densitometry, \$60;
 2. An initial application or renewal application for certification as a radiation technologist, nuclear medicine technologist, or radiation therapy technologist, \$60;
 3. An initial application or renewal application for certification as a mammographic technologist, \$20;

4. An initial application or renewal application for certification as a computed tomography technologist, \$20;
5. An initial application or renewal application for certification as a radiologist assistant, \$60; and
6. A late renewal penalty fee according to A.R.S. § 32-2816(C), \$50.

- B.** The fee for a duplicate certificate is \$10.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

R9-16-624. Enforcement

- A.** The Department may, as applicable:
 1. Deny, revoke, or suspend a certificate or permit under A.R.S. § 36-2821;
 2. Request an injunction under A.R.S. § 36-2825; or
 3. Assess a civil money penalty under A.R.S. § 36-2821.
- B.** In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:
 1. The type of violation,
 2. The severity of the violation,
 3. The danger to public health and safety,
 4. The number of violations,
 5. The number of individuals affected by the violations,
 6. The degree of harm to an individual,
 7. A pattern of noncompliance, and
 8. Any mitigating or aggravating circumstances.
- C.** A certificate holder or permittee may appeal a disciplinary action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).

Arizona Administrative CODE

9 A.A.C. 17 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 9

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 9. HEALTH SERVICES

CHAPTER 17. DEPARTMENT OF HEALTH SERVICES - MEDICAL MARIJUANA PROGRAM

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Questions about these rules? Contact:

Name: Thomas Salow, Branch Chief
Address: Department of Health Services
Public Health Licensing Services
150 N. 18th Ave., Suite 400
Phoenix, AZ 85007
Telephone: (602) 364-1935
Fax: (602) 364-3808
E-mail: Thomas.Salow@azdhs.gov
or
Name: Robert Lane, Office Chief
Address: Department of Health Services
Office of Administrative Counsel and Rules
150 N. 18th Ave., Suite 200
Phoenix, AZ 85007
Telephone: (602) 542-1020
Fax: (602) 364-1150
E-mail: Robert.Lane@azdhs.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 17-2, 1-31 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

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TITLE 9. HEALTH SERVICES

CHAPTER 17. DEPARTMENT OF HEALTH SERVICES - MEDICAL MARIJUANA PROGRAM

Authority: A.R.S. § 36-2803

Editor's Note: This Chapter was adopted under a one-year exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Proposition 203 passed by the voters in November 2010. Although exempt from certain provisions of the rulemaking process, Section 6 of the Proposition required the Department to provide the public with an opportunity to comment on these rules before publishing the exempted rules. The Department posted proposed rules for comment on its web site, conducted statewide public meetings and also posted public comments received on its web site. (Supp. 11-2).

Editor's Note: 9 A.A.C. 17, formerly contained the rules of the Department of Health Services - Pure Food Control. This Chapter expired under A.R.S. § 41-1056(E) at 13 A.A.R. 3531, effective August 31, 2007 (Supp. 07-3).

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Article 4, consisting of Sections R9-17-401 through R9-17-411, made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

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ARTICLE 1. GENERAL

R9-17-101. Definitions

In addition to the definitions in A.R.S. § 36-2801, the following definitions apply in this Chapter unless otherwise stated:

1. "Accreditation" means approval by the:
 - a. American Association of Laboratory Accreditation,
 - b. Perry Johnson Laboratory Accreditation,
 - c. ANSI National Accreditation Board,
 - d. International Accreditation Services, or
 - e. NELAC Institute.
2. "Acquire" means to obtain through any type of transaction and from any source.
3. "Activities of daily living" means ambulating, bathing, dressing, grooming, eating, toileting, and getting in and out of bed.
4. "Amend" means adding or deleting information on an individual's registry identification card that affects the individual's ability to perform or delegate a specific act or function.
5. "Batch" means a specific lot of medical marijuana grown from one or more seeds or cuttings that are planted and harvested at the same time.
6. "Batch number" means a unique numeric or alphanumeric identifier assigned to a batch by a dispensary when the batch is planted.
7. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
8. "CHAA" means a Community Health Analysis Area, a geographic area based on population, established by the Department for use by public health programs.
9. "Change" means adding or deleting information on an individual's registry identification card that does not substantively affect the individual's ability to perform or delegate a specific act or function.
10. "Commercial device" means the same as in A.R.S. § 41-2051.
11. "Cultivation site" means the one additional location where marijuana may be cultivated, infused, or prepared for sale by and for a dispensary.
12. "Current photograph" means an image of an individual, taken no more than 60 calendar days before the submission of the individual's application, in a Department-approved electronic format capable of producing an image that:
 - a. Has a resolution of at least 600 x 600 pixels but not more than 1200 x 1200 pixels;
 - b. Is 2 inches by 2 inches in size;
 - c. Is in natural color;
 - d. Is a front view of the individual's full face, without a hat or headgear that obscures the hair or hairline;
 - e. Has a plain white or off-white background; and
 - f. Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head.
13. "Denial" means the Department's final decision not to issue a registry identification card, a dispensary registration certificate, a laboratory registration certificate, or an approval of a change of dispensary or a dispensary's cultivation site location, to an applicant because the applicant or the application does not comply with the applicable requirements in A.R.S. Title 36, Chapter 28.1 or this Chapter.
14. "Dispensary" means the same as "nonprofit medical marijuana dispensary" as defined in A.R.S. § 36-2801.
15. "Dispensary agent" means the same as "nonprofit medical marijuana dispensary agent" as defined in A.R.S. § 36-2801.
16. "Edible food product" means a substance, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption.
17. "Enclosed area" when used in conjunction with "enclosed, locked facility" means outdoor space surrounded by solid, 10-foot walls, constructed of metal, concrete, or stone that prevent any viewing of the marijuana plants, and a 1-inch thick metal gate.
18. "Entity" means a "person" as defined in A.R.S. § 1-215.
19. "Generally accepted accounting principles" means the set of financial reporting standards established by the Financial Accounting Standards Board, the Governmental Accounting Standards Board, or another specialized body dealing with accounting and auditing matters.
20. "In-state financial institution" means the same as in A.R.S. § 6-101.
21. "Laboratory" means the same as "independent third-party laboratory" as defined in A.R.S. § 36-2801.
22. "Laboratory agent" means the same as "independent third-party laboratory agent" as defined in A.R.S. § 36-2801.
23. "Legal guardian" means an adult who is responsible for a minor:
 - a. Through acceptance of guardianship of the minor through a testamentary appointment or an appointment by a court pursuant to A.R.S. Title 14, Chapter 5, Article 2; or
 - b. As a "custodian" as defined in A.R.S. § 8-201.
24. "Medical record" means the same as:
 - a. "Adequate records" as defined in A.R.S. § 32-1401,
 - b. "Adequate medical records" as defined in A.R.S. § 32-1501,
 - c. "Adequate records" as defined in A.R.S. § 32-1800, or
 - d. "Adequate records" as defined in A.R.S. § 32-2901.
25. "Out-of-state financial institution" means the same as in A.R.S. § 6-101.
26. "Private school" means the same as in A.R.S. § 15-101.
27. "Public place":
 - a. Means any location, facility, or venue that is not intended for the regular exclusive use of an individual or a specific group of individuals;
 - b. Includes, but not is limited to:
 - i. Airports;
 - ii. Banks;
 - iii. Bars;
 - iv. Child care facilities;
 - v. Child care group homes during hours of operation;
 - vi. Common areas of apartment buildings, condominiums, or other multifamily housing facilities;
 - vii. Educational facilities;
 - viii. Entertainment facilities or venues;
 - ix. Health care institutions, except as provided in subsection (24)(c);
 - x. Hotel and motel common areas;
 - xi. Laundromats;
 - xii. Libraries;
 - xiii. Office buildings;
 - xiv. Parking lots;

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- xv. Parks;
- xvi. Public transportation facilities;
- xvii. Reception areas;
- xviii. Restaurants;
- xix. Retail food production or marketing establishments;
- xx. Retail service establishments;
- xxi. Retail stores;
- xxii. Shopping malls;
- xxiii. Sidewalks;
- xxiv. Sports facilities;
- xxv. Theaters; and
- xxvi. Waiting rooms; and
- c. Does not include:
 - i. Nursing care institutions as defined in A.R.S. § 36-401,
 - ii. Hospices as defined in A.R.S. § 36-401,
 - iii. Assisted living centers as defined in A.R.S. § 36-401,
 - iv. Assisted living homes as defined in A.R.S. § 36-401,
 - v. Adult day health care facilities as defined in A.R.S. § 36-401,
 - vi. Adult foster care homes as defined in A.R.S. § 36-401, or
 - vii. Private residences.
- 28. "Public school" means the same as "school" as defined in A.R.S. § 15-101.
- 29. "Registry identification number" means the random 20-digit alphanumeric identifier generated by the Department, containing at least four numbers and four letters, issued by the Department to a qualifying patient, designated caregiver, dispensary, dispensary agent, laboratory, or laboratory agent.
- 30. "Revocation" means the Department's final decision that an individual's registry identification card, a dispensary registration certificate, or a laboratory registration certificate is rescinded because the individual, the dispensary, or the laboratory does not comply with the applicable requirements in A.R.S. Title 36, Chapter 28.1 or this Chapter.
- 31. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a statewide furlough day.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-102. Fees

- A. An applicant submitting an application to the Department shall submit the following nonrefundable fees:
 - 1. Except as provided in R9-17-303(D), for registration of a dispensary, \$5,000;
 - 2. To renew the registration of a dispensary, \$1,000;
 - 3. To change the location of a dispensary, \$2,500;
 - 4. To change the location of a dispensary's cultivation site or add a cultivation site, \$2,500;
 - 5. For a registry identification card for a:
 - a. Qualifying patient, except as provided in subsection (B), \$150;
 - b. Designated caregiver, \$200;
 - c. Dispensary agent, \$500; and

- d. Laboratory agent, \$500;
- 6. For renewing a registry identification card for a:
 - a. Qualifying patient, except as provided in subsection (B), \$150;
 - b. Designated caregiver, \$200;
 - c. Dispensary agent, \$500; and
 - d. Laboratory agent, \$500;
- 7. For amending or changing a registry identification card, \$10;
- 8. For requesting a replacement registry identification card, \$10;
- 9. For registration of a laboratory, \$5,000; and
- 10. To renew the registration of a laboratory, \$1,000.
- B. A qualifying patient may pay a reduced fee of \$75 if the qualifying patient submits, with the qualifying patient's application for a registry identification card or the qualifying patient's application to renew the qualifying patient's registry identification card, a copy of an eligibility notice or electronic benefits transfer card demonstrating current participation in the U.S. Department of Agriculture, Food and Nutrition Services, Supplemental Nutrition Assistance Program.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-103. Application Submission

- A. An applicant submitting an application for a registry identification card or to amend, change, or replace a registry identification card for a qualifying patient, designated caregiver, dispensary agent, or laboratory agent, shall submit the application electronically in a Department-provided format.
- B. A residence address or mailing address submitted for a qualifying patient or designated caregiver as part of an application for a registry identification card is located in Arizona.
- C. A mailing address submitted for a principal officer or board member as part of a dispensary certificate registration application or as part of an application for a dispensary agent registration identification card is located in Arizona.
- D. A mailing address submitted for an owner as a part of a laboratory registration certificate application or as part of an application for a laboratory agent registration identification card is located in Arizona.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-104. Changing Information on a Registry Identification Card

Except as provided in R9-17-203(B) and (C), to make a change to a cardholder's name or address on the cardholder's registry identification card, the cardholder shall submit to the Department, within 10 working days after the change, a request for the change that includes:

- 1. The cardholder's name and the registry identification number on the cardholder's current registry identification card;
- 2. The cardholder's new name or address, as applicable;

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3. For a change in the cardholder's name, one of the following with the cardholder's new name:
 - a. An Arizona driver's license,
 - b. An Arizona identification card, or
 - c. The photograph page in the cardholder's U.S. passport;
4. For a change in address, the county where the new address is located;
5. The effective date of the cardholder's new name or address; and
6. The applicable fee in R9-17-102 for changing a registry identification card.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-105. Requesting a Replacement Registry Identification Card

To request a replacement card for a cardholder's registry identification card that has been lost, stolen, or destroyed, the cardholder shall submit to the Department, within 10 working days after the cardholder's registry identification card was lost, stolen, or destroyed, a request for a replacement card that includes:

1. The cardholder's name and date of birth;
2. If known, the registry identification number on the cardholder's lost, stolen, or destroyed registry identification card;
3. If the cardholder cannot provide the registry identification number on the cardholder's lost, stolen, or destroyed registry identification card, a copy of one of the following documents that the cardholder submitted when the cardholder obtained the registry identification card:
 - a. Arizona driver's license,
 - b. Arizona identification card,
 - c. Arizona registry identification card, or
 - d. Photograph page in the cardholder's U.S. passport; and
4. The applicable fee in R9-17-102 for requesting a replacement registry identification card.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-106. Adding a Debilitating Medical Condition

- A. An entity may request the addition of a medical condition to the list of debilitating medical conditions in R9-17-201 by submitting to the Department, at the times specified in subsection (C), the following in writing:
 1. The entity's name;
 2. The entity's mailing address, name of contact individual, telephone number, and, if applicable, e-mail address;
 3. The name of the medical condition the entity is requesting be added;
 4. A description of the symptoms and other physiological effects experienced by an individual suffering from the medical condition or a treatment of the medical condition that may impair the ability of the individual to accomplish activities of daily living;
 5. The availability of conventional medical treatments to provide therapeutic or palliative benefit for the medical condition or a treatment of the medical condition;
 6. A summary of the evidence that the use of marijuana will provide therapeutic or palliative benefit for the medical condition or a treatment of the medical condition; and
 7. Articles, published in peer-reviewed scientific journals, reporting the results of research on the effects of mari-

juana on the medical condition or a treatment of the medical condition supporting why the medical condition should be added.

B. The Department shall:

1. Acknowledge in writing the Department's receipt of a request for the addition of a medical condition to the list of debilitating medical conditions listed in R9-17-201 within 30 calendar days after receiving the request;
2. Review the request to determine if the requester has provided evidence that:
 - a. The specified medical condition or treatment of the medical condition impairs the ability of the individual to accomplish activities of daily living, and
 - b. Marijuana usage provides a therapeutic or palliative benefit to an individual suffering from the medical condition or treatment of the medical condition;
3. Within 90 calendar days after receiving the request, notify the requester that the Department has determined that the information provided by the requester:
 - a. Meets the requirements in subsection (B)(2) and the date the Department will conduct a public hearing to discuss the request; or
 - b. Does not meet the requirements in subsection (B)(2), the specific reason for the determination, and the process for requesting judicial review of the Department's determination pursuant to A.R.S. Title 12, Chapter 7, Article 6;
4. If applicable:
 - a. Schedule a public hearing to discuss the request;
 - b. Provide public notice of the public hearing by submitting a Notice of Public Information to the Office of the Secretary of State, for publication in the *Arizona Administrative Register* at least 30 calendar days before the date of the public hearing;
 - c. Post a copy of the request on the Department's web site for public comment at least 30 calendar days before the date of the public hearing; and
 - d. Hold the public hearing no more than 150 calendar days after receiving the request; and
5. Within 180 calendar days after receiving the request:
 - a. Add the medical condition to the list of debilitating medical conditions, or
 - b. Provide written notice to the requester of the Department's decision to deny the request that includes:
 - i. The specific reasons for the Department's decision; and
 - ii. The process for requesting judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.
- C. The Department shall accept requests for the addition of a medical condition to the list of debilitating medical conditions in R9-17-201 in January and July of each calendar year starting in January 2012.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-107. Time-frames

- A. Within the administrative completeness review time-frame for each type of approval in Table 1.1, the Department shall:
 1. Issue a registry identification card, dispensary registration certificate, or laboratory registration certificate;
 2. Provide a notice of administrative completeness to an applicant; or

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3. Provide a notice of deficiencies to an applicant, including a list of the information or documents needed to complete the application.
 - B. An application for approval to operate a dispensary is not complete until the date the applicant states on a written notice provided to the Department that the dispensary is ready for an inspection by the Department.
 - C. If the Department provides a notice of deficiencies to an applicant:
 1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant;
 2. The Department shall consider the application withdrawn if the applicant does not submit the missing information or documents to the Department within the time-frame in Table 1.1; and
 3. If the applicant submits the missing information or documents to the Department within the time-frame in Table 1.1, the substantive review time-frame begins on the date the Department receives the missing information or documents.
 - D. Within the substantive review time-frame for each type of approval in Table 1.1, the Department:
 1. Shall issue or deny a registry identification card, dispensary registration certificate, or laboratory registration certificate;
 2. May complete an inspection that may require more than one visit to a dispensary and, if applicable, the dispensary's cultivation site;
 3. May complete an inspection that may require more than one visit to a laboratory; and
 4. May make one written comprehensive request for more information, unless the Department and the applicant agree in writing to allow the Department to submit supplemental requests for information.
 - E. If the Department issues a written comprehensive request or a supplemental request for information:
 1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives all of the information requested, and
 2. The applicant shall submit to the Department all of the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
 - F. If an applicant for an initial dispensary registration certificate is allocated a dispensary registration certificate as provided in R9-17-303, the Department shall provide a written notice to the applicant of the allocation of the dispensary registration certificate that contains the dispensary's registry identification number.
 1. After the applicant receives the written notice of the allocation, the applicant shall submit to the Department for each principal officer or board member for whom fingerprints were submitted:
 - a. An application for a dispensary agent registry identification card that includes:
 - i. The principal officer's or board member's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - ii. The principal officer's or board member's residence address and mailing address;
 - iii. The county where the principal officer or board member resides;
 - iv. The principal officer's or board member's date of birth;
 - v. The identifying number on the applicable card or document in subsection (F)(1)(b)(i) through (v);
 - vi. The name and registry identification number of the dispensary;
 - vii. One of the following:
 - (1) A statement that the principal officer or board member does not currently hold a valid registry identification card, or
 - (2) The assigned registry identification number for each valid registry identification card currently held by the principal officer or board member;
 - viii. A statement signed by the principal officer or board member pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
 - ix. An attestation that the information provided in and with the application is true and correct; and
 - x. The signature of the principal officer or board member and the date the principal officer or board member signed;
 - b. A copy the principal officer's or board member's:
 - i. Arizona driver's license issued on or after October 1, 1996;
 - ii. Arizona identification card issued on or after October 1, 1996;
 - iii. Arizona registry identification card;
 - iv. Photograph page in the principal officer's or board member's U.S. passport; or
 - v. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the principal officer or board member:
 - (1) Birth certificate verifying U.S. citizenship,
 - (2) U. S. Certificate of Naturalization, or
 - (3) U. S. Certificate of Citizenship;
 - c. A current photograph of the principal officer or board member; and
 - d. The applicable fee in R9-17-102 for applying for a dispensary agent registry identification card.
2. After receipt of the information and documents in subsection (F)(1), the Department shall review the information and documents.
 - a. If the information and documents for at least one of the principal officers or board members complies with the A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall issue:
 - i. A dispensary agent registry identification card to any principal officer or board member whose dispensary agent registry identification card application complies with A.R.S. Title 36, Chapter 28.1 and this Chapter; and
 - ii. The dispensary registration certificate.
 - b. If the information and documents for a dispensary agent registry identification card application for any principal officer or board member does not comply with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall deny the dispensary agent reg-

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istry identification card application and provide notice to the principal officer or board member and to the dispensary that includes:

- i. The specific reasons for the denial; and
- ii. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

G. The Department shall issue:

1. A registry identification card, an approval to operate a dispensary, or a laboratory registration certificate, as applicable, if the Department determines that the applicant complies with A.R.S. Title 36, Chapter 28.1 and this Chapter;
2. For an applicant for a registry identification card, a denial that includes the reason for the denial and the process for requesting judicial review if:
 - a. The Department determines that the applicant does not comply with A.R.S. Title 36, Chapter 28.1 and this Chapter; or
 - b. The applicant does not submit all of the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information;
3. For an applicant for a dispensary registration certificate, if the Department determines that the dispensary registration certificate application complies with A.R.S. Title 36, Chapter 28.1 and this Chapter but the Department is not issuing a dispensary registration certificate to the applicant because all available dispensary registration certifi-

cates have been allocated according to the criteria and processes in R9-17-303, written notice that:

- a. The dispensary registration certificate application complies with A.R.S. Title 36, Chapter 28.1 and this Chapter;
 - b. The applicant was not allocated a dispensary registration certificate according to the criteria and processes in R9-17-303; and
 - c. The written notice is not a denial and is not considered a final decision of the Department subject to administrative review; or
4. For an applicant for a dispensary registration certificate or a laboratory registration certificate, a denial that includes the reason for the denial and the process for administrative review if:
 - a. The Department determines that a dispensary registration certificate application or the laboratory registration certificate application does not comply with A.R.S. Title 36, Chapter 28.1 or this Chapter; or
 - b. The applicant does not submit all of the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

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Table 1.1. Time-frames

Type of approval	Authority (A.R.S. § or A.A.C.)	Overall Time-frame (in working days)	Time-frame for applicant to complete application (in working days)	Administrative Completeness Time-frame (in working days)	Substantive Review Time-frame (in working days)
Changing a registry identification card	§ 36-2808	10	10	5	5
Requesting a replacement registry identification card	§ 36-2804.06	5	5	2	3
Applying for a registry identification card for a qualifying patient or a designated caregiver	§ 36-2804.02(A)	15	30	5	10
Amending a registry identification card for a qualifying patient or a designated caregiver	§ 36-2808	10	10	5	5
Renewing a qualifying patient's or designated caregiver's registry identification card	§§ 36-2804.02(A) and 36-2804.06	15	15	5	10
Applying for a dispensary registration certificate	§ 36-2804	30	10	5	25
Applying for approval to operate a dispensary	R9-17-305	45		15	30
Changing a dispensary location or adding or changing a dispensary's cultivation site location	§ 36-2804 and R9-17-307	90	90	30	60
Renewing a dispensary registration certificate	§ 36-2804.06	15	15	5	10
Applying for a dispensary agent registry identification card	§§ 36-2804.01 and 36-2804.03	15	30	5	10
Renewing a dispensary agent's registry identification card	§ 36-2804.06	15	15	5	10
Applying for a laboratory registration certificate	§ 36-2804.07	90	90	30	60
Renewing a laboratory registration certificate	§ 36-2804.06	15	15	5	10
Applying for a laboratory agent registry identification card	§ 36-2804.01	15	30	5	10
Renewing a laboratory agent's registry identification card	§ 36-2804.06	15	15	5	10

Historical Note

New Table 1.1 made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Table 1.1 amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired; Table 1.1 amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Section symbols added to A.R.S. citations (Supp. 17-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

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R9-17-108. Expiration of a Registry Identification Card, Dispensary Registration Certificate, or Laboratory Registration Certificate

- A. Except as provided in subsection (B), a registry identification card issued to a qualifying patient, designated caregiver, dispensary agent, or laboratory agent is valid for two years after the date of issuance.
- B. If the Department issues a registry identification card to a qualifying patient, designated caregiver, dispensary agent, or laboratory agent based on a request for a replacement registry identification card or an application to change or amend a registry identification card, the replacement, changed, or amended registry identification card shall have the same expiration date as the registry identification card being replaced, changed, or amended.
- C. Except as provided in subsection (D), a dispensary registration certificate is valid for two years after the date of issuance.
- D. If the Department issues an amended dispensary registration certificate based on a change of location or an addition of a cultivation site, the dispensary registration certificate shall have the same expiration date as the dispensary registration certificate previously held by the dispensary.
- E. An approval to operate a dispensary shall have the same expiration date as the dispensary registration certificate associated with the approval to operate the dispensary.
- F. A laboratory registration certificate is valid for two years after the original date of issuance.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-109. Notifications and Void Registry Identification Cards

- A. The Department shall provide written notice that a cardholder's registry identification card is void and no longer valid under A.R.S. Title 36, Chapter 28.1 and this Chapter to a:
 - 1. Qualifying patient when the Department receives notification from:
 - a. The qualifying patient that the qualifying patient no longer has a debilitating medical condition, or
 - b. The physician who provided the qualifying patient's written certification that the:
 - i. Qualifying patient no longer has a debilitating medical condition,
 - ii. Physician no longer believes that the qualifying patient would receive therapeutic or palliative benefit from the medical use of marijuana, or
 - iii. Physician believes that the qualifying patient is not using the medical marijuana as recommended;
 - 2. Designated caregiver when:
 - a. The Department receives notification from the designated caregiver's qualifying patient that the designated caregiver no longer assists the qualifying patient with the medical use of marijuana, or
 - b. The registry identification card for the qualifying patient that is listed on the designated caregiver's registry identification card is no longer valid;
 - 3. Dispensary agent when:
 - a. The Department receives the written notification, required in R9-17-310(A)(9), that the dispensary agent:
 - i. No longer serves as a principal officer, board member, or medical director for the dispensary;

- ii. Is no longer employed by the dispensary; or
- iii. No longer provides volunteer service at or on behalf of the dispensary; or
- b. The registration certificate for the dispensary that is listed on the dispensary agent's registry identification card is no longer valid; or
- 4. Laboratory agent when:
 - a. The Department receives the written notification, required in R9-17-404(10), that the laboratory agent no longer:
 - i. Serves as an owner for the laboratory,
 - ii. Is employed by the laboratory, or
 - iii. Provides volunteer service at or on behalf of the laboratory; or
 - b. The registration certificate for the laboratory that is listed on the laboratory agent's registration identification card is no longer valid.
- B. The Department shall void a qualifying patient's registry identification card:
 - 1. When the Department receives notification that the qualifying patient is deceased; or
 - 2. For a qualifying patient under 18 years of age, when the qualifying patient's designated caregiver's registry identification card is revoked.
- C. The written notice required in subsection (A) that a registry identification card is void is not a revocation and is not considered a final decision of the Department subject to judicial review.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

ARTICLE 2. QUALIFYING PATIENTS AND DESIGNATED CAREGIVERS**R9-17-201. Debilitating Medical Conditions**

An individual applying for a qualifying patient registry identification card shall have a diagnosis from a physician of at least one of the following debilitating medical conditions:

- 1. Cancer;
- 2. Glaucoma;
- 3. Human immunodeficiency virus;
- 4. Acquired immune deficiency syndrome;
- 5. Hepatitis C;
- 6. Amyotrophic lateral sclerosis;
- 7. Crohn's disease;
- 8. Agitation of Alzheimer's disease;
- 9. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that produces cachexia or wasting syndrome;
- 10. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that produces severe and chronic pain;
- 11. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that produces severe nausea;
- 12. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that produces seizures, including those characteristic of epilepsy;
- 13. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that produces severe nausea;

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ical condition that produces severe or persistent muscle spasms, including those characteristic of multiple sclerosis; or

14. A debilitating medical condition approved by the Department under A.R.S. § 36-2801.01 and R9-17-106.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver

- A. Except for a qualifying patient who is under 18 years of age, a qualifying patient is not required to have a designated caregiver.
- B. A qualifying patient may have only one designated caregiver at any given time.
- C. Except for a qualifying patient who is under 18 years of age, if the information submitted for a qualifying patient complies with A.R.S. Title 36, Chapter 28.1 and this Chapter but the information for the qualifying patient's designated caregiver does not comply with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall issue the registry identification card for the qualifying patient separate from issuing a registry identification card for the qualifying patient's designated caregiver.
- D. If the Department issues a registry identification card to a qualifying patient under subsection (C), the Department shall continue the process for issuing or denying the qualifying patient's designated caregiver's registry identification card.
- E. The Department shall not issue a designated caregiver's registry identification card before the Department issues the designated caregiver's qualifying patient's registry identification card.
- F. Except as provided in subsection (G), to apply for a registry identification card, a qualifying patient shall submit to the Department the following:
 1. An application in a Department-provided format that includes:
 - a. The qualifying patient's:
 - i. First name; middle initial, if applicable; last name; and suffix, if applicable;
 - ii. Date of birth; and
 - iii. Gender;
 - b. Except as provided in subsection (F)(1)(i), the qualifying patient's residence address and mailing address;
 - c. The county where the qualifying patient resides;
 - d. The qualifying patient's e-mail address;
 - e. The identifying number on the applicable card or document in subsection (F)(2)(a) through (e);
 - f. The name, address, and telephone number of the physician providing the written certification for medical marijuana for the qualifying patient;
 - g. Whether the qualifying patient is requesting authorization for cultivating marijuana plants for the qualifying patient's medical use because the qualifying patient believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
 - h. If the qualifying patient is requesting authorization for cultivating marijuana plants, whether the qualifying patient is designating the qualifying patient's designated caregiver to cultivate marijuana plants for the qualifying patient's medical use;
 - i. If the qualifying patient is homeless, an address where the qualifying patient can receive mail;
 - j. Whether the qualifying patient would like notification of any clinical studies needing human subjects for research on the medical use of marijuana;
 - k. An attestation that the information provided in the application is true and correct; and
 - l. The signature of the qualifying patient and date the qualifying patient signed;
2. A copy of the qualifying patient's:
 - a. Arizona driver's license issued on or after October 1, 1996;
 - b. Arizona identification card issued on or after October 1, 1996;
 - c. Arizona registry identification card;
 - d. Photograph page in the qualifying patient's U.S. passport; or
 - e. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the qualifying patient:
 - i. Birth certificate verifying U.S. citizenship,
 - ii. U.S. Certificate of Naturalization, or
 - iii. U.S. Certificate of Citizenship;
3. A current photograph of the qualifying patient;
4. A statement in a Department-provided format signed by the qualifying patient pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
5. A physician's written certification in a Department-provided format dated within 90 calendar days before the submission of the qualifying patient's application that includes:
 - a. The physician's:
 - i. Name,
 - ii. License number including an identification of the physician license type,
 - iii. Office address on file with the physician's licensing board,
 - iv. Telephone number on file with the physician's licensing board, and
 - v. E-mail address;
 - b. The qualifying patient's name and date of birth;
 - c. A statement that the physician has made or confirmed a diagnosis of a debilitating medical condition as defined in A.R.S. § 36-2801 for the qualifying patient;
 - d. An identification, initialed by the physician, of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition;
 - e. If the debilitating medical condition identified in subsection (F)(5)(d) is a condition in:
 - i. R9-17-201(9) through (13), the underlying chronic or debilitating disease or medical condition; or
 - ii. R9-17-201(14), the debilitating medical condition;
 - f. A statement, initialed by the physician, that the physician:
 - i. Has established a medical record for the qualifying patient, and
 - ii. Is maintaining the qualifying patient's medical record as required in A.R.S. § 12-2297;
 - g. A statement, initialed by the physician, that the physician has conducted an in-person physical examination of the qualifying patient within the previous 90 calendar days appropriate to the qualifying patient's presenting symptoms and the qualifying patient's

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- debilitating medical condition diagnosed or confirmed by the physician;
- h. The date the physician conducted the in-person physical examination of the qualifying patient;
 - i. A statement, initialed by the physician, that the physician reviewed the qualifying patient's:
 - i. Medical records including medical records from other treating physicians from the previous 12 months;
 - ii. Response to conventional medications and medical therapies, and
 - iii. Profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - j. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient;
 - k. A statement, initialed by the physician, that in the physician's professional opinion, the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition;
 - l. A statement, initialed by the physician, that if the physician has referred the qualifying patient to a dispensary, the physician has disclosed to the qualifying patient any personal or professional relationship the physician has with the dispensary;
 - m. A statement, initialed by the physician, that the physician has provided information to the qualifying patient, if the qualifying patient is female, that warns about:
 - i. The potential dangers to a fetus caused by smoking or ingesting marijuana while pregnant or to an infant while breastfeeding, and
 - ii. The risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;
 - n. An attestation that the information provided in the written certification is true and correct; and
 - o. The physician's signature and the date the physician signed;
6. If the qualifying patient is designating a caregiver, the following in a Department-provided format:
 - a. The designated caregiver's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - b. The designated caregiver's date of birth;
 - c. The designated caregiver's residence address and mailing address;
 - d. The county where the designated caregiver resides;
 - e. The identifying number on the applicable card or document in subsection (F)(6)(i)(i) through (v);
 - f. One of the following:
 - i. A statement that the designated caregiver does not currently hold a valid registry identification card, or
 - ii. The assigned registry identification number for the designated caregiver for each valid registry identification card currently held by the designated caregiver;
 - g. An attestation signed and dated by the designated caregiver that the designated caregiver has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
 - h. A statement signed by the designated caregiver:
 - i. Agreeing to assist the qualifying patient with the medical use of marijuana; and
 - ii. Pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
 - i. A copy of the designated caregiver's:
 - i. Arizona driver's license issued on or after October 1, 1996;
 - ii. Arizona identification card issued on or after October 1, 1996;
 - iii. Arizona registry identification card;
 - iv. Photograph page in the designated caregiver's U.S. passport; or
 - v. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the designated caregiver:
 - (1) Birth certificate verifying U.S. citizenship,
 - (2) U.S. Certificate of Naturalization, or
 - (3) U.S. Certificate of Citizenship;
 - j. A current photograph of the designated caregiver; and
 - k. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
 - i. The designated caregiver's fingerprints on a fingerprint card that includes:
 - (1) The designated caregiver's first name; middle initial, if applicable; and last name;
 - (2) The designated caregiver's signature;
 - (3) If different from the designated caregiver, the signature of the individual physically rolling the designated caregiver's fingerprints;
 - (4) The designated caregiver's address;
 - (5) If applicable, the designated caregiver's surname before marriage and any names previously used by the designated caregiver;
 - (6) The designated caregiver's date of birth;
 - (7) The designated caregiver's Social Security number;
 - (8) The designated caregiver's citizenship status;
 - (9) The designated caregiver's gender;
 - (10) The designated caregiver's race;
 - (11) The designated caregiver's height;
 - (12) The designated caregiver's weight;
 - (13) The designated caregiver's hair color;
 - (14) The designated caregiver's eye color; and
 - (15) The designated caregiver's place of birth; or
 - ii. If the designated caregiver's fingerprints and information required in subsection (F)(6)(k)(i) were submitted to the Department as part of an application for a designated caregiver or a dispensary agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the designated caregiver as a result of the application; and
 7. The applicable fees in R9-17-102 for applying for:
 - a. A qualifying patient registry identification card; and
 - b. If applicable, a designated caregiver registry identification card.
- G.** To apply for a registry identification card for a qualifying patient who is under 18 years of age, the qualifying patient's

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custodial parent or legal guardian responsible for health care decisions for the qualifying patient shall submit to the Department the following:

1. An application in a Department-provided format that includes:
 - a. The qualifying patient's:
 - i. First name; middle initial, if applicable; last name; and suffix, if applicable;
 - ii. Date of birth; and
 - iii. Gender;
 - b. The qualifying patient's residence address and mailing address;
 - c. The county where the qualifying patient resides;
 - d. The qualifying patient's custodial parent's or legal guardian's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - e. The identifying number on the applicable card or document in subsection (G)(5)(a) through (e);
 - f. The qualifying patient's custodial parent's or legal guardian's residence address and mailing address;
 - g. The county where the qualifying patient's custodial parent or legal guardian resides;
 - h. The qualifying patient's custodial parent's or legal guardian's e-mail address;
 - i. The name, address, and telephone number of a physician who has a physician-patient relationship with the qualifying patient and is providing the written certification for medical marijuana for the qualifying patient;
 - j. The name, address, and telephone number of a second physician who has conducted a comprehensive review of the patient's medical record maintained by other treating physicians, and is providing a written certification for medical marijuana for the qualifying patient;
 - k. The qualifying patient's custodial parent's or legal guardian's date of birth;
 - l. Whether the qualifying patient's custodial parent or legal guardian is requesting authorization for cultivating medical marijuana plants for the qualifying patient's medical use because the qualifying patient's custodial parent or legal guardian believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
 - m. Whether the qualifying patient's custodial parent or legal guardian would like notification of any clinical studies needing human subjects for research on the medical use of marijuana;
 - n. Whether the individual submitting the application on behalf of the qualifying patient under 18 years of age is the qualifying patient's custodial parent or legal guardian;
 - o. One of the following:
 - i. A statement that the qualifying patient's custodial parent or legal guardian does not currently hold a valid registry identification card, or
 - ii. The assigned registry identification number for the qualifying patient's custodial parent or legal guardian for each valid registry identification card currently held by the qualifying patient's custodial parent or legal guardian;
 - p. An attestation that the information provided in the application is true and correct; and
 - q. The signature of the qualifying patient's custodial parent or legal guardian and the date the qualifying patient's custodial parent or legal guardian signed;
2. A current photograph of the:
 - a. Qualifying patient, and
 - b. Qualifying patient's custodial parent or legal guardian serving as the qualifying patient's designated caregiver;
3. An attestation in a Department-provided format signed and dated by the qualifying patient's custodial parent or legal guardian that the qualifying patient's custodial parent or legal guardian has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
4. A statement in a Department-provided format signed by the qualifying patient's custodial parent or legal guardian who is serving as the qualifying patient's designated caregiver:
 - a. Allowing the qualifying patient's medical use of marijuana;
 - b. Agreeing to assist the qualifying patient with the medical use of marijuana; and
 - c. Pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
5. A copy of one of the following for the qualifying patient's custodial parent or legal guardian:
 - a. Arizona driver's license issued on or after October 1, 1996;
 - b. Arizona identification card issued on or after October 1, 1996;
 - c. Arizona registry identification card;
 - d. Photograph page in the qualifying patient's custodial parent or legal guardian U.S. passport; or
 - e. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the qualifying patient's custodial parent or legal guardian:
 - i. Birth certificate verifying U.S. citizenship,
 - ii. U. S. Certificate of Naturalization, or
 - iii. U. S. Certificate of Citizenship;
6. If the individual submitting the application on behalf of a qualifying patient is the qualifying patient's legal guardian, a copy of documentation establishing the individual as the qualifying patient's legal guardian;
7. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
 - a. The qualifying patient's custodial parent or legal guardian's fingerprints on a fingerprint card that includes:
 - i. The qualifying patient's custodial parent or legal guardian's first name; middle initial, if applicable; and last name;
 - ii. The qualifying patient's custodial parent or legal guardian's signature;
 - iii. If different from the qualifying patient's custodial parent or legal guardian, the signature of the individual physically rolling the qualifying patient's custodial parent's or legal guardian's fingerprints;
 - iv. The qualifying patient's custodial parent's or legal guardian's address;
 - v. If applicable, the qualifying patient's custodial parent's or legal guardian's surname before marriage and any names previously used by the qualifying patient's custodial parent or legal guardian;
 - vi. The qualifying patient's custodial parent's or legal guardian's date of birth;

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- vii. The qualifying patient's custodial parent's or legal guardian's Social Security number;
 - viii. The qualifying patient's custodial parent's or legal guardian's citizenship status;
 - ix. The qualifying patient's custodial parent's or legal guardian's gender;
 - x. The qualifying patient's custodial parent's or legal guardian's race;
 - xi. The qualifying patient's custodial parent's or legal guardian's height;
 - xii. The qualifying patient's custodial parent's or legal guardian's weight;
 - xiii. The qualifying patient's custodial parent's or legal guardian's hair color;
 - xiv. The qualifying patient's custodial parent's or legal guardian's eye color; and
 - xv. The qualifying patient's custodial parent's or legal guardian's place of birth; or
 - b. If the qualifying patient's custodial parent's or legal guardian's fingerprints and information required in subsection (G)(7)(a) were submitted to the Department as part of an application for a designated caregiver or a dispensary agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the qualifying patient's custodial parent or legal guardian as a result of the application;
8. A written certification from the physician in subsection (G)(1)(i) and a separate written certification from the physician in (G)(1)(j) in a Department-provided format dated within 90 calendar days before the submission of the qualifying patient's application that includes:
- a. The physician's:
 - i. Name,
 - ii. License number including an identification of the physician license type,
 - iii. Office address on file with the physician's licensing board,
 - iv. Telephone number on file with the physician's licensing board, and
 - v. E-mail address;
 - b. The qualifying patient's name and date of birth;
 - c. An identification of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition;
 - d. If the debilitating medical condition identified in subsection (G)(9)(c) is a condition in:
 - i. R9-17-201(9) through (13), the underlying chronic or debilitating disease or medical condition; or
 - ii. R9-17-201(14), the debilitating medical condition;
 - e. For the physician listed in subsection (G)(1)(i):
 - i. A statement that the physician has made or confirmed a diagnosis of a debilitating medical condition as defined in A.R.S. § 36-2801 for the qualifying patient;
 - ii. A statement, initialed by the physician, that the physician:
 - (1) Has established a medical record for the qualifying patient, and
 - (2) Is maintaining the qualifying patient's medical record as required in A.R.S. § 12-2297;
 - iii. A statement, initialed by the physician, that the physician has conducted an in-person physical examination of the qualifying patient within the previous 90 calendar days appropriate to the qualifying patient's presenting symptoms and the qualifying patient's debilitating medical condition diagnosed or confirmed by the physician;
 - iv. The date the physician conducted the in-person physical examination of the qualifying patient;
 - v. A statement, initialed by the physician, that the physician reviewed the qualifying patient's:
 - (1) Medical records, including medical records from other treating physicians from the previous 12 months,
 - (2) Response to conventional medications and medical therapies, and
 - (3) Profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - vi. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the use of medical marijuana to the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient; and
 - vii. A statement, initialed by the physician, that the physician has provided information to the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient, if the qualifying patient is female, that warns about:
 - (1) The potential dangers to a fetus caused by smoking or ingesting marijuana while pregnant or to an infant while breastfeeding, and
 - (2) The risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;
 - f. For the physician listed in subsection (G)(1)(j), a statement, initialed by the physician, that the physician conducted a comprehensive review of the qualifying patient's medical records from other treating physicians;
 - g. A statement, initialed by the physician, that, in the physician's professional opinion, the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition;
 - h. A statement, initialed by the physician, that if the physician has referred the qualifying patient's custodial parent or legal guardian to a dispensary, the physician has disclosed to the qualifying patient any personal or professional relationship the physician has with the dispensary;
 - i. An attestation that the information provided in the written certification is true and correct; and
 - j. The physician's signature and the date the physician signed; and
9. The applicable fees in R9-17-102 for applying for a:
- a. Qualifying patient registry identification card, and
 - b. Designated caregiver registry identification card.
- H.** For purposes of this Article, "25 miles" includes the area contained within a circle that extends for 25 miles in all directions from a specific location.

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- I. For purposes of this Article, “residence address” when used in conjunction with a qualifying patient means:
1. The street address including town or city and zip code assigned by a local jurisdiction; or
 2. For property that does not have a street address assigned by a local jurisdiction, the legal description of the property on the title documents recorded by the assessor of the county in which the property is located.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by final rulemaking 23 A.A.R. 970, effective June 6, 2017 (Supp. 17-2).

R9-17-203. Amending a Qualifying Patient’s or Designated Caregiver’s Registry Identification Card

- A. To add a designated caregiver or to request a change of a qualifying patient’s designated caregiver, the qualifying patient shall submit to the Department, within 10 working days after the addition or the change, the following:

1. An application in a Department-provided format that includes:
 - a. The qualifying patient’s name and the registry identification number on the qualifying patient’s current registry identification card;
 - b. If applicable, the name of the qualifying patient’s current designated caregiver and the date the designated caregiver last provided or will last provide assistance to the qualifying patient;
 - c. The name of the individual that the qualifying patient is designating as caregiver; and
 - d. The signature of the qualifying patient and date the qualifying patient signed;
2. For the caregiver the qualifying patient is designating:
 - a. The designated caregiver’s first name; middle initial, if applicable; last name; and suffix, if applicable;
 - b. The designated caregiver’s date of birth;
 - c. The designated caregiver’s residence address and mailing address;
 - d. The county where the designated caregiver resides;
 - e. The identifying number on the applicable card or document in subsection (A)(2)(i)(i) through (v);
 - f. One of the following:
 - i. A statement that the designated caregiver does not currently hold a valid registry identification card, or
 - ii. The assigned registry identification number for the designated caregiver for each valid registry identification card currently held by the designated caregiver;
 - g. An attestation in a Department-provided format signed and dated by the designated caregiver that the designated caregiver has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
 - h. A statement in a Department-provided format signed by the designated caregiver:
 - i. Agreeing to assist the qualifying patient with the medical use of marijuana; and
 - ii. Pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
 - i. A copy the designated caregiver’s:

- i. Arizona driver’s license issued on or after October 1, 1996;
- ii. Arizona identification card issued on or after October 1, 1996;
- iii. Arizona registry identification card;
- iv. Photograph page in the designated caregiver’s U.S. passport; or
- v. Arizona driver’s license or identification card issued before October 1, 1996 and one of the following for the designated caregiver:
 - (1) Birth certificate verifying U.S. citizenship,
 - (2) U. S. Certificate of Naturalization, or
 - (3) U. S. Certificate of Citizenship;
- j. A current photograph of the designated caregiver; and
- k. For the Department’s criminal records check authorized in A.R.S. § 36-2804.05:
 - i. The designated caregiver’s fingerprints on a fingerprint card that includes:
 - (1) The designated caregiver’s first name; middle initial, if applicable; and last name;
 - (2) The designated caregiver’s signature;
 - (3) If different from the designated caregiver, the signature of the individual physically rolling the designated caregiver’s fingerprints;
 - (4) The designated caregiver’s address;
 - (5) If applicable, the designated caregiver’s surname before marriage and any names previously used by the designated caregiver;
 - (6) The designated caregiver’s date of birth;
 - (7) The designated caregiver’s Social Security number;
 - (8) The designated caregiver’s citizenship status;
 - (9) The designated caregiver’s gender;
 - (10) The designated caregiver’s race;
 - (11) The designated caregiver’s height;
 - (12) The designated caregiver’s weight;
 - (13) The designated caregiver’s hair color;
 - (14) The designated caregiver’s eye color; and
 - (15) The designated caregiver’s place of birth; or
 - ii. If the designated caregiver’s fingerprints and information required in subsection (A)(2)(k)(i) were submitted to the Department as part of an application for a designated caregiver or a dispensary agent within the previous six months, the registry identification number on the registry identification card issued to the designated caregiver as a result of the application; and
3. The applicable fee in R9-17-102 for applying for a designated caregiver registry identification card.

- B. To amend a qualifying patient’s address on the qualifying patient’s registry identification card when the qualifying patient or the qualifying patient’s designated caregiver is authorized to cultivate marijuana, the qualifying patient shall submit to the Department, within 10 working days after the change in address, the following:

1. The qualifying patient’s name and the registry identification number on the qualifying patient’s current registry identification card;
2. The qualifying patient’s new address;
3. The county where the new address is located;

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4. The name of the qualifying patient's designated caregiver, if applicable;
 5. Whether the qualifying patient is requesting authorization for cultivating marijuana plants for the qualifying patient's medical use because the qualifying patient believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
 6. If the qualifying patient is requesting authorization for cultivating marijuana plants, whether the qualifying patient is designating the qualifying patient's designated caregiver to cultivate marijuana plants for the qualifying patient's medical use;
 7. The effective date of the qualifying patient's new address; and
 8. The applicable fee in R9-17-102 for applying to:
 - a. Amend a qualifying patient's registry identification card; and
 - b. If the qualifying patient is designating a designated caregiver for cultivation authorization, amend a designated caregiver's registry identification card.
- C. To request authorization to cultivate marijuana based on a qualifying patient's current address or a new address, the qualifying patient shall submit to the Department, if applicable within 10 working days after the change in address, the following:
1. The qualifying patient's name and the registry identification number on the qualifying patient's current registry identification card;
 2. If the qualifying patient's address is a new address, the qualifying patient's:
 - a. Current address,
 - b. New address,
 - c. The county where the new address is located, and
 - d. The effective date of the qualifying patient's new address;
 3. The name of the qualifying patient's designated caregiver, if applicable;
 4. Whether the qualifying patient is requesting authorization for cultivating marijuana plants for the qualifying patient's medical use because the qualifying patient believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
 5. If the qualifying patient is requesting authorization for cultivating marijuana plants, whether the qualifying patient is designating the qualifying patient's designated caregiver to cultivate marijuana plants for the qualifying patient's medical use; and
 6. The applicable fee in R9-17-102 for applying to:
 - a. Amend a qualifying patient's registry identification card; and
 - b. If the qualifying patient is designating a designated caregiver for cultivation authorization, amend a designated caregiver's registry identification card.
- A. Except for a qualifying patient who is under 18 years of age, to renew a qualifying patient's registry identification card, the qualifying patient shall submit the following to the Department at least 30 calendar days before the expiration date of the qualifying patient's registry identification card:
1. An application in a Department-provided format that includes:
 - a. The qualifying patient's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - b. The qualifying patient's date of birth;
 - c. Except as provided in subsection (A)(1)(j), the qualifying patient's residence address and mailing address;
 - d. The county where the qualifying patient resides;
 - e. The qualifying patient's e-mail address;
 - f. The registry identification number on the qualifying patient's current registry identification card;
 - g. The name, address, and telephone number of the physician providing the written certification for medical marijuana for the qualifying patient;
 - h. Whether the qualifying patient is requesting authorization for cultivating marijuana plants for the qualifying patient's medical use because the qualifying patient believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
 - i. If the qualifying patient is requesting authorization for cultivating marijuana plants, whether the qualifying patient is designating the qualifying patient's designated caregiver to cultivate marijuana plants for the qualifying patient's medical use;
 - j. If the qualifying patient is homeless, an address where the qualifying patient can receive mail;
 - k. Whether the qualifying patient would like notification of any clinical studies needing human subjects for research on the medical use of marijuana;
 - l. An attestation that the information provided in the application is true and correct; and
 - m. The signature of the qualifying patient and the date the qualifying patient signed;
 2. If the qualifying patient's name in subsection (A)(1)(a) is not the same name as on the qualifying patient's current registry identification card, one of the following with the qualifying patient's new name:
 - a. An Arizona driver's license,
 - b. An Arizona identification card, or
 - c. The photograph page in the qualifying patient's U.S. passport;
 3. A current photograph of the qualifying patient;
 4. A statement in a Department-provided format signed by the qualifying patient pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
 5. A physician's written certification in a Department-provided format dated within 90 calendar days before the submission of the qualifying patient's renewal application that includes:
 - a. The physician's:
 - i. Name,
 - ii. License number including an identification of the physician license type,
 - iii. Office address on file with the physician's licensing board,
 - iv. Telephone number on file with the physician's licensing board, and
 - v. E-mail address;
 - b. The qualifying patient's name and date of birth;

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). The Department made a clerical error to R19-17-203(A)(1)(c) when promulgating rules in Supp. 12-4; for clarity "that" has been moved after "individual" at the request of the Department at file number R19-242 (Supp. 19-3).

R9-17-204. Renewing a Qualifying Patient's or Designated Caregiver's Registry Identification Card

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- c. A statement that the physician has made or confirmed a diagnosis of a debilitating medical condition as defined in A.R.S. § 36-2801 for the qualifying patient;
 - d. An identification of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition;
 - e. If the debilitating medical condition identified in subsection (A)(5)(d) is a condition in:
 - i. R9-17-201(9) through (13), the underlying chronic or debilitating disease or medical condition; or
 - ii. R9-17-201(14), the debilitating medical condition;
 - f. A statement, initialed by the physician, that the physician:
 - i. Has established a medical record for the qualifying patient, and
 - ii. Is maintaining the qualifying patient's medical record as required in A.R.S. § 12-2297;
 - g. A statement, initialed by the physician, that the physician has conducted an in-person physical examination of the qualifying patient within the previous 90 calendar days appropriate to the qualifying patient's presenting symptoms and the qualifying patient's debilitating medical condition diagnosed or confirmed by the physician;
 - h. The date the physician conducted the in-person physical examination of the qualifying patient;
 - i. A statement, initialed by the physician, that the physician reviewed the qualifying patient's:
 - i. Medical records including medical records from other treating physicians from the previous 12 months,
 - ii. Response to conventional medications and medical therapies, and
 - iii. Profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - j. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient;
 - k. A statement, initialed by the physician, that in the physician's professional opinion, the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition;
 - l. A statement, initialed by the physician, that if the physician has referred the qualifying patient to a dispensary, the physician has disclosed to the qualifying patient any personal or professional relationship the physician has with the dispensary;
 - m. A statement, initialed by the physician, that the physician has provided information to the qualifying patient, if the qualifying patient is female, that warns about:
 - i. The potential dangers to a fetus caused by smoking or ingesting marijuana while pregnant or to an infant while breastfeeding, and
 - ii. The risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;
 - n. An attestation that the information provided in the written certification is true and correct; and
 - o. The physician's signature and the date the physician signed;
6. If the qualifying patient is designating a caregiver or if the qualifying patient's designated caregiver's registry identification card has the same expiration date as the qualifying patient's registry identification card, the following in a Department-provided format:
- a. The designated caregiver's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - b. The designated caregiver's date of birth;
 - c. The designated caregiver's residence address and mailing address;
 - d. The county where the designated caregiver resides;
 - e. If the qualifying patient is renewing the designated caregiver's registry identification card, the registry identification number on the designated caregiver's registry identification card associated with the qualifying patient;
 - f. If the qualifying patient is designating an individual not previously designated as the qualifying patient's designated caregiver, the identification number on and a copy of the designated caregiver's:
 - i. Arizona driver's license issued on or after October 1, 1996;
 - ii. Arizona identification card issued on or after October 1, 1996;
 - iii. Arizona registry identification card;
 - iv. Photograph page in the designated caregiver's U. S. passport; or
 - v. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the designated caregiver:
 - (1) Birth certificate verifying U.S. citizenship,
 - (2) U. S. Certificate of Naturalization, or
 - (3) U. S. Certificate of Citizenship;
 - g. If the qualifying patient is designating an individual not previously designated as the qualifying patient's designated caregiver, one of the following:
 - i. A statement that the designated caregiver does not currently hold a valid registry identification card, or
 - ii. The assigned registry identification number for the designated caregiver for each valid registry identification card currently held by the designated caregiver;
 - h. A current photograph of the designated caregiver;
 - i. An attestation signed and dated by the designated caregiver that the designated caregiver has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
 - j. A statement in a Department-provided format signed by the designated caregiver:
 - i. Agreeing to assist the qualifying patient with the medical use of marijuana; and
 - ii. Pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1; and
 - k. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
 - i. The designated caregiver's fingerprints on a fingerprint card that includes:
 - (1) The designated caregiver's first name; middle initial, if applicable; and last name;
 - (2) The designated caregiver's signature;
 - (3) If different from the designated caregiver,

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- the signature of the individual physically rolling the designated caregiver's fingerprints;
 - (4) The designated caregiver's address;
 - (5) If applicable, the designated caregiver's surname before marriage and any names previously used by the designated caregiver;
 - (6) The designated caregiver's date of birth;
 - (7) The designated caregiver's Social Security number;
 - (8) The designated caregiver's citizenship status;
 - (9) The designated caregiver's gender;
 - (10) The designated caregiver's race;
 - (11) The designated caregiver's height;
 - (12) The designated caregiver's weight;
 - (13) The designated caregiver's hair color;
 - (14) The designated caregiver's eye color; and
 - (15) The designated caregiver's place of birth; or
 - ii. If the designated caregiver's fingerprints and information required in subsection (A)(6)(k)(i) were submitted to the Department as part of an application for a designated caregiver or a dispensary agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the designated caregiver as a result of the application;
- 7. If the qualifying patient's designated caregiver's registry identification card has the same expiration date as the qualifying patient's registry identification card and the designated caregiver's name in subsection (A)(6)(a) is not the same name as on the designated caregiver's current registry identification card, one of the following with the designated caregiver's new name:
 - a. An Arizona driver's license,
 - b. An Arizona identification card, or
 - c. The photograph page in the designated caregiver's U.S. passport; and
- 8. The applicable fees in R9-17-102 for applying to:
 - a. Renew a qualifying patient's registry identification card; and
 - b. If applicable, issue or renew a designated caregiver's registry identification card.
- B.** To renew a registry identification card for a qualifying patient who is under 18 years of age, the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient shall submit to the Department the following:
 - 1. An application in a Department-provided format that includes:
 - a. The qualifying patient's:
 - i. First name; middle initial, if applicable; last name; and suffix, if applicable; and
 - ii. Date of birth;
 - b. The qualifying patient's residence address and mailing address;
 - c. The county where the qualifying patient resides;
 - d. The registry identification number on the qualifying patient's current registry identification card;
 - e. The qualifying patient's custodial parent's or legal guardian's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - f. The qualifying patient's custodial parent's or legal guardian's residence address and mailing address;
 - g. The county where the qualifying patient's custodial parent or legal guardian resides;
 - h. The qualifying patient's custodial parent's or legal guardian's e-mail address;
 - i. The registry identification number on the qualifying patient's custodial parent's or legal guardian's current registry identification card;
 - j. The name, address, and telephone number of a physician who has a physician-patient relationship with the qualifying patient and is providing the written certification for medical marijuana for the qualifying patient;
 - k. The name, address, and telephone number of a second physician who has conducted a comprehensive review of the qualifying patient's medical record maintained by other treating physicians, and is providing a written certification for medical marijuana for the qualifying patient;
 - l. Whether the qualifying patient's custodial parent or legal guardian is requesting approval for cultivating marijuana plants for the qualifying patient's medical use because the qualifying patient's custodial parent or legal guardian believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
 - m. Whether the qualifying patient's custodial parent or legal guardian would like notification of any clinical studies needing human subjects for research on the medical use of marijuana;
 - n. A statement in a Department-provided format signed by the qualifying patient's custodial parent or legal guardian who is serving as the qualifying patient's designated caregiver:
 - i. Allowing the qualifying patient's medical use of marijuana;
 - ii. Agreeing to assist the qualifying patient with the medical use of marijuana; and
 - iii. Pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
 - o. An attestation that the information provided in the application is true and correct; and
 - p. The signature of the qualifying patient's custodial parent or legal guardian and the date the qualifying patient's custodial parent or legal guardian signed;
- 2. If the qualifying patient's custodial parent's or legal guardian's name in subsection (B)(1)(e) is not the same name as on the qualifying patient's custodial parent's or legal guardian's current registry identification card, one of the following with the custodial parent's or legal guardian's new name:
 - a. An Arizona driver's license,
 - b. An Arizona identification card, or
 - c. The photograph page in the qualifying patient's custodial parent's or legal guardian's U.S. passport;
- 3. A current photograph of the qualifying patient;
- 4. A written certification from the physician in subsection (B)(1)(j) and a separate written certification from the physician in subsection (B)(1)(k) in a Department-provided format dated within 90 calendar days before the submission of the qualifying patient's renewal application that includes:
 - a. The physician's:

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- i. Name,
- ii. License number including an identification of the physician license type,
- iii. Office address on file with the physician's licensing board,
- iv. Telephone number on file with the physician's licensing board, and
- v. E-mail address;
- b. The qualifying patient's name and date of birth;
- c. An identification of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition;
- d. If the debilitating medical condition identified in subsection (B)(4)(c) is a condition in:
 - i. R9-17-201(9) through (13), the underlying chronic or debilitating disease or medical condition; or
 - ii. R9-17-201(14), the debilitating medical condition;
- e. For the physician listed in subsection (B)(1)(j):
 - i. A statement that the physician has made or confirmed a diagnosis of a debilitating medical condition as defined in A.R.S. § 36-2801 for the qualifying patient;
 - ii. A statement, initialed by the physician, that the physician:
 - (1) Has established a medical record for the qualifying patient, and
 - (2) Is maintaining the qualifying patient's medical record as required in A.R.S. § 12-2297;
 - iii. A statement, initialed by the physician, that the physician has conducted an in-person physical examination of the qualifying patient within the previous 90 calendar days appropriate to the qualifying patient's presenting symptoms and the qualifying patient's debilitating medical condition diagnosed or confirmed by the physician;
 - iv. The date the physician conducted the in-person physical examination of the qualifying patient;
 - v. A statement, initialed by the physician, that the physician reviewed the qualifying patient's:
 - (1) Medical records including medical records from other treating physicians from the previous 12 months,
 - (2) Response to conventional medications and medical therapies, and
 - (3) Profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - vi. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the use of medical marijuana to the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient; and
 - vii. A statement, initialed by the physician, that the physician has provided information to the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient, if the qualifying patient is female, that warns about:
 - (1) The potential dangers to a fetus caused by smoking or ingesting marijuana while pregnant or to an infant while breastfeed-
- ing, and
- (2) The risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;
- f. For the physician listed in subsection (B)(1)(k), a statement, initialed by the physician, that the physician conducted a comprehensive review of the qualifying patient's medical records from other treating physicians;
- g. A statement, initialed by the physician, that in the physician's professional opinion the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition;
- h. A statement, initialed by the physician, that if the physician has referred the qualifying patient's custodial parent or legal guardian to a dispensary, the physician has disclosed to the qualifying patient's custodial parent or legal guardian any personal or professional relationship the physician has with the dispensary;
- i. An attestation that the information provided in the written certification is true and correct; and
- j. The physician's signature and the date the physician signed; and
- 5. A current photograph of the qualifying patient's custodial parent or legal guardian;
- 6. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
 - a. The qualifying patient's custodial parent's or legal guardian's fingerprints on a fingerprint card that includes:
 - i. The qualifying patient's custodial parent's or legal guardian's first name; middle initial, if applicable; and last name;
 - ii. The qualifying patient's custodial parent's or legal guardian's signature;
 - iii. If different from the qualifying patient's custodial parent or legal guardian, the signature of the individual physically rolling the qualifying patient's custodial parent's or legal guardian's fingerprints;
 - iv. The qualifying patient's custodial parent's or legal guardian's address;
 - v. If applicable, the qualifying patient's custodial parent's or legal guardian's surname before marriage and any names previously used by the qualifying patient's custodial parent or legal guardian;
 - vi. The qualifying patient's custodial parent's or legal guardian's date of birth;
 - vii. The qualifying patient's custodial parent's or legal guardian's Social Security number;
 - viii. The qualifying patient's custodial parent's or legal guardian's citizenship status;
 - ix. The qualifying patient's custodial parent's or legal guardian's gender;
 - x. The qualifying patient's custodial parent's or legal guardian's race;
 - xi. The qualifying patient's custodial parent's or legal guardian's height;
 - xii. The qualifying patient's custodial parent's or legal guardian's weight;

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- xiii. The qualifying patient's custodial parent's or legal guardian's hair color;
 - xiv. The qualifying patient's custodial parent's or legal guardian's eye color; and
 - xv. The qualifying patient's custodial parent's or legal guardian's place of birth; or
 - b. If the qualifying patient's custodial parent's or legal guardian's fingerprints and information required in subsection (B)(6)(a) were submitted as part of an application for a designated caregiver or a dispensary agent registry identification card to the Department within the previous six months, the registry identification number on the registry identification card issued to the patient's custodial parent or legal guardian serving as the qualifying patient's designated caregiver as a result of the application; and
- 7. The applicable fees in R9-17-102 for applying to renew a:
 - a. Qualifying patient's registry identification card, and
 - b. Designated caregiver's registry identification card.
- C. Except as provided in subsection (A)(6), to renew a qualifying patient's designated caregiver's registry identification card, the qualifying patient shall submit to the Department, at least 30 calendar days before the expiration date of the designated caregiver's registry identification card, the following:
 - 1. An application in a Department-provided format that includes:
 - a. The qualifying patient's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - b. The registry identification number on the qualifying patient's current registry identification card;
 - c. The designated caregiver's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - d. The designated caregiver's date of birth;
 - e. The designated caregiver's residence address and mailing address;
 - f. The county where the designated caregiver resides;
 - g. The registry identification number on the designated caregiver's current registry identification card;
 - 2. If the designated caregiver's name in subsection (C)(1)(a) is not the same name as on the designated caregiver's current registry identification card, one of the following with the designated caregiver's new name:
 - a. An Arizona driver's license,
 - b. An Arizona identification card, or
 - c. The photograph page in the designated caregiver's U.S. passport;
 - 3. A current photograph of the designated caregiver;
 - 4. A statement in a Department-provided format signed by the designated caregiver:
 - a. Agreeing to assist the qualifying patient with the medical use of marijuana; and
 - b. Pledging not to divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1; and
 - 5. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
 - a. The designated caregiver's fingerprints on a fingerprint card that includes:
 - i. The designated caregiver's first name; middle initial, if applicable; and last name;
 - ii. The designated caregiver's signature;
 - iii. If different from the designated caregiver, the signature of the individual physically rolling the designated caregiver's fingerprints;
 - iv. The designated caregiver's address;
 - v. If applicable, the designated caregiver's surname before marriage and any names previously used by the designated caregiver;
 - vi. The designated caregiver's date of birth;
 - vii. The designated caregiver's Social Security number;
 - viii. The designated caregiver's citizenship status;
 - ix. The designated caregiver's gender;
 - x. The designated caregiver's race;
 - xi. The designated caregiver's height;
 - xii. The designated caregiver's weight;
 - xiii. The designated caregiver's hair color;
 - xiv. The designated caregiver's eye color; and
 - xv. The designated caregiver's place of birth; or
 - b. If the designated caregiver's fingerprints and information required in subsection (C)(1)(j)(i) were submitted as part of an application for a designated caregiver or a dispensary agent registry identification card to the Department within the previous six months, the registry identification number on the registry identification card issued to the designated caregiver as a result of the application; and
- 6. The applicable fee in R9-17-102 for renewing a designated caregiver's registry identification card.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 23 A.A.R. 970, effective June 6, 2017 (Supp. 17-2).

R9-17-205. Denial or Revocation of a Qualifying Patient's or Designated Caregiver's Registry Identification Card

- A. The Department shall deny a qualifying patient's application for or renewal of the qualifying patient's registry identification card if the qualifying patient does not have a debilitating medical condition.
- B. The Department shall deny a designated caregiver's application for or renewal of the designated caregiver's registry identification card if the designated caregiver does not meet the definition of "designated caregiver" in A.R.S. § 36-2801.
- C. The Department may deny a qualifying patient's or designated caregiver's application for or renewal of the qualifying patient's or designated caregiver's registry identification card if the qualifying patient or designated caregiver:
 - 1. Previously had a registry identification card revoked for not complying with A.R.S. Title 36, Chapter 28.1 or this Chapter; or
 - 2. Provides false or misleading information to the Department.
- D. The Department shall revoke a qualifying patient's or designated caregiver's registry identification card if the qualifying patient or designated caregiver diverts medical marijuana to an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1.
- E. The Department shall revoke a designated caregiver's registry identification card if the designated caregiver has been convicted of an excluded felony offense.
- F. The Department may revoke a qualifying patient's or designated caregiver's registry identification card if the qualifying patient or designated caregiver knowingly violates A.R.S. Title 36, Chapter 28.1 or this Chapter.
- G. If the Department denies or revokes a qualifying patient's registry identification card, the Department shall provide written notice to the qualifying patient that includes:
 - 1. The specific reason or reasons for the denial or revocation; and

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2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.
- H. If the Department denies or revokes a qualifying patient's designated caregiver's registry identification card, the Department shall provide written notice to the qualifying patient and the designated caregiver that includes:
 1. The specific reason or reasons for the denial or revocation; and
 2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

ARTICLE 3. DISPENSARIES AND DISPENSARY AGENTS**R9-17-301. Principal Officers and Board Members**

- A. For the purposes of this Chapter, in addition to the individual or individuals identified in the dispensary's by-laws as principal officers of the dispensary, the following individuals are considered principal officers:
 1. If an individual is applying for a dispensary registration certificate, the individual;
 2. If a corporation is applying for a dispensary registration certificate, two individuals who are officers of the corporation;
 3. If a partnership is applying for a dispensary registration certificate, two of the individuals who are partners;
 4. If a limited liability company is applying for a dispensary registration certificate, a manager or, if the limited liability company does not have a manager, an individual who is a member of the limited liability company;
 5. If an association or cooperative is applying for a dispensary registration certificate, two individuals who are members of the governing board of the association or cooperative;
 6. If a joint venture is applying for a dispensary registration certificate, two of the individuals who signed the joint venture agreement; and
 7. If a business organization type other than those described in subsections (A)(2) through (6) is applying for a dispensary registration certificate, two individuals who are members of the business organization.
- B. For purposes of this Chapter, in addition to the individual or individuals identified in the dispensary's by-laws as board members of the dispensary, the following individuals are considered board members:
 1. If a corporation is applying for a dispensary registration certificate, the officers of the corporation;
 2. If a partnership is applying for a dispensary registration certificate, the partners;
 3. If a limited liability company is applying for a dispensary registration certificate, the members of the limited liability company;
 4. If an association or cooperative is applying for a dispensary registration certificate, the members of the association or cooperative;
 5. If a joint venture is applying for a dispensary registration certificate, the individuals who signed the joint venture agreement; and
 6. If a business organization type other than the types of business organizations in subsections (B)(1) through (5), the members of the business organization.

- C. When a dispensary is required by this Chapter to provide information, sign documents, or ensure actions are taken, the individual or individuals in subsection (A) shall comply with the requirement on behalf of the dispensary.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-302. Repealed**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Repealed by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4).

R9-17-303. Dispensary Registration Certificate Allocation Process

- A. Each calendar year beginning in 2013, the Department shall review current valid dispensary registration certificates to determine if the Department may issue additional dispensary registration certificates pursuant to A.R.S. § 36-2804(C).
 1. If the Department determines that the Department may issue additional dispensary registration certificates, the Department shall post, on the Department's web site, the information that the Department is accepting dispensary registration certificate applications, including the deadline for accepting dispensary registration certificate applications.
 - a. The Department shall post the information in subsection (A)(1) at least 30 calendar days before the date the Department begins accepting applications.
 - b. The deadline for submission of dispensary registration certificate applications is 10 working days after the date the Department begins accepting applications.
 - c. Sixty working days after the date the Department begins accepting applications, the Department shall determine if the Department received more dispensary registration certificate applications that are complete and in compliance with A.R.S. Title 36, Chapter 28.1 and this Chapter to participate in the allocation process than the Department is allowed to issue.
 - i. If the Department received more dispensary registration certificate applications than the Department is allowed to issue, the Department shall allocate any available dispensary registration certificates according to the priorities established in subsection (B).
 - ii. If the Department is allowed to issue a dispensary registration certificate for each dispensary registration certificate application the Department received, the Department shall allocate the dispensary registration certificates to those applicants.
 2. If the Department determines that the Department is not allowed to issue additional dispensary registration certificates, the Department shall, on the Department's web site:
 - a. Post the information that the Department is not accepting dispensary registration certificate applications, and
 - b. Maintain the information until the next review.

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- B.** Beginning in 2013, if the Department receives, by 60 working days after the date the Department begins accepting applications, more dispensary registration certificate applications that are complete and are in compliance with A.R.S. Title 36, Chapter 28.1 and this Chapter to participate in the allocation process than the Department is allowed to issue, the Department shall allocate the dispensary registration certificates according to the following criteria:
1. If dispensary registration certificate applications are received for a county that does not contain a dispensary:
 - a. If only one dispensary registration certificate application for a dispensary located in the county is received, the Department shall allocate the dispensary registration certificate to that applicant; or
 - b. If more than one dispensary registration certificate application for a dispensary located in the county is received, the Department shall prioritize and allocate a dispensary registration certificate to an applicant whose proposed dispensary location will provide dispensary services to the most qualifying patients based on:
 - i. The number of registry identification cards issued to qualifying patients who reside within 10 miles of the applicant's proposed dispensary location, and
 - ii. The number of dispensaries operating within 10 miles of the applicant's proposed dispensary location;
 2. If there are additional dispensary registration certificates available after dispensary registration certificates are allocated according to subsection (B)(1), the Department shall allocate the dispensary registration certificates as follows:
 - a. The Department shall prioritize and assign a dispensary registration certificate allocation to a CHAA based on which CHAA has the most registry identification cards issued to qualifying patients who reside within the CHAA;
 - b. If the Department receives only one dispensary registration certificate application for a dispensary located in a CHAA assigned a dispensary registration certificate allocation under this subsection, the Department shall allocate the dispensary registration certificate to that applicant;
 - c. If the Department receives more than one dispensary registration certificate application for a dispensary located in a CHAA assigned a dispensary registration certificate allocation under this subsection, the Department shall prioritize and allocate dispensary registration certificates to an applicant whose proposed dispensary location will provide dispensary services to the most qualifying patients based on:
 - i. The number of registry identification cards issued to qualifying patients who reside within 10 miles of the applicant's proposed dispensary location, and
 - ii. The number of dispensaries operating within 10 miles of the applicant's proposed dispensary location;
 3. If there are additional dispensary registration certificates available after dispensary registration certificates are allocated according to subsections (B)(1) and (2), for all dispensary registration certificate applications not allocated a dispensary registration certificate pursuant to subsections (B)(1) and (2) and any other dispensary registration certificate applications received, the Department shall prioritize and allocate a dispensary registration certificate to an applicant whose proposed dispensary location will provide dispensary services to the most qualifying patients based on:
 - a. The number of registry identification cards issued to qualifying patients who reside within 10 miles of the applicant's proposed dispensary location, and
 - b. The number of dispensaries operating within 10 miles of the applicant's proposed dispensary location; and
 4. If there is a tie or a margin of 0.1% or less in the scores generated by applying the criteria in subsection (B), the Department shall randomly select one dispensary registration certificate application and allocate a dispensary registration certificate to that applicant.
- C.** For purposes of subsection (B), "10 miles" includes the area contained within a circle that extends for 10 miles in all directions from a specific location.
- D.** If the Department does not allocate a dispensary registration certificate to an applicant that had submitted a dispensary registration certificate application that the Department determined was complete and in compliance with A.R.S. Title 36, Chapter 28.1 and this Chapter to participate in the allocation process, the Department shall:
1. Provide a written notice to the applicant that states that, although the applicant's dispensary registration certificate application was complete and complied with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department did not allocate the applicant a dispensary registration certificate under the processes in this Section; and
 2. Return \$1,000 of the application fee to the applicant.
- E.** If the Department receives a dispensary registration certificate application at a time other than the time stated in subsection (B), the Department shall return the dispensary registration certificate application, including the application fee, to the entity that submitted the dispensary registration certificate application.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4).

R9-17-304. Applying for a Dispensary Registration Certificate

- A.** An individual shall not be an applicant, principal officer, or board member on:
1. More than one dispensary registration certificate application for a location in a single CHAA, or
 2. More than five dispensary registration certificate applications for locations in different CHAAs.
- B.** If the Department determines that an individual is an applicant, principal officer, or board member on more than one dispensary registration certificate application for a CHAA or more than five dispensary registration certificate applications, the Department shall review the applications and provide the applicant on each of the dispensary registration certificate applications with a written comprehensive request for more information that includes the specific requirements in A.R.S. Title 36, Chapter 28.1 and this Chapter that the dispensary registration certificate application does not comply with.

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1. If an applicant withdraws an application to comply with this Chapter and submits information demonstrating compliance with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall process the applicant's remaining dispensary registration certificate applications according to this Chapter.
 2. If an applicant does not withdraw an application or submit information demonstrating compliance with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall issue a denial to the applicant according to R9-17-322.
 3. An application fee submitted with a dispensary registration certificate application in subsection (B) that is withdrawn is not refunded.
- C. To apply for a dispensary registration certificate, an entity shall submit to the Department the following:
1. An application in a Department-provided format that includes:
 - a. The legal name of the dispensary;
 - b. The physical address of the proposed dispensary;
 - c. The following information for the entity applying:
 - i. Name,
 - ii. Type of business organization,
 - iii. Mailing address,
 - iv. Telephone number, and
 - v. E-mail address;
 - d. The name of the individual designated to submit dispensary agent registry identification card applications on behalf of the dispensary;
 - e. The name and license number of the dispensary's medical director;
 - f. The name, residence address, and date of birth of each:
 - i. Principal officer, and
 - ii. Board member;
 - g. For each principal officer or board member, whether the principal officer or board member:
 - i. Has served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked;
 - ii. Is a physician currently providing written certifications for qualifying patients;
 - iii. Is a law enforcement officer; or
 - iv. Is employed by or a contractor of the Department;
 - h. Whether the entity agrees to allow the Department to submit supplemental requests for information;
 - i. A statement that, if the dispensary is issued a dispensary registration certificate, the dispensary will not operate until the dispensary is inspected and obtains an approval to operate from the Department;
 - j. An attestation that the information provided to the Department to apply for a dispensary registration certificate is true and correct; and
 - k. The signatures of the principal officers of the dispensary according to R9-17-301(A) and the date the principal officers signed;
 2. If the entity applying is one of the business organizations in R9-17-301(A)(2) through (7), a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents that include:
 - a. The name of the business organization,
 - b. The type of business organization, and
 - c. The names and titles of the individuals in R9-17-301(A) and (B);
 3. For each principal officer and board member:
 - a. An attestation signed and dated by the principal officer or board member that the principal officer or board member has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801; and
 - b. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
 - i. The principal officer's or board member's fingerprints on a fingerprint card that includes:
 - (1) The principal officer's or board member's first name; middle initial, if applicable; and last name;
 - (2) The principal officer's or board member's signature;
 - (3) If different from the principal officer or board member, the signature of the individual physically rolling the principal officer's or board member's fingerprints;
 - (4) The principal officer's or board member's residence address;
 - (5) If applicable, the principal officer's or board member's surname before marriage and any names previously used by the principal officer or board member;
 - (6) The principal officer's or board member's date of birth;
 - (7) The principal officer's or board member's Social Security number;
 - (8) The principal officer's or board member's citizenship status;
 - (9) The principal officer's or board member's gender;
 - (10) The principal officer's or board member's race;
 - (11) The principal officer's or board member's height;
 - (12) The principal officer's or board member's weight;
 - (13) The principal officer's or board member's hair color;
 - (14) The principal officer's or board member's eye color; and
 - (15) The principal officer's or board member's place of birth; or
 - ii. If the fingerprints and information required in subsection (C)(3)(b)(i) were submitted to the Department as part of an application for a designated caregiver or a dispensary agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the principal officer or board member as a result of the application;
 4. Policies and procedures that comply with the requirements in this Chapter for:
 - a. Inventory control,
 - b. Qualifying patient recordkeeping,
 - c. Security, and
 - d. Patient education and support;
 5. As required in A.R.S. § 36-2804(B)(1)(d), a sworn statement signed and dated by the individual or individuals in R9-17-301(A) certifying that the dispensary is in compliance with any local zoning restrictions;
 6. Documentation from the local jurisdiction where the dispensary's proposed physical address is located that:

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- a. There are no local zoning restrictions for the dispensary's location, or
- b. The dispensary's location is in compliance with any local zoning restrictions;
7. Documentation of:
 - a. Ownership of the physical address of the proposed dispensary, or
 - b. Permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the physical address;
8. The dispensary's by-laws including:
 - a. The names and titles of individuals designated as principal officers and board members of the dispensary;
 - b. Whether the dispensary plans to:
 - i. Cultivate marijuana;
 - ii. Acquire marijuana from qualifying patients, designated caregivers, or other dispensaries;
 - iii. Sell or provide marijuana to other dispensaries;
 - iv. Transport marijuana;
 - v. Prepare, sell, or dispense marijuana-infused edible food products;
 - vi. Prepare, sell, or dispense marijuana-infused non-edible products;
 - vii. Sell or provide marijuana paraphernalia or other supplies related to the administration of marijuana to qualifying patients and designated caregivers;
 - viii. Deliver medical marijuana to qualifying patients; or
 - ix. Provide patient support and related services to qualifying patients;
 - c. Provisions for the disposition of revenues and receipts to ensure that the dispensary operates on a not-for-profit basis; and
 - d. Provisions for amending the dispensary's by-laws;
9. A business plan demonstrating the on-going viability of the dispensary on a not-for-profit basis that includes:
 - a. A description and total dollar amount of expenditures already incurred to establish the dispensary or to secure a dispensary registration certificate by the individual or business organization applying for the dispensary registration certificate,
 - b. A description and total dollar amount of monies or tangible assets received for operating the dispensary from entities other than the individual applying for the dispensary registration certificate or a principal officer or board member associated with the dispensary including the entity's name and the interest in the dispensary or the benefit the entity obtained,
 - c. Projected expenditures expected before the dispensary is operational,
 - d. Projected expenditures after the dispensary is operational, and
 - e. Projected revenue; and
10. The applicable fee in R9-17-102 for applying for a dispensary registration certificate.
- D. Before an entity with a dispensary registration certificate begins operating a dispensary, the entity shall apply for and obtain an approval to operate a dispensary from the Department.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April

11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4).

R9-17-305. Applying for Approval to Operate a Dispensary

- A. To apply for approval to operate a dispensary, a person holding a dispensary registration certificate shall submit to the Department, at least 60 calendar days before the expiration of the dispensary registration certificate, the following:
1. An application in a Department-provided format that includes:
 - a. The name and registry identification number of the dispensary;
 - b. The physical address of the dispensary;
 - c. The name, address, and date of birth of each dispensary agent;
 - d. The name and license number of the dispensary's medical director;
 - e. If applicable, the physical address of the dispensary's cultivation site;
 - f. The dispensary's Transaction Privilege Tax Number issued by the Arizona Department of Revenue;
 - g. The dispensary's proposed hours of operation during which the dispensary plans to be available to dispense medical marijuana to qualifying patients and designated caregivers;
 - h. Whether the dispensary agrees to allow the Department to submit supplemental requests for information;
 - i. Whether the dispensary and, if applicable, the dispensary's cultivation site are ready for an inspection by the Department;
 - j. If the dispensary and, if applicable, the dispensary's cultivation site are not ready for an inspection by the Department, the date the dispensary and, if applicable, the dispensary's cultivation site will be ready for an inspection by the Department;
 - k. An attestation that the information provided to the Department to apply for approval to operate a dispensary is true and correct; and
 - l. The signatures of the principal officers of the dispensary according to R9-17-301(A) and the date the principal officers signed;
 2. A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the building as a dispensary and, if applicable, as the dispensary's cultivation site, such as a certificate of occupancy, a special use permit, or a conditional use permit;
 3. A sworn statement signed and dated by the individual or individuals in R9-17-301(A) certifying that the dispensary is in compliance with local zoning restrictions;
 4. The distance to the closest private school or public school from:
 - a. The dispensary; and
 - b. If applicable, the dispensary's cultivation site;
 5. A site plan drawn to scale of the dispensary location showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains;
 6. A floor plan drawn to scale of the building where the dispensary is located showing the:
 - a. Layout and dimensions of each room,
 - b. Name and function of each room,
 - c. Location of each hand washing sink,
 - d. Location of each toilet room,
 - e. Means of egress,

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- f. Location of each video camera,
- g. Location of each panic button, and
- h. Location of natural and artificial lighting sources;
- 7. If applicable, a site plan drawn to scale of the dispensary's cultivation site showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains; and
- 8. If applicable, a floor plan drawn to scale of each building at the dispensary's cultivation site showing the:
 - a. Layout and dimensions of each room,
 - b. Name and function of each room,
 - c. Location of each hand washing sink,
 - d. Location of each toilet room,
 - e. Means of egress,
 - f. Location of each video camera,
 - g. Location of each panic button, and
 - h. Location of natural and artificial lighting sources.
- B. A dispensary's cultivation site may be located anywhere in the state where a cultivation site is allowed by the local jurisdiction.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R.
734, effective April 14, 2011 (Supp. 11-2).

R9-17-306. Changes to a Dispensary Registration Certificate

- A. A dispensary may not transfer or assign the dispensary registration certificate.
- B. A dispensary may change the location of the:
 - 1. Dispensary:
 - a. Within the first three years after the Department issues the dispensary's registration certificate, to another location in the CHAA where the dispensary is located; or
 - b. After the first three years after the Department issues a dispensary registration certificate to the dispensary, to another location in the state; or
 - 2. Dispensary's cultivation site to another location in the state.
- C. A dispensary or the dispensary's cultivation site shall not cultivate, manufacture, distribute, dispense, or sell medical marijuana at a new location until the dispensary submits an application for a change in a dispensary location or a change or addition of a cultivation site in R9-17-307 and the Department issues an amended dispensary registration certificate or an approval for the dispensary's cultivation site's new location to the dispensary.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R.
734, effective April 14, 2011 (Supp. 11-2).

R9-17-307. Applying to Change a Dispensary's Location or Change or Add a Dispensary's Cultivation Site

- A. To change the location of a dispensary or the dispensary's cultivation site or to add a cultivation site, the dispensary shall submit an application to the Department that includes:
 - 1. The following information in a Department-provided format:
 - a. The legal name of the dispensary;
 - b. The registry identification number for the dispensary;
 - c. Whether the request is for:
 - i. A change of location for the dispensary,
 - ii. A change of location for the dispensary's cultivation site, or
 - iii. An addition of a cultivation site;
- d. The current physical address of the dispensary or the dispensary's cultivation site;
- e. The physical address of the proposed location for the dispensary or the dispensary's cultivation site;
- f. The distance to the closest public or private school from:
 - i. The proposed location for the dispensary, or
 - ii. The proposed location for the dispensary's cultivation site;
- g. The name of the entity applying;
- h. If applicable, the anticipated date of the change of location;
- i. Whether the proposed dispensary or the dispensary's proposed cultivation site is ready for an inspection by the Department;
- j. If the proposed dispensary or the dispensary's proposed cultivation site is not ready for an inspection by the Department, the date the dispensary or the dispensary's cultivation site will be ready for an inspection by the Department;
- k. An attestation that the information provided to the Department to apply for a change in location is true and correct; and
- l. The signature of the individual or individuals in R9-17-301(A) and the date the individual or individuals signed;
- 2. A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the proposed building as a dispensary or the dispensary's cultivation site such as a certificate of occupancy, a special use permit, or a conditional use permit;
- 3. A sworn statement signed by the individual or individuals in R9-17-301(A) certifying that the building where the proposed dispensary or the dispensary's proposed cultivation site will be located is in compliance with local zoning restrictions;
- 4. If the change in location is for the dispensary:
 - a. A site plan drawn to scale of the proposed dispensary location showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains; and
 - b. A floor plan drawn to scale of the building where the proposed dispensary is located showing the:
 - i. Layout and dimensions of each room,
 - ii. Name and function of each room,
 - iii. Location of each hand washing sink,
 - iv. Location of each toilet room,
 - v. Means of egress,
 - vi. Location of each video camera,
 - vii. Location of each panic button, and
 - viii. Location of natural and artificial lighting sources;
- 5. If the change in location is for the dispensary's cultivation site or if adding a cultivation site:
 - a. A site plan drawn to scale of the dispensary's proposed cultivation site showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains; and
 - b. If applicable, a floor plan drawn to scale of each building used by the dispensary's proposed cultivation site showing the:
 - i. Layout and dimensions of each room,
 - ii. Name and function of each room,
 - iii. Location of each hand washing sink,

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- iv. Location of each toilet room,
- v. Means of egress,
- vi. Location of each video camera,
- vii. Location of each panic button, and
- viii. Location of natural and artificial lighting sources; and
- 6. The applicable fee in R9-17-102 for applying for a change in location or adding a cultivation site.
- B.** If the information and documents submitted by the dispensary comply with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall issue an amended dispensary registration certificate that includes the new address of the new location and retains the expiration date of the previously issued dispensary registration certificate.
- C.** An application for a change in location of a dispensary or a dispensary's cultivation site or the addition of a cultivation site may not be combined with an application for renewing a dispensary registration certificate. The Department shall process each application separately according to the applicable time-frame established in R9-17-107.
- D.** A dispensary shall submit written notification to the Department when the dispensary no longer uses a previously approved cultivation site.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-308. Renewing a Dispensary Registration Certificate

- A.** An entity with a dispensary registration certificate that has not submitted an application for approval to operate a dispensary to the Department at least 60 calendar days before the expiration date of the dispensary registration certificate or has not obtained an approval to operate a dispensary issued by the Department is prohibited from renewing the dispensary registration certificate.
- B.** To renew a dispensary registration certificate, a dispensary that has an approval to operate a dispensary issued by the Department, shall submit to the Department, at least 30 calendar days before the expiration date of the dispensary's current dispensary registration certificate, the following:
 - 1. An application in a Department-provided format that includes:
 - a. The legal name of the dispensary;
 - b. The registry identification number for the dispensary;
 - c. The physical address of the dispensary;
 - d. The name of the entity applying;
 - e. The name of the individual designated to submit dispensary agent registry identification card applications on behalf of the dispensary;
 - f. The name and license number of the dispensary's medical director;
 - g. The dispensary's hours of operation during which the dispensary is available to dispense medical marijuana to qualifying patients and designated caregivers;
 - h. The name, address, date of birth, and registry identification number of each:
 - i. Principal officer,
 - ii. Board member, and
 - iii. Dispensary agent;
 - i. For each principal officer or board member, whether the principal officer or board member:
 - i. Has served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked,

- ii. Is a physician currently providing written certifications for qualifying patients,
- iii. Is a law enforcement officer, or
- iv. Is employed by or a contractor of the Department;
- j. The dispensary's Transaction Privilege Tax Number issued by the Arizona Department of Revenue;
- k. Whether the dispensary agrees to allow the Department to submit supplemental requests for information;
- l. An attestation that the information provided to the Department to renew the dispensary registration certificate is true and correct; and
- m. The signature of the individual or individuals in R9-17-301(A) and the date the individual or individuals signed;
- 2. If the application is for renewing a dispensary registration certificate that was initially issued within the previous 12 months, a copy of the dispensary's approval to operate a dispensary issued by the Department;
- 3. A copy of an annual financial statement for the previous two years, or for the portion of the previous two years the dispensary was operational, prepared according to generally accepted accounting principles;
- 4. A report of an audit by an independent certified public accountant of the annual financial statement required in subsection (B)(3); and
- 5. The applicable fee in R9-17-102 for applying to renew a dispensary registration certificate.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-309. Inspections

- A.** Submission of an application for a dispensary registration certificate constitutes permission for entry to and inspection of the dispensary and, if applicable, the dispensary's cultivation site.
- B.** Except as provided in subsection (D), an onsite inspection of a dispensary or the dispensary's cultivation site shall occur at a date and time agreed to by the dispensary and the Department that is no later than five working days after the date the Department submits a written request to the dispensary to schedule the certification or compliance inspection, unless the Department agrees to a later date and time.
- C.** The Department shall not accept allegations of a dispensary's noncompliance with A.R.S. Title 36, Chapter 28.1 or this Chapter from an anonymous source.
- D.** If the Department receives an allegation of a dispensary's or a dispensary's cultivation site's noncompliance with A.R.S. Title 36, Chapter 28.1 or this Chapter, the Department may conduct an unannounced inspection of the dispensary or the dispensary's cultivation site.
- E.** If the Department identifies a violation of A.R.S. Title 36, Chapter 28.1 or this Chapter during an inspection of a dispensary or the dispensary's cultivation site:
 - 1. The Department shall provide the dispensary with a written notice that includes the specific rule or statute that was violated; and

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2. The dispensary shall notify the Department in writing, with a postmark date within 20 working days after the date of the notice of violations, identifying the corrective actions taken and the date of the correction.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4).

R9-17-310. Administration**A. A dispensary shall:**

1. Ensure that the dispensary is operating and available to dispense medical marijuana to qualifying patients and designated caregivers at least 30 hours weekly between the hours of 7:00 a.m. and 10:00 p.m.;
2. Develop, document, and implement policies and procedures regarding:
 - a. Job descriptions and employment contracts, including:
 - i. Personnel duties, authority, responsibilities, and qualifications;
 - ii. Personnel supervision;
 - iii. Training in and adherence to confidentiality requirements;
 - iv. Periodic performance evaluations; and
 - v. Disciplinary actions;
 - b. Business records, such as manual or computerized records of assets and liabilities, monetary transactions, journals, ledgers, and supporting documents, including agreements, checks, invoices, and vouchers;
 - c. Inventory control, including:
 - i. Tracking;
 - ii. Packaging;
 - iii. Accepting marijuana from qualifying patients and designated caregivers;
 - iv. Acquiring marijuana from other dispensaries;
 - v. Disposing of unusable marijuana, which may include submitting any unusable marijuana to a local law enforcement agency; and
 - vi. Submitting marijuana or marijuana products to a laboratory agent or laboratory for testing;
 - d. Qualifying patient records, including purchases, denials of sale, any delivery options, confidentiality, and retention; and
 - e. Patient education and support, including:
 - i. Availability of different strains of marijuana and the purported effects of the different strains;
 - ii. Information about the purported effectiveness of various methods, forms, and routes of medical marijuana administration;
 - iii. Methods of tracking the effects on a qualifying patient of different strains and forms of marijuana; and
 - iv. Prohibition on the smoking of medical marijuana in public places;
3. Maintain copies of the policies and procedures at the dispensary and provide copies to the Department for review upon request;
4. Review dispensary policies and procedures at least once every 12 months from the issue date of the dispensary registration certificate and update as needed;
5. Employ or contract with a medical director;
6. Ensure that each dispensary agent has the dispensary agent's registry identification card in the dispensary agent's immediate possession when the dispensary agent is:
 - a. Working or providing volunteer services at the dispensary or the dispensary's cultivation site, or
 - b. Transporting marijuana for the dispensary;
7. Ensure that a dispensary agent accompanies any individual other than another dispensary agent associated with the dispensary when the individual is present in the enclosed, locked facility where marijuana is cultivated by the dispensary;
8. Not allow an individual who does not possess a dispensary agent registry identification card issued under the dispensary registration certificate to:
 - a. Serve as a principal officer or board member for the dispensary,
 - b. Serve as the medical director for the dispensary,
 - c. Be employed by the dispensary, or
 - d. Provide volunteer services at or on behalf of the dispensary;
9. Provide written notice to the Department, including the date of the event, within 10 working days after the date, when a dispensary agent no longer:
 - a. Serves as a principal officer or board member for the dispensary,
 - b. Serves as the medical director for the dispensary,
 - c. Is employed by the dispensary, or
 - d. Provides volunteer services at or on behalf of the dispensary;
10. Document and report any loss or theft of marijuana from the dispensary to the appropriate law enforcement agency;
11. Maintain copies of any documentation required in this Chapter for at least 12 months after the date on the documentation and provide copies of the documentation to the Department for review upon request;
12. Post the following information in a place that can be viewed by individuals entering the dispensary:
 - a. If applicable, the dispensary's approval to operate;
 - b. The dispensary's registration certificate;
 - c. The name of the dispensary's medical director and the medical director's license number on a sign at least 20 centimeters by 30 centimeters;
 - d. The hours of operation during which the dispensary will dispense medical marijuana to a qualifying patient or a designated caregiver; and
 - e. A sign in a Department-provided format that contains the following language:
 - i. "WARNING: There may be potential dangers to fetuses caused by smoking or ingesting marijuana while pregnant or to infants while breastfeeding," and
 - ii. "WARNING: Use of marijuana during pregnancy may result in a risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;"
13. Not lend any part of the dispensary's income or property without receiving adequate security and a reasonable rate of interest;
14. Not purchase property for more than adequate consideration in money or cash equivalent;
15. Not pay compensation for salaries or other compensation for personal services that is in excess of a reasonable allowance;

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16. Not sell any part of the dispensary's property or equipment for less than adequate consideration in money or cash equivalent; and
 17. Not engage in any other transaction that results in a substantial diversion of the dispensary's income or property.
- B.** If a dispensary cultivates marijuana, the dispensary shall cultivate the marijuana in an enclosed, locked facility.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by final rulemaking at 23 A.A.R. 970, effective June 6, 2017 (Supp. 17-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-311. Submitting an Application for a Dispensary Agent Registry Identification Card

Except as provided in R9-17-107(F), to obtain a dispensary agent registry identification card for an individual serving as a principal officer or board member for the dispensary, employed by the dispensary, or providing volunteer services at or on behalf of the dispensary, the dispensary shall submit to the Department the following for each dispensary agent:

1. An application in a Department-provided format that includes:
 - a. The dispensary agent's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - b. The dispensary agent's residence address and mailing address;
 - c. The county where the dispensary agent resides;
 - d. The dispensary agent's date of birth;
 - e. The identifying number on the applicable card or document in subsection (5)(a) through (e);
 - f. The name and registry identification number of the dispensary; and
 - g. The signature of the individual in R9-17-304(C)(1)(d) or R9-17-308(B)(1)(e), as applicable, designated to submit dispensary agent applications on the dispensary's behalf and the date the individual signed;
2. An attestation signed and dated by the dispensary agent that the dispensary agent has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
3. One of the following:
 - a. A statement that the dispensary agent does not currently hold a valid registry identification card, or
 - b. The assigned registry identification number for the dispensary agent for each valid registry identification card currently held by the dispensary agent;
4. A statement in a Department-provided format signed by the dispensary agent pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
5. A copy of the dispensary agent's:
 - a. Arizona driver's license issued on or after October 1, 1996;
 - b. Arizona identification card issued on or after October 1, 1996;
 - c. Arizona registry identification card;
 - d. Photograph page in the dispensary agent's U.S. passport; or
 - e. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the dispensary agent:

- i. Birth certificate verifying U.S. citizenship;
 - ii. U.S. Certificate of Naturalization, or
 - iii. U.S. Certificate of Citizenship;
6. A current photograph of the dispensary agent;
 7. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
 - a. The dispensary agent's fingerprints on a fingerprint card that includes:
 - i. The dispensary agent's first name; middle initial, if applicable; and last name;
 - ii. The dispensary agent's signature;
 - iii. If different from the dispensary agent, the signature of the individual physically rolling the dispensary agent's fingerprints;
 - iv. The dispensary agent's address;
 - v. If applicable, the dispensary agent's surname before marriage and any names previously used by the dispensary agent;
 - vi. The dispensary agent's date of birth;
 - vii. The dispensary agent's Social Security number;
 - viii. The dispensary agent's citizenship status;
 - ix. The dispensary agent's gender;
 - x. The dispensary agent's race;
 - xi. The dispensary agent's height;
 - xii. The dispensary agent's weight;
 - xiii. The dispensary agent's hair color;
 - xiv. The dispensary agent's eye color; and
 - xv. The dispensary agent's place of birth; or
 - b. If the dispensary agent's fingerprints and information required in subsection (7)(a) were submitted to the Department within the previous six months as part of an application for a designated caregiver registry identification card or a dispensary agent registry identification card for another dispensary, the registry identification number on the registry identification card issued to the dispensary agent as a result of the application; and
 8. The applicable fee in R9-17-102 for applying for a dispensary agent registry identification card.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4).

R9-17-312. Submitting an Application to Renew a Dispensary Agent's Registry Identification Card

To renew a dispensary agent's registry identification card for an individual serving as a principal officer or board member for the dispensary, employed by the dispensary, or providing volunteer services at or on behalf of the dispensary, the dispensary shall submit to the Department, at least 30 calendar days before the expiration of the dispensary agent's registry identification card, the following:

1. An application in a Department-provided format that includes:
 - a. The dispensary agent's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - b. The dispensary agent's residence address and mailing address;
 - c. The county where the dispensary agent resides;
 - d. The dispensary agent's date of birth;
 - e. The registry identification number on the dispensary agent's current registry identification card;

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- f. The name and registry identification number of the dispensary; and
 - g. The signature of the individual in R9-17-304(C)(1)(d) or R9-17-308(B)(1)(e) designated to submit dispensary agent applications on the dispensary's behalf and the date the individual signed;
 - 2. If the dispensary agent's name in subsection (1)(a) is not the same name as on the dispensary agent's current registry identification card, one of the following with the dispensary agent's new name:
 - a. An Arizona driver's license,
 - b. An Arizona identification card, or
 - c. The photograph page in the dispensary agent's U.S. passport;
 - 3. A statement in a Department-provided format signed by the dispensary agent pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
 - 4. A current photograph of the dispensary agent;
 - 5. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
 - a. The dispensary agent's fingerprints on a fingerprint card that includes:
 - i. The dispensary agent's first name; middle initial, if applicable; and last name;
 - ii. The dispensary agent's signature;
 - iii. If different from the dispensary agent, the signature of the individual physically rolling the dispensary agent's fingerprints;
 - iv. The dispensary agent's address;
 - v. If applicable, the dispensary agent's surname before marriage and any names previously used by the dispensary agent;
 - vi. The dispensary agent's date of birth;
 - vii. The dispensary agent's Social Security number;
 - viii. The dispensary agent's citizenship status;
 - ix. The dispensary agent's gender;
 - x. The dispensary agent's race;
 - xi. The dispensary agent's height;
 - xii. The dispensary agent's weight;
 - xiii. The dispensary agent's hair color;
 - xiv. The dispensary agent's eye color; and
 - xv. The dispensary agent's place of birth; or
 - b. If the dispensary agent's fingerprints and information required in subsection (5)(a) were submitted to the Department within the previous six months as part of an application for a designated caregiver registry identification card or a dispensary agent registry identification card for another dispensary, the registry identification number on the registry identification card issued to the dispensary agent as a result of the application; and
 - 6. The applicable fee in R9-17-102 for applying to renew a dispensary agent's registry identification card.
- B.** During a dispensary's hours of operation, a medical director or an individual who is a physician and is designated by the medical director to serve as medical director in the medical director's absence is:
- 1. Onsite; or
 - 2. Able to be contacted by any means possible, such as by telephone or pager.
- C.** A medical director shall:
- 1. Develop and provide training to the dispensary's dispensary agents at least once every 12 months from the initial date of the dispensary's registration certificate on the following subjects:
 - a. Guidelines for providing information to qualifying patients related to risks, benefits, and side effects associated with medical marijuana;
 - b. Guidelines for providing support to qualifying patients related to the qualifying patient's self-assessment of the qualifying patient's symptoms, including a rating scale for pain, cachexia or wasting syndrome, nausea, seizures, muscle spasms, and agitation;
 - c. Recognizing signs and symptoms of substance abuse; and
 - d. Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana; and
 - 2. Assist in the development and implementation of review and improvement processes for patient education and support provided by the dispensary.
- D.** A medical director shall provide oversight for the development and dissemination of:
- 1. Educational materials for qualifying patients and designated caregivers that include:
 - a. Alternative medical options for the qualifying patient's debilitating medical condition;
 - b. Information about possible side effects of and contraindications for medical marijuana including possible impairment with use and operation of a motor vehicle or heavy machinery, when caring for children, or of job performance;
 - c. Guidelines for notifying the physician who provided the written certification for medical marijuana if side effects or contraindications occur;
 - d. A description of the potential for differing strengths of medical marijuana strains and products;
 - e. Information about potential drug-to-drug interactions, including interactions with alcohol, prescription drugs, non-prescription drugs, and supplements;
 - f. Techniques for the use of medical marijuana and marijuana paraphernalia;
 - g. Information about different methods, forms, and routes of medical marijuana administration;
 - h. Signs and symptoms of substance abuse, including tolerance, dependency, and withdrawal; and
 - i. A listing of substance abuse programs and referral information;
 - 2. A system for a qualifying patient or the qualifying patient's designated caregiver to document the qualifying patient's pain, cachexia or wasting syndrome, nausea, seizures, muscle spasms, or agitation that includes:
 - a. A log book, maintained by the qualifying patient and or the qualifying patient's designated caregiver, in which the qualifying patient or the qualifying patient's designated caregiver may track the use and effects of specific medical marijuana strains and products;

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4).

R9-17-313. Medical Director

- A.** A dispensary shall appoint an individual who is a physician to function as a medical director.

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- b. A rating scale for pain, cachexia or wasting syndrome, nausea, seizures, muscles spasms, and agitation;
- c. Guidelines for the qualifying patient's self-assessment or, if applicable, assessment of the qualifying patient by the qualifying patient's designated caregiver; and
- d. Guidelines for reporting usage and symptoms to the physician providing the written certification for medical marijuana and any other treating physicians; and
- 3. Policies and procedures for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana.
- E. A medical director for a dispensary shall not provide a written certification for medical marijuana for any qualifying patient.
- 3. If an electronic signature is used to sign an entry, the dispensary agent whose signature the electronic code represents is accountable for the use of the electronic signature;
- 4. A qualifying patient record is only accessed by a dispensary agent authorized by dispensary policies and procedures to access the qualifying patient record;
- 5. A qualifying patient record is provided to the Department for review upon request;
- 6. A qualifying patient record is protected from loss, damage, or unauthorized use; and
- 7. A qualifying patient record is maintained for five years from the date of the qualifying patient's or, if applicable, the qualifying patient's designated caregiver's last request for medical marijuana from the dispensary.
- B. If a dispensary maintains qualifying patient records electronically, the dispensary shall ensure that:
 - 1. There are safeguards to prevent unauthorized access, and
 - 2. The date and time of an entry in a qualifying patient record is recorded electronically by an internal clock.
- C. A dispensary shall ensure that the qualifying patient record for a qualifying patient who requests or whose designated caregiver on behalf of the qualifying patient requests medical marijuana from the dispensary contains:
 - 1. Qualifying patient information that includes:
 - a. The qualifying patient's name;
 - b. The qualifying patient's date of birth; and
 - c. The name of the qualifying patient's designated caregiver, if applicable;
 - 2. Documentation of any patient education and support materials provided to the qualifying patient or the qualifying patient's designated caregiver, including a description of the materials and the date the materials were provided;
 - 3. For each time the qualifying patient requests and does not obtain medical marijuana or, if applicable, the designated caregiver requests on behalf of the qualifying patient and does not obtain medical marijuana from the dispensary, the following:
 - a. The date,
 - b. The name and registry identification number of the individual who requested the medical marijuana, and
 - c. The dispensary's reason for refusing to provide the medical marijuana.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-314. Dispensing Medical Marijuana

Before a dispensary agent dispenses medical marijuana to a qualifying patient or a designated caregiver, the dispensary agent shall:

- 1. Verify the qualifying patient's or the designated caregiver's identity,
- 2. Offer any appropriate patient education or support materials,
- 3. Enter the qualifying patient's or designated caregiver's registry identification number on the qualifying patient's or designated caregiver's registry identification card into the medical marijuana electronic verification system,
- 4. Verify the validity of the qualifying patient's or designated caregiver's registry identification card,
- 5. Verify that the amount of medical marijuana the qualifying patient or designated caregiver is requesting would not cause the qualifying patient to exceed the limit on obtaining no more than two and one-half ounces of medical marijuana during any 14-calendar-day period, and
- 6. Enter the following information into the medical marijuana electronic verification system for the qualifying patient or designated caregiver:
 - a. The amount of medical marijuana dispensed,
 - b. Whether the medical marijuana was dispensed to the qualifying patient or to the qualifying patient's designated caregiver,
 - c. The date and time the medical marijuana was dispensed,
 - d. The dispensary agent's registry identification number, and
 - e. The dispensary's registry identification number.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-315. Qualifying Patient Records

- A. A dispensary shall ensure that:
 - 1. A qualifying patient record is established and maintained for each qualifying patient who obtains medical marijuana from the dispensary;
 - 2. An entry in a qualifying patient record:
 - a. Is recorded only by a dispensary agent authorized by dispensary policies and procedures to make an entry,
 - b. Is dated and signed by the dispensary agent,
 - c. Includes the dispensary agent's registry identification number, and
 - d. Is not changed to make the initial entry illegible;
- B. A dispensary shall only acquire marijuana from:
 - 1. The dispensary's cultivation site,
 - 2. Another dispensary or another dispensary's cultivation site,
 - 3. A qualifying patient authorized by the Department to cultivate marijuana, or
 - 4. A designated caregiver authorized by the Department to cultivate marijuana.
- C. A dispensary shall establish and implement an inventory control system for the dispensary's medical marijuana that documents:
 - 1. Each day's beginning inventory, acquisitions, harvests, sales, disbursements, submissions to a laboratory agent or

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-316. Inventory Control System

- A. A dispensary shall designate in writing a dispensary agent who has oversight of the dispensary's medical marijuana inventory control system.
- B. A dispensary shall only acquire marijuana from:
 - 1. The dispensary's cultivation site,
 - 2. Another dispensary or another dispensary's cultivation site,
 - 3. A qualifying patient authorized by the Department to cultivate marijuana, or
 - 4. A designated caregiver authorized by the Department to cultivate marijuana.
- C. A dispensary shall establish and implement an inventory control system for the dispensary's medical marijuana that documents:
 - 1. Each day's beginning inventory, acquisitions, harvests, sales, disbursements, submissions to a laboratory agent or

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- laboratory for testing, testing results received, disposal of unusable marijuana, and ending inventory;
2. For acquiring medical marijuana from a qualifying patient or designated caregiver:
 - a. A description of the medical marijuana acquired including the amount and strain,
 - b. The name and registry identification number of the qualifying patient or designated caregiver who provided the medical marijuana,
 - c. The name and registry identification number of the dispensary agent receiving the medical marijuana on behalf of the dispensary, and
 - d. The date of acquisition;
 3. For acquiring medical marijuana from another dispensary:
 - a. A description of the medical marijuana acquired including the amount, strain, and batch number;
 - b. The name and registry identification number of the dispensary providing the medical marijuana;
 - c. The name and registry identification number of the dispensary agent providing the medical marijuana;
 - d. The name and registry identification number of the dispensary agent receiving the medical marijuana on behalf of the dispensary; and
 - e. The date of acquisition;
 4. For each batch of marijuana cultivated:
 - a. The batch number;
 - b. Whether the batch originated from marijuana seeds or marijuana cuttings;
 - c. The origin and strain of the marijuana seeds or marijuana cuttings planted;
 - d. The number of marijuana seeds or marijuana cuttings planted;
 - e. The date the marijuana seeds or cuttings were planted;
 - f. A list of all chemical additives, including nonorganic pesticides, herbicides, and fertilizers used in the cultivation;
 - g. The number of plants grown to maturity;
 - h. Harvest information including:
 - i. Date of harvest,
 - ii. Final processed usable marijuana yield weight, and
 - iii. Name and registry identification number of the dispensary agent responsible for the harvest, and
 - i. The disposal of medical marijuana that is not usable marijuana including the:
 - i. Description of and reason for the marijuana being disposed of including, if applicable, the number of failed or other unusable plants;
 - ii. Date of disposal;
 - iii. Method of disposal; and
 - iv. Name and registry identification number of the dispensary agent responsible for the disposal;
 5. For providing medical marijuana to another dispensary:
 - a. The amount, strain, and batch number of medical marijuana provided;
 - b. The name and registry identification number of the other dispensary;
 - c. The name and registry identification number of the dispensary agent who received the medical marijuana on behalf of the other dispensary; and
 - d. The date the medical marijuana was provided;
 6. For receiving edible food products infused with medical marijuana from another dispensary:
 - a. A description of the edible food products received from the dispensary including total weight of each edible food product and estimated amount and batch number of the medical marijuana infused in each edible food product;
 - b. Total estimated amount and batch number of medical marijuana infused in the edible food products;
 - c. The name and registry identification number of the:
 - i. Dispensary and the dispensary agent providing the edible food products to the receiving dispensary, and
 - ii. Dispensary agent receiving the edible food products on behalf of the receiving dispensary; and
 - d. The date the edible food products were provided to the dispensary; and
 7. For submitting marijuana or marijuana products to a laboratory agent or laboratory for testing:
 - a. The amount, strain, and batch number of the marijuana or marijuana products submitted;
 - b. The name and registry identification number of the laboratory;
 - c. The name and registry identification number of the laboratory agent who received the marijuana or marijuana products on behalf of the laboratory; and
 - d. The date the marijuana or marijuana products were submitted to the laboratory.
- D.** The individual designated in subsection (A) shall conduct and document an audit of the dispensary's inventory that is accounted for according to generally accepted accounting principles at least once every 30 calendar days.
1. If the audit identifies a reduction in the amount of medical marijuana in the dispensary's inventory not due to documented causes, the dispensary shall determine where the loss has occurred and take and document corrective action.
 2. If the reduction in the amount of medical marijuana in the dispensary's inventory is due to suspected criminal activity by a dispensary agent, the dispensary shall report the dispensary agent to the Department and to the local law enforcement authorities.
- E.** A dispensary shall:
1. Maintain the documentation required in subsections (C) and (D) at the dispensary for at least five years after the date on the document, and
 2. Provide the documentation required in subsections (C) and (D) to the Department for review upon request.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-317. Product Labeling and Analysis

- A.** A dispensary shall ensure that medical marijuana provided by the dispensary to a qualifying patient or a designated caregiver is labeled with:
1. The dispensary's registry identification number;
 2. The amount, strain, and batch number of medical marijuana;
 3. The following statement: "ARIZONA DEPARTMENT OF HEALTH SERVICES' WARNING: Marijuana use can be addictive and can impair an individual's ability to drive a motor vehicle or operate heavy machinery. Marijuana smoke contains carcinogens and can lead to an increased risk for cancer, tachycardia, hypertension, heart

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attack, and lung infection. KEEP OUT OF REACH OF CHILDREN”;

4. If not cultivated by the dispensary, whether the medical marijuana was obtained from a qualifying patient, a designated caregiver, or another dispensary;
 5. The date of manufacture, harvest, or sale;
 6. A list of all chemical additives, including nonorganic pesticides, herbicides, and fertilizers, used in the cultivation and production of the medical marijuana; and
 7. The registry identification number of the qualifying patient.
- B.** If a dispensary provides medical marijuana cultivated by the dispensary to another dispensary, the dispensary shall ensure that the medical marijuana is labeled with:
1. The dispensary’s registry identification number;
 2. The amount, strain, and batch number of the medical marijuana;
 3. The date of harvest or sale; and
 4. A list of all chemical additives, including nonorganic pesticides, herbicides, and fertilizers, used in the cultivation of the medical marijuana.
- C.** If medical marijuana is provided as part of an edible food product, a dispensary shall, in addition to the information in subsection (A), include on the label the total weight of the edible food product.
- D.** A dispensary shall provide to the Department upon request a sample of the dispensary’s medical marijuana inventory of sufficient quantity to enable the Department to conduct an analysis of the medical marijuana.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-318. Security

- A.** Except as provided in R9-17-310(A)(7), a dispensary shall ensure that access to the enclosed, locked facility where marijuana is cultivated is limited to the dispensary’s principal officers, board members, and authorized dispensary agents.
- B.** A dispensary agent may transport marijuana, marijuana plants, and marijuana paraphernalia between the dispensary and:
1. The dispensary’s cultivation site,
 2. A qualifying patient,
 3. Another dispensary, and
 4. A laboratory agent or laboratory for testing.
- C.** Before transportation, a dispensary agent shall:
1. Complete a trip plan that includes:
 - a. The name of the dispensary agent in charge of transporting the marijuana;
 - b. The date and start time of the trip;
 - c. A description of the marijuana, marijuana plants, or marijuana paraphernalia being transported; and
 - d. The anticipated route of transportation; and
 2. Provide a copy of the trip plan in subsection (C)(1) to the dispensary.
- D.** During transportation, a dispensary agent shall:
1. Carry a copy of the trip plan in subsection (C)(1) with the dispensary agent for the duration of the trip;
 2. Use a vehicle without any medical marijuana identification;
 3. Have a means of communication with the dispensary; and
 4. Ensure that the marijuana, marijuana plants, or marijuana paraphernalia are not visible.
- E.** After transportation, a dispensary agent shall enter the end time of the trip and any changes to the trip plan on the trip plan required in subsection (C)(1).
- F.** A dispensary shall:

1. Maintain the documents required in subsection (C)(2) and (E), and
 2. Provide a copy of the documents required in subsection (C)(2) and (E) to the Department for review upon request.
- G.** To prevent unauthorized access to medical marijuana at the dispensary and, if applicable, the dispensary’s cultivation site, the dispensary shall have the following:
1. Security equipment to deter and prevent unauthorized entrance into limited access areas that include:
 - a. Devices or a series of devices to detect unauthorized intrusion, which may include a signal system interconnected with a radio frequency method, such as cellular, private radio signals, or other mechanical or electronic device;
 - b. Exterior lighting to facilitate surveillance;
 - c. Electronic monitoring including:
 - i. At least one 19-inch or greater call-up monitor,
 - ii. A video printer capable of immediately producing a clear still photo from any video camera image,
 - iii. Video cameras:
 - (1) Providing coverage of all entrances to and exits from limited access areas and all entrances to and exits from the building, capable of identifying any activity occurring in or adjacent to the building; and
 - (2) Having a recording resolution of at least 704 x 480 or the equivalent;
 - iv. A video camera at each point of sale location allowing for the identification of any qualifying patient or designated caregiver purchasing medical marijuana,
 - v. A video camera in each grow room capable of identifying any activity occurring within the grow room in low light conditions,
 - vi. Storage of video recordings from the video cameras for at least 30 calendar days,
 - vii. A failure notification system that provides an audible and visual notification of any failure in the electronic monitoring system, and
 - viii. Sufficient battery backup for video cameras and recording equipment to support at least five minutes of recording in the event of a power outage; and
 - d. Panic buttons in the interior of each building; and
 2. Policies and procedures:
 - a. That restrict access to the areas of the dispensary that contain marijuana and if applicable, the dispensary’s cultivation site to authorized individuals only;
 - b. That provide for the identification of authorized individuals;
 - c. That prevent loitering;
 - d. For conducting electronic monitoring; and
 - e. For the use of a panic button.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-319. Edible Food Products

- A.** A dispensary that prepares, sells, or dispenses marijuana-infused edible food products shall:
1. Before preparing, selling, or dispensing marijuana-infused edible food product obtain written authorization

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from the Department to prepare, sell, or dispense marijuana-infused edible food products;

2. If the dispensary prepares the marijuana-infused edible food products, ensure that the marijuana-infused edible food products are prepared according to the applicable requirements in 9 A.A.C. 8, Article 1;
 3. If the marijuana-infused edible food products are not prepared at the dispensary, obtain and maintain at the dispensary a copy of the current written authorization to prepare marijuana-infused edible food products from the dispensary that prepares the marijuana-infused edible products; and
 4. If a dispensary sells or dispenses marijuana-infused edible food products, ensure that the marijuana-infused edible food products are sold or dispensed according to applicable requirements in 9 A.A.C. 8, Article 1.
- B.** A dispensary is responsible for the content and quality of any edible food product sold or dispensed by the dispensary.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-320. Cleaning and Sanitation

- A.** A dispensary shall ensure that any building or equipment used by a dispensary for the cultivation, harvest, preparation, packaging, storage, infusion, or sale of medical marijuana is maintained in a clean and sanitary condition.
1. Medical marijuana in the process of production, preparation, manufacture, packing, storage, sale, distribution, or transportation is protected from flies, dust, dirt, and all other contamination.
 2. Refuse or waste products incident to the manufacture, preparation, packing, selling, distributing, or transportation of medical marijuana are removed from the building used as a dispensary and, if applicable, a building at the dispensary's cultivation site at least once every 24 hours or more often as necessary to maintain a clean condition.
 3. All trucks, trays, buckets, other receptacles, platforms, racks, tables, shelves, knives, saws, cleavers, other utensils, or the machinery used in moving, handling, cutting, chopping, mixing, canning, packaging, or other processes are cleaned daily.
 4. All stored edible food products are securely covered.
- B.** A dispensary shall ensure that a dispensary agent at the dispensary or the dispensary's cultivation site:
1. Cleans the dispensary agent's hands and exposed portions of the dispensary agent's arms in a hand washing sink:
 - a. Before preparing medical marijuana including working with food, equipment, and utensils;
 - b. During preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks;
 - c. After handling soiled equipment or utensils;
 - d. After touching bare human body parts other than the dispensary agent's clean hands and exposed portions of arms; and
 - e. After using the toilet room;
 2. If working directly with the preparation of medical marijuana or the infusion of marijuana into non-edible products:
 - a. Keeps the dispensary agent's fingernails trimmed, filed, and maintained so that the edges and surfaces are cleanable;
 - b. Unless wearing intact gloves in good repair, does not have fingernail polish or artificial fingernails on the dispensary agent's fingernails; and

- c. Wears protective apparel such as coats, aprons, gowns, or gloves to prevent contamination;
3. Wears clean clothing appropriate to assigned tasks;
4. Reports to the medical director any health condition experienced by the dispensary agent that may adversely affect the safety or quality of any medical marijuana with which the dispensary agent may come into contact; and
5. If the medical director determines that a dispensary agent has a health condition that may adversely affect the safety or quality of the medical marijuana, is prohibited from direct contact with any medical marijuana or equipment or materials for processing medical marijuana until the medical director determines that the dispensary agent's health condition will not adversely affect the medical marijuana.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-321. Physical Plant

- A.** A dispensary or a dispensary's cultivation site shall be located at least 500 feet from a private school or a public school that existed before the date the dispensary submitted the initial dispensary registration certificate application.
- B.** A dispensary shall provide onsite parking or parking adjacent to the building used as the dispensary.
- C.** A building used as a dispensary or the location used as a dispensary's cultivation site shall have:
1. At least one toilet room;
 2. Each toilet room shall contain:
 - a. A flushable toilet;
 - b. Mounted toilet tissue;
 - c. A sink with running water;
 - d. Soap contained in a dispenser; and
 - e. Disposable, single-use paper towels in a mounted dispenser or a mechanical air hand dryer;
 3. At least one hand washing sink not located in a toilet room;
 4. Designated storage areas for medical marijuana or materials used in direct contact with medical marijuana separate from storage areas for toxic or flammable materials; and
 5. If preparation or packaging of medical marijuana is done in the building, a designated area for the preparation or packaging that:
 - a. Includes work space that can be sanitized, and
 - b. Is only used for the preparation or packaging of medical marijuana.
- D.** For each commercial device used at a dispensary or the dispensary's cultivation site, the dispensary shall:
1. Ensure that the commercial device is licensed or certified pursuant to A.R.S. § 41-2091,
 2. Maintain documentation of the commercial device's license or certification, and
 3. Provide a copy of the commercial device's license or certification to the Department for review upon request.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

R9-17-322. Denial or Revocation of a Dispensary Registration Certificate

- A.** The Department shall deny an application for a dispensary registration certificate or a renewal if:
1. For an application for a dispensary registration certificate, the physical address of the building or, if applicable,

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the physical address of the dispensary's cultivation site is within 500 feet of a private school or a public school that existed before the date the dispensary submitted the initial dispensary registration certificate application;

2. A principal officer or board member:
 - a. Has been convicted of an excluded felony offense;
 - b. Has served as a principal officer or board member for a dispensary that:
 - i. Had the dispensary registration certificate revoked, or
 - ii. Did not obtain an approval to operate the dispensary within the first year after the dispensary registration certificate was issued;
 - c. Is under 21 years of age;
 - d. Is a physician currently providing written certifications for medical marijuana for qualifying patients;
 - e. Is a law enforcement officer; or
 - f. Is an employee or contractor of the Department; or
 3. The application or the dispensary does not comply with the requirements in A.R.S. Title 36, Chapter 28.1 and this Chapter.
- B.** The Department may deny an application for a dispensary registration certificate if a principal officer or board member of the dispensary provides false or misleading information to the Department.
- C.** The Department shall revoke a dispensary's registration certificate if:
1. The dispensary:
 - a. Operates before obtaining approval to operate a dispensary from the Department;
 - b. Diverts marijuana to an entity other than another dispensary with a valid dispensary registration certificate issued by the Department, a laboratory with a valid laboratory registration certificate issued by the Department, a qualifying patient with a valid registry identification card issued by the Department, a designated caregiver with a valid registry identification card issued by the Department, or a laboratory agent with a valid registry identification card issued by the Department; or
 - c. Acquires usable marijuana or mature marijuana plants from any entity other than another dispensary with a valid dispensary registration certificate issued by the Department, a qualifying patient with a valid registry identification card, or a designated caregiver with a valid registry identification card; or
 2. A principal officer or board member has been convicted of an excluded felony offense.
- D.** The Department may revoke a dispensary registration certificate if the dispensary does not:
1. Comply with the requirements in A.R.S. Title 36, Chapter 28.1 and this Chapter; or
 2. Implement the policies and procedures or comply with the statements provided to the Department with the dispensary's application.
- E.** If the Department denies a dispensary registration certificate application, the Department shall provide notice to the applicant that includes:
1. The specific reason or reasons for the denial, and
 2. All other information required by A.R.S. § 41-1076.
- F.** If the Department revokes a dispensary registration certificate, the Department shall provide notice to the dispensary that includes:
1. The specific reason or reasons for the revocation; and

2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-323. Denial or Revocation of a Dispensary Agent's Registry Identification Card

- A.** The Department shall deny a dispensary agent's application for or renewal of the dispensary agent's registry identification card if the dispensary agent:
1. Does not meet the definition "nonprofit medical marijuana dispensary agent" in A.R.S. § 36-2801; or
 2. Previously had a registry identification card revoked for not complying with A.R.S. Title 36, Chapter 28.1 or this Chapter.
- B.** The Department may deny a dispensary agent's application for or renewal of the dispensary agent's registry identification card if the dispensary agent provides false or misleading information to the Department.
- C.** The Department shall revoke a dispensary agent's registry identification card if the dispensary agent:
1. Uses medical marijuana, if the dispensary agent does not have a qualifying patient registry identification card;
 2. Diverts medical marijuana to an entity other than another dispensary with a valid dispensary registration certificate issued by the Department, a laboratory with a valid laboratory registration certificate issued by the Department, a qualifying patient with a valid registry identification card issued by the Department, a designated caregiver with a valid registry identification card issued by the Department, or a laboratory agent with a valid registry identification card issued by the Department; or
 3. Has been convicted of an excluded felony offense.
- D.** The Department may revoke a dispensary agent's registry identification card if the dispensary agent knowingly violates A.R.S. Title 36, Chapter 28.1 or this Chapter.
- E.** If the Department denies or revokes a dispensary agent's registry identification card, the Department shall provide notice to the dispensary agent and the dispensary agent's dispensary that includes:
1. The specific reason or reasons for the denial or revocation; and
 2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

ARTICLE 4. LABORATORIES AND LABORATORY AGENTS**R9-17-401. Owner**

- A.** For the purposes of this Chapter the following individuals are considered owners:
1. If an individual is applying for a laboratory registration certificate, the individual;

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2. If a corporation is applying for a laboratory registration certificate, two individuals who are officers of the corporation;
 3. If a partnership is applying for a laboratory registration certificate, two of the individuals who are partners;
 4. If a limited liability company is applying for a laboratory registration certificate, a manager or, if the limited liability company does not have a manager, an individual who is a member of the limited liability company;
 5. If an association or cooperative is applying for a laboratory registration certificate, two individuals who are members of the governing board of the association or cooperative;
 6. If a joint venture is applying for a laboratory registration certificate, two of the individuals who signed the joint venture agreement; and
 7. If a business organization type other than those described in subsections (A)(2) through (6) is applying for a laboratory registration certificate, two individuals who are members of the business organization.
- B.** When a laboratory is required by this Chapter to provide information, sign documents, or ensure actions are taken, the individual or individuals in subsection (A) shall comply with the requirement on behalf of the laboratory.
- Historical Note**
New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).
- R9-17-402. Applying for a Laboratory Registration Certificate**
- A.** To apply for a laboratory registration certificate, an applicant shall submit to the Department the following:
1. An application in a Department-provided format that includes:
 - a. The physical address of the laboratory;
 - b. The following information for the laboratory applying:
 - i. The legal name of the laboratory,
 - ii. Type of business organization,
 - iii. Mailing address,
 - iv. Telephone number, and
 - v. E-mail address;
 - c. The name of the owner designated to submit laboratory agent registry identification card applications on behalf of the laboratory;
 - d. The name, residence address, and date of birth of each owner;
 - e. The name of the technical laboratory director designated according to R9-17-404(3);
 - f. The name, residence address, and date of birth of each laboratory agent, if applicable;
 - g. For each laboratory agent, an attestation signed and dated by the laboratory agent that the laboratory agent has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
 - h. Policies and procedures that comply with the requirements in this Chapter that contain:
 - i. A quality assurance program and standards;
 - ii. Inventory control;
 - iii. A chain of custody and sample requirement process;
 - iv. A records retention process;
 - v. Security;
 - vi. A process to ensure marijuana or marijuana products test results are accurate, precise, and scientifically valid before reporting the results; and
 - vii. A process for disposal of marijuana or marijuana products that are submitted to the laboratory for testing;
 - i. Whether the laboratory agrees to allow the Department to submit supplemental requests for information;
 - j. An attestation that the information provided to the Department to apply for a laboratory registration certificate is true and correct; and
 - k. The signatures of the owner of the laboratory according to R9-17-401(A) and the date the owner signed;
2. If the entity applying is one of the business organizations in R9-17-401(A)(2) through (7), a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents that include:
 - a. The name of the business organization,
 - b. The type of business organization, and
 - c. The names and titles of the individuals in R9-17-401(A);
 3. For each owner:
 - a. An attestation signed and dated by the owner that the owner has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
 - b. An attestation signed and dated by the owner that the laboratory will not test marijuana or marijuana products for:
 - i. A dispensary, related medical marijuana business entity, or management company that the owner has a direct or indirect familial or financial relationship with or interest in; or
 - ii. A designated caregiver who the owner has a direct or indirect familial or financial relationship with; and
 - c. For the Department's criminal records check authorized in A.R.S. §§ 36-2804.01 and 36-2804.07:
 - i. The owner's fingerprints on a fingerprint card that includes:
 - (1) The owner's first name; middle initial, if applicable; and last name;
 - (2) The owner's signature;
 - (3) If different from the owner, the signature of the individual physically rolling the owner's fingerprints;
 - (4) The owner's residence address;
 - (5) If applicable, the owner's surname before marriage and any names previously used by the owner;
 - (6) The owner's date of birth;
 - (7) The owner's Social Security number;
 - (8) The owner's citizenship status;
 - (9) The owner's gender;
 - (10) The owner's race;
 - (11) The owner's height;
 - (12) The owner's weight;
 - (13) The owner's hair color;
 - (14) The owner's eye color; and
 - (15) The owner's place of birth; or
 - ii. If the fingerprints and information required in subsection (A)(3)(c)(i) were submitted to the Department as part of an application for a designated caregiver, dispensary agent, or laboratory agent registry identification card within the

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- previous six months, the registry identification number on the registry identification card issued to the owner as a result of the application;
4. If zoning restrictions have been enacted, a sworn statement signed and dated by the individual or individuals in R9-17-401(A) certifying that the laboratory is in compliance with any local zoning restrictions;
 5. A copy of documentation issued by the local jurisdiction to the laboratory authorizing occupancy of the building as a laboratory, such as a certificate of occupancy, a special use permit, or a conditional use permit;
 6. The distance to the closest private school or public school from the laboratory;
 7. A site plan drawn to scale of the laboratory location showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains;
 8. A floor plan drawn to scale of the building where the laboratory is located showing the:
 - a. Layout and dimensions of each room,
 - b. Name and function of each room,
 - c. Location of each hand washing sink,
 - d. Location of each toilet room, and
 - e. Means of egress;
 9. Documentation of accreditation;
 10. The laboratory's Transaction Privilege Tax Number issued by the Arizona Department of Revenue; and
 11. The applicable fee in R9-17-102 for applying for a laboratory registration certificate.
- B.** A change in location of the laboratory's physical address or ownership requires a new application to be submitted according to subsection (A).

Historical Note

New Section made by exempt rulemaking at 25 A.A.R.
2421, effective August 27, 2019 (Supp. 19-3).

R9-17-403. Renewing a Laboratory Registration Certificate

To renew a laboratory registration certificate, a laboratory shall submit to the Department, at least 30 calendar days before the expiration date of the laboratory's current registration certificate, but no more than 90 days before the expiration date of the laboratory's current registration certificate, the following:

1. An application in a Department-provided format that includes:
 - a. The physical address of the laboratory;
 - b. The following information for the laboratory:
 - i. The legal name of the laboratory,
 - ii. The registry identification number for the laboratory,
 - iii. Type of business organization,
 - iv. Mailing address,
 - v. Telephone number, and
 - vi. E-mail address;
 - c. The name of the owner designated to submit laboratory agent registry identification card applications on behalf of the laboratory;
 - d. The name, residence address, and date of birth of each owner;
 - e. The name of the technical laboratory director designated according to R9-17-404(3);
 - f. The name, residence address, and date of birth of each laboratory agent, if applicable;
 - g. For each laboratory agent, an attestation signed and dated by the laboratory agent that the laboratory

agent has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;

- h. Whether the laboratory agrees to allow the Department to submit supplemental requests for information;
 - i. An attestation that the information provided to the Department to renew the laboratory registration certificate is true and correct; and
 - j. The signatures of the each owner of the laboratory according to R9-17-401(A) and the date the owner signed;
2. For each owner:
 - a. An attestation signed and dated by the owner that the owner has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801; and
 - b. An attestation signed and dated by the owner that the laboratory will not test medical marijuana and medical marijuana products for:
 - i. A dispensary, related medical marijuana business entity, or management company that the owner has a direct or indirect familial or financial relationship with or interest in; or
 - ii. A designated caregiver who the owner has a direct or indirect familial or financial relationship with;
 3. If zoning restrictions have been enacted, a sworn statement signed and dated by the owner in R9-17-401(A) certifying that the laboratory is in compliance with any local zoning restrictions;
 4. A copy of documentation issued by the local jurisdiction to the laboratory authorizing occupancy of the building as a laboratory, such as a certificate of occupancy, a special use permit, or a conditional use permit; and
 5. The applicable fee in R9-17-102 for applying to renew a laboratory registration certificate.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R.
2421, effective August 27, 2019 (Supp. 19-3).

R9-17-404. Administration

A laboratory shall:

1. Comply with the:
 - a. Quality assurance requirements in A.A.C. R9-14-615(B) and (C),
 - b. Operation requirements in A.A.C. R9-14-616, and
 - c. Laboratory records and reports requirements in A.A.C. R9-15-617(1) through (7);
2. Maintain accreditation;
3. Designate in writing a technical laboratory director who shall:
 - a. Ensure that all services and tests provided by the laboratory are performed in compliance with the requirements in this Article,
 - b. Direct and supervise services and tests provided by the laboratory and be responsible for the work of all personnel in the laboratory, and
 - c. Be responsible for safety and hazardous substance control in the laboratory;
4. Notify the Department in writing within 20 business days after any change in the technical laboratory director, providing the name and contact information for the new technical laboratory director;
5. Develop, document, and implement policies and procedures regarding:
 - a. Job descriptions and employment contracts, including:

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- i. Personnel duties, authority, responsibilities, and qualifications;
- ii. Personnel supervision;
- iii. Training in and adherence to confidentiality requirements;
- iv. Periodic performance evaluations; and
- v. Disciplinary actions;
- b. Business records, such as manual or computerized records of assets and liabilities, monetary transactions, journals, ledgers, and supporting documents, including agreements, checks, invoices, and vouchers;
- c. Inventory control, including:
 - i. Tracking;
 - ii. Accepting marijuana or marijuana products for testing;
 - iii. Testing marijuana and marijuana products; and
 - iv. Disposing of marijuana or marijuana products, including the method of destruction, whether destroyed marijuana or marijuana products were tested, if not tested, the reason and whether any unusable marijuana or marijuana products were submitted to a local law enforcement agency;
- d. Laboratory records, including submissions of medical marijuana for testing, ensuring testing results are accurate, precise, and scientifically valid before reporting the results, reporting of testing results, confidentiality, and retention;
- e. A quality assurance program and standards;
- f. A chain of custody and sample process;
- g. A records retention process; and
- h. Security;
6. Review and document the review of laboratory policies and procedures at least once every 12 months after the issue date of the laboratory registration certificate and update as needed;
7. Ensure that each laboratory agent has the laboratory agent's registry identification card in the laboratory agent's immediate possession when the laboratory agent is working or providing volunteer services related to marijuana or marijuana products testing at the laboratory;
8. Ensure that a laboratory agent accompanies any individual other than another laboratory agent associated with the laboratory when the individual is present in the area of the laboratory where marijuana or marijuana products are being tested or stored for testing;
9. Not allow an individual who does not possess a laboratory agent registry identification card issued under the laboratory registration certificate to:
 - a. Serve as an owner for the laboratory,
 - b. Be employed by the laboratory, or
 - c. Provide volunteer services at or on behalf of the laboratory;
10. Provide written notice to the Department, including the date of the event, within 10 working days after the date, when a laboratory agent no longer:
 - a. Serves as an owner for the laboratory,
 - b. Is employed by the laboratory, or
 - c. Provides volunteer services at or on behalf of the laboratory;
11. Document and report any loss or theft of marijuana or marijuana products from the laboratory to the appropriate law enforcement agency; and
12. Maintain copies of any documentation required in this Chapter for at least 12 months after the date on the docu-

mentation and provide copies of the documentation to the Department for review upon request.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-405. Submitting an Application for a Laboratory Agent Registry Identification Card

To obtain a laboratory agent registry identification card for an individual serving as an owner for the laboratory, employed by the laboratory, or providing volunteer services at or on behalf of the laboratory, the owner shall submit to the Department the following for each laboratory agent:

1. An application in a Department-provided format that includes:
 - a. The laboratory agent's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - b. The laboratory agent's residence address and mailing address;
 - c. The county where the laboratory agent resides;
 - d. The laboratory agent's date of birth;
 - e. The identifying number on the applicable card or document in subsection (5)(a) through (e);
 - f. The name and registry identification number of the laboratory; and
 - g. The signature of the individual in R9-17-402(A)(1)(c) designated to submit laboratory agent applications on the laboratory's behalf and the date the individual signed;
2. An attestation signed and dated by the laboratory agent that the laboratory agent:
 - a. Has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801, and
 - b. Will not test medical marijuana and medical marijuana products for:
 - i. A dispensary, related medical marijuana business entity, or management company that the laboratory agent has a direct or indirect familial or financial relationship with or interest in; or
 - ii. A designated caregiver who the laboratory agent has a direct or indirect familial or financial relationship with;
3. One of the following:
 - a. A statement that the laboratory agent does not currently hold a valid registry identification card, or
 - b. The assigned registry identification number for the laboratory agent for each valid registry identification card currently held by the laboratory agent;
4. A statement in a Department-provided format, signed by the laboratory agent, pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
5. A copy of the laboratory agent's:
 - a. Arizona driver's license issued on or after October 1, 1996;
 - b. Arizona identification card issued on or after October 1, 1996;
 - c. Arizona registry identification card;
 - d. Photograph page in the laboratory agent's U.S. passport; or
 - e. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the laboratory agent:
 - i. Birth certificate verifying U.S. citizenship,
 - ii. U.S. Certificate of Naturalization, or
 - iii. U.S. Certificate of Citizenship;

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6. A current photograph of the laboratory agent;
7. For the Department's criminal records check authorized in A.R.S. §§ 36-2804.01 and 36-2804.07:
 - a. The laboratory agent's fingerprints on a fingerprint card that includes:
 - i. The laboratory agent's first name; middle initial, if applicable; and last name;
 - ii. The laboratory agent's signature;
 - iii. If different from the laboratory agent, the signature of the individual physically rolling the laboratory agent's fingerprints;
 - iv. The laboratory agent's address;
 - v. If applicable, the laboratory agent's surname before marriage and any names previously used by the laboratory agent;
 - vi. The laboratory agent's date of birth;
 - vii. The laboratory agent's Social Security number;
 - viii. The laboratory agent's citizenship status;
 - ix. The laboratory agent's gender;
 - x. The laboratory agent's race;
 - xi. The laboratory agent's height;
 - xii. The laboratory agent's weight;
 - xiii. The laboratory agent's hair color;
 - xiv. The laboratory agent's eye color; and
 - xv. The laboratory agent's place of birth; or
 - b. If the laboratory agent's fingerprints and information required in subsection (7)(a) were submitted to the Department within the previous six months as part of an application for a designated caregiver registry identification card, a dispensary agent registry identification card, or a laboratory agent registry identification card, the registry identification number on the registry identification card issued to the laboratory agent as a result of the application; and
8. The applicable fee in R9-17-102 for applying for a laboratory agent registry identification card.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-406. Submitting an Application to Renew a Laboratory Agent's Registry Identification Card

To renew a laboratory agent's registry identification card for an individual serving as an owner for the laboratory, employed by the laboratory, or providing volunteer services at or on behalf of the laboratory, the laboratory shall submit to the Department, at least 30 calendar days before the expiration of the laboratory agent's registry identification card, but no more than 90 days before the expiration date of the laboratory's agent's registry identification card, the following:

1. An application in a Department-provided format that includes:
 - a. The laboratory agent's first name; middle initial, if applicable; last name; and suffix, if applicable;
 - b. The laboratory agent's residence address and mailing address;
 - c. The county where the laboratory agent resides;
 - d. The laboratory agent's date of birth;
 - e. The registry identification number on the laboratory agent's current registry identification card;
 - f. The identifying number on the applicable card or document in subsection (6)(a) through (e);
 - g. The name and registry identification number of the laboratory; and
 - h. The signature of the individual in R9-17-402(A)(1)(c) designated to submit laboratory agent applications on the laboratory's behalf and the date the individual signed;
2. If the laboratory agent's name in subsection (1)(a) is not the same name as on the laboratory agent's current registry identification card, one of the following with the laboratory agent's new name:
 - a. An Arizona driver's license,
 - b. An Arizona identification card, or
 - c. The photograph page in the laboratory agent's U.S. passport;
3. An attestation signed and dated by the laboratory agent that the laboratory agent:
 - a. Has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801; and
 - b. Will not test medical marijuana and medical marijuana products for:
 - i. A dispensary, related medical marijuana business entity or management company the laboratory agent has a direct or indirect familial or financial relationship with or interest in; or
 - ii. A designated caregiver the laboratory has a direct or indirect familial or financial relationship with;
4. One of the following:
 - a. A statement that the laboratory agent does not currently hold a valid registry identification card, or
 - b. The assigned registry identification number for the laboratory agent for each valid registry identification card currently held by the laboratory agent;
5. A statement in a Department-provided format signed by the laboratory agent pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
6. A copy of the laboratory agent's:
 - a. Arizona driver's license issued on or after October 1, 1996;
 - b. Arizona identification card issued on or after October 1, 1996;
 - c. Arizona registry identification card;
 - d. Photograph page in the laboratory agent's U.S. passport; or
 - e. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the laboratory agent:
 - i. Birth certificate verifying U.S. citizenship,
 - ii. U.S. Certificate of Naturalization, or
 - iii. U.S. Certificate of Citizenship;
7. A current photograph of the laboratory agent;
8. For the Department's criminal records check authorized in A.R.S. §§ 36-2804.01 and 36-2804.07:
 - a. The laboratory agent's fingerprints on a fingerprint card that includes:
 - i. The laboratory agent's first name; middle initial, if applicable; and last name;
 - ii. The laboratory agent's signature;
 - iii. If different from the laboratory agent, the signature of the individual physically rolling the laboratory agent's fingerprints;
 - iv. The laboratory agent's address;
 - v. If applicable, the laboratory agent's surname before marriage and any names previously used by the laboratory agent;
 - vi. The laboratory agent's date of birth;
 - vii. The laboratory agent's Social Security number;
 - viii. The laboratory agent's citizenship status;
 - ix. The laboratory agent's gender;

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- x. The laboratory agent's race;
 - xi. The laboratory agent's height;
 - xii. The laboratory agent's weight;
 - xiii. The laboratory agent's hair color;
 - xiv. The laboratory agent's eye color; and
 - xv. The laboratory agent's place of birth; or
 - b. If the laboratory agent's fingerprints and information required in subsection (8)(a) were submitted to the Department within the previous six months as part of an application for a designated caregiver registry identification card, a dispensary agent registry identification card, or a laboratory agent registry identification card, the registry identification number on the registry identification card issued to the laboratory agent as a result of the application; and
9. The applicable fee in R9-17-102 for applying to renew a laboratory agent's registry identification card.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R.
2421, effective August 27, 2019 (Supp. 19-3).

R9-17-407. Inventory Control System

- A.** A laboratory shall designate in writing a laboratory agent who has oversight of the laboratory's marijuana inventory control system.
- B.** A laboratory shall not accept submissions of marijuana or marijuana products for testing from an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1.
- C.** A laboratory shall establish and implement an inventory control system for the laboratory's marijuana and marijuana products that documents:
 - 1. Each day's beginning marijuana and marijuana products inventory, marijuana and marijuana products submitted for testing, disposal of tested or unusable marijuana or marijuana products, and ending marijuana and marijuana products inventory; and
 - 2. As applicable, for submissions of marijuana and marijuana products for testing:
 - a. A description of the submitted marijuana or marijuana products including the amount, strain and batch number;
 - b. The name and registry identification number of the dispensary that submitted the marijuana or marijuana products;
 - c. The name and registry identification number of the dispensary agent that submitted the marijuana or marijuana products;
 - d. The name and registry identification number of the qualifying patient that submitted the marijuana or marijuana products;
 - e. The name and registry identification number of the designated caregiver that submitted the marijuana or marijuana products;
 - f. The name and registry identification number of the laboratory agent receiving the marijuana or marijuana products on behalf of the laboratory; and
 - g. The date of acquisition;
 - h. The date of each test; and
 - i. The test results.
- D.** The individual designated in subsection (A) shall conduct and document an audit of the laboratory's inventory that is accounted for according to generally accepted accounting principles at least once every 30 calendar days.
 - 1. If the audit identifies a reduction in the amount of marijuana or marijuana products in the laboratory's inventory

not due to documented causes, the laboratory shall determine where the loss has occurred and take and document corrective action.

- 2. If the reduction in the amount of marijuana or marijuana products in the laboratory's inventory is due to suspected criminal activity by a laboratory agent, the laboratory shall report the laboratory agent to the Department and to the local law enforcement authorities.

E. A laboratory shall:

- 1. Maintain the documentation required in subsections (C) and (D) at the dispensary for at least five years after the date on the document, and
- 2. Provide the documentation required in subsections (C) and (D) to the Department for review upon request.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R.
2421, effective August 27, 2019 (Supp. 19-3).

R9-17-408. Security

- A.** Except as provided in R9-17-404(8), a laboratory shall ensure that access to the area of the laboratory where marijuana or marijuana products are being tested or stored for testing is limited to a laboratory's owners and authorized laboratory agents.
- B.** A laboratory agent may transport marijuana or marijuana products submitted for testing to a laboratory.
- C.** Before transportation to a laboratory, a laboratory agent shall:
 - 1. Complete a trip plan that includes:
 - a. The name of the laboratory agent in charge of transporting the marijuana or marijuana products;
 - b. The date and start time of the trip;
 - c. A description of the marijuana or marijuana products being transported; and
 - d. The anticipated route of transportation; and
 - 2. Provide a copy of the trip plan in subsection (C)(1) to the laboratory.
- D.** During transportation to the laboratory, a laboratory agent shall:
 - 1. Carry a copy of the trip plan in subsection (C)(1) with the laboratory agent for the duration of the trip;
 - 2. Use a vehicle without any medical marijuana identification;
 - 3. Have a means of communication with the laboratory; and
 - 4. Ensure that the marijuana or marijuana products are not visible.
- E.** After transportation, a laboratory agent shall enter the end time of the trip and any changes to the trip plan on the trip plan required in subsection (C)(1).
- F.** A laboratory shall:
 - 1. Maintain the documents required in subsection (C)(2) and (E), and
 - 2. Provide a copy of the documents required in subsection (C)(2) and (E) to the Department for review upon request.
- G.** To prevent unauthorized access to marijuana or marijuana products at the laboratory for testing, the laboratory shall have the following:
 - 1. Security equipment to deter and prevent unauthorized entrance into limited access areas that include:
 - a. Devices or a series of devices to detect unauthorized intrusion, which may include a signal system interconnected with a radio frequency method, such as cellular, private radio signals, or other mechanical or electronic device;
 - b. Exterior lighting to facilitate surveillance;
 - c. Electronic monitoring including:
 - i. At least one 19-inch or greater call-up monitor;

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- ii. A video printer capable of immediately producing a clear still photo from any video camera image;
- iii. Video cameras:
 - (1) Providing coverage of all entrances to and exits from limited access areas and all entrances to and exits from the building, capable of identifying any activity occurring in or adjacent to the building; and
 - (2) Having a recording resolution of at least 704 x 480 or the equivalent;
- iv. A video camera in each area of the laboratory where marijuana or marijuana products are being tested or stored for testing capable of identifying any activity occurring within the area in low light conditions;
- v. Storage of video recordings from the video cameras for at least 30 calendar days;
- vi. A failure notification system that provides an audible and visual notification of any failure in the electronic monitoring system; and
- vii. Sufficient battery backup for video cameras and recording equipment to support at least five minutes of recording in the event of a power outage; and
- d. Panic buttons in the interior of each building; and
- 2. Policies and procedures that:
 - a. Restrict access to the areas of the laboratory that contain marijuana or marijuana products and, if applicable, to authorized individuals only;
 - b. Provide for the identification of authorized individuals; and
 - c. Prevent loitering.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-409. Physical Plant

A laboratory shall ensure that designated storage areas for marijuana or marijuana products or materials used in direct contact with marijuana or marijuana products are separate from storage areas for toxic or flammable materials and are maintained in a manner to prevent:

- 1. Microbial contamination and proliferation, and
- 2. Contamination or infestation by insects or rodents.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-410. Denial or Revocation of a Laboratory Registration Certificate

- A. The Department shall deny an application for a laboratory registration certificate if:
 - 1. The physical address of the laboratory is within 500 feet of a private school or a public school that existed before the date the laboratory submitted the initial laboratory registration certificate application;
 - 2. An owner:
 - a. Has been convicted of an excluded felony offense, or
 - b. Is under 21 years of age;
 - 3. The application or the laboratory does not comply with the requirements in A.R.S. Title 36, Chapter 28.1 and this Chapter;
 - 4. The laboratory acquires marijuana or marijuana products from an individual who or entity that is not allowed to

possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;

- 5. The laboratory diverts marijuana or marijuana products to an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
- 6. An owner has any direct or indirect familial or financial relationship with or interest in a nonprofit medical marijuana dispensary or related medical marijuana business entity or management company, or any direct or indirect familial or financial relationship with a designated caregiver for whom the laboratory is testing marijuana and marijuana products for medical use in this state; or
- 7. The laboratory fails to maintain accreditation.
- B. The Department may deny an application for a laboratory registration certificate if an owner of the laboratory provides false or misleading information to the Department.
- C. The Department shall revoke a laboratory's registration certificate if:
 - 1. The laboratory acquires marijuana or marijuana products from an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
 - 2. The laboratory diverts marijuana or marijuana products to an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
 - 3. An owner has been convicted of an excluded felony offense;
 - 4. An owner has any direct or indirect familial or financial relationship with or interest in a nonprofit medical marijuana dispensary or related medical marijuana business entity or management company, or any direct or indirect familial or financial relationship with a designated caregiver for whom the laboratory is testing marijuana and marijuana products for medical use in this state; or
 - 5. The laboratory fails to maintain accreditation.
- D. The Department may deny an application for a laboratory registration certificate or revoke a laboratory registration certificate if the laboratory does not:
 - 1. Comply with the requirements in A.R.S. Title 36, Chapter 28.1 and this Chapter; or
 - 2. Implement the policies and procedures or comply with the statements provided to the Department with the laboratory's application.
- E. If the Department denies a laboratory registration certificate application, the Department shall provide notice to the applicant that includes:
 - 1. The specific reason or reasons for the denial, and
 - 2. All other information required by A.R.S. § 41-1076.
- F. If the Department revokes a laboratory registration certificate, the Department shall provide notice to the laboratory that includes:
 - 1. The specific reason or reasons for the revocation; and
 - 2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

R9-17-411. Denial or Revocation of a Laboratory Agent's Registry Identification Card

- A. The Department shall deny an application for or renewal of a laboratory agent's registry identification card if the laboratory agent does not meet the requirements in A.R.S. § 36-2801.
- B. The Department may deny an application for or renewal of a laboratory agent's registry identification card if the laboratory

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- agent provides false or misleading information to the Department.
- C.** The Department shall revoke a laboratory agent's registry identification card if the laboratory agent:
1. Uses marijuana, if the laboratory agent does not have a qualifying patient registry identification card;
 2. Diverts marijuana or marijuana products to an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1; or
 3. Has been convicted of an excluded felony offense.
- D.** The Department may revoke a laboratory agent's registry identification card if the laboratory agent knowingly violates A.R.S. Title 36, Chapter 28.1 or this Chapter.
- E.** If the Department denies or revokes a laboratory agent's registry identification card, the Department shall provide notice to the laboratory agent and the laboratory agent's laboratory that includes:
1. The specific reason or reasons for the denial or revocation; and
 2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.
- Historical Note**
- New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

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Arizona Administrative CODE

9 A.A.C. 22 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 9

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

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Questions about these rules? Contact:

Name: Nicole Fries
Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
Telephone: (602) 417-4232
Fax: (602) 253-9115
E-mail: AHCCCSRules@azahcccs.gov
Web site: www.azahcccs.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 18-4, 1-121 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

Editor's Note: The Office of the Secretary of State prints all Code Chapters on white paper (Supp 01-3).

Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to Laws 1992, Ch. 301, § 61 and Ch. 302, § 13, and Laws 1993, Ch. 6, § 34. Exemption from A.R.S. Title 41, Chapter 6 means that AHCCCS did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; AHCCCS was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

ARTICLE 1. DEFINITIONS

New Article 1, consisting of Sections R9-22-101 through R9-22-103, R9-22-105, and R9-22-106 through R9-22-112 adopted effective December 8, 1997 (Supp. 97-4).

Former Article 1, consisting of Section R9-22-101, repealed effective December 8, 1997 (Supp. 97-4).

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ARTICLE 8. REPEALED

Article 8, consisting of Sections R9-22-801 through R9-22-804 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).

Section	
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R9-22-803.	Repealed
R9-22-804.	Repealed
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R9-22-805.	Repealed

ARTICLE 9. REPEALED

Article 22, consisting of Sections R9-22-901 through R9-22-909, repealed by final rulemaking at 12 A.A.R. 4484, January 6, 2007 (Supp. 06-4).

Article 22, consisting of Sections R9-22-901 through R9-22-908, adopted effective August 29, 1985.

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Former Article 22, consisting of Section R9-22-901, repealed effective October 1, 1983.

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Article 10, consisting of Section R9-22-1001 through R9-22-1002, adopted effective November 7, 1997 (Supp. 97-4).

Article 10, consisting of Section R9-22-1001 through R9-22-1002, repealed effective November 7, 1997 (Supp. 97-4).

Article 10 consisting of Sections R9-22-1001 and R9-22-1002 adopted effective October 1, 1985.

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ARTICLE 11. CIVIL MONETARY PENALTIES AND ASSESSMENTS

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ARTICLE 12. BEHAVIORAL HEALTH SERVICES

Article 12, consisting of Sections R9-22-1201 through R9-22-1208, repealed; new Article 12, consisting of Sections R9-22-1201 through R9-22-1208 adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4).

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Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).

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ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR HOUSEHOLDS

Article 14, consisting of Sections R9-22-1401 through R9-22-1436, repealed; new Article 14, consisting of Sections R9-22-1401 through R9-22-1433 made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Article 14, consisting of Sections R9-22-1401 through R9-22-1436, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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

Article 15, consisting of Sections R9-22-1501 through R9-22-1508, repealed; new Article 15, consisting of Sections R9-22-1501 through R9-22-1505 made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Article 15, consisting of Sections R9-22-1501 through R9-22-1508, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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Article 16, consisting of Sections R9-22-1601 through R9-22-1612, R9-22-1614 through R9-22-1616, and R9-22-1618 through R9-22-1619, expired at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

Article 16, consisting of Sections R9-22-1601 through R9-22-1636, repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Article 16, consisting of Sections R9-22-1601 through R9-22-1613, R9-22-1615 through R9-22-1620, R9-22-1622 through R9-22-1631, R9-22-1633, R9-22-1634, and R9-22-1636, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

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**ARTICLE 21. TRAUMA AND EMERGENCY SERVICES
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ARTICLE 1. DEFINITIONS

R9-22-101. Location of Definitions

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

Definition	Section or Citation
"Accommodation"	R9-22-701
"Active treatment"	R9-22-1301
"ADHS"	R9-22-101
"Administration"	A.R.S. § 36-2901
"Adult behavioral health therapeutic home"	9 A.A.C. 10, Article 1
"Adverse action"	R9-22-101
"Affiliated corporate organization"	R9-22-101
"Aged"	42 U.S.C. 1382c(a)(1)(A) and R9-22-1501
"Agency"	R9-22-1201
"Aggregate"	R9-22-701
"AHCCCS"	R9-22-101
"AHCCCS inpatient hospital day or days of care"	R9-22-701
"AHCCCS registered provider"	R9-22-101
"Ambulance"	A.R.S. § 36-2201
"Ancillary service"	R9-22-101
"Anticipatory guidance"	R9-22-201
"Annual enrollment choice"	R9-22-1701
"APC"	R9-22-701
"Applicant"	R9-22-101 or R9-22-301
"Application"	R9-22-101
"Assessment"	R9-22-1101 or R9-22-1201
"Assignment"	R9-22-101
"Attending physician"	R9-22-101 or R9-22-202
"Authorized representative"	R9-22-101
"Authorization"	R9-22-202
"Auto-assignment algorithm"	R9-22-1701
"AZ-NBCCEDP"	R9-22-2001
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"Chronic"	R9-22-1301
"Claim"	R9-22-1101
"Claims paid amount"	R9-22-712.07
"Clean claim"	A.R.S. § 36-2904
"Clinical oversight"	9 A.A.C. 10
"CMDP"	R9-22-1701
"CMS"	R9-22-101
"Continuous stay"	R9-22-101
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"Contract year"	R9-22-101
"Contractor"	A.R.S. § 36-2901 or R9-22-210.01
"Copayment"	R9-22-701
"Cost avoid"	R9-22-1201
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"Day"	R9-22-101 and R9-22-1101
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B. General definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

"ADHS" means the Arizona Department of Health Services.

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

"Affiliated corporate organization" means any organization that has ownership or control interests as defined in 42 CFR 455.101, and includes a parent and subsidiary corporation.

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

"AHCCCS registered provider" means a provider or non-contracting provider who:

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

Meets license or certification requirements to provide covered services.

"Ancillary service" means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

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

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

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

"Attending physician" means a licensed allopathic or osteopathic doctor of medicine who has primary responsibility for providing or directing preventive and treatment services for a Fee-For-Service member.

"Authorized representative" means a person who is authorized to apply for medical assistance or act on behalf of another person.

"Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides

behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution,

If the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33,

If the behavioral health services were provided in a setting other than a licensed health care institution; and

Are provided under supervision by a behavioral health professional R9-10-101.

"Behavioral Health Professional" has the same meaning as defined A.A.C. R9-10-101 excluding subsection (g).

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

"Case record" means an individual or family file retained by the Department that contains all pertinent eligibility information, including electronically stored data.

"Children's Rehabilitative Services" or "CRS" means the program that provides covered medical services and covered support services in accordance with A.R.S. § 36-261.

"CMS" means the Centers for Medicare and Medicaid Services.

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

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

"Contract year" means the period beginning on October 1 of a year and continuing until September 30 of the following year.

"Covered services" means the health and medical services described in Articles 2 and 12 of this Chapter as being eligible for reimbursement by AHCCCS.

"Day" means a calendar day unless otherwise specified.

"DBHS" means the Division of Behavioral Health Services within the Arizona Department of Health Services.

"DES" means the Department of Economic Security.

"Diagnostic services" means services provided for the purpose of determining the nature and cause of a condition, illness, or injury.

"Director" means the Director of the Administration or the Director's designee.

"Discussion" means an oral or written exchange of information or any form of negotiation.

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“DME” means durable medical equipment, which is an item or appliance that can withstand repeated use, is designed to serve a medical purpose, and is not generally useful to a person in the absence of a medical condition, illness, or injury.

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

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

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

“Fee-For-Service” or “FFS” means a method of payment by the AHCCCS Administration to a registered provider on an amount-per-service basis for a member not enrolled with a contractor.

“FES member” means a person who is eligible to receive emergency medical and behavioral health services through the FESP under R9-22-217.

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

“FQHC” means federally qualified health center.

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

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

“IHS” means Indian Health Service.

“IMD” or “Institution for Mental Diseases” means an Institution for Mental Diseases as described in 42 CFR 435.1010 that is licensed by ADHS.

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

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

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

Shown on the postmark;

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

Entered as the date on the document, if there is no legible postmark or postage meter mark.

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

“Medical supplies” means consumable items that are designed specifically to meet a medical purpose.

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

“Medicare claim” means a claim for Medicare-covered services for a member with Medicare coverage.

“Non-FES member” means an eligible person who is entitled to full AHCCCS services.

“Offeror” means an individual or entity that submits a proposal to the Administration in response to an RFP.

“Physician” means a person licensed as an allopathic or osteopathic physician under A.R.S. Title 32, Chapter 13 or Chapter 17.

“Practitioner” means a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a registered nurse practitioner certified under A.R.S. Title 32, Chapter 15.

“Prescription” means an order to provide covered services that is signed or transmitted by a provider authorized to prescribe the services.

“Primary care provider” or “PCP” means an individual who meets the requirements of A.R.S. § 36-2901 (14), and who is responsible for the management of a member’s health care.

“Prior authorization” means the process by which the Administration or contractor, whichever is applicable, authorizes, in advance, the delivery of covered services based on factors including but not limited to medical necessity, cost effectiveness, compliance with this Article and any applicable contract provisions. Prior authorization is not a guarantee of payment.

“Prior period coverage” means the period prior to the member’s enrollment during which a member is eligible for covered services. PPC begins on the first day of the month of application or the first eligible month, whichever is later, and continues until the day the member is enrolled with a contractor.

“Proposal” means all documents, including best and final offers, submitted by an offeror in response to an RFP by the Administration.

“Radiology” means professional and technical services rendered to provide medical imaging, radiation oncology, and radioisotope services.

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

“Rehabilitation services” means physical, occupational, and speech therapies, and items to assist in improving or restoring a person’s functional level.

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“Responsible offeror” means an individual or entity that has the capability to perform the requirements of a contract and that ensures good faith performance.

“Responsive offeror” means an individual or entity that submits a proposal that conforms in all material respects to an RFP.

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

“Review month” means the month in which the individual’s or family’s circumstances and case record are reviewed.

“RFP” means Request for Proposals, including all documents, whether attached or incorporated by reference, that are used by the Administration for soliciting a proposal under 9 A.A.C. 22, Article 6.

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

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

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

“Specialist” means a Board-eligible or certified physician who declares himself or herself as a specialist and practices a specific medical specialty. For the purposes of this definition, Board-eligible means a physician who meets all the requirements for certification but has not tested for or has not been issued certification.

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

“SSN” means Social Security number.

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

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

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

A marketing organization, or

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

“Taxi” is as defined in A.R.S. § 28-101(53).

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-101 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-

101 repealed, former Sections R9-22-102 and R9-22-301 renumbered as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency by adding new paragraphs (24), (46), (84) and (91) and renumbering accordingly effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency by adding new paragraphs (2) and (15) and renumbering accordingly effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment added paragraphs (2) and (15) and renumbered accordingly effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended paragraphs (10) and (15) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended by deleting paragraphs (39) and (62) and renumbering accordingly effective July 1, 1988 (Supp. 88-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 8, 1997 (Supp. 97-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3830, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final

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rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-102. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-102 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1092 (Supp. 82-4). Former Section R9-22-102 renumbered together with former Section R9-22-301 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section adopted effective December 8, 1997 (Supp. 97-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3).

R9-22-103. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-104. Reserved**R9-22-105. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-106. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

R9-22-107. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

R9-22-108. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-109. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. effective 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-110. Repealed**Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

R9-22-111. Reserved**R9-22-112. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Repealed by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1).

R9-22-113. Reserved**R9-22-114. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

R9-22-115. Repealed**Historical Note**

Final Section adopted at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

R9-22-116. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-117. Repealed

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Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-118. Reserved

R9-22-119. Reserved

R9-22-120. Repealed

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

ARTICLE 2. SCOPE OF SERVICES**R9-22-201. Scope of Services-related Definitions**

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

“Anticipatory guidance” means a person responsible for a child receives information and guidance of what the person should expect of the child’s development and how to help the child stay healthy.

“Behavioral health recipient” means a Title XIX or Title XXI acute care member who is eligible for, and is receiving, behavioral health services through ADHS/DBHS.

“Benefit year” means a one-year time period of October 1st through September 30th.

“Emergency behavioral health condition for a non-FES member” means a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

Placing the health of the person, including mental health, in serious jeopardy;

Serious impairment to bodily functions;

Serious dysfunction of any bodily organ or part; or

Serious physical harm to another person.

“Emergency behavioral health services for a non-FES member” means those behavioral health services provided for the treatment of an emergency behavioral health condition.

“Emergency medical condition for a non-FES member” means treatment for a medical condition, including labor and delivery, which manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

Placing the member’s health in serious jeopardy,

Serious impairment to bodily functions, or

Serious dysfunction of any bodily organ or part.

“Emergency medical services for a non-FES member” means services provided for the treatment of an emergency medical condition.

“Hearing aid” means an instrument or device designed for, or represented by the supplier as aiding or compensating for impaired or defective human hearing, and includes any parts, attachments, or accessories of the instrument or device.

“Home health services” means services and supplies that are provided by a home health agency that coordinates in-home intermittent services for curative, habilitative care, including home-health aide services, licensed nurse services, and medical supplies, equipment, and appliances.

“Occupational therapy” means medically prescribed treatment provided by or under the supervision of a licensed occupational therapist, to restore or improve an individual’s ability to perform tasks required for independent functioning.

“Pharmaceutical service” means medically necessary medications that are prescribed by a physician, practitioner, or dentist under R9-22-209.

“Physical therapy” means treatment services to restore or improve muscle tone, joint mobility, or physical function provided by or under the supervision of a registered physical therapist.

“Post-stabilization services” means covered services related to an emergency medical or behavioral health condition provided after the condition is stabilized.

“Primary care provider services” means healthcare services provided by and within the scope of practice, as defined by law, of a licensed physician, certified nurse practitioner, or licensed physician assistant.

“Psychosocial rehabilitation services” means services that provide education, coaching, and training to address or prevent residual functional deficits and may include services that may assist a member to secure and maintain employment. Psychosocial rehabilitation services may include:

Living skills training,

Cognitive rehabilitation,

Health promotion,

Supported employment, and

Other services that increase social and communication skills to maximize a member’s ability to participate in the community and function independently.

“RBHA” or “Regional Behavioral Health Authority” means the same as in A.R.S. § 36-3401.

“Residual functional deficit” means a member’s inability to return to a previous level of functioning, usually after experiencing a severe psychotic break or state of decompensation.

“Respiratory therapy” means treatment services to restore, maintain, or improve respiratory functions that are provided by, or under the supervision of, a respiratory therapist licensed according to A.R.S. Title 32, Chapter 35.

“Scope of services” means the covered, limited, and excluded services under Articles 2 and 12 of this Chapter.

“Speech therapy” means medically prescribed diagnostic and treatment services provided by or under the supervision of a certified speech therapist.

“Sterilization” means a medically necessary procedure, not for the purpose of family planning, to render an eligible person or member barren in order to:

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Prevent the progression of disease, disability, or adverse health conditions; or

Prolong life and promote physical health.

“Substance abuse” means the chronic, habitual, or compulsive use of any chemical matter that, when introduced into the body, is capable of altering human behavior or mental functioning and, with extended use, may cause psychological dependence and impaired mental, social or educational functioning. Nicotine addiction is not considered substance abuse for adults who are 21 years of age or older

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-201 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-202. General Requirements

A. For the purposes of this Article, the following definitions apply:

1. “Authorization” means written, verbal, or electronic authorization by:
 - a. The Administration for services rendered to a fee-for-service member, or
 - b. The contractor for services rendered to a prepaid capitated member.
2. Use of the phrase “attending physician” applies only to the fee-for-service population.

B. In addition to other requirements and limitations specified in this Chapter, the following general requirements apply:

1. Only medically necessary, cost effective, and federally-reimbursable and state-reimbursable services are covered services.
2. Covered services for the federal emergency services program (FESP) are under R9-22-217.
3. The Administration or a contractor may waive the covered services referral requirements of this Article.
4. Except as authorized by the Administration or a contractor, a primary care provider, attending physician, practitioner, or a dentist shall provide or direct the member’s covered services. Delegation of the provision of care to a

practitioner does not diminish the role or responsibility of the primary care provider.

5. A contractor shall offer a female member direct access to preventive and routine services from gynecology providers within the contractor’s network without a referral from a primary care provider.
 6. A member may receive physical and behavioral health services as specified in Articles 2 and 12.
 7. The Administration or a contractor shall provide services under the Section 1115 Waiver as defined in A.R.S. § 36-2901.
 8. An AHCCCS registered provider shall provide covered services within the provider’s scope of practice.
 9. In addition to the specific exclusions and limitations otherwise specified under this Article, the following are not covered:
 - a. A service that is determined by the AHCCCS Chief Medical Officer to be experimental or provided primarily for the purpose of research;
 - b. Services or items furnished gratuitously, and
 - c. Personal care items except as specified under R9-22-212.
 10. Medical or behavioral health services are not covered services if provided to:
 - a. An inmate of a public institution; or
 - b. A person who is in residence at an institution for the treatment of tuberculosis.
- C.** The Administration or a contractor may deny payment of non-emergency services if prior authorization is not obtained as specified in this Article and Article 7 of this Chapter. The Administration or a contractor shall not provide prior authorization for services unless the provider submits documentation of the medical necessity of the treatment along with the prior authorization request.
- D.** Services under A.R.S. § 36-2908 provided during the prior period coverage do not require prior authorization.
- E.** Prior authorization is not required for services necessary to evaluate and stabilize an emergency medical condition. The Administration or a contractor shall not reimburse services that require prior authorization unless the provider documents the diagnosis and treatment.
- F.** A service is not a covered service if provided outside the GSA unless one of the following applies:
1. A member is referred by a primary care provider for medical specialty care outside the GSA. If a member is referred outside the GSA to receive an authorized medically necessary service, the contractor shall also provide all other medically necessary covered services for the member;
 2. There is a net savings in service delivery costs as a result of going outside the GSA that does not require undue travel time or hardship for a member or the member’s family;
 3. The contractor authorizes placement in a nursing facility located out of the GSA; or
 4. Services are provided during prior period coverage or during the prior quarter coverage.
- G.** If a member is traveling or temporarily residing outside of the GSA, covered services are restricted to emergency care services, unless otherwise authorized by the contractor.
- H.** A contractor shall provide at a minimum, directly or through subcontracts, the covered services specified in this Chapter and in contract.
- I.** The Administration shall determine the circumstances under which a FFS member may receive services, other than emergency services, from service providers outside the member’s

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county of residence or outside the state. Criteria considered by the Administration in making this determination shall include availability and accessibility of appropriate care and cost effectiveness.

J. The restrictions, limitations, and exclusions in this Article do not apply to a contractor electing to provide noncovered services.

1. The Administration shall not consider the costs of providing a noncovered service to a member in the development or negotiation of a capitation rate.
2. A contractor shall pay for noncovered services from administrative revenue or other contractor funds that are unrelated to the provision of services under this Chapter.
3. If a member requests a service that is not covered or is not authorized by a contractor, or the Administration, an AHCCCS-registered service provider may provide the service according to R9-22-702.

K. Subject to CMS approval, the restrictions, limitations, and exclusions specified in the following subsections do not apply to American Indians receiving services through IHS or a tribal health program operating under P.L. 93-638 when those services are eligible for 100 percent federal financial participation:

1. R9-22-205(A)(8),
2. R9-22-206,
3. R9-22-207,
4. R9-22-212(C),
5. R9-22-212(D),
6. R9-22-212(E)(8),
7. R9-22-215(C)(5), (C)(6), and
8. R9-22-215(C)(4).

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-202 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2).

Amended effective April 13, 1990 (Supp. 90-2).

Amended effective December 13, 1993 (Supp. 93-4).

Amended effective July 1, 1995, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1994, Ch. 322, § 21; filed with the Office of the Secretary of State June 22, 1995 (Supp. 95-3). Amended effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

R9-22-203. Experimental Services

- A.** Experimental services are not covered. A service is not experimental if:

1. It is generally and widely accepted as a standard of care in the practice of medicine in the United States and is a safe and effective treatment for the condition for which it is intended or used.
 2. The service does not meet the standard in subsection (A)(1), but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of the evidence in peer-reviewed articles in medical journals published in the United States.
 3. The service does not meet the standard in subsection (A)(2) because the condition for which the service is intended or used is rare, but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of opinions from specialists who provide the service or related services.
- B.** The following factors shall be considered when evaluating the weight of peer-reviewed articles or the opinions of specialists:
1. The mortality rate and survival rate of the service as compared to the rates for alternative non-experimental services.
 2. The types, severity, and frequency of complications associated with the services as compared with the complications associated with alternative non-experimental services.
 3. The frequency with which the service has been performed in the past.
 4. Whether there is sufficient historical information regarding the service to provide reliable data regarding risks and benefits.
 5. The reputation and experience of the authors and/or specialists and their record in related areas.
 6. The extent to which medical science in the area develops rapidly and the probability that more definite data will be available in the foreseeable future.
 7. Whether the peer reviewed article describes a random controlled trial or an anecdotal clinical case study.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-203 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2).

Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3).

Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Section amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3).

R9-22-204. Inpatient General Hospital Services

- A.** The following limitations apply to inpatient general hospital services that are provided by FFS providers.

1. Providers shall obtain prior authorization from the Administration for the following inpatient hospital services:

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- a. Nonemergency and elective admission, including psychiatric hospitalization;
 - b. Elective surgery; and
 - c. Services or items provided to cosmetically reconstruct or improve personal appearance after an illness or injury.
 2. The Administration or a contractor may deny a claim if a provider fails to obtain prior authorization.
 3. Providers are not required to obtain prior authorization from the Administration for the following inpatient hospital services:
 - a. Voluntary sterilization,
 - b. Dialysis shunt placement,
 - c. Arteriovenous graft placement for dialysis,
 - d. Angioplasties or thrombectomies of dialysis shunts,
 - e. Angioplasties or thrombectomies of arteriovenous graft for dialysis,
 - f. Hospitalization for vaginal delivery that does not exceed 48 hours,
 - g. Hospitalization for cesarean section delivery that does not exceed 96 hours, and
 - h. Other services identified by the Administration through the Provider Participation Agreement.
 4. The Administration may perform concurrent review for hospitalizations of non-FES members to determine whether there is medical necessity for the hospitalization. A provider shall notify the Administration no later than 72 hours after an emergency admission.
- C. Coverage of in-state and out-of-state inpatient hospital services is limited to 25 days per benefit year for members age 21 and older for claims with discharge dates on or before September 30, 2014. The limit applies for all inpatient hospital services with dates of service during the benefit year regardless of whether the member is enrolled in Fee for Service, is enrolled with one or more contractors, or both, during the benefit year.
 1. For purposes of calculating the limit:
 - a. Inpatient days are counted towards the limit if paid by the Administration or a contractor;
 - b. Inpatient days will be counted toward the limit in the order of the adjudication date of a paid claim;
 - c. Paid inpatient days are allocated to the benefit year in which the date of service occurs;
 - d. Each 24 hours of paid observation services is counted as one inpatient day if the patient is not admitted to the same hospital directly following the observation services,
 - e. Observation services, which are directly followed by an inpatient admission to the same hospital are not counted towards the inpatient limit; and
 - f. After 25 days of inpatient hospital services have been paid as provided for in this rule Section:
 - i. Outpatient services that are directly followed by an inpatient admission to the same hospital, including observation services, are not covered.
 - ii. Continuous periods of observation services of less than 24 hours that are not directly followed by an inpatient admission to the same hospital are covered.
 - iii. For continuous periods of observation services of 24 hours or more that are not directly followed by an inpatient admission to the same hospital, 23 hours of observation services are covered.
 2. The following inpatient days are not included in the inpatient hospital limitation described in this Section:
 - a. Days reimbursed under specialty contracts between AHCCCS and a transplant facility that are included within the component pricing referred to in the contract;
 - b. Days related to Behavioral Health:
 - i. Inpatient days that qualify for the psychiatric tier under R9-22-712.09 and reimbursed by the Administration or its contractors, or
 - ii. Inpatient days with a primary psychiatric diagnosis code reimbursed by the Administration or its contractors, or
 - iii. Inpatient days paid by the Arizona Department of Health Services Division of Behavioral Health Services or a RBHA or TRBHA.
 - c. Days related to treatment for burns and burn late effects at an American College of Surgeons verified burn center;
 - d. Same Day Admit Discharge services are excluded from the 25 day limit; and
 - e. Subject to approval by CMS, days for which the state claims 100% FFP, such as payments for days provided by IHS or 638 facilities.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-204 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1745, effective October 1, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3).

R9-22-205. Attending Physician, Practitioner, and Primary Care Provider Services

- A. A primary care provider, attending physician, or practitioner shall provide primary care provider services within the provider's scope of practice under A.R.S. Title 32. A member may receive primary care provider services in an inpatient or outpatient setting including at a minimum:
 1. Periodic health examination and assessment;
 2. Evaluation and diagnostic workup;
 3. Medically necessary treatment;
 4. Prescriptions for medication and medically necessary supplies and equipment;
 5. Referral to a specialist or other health care professional if medically necessary;
 6. Patient education;
 7. Home visits if medically necessary; and

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8. Preventive health services, such as, well visits, immunizations, colonoscopies, mammograms and PAP smears.
- B. The following limitations and exclusions apply to attending physician and practitioner services and primary care provider services:
 1. Specialty care and other services provided to a member upon referral from a primary care provider, or to a member upon referral from the attending physician or practitioner are limited to the service or condition for which the referral is made, or for which authorization is given by the Administration or a contractor.
 2. A member's physical examination is not covered if the sole purpose is to obtain documentation for one or more of the following:
 - a. Qualification for insurance,
 - b. Pre-employment physical evaluation,
 - c. Qualification for sports or physical exercise activities,
 - d. Pilot's examination for the Federal Aviation Administration,
 - e. Disability certification to establish any kind of periodic payments,
 - f. Evaluation to establish third-party liabilities, or
 - g. Physical ability to perform functions that have no relationship to primary objectives of the services listed in subsection (A).
 3. Orthognathic surgery is covered only for a member who is less than 21 years of age;
 4. The following services are excluded from AHCCCS coverage:
 - a. Infertility services, reversal of surgically induced infertility (sterilization), and gender reassignment surgeries;
 - b. Pregnancy termination counseling services;
 - c. Pregnancy terminations, unless required by state or federal law.
 - d. Services or items furnished solely for cosmetic purposes; and
 - e. Hysterectomies unless determined medically necessary.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-205 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A), paragraph (15) and added paragraph (20) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(2) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

Editor's Note: The following Section was renumbered and a

new Section adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not published as a proposed rule in the Arizona Administrative Register; the rule was not reviewed or approved by the Governor's Regulatory Review Council; and the agency was not required to hold public hearings on the rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-206. Organ and Tissue Transplant Services

- A. Organ and tissue transplant services are covered for a member if prior authorized and coordinated with the member's contractor, or the Administration. Only the following transplants are covered for individuals 21 years of age or older:
 1. Heart, including transplants for the treatment of non-ischemic cardiomyopathy;
 2. Liver, including transplants for patients with hepatitis C;
 3. Kidney (cadaveric and live donor);
 4. Simultaneous Pancreas/Kidney (SPK);
 5. Autologous and Allogeneic related and unrelated Hematopoietic Cell transplants;
 6. Cornea;
 7. Bone;
 8. Lung; and
 9. Pancreas after a kidney transplant (PAK).
- B. The following transplants are not covered for members 21 years of age or older:
 1. Pancreas only transplants if it is not performed simultaneously with or following a kidney transplant. Partial pancreas transplants and autologous and allogeneic pancreas islet cell transplants are not covered even if performed simultaneously with or following a kidney transplant,
 2. Intestine transplants, and
 3. Any other type of transplant not specifically listed in subsection (A).
- C. When there is a transplant of multiple organs, reimbursement will only be made for those covered.
- D. Organ and tissue transplant services are not covered for non-qualified aliens or noncitizens members of FESP under A.R.S. § 36-2903.03(D).

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-206 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-206 renumbered to R9-22-218, new Section R9-22-206 adopted effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1386, effective July 15, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by exempt rulemaking at 17 A.A.R. 1122, April 1, 2011 (Supp. 11-2).

R9-22-207. Dental Services

- A. The Administration or a contractor shall cover dental services for a member less than 21 years of age under R9-22-213.

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- B.** For individuals age 21 years of age or older, the Administration or a contractor shall cover medical and surgical services furnished by a dentist only to the extent such services may be performed under state law either by a physician or by a dentist and such services would be considered a physician service if furnished by a physician.
1. Except as specified in subsection (C), such services must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examination of the oral cavity, radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures, administration of an appropriate level of anesthesia and the prescription of pain medication and antibiotics.
 2. Such services do not include services that physicians are not generally competent to perform such as dental cleanings, routine dental examinations, dental restorations including crowns and fillings, extractions, pulpotomies, root canals, and the construction or delivery of complete or partial dentures. Diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.
- C.** For the purposes of this subsection, simple restorations means silver amalgam or composite resin fillings, stainless steel crowns or preformed crowns. In addition, dental services for an individual 21 years of age or older include:
1. The elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to covered transplantation; and
 2. Prophylactic extraction of teeth in preparation for covered radiation treatment of cancer of the jaw, neck or head.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-207 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-207 repealed, new Section R9-22-207 adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

R9-22-208. Laboratory, Radiology, and Medical Imaging Services

Laboratory, radiology, and medical imaging services are covered services if:

1. Prescribed by the member's attending physician, practitioner, primary care provider or a dentist, or prescribed by a physician or practitioner upon referral from the primary care provider or dentist.
2. Provided by licensed health care providers in a:
 - a. Hospital,
 - b. Clinic,
 - c. Physician's office, or
 - d. Other health care facility.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-208 adopted as an emergency now adopted and amended as a permanent rule effective

August 30, 1982 (Supp. 82-4). Former Section R9-22-208 repealed, new Section R9-22-208 adopted effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2).

R9-22-209. Pharmaceutical Services

- A.** An inpatient or outpatient provider, including a hospital, clinic, other appropriately licensed health care facility, and pharmacy may provide covered pharmaceutical services.
- B.** The Administration or a contractor shall require a provider to make pharmaceutical services:
1. Available during customary business hours, and
 2. Located within reasonable travel distance of a member's residence.
- C.** Pharmaceutical services are covered if:
1. Prescribed for a member by the member's primary care provider, attending physician, practitioner, or dentist;
 2. Prescribed by a specialist upon referral from the primary care provider or attending physician; or
 3. The contractor or its designee authorizes the service.
- D.** The following limitations apply to pharmaceutical services:
1. A medication personally dispensed by a physician, dentist, or a practitioner within the individual's scope of practice is not covered, except in geographically remote areas where there is no participating pharmacy or if accessible pharmacies are closed.
 2. A new prescription or refill in excess of a 30 day supply is not covered unless:
 - a. The member will be out of the provider's service area for an extended period of time and the prescription is limited to the extended time period, not to exceed a 90 day supply; or
 - b. The Contractor authorizes the prescription for an extended time period not to exceed a 90-day supply.
 3. An over-the-counter medication, in place of a covered prescription medication, is covered only if the over-the-counter medication is appropriate, equally effective, safe, and less costly than the covered prescription medication.
- E.** A contractor shall monitor and ensure sufficient services to prevent any gap in the pharmaceutical regimen of a member who requires a continuing or complex regimen of pharmaceutical treatment to restore, improve, or maintain physical well being.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-209 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 24, 1986 (Supp. 86-5). Amended subsections (A) and (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(3), effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by

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final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-210. Emergency Medical Services for Non-FES Members

A. General provisions.

1. **Applicability.** This Section applies to emergency medical services for non-FES members. Provisions regarding emergency behavioral health services for non-FES members are in R9-22-210.01. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. **Definitions.**
 - a. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS or a subcontractor of ADHS/DBHS.
 - b. For the purposes of this Section and R9-22-210.01, "fiscal agent" means a person who bills and accepts payment for a hospital or emergency room provider.
3. **Verification.** A provider of emergency medical services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor.
4. **Prior authorization.**
 - a. **Emergency medical services.** A provider is not required to obtain prior authorization for emergency medical services.
 - b. **Non-emergency medical services.** If a non-FES member's medical condition does not require emergency medical services, the provider shall obtain prior authorization as required by the terms of the provider agreement under R9-22-714(A) or the provider's subcontract with the contractor, whichever is applicable.
5. **Prohibition against denial of payment.** Neither the Administration nor a contractor shall:
 - a. Limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms,
 - b. Deny or limit payment because the provider failed to obtain prior authorization for emergency services,
 - c. Deny or limit payment because the provider does not have a subcontract.
6. **Grounds for denial.** The Administration and a contractor may deny payment for emergency medical services for reasons including but not limited to:
 - a. The claim was not a clean claim;
 - b. The claim was not submitted timely; and
 - c. The provider failed to provide timely notification under subsection (B)(4) to the contractor or the Administration, as appropriate, and the contractor does not have actual notice from any other source that the member has presented for services.

B. Additional requirements for emergency medical services for non-FES members enrolled with a contractor.

1. **Responsible entity.** A contractor is responsible for the provision of all emergency medical services to non-FES members enrolled with the contractor.
2. **Prohibition against denial of payment.** A contractor shall not limit or deny payment for emergency medical services when an employee of the contractor instructs the member to obtain emergency medical services.
3. **Contractor notification.** A contractor shall not deny payment to a hospital, emergency room provider, or fiscal agent for an emergency medical service rendered to a non-FES member based on the failure of the hospital,

emergency room provider, or fiscal agent to notify the member's contractor within 10 days from the day that the member presented for the emergency medical service.

4. **Contractor notification.** A hospital, emergency room provider, or fiscal agent shall notify the contractor no later than the 11th day after presentation of the non-FES member for emergency inpatient medical services. A contractor may deny payment for a hospital's, emergency room provider's, or fiscal agent's failure to provide timely notice, under this subsection.

C. Post-stabilization services for non-FES members enrolled with a contractor.

1. After the emergency medical condition of a member enrolled with a contractor is stabilized, a provider shall request prior authorization from the contractor for post-stabilization services.
2. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that have been prior authorized by the contractor.
3. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor for prior authorization of further post-stabilization services;
4. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain, improve, or resolve the member's stabilized condition if:
 - a. The contractor does not respond to a request for prior authorization within one hour;
 - b. The contractor authorized to give the prior authorization cannot be contacted; or
 - c. The contractor representative and the treating physician cannot reach an agreement concerning the member's care and the contractor physician is not available for consultation. In this situation, the contractor shall give the treating physician the opportunity to consult with a contractor physician. The treating physician may continue with care of the member until the contractor physician is reached or:
 - i. A contractor physician with privileges at the treating hospital assumes responsibility for the member's care,
 - ii. A contractor physician assumes responsibility for the member's care through transfer,
 - iii. The contractor's representative and the treating physician reach agreement concerning the member's care, or
 - iv. The member is discharged.
5. **Transfer or discharge.** The attending physician or practitioner actually treating the member for the emergency medical condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor.

D. Additional requirements for FFS members.

1. **Responsible entity.** The Administration is responsible for the provision of all emergency medical services to non-FES FFS members.
2. **Grounds for denial.** The Administration may deny payment for emergency medical services if a provider fails to provide timely notice to the Administration.
3. **Notification.** A provider shall notify the Administration no later than 72 hours after a FFS member receiving

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emergency medical services presents to a hospital for inpatient services. The Administration may deny payment for failure to provide timely notice.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-210 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-210 repealed, new Section R9-22-210 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (1) effective October 1, 1987 (Supp. 87-4).

Amended effective December 13, 1993 (Supp. 93-4).

Amended effective September 22, 1997 (Supp. 97-3).

Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4).

Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-210.01. Emergency Behavioral Health Services for Non-FES Members**A. General provisions.**

1. Applicability. This Section applies to emergency behavioral health services for non-FES members. Provisions regarding emergency medical services for non-FES members are in R9-22-210. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. Definition. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS, a subcontractor of ADHS/DBHS, or Children's Rehabilitative Services.
3. Responsible entity for inpatient emergency behavioral health services.
 - a. Members enrolled with a contractor. ADHS/DBHS, ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services to non-FES members with psychiatric or substance abuse diagnoses who are enrolled with the contractor.
 - b. FFS members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services for non-FES FFS members with psychiatric or substance abuse diagnoses unless services are provided in an IHS or tribally operated 638 facility.
4. Responsible entity for non-inpatient emergency behavioral health services for non-FES members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all non-inpatient emergency behavioral health services for non-FES members.
5. Verification. A provider of emergency behavioral health services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is a member enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor, and determine whether the

member is a behavioral health recipient as defined in R9-22-201.

6. Prior authorization.

- a. Emergency behavioral health services. A provider is not required to obtain prior authorization for emergency behavioral health services.
- b. Non-emergency behavioral health services. When a non-FES member's behavioral health condition is determined by the provider not to require emergency behavioral health services, the provider shall follow the prior authorization requirements of a contractor and ADHS/DBHS or a subcontractor of ADHS/DBHS.

7. Prohibition against limitation or denial of payment. A contractor, TRBHA, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS shall not limit or deny payment to an emergency behavioral health provider for emergency behavioral health services to a non-FES member for the following reasons:

- a. On the basis of lists of diagnoses or symptoms;
- b. Prior authorization was not obtained;
- c. The provider does not have a contract;
- d. An employee of the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS instructs the member to obtain emergency behavioral health services; or
- e. The failure of a hospital, emergency room provider, or fiscal agent to notify the member's contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS within 10 days from the day the member presented for the emergency service.

8. Grounds for denial. A contractor, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS may deny payment for emergency behavioral health services for reasons including but not limited to the following:

- a. The claim was not a clean claim;
- b. The claim was not submitted timely; or
- c. The provider failed to provide timely notification under subsection (A)(9) to the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS or the Administration.

9. Notification.

- a. A hospital, emergency room provider, or fiscal agent shall notify a contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, whichever is appropriate, no later than the 11th day from presentation of the non-FES member for emergency inpatient behavioral health services.
- b. A hospital, emergency room provider, or fiscal agent shall notify the Administration no later than 72 hours after a FFS member receiving emergency behavioral health services presents to a hospital for inpatient services.

10. Transfer or discharge. The attending physician or the provider actually treating the non-FES member for the emergency behavioral health condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor and ADHS/DBHS or a subcontractor of ADHS/DBHS.

B. Post-stabilization requirements for non-FES members.

1. A contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that have been prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS.

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2. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor, ADHS/DBHS, or a subcontractor for prior authorization of further post-stabilization services;
3. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain, improve, or resolve the member's stabilized condition if:
 - a. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, does not respond to a request for prior authorization within one hour;
 - b. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS authorized to give the prior authorization cannot be contacted; or
 - c. The representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician cannot reach an agreement concerning the member's care and the contractor's, ADHS/DBHS' or the subcontractor's physician, is not available for consultation. The treating physician may continue with care of the member until ADHS/DBHS', the contractor's, or the subcontractor's physician is reached, or:
 - i. A contracted physician with privileges at the treating hospital assumes responsibility for the member's care;
 - ii. ADHS/DBHS', a contractor's, or a subcontractor's physician assumes responsibility for the member's care through transfer;
 - iii. A representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician reach agreement concerning the member's care; or
 - iv. The member is discharged.
- b. The transport is to the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
- c. No prior authorization is required for reimbursement of these transports.
3. The member's medical condition at the time of transport determines whether the transport is medically necessary.
4. A ground or air ambulance provider furnishing transport in response to a 911 call or other emergency response system shall notify the member's contractor within 10 working days from the date of transport. Failure of the provider to provide notification is cause for denial.
5. Notification to the Administration of emergency transportation provided to a FFS member is not required, but the provider shall submit documentation with the claim that justifies the service.
- B.** The Administration or a contractor covers air ambulance services only if at least one criterion in subsection (B)(1) is met and at least one criterion in subsection (B)(2), or the criterion in subsection (B)(3) is met. The criteria are:
 1. The air ambulance transport is initiated at the request of:
 - a. An emergency response unit,
 - b. A law enforcement official,
 - c. A clinic or hospital medical staff member, or
 - d. A physician or practitioner, and
 2. The point of pickup:
 - a. Is inaccessible by ground ambulance, or
 - b. Is a great distance from the nearest hospital or other provider with appropriate facilities to treat the member's condition and ground ambulance service will not suffice, or
 3. The medical condition of the member requires immediate intervention from emergency ambulance personnel or providers with the appropriate facilities to treat the member's condition.
- C.** Coverage of medically necessary nonemergency transportation is limited to the cost of transporting the member to an appropriate provider capable of meeting the member's medical needs.
 1. As specified in contract, a contractor shall arrange or provide medically necessary nonemergency transportation services for a member who is unable to arrange transportation to a service site or location.
 2. For a fee-for-service member, the Administration shall authorize medically necessary nonemergency transportation for a member who is unable to arrange transportation to a service site or location.
- D.** For the purposes of this subsection, an individual means a person who is not in the business of providing transportation services such as a family or household member, friend, or neighbor. The Administration or a contractor shall cover expenses for transportation in traveling to and returning from an approved and prior authorized health care service site provided by an individual if:
 1. The transportation services are authorized by the Administration or the member's contractor or designee,
 2. The individual is an AHCCCS registered provider, and
 3. No other means of appropriate transportation is available.
- E.** The Administration or a contractor shall cover expenses for meals, lodging, and transportation for a member traveling to and returning from an approved health care service site outside of the member's service area or county of residence.
- F.** The Administration or a contractor shall cover the expense of meals, lodging, and transportation for:
 1. A family member accompanying a member if:

Historical Note

New Section made by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4).
 Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-211. Transportation Services**A. Emergency ambulance services.**

1. A member shall receive medically necessary emergency transportation in a ground or air ambulance:
 - a. To the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
 - b. If no other appropriate means of transportation is available.
2. The Administration or a member's contractor shall reimburse a ground or air ambulance transport that originates in response to a 911 call or other emergency response system:
 - a. If the member's medical condition justifies the medical necessity of the type of ambulance transportation received,

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- a. The member is traveling to or returning from an approved health care service site outside of the member's service area or county of residence; and
 - b. The meals, lodging, and transportation services are authorized by the Administration or the member's contractor or designee.
 - 2. An escort who is not a family member as follows:
 - a. If the member is travelling to or returning from an approved and prior authorized health care service site, including an inpatient facility, outside of the member's service area or county of residence;
 - b. If the escort services are authorized by the Administration or the member's contractor or designee; and
 - c. Wage paid to an escort as reimbursement shall not exceed the federal minimum wage.
 - G. A provider shall obtain prior authorization from the Administration for transportation services provided for a member for the following:
 - 1. Medically necessary nonemergency transportation services not originated through a 911 call or other emergency response system when the distance traveled exceeds 100 miles (whether one way or round trip); and
 - 2. All meals, lodging, and services of an escort accompanying the member under this Section.
 - H. A charitable organization routinely providing transportation service at no cost to an ambulatory or chairbound person shall not charge or seek reimbursement from the Administration or a contractor for the provision of the service to a member but may enter into a subcontract with a contractor for medically necessary transportation services provided to a member.
- Historical Note**
- Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-211 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3).
- R9-22-212. Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies**
- A. Durable medical equipment, orthotic and prosthetic devices, and medical supplies, including incontinence briefs as specified in subsection (E), are covered services to the extent permitted in this Section if provided in compliance with requirements of this Chapter; and
 - 1. Prescribed by the primary care provider, attending physician, or practitioner; or
 - 2. Prescribed by a specialist upon referral from the primary care provider, attending physician, or practitioner; and
 - 3. Authorized as required by the Administration, contractor, or contractor's designee.
 - B. Covered medical supplies are consumable items that are designed specifically to meet a medical purpose, are disposable, and are essential for the member's health.
 - C. Covered DME is any item, appliance, or piece of equipment that is not a prosthetic or orthotic; and
 - 1. Is designed for a medical purpose, and is generally not useful to a person in the absence of an illness or injury, and
 - 2. Can withstand repeated use, and
 - 3. Is generally reusable by others.
 - D. Prosthetics are devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portion of the body. Only those prosthetics that are medically necessary for rehabilitation are covered, except as otherwise provided in R9-22-215.
 - E. The following limitations on coverage apply:
 - 1. The DME is furnished on a rental or purchase basis, whichever is less expensive. The total expense of renting the DME does not exceed the cost of the DME if purchased.
 - 2. Reasonable repair or adjustment of purchased DME is covered if necessary to make the DME serviceable and if the cost of repair or adjustment is less than the cost of renting or purchasing another unit.
 - 3. A change in, or addition to, an original order for DME is covered if approved by the prescriber in subsection (A), or prior authorized by the Administration or contractor, and the change or addition is indicated clearly on the order and initialed by the vendor. No change or addition to the original order for DME may be made after a claim for services is submitted to the member's contractor, or the Administration, without prior written notification of the change or addition to the Administration or the contractor.
 - 4. Reimbursement for rental fees shall terminate:
 - a. No later than the end of the month in which the prescriber in subsection (A) certifies that the member no longer needs the DME;
 - b. If the member is no longer eligible for AHCCCS services; or
 - c. If the member is no longer enrolled with a contractor, with the exception of transitions of care as specified in R9-22-509.
 - 5. Except for incontinence briefs for persons over 3 years old and under 21 years old as provided in subsection (E)(6), personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition. Personal care items are not covered services if used solely for preventive purposes.
 - 6. Incontinence briefs, including pull-ups are covered to prevent skin breakdown and enable participation in social, community, therapeutic and educational activities under the following circumstances:
 - a. The member is over 3 years old and under 21 years old;
 - b. The member is incontinent due to a documented disability that causes incontinence of bowel or bladder, or both;
 - c. The PCP or attending physician has issued a prescription ordering the incontinence briefs;
 - d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder;
 - e. The member obtains incontinence briefs from providers in the contractor's network;
 - f. Prior authorization has been obtained as required by the Administration, contractor, or contractor's designee. Contractors may require a new prior authorization to be issued no more frequently than every 12 months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member

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rather than an in-person physician visit. Prior authorization will be permitted to ascertain that:

- i. The member is over age 3 and under age 21;
 - ii. The member has a disability that causes incontinence of bladder or bowel, or both;
 - iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the contractor; and
 - iv. The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.
7. First aid supplies are not covered unless they are provided in accordance with a prescription.
 8. The following services are not covered for individuals 21 years of age or older:
 - a. Hearing aids;
 - b. Prescriptive lenses unless they are the sole visual prosthetic device used by the member after a cataract extraction;
 - c. Bone Anchor Hearing Aid (BAHA);
 - d. Cochlear implant;
 - e. Percussive vest;
 - f. Insulin pump;
 - g. Microprocessor-controlled lower limbs or microprocessor-controlled joints for lower limbs; and
 - h. Orthotics, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body.

F. Liability and ownership.

1. Purchased DME that is provided to a member and no longer needed by the member may be disposed of in accordance with each contractor's policy.
2. The Administration shall retain title to purchased DME provided to a member who becomes ineligible or no longer requires use of the DME.
3. If customized DME is purchased by the Administration or contractor for a member, the equipment shall remain with the person during times of transition to a different contractor, or upon loss of eligibility. For purposes of this subsection, customized DME refers to equipment that is altered or built to specifications unique to a member's medical needs and that, most likely, cannot be used or reused to meet the needs of another individual.
4. A member shall return DME obtained fraudulently to the Administration or the contractor.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-212 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-212 repealed, new Section R9-22-212 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (2), and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007

(Supp. 07-3). Amended by exempt rulemaking at 16

A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

R9-22-213. Early and Periodic Screening, Diagnosis, and Treatment Services (E.P.S.D.T.)

- A.** The following E.P.S.D.T. services are covered for a member less than 21 years of age:
1. Screening services including:
 - a. Comprehensive health and developmental history;
 - b. Comprehensive unclothed physical examination;
 - c. Appropriate immunizations according to age and health history;
 - d. Laboratory tests; and
 - e. Health education, including anticipatory guidance;
 2. Vision services including:
 - a. Diagnosis and treatment for defects in vision;
 - b. Eye examinations for the provision of prescriptive lenses;
 - c. Prescriptive lenses; and
 - d. Frames.
 3. Hearing services including:
 - a. Diagnosis and treatment for defects in hearing;
 - b. Testing to determine hearing impairment; and
 - c. Hearing aids;
 4. Dental services including:
 - a. Emergency dental services as specified in R9-22-207;
 - b. Preventive services including screening, diagnosis, and treatment of dental disease; and
 - c. Therapeutic dental services including fillings, crowns, dentures, and other prosthetic devices;
 5. Orthognathic surgery;
 6. Medically necessary, nutritional assessment and nutritional therapy as specified in contract to provide complete daily dietary requirements or supplement a member's daily nutritional and caloric intake;
 7. Behavioral health services under 9 A.A.C. 22, Article 12;
 8. Hospice services do not include home-delivered meals or services provided and covered through Medicare. The following hospice services are covered:
 - a. Hospice services are covered only for a member who is in the final stages of a terminal illness and has a prognosis of death within six months;
 - b. Services available to a member receiving hospice care are limited to those allowable under 42 CFR 418.202, October 1, 2006, incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments;
 9. Incontinence briefs as specified under R9-22-212; and
 10. Other necessary health care, diagnostic services, treatment, and measures required by 42 U.S.C. 1396d(r)(5).
- B.** Providers of E.P.S.D.T. services shall meet the following standards:
1. Ensure that services are provided by or under the direction of the member's primary care provider, attending physician, practitioner, or dentist.
 2. Perform tests and examinations under 42 CFR 441 Subpart B, October 1, 2006, which is incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments.
 3. Refer a member as necessary for dental diagnosis and treatment and necessary specialty care.
 4. Refer a member as necessary for behavioral health evaluation and treatment services.

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- C. Contractors shall meet other E.P.S.D.T. requirements as specified in contract.
- D. A primary care provider, attending physician, or practitioner shall refer a member with special health care needs under R9-7-301 to CRS.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-213 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-213 repealed, new Section R9-22-213 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-214. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-214 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-214 repealed, new Section R9-22-214 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (4) and added subsection (C), paragraph (2) effective October 1, 1986 (Supp. 86-5). Correction to subsection (C), paragraph (2) (Supp. 87-4). Section repealed effective September 22, 1997 (Supp. 97-3).

R9-22-215. Other Medical Professional Services

- A. The following medical professional services are covered services if a member receives these services in an inpatient, outpatient, or office:
 1. Dialysis;
 2. The following family planning services if provided to delay or prevent pregnancy:
 - a. Medications,
 - b. Supplies,
 - c. Devices, and
 - d. Surgical procedures;
 3. Family planning services are limited to:
 - a. Contraceptive counseling, medications, supplies, and associated medical and laboratory examinations, including HIV blood screening as part of a package of sexually transmitted disease tests provided with a family planning service;
 - b. Sterilization; and
 - c. Natural family planning education or referral;
 4. Midwifery services provided by a certified nurse practitioner in midwifery;
 5. Midwifery services for low-risk pregnancies and home deliveries provided by a licensed midwife;
 6. Respiratory therapy;
 7. Ambulatory and outpatient surgery facilities services;
 8. Home health services under A.R.S. § 36-2907(D);
 9. Private or special duty nursing services;

10. Rehabilitation services including physical therapy, occupational therapy, speech therapy, and audiology within limitations in subsection (C);
 11. Total parenteral nutrition services, which are the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract; and
 12. Chemotherapy.
- B. Prior authorization from the Administration for a member is required for services listed in subsections (A)(3)(b), and (A)(4) through (11); except for:
 1. Voluntary sterilization;
 2. Dialysis shunt placement;
 3. Arteriovenous graft placement for dialysis;
 4. Angioplasties or thrombectomies of dialysis shunts;
 5. Angioplasties or thrombectomies of arteriovenous grafts for dialysis;
 6. Eye surgery for the treatment of diabetic retinopathy;
 7. Eye surgery for the treatment of glaucoma;
 8. Eye surgery for the treatment of macular degeneration;
 9. Home health visits following an acute hospitalization (limited up to five visits);
 10. Hysteroscopies (up to two, one before and one after) when associated with a family planning diagnosis code and done within 90 days of hysteroscopic sterilization;
 11. Physical therapy subject to the limitation in subsection (C);
 12. Facility services related to wound debridement,
 13. Apnea management and training for premature babies up to the age of 1; and
 14. Other services identified by the Administration through the Provider Participation Agreement.
 - C. The following are not covered services:
 1. Occupational and speech therapies provided on an outpatient basis for a member age 21 or older;
 2. Abortion counseling;
 3. Services or items furnished solely for cosmetic purposes;
 4. Services provided by a podiatrist; or
 5. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored.
 6. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of acquiring a new skill or a new level of function and maintaining that skill or level of function once acquired.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-215 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

R9-22-216. NF, Alternative HCBS Setting, or HCBS

- A. Services provided in a NF, including room and board, an alternative HCBS setting as defined in R9-28-101, or a HCBS as

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defined in A.R.S. § 36-2939 are covered for a maximum of 90 days per contract year if the member's medical condition would otherwise require hospitalization.

B. Except as otherwise provided in 9 A.A.C. 28, the following services are not itemized for separate billing if provided in a NF, alternative HCBS setting, or HCBS:

1. Nursing services, including:
 - a. Administering medication;
 - b. Tube feedings;
 - c. Personal care services, including but not limited to assistance with bathing and grooming;
 - d. Routine testing of vital signs; and
 - e. Maintenance of a catheter;
2. Basic patient care equipment and sickroom supplies, including:
 - a. First aid supplies such as bandages, tape, ointments, peroxide, alcohol, and over-the-counter remedies;
 - b. Bathing and grooming supplies;
 - c. Identification device;
 - d. Skin lotion;
 - e. Medication cup;
 - f. Alcohol wipes, cotton balls, and cotton rolls;
 - g. Rubber gloves (non-sterile);
 - h. Laxatives;
 - i. Bed and accessories;
 - j. Thermometer;
 - k. Ice bags;
 - l. Rubber sheeting;
 - m. Passive restraints;
 - n. Glycerin swabs;
 - o. Facial tissue;
 - p. Enemas;
 - q. Heating pad; and
 - r. Incontinence briefs.
3. Dietary services including preparation and administration of special diets, and adaptive tools for eating;
4. Any service that is included in a NF's room and board charge or a service that is required of the NF to meet a federal or state licensure standard or county certification requirement;
5. Physician visits made solely for the purpose of meeting state licensure standards or county certification requirements;
6. Physical therapy prescribed only as a maintenance regimen; and
7. Assistive devices and non-customized durable medical equipment.

C. A provider shall obtain prior authorization from the Administration for a NF admission for a FFS member.

Historical Note

Adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Subsection (C) amended to correct a typographical error (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp. 07-3). Amended by final rulemaking at 13 A.A.R. 4122, effective November 6, 2007 (Supp. 07-4).

R9-22-217. Services Included in the Federal Emergency Services Program

A. Definition. Notwithstanding the definition in R9-22-201, for the purposes of this Section, an emergency medical or behav-

ioral health condition for a FES member means a medical condition or a behavioral health condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the member's health in serious jeopardy,
2. Serious impairment to bodily functions,
3. Serious dysfunction of any bodily organ or part, or
4. Serious physical harm to another person.

B. Services. "Emergency services for a FES member" mean those medical or behavioral health services provided for the treatment of an emergency condition. Emergency services include outpatient dialysis services for a FES member with End Stage Renal Disease (ESRD) where a treating physician has certified for the month in which services are received that in the physician's opinion the absence of receiving dialysis at least three times per week would reasonably be expected to result in:

1. Placing the member's health in serious jeopardy, or
2. Serious impairment of bodily function, or
3. Serious dysfunction of a bodily organ or part.

C. Covered services. Services are considered emergency services if all of the criteria specified in subsection (A) are satisfied at the time the services are rendered. The Administration shall determine whether an emergency condition exists on a case-by-case basis.

D. Prior authorization. A provider is not required to obtain prior authorization for emergency services for FES members. Prior authorization for outpatient dialysis services is met when the treating physician has completed and signed a monthly certification as described in subsection (B).

E. Services rendered through the Federal Emergency Services Program are subject to all exclusions and limitation on services in this Article including but not limited to the limitations on inpatient hospital services in R9-22-204.

Historical Note

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1868, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-218. Repealed

Historical Note

Section R9-22-218 renumbered from R9-22-206 effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3).

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ARTICLE 3. GENERAL ELIGIBILITY REQUIREMENTS**R9-22-301. Reserved****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-301 renumbered together with former Section R9-22-102 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section R9-22-301 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (B), paragraph (8), subsection (E), paragraph (3), and subsection (J), paragraph (5) effective October 1, 1986 (Supp. 86-5). Amended subsections (C) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective October 1, 1987; amended subsection (D) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-302. Reserved**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-302 repealed, new Section R9-22-302 adopted effective November 20, 1984 (Supp. 84-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-303. Prior Quarter Eligibility

- A.** Subject to CMS approval, prior quarter coverage eligibility shall be limited to applicants who meet the requirements in (B) and who also:
1. Are eligible during any of the three months prior to application; and
 2. Received one or more covered services described in 9 A.A.C. 22, Article 2 and Article 12, and 9 A.A.C. 28, Article 2 during the month; and
 3. Would have qualified for Medicaid at the time services were received if the person had applied regardless of whether the person is alive when the application is made.
- B.** Prior quarter coverage eligibility is limited to applicants who are:
1. Under the age of 19, or
 2. Pregnant, or
 3. In the 60 day post-partum period beginning with the last day of the pregnancy.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-303 repealed, new Section R9-22-303 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999

(Supp. 99-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1849, with an immediate effective date of July 1, 2019 (Supp. 19-3).

R9-22-304. Verification of Eligibility Information

- A.** Except as provided in subsection (E), if information provided by or on behalf of an applicant or member on an application, renewal form or otherwise does not conflict with information obtained by the agency through an electronic data match, the Administration or its designee shall determine or renew eligibility based on such information.
- B.** The Administration or its designee shall not require an applicant, member, or representative to provide additional verification unless the verification cannot be obtained electronically or the verification obtained electronically conflicts with information provided by or on behalf of the applicant or member.
- C.** If information provided by or on behalf of an applicant or member does conflict with information obtained through an electronic data match, the applicant or member shall provide the Administration or its designee with information or documentation necessary to verify eligibility, including evidence originating from an agency, organization, or an individual with actual knowledge of the information.
- D.** Income information obtained through an electronic data match shall be considered reasonably compatible with income information provided by or on behalf of an individual if both meet or both exceed the applicable income limit.
- E.** The Administration or its designee shall not accept the applicant's or member's statement by itself as verification of:
1. SSN;
 2. Qualified alien status, except as described under 42 USC 1320b-7(d)(4)(A); or
 3. Citizenship, except as described under 42 USC 1396a(ee)(1).
- F.** The Administration or its designee shall give an applicant or member at least 10 days from the date of a written or electronic request for information to provide required verification. The Administration or its designee may deny the application or discontinue eligibility if an applicant or a member does not provide the required information timely.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-304 repealed, new Section R9-22-304 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-304 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-305. Eligibility Requirements

As a condition of eligibility, the Administration or its designee must require applicants, and members to do the following:

1. Take all necessary steps to obtain any annuities, pensions, retirement, disability benefits to which they are entitled, unless they can show good cause for not doing so.
2. Furnish a SSN under 42 CFR 435.910 and 435.920, or in the absence of an SSN, provide proof of a submitted application of SSN. The Administration or its designee will assist in obtaining or verifying the applicant's SSN under 42 CFR 435.910 if an applicant cannot recall the applicant's SSN or has not been issued a SSN. An applicant is not required to furnish an SSN if the applicant is not able to legally obtain a SSN. The Administration or its designee shall determine eligibility notwithstanding the applicant's lack of a SSN, if the applicant is cooperat-

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ing with the Administration or its designee to obtain a SSN and obtain a SSN prior to the next scheduled review of eligibility.

3. Provide proof of residency of Arizona. An applicant or a member is not eligible unless the applicant or member is a resident of Arizona under 42 CFR 435.403 effective October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
4. A written declaration, signed under penalty of perjury, must be provided for each person for whom benefits are being sought stating whether the individual is a citizen or national of the United States, and, if that individual is not a citizen or national of the United States, that the individual is a qualified alien. The declaration must be provided by the individual for whom eligibility is being sought or an adult member of the individual's family or household.
5. Each applicant who claims qualified alien status must provide either:
 - a. Alien registration documentation or other proof of immigration registration from the Immigration and Naturalization Service that contains the individual's alien admission number or alien file number (or numbers if the individual has more than one number), or
 - b. Other documents that the Administration or its designee accepts as evidence of immigration status, such as:
 - i. a Form I-94 Departure Record issued by the USCIS,
 - ii. a Foreign Passport,
 - iii. a USCIS Parole Notice,
 - iv. a Victim of Trafficking Certification or Eligibility Letter issued by the US DHHS Office of Refugee Resettlement,
 - v. other documentation consistent with 42 CFR 435.406 or 435.407.
 - c. Sufficient information for the Administration or its designee to obtain electronic verification of immigration status from the USCIS.
6. If a person for whom eligibility is being sought, states that they are an alien, that person is not required to comply with subsections (4) and (5); however, if they do not comply with those sections, and if they meet all other eligibility criteria, benefits will be limited to those necessary to treat an emergency medical condition.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-305 repealed, new Section R9-22-305 adopted effective November 20, 1984 (Supp. 84-6). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-305 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-306. Administration, Administration's designee or Member Responsibilities

- A. The Administration or its designee is responsible for the following:

1. The Administration or its designee shall determine eligibility within 90 days for an applicant applying on the basis of disability and 45 days for all other applicants, unless:
 - a. The agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
 - b. When there is an administrative or other emergency beyond the agency's control.
2. If an applicant dies while an application is pending, the Administration or its designee shall complete an eligibility determination for the deceased applicant.
3. The Administration or its designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant.
4. During the application process the Administration or its designee shall provide information to the applicant or member explaining the requirements to:
 - a. Cooperate with DCSS in establishing paternity and enforcing medical support, except in circumstances when good cause under 42 CFR 433.147 exists for not cooperating;
 - b. Establish good cause for not cooperating with DCSS in establishing paternity and enforcing medical support, when applicable;
 - c. Report a change listed under subsection (B)(3)(c) no later than 10 days from the date the applicant or member knows of the change;
 - d. Send to the Administration or its designee any medical support payments resulting from a court order;
 - e. Cooperate with the Administration or its designee's assignment of rights and securing payments received from any liable party for a member's medical care.
5. Offer to help the applicant or member to complete the application form and to obtain the required verification;
6. Provide the applicant or member with information explaining:
 - a. The eligibility and verification requirements for AHCCCS medical coverage;
 - b. The requirement that the applicant or member obtain and provide a SSN to the Administration or its designee;
 - c. How the Administration or its designee uses the SSN;
7. Explain to the applicant or member the practice of exchange of eligibility and income information through the electronic service established by the Secretary;
8. Explain to the applicant and member the right to appeal an adverse action under R9-22-315;
9. Use any information provided by the member to complete data matches with potentially liable parties;
10. Explain the eligibility review process;
11. Explain the AHCCCS pre-enrollment process;
12. Use the Systematic Alien Verification for Entitlements (SAVE) process to verify qualified alien status;
13. Provide information regarding the penalties for perjury and fraud on the application;
14. Review any verification items provided by the applicant or member and inform the member of any additional verification items and time-frames within which the applicant or member shall provide information to the Administration or its designee;
15. Explain to the applicant or member the applicant's and member's responsibilities under subsection (B);
16. Transfer the applicant's information to other insurance affordability programs as described under 42 CFR

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- 435.1200(e) when the applicant does not qualify for Medicaid;
17. Attain a written record of a collateral contact: such as a verbal statement from a representative of an agency or organization, or an individual with actual knowledge of the information;
 18. Complete a review of eligibility:
 - a. Any time there is a change in a member's circumstance that may affect eligibility,
 - b. For a member approved for the MED program under R9-22-1435 through R9-22-1440 before the end of the six-month eligibility period,
 - c. Of each member's continued eligibility for AHCCCS medical coverage once every 12 months;
 19. The Administration or its designee shall discontinue eligibility and notify the member of the discontinuance under R9-22-307 if the member:
 - a. Fails to comply with the review of eligibility,
 - b. Fails to comply under 42 CFR 433.148 with the requirements and conditions of eligibility under this Article regarding assignment of rights and cooperation of establishing paternity and obtaining medical support, or
 - c. Does not meet the eligibility requirements; and
 20. Redetermine eligibility for a person terminated from the SSI cash program.
 - a. Continuation of AHCCCS medical coverage. The Administration shall continue AHCCCS medical coverage for a person terminated from the SSI cash program until a redetermination of eligibility is completed.
 - b. Coverage group screening. Before terminating a person from the SSI cash program, the Administration shall determine if the person is eligible for coverage as a person described in A.R.S. §§ 36-2901(6)(a)(i) through (vi) or 36-2934.
 - c. Eligibility decision.
 - i. If a person is eligible under this Article or 9 A.A.C. 28, Article 4, the Administration shall send a notice informing the applicant that AHCCCS medical coverage is approved.
 - ii. If a person is ineligible, the Administration shall send a notice to deny AHCCCS medical coverage.
- B. Applicant and Member Responsibilities.**
1. An applicant or a member shall authorize the Administration or its designee to obtain verification for initial eligibility or continuation of eligibility.
 2. As a condition of eligibility, an applicant or a member shall:
 - a. Provide the Administration or its designee with complete and truthful information. The Administration or its designee may deny an application or discontinue eligibility if:
 - i. The applicant or member fails to provide information necessary for initial or continuing eligibility;
 - ii. The applicant or member fails to provide the Administration or its designee with written authorization or electronic authorization to permit the Administration or its designee to obtain necessary initial or continuing eligibility verification;
 - iii. The applicant or member fails to provide verification under R9-22-304 after the Administration or its designee made an effort to obtain the necessary verification but has not obtained the necessary information; or
 - iv. The applicant or member does not assist the Administration or its designee in resolving incomplete, inconsistent, or unclear information that is necessary for initial or continuing eligibility;
 - b. Cooperate with the Division of Child Support Services (DCSS) in establishing paternity and enforcing medical support obligations when requested unless good cause exists for not cooperating under 42 CFR 433.147 as of October 1, 2012, which is incorporated by reference, on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol St., NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments. The Administration or its designee shall not deny AHCCCS eligibility to an applicant who would otherwise be eligible, is a minor child, and whose parent or legal representative does not cooperate with the medical support requirements or first- and third-party liability requirements under Article 10 of this Chapter; and
 - c. Provide the information needed to pursue third party coverage for medical care, such as:
 - i. Name of policyholder,
 - ii. Policyholder's relationship to the applicant or member,
 - iii. Name and address of the insurance company, and
 - iv. Policy number.
3. A member or an applicant shall:
 - a. Send to the Administration or its designee any medical support payments received while the member is eligible that result from a medical support order;
 - b. Cooperate with the Administration or its designee regarding any issues arising as a result of Eligibility Quality Control described under A.R.S. § 36-2903.01; and
 - c. Inform the Administration or its designee of the following changes within 10 days from the date the applicant or member knows of a change:
 - i. In address;
 - ii. In the household's composition;
 - iii. In income;
 - iv. In resources, when required under the Medical Expense Deduction (MED) program;
 - v. In Arizona state residency;
 - vi. In citizenship or immigrant status;
 - vii. In first- or third-party liability that may contribute to the payment of all or a portion of the person's medical costs;
 - viii. That may affect the member's or applicant's eligibility, including a change in a woman's pregnancy status;
 - ix. Death;
 - x. Change in marital status; or
 - xi. Change in school attendance.
 4. As a condition of eligibility, an applicant or a member shall cooperate with the assignment of rights as required by R9-22-311. If the applicant or member receives medical care and services for which a first or third party is or may be liable, the applicant or member shall cooperate

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with the Administration or its designee in assisting, identifying and providing information to assist the Administration or its designee in pursuing any first or third party who is or may be liable to pay for medical care and services.

5. A pregnant woman under A.R.S. § 36-2901(6)(a)(ii) is not required to provide the Administration or its designee with information regarding paternity or medical support from a father of a child born out of wedlock.

C. Administration or its designee responsibilities at Eligibility Renewal.

1. The Administration or its designee shall renew eligibility without requiring information from the individual if able to do so based on reliable information available to the agency, including through an electronic data match. If able to renew eligibility based on such information, the Administration or its designee shall send the member notice of:
 - a. The eligibility determination; and
 - b. The member's requirement to notify the Administration or its designee if any of the information contained in the renewal notice is inaccurate.
2. If unable to renew eligibility, the Administration or its designee shall:
 - a. Send a pre-populated renewal form listing the information needed to renew eligibility,
 - b. Give the member 30 days from the date of the renewal form to submit the signed renewal form and the information needed,
 - c. Send the member notice of the renewal decision under R9-22-312 or R9-22-1413(B) as applicable.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-306 repealed, new Section R9-22-306 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraphs (1) and (6) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) and added a new subsection (N) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6).

Amended subsection (B) effective October 1, 1987; amended subsection (N) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-306 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-307. Approval or Denial of Eligibility

- A. Approval.** If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Administration or its designee shall approve the application and provide the applicant with an approval notice. The approval notice shall contain:
1. The name of each approved applicant,
 2. The effective date of eligibility for each approved applicant,
 3. The reason and the legal citations if a member is approved for only emergency medical services, and
 4. The applicant's right to appeal the decision.

- B. Denial.** If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Administration or its designee shall deny the application and provide the applicant with a denial notice. The denial notice shall contain:

1. The name of each ineligible applicant,
2. The specific reason why the applicant is ineligible,
3. The income and resource calculations for the applicant compared to the income or resource standards for eligibility when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard,
4. The legal citations supporting the reason for the ineligibility,
5. The location where the applicant can review the legal citations,
6. The date of the application being denied; and
7. The applicant's right to appeal the decision and request a hearing.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (C), added subsection (G) and (H) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-307 repealed, new Section R9-22-307 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) as an emergency effective December 4, 1985 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-6). Permanent amendment to subsection (A) effective February 5, 1986 (Supp. 86-1). Amended subsections (E) and (F) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-307 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-308. Reinstating Eligibility

The Administration or its designee shall reopen an application or reinstate eligibility of a member when any of the following conditions are met:

1. The denial or discontinuance of eligibility was due to an administrative error,
2. The discontinuance of eligibility was due to noncompliance with a condition of eligibility and the applicant or member complies prior to the effective date of the discontinuance,
3. The member informs the Administration or its designee of a change of circumstances prior to the effective date of the discontinuance, that would allow for continued eligibility, or
4. Following a discontinuance, the member qualifies for continuation of medical coverage pending an appeal.

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Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended by adding subsection (C) effective March 2, 1984 (Supp. 84-2). Former Section R9-22-308 repealed, new Section R9-22-308 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-308 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-309. Confidentiality and Safeguarding of Information

The Administration or its designee shall maintain the confidentiality of an applicant or member's records and limit the release of safeguarded information under R9-22-512 and 6 A.A.C. 12, Article 1. In the event of a conflict between R9-22-512 and 6 A.A.C. 12, Article 1, R9-22-512 prevails.

Historical Note

Adopted effective August 30, 1984 (Supp. 82-4). Amended (D)(1)(d) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-309 repealed, new Section R9-22-309 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (F) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A), (B) and (C) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-309 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-310. Ineligible Person

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

1. An inmate of a public institution, or
2. Over age 64 and is residing in an Institution for Mental Disease under 42 CFR 435.1009 except as allowed in 42 USC 1396d(h) or as allowed under the Administration's Section 1115 waiver.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended (B)(7) and added subsections (C) and (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-310 repealed, new Section R9-22-310 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (7) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective May 30,

1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-310 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-311. Assignment of Rights Under Operation of Law

By operation of law and under A.R.S. § 36-2903, a person determined eligible assigns rights to the system medical benefits to which the person is entitled.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-311 repealed, new Section R9-22-311 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-311 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-312. Member Notices

- A. Contents of notice. The Administration or its designee shall issue a notice by mail, personal delivery, or electronic means when an action is taken regarding a person's eligibility or premiums. The notice shall contain the following information:
 1. The date of the notice issued;
 2. A statement of the action being taken;
 3. The effective date of the action;
 4. The specific reason for the intended action;
 5. If eligibility is being discontinued due to income in excess of the income standards, the actual figures used in the eligibility determination and the amount by which the person exceeds income standards;
 6. If a premium is imposed or increased, the actual figures used in determining the premium amount;
 7. The specific law or regulation that supports the action, or a change in federal or state law that requires an action;
 8. An explanation of the member's rights to an appeal and continued benefits.
- B. Advance notice of changes in eligibility or premiums. "Advance notice" means a notice that is issued to a person at least 10 days before the effective date of the change. Except as specified in subsection (C), advance notice shall be issued whenever the following adverse action is taken:
 1. To discontinue or suspend or reduce eligibility or covered services; or
 2. To impose a premium or increase a person's premium.
- C. The Administration or its designee shall issue a Notice of Adverse Action to a member no later than the effective date of action if:
 1. The Administration or its designee receives a request to withdraw;
 2. A person provides information that requires termination of eligibility or an increase or imposition of the premium and the person signs a clear written statement waiving advance notice;
 3. A person cannot be located and mail sent to that person has been returned as undeliverable;
 4. A person has been admitted to a public institution where the person is ineligible under R9-22-310;

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5. A person has been approved for Medicaid or CHIP in another state; or
6. The Administration or its designee has information that confirms the death of the person.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (B), added subsection (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-312 repealed, new Section R9-22-312 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-312 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-313. Withdrawal of Application

- A. An applicant may withdraw an application at any time before the Administration or its designee completes an eligibility determination by making an oral or written request for withdrawal to the Administration or its designee and stating the reason for withdrawal.
- B. If an applicant orally requests withdrawal of the application, the Administration or its designee shall document the:
 1. Date of the request,
 2. Name of the applicant for whom the withdrawal applies, and
 3. Reason for the withdrawal.
- C. An applicant may withdraw an application in writing by:
 1. Completing an Administration-approved voluntary withdrawal form; or
 2. Submitting a written, signed, and dated request to withdraw the application.
- D. The effective date of the withdrawal is the date of the application.
- E. If an applicant requests to withdraw an application, the Administration or its designee shall:
 1. Deny the application, and
 2. Notify the applicant of the denial following the notice requirements under R9-22-307.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended subsections (C) and (D) as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended subsections (D) and (E) as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-313 repealed, new Section R9-22-313 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E) and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September

29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-313 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-314. Withdrawal from AHCCCS Medical Coverage

- A. A member may withdraw from AHCCCS medical coverage at any time by giving oral or written notice of withdrawal to the Administration or its designee. The member or the member's legal or authorized representative shall provide the Administration or its designee with:
 1. The reason for the withdrawal,
 2. The date the notice is effective, and
 3. The name of the member for whom AHCCCS medical coverage is being withdrawn.
- B. If a notice of withdrawal does not identify specific members the Administration or its designee shall discontinue eligibility for any members that the person submitting the withdrawal has legal authority to act on behalf of.
- C. The Administration or its designee shall notify the member of the discontinuance as required by R9-22-312.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsection (A) and added subsection (F) as an emergency effective February 28, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended subsection (A) and added subsection (F) as a permanent rule effective May 16, 1983; text of the amended rule identical to the emergency (Supp. 83-3). Former Section R9-22-314 repealed, new Section R9-22-314 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-314 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-315. Notice of Adverse Action

- A. Adverse actions. An applicant or member may appeal, as described under Chapter 34, by requesting a hearing from the Administration or its designee concerning any of the following adverse actions:
 1. Complete or partial denial of eligibility under R9-22-307 and R9-22-313(E);
 2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-307, R9-22-312 and R9-22-314;
 3. Delay in the eligibility determination beyond the timeframes under this Article;
 4. The imposition of or increase in a premium or copayment; or
 5. The effective date of eligibility.
- B. Notice of Adverse Action. The Administration or its designee shall personally deliver or send, by mail, or electronic means a Notice of Adverse Action to the person affected by the action.

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For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.

- C. Automatic change and hearing rights.
1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
 2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-315 repealed, new Section R9-22-315 adopted effective November 20, 1984 (Supp. 84-6). Repealed effective October 1, 1985 (Supp. 85-5). New Section R9-22-315 adopted effective February 5, 1986 (Supp. 86-1). Amended effective February 26, 1988 (Supp. 88-1). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-315 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-316. Exemptions from Sponsor Deemed Income

- A. An applicant shall provide proof to the Administration or its designee when claiming an exemption from sponsor deemed income.
- B. The Administration or its designee shall grant an exemption from deeming a sponsor's income for a Lawful Permanent Resident applicant if the applicant:
1. Adjusted immigration status to Lawful Permanent Resident from status as a refugee or asylee;
 2. Is the spouse or dependent child of the sponsor and lives with the sponsor;
 3. Is indigent as specified in subsection (C);
 4. Is a victim of domestic violence or extreme cruelty as specified in subsection (D); or
 5. Has acquired 40 qualified quarters of work credit based on earnings as specified in subsection (E).
- C. Exemption from sponsor deeming based on indigence.
1. The Administration or its designee shall consider the applicant indigent and grant an exemption from sponsor deemed income for an applicant, for a period of 12 months beginning with the first month of eligibility if all the following are met:
 - a. An applicant is indigent if all of the following are met:
 - i. The applicant does not reside with the applicant's sponsor;
 - ii. The applicant does not receive free room and board; and
 - iii. The applicant's total gross income including monies received from the sponsor and the value of any vendor payments received for food, utilities, or shelter does not exceed 100% of the FPL for the size of the income group.
 2. The Administration or its designee shall send a notice under 8 U.S.C. 1631(e)(2) to the Attorney General's Office when approving an applicant who is exempt from sponsor deemed income due to indigence.
- D. The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who is a victim

of domestic violence or extreme cruelty under 8 CFR 204.2 for a period of 12 months beginning with the first month of eligibility. The Administration or its designee shall redetermine the exemption status at each renewal.

1. The Administration or its designee considers an applicant to be a victim of domestic violence or extreme cruelty when all of the following are met:
 - a. The applicant is the victim, the parent of a child victim, or the child of a parent victim;
 - b. The perpetrator of the domestic violence or extreme cruelty was the spouse or parent of the victim or other family member related by blood, marriage or adoption to the victim;
 - c. The perpetrator was residing in the same household as the victim when the abuse occurred;
 - d. The abuse occurred in the United States;
 - e. The applicant did not participate in the domestic violence or cruelty; and
 - f. The victim does not currently live with the perpetrator.
 2. The applicant shall provide proof that the applicant or the applicant's child is a victim of domestic violence or extreme cruelty by presenting one of the following:
 - a. USCIS form I-360 Petition for Amerasian, Widow, or Special Immigrant;
 - b. USCIS form I-797 USCIS approval of the I-360 petition;
 - c. Reports or affidavits concerning the domestic violence or cruelty documented by police, judges, or other court officials, medical personnel, school officials, clergy, social workers, counseling or mental health personnel, or other social service agency personnel;
 - d. Legal documentation, such as an order of protection against the perpetrator or an order convicting the perpetrator of committing an act of domestic violence or extreme cruelty that chronicles the existence of domestic violence or extreme cruelty;
 - e. Evidence that indicates that the applicant sought safe haven in a battered women's shelter or similar refuge because of the domestic violence or extreme cruelty against the applicant or the applicant's child; or
 - f. Photographs of the applicant or applicant's child showing visible injury.
- E. The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who has reached 40 qualifying quarters of work credit.
1. The Administration or its designee shall not count quarters credited after January 1, 1997 that were earned while the applicant was receiving any federal means-tested benefits.
 2. The Administration or its designee shall not count the 40 qualifying quarters of work credit unless the credited quarters are:
 - a. Quarters that the applicant worked;
 - b. Quarters worked by the applicant's spouse or deceased spouse during their marriage; or
 - c. Quarters worked by the applicant's parents when the applicant was under age 18.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as an emergency effective February 9, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section

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R9-22-316 adopted as a permanent rule effective May 16, 1983; text of permanent rule identical to the emergency (Supp. 83-3). Amended effective October 1, 1983 (Supp. 83-5). Correction subsection (A), paragraph (1) amended effective October 1, 1983, (Supp. 83-6). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-316 repealed, new Section R9-22-316 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-316 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-317. Sponsor Deemed Income

- A. The Administration or its designee shall use income of a USCIS sponsor to determine eligibility for a non-citizen applicant, whether or not the income is available, to the non-citizen applicant unless exempt under R9-22-316.
- B. Counting the income from a sponsor.
 1. This Section applies to non-citizen applicants who:
 - a. Are Lawful Permanent Residents under 8 CFR 101.3;
 - b. Applied for Lawful Permanent Resident Status on or after December 19, 1997;
 - c. Are sponsored by an individual who signed a USCIS I-864 Affidavit of Support; and
 - d. Are eligible for full AHCCCS medical coverage.
 2. Sponsor deemed income shall be considered the income of the non-citizen applicant only.
 3. The Administration or its designee shall not use the provisions of this Section when:
 - a. The applicant becomes a naturalized U.S. citizen;
 - b. The applicant qualifies for an exemption listed in R9-22-316; or
 - c. The sponsor dies.
- C. Determining income from a sponsor.
 1. For an applicant who is exempt from sponsor deeming under R9-22-316, only cash contributions actually received from the sponsor are countable income to the applicant.
 2. For an applicant to whom the sponsor's income is deemed, the Administration or its designee shall exclude any cash contributions received from the sponsor.
- D. Calculation of income from a sponsor.
 1. The Administration or its designee shall include the total gross income of the sponsor and the sponsor's spouse, when living with the sponsor;
 2. The Administration or its designee shall subtract an amount equal to 100% of the FPL for the sponsor's household size from the total gross income under (D)(1); and
 3. The amount calculated under subsection (D)(2) is deemed as income to the applicant for purposes of determining eligibility.

Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-317 repealed, new Section R9-22-317 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1986 (Supp. 86-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-317 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-318. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-318 repealed, new Section R9-22-318 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) and added subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective October 1, 1987; amended subsection (A) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-319. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-319 repealed, new Section R9-22-319 adopted effective November 20, 1984 (Supp. 84-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-320. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-320 repealed, new Section R9-22-320 adopted effective November 20, 1984 (Supp. 84-6). Amended effective April 13, 1990 (Supp. 90-2). Repealed effective December 13, 1993 (Supp. 93-4).

R9-22-321. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-321 repealed, new Section R9-22-321 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (E) effective October

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1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-322. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective May 27, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-3). Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-323. Repealed**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (B) and (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B), (D) and (E) effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-324. Repealed**Historical Note**

Adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R9-22-324 adopted as an emergency renumbered as Section R9-22-327. New Section R9-22-324 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-324 repealed, former Section R9-22-

323 renumbered as Section R9-22-324 and adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Former Section R9-22-324 repealed, new Section R9-22-324 adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-324 repealed, new Section R9-22-324 adopted effective November 20, 1984 (Supp. 84-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-325. Repealed**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-325 repealed, new Section R9-22-325 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-326. Repealed**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-326 repealed, new Section R9-22-326 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-327. Repealed**Historical Note**

Former Section R9-22-324 adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days renumbered as Section R9-22-327 and adopted as a permanent rule effective October 1, 1983 (Supp. 83-5). Former Section R9-22-327 repealed, new Section R9-22-327 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A), (D), (E), (G), (H), and (I) effective October 1, 1986 (Supp. 86-5). Amended subsection (D) and added a new subsection (J) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A) and (E) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-328. Repealed

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Historical Note

Adopted as an emergency effective October 6, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Emergency Expired. New Section R9-22-328 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (D) effective October 1, 1987 (Supp. 87-4). Amended subsection (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-329. Repealed**Historical Note**

Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-329 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-330. Repealed**Historical Note**

Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-330 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-331. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-332. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-333. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-334. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-335. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-336. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective September 16, 1987 (Supp. 87-3). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-337. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Correction to subsection (B), paragraph (1) (Supp. 87-3). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-338. Repealed**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Heading changed effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-339. Repealed

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Historical Note

Adopted effective October 1, 1985 (Supp. 85-5).
 Amended effective October 1, 1986 (Supp. 86-5).
 Amended subsection (B) effective October 1, 1987
 (Supp. 87-4). Amended effective January 14, 1997 (Supp.
 97-1). Section repealed by final rulemaking at 5 A.A.R.
 294, effective January 8, 1999 (Supp. 99-1).

R9-22-340. Reserved**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Section
 repealed by final rulemaking at 5 A.A.R. 294, effective
 January 8, 1999 (Supp. 99-1).

R9-22-341. Repealed**Historical Note**

Adopted effective March 1, 1987, filed December 31,
 1986 (Supp. 86-6). Section repealed by final rulemaking
 at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

R9-22-342. Repealed**Historical Note**

Adopted effective September 29, 1992 (Supp. 92-3).
 Amended effective September 22, 1997 (Supp. 97-3).
 Section repealed by final rulemaking at 5 A.A.R. 294,
 effective January 8, 1999 (Supp. 99-1).

R9-22-343. Repealed**Historical Note**

Adopted under an exemption from the provisions of the
 Administrative Procedure Act, effective July 1, 1993
 (Supp. 93-3). Amended under an exemption from the pro-
 visions of the Administrative Procedure Act, effective
 October 26, 1993 (Supp. 93-4). Section repealed by final
 rulemaking at 5 A.A.R. 294, effective January 8, 1999
 (Supp. 99-1).

R9-22-344. Repealed**Historical Note**

Adopted under an exemption from the provisions of the
 Administrative Procedure Act, effective October 8, 1996;
 filed with the Office of the Secretary of State November
 6, 1996 (Supp. 96-4). Section repealed by final rulemak-
 ing at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-
 1).

ARTICLE 4. PENALTY FOR OBTAINING ELIGIBILITY BY FRAUD**R9-22-401. Definitions**

Definitions. The following definitions apply specifically to terms
 used within this Article:

“Amounts incurred by the system” include capitation pay-
 ments, costs incurred by any contractor in excess of capitation,
 reinsurance, and other administrative, legal or investigative
 costs associated with a person who obtained eligibility con-
 trary to A.R.S. §§ 36-2905.04 and/or A.R.S. § 36-2991.

“Application for eligibility” means any request for benefits
 administered by AHCCCS under the authority of A.R.S. Title
 36, Chapter 29, including applications for presumptive eligi-
 bility submitted to hospitals as described under Article 16 of
 this Chapter.

“Penalty” means an amount not to exceed the amounts
 incurred by the system during any time period that the person
 would have been ineligible for benefits but for the false or
 fraudulent information provided on the application for eligibil-

ity. A penalty does not include, and does not need to be
 reduced by, the amount of any overpayments that AHCCCS
 may be entitled to recoup from a person who violated A.R.S. §
 36-2905.04 and/or A.R.S. § 36-2991.

Historical Note

Adopted as an emergency effective May 20, 1982 pursu-
 ant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-
 3). Former Section R9-22-401 adopted as an emergency
 now adopted as a permanent rule effective August 30,
 1982 (Supp. 82-4). Amended effective January 31, 1986
 (Supp. 86-1). Amended effective January 31, 1997 (Supp.
 97-1). Amended by final rulemaking at 5 A.A.R. 867,
 effective March 4, 1999 (Supp. 99-1). Section repealed
 by final rulemaking at 8 A.A.R. 424, effective January
 10, 2002 (Supp. 02-1). New Section made by final
 rulemaking at 22 A.A.R. 3191, effective October 19,
 2016 (Supp. 16-4).

R9-22-402. Determining the Amount of the Penalty

- A. AHCCCS shall determine the amount of a penalty according
 to A.R.S. § 36-2905.04(B) or A.R.S. § 36-2991(B), whichever
 is applicable, and this Article.
- B. In addition to any penalty imposed pursuant to ARS §§ 36-
 2905.04 or 36-2991, and this Article, the Administration may
 also recoup from the person the amounts incurred by the sys-
 tem as a part of the notice and appeal process described in this
 Article.

Historical Note

Adopted as an emergency effective May 20, 1982, pursu-
 ant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-
 3). Former Section R9-22-402 adopted as an emergency
 now adopted and amended as a permanent rule effective
 August 30, 1982 (Supp. 82-4). Amended effective Janu-
 ary 31, 1986 (Supp. 86-1). Amended effective January
 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6
 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section
 repealed by final rulemaking at 8 A.A.R. 424, effective
 January 10, 2002 (Supp. 02-1). New Section made by
 final rulemaking at 22 A.A.R. 3191, effective October 19,
 2016 (Supp. 16-4).

R9-22-403. Mitigating and Aggravating Circumstances

- A. AHCCCS shall consider any of the following to be mitigating
 circumstances when determining the amount of a penalty for
 obtaining eligibility by fraud.
 1. Degree of culpability. The degree of culpability of a per-
 son is a mitigating circumstance if the person did not
 intend to provide or cause to be provided false informa-
 tion on the application for eligibility but was negligent as
 to the truthfulness of the information provided.
 2. Prior Offenses. At the time of the submittal of the appli-
 cation the person:
 - a. Did not have any prior criminal convictions; and
 - b. Had not been held civilly liable for defrauding a
 public assistance program.
 3. Financial condition. The financial condition of a person
 who violates A.R.S. §§ 36-2905.04 or 36-2991 is a miti-
 gating circumstance if the imposition of a penalty without
 reduction will render the person incapable of obtaining
 necessities of life such as food, clothing, and shelter.
 AHCCCS may consider the resources available to the
 person when determining the amount of the penalty.
 4. Other matters as justice may require. AHCCCS shall take
 into account other circumstances of a mitigating nature, if
 in the interest of justice; the circumstances require a
 reduction of the penalty.

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- B.** AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty for obtaining eligibility by fraud.

1. Degree of culpability. The degree of culpability of a person who provides or causes to be provided false information on the application for eligibility is an aggravating circumstance if the person knows or had reason to know that the information provided on the application for eligibility was false, or the person failed to correct the false information prior to AHCCCS incurring a financial loss as a result of the application for eligibility.
2. Prior offenses. At any time before the submittal of the application for eligibility, the person was held criminally or civilly liable for committing any fraud, waste, or abuse against any public assistance program.
3. Financial Loss. The person's violation of A.R.S. §§ 36-2905.04 or 36-2991 caused a loss to the system equal to or exceeding \$5,000.00.
4. Other matters as justice may require. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice; the circumstances require an increase of the penalty.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-403 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-404. Notice of Intent

- A.** If AHCCCS imposes a penalty pursuant to this Article, AHCCCS shall hand deliver or send by certified mail, return receipt requested, or Federal Express to the person, a written Notice of Intent to impose a penalty.
- B.** The Notice of Intent shall include:
1. The legal and factual basis for AHCCCS' determination that there has been a violation of A.R.S. §§ 36-2905.04 and/or 36-2991;
 2. The penalty;
 3. The amounts incurred by the system as a result of the violation of A.R.S. §§ 36-2905.04 and/or 36-2991, if AHCCCS intends to recoup those amounts through this process; and
 4. The procedure for requesting a State Fair Hearing.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-404 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-405. Failure to Respond to the Notice of Intent

If a person fails to respond to the Notice of Intent within the timeframe described in A.A.C. § R9-22-406(A), AHCCCS shall uphold

the penalty and recoupment amounts described in the Notice of Intent.

Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-405 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the amended rule similar to the emergency (Supp. 83-3). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-406. Request for State Fair Hearing

- A.** To dispute the agency action described in the Notice of Intent, the person shall file a written Request for State Fair Hearing with AHCCCS within sixty (60) days from the date of receipt of the Notice of Intent.
- B.** If AHCCCS receives a timely request for a State Fair Hearing from the person, AHCCCS shall mail a Notice of Hearing pursuant to the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.
- C.** AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-406 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-406 repealed, new Section R9-22-406 adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of the Section identical to the emergency (Supp. 83-3). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-407. Burden of Proof

- A.** In any State Fair Hearing conducted under this Article, AHCCCS shall prove a violation of A.R.S. §§ 36-2905.04 and/or 36-2991, and any aggravating circumstances by a preponderance of the evidence.
- B.** AHCCCS does not have to prove any specific intent to defraud.
- C.** A person shall bear the burden of producing and proving by a preponderance of the evidence any affirmative defense or any circumstance that would justify reducing the amount of the penalty.

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Historical Note

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

R9-22-408. Rescission of the Notice of Intent

AHCCCS may rescind the Notice of Intent at any time prior to the State Fair Hearing without prejudice.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

ARTICLE 5. GENERAL PROVISIONS AND STANDARDS**R9-22-501. General Provisions and Standards - Related Definitions**

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

“Quality management” means a process used by professional health personnel through a formal program involving multiple organizational components and committees to:

- Assess the degree to which services provided conform to desired medical standards and practices; and
- Quality improvement or maintenance of care and services.

“Quality Improvement” means a process designed to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time, in the areas of clinical care and non-clinical care and is expected to have a favorable effect on health outcomes and member satisfaction. Quality Improvement includes focusing organizational efforts on improving performance and utilizing data to develop intervention strategies to improve performance and outcomes.

“Utilization management/review” means a methodology used by professional health personnel to assess the medical indications, appropriateness, and efficiency of care provided. Utilization management applies to a contractor’s process to evaluate and approve or deny the medical necessity, appropriateness, efficacy and efficiency of health care services, procedures, or settings. Utilization review includes processes for prior authorization, concurrent review, retrospective review, and case management.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-501 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-501 repealed, former Section R9-22-502 renumbered and adopted without change as Section R9-22-501 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-501 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-502. Pre-existing Conditions

- A. A contractor shall not impose a pre-existing condition exclusion with respect to covered services.
- B. A contractor or subcontractor shall not adopt or use any procedure to identify a person who has an existing or anticipated medical or psychiatric condition in order to discourage or exclude the person from enrolling in the contractor’s health plan or encourage the person to enroll in another health plan.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-502 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-502 renumbered without change as Section R9-22-501, former Section R9-22-503 renumbered and amended as Section R9-22-502 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-502 repealed, new Section R9-22-502 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-503. Provider Requirements Regarding Records

The provider shall maintain records that meet uniform accounting standards and generally accepted practices for maintenance of medical records, including detailed specification of all patient services delivered, the rationale for delivery, and the service date. A provider shall maintain and upon request, make available to a contractor and to the Administration, financial and medical records relating to payment for not less than five years from the date of final payment, or for records relating to costs and expenses to which the Administration has taken exception, five years after the date of final disposition or resolution of the exception. Providers shall provide one copy of a medical record at no cost if requested by the member.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-503 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-503 renumbered and amended as Section R9-22-502, new Section R9-22-503 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective May 30, 1986 (Supp. 86-3). Amended subsection (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (F) and (G) effective December 22, 1987 (Supp. 87-4). Amended subsection (I) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). New Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-504. Marketing; Prohibition Against Inducements; Misrepresentations; Discrimination; Sanctions

- A. A contractor or the contractor’s marketing representative shall not offer or give any form of compensation or reward, or engage in any behavior or activity that may be reasonably construed as coercive, to induce or procure AHCCCS enrollment with the contractor. Any marketing solicitation offering a benefit, good, or service in excess of the covered services in Article 2 is deemed an inducement.
- B. A marketing representative shall not misrepresent itself, the contracting health plan represented, or the AHCCCS program, through false advertising, false statements, or in any other manner to induce a member of another contractor to enroll in

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the represented health plan. Violations of this subsection include, but are not limited to, false or misleading claims, inferences, or representations such as:

1. A member will lose benefits under the AHCCCS program or lose any other health or welfare benefits to which a member is legally entitled, if the member does not enroll in the represented contracting health plan;
 2. Marketing representatives are employees of the state or representatives of the Administration, a county, or any health plan other than the health plan by which they are employed, or by which they are reimbursed; and
 3. The represented health plan is recommended or endorsed as superior to its competition by any state or county agency, or any organization, unless the organization has certified its endorsement in writing to the health plan and the Administration.
- C. A marketing representative shall not engage in any marketing or pre-enrollment practice that discriminates against a member because of race, creed, age, color, sex, religion, national origin, ancestry, marital status, sexual preference, physical or mental disability, or health status.
- D. The Administration shall hold a contractor responsible for a violation of this Section resulting from the performance of any marketing representative, subcontractor, agent, program, or process under the contractor's employ or direction and shall impose contract sanctions on the contractor as specified in contract.
- E. A contractor shall produce and distribute informational materials that are approved by the Administration to each enrolled member or designated representative after the contractor receives notification of enrollment from the Administration. The contractor shall ensure that the informational materials include, at a minimum:
1. A description of all covered services as specified in contract;
 2. An explanation of service limitations and exclusions;
 3. An explanation of the procedure for obtaining services;
 4. An explanation of the procedure for obtaining emergency services;
 5. An explanation of the procedure for filing a grievance and appeal; and
 6. An explanation of when plan changes may occur as specified in contract.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-504 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-504 repealed, former Section R9-22-505 renumbered and adopted without change as Section R9-22-504 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-504 repealed, former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-505. Standards, Licensure, and Certification for Providers of Hospital and Medical Services

A provider shall not provide hospital or medical services to a member unless the provider is licensed by the Arizona Department of Health Services and meets the requirements in 42 CFR 441 and 482, as of October 1, 2007, and 42 CFR 456 Subpart C, as of Octo-

ber 1, 2007, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments. An Indian Health Service (IHS) hospital and a Veterans Administration hospital shall not provide services to a member unless accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-505 adopted as an emergency expired, former Section R9-22-506 adopted as an emergency now adopted, amended and renumbered as Section R9-22-505 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-505 renumbered without change as Section R9-22-504, new Section R9-22-505 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-505 renumbered and amended as Section R9-22-509, former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5). Editorial correction, spelling of "paraphernalia" in subsection (A) (Supp. 87-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). New Section made by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-506. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-506 adopted as an emergency adopted, amended and renumbered as Section R9-22-505, former Section R9-22-507 adopted as an emergency now adopted, amended and renumbered as Section R9-22-506 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (D) effective December 22, 1987 (Supp. 87-4). Repealed effective April 13, 1990 (Supp. 90-2). New Section adopted effective December 13, 1993 (Supp. 93-4). Repealed effective December 8, 1997 (Supp. 97-4).

R9-22-507. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-507 adopted as an emergency adopted, amended and renumbered as Section R9-22-506, former Section R9-22-508 adopted as an emergency now adopted, amended and renumbered as Section R9-22-507 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-507 repealed, new Section R9-22-507 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-508. Repealed

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Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-508 adopted as an emergency adopted, amended and renumbered as Section R9-22-507, former Section R9-22-509 adopted as an emergency now adopted, amended and renumbered as Section R9-22-508 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-509. Transition and Coordination of Member Care

- A. A contractor shall assist in the transition of members to and from other AHCCCS contractors.
1. Both the receiving and relinquishing contractor shall:
 - a. Coordinate with the other contractor to facilitate and schedule appointments for medically necessary services for the transitioned member within the Administration's timelines specified in the contract. If requested by the Administration, a contractor shall submit the policies and procedures regarding transition of members to the Administration for review and approval;
 - b. Assist in the referral of transitioned members to other community health agencies or county medical assistance programs for medically necessary services not covered by the Administration, as appropriate; and
 - c. Develop policies and procedures to be followed when transitioning members who have significant medical conditions; are receiving ongoing services; or have, at the time of the transition, received prior authorization or approval for undelivered, specific services.
 2. The relinquishing contractor shall notify the receiving contractor of relevant information about the member's medical condition and current treatment regimens within the timelines defined in contract;
 3. The relinquishing contractor shall forward medical records and other relevant materials to the receiving contractor. The relinquishing contractor shall bear the cost of reproducing and forwarding medical records and other relevant materials;
 4. Within the timelines specified in contract, the receiving contractor shall ensure that the member selects or is assigned to a primary care provider, and provide the member with:
 - a. Information regarding the contractor's providers,
 - b. Emergency numbers, and
 - c. Instructions about how to obtain services.
- B. A contractor shall not use a county or noncontracting provider health resource alternative to diminish the contractor's contractual responsibility or accountability for providing the full scope of covered services. The Administration may impose sanctions as described in contract if a contractor makes referrals to other agencies or programs to reduce expenses incurred by the contractor on behalf of its members.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-509 adopted as an emergency adopted, amended and renumbered as Section R9-22-508, former Section R9-22-510 adopted as an emergency now adopted and renumbered as Section R9-22-509 as a permanent rule effective August 30, 1982 (Supp. 82-4). For-

mer Section R9-22-509 repealed, former Section R9-22-505 renumbered and amended as Section R9-22-509 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-510. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-510 adopted as an emergency adopted and renumbered as Section R9-22-509, former Section R9-22-511 adopted as an emergency now adopted, amended and renumbered as Section R9-22-510 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-510 repealed, new Section R9-22-510 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-511. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-511 adopted as an emergency adopted, amended and renumbered as Section R9-22-510, former Section R9-22-512 adopted as an emergency now adopted, amended and renumbered as Section R9-22-511 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-511 repealed, new Section R9-22-511 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-512. Release of Safeguarded Information

- A. The Administration, contractors, providers, and noncontracting providers shall limit the release of safeguarded information to persons or agencies for the following purposes in accordance with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments:
1. Official purposes directly related to the administration of the AHCCCS program including:
 - a. Establishing eligibility and post-eligibility treatment of income, as applicable;
 - b. Determining the amount of medical assistance;
 - c. Providing services for members;
 - d. Performing evaluations and analysis of AHCCCS operations;
 - e. Filing liens on property as applicable;
 - f. Filing claims on estates, as applicable; and
 - g. Filing, negotiating, and settling medical liens and claims.
 2. Law enforcement. The Administration may release safeguarded information without the applicant's or member's written or verbal consent, for the purpose of conducting or assisting an investigation, prosecution, or criminal or civil proceeding related to the administration of the AHCCCS program.

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3. The Administration may release safeguarded member information to a review committee in accordance with the provisions of A.R.S. § 36-2917, without the consent of the applicant or member.
- B. Except as provided in subsection (A), the Administration, contractors, providers, and noncontracting providers shall disclose safeguarded information only to:
 1. An applicant;
 2. A member;
 3. An unemancipated minor, with written permission of a parent, custodial relative, or designated representative, if:
 - a. An Administration employee, authorized representative, or responsible caseworker is present during the examination of the safeguarded information; or
 - b. After written notification to the provider, and at a reasonable time and place.
 4. Persons authorized by the applicant or member; or
 5. A court order or subpoena compliant with 45 CFR 164.512(e), October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- C. The Administration, contractors, providers, and noncontracting providers shall safeguard identifiable information, protected health information as specified in 45 CFR 160, and information obtained in the course of application for or re-determination of eligibility concerning an applicant or member, that includes, but is not limited to the following:
 1. Name and address;
 2. Social Security number;
 3. Social and economic conditions or circumstances;
 4. Agency evaluation of personal information;
 5. Medical data and information concerning medical services received, including diagnosis and history of disease or disability;
 6. State Data Exchange (SDX) tapes, and other types of information received from outside sources for the purpose of verifying income eligibility and amount of medical assistance payments; and
 7. Any information received in connection with the identification of legally liable third-party resources.
- D. The restriction upon disclosure of information in this Section does not apply to:
 1. De-identified information as described by 45 CFR 164.514, October 1, 2004, incorporated by reference in subsection (A); or
 2. A disclosure, in response to a request for information, that complies with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorporated by reference in subsection (A).
- E. A provider shall furnish records requested by the Administration or a contractor to the Administration or the contractor at no charge.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-512 adopted as an emergency adopted, amended and renumbered as Section R9-22-511, former Section R9-22-513 adopted as an emergency now adopted and renumbered as Section R9-22-512 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-512 repealed, new Section R9-22-512 adopted effective October 1, 1985 (Supp. 85-5).
 Amended effective December 13, 1993 (Supp. 93-4).
 Amended effective December 8, 1997 (Supp. 97-4).

Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-513. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-513 adopted as an emergency adopted and renumbered as Section R9-22-512, former Section R9-22-514 adopted as an emergency now adopted, amended and renumbered as Section R9-22-513 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-513 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-513 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-514. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-514 adopted as an emergency adopted, amended and renumbered as Section R9-22-513, former Section R9-22-515 adopted as an emergency now adopted, amended and renumbered as Section R9-22-514 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-514 repealed, former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-515. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-515 adopted as an emergency adopted, amended and renumbered as Section R9-22-514, former Section R9-22-517 adopted as an emergency now adopted, amended and renumbered as Section R9-22-515 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-515 repealed, former Section R9-22-522 renumbered and amended as Section R9-22-515 effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

R9-22-516. Renumbered**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-516 adopted as an emergency expired, former Section R9-22-518 adopted as an emergency now adopted, amended and renumbered as Section R9-22-516 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-516 renumbered as Section R9-22-513 effective October 1, 1985 (Supp. 85-5).

R9-22-517. Renumbered

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Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-517 adopted as an emergency adopted, amended and renumbered as Section R9-22-515, former Section R9-22-519 adopted as an emergency now adopted and renumbered and amended as Section R9-22-517 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5).

R9-22-518. Information to Enrolled Members

- A. Each contractor shall produce and distribute printed informational materials to each member or family unit no later than 10 days of receipt of notification of enrollment from the Administration. The contractor shall ensure that the informational materials meet the requirements specified in the contractor's current contract.
- B. A contractor shall provide a member with the name, address, and telephone number of the member's primary care provider no later than 10 days from the date of enrollment. The contractor shall include information on how the member may change primary care providers.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-518 adopted as an emergency adopted, amended and renumbered as Section R9-22-516, former Section R9-22-520 adopted as an emergency now adopted, amended and renumbered as Section R9-22-518 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-518 repealed, new Section R9-22-518 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-519. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-519 adopted as an emergency adopted, amended and renumbered as Section R9-22-517, former Section R9-22-521 adopted as an emergency now adopted, amended and renumbered as Section R9-22-519 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-519 repealed, new Section R9-22-519 adopted effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

R9-22-520. Expired**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-520 adopted as an emergency adopted, amended and renumbered as Section R9-22-518, former Section R9-22-522 adopted as an emergency now adopted, amended and renumbered as Section R9-22-520 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-520 repealed, new Section R9-22-520 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Sec-

tion expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

R9-22-521. Program Compliance Audits

- A. The Administration shall conduct an onsite program compliance audit of a contractor at least once every three years during the term of the Administration's contract with the contractor. The Administration may conduct, without prior notice, inspections of contractor facilities or perform other elements of a program compliance audit.
- B. An audit team may perform any or all of the following procedures:
 1. Conduct private interviews and group conferences with members, physicians, other health professionals, and members of the contractor's administrative staff including, but not limited to, the contractor's principal management persons;
 2. Examine records, books, reports, and papers of the contractor and any management company, and all providers or subcontractors providing health care and other services. The examination may include, but need not be limited to: minutes of medical staff meetings, peer review and quality of care review records, duty rosters of medical personnel, appointment records, written procedures for the internal operation of the health plan, contracts and correspondence with members and with providers of health care services and other services to the plan, and additional documentation deemed necessary by the Administration to review the quality of medical care.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-521 adopted as an emergency adopted, amended and renumbered as Section R9-22-519, former Section R9-22-523 adopted as an emergency now adopted, amended and renumbered as Section R9-22-521 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-521 repealed, new Section R9-22-521 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General has not certified this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-522. Quality Management/Utilization Management (QM/UM) Requirements

- A. A contractor shall comply with Quality Management/Utilization Management (QM/UM) requirements specified in this Section and in contract. The contractor shall ensure compliance with QM/UM requirements that are accomplished through delegation or subcontract with another party.
- B. In addition to any requirements specified in contract, a contractor shall:
 1. Submit to the Administration a written QM/UM plan that includes a description of the systems, methodologies, protocols, and procedures to be used in:

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- a. Monitoring and evaluating the types of services provided;
- b. Identifying the numbers and costs of services provided;
- c. Assessing and improving the quality and appropriateness of care and services;
- d. Evaluating the outcome of care provided to members, and
- e. Determining the actions necessary to improve service delivery;
2. Submit the QM/UM plan to the Administration on an annual basis within timelines specified in contract. If the QM/UM plan is changed during the year, the contractor shall submit the revised plan to the Administration before implementation;
3. Receive approval from the Administration before implementing the initial or revised QM/UM plan;
4. Ensure that a QM/UM committee operates under the control of the contractor's medical director and includes representation from medical and executive management personnel. The committee shall:
 - a. Oversee the development, revision, and implementation of the QM/UM plan; and
 - b. Ensure that there are qualified QM/UM personnel and sufficient resources to implement the contractor's QM/UM activities; and
5. Ensure that the QM/UM activities include at least:
 - a. Prior authorization for non-emergency or scheduled hospital admissions;
 - b. Concurrent review of inpatient hospitalization;
 - c. Retrospective review of hospital claims;
 - d. Program and provider audits designed to detect over- or under-utilization, service delivery effectiveness, and outcome;
 - e. Medical records audits;
 - f. Surveys to determine satisfaction of members;
 - g. Assessment of the adequacy and qualifications of the contractor's provider network;
 - h. Review and analysis of QM/UM data;
 - i. Measurement of performance using objective quality indicators;
 - j. Ensuring individual and systemic quality of care;
 - k. Integrating quality throughout the organization;
 - l. Process improvement;
 - m. Credentialing a provider network;
 - n. Resolving quality of care grievances; and
 - o. Quality improvement activities focused on improving the quality of care and the efficient, cost-effective delivery and utilization of services.
- C. A member's primary care provider shall maintain medical records that:
 1. Conform to professional medical standards and practices for documentation of medical diagnostic and treatment data;
 2. Facilitate follow-up treatment; and
 3. Permit professional medical review and medical audit processes.
- D. Within 30 days following termination of the contract between a subcontractor and a contractor, the subcontractor or the subcontractor's designee shall forward to the primary care provider medical records or copies of medical records of all members assigned to the subcontractor or for whom the subcontractor has provided services.
- E. The Administration shall monitor each contractor and the contractor's providers to ensure compliance with Administration

QM/UM requirements and adherence to the contractor's QM/UM plan.

1. A contractor and the contractor's providers shall cooperate with the Administration in the performance of the Administration's QM/UM monitoring activities; and
2. A contractor and the contractor's providers shall develop and implement mechanisms for correcting deficiencies identified through the Administration's QM/UM monitoring.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-522 adopted as an emergency adopted, amended and renumbered as Section R9-22-520, former Section R9-22-524 adopted as an emergency now adopted and renumbered as Section R9-22-522 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-522 renumbered and amended as Section R9-22-515, new Section R9-22-522 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

R9-22-523. Expired**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-523 adopted as an emergency adopted, amended and renumbered as Section R9-22-521, former Section R9-22-525 adopted as an emergency now adopted, amended and renumbered as Section R9-22-523 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

R9-22-524. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-524 adopted as an emergency adopted and renumbered as Section R9-22-522, former Section R9-22-526 adopted as an emergency now adopted, amended and renumbered as Section R9-22-524 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-524 repealed, new Section R9-22-524 adopted effective October 1, 1985 (Supp. 85-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

R9-22-525. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-525 adopted as an emergency adopted, amended and renumbered as Section R9-22-523, former Section R9-22-527 adopted as an emergency now

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adopted, amended and renumbered as Section R9-22-525 as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1985 (Supp. 85-5).

R9-22-526. Renumbered**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of the permanent rule identical to the emergency (Supp. 83-3). Former Section R9-22-526 repealed, new Section R9-22-526 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-1).

R9-22-527. Renumbered**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5).

R9-22-528. Renumbered**Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5).

R9-22-529. Renumbered**Historical Note**

Adopted as Section R9-22-529 effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5).

ARTICLE 6. RFP AND CONTRACT PROCESS**R9-22-601. General Provisions**

- A. The Director has full operational authority to adopt rules for the RFP process and the award of contracts under A.R.S. § 36-2906.
- B. This Article applies to the award of contracts under A.R.S. §§ 36-2904 and 36-2906 to provide services under A.R.S. § 36-2907 and the expenditure of public monies by the Administration pertaining to covered services when the procurement so states. The Administration shall establish conflict-of-interest safeguards for officers and employees of this state with responsibilities relating to contracts that comply with 42 U.S.C. 1396u-2(d)(3).
- C. The Administration is exempt from the procurement code under A.R.S. § 41-2501.
- D. The Administration and contractors shall retain all contract records for five years under A.R.S. § 36-2903 and dispose of the records under A.R.S. § 41-2550.
- E. The following terms are defined as related to this Article: "Procurement file" means the official records file of the Director whether located in the Office of the Director or at the public procurement unit. The procurement file shall include in electronic or paper form a list of notified vendors, final solicitation, solicitation amendments, bids/offers, final proposal revisions, clarifications, and final evaluation report.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-601 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983

(Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

R9-22-602. RFP

- A. RFP content. The Administration shall include the following items in any RFP under this Article:

1. Instructions and information to an offeror concerning the proposal submission including:
 - a. The deadline for submitting a proposal,
 - b. The address of the office at which a proposal is to be received,
 - c. The period during which the RFP remains open, and
 - d. Any special instructions and information;
2. The scope of covered services under Article 2 of this Chapter and A.R.S. §§ 36-2906 and 36-2907, covered populations, geographic coverage, service and performance requirements, and a delivery or performance schedule;
3. The contract terms and conditions, including bonding or other security requirements, if applicable;
4. The factors used to evaluate a proposal;
5. The location and method of obtaining documents that are incorporated by reference in the RFP;
6. A requirement that the offeror acknowledge receipt of all RFP amendments issued by the Administration;
7. The type of contract to be used and a copy of a proposed contract form or provisions;
8. The length of the contract service;
9. A requirement for cost or pricing data;
10. The minimum RFP requirements; and
11. A provision requiring an offeror to certify that a submitted proposal does not involve collusion or other anti-competitive practices.

- B. Proposal process.

1. After the deadline for submitting proposals, the Administration may open a proposal publicly and announce and record the name of the offeror. The Administration shall keep all other information contained in a proposal confidential. The Administration shall open a proposal for public inspection after contract award unless the Administration determines that disclosure is not in the best interest of the state.
2. The Administration shall evaluate a proposal based on the GSA and the evaluation factors listed in the RFP.
3. The Administration may initiate discussions with a responsive and responsible offeror to clarify and assure full understanding of an offeror's proposal. The Administration shall provide an offeror fair treatment with respect to discussion and revision of a proposal. The Administration shall not disclose information derived from a proposal submitted by a competing offeror.
4. The Administration shall allow for the adjustment of covered services by expansion, deletion, segregation, or combination in order to secure the most financially advantageous proposals for the state.
5. The Administration may conduct an investigation of a person or organization who has ownership or management interests in corporate offerors or affiliated corporate organizations of an offeror.
6. The Administration may issue a written request for best and final offers. The Administration shall state in the

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request the date, time, and place for the submission of best and final offers.

7. The Administration shall not request best and final offers more than once unless the Administration determines that it is advantageous to the state to request additional best and final offers. The Administration shall state in the written request for best and final offers that if the offeror does not submit a notice of withdrawal or a best and final offer, the Administration shall take the most recent offer as the offeror's best and final offer.

C. Proposal rejection.

1. The Administration may reject an offeror's proposal if the offeror fails to supply the information requested by the Administration.
2. The offeror shall not disclose information pertaining to its proposal to any other offeror prior to contract award. The offeror may disclose proposal information to a person other than another offeror if the recipient agrees to keep the information confidential until contract award. Disclosure in violation of this subsection may be grounds for rejecting a proposal.
3. The Administration shall provide written notification to an offeror whose proposal is rejected. The rejection notice shall be part of the contract file and a public record.
4. If the Administration determines that it is in the best interest of the state, the Administration may reject any and all proposals, in whole or in part, under the RFP. The reasons for rejection shall be part of the contract file. An offeror shall have no right to damages for any claims against the state, the state's employees, or agents if a proposal is rejected in whole or in part.

- D. Proposal cancellation.** If the Administration determines that it is in the best interest of the state, the Administration may cancel a RFP. The reasons for cancellation shall be part of the contract file. An offeror shall have no right to damages for any claims against the state, the state's employees, or agents if a RFP is cancelled.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-602 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

R9-22-603. Contract Award

The Administration shall award a contract to the responsible and responsive offeror whose proposal is determined most advantageous to the state under A.R.S. § 36-2906. If the Administration determines that multiple contracts are in the best interest of the state, the Administration may award multiple contracts. The contract file shall contain the basis on which the award is made.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-603 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final

rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

R9-22-604. Contract or Proposal Protests; Appeals

- A.** Disputes related to contract performance. This Section does not apply to a dispute related to contract performance. A contract performance dispute is governed by 9 A.A.C. 34.
- B.** Resolution of a proposal protest. The procurement officer issuing a RFP shall have the authority to resolve proposal protests. An appeal from the decision of the procurement officer shall be made to the Director.
- C.** Filing of a protest.
1. A person may file a protest with the procurement officer regarding:
 - a. A RFP issued by the Administration,
 - b. A proposed award, or
 - c. An award of a contract.
 2. A protester shall submit a written protest and include the following information:
 - a. The name, address, and telephone number of the protester;
 - b. The signature of the protester or protester's representative;
 - c. Identification of a RFP or contract number;
 - d. A detailed statement of the legal and factual grounds of the protest including copies of any relevant documents; and
 - e. The relief requested.
- D.** Time for filing a protest.
1. A protester filing a protest alleging improprieties in an RFP or an amendment to an RFP shall file the protest at least 14 days before the due date of receipt of proposals.
 2. Any protest alleging improprieties in an amendment issued 14 or fewer days before the due date of the proposal shall be filed before the due date for receipt of proposals.
 3. In cases other than those covered in subsections (D)(1) and (2), a protester shall file a protest no later than 10 days after the procurement officer makes the procurement file available for public inspection.
- E.** Stay of procurement during the protest. If a protester files a protest before the contract award, the procurement officer may issue a written stay of the contract award. In considering whether to issue a written stay of contract, the procurement officer shall consider but is not limited to considering whether:
1. A reasonable probability exists that the protest will be sustained, and
 2. The stay of the contract award is in the best interest of the state.
- F.** Stay of contract award during an appeal to the Director. The Director shall automatically continue the stay of a contract award if:
1. An appeal is filed before a contract award, and
 2. The procurement officer issues a stay of the contract award under subsection (E), unless
 3. The Director issues a written determination that the contract award is necessary to protect the best interest of the state.
- G.** Decision by the procurement officer.
1. The procurement officer shall issue a written decision no later than 14 days after a protest has been filed. The decision shall contain an explanation of the basis of the decision.
 2. The procurement officer shall furnish a copy of the decision to the protester by:

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- a. Certified mail, return receipt requested; or
- b. Any other method that provides evidence of receipt.
- 3. The Administration may extend, for good cause, the time-limit for decisions in subsection (G)(1) for a time not to exceed 30 days. The procurement officer shall notify the protester in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
- 4. If the procurement officer fails to issue a decision within the time-limits in subsection (G)(1) or (G)(3), the protester may proceed as if the procurement officer issued an adverse decision.

H. Remedies.

- 1. If the procurement officer sustains the protest in whole or in part and determines that the RFP, proposed contract award, or contract award does not comply with applicable statutes and rules, the procurement officer shall order an appropriate remedy.
- 2. In determining an appropriate remedy, the procurement officer shall consider all the circumstances of the procurement or proposed procurement, including:
 - a. Seriousness of the procurement deficiency,
 - b. Degree of prejudice to other interested parties or to the integrity of the RFP process,
 - c. Good faith of the parties,
 - d. Extent of performance,
 - e. Costs to the state, and
 - f. Urgency of the procurement.
 - g. Best interest of the state.
- 3. An appropriate remedy may include one or more of the following:
 - a. Terminating the contract;
 - b. Reissuing the RFP;
 - c. Issuing a new RFP;
 - d. Awarding a contract consistent with statutes, rules, and the terms of the RFP; or
 - e. Any relief determined necessary to ensure compliance with applicable statutes and rules.

I. Appeals to the Director.

- 1. A person may file an appeal of a procurement officer's decision with both the Director and the procurement officer no later than five days from the date the decision is received. The date the decision is received shall be determined under subsection (G)(2).
- 2. The appeal shall contain:
 - a. The information required in subsection (C)(2),
 - b. A copy of the procurement officer's decision,
 - c. The alleged factual or legal error in the decision of the procurement officer on which the appeal to the Director is based, and
 - d. A request for hearing unless the person requests that the Director's decision be based solely upon the procurement file.

J. Dismissal. The Director shall not schedule a hearing and shall dismiss an appeal with a written determination if:

- 1. The appeal does not state a basis for protest,
- 2. The appeal is untimely under subsection (I)(1), or
- 3. The appeal is moot.

K. Hearing. Hearings under this Section shall be conducted using the Arizona Administrative Procedure Act under A.R.S. Title 41, Ch. 6.**Historical Note**

Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective

January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

R9-22-605. Waiver of Contractor's Subcontract with Hospitals

If a contractor is unable to obtain a subcontract with a hospital as contractually required, the contractor may request in writing a waiver from the Administration as allowed by A.R.S. § 36-2906. The contractor shall state in the request the reasons a waiver is believed to be necessary and all efforts the contractor has made to secure a subcontract.

Historical Note

Adopted effective January 31, 1986 (Supp. 86-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

R9-22-606. Contract Compliance Sanction

- A.** The Director may impose sanctions upon a contractor for violation of any provision of this Chapter or of a contract. Sanctions include but are not limited to:
 - 1. Suspension of any or all further member enrollment, by choice and/or assignment for a period of time.
 - 2. Imposition of a monetary sanction.
- B.** The Director shall consider the nature, severity, and length of the violation when determining a sanction.
- C.** The Director shall provide a contractor with written notice specifying grounds and terms for the sanction.
- D.** Nothing contained in this Section shall be construed to prevent the Administration from imposing sanctions as provided in contract under A.R.S. § 36-2903.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

ARTICLE 7. STANDARDS FOR PAYMENTS**R9-22-701. Standard for Payments Related Definitions**

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

"Accommodation" means room and board services provided to a patient during an inpatient hospital stay and includes all staffing, supplies, and equipment. The accommodation is semi-private except when the member must be isolated for medical reasons. Types of accommodation include hospital routine medical/surgical units, intensive care units, and any other specialty care unit in which room and board are provided.

"Aggregate" means the combined amount of hospital payments for covered services provided within and outside the GSA.

"AHCCCS inpatient hospital day or days of care" means each day of an inpatient stay for a member beginning with the day of admission and including the day of death, if applicable, but excluding the day of discharge, provided that all eligibility, medical necessity, and medical review requirements are met.

"Ancillary service" means all hospital services for patient care other than room and board and nursing services, including but

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not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

“APC” means the Ambulatory Payment Classification system under 42 CFR 419.31 used by Medicare for grouping clinically and resource-similar procedures and services.

“Billed charges” means charges for services provided to a member that a hospital includes on a claim consistent with the rates and charges filed by the hospital with Arizona Department of Health Services (ADHS).

“Business agent” means a company such as a billing service or accounting firm that renders billing statements and receives payment in the name of a provider.

“Capital costs” means costs as reported by the hospital to CMS as required by 42 CFR 413.20.

“Copayment” means a monetary amount, specified by the Director, that a member pays directly to a contractor or provider at the time covered services are rendered.

“Cost-to-charge ratio” (CCR) means a hospital’s costs for providing covered services divided by the hospital’s charges for the same services. The CCR is the percentage derived from the cost and charge data for each revenue code provided to AHCCCS by each hospital.

“Covered charges” means billed charges that represent medically necessary, reasonable, and customary items of expense for covered services that meet medical review criteria of AHCCCS or a contractor.

“CPT” means Current Procedural Terminology, published and updated by the American Medical Association. CPT is a nationally-accepted listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians that provide a uniform language to accurately designate medical, surgical, and diagnostic services.

“Critical Access Hospital” is a hospital certified by Medicare under 42 CFR 485 Subpart F and 42 CFR 440.170(g). “Direct graduate medical education costs” or “direct program costs” means the costs that are incurred by a hospital for the education activities of an approved graduate medical education program that are the proximate result of training medical residents in the hospital, including resident salaries and fringe benefits, the portion of teaching physician salaries and fringe benefits that are related to the time spent in teaching and supervision of residents, and other related GME overhead costs.

“DRI inflation factor” means Global Insights Prospective Hospital Market Basket.

“Eligibility posting” means the date a member’s eligibility information is entered into the AHCCCS Pre-paid Medical Management Information System (PMMIS).

“Encounter” means a record of a medically-related service rendered by an AHCCCS-registered provider to a member enrolled with a contractor on the date of service.

“Existing outpatient service” means a service provided by a hospital before the hospital files an increase in its charge master as defined in R9-22-712(G), regardless of whether the service was explicitly described in the hospital charge master before filing the increase or how the service was described in the charge master before filing the increase.

“Expansion funds” means funds appropriated to support GME program expansions as described under A.R.S. § 36-2903.01(G)(9)(b) and (c)(i).

“Factor” means a person or an organization, such as a collection agency or service bureau, that advances money to a provider for accounts receivable that the provider has assigned, sold, or transferred to the organization for an added fee or a deduction of a portion of the accounts receivable. Factor does not include a business agent.

“Fiscal intermediary” means an organization authorized by CMS to make determinations and payments for Part A and Part B provider services for a given region.

“Freestanding Children’s Hospital” means a separately standing hospital with at least 120 pediatric beds that is dedicated to provide the majority of the hospital’s services to children.

“GME program approved by the Administration” or “approved GME program” means a graduate medical education program that has been approved by a national organization as described in 42 CFR 415.152.

“Graduate medical education (GME) program” means an approved residency program that prepares a physician for independent practice of medicine by providing didactic and clinical education in a medical environment to a medical student who has completed a recognized undergraduate medical education program.

“HCAC” means a health care acquired condition described under 42 CFR 447.26 but does not include Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) as related to total knee replacement or hip replacement surgery in pediatric and obstetric patients.

“HCPCS” means the Health Care Procedure Coding System, published and updated by Center for Medicare and Medicaid Services (CMS). HCPCS is a listing of codes and descriptive terminology used for reporting the provision of physician services, other health care services, and substances, equipment, supplies or other items used in health care services.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as specified under 45 CFR 162, that establishes standards and requirements for the electronic transmission of certain health information by defining code sets used for encoding data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes.

“ICU” means the intensive care unit of a hospital.

“Indirect program costs” means the marginal increase in operating costs that a hospital experiences as a result of having an approved graduate medical education program and that is not accounted for by the hospital’s direct program costs.

“Intern and Resident Information System” means a software program used by teaching hospitals and the provider community for collecting and reporting information on resident training in hospital and non-hospital settings.

“Medical education costs” means direct hospital costs for intern and resident salaries, fringe benefits, program costs, nursing school education, and paramedical education, as described in the Medicare Provider Reimbursement Manual.

“Medical review” means a clinical evaluation of documentation conducted by AHCCCS or a contractor for purposes of prior authorization, concurrent review, post-payment review, or determining medical necessity. The criteria for medical

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review are established by AHCCCS or a contractor based on medical practice standards that are updated periodically to reflect changes in medical care.

“Medicare Urban or Rural Cost-to-Charge Ratio (CCR)” means statewide average capital cost-to-charge ratio published annually by CMS added to the urban or rural statewide average operating cost-to-charge ratio published annually by CMS.

“National Standard code sets” means codes that are accepted nationally in accordance with federal requirements under 45 CFR 160 and 45 CFR 164.

“New hospital” means a hospital for which Medicare Cost Report claim and encounter data are not available for the fiscal year used for initial rate setting or rebasing.

“NICU” means the neonatal intensive care unit of a hospital that is classified as a Level II or Level III perinatal center by the Arizona Perinatal Trust.

“Non-IHS Acute Hospital” means a hospital that is not run by Indian Health Services, is not a free-standing psychiatric hospital, such as an IMD, and is paid under ADHS rates.

“Observation day” means a physician-ordered evaluation period of less than 24 hours to determine whether a person needs treatment or needs to be admitted as an inpatient. Each observation day consists of a period of 24 hours or less.

“Operating costs” means AHCCCS-allowable accommodation costs and ancillary department hospital costs excluding capital and medical education costs.

“OPPC” means an Other Provider Preventable Condition that is: (1) a wrong surgical or other invasive procedure performed on a patient, (2) a surgical or other invasive procedure performed on the wrong body part, or (3) a surgical or other invasive procedure performed on the wrong patient.

“Organized health care delivery system” means a public or private organization that delivers health services. It includes, but is not limited to, a clinic, a group practice prepaid capitation plan, and a health maintenance organization.

“Outlier” means a hospital claim or encounter in which the operating costs per day for an AHCCCS inpatient hospital stay meet the criteria described under this Article and A.R.S. § 36-2903.01(G).

“Outpatient hospital service” means a service provided in an outpatient hospital setting that does not result in an admission.

“Ownership change” means a change in a hospital’s owner, lessor, or operator under 42 CFR 489.18(a).

“Participating institution” means an institution at which portions of a graduate medical education program are regularly conducted and to which residents rotate for an educational experience for at least one month.

“Peer group” means hospitals that share a common, stable, and independently definable characteristic or feature that significantly influences the cost of providing hospital services, including specialty hospitals that limit the provision of services to specific patient populations, such as rehabilitative patients or children.

“PPC” means prior period coverage. PPC is the period of time, prior to the member’s enrollment, during which a member is eligible for covered services. The time-frame is the first day of the month of application or the first eligible month, whichever is later, until the day a member is enrolled with a contractor.

“PPS bed” means Medicare-approved Prospective Payment beds for inpatient services as reported in the Medicare cost reports for the most recent fiscal year for which the Administration has a complete set of Medicare cost reports for every rural hospital as determined as of the first of February of each year.

“Procedure code” means the numeric or alphanumeric code listed in the CPT or HCPCS manual by which a procedure or service is identified.

“Prospective rates” means inpatient or outpatient hospital rates set by AHCCCS in advance of a payment period and representing full payment for covered services excluding any quick-pay discounts, slow-pay penalties, and first-and third-party payments regardless of billed charges or individual hospital costs.

“Public hospital” means a hospital that is owned and operated by county, state, or hospital health care district.

“Qualifying health information exchange organization” means a non-profit health information organization as defined in A.R.S. § 36-3801 that provides the statewide exchange of patient health information among disparate health care organizations and providers not owned, operated, or controlled by the health information exchange. A qualifying health information exchange organization must include representation by the administration on its board of directors, and have a significant number of health care participants, including hospitals, laboratories, payers, community physicians and Federally Qualified Health Centers.

“Rebase” means the process by which the most currently available and complete Medicare Cost Report data for a year and AHCCCS claim and encounter data for the same year are collected and analyzed to reset the Inpatient Hospital Tiered per diem rates, or the Outpatient Hospital Capped Fee-For-Service Schedule.

“Reinsurance” means a risk-sharing program provided by AHCCCS to contractors for the reimbursement of specified contract service costs incurred by a member beyond a certain monetary threshold.

“Remittance advice” means an electronic or paper document submitted to an AHCCCS-registered provider by AHCCCS to explain the disposition of a claim.

“Resident” means a physician engaged in postdoctoral training in an accredited graduate medical education program, including an intern and a physician who has completed the requirements for the physician’s eligibility for board certification.

“Revenue code” means a numeric code, that identifies a specific accommodation, ancillary service, or billing calculation, as defined by the National Uniform Billing committee for UB-04 forms.

“Sub-acute services” means inpatient care for a patient with an acute illness, injury or exacerbation of a disease process when the patient does not require acute inpatient hospitalization. Sub-acute care is rendered immediately after, or instead of, acute inpatient hospitalization.

“Specialty facility” means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.

“Sponsoring institution” means the institution or entity that is recognized by the GME accrediting organization and designated as having ultimate responsibility for the assurance of

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academic quality and compliance with the terms of accreditation.

“Tier” means a grouping of inpatient hospital services into levels of care based on diagnosis, procedure, or revenue codes, peer group, NICU classification level, or any combination of these items.

“Tiered per diem” means an AHCCCS capped fee schedule in which payment is made on a per-day basis depending upon the tier (or tiers) into which an AHCCCS inpatient hospital day of care is assigned.

“Trip” means a one-way transport each time a taxi is called. If the taxi waits for the member then the transport continues to be part of the one-way trip. If the taxi leaves and is called to pick up the member, that is considered a new one-way trip.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-701 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-701 repealed, new Section R9-22-701 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014; amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4).

R9-22-701.01. Reserved

R9-22-701.02. Reserved

R9-22-701.03. Reserved

R9-22-701.04. Reserved

R9-22-701.05. Reserved

R9-22-701.06. Reserved

R9-22-701.07. Reserved

R9-22-701.08. Reserved

R9-22-701.09. Reserved

R9-22-701.10 Scope of the Administration’s and Contractor’s Liability

The Administration shall bear no liability for providing covered services for any member beyond the date of termination of the member’s eligibility or during the member’s enrollment with a contractor. A contractor has no financial responsibility for services provided to a member beyond the last date of enrollment except as provided in Articles 2 and 5 of this Chapter and as specified in contract.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

R9-22-702. Charges to Members

- A.** For purposes of this subsection, the term “member” includes the member’s financially responsible representative as described under A.R.S. § 36-2903.01.
- B.** Registered providers must accept payment from the Administration or a contractor as payment in full.
- C.** Except as provided in subsection (D) a registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person.
- D.** An AHCCCS registered provider may charge, submit a claim to, or demand or collect payment from a member:
 1. To collect the copayment described in R9-22-711;
 2. To recover from a member that portion of a payment made by a third party to the member for an AHCCCS covered service if the member has not transferred the payment to the Administration or the contractor as required by the statutory assignment of rights to AHCCCS;
 3. To obtain payment from a member for medical expenses incurred during a period when the member intentionally withheld information or intentionally provided inaccurate information pertaining to the member’s AHCCCS eligibility or enrollment that caused payment to the provider to be reduced or denied;
 4. For a service that is excluded by statute or rule, or provided in an amount that exceeds a limitation in statute or rule, if the member signs a document in advance of receiving the service stating that the member understands the service is excluded or is subject to a limit and that the member will be financially responsible for payment for the excluded service or for the services in excess of the limit;
 5. When the contractor or the Administration has denied authorization for a service if the member signs a document in advance of receiving the service stating that the member understands that authorization has been denied and that the member will be financially responsible for payment for the service;
 6. For services requested for a member enrolled with a contractor, and rendered by a noncontracting provider under circumstances where the member’s contractor is not responsible for payment of “out of network” services under R9-22-705(A), if the member signs a document in advance of receiving the service stating that the member understands the provider is out of network, that the member’s contractor is not responsible for payment, and that the member will be financially responsible for payment for the excluded service;
 7. For services rendered to a person eligible for the FESP if the provider submits a claim to the Administration in the reasonable belief that the service is for treatment of an emergency medical condition and the Administration denies the claim because the service does not meet the criteria of R9-22-217; or
 8. If the provider has received verification from the Administration that the person was not an eligible person on the date of service.
- E.** The signature requirement of subsections (D)(4), (D)(5), and (D)(6) do not apply if:
 1. The member is unable or incompetent to sign such a document, or

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2. When services are rendered for the purpose of treating an emergency medical condition as defined in R9-22-217 and a delay in providing treatment to obtain a signature would have a significant adverse affect on the member's health.

F. Except as provided for in this Section, registered providers shall not bill a member when the provider could have received reimbursement from the Administration or a contractor but for the provider's failure to file a claim in accordance with the requirements of AHCCCS statutes, rules, the provider agreement, or contract, such as, but not limited to, requirements to request and obtain prior authorization, timely filing, and clean claim requirements.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-702 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text identical to the emergency (Supp. 83-3). Former Section R9-22-702 repealed, new Section R9-22-702 adopted effective October 1, 1983 (Supp. 83-5). Amended by adding subsection (B) effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3).

R9-22-703. Payments by the Administration

- A. General requirements. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
- B. Timely submission of claims.
 1. Under A.R.S. § 36-2904, the Administration shall deem a paper or electronic claim to be submitted on the date that it is received by the Administration. The Administration shall do one or more of the following for each claim it receives:
 - a. Place a date stamp on the face of the claim,
 - b. Assign a system-generated claim reference number, or
 - c. Assign a system-generated date-specific number.
 2. Unless a shorter time period is specified in contract, the Administration shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
 - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
 - b. Six months from the date of eligibility posting.

3. Unless a shorter time period is specified in contract, the Administration shall not pay a clean claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
 - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
 - b. Twelve months from the date of eligibility posting.
4. Unless a shorter time period is specified in contract, the Administration shall not pay a claim submitted by an IHS or tribal facility for a covered service unless the claim is initially submitted within 12 months from the date of service, date of discharge, or eligibility posting, whichever is later.

C. Claims processing.

1. The Administration shall notify the AHCCCS-registered provider with a remittance advice when a claim is processed for payment.
2. The Administration shall reimburse a hospital for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and in the manner and at the rate described in A.R.S. § 36-2903.01:
 - a. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
 - b. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
 - c. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a fee of one percent per month for each month or portion of a month following the 60th day of receipt of the bill until date of payment.
3. A claim is paid on the date indicated on the disbursement check.
4. A claim is denied as of the date of the remittance advice.
5. The Administration shall process a hospital claim under this Article.

D. Prior authorization.

1. An AHCCCS-registered provider shall:
 - a. Obtain prior authorization from the Administration for non-emergency hospital admissions, covered services as specified in Articles 2 and 12 of this Chapter, and for administrative days as described in R9-22-712.75,
 - b. Notify the Administration of hospital admissions under Article 2 of this Chapter, and
 - c. Make records available for review by the Administration upon request.
2. The Administration may deny a claim if the provider fails to comply with subsection (D)(1).
3. If the Administration issues prior authorization for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the Administration shall adjust the claim payment.

E. Review of claims and coverage for hospital supplies.

1. The Administration may conduct prepayment and post-payment review of any claims, including but not limited to hospital claims.
2. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
 - a. Patient care kit,
 - b. Toothbrush,
 - c. Toothpaste,

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- d. Petroleum jelly,
 - e. Deodorant,
 - f. Septi soap,
 - g. Razor or disposable razor,
 - h. Shaving cream,
 - i. Slippers,
 - j. Mouthwash,
 - k. Shampoo,
 - l. Powder,
 - m. Lotion,
 - n. Comb, and
 - o. Patient gown.
3. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
- a. Arm board,
 - b. Diaper,
 - c. Underpad,
 - d. Special mattress and special bed,
 - e. Gloves,
 - f. Wrist restraint,
 - g. Limb holder,
 - h. Disposable item used instead of a durable item,
 - i. Universal precaution,
 - j. Stat charge, and
 - k. Portable charge.
4. The Administration shall determine in a hospital claims review whether services rendered were:
- a. Covered services as defined in Article 2;
 - b. Medically necessary;
 - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
 - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2903.01.
5. If the Administration adjudicates a claim, a person may file a claim dispute challenging the adjudication under 9 A.A.C. 34.
- F. Overpayment for AHCCCS services.**
- 1. An AHCCCS-registered provider shall notify the Administration when the provider discovers the Administration made an overpayment.
 - 2. The Administration shall recoup an overpayment from a future claim cycle if an AHCCCS-registered provider fails to return the overpaid amount to the Administration.
 - 3. The Administration shall document any recoupment of an overpayment on a remittance advice.
 - 4. An AHCCCS-registered provider may file a claim dispute under 9 A.A.C. 34 if the AHCCCS-registered provider disagrees with a recoupment action.
- G. For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.**
- H. Prior quarter reimbursement. A provider shall:**
- 1. Bill the Administration for services provided during a prior quarter eligibility period upon verification of eligibility or upon notification from a member of AHCCCS eligibility.
 - 2. Reimburse a member when payment has been received from the Administration for covered services during a prior quarter eligibility period. All funds paid by the member shall be reimbursed.
 - 3. Accept payment received by the Administration as payment in full.
- I. Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.**
- J. Payment for out-of-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an out-of-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).**
- K. Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. The Administration shall reimburse an in-state or out-of-state provider of inpatient hospital services rendered with a discharge date on or after October 1, 2014, the DRG rate established by the Administration.**
- L. The Administration may enter into contracts for the provisions of transplant services.**

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R-22-703 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-703 repealed, new Section R9-22-703 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective September 16, 1987 (Supp. 87-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-704. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-704 adopted as an emergency now adopted and amended as a permanent rule effective August 30 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended subsection A., Paragraph 2. effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

R9-22-705. Payments by Contractors

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- A.** General requirements. A contractor shall contract with providers to provide covered services to members enrolled with the contractor. The contractor is responsible for reimbursing providers and coordinating care for services provided to a member. Except as provided in subsection (A)(2), a contractor is not required to reimburse a noncontracting provider for services rendered to a member enrolled with the contractor.
1. Providers. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of March 6, 1992, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 2. A contractor shall reimburse a noncontracting provider for services rendered to a member enrolled with the contractor as specified in this Article if:
 - a. The contractor referred the member to the provider or authorized the provider to render the services and the claim is otherwise payable under this Chapter, or
 - b. The service is emergent under Article 2 of this Chapter.
- B.** Timely submission of claims.
1. Under A.R.S. § 36-2904, a contractor shall deem a paper or electronic claim as submitted on the date that the claim is received by the contractor. The contractor shall do one or more of the following for each claim the contractor receives:
 - a. Place a date stamp on the face of the claim,
 - b. Assign a system-generated claim reference number, or
 - c. Assign a system-generated date-specific number.
 2. Unless a shorter time period is specified in subcontract, a contractor shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
 - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
 - b. Six months from the date of eligibility posting.
 3. Unless a shorter time period is specified in subcontract, a contractor shall not pay a clean claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
 - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
 - b. Twelve months from the date of eligibility posting.
- C.** Date of claim.
1. A contractor's date of receipt of an inpatient or an outpatient hospital claim is the date the claim is received by the contractor as indicated by the date stamp on the claim, the system-generated claim reference number, or the system-generated date-specific number assigned by the contractor.
 2. A hospital claim is considered paid on the date indicated on the disbursement check.
 3. A denied hospital claim is considered adjudicated on the date of the claim's denial.
 4. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the contractor shall assign a new date of receipt upon receipt of the additional documentation.
 5. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the contractor shall not assign a new date of receipt.
 6. A contractor and a hospital may, through a contract approved as specified in R9-22-715, adopt a method for identifying, tracking, and adjudicating a claim that is different from the method described in this subsection.
- D.** Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. A contractor shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at either a rate specified by subcontract or, in absence of the subcontract, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715. This subsection does not apply to an urban contractor as specified in R9-22-718 and A.R.S. § 36-2905.01.
- E.** Payment for Inpatient out-of-state hospital payments for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).
- F.** Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- G.** Payment for in-state outpatient hospital services.
A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- H.** Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the contractor shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
- I.** Payment for observation days. A contractor shall reimburse a provider and a noncontracting provider for the provision of observation days at either a rate specified by subcontract or, in the absence of a subcontract, as prescribed under R9-22-712, R9-22-712.10, and R9-22-712.45.
- J.** Review of claims and coverage for hospital supplies.
1. A contractor may conduct a review of any claims submitted and recoup any payments made in error.
 2. A hospital shall obtain prior authorization from the appropriate contractor for nonemergency admissions. When issuing prior authorization, a contractor shall consider the medical necessity of the service, and the availability and cost effectiveness of an alternative treatment.

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- Failure to obtain prior authorization when required is cause for nonpayment or denial of a claim. A contractor shall not require prior authorization for medically necessary services provided during any prior period for which the contractor is responsible. If a contractor and a hospital agree to a subcontract, the parties shall abide by the terms of the subcontract regarding utilization control activities. A hospital shall cooperate with a contractor's reasonable activities necessary to perform concurrent review and shall make the hospital's medical records pertaining to a member enrolled with a contractor available for review.
3. Regardless of prior authorization or concurrent review activities, a contractor may make prepayment or post-payment review of all claims, including but not limited to a hospital claim. A contractor may recoup an erroneously paid claim. If prior authorization was given for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the contractor shall adjust the claim payment.
 4. A contractor and a hospital may enter into a subcontract that includes hospital claims review criteria and procedures if the subcontract meets the requirements of R9-22-715.
 5. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
 - a. Patient care kit,
 - b. Toothbrush,
 - c. Toothpaste,
 - d. Petroleum jelly,
 - e. Deodorant,
 - f. Septi soap,
 - g. Razor,
 - h. Shaving cream,
 - i. Slippers,
 - j. Mouthwash,
 - k. Disposable razor,
 - l. Shampoo,
 - m. Powder,
 - n. Lotion,
 - o. Comb, and
 - p. Patient gown.
 6. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
 - a. Arm board,
 - b. Diaper,
 - c. Underpad,
 - d. Special mattress and special bed,
 - e. Gloves,
 - f. Wrist restraint,
 - g. Limb holder,
 - h. Disposable item used instead of a durable item,
 - i. Universal precaution,
 - j. Stat charge, and
 - k. Portable charge.
 7. The contractor shall determine in a hospital claims review whether services rendered were:
 - a. Covered services as defined in R9-22-201;
 - b. Medically necessary;
 - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
 - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2904.
 8. If a contractor adjudicates a claim or recoups payment for a claim, a person may file a claim dispute challenging the adjudication or recoupment as described under 9 A.A.C. 34.
 - K. Non-hospital claims. A contractor shall pay claims for non-hospital services in accordance with contract, or in the absence of a contract, at a rate not less than the Administration's capped fee-for-service schedule or at a lower rate if negotiated between the two parties.
 - L. Payments to hospitals. A contractor shall pay for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and as described in A.R.S. § 36-2904:
 1. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
 2. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
 3. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a 1 percent penalty of the rate for each month or portion of the month following the 60th day of receipt of the bill until date of payment.
 - M. Interest payment. In addition to the requirements in subsection (L), a contractor shall pay interest for late claims as defined by contract.
 - N. For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-705 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the amended rule identical to emergency (Supp. 83-3). Former Section R9-22-705 repealed, new Section R9-22-705 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (C) effective October 1, 1987; amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by

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exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-706. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-706 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-706 repealed, new Section R9-22-706 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (D), (E), (F), and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (F) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (F) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4).

R9-22-707. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-707 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Repealed as a permanent action effective May 16, 1983 (Supp. 83-3). New Section R9-22-707 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1985 (Supp. 85-5). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

R9-22-708. Payments for Services Provided to Eligible American Indians

- A. For purposes of this Article “IHS enrolled” or “enrolled with IHS” means an American Indian who has elected to receive covered services through IHS instead of a contractor.
- B. For an American Indian who is enrolled with IHS, AHCCCS shall pay IHS the most recent all-inclusive inpatient, outpatient or ambulatory surgery rates published by Health and Human Services (HHS) in the Federal Register, or a separately contracted rate with IHS, for AHCCCS-covered services provided in an IHS facility. AHCCCS shall reimburse providers for the Medicare coinsurance and deductible amounts required to be paid by the Administration or contractor in Chapter 29, Article 3 of this Title.
- C. When IHS refers an American Indian enrolled with IHS to a provider other than an IHS or tribal facility, the provider to whom the referral is made shall obtain prior authorization from AHCCCS for services as required under Articles 2, 7 or 12 of this Chapter.
- D. For an American Indian enrolled with a contractor, AHCCCS shall pay the contractor a monthly capitation payment.
- E. Once an American Indian enrolls with a contractor, AHCCCS shall not reimburse any provider other than IHS or a Tribal facility.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-708 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-708 repealed, new Section R9-22-708 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-708 renumbered and amended as Section R9-22-709, new Section R9-22-708 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-709. Contractor’s Liability to Hospitals for the Provision of Emergency and Post-stabilization Care

A contractor is liable for emergency hospitalization and post-stabilization care as described in R9-22-210 and R9-22-210.01.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-709 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-709 repealed, new Section R9-22-709 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-709 renumbered and amended as Section R9-22-713, former Section R9-22-708 renumbered and amended as Section R9-22-709 effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

Editor’s Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor’s Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication.

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cation in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-710. Payments for Non-hospital Services

- A.** Capped fee-for-service. The Administration shall provide notice of changes in methods and standards for setting payment rates for services in accordance with 42 CFR 447.205, December 19, 1983, incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
1. Non-contracted services. In the absence of a contract that specifies otherwise, a contractor shall reimburse a provider or noncontracting provider for non-hospital services according to the Administration's capped-fee-for-service schedule.
 2. Procedure codes. The Administration shall maintain a current copy of the National Standard Code Sets mandated under 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004), incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 - a. A person shall submit an electronic claim consistent with 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).
 - b. A person shall submit a paper claim using the National Standard Code Sets as described under 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).
 - c. The Administration may deny a claim for failure to comply with subsection (A) (2) (a) or (b).
 3. Fee schedule. The Administration shall pay providers, including noncontracting providers, at the lesser of billed charges or the capped fee-for-service rates specified in subsections (A)(3)(a) through (A)(3)(d) unless a different fee is specified in a contract between the Administration and the provider, or is otherwise required by law.
 - a. Physician services. Fee schedules for payment for physician services are on file at the central office of the Administration for reference use during customary business hours.
 - b. Dental services. Fee schedules for payment for dental services are on file at the central office of the Administration for reference use during customary business hours.
 - c. Transportation services. Fee schedules for payment for transportation services are on file at the central office of the Administration for reference use during customary business hours. For dates of service beginning:
 - i. October 1, 2012 through September 30, 2013, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2012.
 - ii. October 1, 2013 through September 30, 2014, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2013.
- iii. October 1, 2014 through September 30, 2015, the Administration and its contractors shall reimburse ambulance services at 74.74 percent of the ADHS rates that are in effect as of August 2, 2014.
- d. Medical supplies and durable medical equipment (DME). Fee schedules for payment for medical supplies and DME are on file at the central office of the Administration for reference use during customary business hours. The Administration shall reimburse a provider once for purchase of DME during any two-year period, unless the Administration determines that DME replacement within that period is medically necessary for the member. Unless prior authorized by the Administration, no more than one repair and adjustment of DME shall be reimbursed during any two-year period.
- B.** Pharmacy services. The Administration shall not reimburse pharmacy services unless the services are provided by a pharmacy having a subcontract with a Pharmacy Benefit Manager (PBM) contracted with AHCCCS. Except as specified in subsection (C), the Administration shall reimburse pharmacy services according to the terms of the contract.
- C.** FQHC Pharmacy reimbursement.
1. For purposes of this Section the following terms are defined:
 - a. "340B Drug Pricing Program" means the discount drug purchasing program described in 42 U.S.C 256b.
 - b. "340B Ceiling Price" means the maximum price that drug manufacturers can charge covered entities participating in the 340B Drug Pricing Program as reported by the drug manufacturer to HRSA.
 - c. "340B entity" means a covered entity, eligible to participate in the 340B Drug Pricing Program, as defined by the Health Resources and Human Services Administration.
 - d. "Actual Acquisition Cost (AAC)" means the purchase price of a drug paid by a pharmacy net of discounts, rebates, chargebacks and other adjustments to the price of the drug. The AAC excludes dispensing fees.
 - e. "Contracted Pharmacy" means an arrangement through which a 340B entity may contract with an outside pharmacy to provide comprehensive pharmacy services utilizing medications subject to 340B pricing.
 - f. "Dispensing Fee" means the amount paid for the professional services provided by the pharmacist for dispensing a prescription. The Dispensing Fee does not include any payment for the drugs being dispensed.
 - g. "Federally Qualified Health Center" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the criteria under sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receives funds under section 330 of the Public Health Service Act.
 - h. "Federally Qualified Health Center Look-Alike" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the definition of "health center" under section 330 of the Public Health Service Act, but does not receive grant funding under section 330.

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- i. "FQHC or FQHC Look-Alike pharmacy" means a pharmacy that dispenses drugs to FQHC or FQHC-LA patients and that is owned and/or operated by an FQHC/FQHC-LA or by an entity that reports the costs of an FQHC/FQHC-LA on its Medicare Cost Report, whether or not collocated with an FQHC or an FQHC Look-Alike.
2. Effective the later of February 1, 2012, or CMS approval of a State Plan Amendment, an FQHC or FQHC Look-Alike shall:
 - a. Notify the AHCCCS provider registration unit of its status as a 340B covered entity no later than:
 - i. 30 days after the effective date of this Section;
 - ii. 30 days after registration with the Health Resources and Services Administration (HRSA) for participation in the 340B program, or
 - iii. The time of application to become an AHCCCS provider.
 - b. Provide the 340B pricing file to the AHCCCS Administration upon request. The 340B pricing file shall be provided in the file format as defined by AHCCCS.
 - c. Identify 340B drug claims submitted to the AHCCCS FFS PBM or the Managed Care Contractors' PBMs for reimbursement. The 340B drug claim identification and claims processing for a drug claim submission shall be consistent with claim instructions issued and required by AHCCCS to identify such claims.
3. The FQHC and the FQHC Look-Alike pharmacies shall submit claims for AHCCCS members for drugs that are identified in the 340B pricing file, whether or not purchased under the 340B pricing file, with the lesser of:
 - a. The actual acquisition cost, or
 - b. The 340B ceiling price.
4. The AHCCCS Fee-for-Service and Managed Care Contractors' PBMs shall reimburse claims for drugs which are identified in the 340B pricing file dispensed by FQHC and FQHC Look -Alike pharmacies, whether or not purchased under the 340B pricing file, at the amount submitted under subsection (C)(3) plus a dispensing fee listed in the AHCCCS Capped Fee-For-Service Schedule unless a contract between the 340B entity and a Managed Care Contractor's PBM specifies a different dispensing fee.
5. Contracted pharmacies shall not submit claims for drugs dispensed under an agreement with the 340B entity as part of the 340B drug pricing program, and the AHCCCS Administration and Managed Care Contractors shall not reimburse such claims.
6. The AHCCCS Administration and Managed Care Contractors shall reimburse contracted pharmacies for drugs not dispensed under an agreement with the 340B entity as part of the 340B program at the price and dispensing fee set forth in the contract between the contracted pharmacy and the AHCCCS or its Managed Care Contractors' PBMs. Neither the Administration nor its Managed Care Contractors will reimburse a contracted pharmacy that does not have a contract with the Administration or MCO's PBM.
7. The AHCCCS Administration and its Managed Care Contractors shall reimburse FQHC and FQHC Look-Alike pharmacies for drugs that are not eligible under the 340B Drug Pricing Program at the price and dispensing

fee set forth in their contract with the AHCCCS or its Managed Care Contractors' PBMs.

8. AHCCCS may periodically conduct audits to ensure compliance with this Section.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-710 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of amended rule identical to emergency (Supp. 83-3). Former Section R9-22-710 repealed, new Section R9-22-710 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985. The capped fee-for-service schedules, deleted from Section R9-22-710, are now on file at the central office of the Administration (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective July 1, 1988 (Supp. 88-3). Amended subsection (B) effective April 27, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3830, effective November 12, 2005 (Supp. 05-3). Amended by exempt rulemaking at 18 A.A.R. 212, effective February 1, 2012 (Supp. 12-1). Amended by exempt rulemaking at 18 A.A.R. 1971, effective August 1, 2012 (Supp. 12-3). Amended by exempt rulemaking at 18 A.A.R. 2630, effective October 1, 2012 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 1681, effective August 9, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3525, effective October 18, 2013 (Supp. 13-4)

R9-22-711. Copayments**A.** For purposes of this Article:

1. A copayment is a monetary amount that a member pays directly to a provider at the time a covered service is rendered.
2. An eligible individual is assigned to a hierarchy established in subsections (B) through (E), for the purposes of establishing a copayment amount.
3. No refunds shall be made for a retroactive period if there is a change in an individual's status that alters the amount of a copayment.

B. The following services are exempt from AHCCCS copayments for all members:

1. Family planning services and supplies,
2. Services related to a pregnancy or any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for a pregnant woman,
3. Emergency services as described in 42 CFR 447.56(2)(i),
4. All services paid on a fee-for-service basis,
5. Preventive services, such as well visits, immunizations, pap smears, colonoscopies, and mammograms,
6. Provider preventable services.

C. The following individuals are exempt from AHCCCS copayments:

1. An individual under age 19, including individuals eligible for the KidsCare Program in A.R.S. § 36-2982;
2. An individual determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services;

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3. An individual eligible for the Arizona Long-Term Care Program in A.R.S. § 36-2931;
 4. An individual eligible for QMB under Chapter 29;
 5. An individual eligible for the Children's Rehabilitative Services program under A.R.S. § 36-2906(E);
 6. An individual receiving nursing facility or HCBS services under R9-22-216;
 7. An individual receiving hospice care as defined in 42 U.S.C. 1396d(o);
 8. An American Indian individual enrolled in a health plan and has received services through an IHS facility, tribal 638 facility or urban Indian health program;
 9. An individual eligible in the Breast and Cervical Cancer program as described under Article 20;
 10. An individual who is pregnant and through the postpartum period following the pregnancy;
 11. An individual with respect to whom child welfare services are made available under Part B of Title IV of the Social Security Act on the basis of being a child in foster care, without regard to age;
 12. An individual with respect to whom adoption or foster care assistance is made available under Part E of Title IV of the Social Security Act, without regard to age; and
 13. An adult eligible under R9-22-1427(E), with income at or below 106% of the FPL.
- D. Non-mandatory copayments.** Unless otherwise listed in subsection (B) or (C), individuals under subsections (D)(1) through (6) are subject to the copayments listed in this subsection. A provider shall not deny a service when a member states to the provider an inability to pay a copayment.
1. A caretaker relative eligible under R9-22-1427(A);
 2. An individual eligible for Young Adult Transitional Insurance (YATI) in A.R.S. § 36-2901(6)(a)(iii);
 3. An individual eligible for State Adoption Assistance in R9-22-1433;
 4. An individual eligible for Supplemental Security Income (SSI);
 5. An individual eligible for SSI Medical Assistance Only (SSI/MAO) in Article 15; and
 6. An individual eligible for the Freedom to Work program in A.R.S. § 36-2901(6)(g).
 7. Copayment amount per service:
 - a. \$2.30 per prescription drug.
 - b. \$3.40 per outpatient visit, excluding an emergency room visit, if any of the services rendered during the visit are coded as evaluation and management services or non-emergent surgical procedures according to the National Standard Code Sets. An outpatient visit includes any setting where these services are performed such as a physician's office, an Ambulatory Surgical Center (ASC), or a clinic.
 - c. \$2.30 per visit, if a copayment is not being imposed under subsection (D)(7)(b) and any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
- E. Mandatory copayments.**
1. Copayments for individuals eligible for Transitional Medical Assistance (TMA) under R9-22-1427(B)(1)(c)(i). Unless otherwise listed in subsection (C), an individual is required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
 - a. \$2.30 per prescription drug.
 - b. \$4.00 per outpatient visit, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
 - c. If a copayment is not being imposed under subsection (E)(1)(b), \$3.00 per visit if any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
 - d. If a copayment is not being imposed under subsection (E)(1)(b) or (c), \$3.00 per visit, if any of the services rendered during the visit are coded as non-emergent surgical procedures according to the National Standard Code Sets.
 2. Copayments for persons eligible under R9-22-1427(E) with income above 106% of the FPL and for persons eligible under A.R.S. §§ 36-2907.10 and 36-2907.11. Subject to CMS approval, unless otherwise listed in subsection (C), these individuals are required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
 - a. \$4.00 per prescription drug.
 - b. \$5.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate from \$50 to less than \$100, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
 - c. \$10.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate of \$100 or greater, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
 - d. If a copayment is not being imposed under subsection (E)(2)(b) or (E)(2)(c), for services coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
 - i. \$2.00 if the rate on the fee schedule is \$20 to \$39.99,
 - ii. \$4.00 if the rate on the fee schedule is \$40 to \$49.99, or
 - iii. \$5.00 if the rate on the fee schedule is \$50 and above per visit.
 - e. If a copayment is not being imposed under subsection (E)(2)(b) – (E)(2)(d), for services coded as non-emergent surgical procedures according to the National Standard Code Sets,
 - i. \$30.00 if the rate on the fee schedule is \$300 to \$499.99, or
 - ii. \$50.00 if the rate on the fee schedule is \$500 and above per visit.
 - f. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$2.00 per trip for non-emergency transportation in an urban area.
 - g. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection

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(B) the individual is required to pay \$8.00 for non-emergency use of the emergency room.

- h. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$75 for an Inpatient stay.
- 3. The provider may deny a service if the member does not pay the copayment required by subsection (E), however, a provider may choose to reduce or waive copayments under this subsection on a case-by-case basis.
- F. A provider is responsible for collecting any copayment imposed under this Section.
- G. The total aggregate amount of copayments under subsections (D) or (E) may not exceed 5% of the family's income as applied on a quarterly basis. The member may establish that the aggregate limit has been met on a quarterly basis by providing the Administration with records of copayments incurred during the quarter. In addition, the Administration shall also use claims and encounters information available to the Administration to establish when a member's copayment obligation has reached 5% of the family's income.
- H. Reduction in payments to providers. The Administration and its contractors shall reduce the payment it makes to any provider by the amount of a member's copayment obligation under subsection (E), regardless of whether the provider successfully collects the copayments described in this Section.

Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Sections R9-22-711 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-711 repealed, new Section R9-22-711 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4557, effective October 1, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 2194, effective May 3, 2004 (Supp. 04-2). Amended by exempt rulemaking at 10 A.A.R. 4266, effective October 1, 2004 (Supp. 04-3). Amended by final rulemaking at 16 A.A.R. 1449, effective October 1, 2010 (Supp. 10-3). Section amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Section amended by final rulemaking at 19 A.A.R. 2954, effective November 11, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 128, effective December 30, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3).

Editor's Note: The following Section was adopted and amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the

Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-712. Reimbursement: General

- A. Inpatient and outpatient discounts and penalties. If a claim is pending for additional documentation required under A.R.S. § 36-2903.01(G)(4), the period during which the claim is pending is not used in the calculation of the quick-pay discounts and slow-pay penalties under A.R.S. § 36-2903.01(G)(5).
- B. Inpatient and outpatient in-state or out-of-state hospital payments.
 - 1. Payment for inpatient out-of-state hospital services for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(d).
 - 2. Payment for inpatient in-state hospital services for claims with discharge dates on or before September 30, 2014. AHCCCS shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.
 - 3. Payment for inpatient in-state or out-of-state hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in the absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
 - 4. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse an out-of-state hospital for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the Administration shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
 - 5. Outpatient in-state hospital payments. A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- C. Access to records. Subcontracting and noncontracting providers of outpatient or inpatient hospital services shall allow the Administration access to medical records regarding eligible persons and shall in all other ways fully cooperate with the Administration or the Administration's designated representative in performance of the Administration's utilization control activities. The Administration shall deny a claim for failure to cooperate.
- D. Prior authorization. The Administration or contractor may deny a claim if a provider fails to obtain prior authorization as required under R9-22-210.
- E. Review of claims. Regardless of prior authorization or concurrent review activities, the Administration may subject all hospital claims, including outliers, to prepayment medical review

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or post-payment review, or both. The Administration shall conduct post-payment reviews consistent with A.R.S. § 36-2903.01 and may recoup erroneously paid claims.

F. Claim receipt.

1. The Administration's date of receipt of inpatient or outpatient hospital claims is the date the claim is received by the Administration as indicated by the date stamp on the claim and the system-generated claim reference number or system-generated date-specific number.
2. Hospital claims are considered paid on the date indicated on disbursement checks.
3. A denied claim is considered adjudicated on the date the claim is denied.
4. Claims that are denied and are resubmitted are assigned new receipt dates.
5. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the Administration shall assign a new date of receipt upon receipt of the additional documentation.
6. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the Administration shall not assign a new date of receipt.

G. Outpatient hospital reimbursement. The Administration shall pay for covered outpatient hospital services provided to eligible persons with dates of service from March 1, 1993 through June 30, 2005, at the AHCCCS outpatient hospital cost-to-charge ratio, multiplied by the amount of the covered charges.

1. Computation of outpatient hospital reimbursement. The Administration shall compute the cost-to-charge ratio on a hospital-specific basis by determining the covered charges and costs associated with treating eligible persons in an outpatient setting at each hospital. Outpatient operating and capital costs are included in the computation but outpatient medical education costs that are included in the inpatient medical education component are excluded. To calculate the outpatient hospital cost-to-charge ratio annually for each hospital, the Administration shall use each hospital's Medicare Cost Reports and a database consisting of outpatient hospital claims paid and encounters processed by the Administration for each hospital, subjecting both to the data requirements specified in R9-22-712.01. The Administration shall use the following methodology to establish the outpatient hospital cost-to-charge ratios:

- a. Cost-to-charge ratios. The Administration shall calculate the costs of the claims and encounters for outpatient hospital services by multiplying the ancillary line item cost-to-charge ratios by the covered charges for corresponding revenue codes on the claims and encounters. Each hospital shall provide the Administration with information on how the revenue codes used by the hospital to categorize charges on claims and encounters correspond to the ancillary line items on the hospital's Medicare Cost Report. The Administration shall then compute the overall outpatient hospital cost-to-charge ratio for each hospital by taking the average of the ancillary line items cost-to-charge ratios for each revenue code weighted by the covered charges.
- b. Cost-to-charge limit. To comply with 42 CFR 447.325, the Administration may limit cost-to-charge ratios to 1.00 for each ancillary line item from the Medicare Cost Report. The Administration shall remove ancillary line items that are non-covered or not applicable to outpatient hospital services

from the Medicare Cost Report data for purposes of computing the overall outpatient hospital cost-to-charge ratio.

2. New hospitals. The Administration shall reimburse new hospitals at the weighted statewide average outpatient hospital cost-to-charge ratio multiplied by covered charges. The Administration shall continue to use the statewide average outpatient hospital cost-to-charge ratio for a new hospital until the Administration rebases the outpatient hospital cost-to-charge ratios and the new hospital has a Medicare Cost Report for the fiscal year being used in the rebasing.
3. Specialty outpatient services. The Administration may negotiate, at any time, reimbursement rates for outpatient hospital services in a specialty facility.
4. Reimbursement requirements. To receive payment from the Administration, a hospital shall submit claims that are legible, accurate, error free, and have a covered charge greater than zero. The Administration shall not reimburse hospitals for emergency room treatment, observation hours or days, or other outpatient hospital services performed on an outpatient basis, if the eligible person is admitted as an inpatient to the same hospital directly from the emergency room, observation area, or other outpatient department. Services provided in the emergency room, observation area, and other outpatient hospital services provided before the hospital admission are included in the tiered per diem payment.
5. Rebasing. The Administration shall rebase the outpatient hospital cost-to-charge ratios at least every four years but no more than once a year using updated Medicare Cost Reports and claim and encounter data.
6. If a hospital files an increase in its charge master for an existing outpatient service provided on or after July 1, 2004, and on or before June 30, 2005, which represents an aggregate increase in charges of more than 4.7%, the Administration shall adjust the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) by applying the following formula:

$$CCR * [1.047 / (1 + \% \text{ increase})]$$

Where "CCR" means the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) and "% increase" means the aggregate percentage increase in charges for outpatient services shown on the hospital charge master.

"Charge master" means the schedule of rates and charges as described under A.R.S. § 36-436 and the rules that relate to those rates and charges that are filed with the Director of the Arizona Department of Health Services.

Historical Note

Adopted as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to emergency (Supp. 83-3). Former Section R9-22-712 repealed, new Section R9-22-712 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). New Section R9-22-712 adopted under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993

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(Supp. 93-3). Amended effective January 14, 1997 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 3831, effective August 25, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.01. Inpatient Hospital Reimbursement for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014

Inpatient hospital reimbursement. The Administration shall pay for covered inpatient acute care hospital services provided to eligible persons for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014, on a prospective reimbursement basis. The prospective rates represent payment in full, excluding quick-pay discounts, slow-pay penalties, and third-party payments for both accommodation and ancillary department services. The rates include reimbursement for operating and capital costs. The Administration shall make reimbursement for direct graduate medical education as described in A.R.S. § 36-2903.01. For payment purposes, the Administration shall classify each AHCCCS inpatient hospital day of care into one of several tiers appropriate to the services rendered. The rate for a tier is referred to as the tiered per diem rate of reimbursement. The number of tiers is seven and the maximum number of tiers payable per continuous stay is two. Payment of outlier claims, transplant claims, or payment to out-of-state hospitals, freestanding psychiatric hospitals, and other specialty facilities may differ from the inpatient hospital tiered per diem rates of reimbursement described in this Section.

1. Tier rate data. The Administration shall base tiered per diem rates effective on and after October 1, 1998 on Medicare Cost Reports for Arizona hospitals for the fiscal year ending in 1996 and a database consisting of inpatient hospital claims and encounters for dates of service matching each hospital's 1996 fiscal year end.
 - a. Medicare Cost Report data. Because Medicare Cost Report years are not standard among hospitals and were not audited at the time of the rate calculation, the Administration shall inflate all the costs to a common point in time as described in subsection (2) for each component of the tiered per diem rates. The Administration shall not make any changes to the tiered per diem rates if the Medicare Cost Report data are subsequently updated or adjusted. If a single Medicare Cost Report is filed for more than one hospital, the Administration shall allocate the costs to each of the respective hospitals. A hospital shall submit information to assist the Administration in this allocation.
 - b. Claim and encounter data. For the database, the Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were accepted and processed by the Administration at the time the database was developed for rates effective on and after October 1, 1998. The Administration shall subject the claim and encounter data to a series of data quality, reasonableness, and integrity edits and shall exclude from the database or adjust claims and encounters that fail these edits.

The Administration shall also exclude from the database the following claims and encounters:

- i. Those missing information necessary for the rate calculation,
 - ii. Medicare crossovers,
 - iii. Those submitted by freestanding psychiatric hospitals, and
 - iv. Those for transplant services or any other hospital service that the Administration would pay on a basis other than the tiered per diem rate.
2. Tier rate components. The Administration shall establish inpatient hospital prospective tiered per diem rates based on the sum of the operating and capital components. The rate for the operating component is a statewide rate for each tier except for the NICU and Routine tiers, which are based on peer groups. The rate for the capital component is a blend of statewide and hospital-specific values, as described in A.R.S. § 36-2903.01. The Administration shall use the following methodologies to establish the rates for each of these components.
 - a. Operating component. Using the Medicare Cost Reports and the claim and encounter database, the Administration shall compute the rate for the operating component as follows:
 - i. Data preparation. The Administration shall identify and group into department categories, the Medicare Cost Report data that provide ancillary department cost-to-charge ratios and accommodation costs per day. To comply with 42 CFR 447.271, the Administration shall limit cost-to-charge ratios to 1.00 for each ancillary department.
 - ii. Operating cost calculation. To calculate the rate for the operating component, the Administration shall derive the operating costs from claims and encounters by combining the Medicare Cost Report data and the claim and encounter database for all hospitals. In performing this calculation, the Administration shall match the revenue codes on the claims and encounters to the departments in which the line items on the Medicare Cost Reports are grouped. The ancillary department cost-to-charge ratios for a particular hospital are multiplied by the covered ancillary department charges on each of the hospital's claims and encounters. The AHCCCS inpatient days of care on the particular hospital's claims and encounters are multiplied by the corresponding accommodation costs per day from the hospital's Medicare Cost Report. The ancillary cost-to-charge ratios and accommodation costs per day do not include medical education and capital costs. The Administration shall inflate the resulting operating costs for the claims and encounters of each hospital to a common point in time, December 31, 1996, using the DRI inflation factor and shall reduce the operating costs for the hospital by an audit adjustment factor based on available national data and Arizona historical experience in adjustments to Medicare reimbursable costs. The Administration shall further

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- inflate operating costs to the midpoint of the rate year (March 31, 1999).
- iii. Operating cost tier assignment. After calculating the operating costs, the Administration shall assign the claims and encounters used in the calculation to tiers based on diagnosis, procedure, or revenue codes, or NICU classification level, or a combination of these. For the NICU tier, the Administration shall further assign claims and encounters to NICU Level II or NICU Level III peer groups, based on the hospital's certification by the Arizona Perinatal Trust. For the Routine tier, the Administration shall further assign claims and encounters to the general acute care hospital or rehabilitation hospital peer groups, based on state licensure by the Department of Health Services. For claims and encounters assigned to more than one tier, the Administration shall allocate ancillary department costs to the tiers in the same proportion as the accommodation costs. Before calculating the rate for the operating component, the Administration shall identify and exclude any claims and encounters that are outliers as defined in subsection (6).
 - iv. Operating rate calculation. The Administration shall set the rate for the operating component for each tier by dividing total statewide or peer group hospital costs identified in this subsection within the tier by the total number of AHCCCS inpatient hospital days of care reflected in the claim and encounter database for that tier.
 - b. Capital component. For rates effective October 1, 1999 the capital component is calculated as described in A.R.S. § 36-2903.01.
 - c. Statewide inpatient hospital cost-to-charge ratio. For dates of service prior to October 1, 2007, the statewide inpatient hospital cost-to-charge ratio is used for payment of outliers, as described in subsections (4), (5), and (6), and out-of-state hospitals, as described in R9-22-712(B). The Administration shall calculate the AHCCCS statewide inpatient hospital cost-to-charge ratio by using the Medicare Cost Report data and claim and encounter database described in subsection (1) and used to determine the tiered per diem rates. For each hospital, the covered inpatient days of care on the claims and encounters are multiplied by the corresponding accommodation costs per day from the Medicare Cost Report. Similarly, the covered ancillary department charges on the claims and encounters are multiplied by the ancillary department cost-to-charge ratios. The accommodation costs per day and the ancillary department cost-to-charge ratios for each hospital are determined in the same way described in subsection (2)(a) but include costs for operating and capital. The Administration shall then calculate the statewide inpatient hospital cost-to-charge ratio by summing the covered accommodation costs and ancillary department costs from the claims and encounters for all hospitals and dividing by the sum of the total covered charges for these services for all hospitals.
 - d. Unassigned tiered per diem rates. If a hospital has an insufficient number of claims to set a tiered per diem rate, the Administration shall pay that hospital the statewide average rate for that tier.
 3. Tier assignment. The Administration shall assign AHCCCS inpatient hospital days of care to tiers based on information submitted on the inpatient hospital claim or encounter including diagnosis, procedure, or revenue codes, peer group, NICU classification level, or a combination of these.
 - a. Tier hierarchy. In assigning claims for AHCCCS inpatient hospital days of care to a tier, the Administration shall follow the Hierarchy for Tier Assignment through September 30, 2014 in R9-22-712.09. The Administration shall not pay a claim for inpatient hospital services unless the claim meets medical review criteria and the definition of a clean claim. The Administration shall not pay for a hospital stay on the basis of more than two tiers, regardless of the number of interim claims that are submitted by the hospital.
 - b. Tier exclusions. The Administration shall not assign to a tier or pay AHCCCS inpatient hospital days of care that do not occur during a period when the person is eligible. Except in the case of death, the Administration shall pay claims in which the day of admission and the day of discharge are the same, termed a same day admit and discharge, including same day transfers, as an outpatient hospital claim. The Administration shall pay same day admit and discharge claims that qualify for either the maternity or nursery tiers based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.
 - c. Seven tiers. The seven tiers are:
 - i. Maternity. The Administration shall identify the Maternity Tier by a primary diagnosis code. If a claim has an appropriate primary diagnosis, the Administration shall pay the AHCCCS inpatient hospital days of care on the claim at the maternity tiered per diem rate.
 - ii. NICU. The Administration shall identify the NICU Tier by a revenue code. A hospital does not qualify for the NICU tiered per diem rate unless the hospital is classified as either a NICU Level II or NICU Level III perinatal center by the Arizona Perinatal Trust. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meet the medical review criteria for the NICU tier and have a NICU revenue code at the NICU tiered per diem rate. The Administration shall pay any remaining AHCCCS inpatient hospital day on the claim that does not meet NICU Level II or NICU Level III medical review criteria at the nursery tiered per diem rate.
 - iii. ICU. The Administration shall identify the ICU Tier by a revenue code. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meets the medical review criteria for the ICU tier and has an ICU revenue code at the ICU tiered per diem rate. The Administration may classify any AHCCCS inpatient hospital days on the

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- claim without an ICU revenue code, as surgery, psychiatric, or routine tiers.
- iv. Surgery. The Administration shall identify the Surgery Tier by a revenue code and a valid surgical procedure code that is not on the AHCCCS excluded surgical procedure list. The excluded surgical procedure list identifies minor procedures such as sutures that do not require the same hospital resources as other procedures. The Administration shall only split a surgery tier with an ICU tier. AHCCCS shall pay at the surgery tier rate only when the surgery occurs on a date during which the member is eligible.
 - v. Psychiatric. The Administration shall identify the Psychiatric Tier by either a psychiatric revenue code and a psychiatric diagnosis or any routine revenue code if all diagnosis codes on the claim are psychiatric. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the psychiatric tier with any tier other than the ICU tier.
 - vi. Nursery. The Administration shall identify the Nursery Tier by a revenue code. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the nursery tier with any tier other than the NICU tier.
 - vii. Routine. The Administration shall identify the Routine Tier by revenue codes. The routine tier includes AHCCCS inpatient hospital days of care that are not classified in another tier or paid under any other provision of this Section. The Administration shall not split the routine tier with any tier other than the ICU tier.
4. Annual update. The Administration shall annually update the inpatient hospital tiered per diem rates through September 30, 2011.
 5. New hospitals. For rates effective on and after October 1, 1998, the Administration shall pay new hospitals the statewide average rate for each tier, as appropriate. The Administration shall update new hospital tiered per diem rates through September 30, 2011.
 6. Outliers. The Administration shall reimburse hospitals for AHCCCS inpatient hospital days of care identified as outliers under this Section by multiplying the covered charges on a claim by the Medicare Urban or Rural Cost-to-Charge Ratio. The Urban cost-to-charge ratio will be used for hospitals located in a county of 500,000 residents or more. The Rural cost-to-charge ratio will be used for hospitals located in a county of fewer than 500,000 residents.
 - a. Outlier criteria. For rates effective on and after October 1, 1998, the Administration set the statewide outlier cost threshold for each tier at the greater of three standard deviations from the statewide mean operating cost per day within the tier, or two standard deviations from the statewide mean operating cost per day across all the tiers. If the covered costs per day on a claim exceed the urban or rural cost threshold for a tier, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the applicable Medicare Urban or Rural CCR. The resulting amount will be the outlier payment. If there are two tiers on a claim, the Administration shall determine whether the claim is an outlier by using a weighted threshold for the two tiers. The weighted threshold is calculated by multiplying each tier rate by the number of AHCCCS inpatient hospital days of care for that tier and dividing the product by the total tier days for that hospital. Routine maternity stays shall be excluded from outlier reimbursement. A routine maternity is any one-day stay with a delivery of one or two babies. A routine maternity stay will be paid at tier.
 - b. Update. The CCR is updated annually by the Administration for dates of service beginning October 1, using the most current Medicare cost-to-charge ratios published or placed on display by CMS by August 31 of that year. The Administration shall update the outlier cost thresholds for each hospital through September 30, 2011 as described under A.R.S. § 36-2903.01. For inpatient hospital admissions with begin dates of service on and after October 1, 2011, AHCCCS will increase the outlier cost thresholds by 5% of the thresholds that were effective on September 30, 2011.
 - c. Medicare Cost-to-Charge Ratio Phase-In. AHCCCS shall phase in the use of the Medicare Urban or Rural Cost-to-Charge Ratios for outlier determination, calculation and payment. The three-year phase-in does not apply to out-of-state or new hospitals.
 - i. Medicare Cost-to-Charge Ratio Phase-In outlier determination and threshold calculation. For outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. For outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. The adjusted hospital specific inpatient cost-to-charge ratios shall be used for all calculations using the Medicare Urban or Rural Cost-to-Charge Ratios, including outlier determination, and threshold calculation.
 - ii. Medicare Cost-to-Charge Ratio Phase-In calculation for payment. For payment of outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio. For payment of outlier claims with dates of service on or after October 1, 2008 through September 30, 2009,

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- AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio.
- iii. Medicare Cost-to-Charge Ratio for outlier determination, threshold calculation, and payment. For outlier claims with dates of service on or after October 1, 2009, the full Medicare Urban or Rural Cost-to-Charge Ratios shall be utilized for all outlier calculations.
 - d. Cost-to-Charge Ratio used for qualification and payment of outlier claims.
 - i. For qualification and payment of outlier claims with begin dates of service on or after April 1, 2011 through September 30, 2011, the CCR will be equal to 95% of the ratios in effect on October 1, 2010.
 - ii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011, the CCR will be equal to 90.25% of the most recent published Urban or Rural Medicare CCR as described in subsection (6)(b).
 - iii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011 through September 30, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after April 1, 2011 by an additional percentage equal to the total percent increase reported on the charge master.
 - iv. Subject to approval by CMS, for qualification and payment of outlier claims with begin dates of service on or after October 1, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after June 1, 2012 by an additional percentage equal to the total percent increase reported on the charge master.
 7. Transplants. The Administration shall reimburse hospitals for an AHCCCS inpatient stay in which a covered transplant as described in R9-22-206 is performed through the terms of the relevant contract. If the Administration and a hospital that performs transplant surgery on an eligible person do not have a contract for the transplant surgery, the Administration shall not reimburse the hospital more than what would have been paid to the contracted hospital for that same surgery.
 8. Ownership change. The Administration shall not change any of the components of a hospital's tiered per diem rates upon an ownership change.
 9. Psychiatric hospitals. The Administration shall pay free-standing psychiatric hospitals an all-inclusive per diem rate based on the contracted rates used by the Department of Health Services.
 10. Specialty facilities. The Administration may negotiate, at any time, reimbursement rates for inpatient specialty facilities or inpatient hospital services not otherwise addressed in this Section as provided by A.R.S. § 36-2903.01. For purposes of this subsection, "specialty facility" means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.
 11. Outliers for new hospitals. Outliers for new hospitals will be calculated using the Medicare Urban or Rural Cost-to-Charge Ratio times covered charges. If the resulting cost is equal to or above the cost threshold, the claim will be paid at the Medicare Urban or Rural Cost-to-Charge ratio.
 12. Reductions to tiered per diem payment for inpatient hospital services. Inpatient hospital admissions with begin dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the tiered per diem rates in effect on September 30, 2011.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.02. Reserved

R9-22-712.03. Reserved

R9-22-712.04. Reserved

R9-22-712.05. Graduate Medical Education Fund Allocation

- A. Graduate medical education (GME) reimbursement as of September 30, 1997. Subject to legislative appropriation, the Administration shall make a distribution based on direct graduate medical education costs as described in A.R.S. § 36-2903.01(G)(9)(a).
- B. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(b). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (B)(3).
 1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (B) if all of the following apply:
 - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona;
 - b. It incurs direct costs for the training of residents in the GME programs, which costs are or will be reported on the hospital's Medicare Cost Report;
 - c. It is not administered by or does not receive its primary funding from an agency of the federal government.
 2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (B)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Ari-

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- zona and not at a health care facility made ineligible under subsection (B)(1)(c):
- a. Filled resident positions in approved programs established as of October 1, 1999 at hospitals that receive funding as described in A.R.S. § 36-2903.01(G)(9)(a) that are additional to the number of resident positions that were filled as of October 1, 1999; and
 - b. All filled resident positions in approved programs other than GME programs described in A.R.S. § 36-2903.01(G)(9)(a) that were established before July 1, 2006.
3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (B) shall provide the applicable information listed in this subsection to the Administration:
 - a. A GME program shall provide all of the following:
 - i. The program name and number assigned by the accrediting organization;
 - ii. The original date of accreditation;
 - iii. The names of the sponsoring institution and all participating institutions current as of the date of reporting;
 - iv. The number of approved resident positions and the number of filled resident positions current as of the date of reporting;
 - v. For programs established as of October 1, 1999, the number of resident positions that were filled as of October 1, 1999, if the program has not already provided this information to the Administration;
 - b. A hospital seeking a distribution under subsection (B) shall provide all of the following that apply:
 - i. If the hospital uses the Intern and Resident Information System (IRIS) for tracking and reporting its resident activity to the fiscal intermediary, copies of the IRIS master and assignment files for the hospital's two most recently completed Medicare cost reporting years as filed with the fiscal intermediary;
 - ii. If the hospital does not use the IRIS or has less than two cost reporting years available in the form of the IRIS master and assignment files, the information normally contained in the IRIS master and assignment files in an alternative format for the hospital's two most recently completed Medicare cost reporting years;
 - iii. At the request of the Administration, a copy of the hospital's Medicare Cost Report or any part of the report for the most recently completed cost reporting year.
 4. Allocation of expansion funds. Annually the Administration shall allocate available funds to each approved GME program in the following manner:
 - a. Information provided by hospitals under subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided under subsections (B)(3)(b)(i) and (ii).
 - b. The number of eligible residents allocated to each participating institution within each approved GME program shall be determined as follows:
 - i. Total the number of days determined for each participating institution under subsection (B)(4)(a) and divide each total by 365.
 - ii. Proportionally adjust the result of subsection (B)(4)(b)(i) for each participating institution within each program according to the number of residents determined to be eligible under subsection (B)(2).
 - c. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) shall be adjusted for Arizona Medicaid utilization using the most recent Medicare Cost Report information on file with the Administration as of the date of reporting under subsection (B)(3) and the Administration's inpatient hospital claims and encounter data for the time period corresponding to the Medicare Cost Report information for each hospital. The Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were adjudicated by the Administration as of the date of reporting under subsection (B)(3). The Medicaid-adjusted eligible residents shall be determined as follows:
 - i. For each hospital, the total AHCCCS inpatient hospital days of care shall be divided by the total Medicare Cost Report inpatient hospital days, multiplied by 100 and rounded up to the nearest multiple of 5 percent.
 - ii. The number of allocated eligible residents determined for each participating hospital under subsection (B)(4)(b)(ii) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for that hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is not a hospital and not a health care facility made ineligible under subsection (B)(1)(c) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for the program's sponsoring institution or, if the sponsoring institution is not a hospital, the sponsoring institution's affiliated hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is made ineligible under subsection (B)(1)(c) shall be multiplied by zero percent.
 - d. The total allocation for each approved program shall be determined by multiplying the Medicaid-adjusted eligible residents determined under subsection (B)(4)(c)(ii) by the per-resident conversion factor determined below and totaling the resulting dollar amounts for all participating institutions in the program. The per-resident conversion factor shall be determined as follows:
 - i. Calculate the total direct GME costs from the most recent Medicare Cost Reports on file with the Administration for all hospitals that have reported such costs.
 - ii. Calculate the total allocated residents determined under subsection (B)(4)(b)(i) for

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- those hospitals described under subsection (B)(4)(d)(i).
- iii. Divide the total GME costs calculated under subsection (B)(4)(d)(i) by the total allocated residents calculated under subsection (B)(4)(d)(ii).
5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (B)(4) in the following manner:
 - a. The allocated amounts shall be distributed in the following order of priority:
 - i. To eligible hospitals that do not receive funding in accordance with A.R.S. § 36-2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
 - ii. To eligible hospitals that receive funding in accordance with A.R.S. § 36-2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
 - b. The allocated amounts shall be distributed to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each hospital within that program under subsection (B)(4)(c)(ii).
 - c. If funds are insufficient to cover all distributions within any priority group described under subsection (B)(5)(a), the Administration shall adjust the distributions proportionally within that priority group.
 - C. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(i). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (C)(3).
 1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (C) if it meets all the conditions of subsections (B)(1)(a) through (c).
 2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (C)(4), the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
 - a. All filled resident positions in approved programs established on or after July 1, 2006; and
 - b. For approved programs established on or after July 1, 2006 that have been established for less than one year as of the date of reporting under subsection (C)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match.
 3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (C) shall provide to the Administration:
 - a. A GME program shall provide all of the following:
 - i. The requirements of subsections (B)(3)(a)(i) through (iv);
 - ii. The academic year rotation schedule on file with the program current as of the date of reporting; and
 - iii. For programs described under subsection (C)(2)(b), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
 - b. A hospital seeking a distribution under subsection (C) shall provide the requirements of subsection (B)(3)(b).
 4. Allocation of expansion funds. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
 - a. Information provided by hospitals in accordance with subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided in accordance with subsections (B)(3)(b)(i) and (ii).
 - b. For approved programs whose resident activity is not represented in the information provided in accordance with subsection (B)(3)(b), information provided by GME programs under subsection (C)(3)(a) shall be used to determine the number of days that each eligible resident is expected to work at each participating institution.
 - c. The number of eligible residents allocated to each participating institution for each approved GME program shall be determined by totaling the number of days determined under subsections (C)(4)(a) and (b) and dividing the totals by 365.
 - d. The number of allocated residents determined under subsection (C)(4)(c) shall be adjusted for Arizona Medicaid utilization in accordance with subsection (B)(4)(c).
 - e. The total allocation for each approved program shall be determined in accordance with subsection (B)(4)(d).
 5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (C)(4) to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each within that program under subsection (C)(4)(d).
 - D. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for GME programs approved by the Administration to hospitals for indirect program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(ii). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (D)(3).
 1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (D) if all of the following apply:
 - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona or is the base hospital for one or more of the GME programs in Arizona whose sponsoring institutions are not hospitals;

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- b. It incurs indirect program costs for the training of residents in the GME programs, which are or will be calculated on the hospital's Medicare Cost Report or are reimbursable under the Children's Hospitals Graduate Medical Education Payment Program administered by HRSA;
 - c. It is not administered by or does not receive its primary funding from an agency of the federal government.
 2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (D)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (D)(1)(c):
 - a. Any filled resident position in an approved program that includes a rotation of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule;
 - b. For approved programs that have been established for less than one year as of the date of reporting under subsection (D)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match who will perform rotations of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule.
 3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (D) shall provide to the Administration:
 - a. A GME program shall provide all of the following:
 - i. The requirements of subsections (B)(3)(a)(i) through (iv);
 - ii. The academic year rotation schedule on file with the program current as of the date of reporting;
 - iii. For programs described under subsection (D)(2)(c), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
 - b. A hospital seeking a distribution under subsection (D) shall provide the requirements of subsection (B)(3)(b)(iii).
 4. Allocation of funds for indirect program costs. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
 - a. Using the information provided by programs under subsection (D)(3), the Administration shall determine for each program the number of residents in the program who are eligible under subsection (D)(2) and the number of months per year that each eligible resident will perform rotations in counties described by subsection (D)(2), multiply the number of eligible residents by the number of months and multiply the result by the per resident per month conversion factor determined under subsection (D)(4)(b).
 - b. Using the most recent Medicare Cost Reports on file with the Administration for all hospitals that have calculated a Medicare indirect medical education payment, the Administration shall determine a per resident per month conversion factor as follows:
 - i. Calculate each hospital's Medicare share by dividing the Medicare inpatient discharges on the Medicare Cost Report by the total inpatient hospital discharges on the Medicare Cost Report.
 - ii. Calculate the ratio of residents to beds by dividing the total allocated residents described in subsection (B)(4)(d)(ii) by the number of bed days available from the Medicare Cost Report and dividing the result by the number of days in the cost reporting period.
 - iii. Calculate the indirect medical education adjustment factor by adding 1 to the value calculated in (D)(4)(b)(ii), multiplying the result by the exponential value 0.405, subtracting 1 from the result, and multiplying that result by 1.35.
 - iv. Calculate each hospital's total indirect medical education cost by adding the DRG amounts other than outlier payments from the Medicare cost report and the managed care simulated payments from the Medicare Cost Report, multiplying the total by the indirect medical education adjustment factor determined in (D)(4)(b)(iii) and dividing the result by the Medicare share determined in (D)(4)(b)(i).
 - v. Calculate each hospital's Medicaid indirect medical education cost by multiplying the amount determined in (D)(4)(b)(iv) by the value determined in subsection (B)(4)(c)(i).
 - vi. Total the amounts determined in (D)(4)(b)(v) for all hospitals, divide the result by the total allocated residents described in subsection (B)(4)(d)(ii) for all hospitals, and divide that result by 12.
 5. Distribution of funds for indirect program costs. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the amount calculated for the hospital at subsection (D)(4)(a).
- E. Reallocation of funds. If funds appropriated for subsection (B) are not allocated by the Administration and funds appropriated for subsections (C) and (D) are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the funds not allocated under subsection (B) shall be allocated under subsections (C) and (D) to the extent of the calculated distributions. If funds are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the Administration shall adjust the distributions proportionally. If funds appropriated for subsections (C) and (D) are not allocated by the Administration and funds appropriated for subsection (B) are insufficient to cover all distributions under subsection (B)(5), the funds not allocated under subsections (C) and (D) shall be allocated under subsection (B) to the extent of the calculated distributions.
- F. The Administration may enter into intergovernmental agreements with local, county, and tribal governments wherein local, county and tribal governments may transfer funds or certify public expenditures to the Administration. Such funds or certification, subject to approval by CMS, will be used to qualify for additional federal funds. Those funds will be used for the purposes of reimbursing hospitals that are eligible under subsection (D)(1) and specified by the local, county, or tribal government for indirect program costs other than those

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reimbursed under subsection (D). The Administration shall allocate available funds in accordance with subsection (D) except that reimbursement with such funds is not limited to resident positions or rotations in counties with populations of less than 500,000 persons. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the greatest among the following amounts, less any amounts distributed under subsection (D)(5):

1. The amount that results from multiplying the total number of eligible residents allocated to the hospital under subsection (B)(4)(d)(ii) by 12 by the per resident per month conversion factor determined under subsection (D)(4)(b);
2. The amount calculated for the hospital at subsection (D)(4)(b)(v);
3. The median of all amounts calculated at subsection (D)(4)(b)(v) if the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a new training hospital; or
4. If the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a children's hospital, the median Medicaid indirect medical education payment costs shall be calculated as follows:
 - a. For each hospital with indirect medical education costs on the Medicare Cost Report, determine a per resident total indirect medical education cost by dividing the total indirect medical education costs determined under subsection (D)(4)(b) by the number of filled resident positions under subsection (B)(2).
 - b. Determine the median per resident amount under subsection (F)(4)(a).
 - c. For each hospital without an indirect medical education component on the Medicare cost report, multiply the median per resident amount under subsection (F)(4)(b) by the number of filled resident positions under subsection (B)(2) for that hospital and by the Medicaid utilization percent for that hospital determined in subsection (B)(4)(c)(i).

Historical Note

New Section made by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 21 A.A.R. 3469, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 24 A.A.R. 185, effective January 9, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3321, effective January 5, 2019 (Supp. 18-4).

R9-22-712.06. Reserved**R9-22-712.07. Rural Hospital Inpatient Fund Allocation**

- A. For purposes of this Section, the following words and phrases have the following meanings unless the context specifically requires another meaning:
1. "Calculated inpatient costs" means the sum of inpatient covered charges multiplied by the Milliman study's implied cost-to-charge ratio of .8959.
 2. "Claims paid amount" means the sum of all claims paid by the Administration and contractors, as reported by the contractor to the Administration, to a rural hospital for covered inpatient services rendered for dates of service during the previous state fiscal year.
 3. "Fund" means any state funds appropriated by the Legislature for the purposes set forth in A.R.S. § 36-2905.02

and any federal funds that are available for matching the state funds.

4. "Inpatient covered charges" means the sum of all covered charges billed by a hospital to the Administration or contractors, as reported by the contractors to the Administration, for inpatient services rendered during the previous state fiscal year.
 5. "Milliman study" means the report issued by Milliman USA on March 11, 2004, to the Arizona Hospital and Healthcare Association that updated a portion of a cost study entitled "Evaluation of the AHCCCS Inpatient Hospital Reimbursement System" prepared by Milliman USA for AHCCCS on November 15, 2002. A copy of each report is on file with the Administration.
 6. "Rural hospital" means a health care institution that is licensed as an acute care hospital by the Arizona Department of Health Services for the previous state fiscal year and is not an IHS hospital or a tribally owned or operated facility and:
 - a. Has 100 or fewer PPS beds, not including beds reported as sub provider beds on the hospital's Medicare Cost Report, and is located in a county with a population of less than 500,000 persons, or
 - b. Is designated as a critical access hospital for the majority of the previous state fiscal year.
- B. Each February, the Administration shall allocate the Fund to the following three pools for the fiscal year:
1. Rural hospitals with 25 or fewer PPS beds not including sub provider beds and all Critical Access Hospitals, regardless of the number of beds in the Critical Access Hospital;
 2. Rural hospitals other than Critical Access Hospitals with 26 to 75 PPS beds not including sub provider beds; and
 3. Rural hospitals other than Critical Access Hospitals with 76 to 100 PPS beds not including sub provider beds.
- C. The Administration shall allocate the Fund to each pool according to the ratio of claims paid amount for all hospitals assigned to the pool to total claims paid amount for all rural hospitals.
- D. The Administration shall determine each hospital's claims paid amount and allocate the funds in each pool to each hospital in the pool based on the ratio of each hospital's claims paid amount to the sum of the claims paid amount for all hospitals assigned to the pool.
- E. The Administration shall not make a Fund payment to a hospital that will result in the hospital's claims paid amount plus that hospital's Fund payment being greater than that hospital's calculated inpatient costs.
1. If a hospital's claims paid amount plus the hospital's Fund payment would be greater than the hospital's calculated inpatient costs, the Administration shall make a Fund payment to the hospital equal to the difference between the hospital's calculated inpatient costs and the hospital's claims paid amount.
 2. The Administration shall reallocate any portion of a hospital's Fund allocation that is not paid to the hospital due to the reason in subsection (E)(1) to the other eligible hospitals in the pool based upon the ratio of the claims paid amount for each hospital remaining in the pool to the sum of the claims paid amount for each hospital remaining in the pool.
- F. If funds remain in a pool after allocations to each hospital in the pool under subsections (D) and (E), the Administration shall reallocate the remaining funds to the other pools based upon the ratio of each pool's original allocation of the Fund as determined under subsection (C) to the sum of the remaining

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pools' original Fund allocations under subsection (C). The Administration shall allocate remaining funds to the hospitals in the remaining pools under subsection (D) and (E). See Exhibit 1 for an example.

- G. Subject to CMS approval of the method and distribution of the Fund, the administration or its contractors will distribute the

Fund as a lump sum allocation to the rural hospitals in either one or two installments by the end of each state fiscal year.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 22 A.A.R. 3476, effective January 30, 2016 (Supp. 15-4).

Exhibit 1. Pool Example

Pool A receives \$2,000,000. Pool B receives \$7,000,000. Pool C receives \$3,000,000.

If all of the funds in Pool B are paid to eligible hospitals and there is \$1,000,000 remaining, the remaining funds would be allocated to Pool A and Pool C based on the ratio of each pool's original allocation (original allocations of \$2,000,000 and \$3,000,000) to the total of their original allocation (\$2,000,000 + \$3,000,000 = \$5,000,000).

Pool A would receive 2/5 of the remaining funds (\$400,000) and Pool C would receive 3/5 of the remaining funds (\$600,000).

Historical Note

Exhibit 1 made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2).

R9-22-712.08. Reserved**R9-22-712.09. Hierarchy for Tier Assignment through September 30, 2014**

TIER	IDENTIFICATION CRITERIA	ALLOWED SPLITS
MATERNITY	A primary diagnosis defined as maternity 640.xx - 643.xx, 644.2x - 676.xx, v22.xx - v24.xx or v27.xx.	None
NICU	Revenue Code of 174 and the provider has a Level II or Level III NICU.	Nursery
ICU	Revenue Codes of 200-204, 207-212, or 219.	Surgery Psychiatric Routine
SURGERY	Surgery is identified by a revenue code of 36x. To qualify in this tier, there must be a valid surgical procedure code that is not on the excluded procedure list.	ICU
PSYCHIATRIC	Psychiatric Revenue Codes of 114, 124, 134, 144, or 154 AND primary Psychiatric Diagnosis = 290.xx - 316.xx. If a routine revenue code is present and all diagnoses codes on the claim are equal to 290.xx - 316.xx, classify as a psychiatric claim.	ICU
NURSERY	Revenue Code of 17x, not equal to 174.	NICU
ROUTINE	Revenue Codes of 100 - 101, 110-113, 116 - 123, 126 - 133, 136 - 143, 146 - 153, 156 - 159, 16x, 206, 213, or 214.	ICU

Historical Note

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.10. Outpatient Hospital Reimbursement: General

- A. Effective rule. The outpatient hospital reimbursement rules apply to dates of service beginning July 1, 2005, subject to Laws 2004, Ch. 279, § 19.
- B. Basis For Payment. Except as provided under R9-22-712.30, AHCCCS shall pay for designated outpatient procedures provided to AHCCCS members according to the AHCCCS Outpatient Capped Fee-For-Service Schedule as defined in R9-22-712.20.
- C. Data. AHCCCS shall use Medicare Cost Report and adjudicated claim and encounter data from non-IHS acute care hospitals located in the state of Arizona to develop fees for the AHCCCS Outpatient Capped Fee-For-Service Schedule.
- D. Hospital Services Subject To Fees. AHCCCS shall reimburse services, in the following outpatient hospital categories under the AHCCCS Outpatient Capped Fee-For-Service Schedule:
1. Surgery,
 2. Emergency Department,
 3. Laboratory,
 4. Radiology,
 5. Clinic, and
 6. Other services.
- E. Reimbursement. AHCCCS shall reimburse outpatient hospital services by procedure codes, in proper combination with revenue codes, as prescribed by AHCCCS.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

R9-22-712.11. Reserved**R9-22-712.12. Reserved****R9-22-712.13. Reserved****R9-22-712.14. Reserved****R9-22-712.15. Outpatient Hospital Reimbursement: Affected Hospitals**

Except as provided in R9-22-712(G), the AHCCCS Outpatient Capped Fee-For-Service Schedule shall apply to AHCCCS payments for outpatient services in all non-IHS acute hospitals.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

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R9-22-712.16. Reserved**R9-22-712.17. Reserved****R9-22-712.18. Reserved****R9-22-712.19. Reserved****R9-22-712.20. Outpatient Hospital Reimbursement: Methodology for the AHCCCS Outpatient Capped Fee-For-Service Schedule**

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

1. Define the dataset of claims and encounters that shall be used to establish the AHCCCS Outpatient Capped Fee-for-service Schedule.
2. Identify all the claims and encounters from non-IHS acute hospitals located in Arizona for services to be paid under the AHCCCS Outpatient Capped Fee-for-service Schedule.
3. Match the revenue code on each detail of each claim and encounter to the ancillary line item CCR as reported on hospital-specific mapping documents and hospital-specific Medicare Cost Report for those hospitals that have submitted Medicare Cost Reports FYE 2002.
4. Multiply the line item CCR from subsection (A)(3) by the covered billed charge for that revenue code to establish the cost for the service.
5. Inflate the cost for the service from subsection (A)(4) using Global Insight Health-care Cost Review inflation factors from date of service month to the midpoint of the rate year in which the fees are initially effective.
6. Include associated costs under R9-22-712.25 to calculate the rates for emergency room and surgery services.
7. Combine data from all Arizona hospitals identified in subsection (A)(3) for each procedure code to establish the statewide median cost for each procedure.
8. Group procedure codes according to the Ambulatory Payment Classification (APC) System groups as listed in 69 FR 65682, November 15, 2004, and establish a statewide median cost for each APC. Multiply each statewide median APC cost by 116 percent to establish the AHCCCS-based fee for each procedure in that specific APC group. AHCCCS shall assign each procedure in the group the same fee.
9. For those procedure codes that are not grouped into any APC, establish a procedure-specific fee using either:
 - a. The AHCCCS Non-hospital Capped Fee-for-service Fee Schedule,
 - b. 116 percent of the procedure-specific median cost AHCCCS-based fee, or
 - c. The Medicare Clinical Laboratory Fee Schedule for laboratory services.
10. Compare the AHCCCS-based fee established in subsections (A)(8) and (9) against the comparable Medicare fee established for the Medicare APC group as listed in the 69 FR 65682, November 15, 2004. The fee for each procedure shall be the greater of the AHCCCS-based fee or the Medicare fee but no more than 150 percent of the AHCCCS-based fee; however, for those laboratory services for which a limit is established in the Medicare Clinical Laboratory Fee Schedule, the fee shall not exceed that limit.
11. Assign the 2005 Medicare fee in the AHCCCS Outpatient Capped Fee-for-service Schedule for those procedures for which there are fewer than 20 occurrences of the procedure

code in the dataset, either independently, or, if applicable, for all procedure codes within an APC Group.

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

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

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

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

R9-22-712.21. Reserved**R9-22-712.22. Reserved****R9-22-712.23. Reserved****R9-22-712.24. Reserved****R9-22-712.25. Outpatient Hospital Fee Schedule Calculations: Associated Service Costs**

- A. AHCCCS shall include the costs of associated services, as defined by revenue codes and procedure codes, when determining the specific fees for the outpatient hospital procedures for emergency department and surgery services.
- B. Payment made under subsection (A) or R9-22-712.20(B)(2) is inclusive of all services on the claim regardless of whether the services are provided on one or more days.
- C. A complete listing of the revenue codes and procedure codes for associated costs included in the payment for emergency and surgery services including the effective date of any changes to the listing are on file and posted on AHCCCS' web site.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3).

R9-22-712.26. Reserved**R9-22-712.27. Reserved****R9-22-712.28. Reserved****R9-22-712.29. Reserved****R9-22-712.30. Outpatient Hospital Reimbursement: Payment for a Service Not Listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule**

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- A. AHCCCS shall calculate a statewide CCR for a service where a specific fee cannot be determined under R9-22-712.20.
- B. For claims with a begin date of service on or before September 30, 2011, the statewide CCR shall be calculated based on the costs and covered charges associated with a service under subsection (A) for all Arizona hospitals, using the method specified in R9-22-712.20(A)(3).
- C. For all claims with a begin date of service on or after October 1, 2011, the statewide CCR calculation shall equal either the CMS Medicare Outpatient Urban Cost-to-charge Ratio or the CMS Medicare Outpatient Rural Cost-to-charge Ratio published by CMS for the state of Arizona. AHCCCS shall use the urban cost-to-charge ratio for hospitals located in a county of 500,000 residents or more and for out-of-state hospitals. AHCCCS shall use the rural cost-to-charge ratio for hospitals located in a county of fewer than 500,000 residents. On October 1st of each year, AHCCCS shall adjust urban and rural CCRs to the CCRs as published by CMS in the *Federal Register* on or before August 1st of that year.
- D. To determine the payment amount for procedures where a specific fee is not determined under R9-22-712.20, the statewide CCR is multiplied by the covered charges.
- E. Reductions to payments for outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule. Outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rate published by CMS pursuant to subsection (C) of this Section.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

R9-22-712.31. Reserved**R9-22-712.32. Reserved****R9-22-712.33. Reserved****R9-22-712.34. Reserved****R9-22-712.35. Outpatient Hospital Reimbursement: Adjustments to Fees**

- A. For all claims with a begin date of service on or before September 30, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule established under R9-22-712.20 (except for laboratory services and out-of-state hospital services) for the following hospitals submitting any claims:
 1. By 48 percent for public hospitals on July 1, 2005, and hospitals that were public anytime during the calendar year 2004;
 2. By 45 percent for hospitals in counties other than Maricopa and Pima with more than 100 Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 3. By 50 percent for hospitals in counties other than Maricopa and Pima with 100 or less Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
 4. By 115 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the criteria during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
- 5. By 113 percent for a Freestanding Children's Hospital with at least 110 pediatric beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective; or
- 6. By 14 percent for a University Affiliated Hospital which is a hospital that has a majority of the members of its board of directors appointed by the Board of Regents during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective.
- B. For all claims with a begin date of service on or after October 1, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services) for the following hospitals. A hospital shall receive an increase from only one of the following categories:
 1. By 73 percent for public hospitals;
 2. By 31 percent for hospitals in counties other than Maricopa and Pima with more than 100 licensed beds as of October 1 of that contract year;
 3. By 37 percent for hospitals in counties other than Maricopa and Pima with 100 or fewer licensed beds as of October 1 of that contract year;
 4. By 100 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the critical access criteria;
 5. By 78 percent for a Freestanding Children's Hospital with at least 110 pediatric beds as of October 1 of that contract year; or
 6. By 41 percent for a University Affiliated Hospital, this is a hospital that has a majority of the members of its board of directors appointed by the Arizona Board of Regents.
- C. In addition to subsections (A) and (B), an Arizona Level 1 trauma center as defined by R9-22-2101 shall receive a 50 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services and out-of-state hospital services) for Level 2 and 3 emergency department procedures.
- D. Hospitals with greater than 100 pediatric beds not receiving an increase under subsection (B) shall receive an 18 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services).
- E. For outpatient services with dates of service from October 1, 2018 through September 30, 2019, the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2018. A hospital will qualify for an increase if it meets either or both of the following criteria:
 1. By June 15, 2018 submit a Letter of Intent to AHCCCS and a qualifying Health Information Exchange (HIE) organization in which the hospital agrees to achieve the following:
 - a. By July 31, 2018, execute an agreement with a qualifying HIE organization;
 - b. By October 31, 2018, approve and authorize a formal scope of work with a qualifying HIE to develop and implement the data exchange necessary to meet the requirements in subsections (E)(1)(c) and (E)(1)(d);
 - c. By March 31, 2019, electronically submit admission, discharge, and transfer information (including

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data from the hospital emergency department) to a qualifying HIE;

- d. By June 30, 2019, electronically submit laboratory, radiology, transcription, and medication information, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination to a qualifying HIE;
 2. By May 1, 2018 hold a Pediatric-Prepared Emergency Care certification from the Arizona Chapter of the American Academy of Pediatrics.
- F. Fee adjustments made under subsection (A), (B), (C), (D), and (E) are on file with AHCCCS and current adjustments are posted on AHCCCS' web site.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3).

R9-22-712.36. Reserved

R9-22-712.37. Reserved

R9-22-712.38. Reserved

R9-22-712.39. Reserved

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

- A. Procedure codes. When procedure codes are issued by CMS and added to the Current Procedural Terminology published by the American Medical Association, AHCCCS shall add to the Outpatient Capped Fee-for-Service Schedule the new procedure codes for covered outpatient services and shall either assign the default CCR under R9-22-712.40(F)(2), the Medicare rate, or calculate an appropriate fee.
- B. APC changes. AHCCCS may reassign procedure codes to new or different APC groups when APC groups are revised by CMS. AHCCCS may reassign procedure codes to a different APC group than Medicare. If AHCCCS determines that utilization of a procedure code within the Medicare program is substantially different from utilization of the procedure code in the AHCCCS program, AHCCCS may choose not to assign the procedure code to any APC group. For procedure codes not grouped into an APC by Medicare, AHCCCS may assign the code to an APC group when AHCCCS determines that the cost and resources associated with the non-assigned code are substantially similar to those in the APC group.
- C. Annual update for Outpatient Hospital Fee Schedule. Beginning October 1, 2006, through September 30, 2011, AHCCCS shall adjust outpatient fee schedule rates:
 1. Annually by multiplying the rates effective during the prior year by the Global Insight Prospective Hospital Market Basket Inflation Index; or
 2. In a particular year the director may substitute the increases in subsection (C)(1) by calculating the dollar value associated with the inflation index in subsection

(C)(1), and applying the dollar value to adjust rates at varying levels.

- D. Reductions to the Outpatient Capped Fee-For-Service Schedule. Claims paid using the Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rates in effect on September 30, 2011, subject to the annual adjustments to procedure codes and APCs under this Section.
- E. Rebase. AHCCCS shall rebase the outpatient fees every five years.
- F. Statewide CCR:
 1. For begin dates of service on or before September 30, 2011, the statewide CCR calculated in R9-22-712.30 shall be recalculated at the time of rebasing. When rebasing, AHCCCS may recalculate the statewide CCR based on the costs and charges for services excluded from the outpatient hospital fee schedule.
 2. For begin dates of service on or after October 1, 2011, the statewide CCR shall be set under R9-22-712.30(C).
- G. Other Updates. In addition to the other updates provided for in this Section, the Administration may adjust the Outpatient Capped Fee-For-Service Fee Schedule and the Statewide CCR to the extent necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.41. Reserved

R9-22-712.42. Reserved

R9-22-712.43. Reserved

R9-22-712.44. Reserved

R9-22-712.45. Outpatient Hospital Reimbursement: Outpatient Payment Restrictions

- A. AHCCCS shall not reimburse hospitals for emergency room treatment, observation hours, or other outpatient hospital services performed on an outpatient basis if the member is admitted as an inpatient to the same hospital directly from the emergency room, observation, or other outpatient department.
- B. AHCCCS shall include payment for the emergency room, observation, and other outpatient hospital services provided to the member before the hospital admission in the AHCCCS Inpatient Tiered Per Diem Capped Fee-For-Service Schedule under Article 7 of this Chapter.
- C. Same day admit and discharge.
 1. For discharges before September 30, 2014. Same day admit and discharge claims that qualify for either the maternity or nursery tiers shall be paid based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.

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2. For discharge dates on and after October 1, 2014. Same day admit and discharge claims are paid for through the outpatient fee schedule.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.46. Reserved

R9-22-712.47. Reserved

R9-22-712.48. Reserved

R9-22-712.49. Reserved

R9-22-712.50. Outpatient Hospital Reimbursement: Billing

To receive appropriate reimbursement, hospitals shall:

1. Bill outpatient hospital services on the CMS approved Uniform Billing Form or in electronic format using the appropriate HIPAA transaction.
2. Follow the UB Manual Guidelines, as published by the National Uniform Billing Committee, and use the appropriate revenue code and procedure code combination as prescribed by AHCCCS and on file and online with AHCCCS.

Historical Note

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

R9-22-712.51. Reserved

R9-22-712.52. Reserved

R9-22-712.53. Reserved

R9-22-712.54. Reserved

R9-22-712.55. Reserved

R9-22-712.56. Reserved

R9-22-712.57. Reserved

R9-22-712.58. Reserved

R9-22-712.59. Reserved

R9-22-712.60. Diagnosis Related Group Payments

- A. Inpatient hospital services with discharge dates on or after October 1, 2014, shall be reimbursed using the diagnosis related group (DRG) payment methodology described in this Section and sections R9-22-712.61 through R9-22-712.81.
- B. Payments made using the DRG methodology shall be the sole reimbursement to the hospital for all inpatient hospital services and related supplies provided by the hospital. Services provided in the emergency room, observation area, or other outpatient departments that are directly followed by an inpatient admission to the same hospital are not reimbursed separately. Are reimbursed through the DRG methodology and not reimbursed separately.
- C. Each claim for an inpatient hospital stay shall be assigned a DRG code and a DRG relative weight based on the All Patient Refined Diagnosis Related Group (APR-DRG) classification system established by 3M Health Information Systems. The applicable version of the APR-DRG classification system shall be available on the agency's website.
- D. Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to quick pay discounts and slow pay penalties under A.R.S. 36-2904.

- E. Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to the Urban Hospital Reimbursement Program under R9-22-718.

- F. For purposes of this Section and sections R9-22-712.61 through R9-22-712.81:

1. "DRG National Average length of stay" means the national arithmetic mean length of stay published in the All Patient Refined Diagnosis Related Group (APR-DRG) classification established by 3M Health Information Systems.
2. "Length of stay" means the total number of calendar days of an inpatient stay beginning with the date of admission through discharge, but not including the date of discharge (including the date of a discharge to another hospital, i.e., a transfer) unless the member expires.
3. "Medicare" means Title XVIII of the Social Security Act, 42 U.S.C. 1395 *et seq.*
4. "Medicare labor share" means a hospital's labor costs as a percentage of its total costs as determined by CMS for purposes of the Medicare Inpatient Prospective Payment System.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.61. DRG Payments: Exceptions

- A. Notwithstanding Section R9-22-712.60, claims for inpatient services from the following hospitals shall be paid on a per diem basis, including provisions for outlier payments, where rates and outlier thresholds are included in the capped fee schedule published by the Administration on its website and available for inspection during normal business hours at 701 E. Jefferson, Phoenix, Arizona. If the covered costs per day on a claim exceed the published threshold for a day, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the outlier CCR. The outlier CCR will be the sum of the urban or rural default operating CCR appropriate to the location of the hospital and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS. The resulting amount will be the total reimbursement for the claim. There is no provision for outlier payments for hospitals described under subsection (A)(3).
 1. Hospitals designated as type: hospital, subtype; rehabilitation in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website in March of each year;
 2. Hospitals designated as type: hospital, subtype: long term in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
 3. Hospitals designated as type: hospital, subtype; psychiatric in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
- B. Notwithstanding Section R9-22-712.60, claims for inpatient services that are covered by a RBHA or TRBHA, where the principal diagnosis on the claim is a behavioral health diagnosis, shall be reimbursed as prescribed by a per diem rate described by a fee schedule established by the Administration;

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however, if the principal diagnosis is a physical health diagnosis, the claim shall be processed under the DRG methodology described in this Section, even if behavioral health services are provided during the inpatient stay.

- C. Notwithstanding Section R9-22-712.60, claims for services associated with transplant services shall be paid in accordance with the contract between the AHCCCS administration and the transplant facility.
- D. Notwithstanding Section R9-22-712.60, claims from an IHS facility or 638 Tribal provider shall be paid the all-inclusive rate on a per visit basis in accordance with the rates published annually by IHS in the federal register.
- E. For hospitals that have contracts with the Administration for the provision of transplant services, inpatient days associated with transplant services are paid in accordance with the terms of the contract.
- F. For inpatient services with a date of admission from October 1, 2018 through September 30, 2019, provided by a hospital in subsection (A) that qualifies, the administration shall pay the hospital an Inpatient Differential Adjusted Payment equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage published on the Administration's public website as part of its fee schedule, subsequent to a public notice published no later than September 1, 2018. To qualify for the Inpatient Differential Adjusted Payment, the exempt hospital must meet the following criteria:
 1. By June 15, 2018 submit a Letter of Intent to AHCCCS and a qualifying Health Information Exchange (HIE) organization in which the hospital agrees to achieve the following:
 - a. By July 31, 2018, execute an agreement with a qualifying HIE organization;
 - b. By October 31, 2018, approve and authorize a formal scope of work with a qualifying HIE to develop and implement the data exchange necessary to meet the requirements in subsections (F)(1)(c) and (F)(1)(d);
 - c. By March 31, 2019, electronically submit admission, discharge, and transfer information (including data from the hospital emergency department) to a qualifying HIE;
 - d. By June 30, 2019, electronically submit laboratory, radiology, transcription, and medication information, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination to a qualifying HIE.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3).

R9-22-712.62. DRG Base Payment

- A. The initial DRG base payment is the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code assigned to the claim, and any applicable provider and service policy adjusters.
- B. The DRG base rate for each hospital is the statewide standardized amount of which the hospital's labor-related share of that amount is adjusted by the hospital's wage index. The hospi-

tal's labor share is determined based on the labor share for the Medicare inpatient prospective payment system published in Volume 81 of the Federal Register at page 57312 published August 22, 2016. The hospital's wage index is determined based on the wage index tables reference in Volume 81 of the Federal Register at page 57311 published August 22, 2016. The statewide standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.

- C. Claims shall be assigned both a DRG code derived from all diagnosis and surgical procedure codes included on the claim (the "pre-HCAC" DRG code) and a DRG code derived excluding diagnosis and surgical procedure codes associated with the health care acquired conditions that were not present on admission or any other provider-preventable conditions (the "post-HCAC" DRG code). The DRG code with the lower relative weight shall be used to process claims using the DRG methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.63. DRG Base Payments Not Based on the Statewide Standardized Amount

- A. Notwithstanding Section R9-22-712.62, a select specialty hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) to calculate the DRG base rate for the following hospitals:
 1. Hospitals located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2011 Medicare Cost Report are reimbursed by Medicare.
 2. Hospitals designated as type: hospital, subtype: short-term that has a license number beginning "SH" in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year.
- B. The select specialty hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.64. DRG Base Payments and Outlier CCR for Out-of-State Hospitals

- A. DRG Base payment:
 1. For high volume out-of-state hospitals defined in subsection (C), the wage adjusted DRG base payment is determined as described in R9-22-712.62.
 2. Notwithstanding subsection R9-22-712.62 the wage adjusted DRG base rate for out-of-state hospitals that are not high volume hospitals shall be included in the AHCCCS capped fee schedule available on the agency's website.
- B. Outlier CCR:
 1. Notwithstanding subsection R9-22-712.68, the CCR used for the outlier calculation for out-of-state hospitals that are not high volume hospitals shall be the sum of the statewide urban default operating cost-to-charge ratio and the statewide capital CCR in the data file established as

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part of the Medicare Inpatient Prospective Payment System by CMS.

2. The CCR used for the outlier calculation for high volume out-of-state hospitals is the same as in-state hospitals as described in R9-22-712.68.
- C. A high volume out-of-state hospital is a hospital not otherwise excluded under R9-22-712.61, that is located in a county that borders the State of Arizona and had 500 or more AHCCCS covered inpatient days for the fiscal year beginning October 1, 2015.
- D. Other than as required by this Section, DRG reimbursement for out-of-state hospitals is determined under R9-22-712.60 through R9-22-712.81.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.65. DRG Provider Policy Adjustor

- A. After calculating the DRG base payment as required in sections R9-22-712.62, R9-22-712.63, or R9-22-712.64, for claims from a high-utilization hospital, the product of the DRG base rate and the DRG relative weight for the post-HCAC DRG code shall be multiplied by a provider policy adjustor that is included in the AHCCCS capped fee schedule available on the agency's website.
- B. A hospital is a high-utilization hospital if the hospital had:
 1. Covered inpatient days subject to DRG reimbursement, determined using adjudicated claim and encounter data during the fiscal year beginning October 1, 2015, equal to at least four hundred percent of the statewide average number of AHCCCS-covered inpatient days at all hospitals;
 2. A Medicaid inpatient utilization rate greater than 30% calculated as the ratio of AHCCCS-covered inpatient days to total inpatient days as reported in the hospital's Medicare Cost Report for the fiscal year ending 2016; and,
 3. Received less than \$2 million in add-on payment for outliers under R9-22-712.68, based on adjudicated claims and encounters for fiscal year beginning October 1, 2015.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.66. DRG Service Policy Adjustor

In addition to Section R9-22-712.65, for claims with DRG codes in the following categories, the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code, and the DRG provider policy adjustor shall be multiplied by the service policy adjustor listed in the AHCCCS capped fee schedule, available on the agency's website, corresponding to the following DRG codes:

1. Normal newborn DRG codes,
2. Neonates DRG codes,
3. Obstetrics DRG codes,
4. Psychiatric DRG codes,
5. Rehabilitation DRG codes,
6. Burn DRG codes.
7. Claims for members under age 19 assigned DRG codes other than listed above:
 - a. For dates of discharge occurring on or after October 1, 2014 and ending no later than December 31, 2015 regardless of severity of illness level,

- b. For dates of discharge on or after January 1, 2016, for severity of illness levels 1 and 2,
- c. For dates of discharge on or after January 1, 2016 and before January 1, 2017, for severity of illness levels 3 and 4.
- d. For dates of discharge on or after January 1, 2017, and before January 1, 2018 for severity of illness levels 3 and 4.
- e. For dates of discharge on or after January 1, 2018, for severity of illness levels 3 and 4.
8. Claims for members assigned DRG codes other than listed above.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.67. DRG Reimbursement: Transfers

- A. For purposes of this Section a "transfer" means the transfer of a member from a hospital to a short-term general hospital for inpatient care, a designated cancer center, children's hospital, or a critical access hospital except when a member is moved for the purpose of receiving sub-acute services.
- B. Designated cancer center or children's hospitals are those hospitals identified as such in the UB-04 billing manual published by the National Uniform Billing Committee.
- C. The hospital the member is transferred from shall be reimbursed either the initial DRG base payment or the transfer DRG base payment, whichever is less.
- D. The transfer DRG base payment is an amount equal to the initial DRG base payment, as determined after making any provider or service policy adjustors, divided by the DRG National Average length of stay for the DRG code multiplied by the sum of one plus the length of stay.
- E. The hospital the member is transferred to shall be reimbursed under the DRG payment methodology without a reduction due to the transfer.
- F. Unadjusted DRG base payment. The unadjusted DRG base payment is either the initial DRG base payment, as determined after making any provider or service policy adjustors, or the transfer DRG base payment, whichever is less.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4).

R9-22-712.68. DRG Reimbursement: Unadjusted Outlier Add-on Payment

- A. Claims for inpatient hospital services qualify for an outlier add-on payment if the claim cost exceeds the outlier cost threshold.
- B. The claim cost is determined by multiplying covered charges by an outlier CCR as described by the following subsections:
 1. For hospitals designated as type: hospital, subtype: children's in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year. The outlier CCR will be calculated by dividing the hospital total costs by the total charges using the most recent Medicare Cost Report available as of September 1 of that year.
 2. For Critical Access Hospitals the outlier CCR will be the sum of the statewide rural default operating cost-to-

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charge ratio and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.

3. For all other hospitals the outlier CCR will be the sum of the operating cost-to-charge ratio and the capital cost-to-charge ratio established for each hospital in the impact file established as part of the Medicare Inpatient Prospective Payment System by CMS.
- C. AHCCCS shall update the CCRs described in subsection (B) to conform to the most recent CCRs established by CMS as of September 1 of each year, and the CCRs so updated shall be used for claims with dates of discharge on or after October 1 of that year.
- D. The outlier threshold is equal to the sum of the unadjusted DRG base payment plus the fixed loss amount. The fixed loss amount for critical access hospitals and for all other hospitals are included in the AHCCCS capped fee schedule available on the agency's website.
- E. For those inpatient hospital claims that qualify for an outlier add-on payment, the payment is calculated by subtracting the outlier threshold from the claim cost and multiplying the result by the DRG marginal cost percentage. The DRG marginal cost percentage for claims assigned DRG codes associated with the treatment of burns and for all other claims are included in the AHCCCS capped fee schedule available on the agency's website.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.69. DRG Reimbursement: Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment

Adjustments to the payments are made to account for days not covered by AHCCCS as follows:

1. A covered day reduction factor unadjusted is determined if the member is not eligible on the first day of the inpatient stay but is eligible for subsequent days during the inpatient stay. In this case, a covered day reduction factor unadjusted is calculated by dividing the number of AHCCCS covered days by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.
2. A covered day reduction factor unadjusted is also determined if the member is eligible on the first day of the inpatient stay but is determined ineligible for one or more days prior to the date of discharge. In this case, a covered day reduction factor unadjusted is calculated by adding one to the number of AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.
3. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
4. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
5. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG

outlier add-on payment and the covered day reduction factor final.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.70. Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment for FES members

In addition to the covered day reduction factor in R9-22-712.69, a covered day reduction factor unadjusted is determined for an inpatient stay during which an FES member receives services for the treatment of an emergency medical condition and also receives services once the condition no longer meets the criteria as an emergency medical condition described in R9-22-217.

1. A covered day reduction factor unadjusted is calculated by adding one to the AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of inpatient days during which an FES member receives services for an emergency medical condition as described in R9-22-217. For purposes of this adjustment, any portion of a day during which the FES member receives treatment for an emergency medical condition is counted as an AHCCCS covered day.
2. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
3. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
4. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.71. Final DRG Payment

The final DRG payment is the sum of the final DRG base payment, the final DRG outlier add-on payment, and the Differential Adjusted Payment.

1. The final DRG base payment is an amount equal to the product of the covered day adjusted DRG base payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
2. The final DRG outlier add-on payment is an amount equal to the product of the covered day adjusted DRG outlier add-on payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
3. The factor for each hospital and for each federal fiscal year is published as part of the AHCCCS capped fee schedule and is available on the AHCCCS administration's website and is on file for public inspection at the AHCCCS administration located at 701 E. Jefferson Street, Phoenix, Arizona.

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4. For inpatient services with a date of discharge from October 1, 2018 through September 30, 2019, the Inpatient Differential Adjusted Payment is the sum of the final DRG base payment and the final DRG outlier add-on payment multiplied by a percentage published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2018. A hospital will qualify for the Differential Adjusted Payment if it meets either or both of the following criteria:
 - a. By June 15, 2018 submit a Letter of Intent to AHCCS and a qualifying Health Information Exchange (HIE) organization in which the hospital agrees to achieve the following:
 - i. By July 31, 2018, execute an agreement with a qualifying HIE organization;
 - ii. By October 31, 2018, approve and authorize a formal scope of work with a qualifying HIE to develop and implement the data exchange necessary to meet the requirements in subsections (4)(a)(iii) and (4)(a)(iv);
 - iii. By March 31, 2019, electronically submit admission, discharge, and transfer information (including data from the hospital emergency department) to a qualifying HIE;
 - iv. By June 30, 2019, electronically submit laboratory, radiology, transcription, and medication information, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination to a qualifying HIE;
 - b. By May 1, 2018 hold a Pediatric-Prepared Emergency Care certification from the Arizona Chapter of the American Academy of Pediatrics.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3).

R9-22-712.72. DRG Reimbursement: Enrollment Changes During an Inpatient Stay

- A. If a member's enrollment changes during an inpatient stay, including changing enrollment from fee-for-service to a contractor, or vice versa, or changing from one contractor to another contractor, the contractor with whom the member is enrolled on the date of discharge shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in sections R9-22-712.60 through R9-22-712.81. If the member is eligible but not enrolled with a contractor on the date of discharge, then the AHCCS administration shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in sections R9-22-712.60 through R9-22-712.81.
- B. When a member's enrollment changes during an inpatient stay, the hospital shall use the date of enrollment with the payer responsible on the date of discharge as the "from" date of service on the claim regardless of the date of admission.

- C. Interim claims submitted to a payer other than the payer responsible on the day of discharge shall be processed in the same manner as other interim claims as described in R9-22-712.76.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.73. DRG Reimbursement: Inpatient Stays for Members Eligible for Medicare

If the hospital receives less than the full Medicare payment for a member eligible for benefits under Part A of Medicare because the member has exceeded the maximum benefit permitted under Part A of Medicare, the hospital shall submit a separate claim for services performed after the date the maximum Medicare Part A benefit is exceeded. The claim may include all diagnosis codes for the entire inpatient stay, but the hospital is only required to include revenue codes, surgical procedure codes, service units, and charges for services performed after the date the Medicare Part A benefit is exceeded. A claim so submitted shall be reimbursed using the DRG payment methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.74. DRG Reimbursement: Third Party Liability

DRG payments are subject to reduction based on cost avoidance under Section R9-22-1003 and other rules regarding first-and third-party liability under Article 10 of this Chapter including cost avoidance for claims for ancillary services covered under Part B of Medicare.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.75. DRG Reimbursement: Payment for Administrative Days

- A. Administrative days are days in which a member is admitted as an inpatient to an acute care hospital, does not meet the criteria for an acute inpatient stay, but is admitted or not discharged because (1) an appropriate placement outside the hospital is not available, (2) the member cannot be safely discharged or transferred, or (3) the Administration or the contractor failed to provide for the appropriate placement outside the hospital in a timely manner.
 1. Administrative days may occur prior to an acute care episode, for example, when a woman with a high-risk pregnancy is admitted to a hospital while awaiting delivery.
 2. Administrative days may also occur at the end of an acute care episode, for example, when a member is not discharged while awaiting placement in a nursing facility or other sub-acute or post-acute setting.
 3. Administrative days may also include days in a receiving hospital when the member has been discharged from one acute care hospital for the purpose of receiving sub-acute services at the receiving hospital.
- B. Administrative days do not include days when the member is awaiting appropriate placement or services that are currently available but the hospital has not transferred or discharged the member because of the hospital's administrative or operational delays.
- C. Prior authorization is required for administrative days.

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- D. A hospital shall submit a claim for administrative days separate from any claim for reimbursement for the inpatient stay otherwise reimbursable under the DRG payment methodology.
- E. Administrative days are reimbursed at the rate the claim would have paid had the services not been provided in an inpatient hospital setting but had been provided at the appropriate level of care (e.g., as nursing facility days).

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4).

R9-22-712.76. DRG Reimbursement: Interim Claims

- A. For inpatient stays with a length of stay greater than 29 days, a hospital may submit interim claims for each 30 day period during the inpatient stay.
- B. Hospitals shall be reimbursed for interim claims at a per diem rate of \$500 per day.
- C. Following discharge, the hospital shall void all interim claims. In such circumstances, the hospital shall submit a claim to the payer with whom the member is enrolled on the date of discharge, whether the Administration or a contractor, for the entire inpatient stay for which the final claim shall be reimbursed under the DRG payment methodology. Interim claims will be recouped.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.77. DRG Reimbursement: Admissions and Discharges on the Same Day

- A. Except as provided for in subsection (B), for any claim for inpatient services with an admission date and discharge date that are the same calendar date, the contractor or the Administration shall process the claim as an outpatient claim and the hospital shall be reimbursed under R9-22-712.10 through R9-22-712.50.
- B. Claims with an admission date and discharge date that are the same calendar date that also indicate that the member expired on the date of discharge shall be reimbursed under the DRG methodology.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.78. DRG Reimbursement: Readmissions

If a member is readmitted without prior authorization to the same hospital that the member was discharged from within 72 hours and the DRG code assigned to the claim for the prior admission has the same first three digits as the DRG code assigned to the claim for the readmission, then payment for the claim for the readmission will be disallowed only if the readmission could have been prevented by the hospital.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.79. DRG Reimbursement: Change of Ownership

The administration shall not change any of the components of the calculation of reimbursement for inpatient services using the DRG methodology based upon a change in the hospital's ownership except to the extent those components would change under the methodology had the hospital not changed ownership (e.g., updat-

ing the hospital's cost-to-charge ratio as of September 1 of each year under R9-22-712.68).

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

R9-22-712.80. DRG Reimbursement: New Hospitals

- A. DRG base payment for new hospitals. For any hospital that does not have a labor share or wage index published by CMS as described in subsection R9-22-712.62(B) because the hospital was not in operation, the DRG base rate described in subsection R9-22-712.62(B) shall be calculated as the statewide standardized amount after adjusting that amount for the labor-related share and the wage index published by CMS as described in subsection R9-22-712.62(B) that is appropriate to the location of the hospital published by CMS as described in subsection R9-22-712.62(B).
- B. Outlier calculations for new hospitals. For any hospital that does not have an operating cost-to-charge ratio listed in the impact file described in subsection R9-22-712.68(B) because the hospital was not in operation prior to the publication of the impact file, the statewide urban or rural default operating cost-to-charge ratio appropriate to the location of the hospital and the statewide capital cost-to-charge ratio shall be used to determine the unadjusted outlier add-on payment. The statewide urban or rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio shall be based on the ratios published by CMS and updated by the Administration as described in subsection R9-22-712.68(C).
- C. In addition to the requirement of this Section, DRG reimbursement for new hospitals is determined under R9-22-712.60 through R9-22-712.79.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.81. DRG Reimbursement: Updates

In addition to the other updates provided for in sections R9-22-712.60 through R9-22-712.80, the Administration may update the version of the APR-DRG classification system established by 3M Health Information Systems, adjust the statewide standardized amount in Section R9-22-712.62, the base payments in sections R9-22-712.63 and R9-22-712.64, the provider policy adjustor in section R9-22-712.65, service policy adjustors Section R9-22-712.66, and the fixed loss amounts and marginal cost percentages used to calculate the outlier threshold in Section R9-22-712.68 to the extent necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area. The Administration shall publish any proposed classification system on the agency's website at least 30 days prior to the effective date, to ensure a sufficient period for public comment, as required by 42 C.F.R. § 447.205. In addition, the public notice shall be available for inspection during normal business hours at 701 E. Jefferson, Phoenix, Arizona. The requirements of 42 CFR § 447.205 as of November 2, 2015 are incorporated by reference and do not include any later amendments.

Historical Note

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final

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rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

R9-22-712.90. Reimbursement of Hospital-based Freestanding Emergency Departments

- A. "Hospital-based freestanding emergency department" (hospital-based FSED) means an outpatient treatment center, as defined in R9-10-101, that: (1) provides emergency room services under R9-10-1019, (2) is subject to the requirements of 42 CFR 489.24, and (3) shares an ownership interest with a hospital, regardless of whether the outpatient treatment center operates under a hospital's single group license as described in A.R.S. § 36-422.
- B. A hospital-based FSED shall register with the Administration separately from the hospital with which an ownership interest is shared and shall obtain a separate provider identification number. The Administration shall not charge a separate provider enrollment fee for registration of a hospital-based FSED. The Administration shall accept a hospital's compliance with the provider screening and enrollment requirements of 42 CFR Part 455 as compliance by the hospital-based FSED.
- C. For dates of service on and after March 1, 2017, and except as provided in subsection (D), services provided by a hospital-based FSED for evaluation and management CPT codes 99281 through 99285 shall be reimbursed at the following percentages of the amounts otherwise reimbursable under sections R9-22-712.20 through R9-22-712.30. All other covered codes shall be reimbursed in accordance with sections R9-22-712.20 through R9-22-712.30 without a percentage reduction.
 - 1. 60% for a level 1 emergency department visit as indicated by CPT 99281.
 - 2. 80% for a level 2 emergency department visit as indicated by CPT 99282.
 - 3. 90% for a level 3 emergency department visit as indicated by CPT 99283.
 - 4. 100% for a level 4 or 5 emergency department visit as indicated by CPT codes 99284 and 99285.
- D. A hospital-based FSED located in a city or town in a county with less than 500,000 residents, where the only hospital in the city or town operating an emergency department closed on or after January 1, 2015, shall be reimbursed under sections R9-22-712.20 through R9-22-712.35 using the adjustment in R9-22-712.35 associated with the nearest hospital with which the freestanding emergency department shares an ownership interest.
- E. Services provided by an outpatient treatment center that provides emergency room services under R9-10-1019, but does not otherwise meet the criteria in subsection A, shall be reimbursed based on the non-hospital AHCCCS capped fee-for-service schedule under R9-22-710.
- F. The Administration shall not reimburse a hospital for services provided at a hospital-based FSED if the member is admitted directly from a hospital-based FSED to a hospital with an ownership interest in the hospital-based FSED. As provided in R9-22-712.60(B), payments made for the inpatient stay using the DRG methodology shall be the sole reimbursement.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 22, February 11, 2017 (Supp. 16-4).

R9-22-713. Overpayment and Recovery of Indebtedness

- A. If a contractor or a subcontracting provider receives an overpayment from the Administration or otherwise becomes indebted to the Administration, the contractor or subcontracting provider shall immediately remit the amount of the indebtedness or overpayment to the Administration for deposit in the AHCCCS fund.

- B. If the funds described in subsection (A) are not remitted, the Administration may recover the funds paid by the Administration to a contractor or subcontracting provider through:
 - 1. A repayment agreement executed with the Administration;
 - 2. Withholding or offsetting against current or future payments to be paid to the contractor or subcontracting provider; or
 - 3. Enforcement of, or collection against, the performance bond, financial reserve, or other financial security under A.R.S. § 36-2903.

Historical Note

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Former Section R9-22-713 repealed, new Section R9-22-713 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714, former Section R9-22-709 renumbered and amended as Section R9-22-713 effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

R9-22-714. Payments to Providers

- A. Provider agreement. The Administration or a contractor shall not reimburse a covered service provided to a member unless the provider has signed a provider agreement with the Administration that establishes the terms and conditions of participation and payment under A.R.S. § 36-2904.
- B. Provider reimbursement. The Administration or a contractor shall reimburse a provider for a service furnished to a member only if:
 - 1. The provider personally furnishes the service to a specific member. For purposes of this Section, services personally furnished by a provider include:
 - a. Services provided by medical residents or dental students in a teaching environment; or
 - b. Services provided by a licensed or certified assistant under the general supervision of a licensed practitioner in accordance with 4 A.A.C. 24, 9 A.A.C. 16, 4 A.A.C. 43, or 4 A.A.C. 45;
 - 2. The provider verifies that individuals who have provided services described in subsection (B)(1) have not been placed on the List of Excluded Individuals/Entities (LEIE) maintained by the United States Department of Health and Human Services Office of the Inspector General (OIG), located at OIG's web site;
 - 3. The service contributes directly to the diagnosis or treatment of the member; and
 - 4. The service ordinarily requires performance by the type of provider seeking reimbursement.
- C. The Administration or a contractor may make a payment for covered services only:
 - 1. To the provider;
 - 2. To anyone specified in a reassignment from the provider to a government agency or reassignment by a court order;
 - 3. To a business agent, if the agent's compensation for the service is:
 - a. Related to the cost of processing the billing;
 - b. Not related on a percentage or other basis to the amount that is billed or collected; and
 - c. Not dependent upon collection of the payment;

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4. To the employer of the provider, if the provider is required as a condition of employment to turn over the provider's fees to the employer;
 5. To the inpatient facility in which the service is provided, if the provider has a contract under which the inpatient facility submits the claim; or
 6. To a foundation, plan, or similar organization operating an organized health care delivery system, if the provider has a contract under which the foundation, plan or similar organization submits the claim.
- D.** The Administration or a contractor shall not make a payment to or through a factor, either directly or by power of attorney, for a covered service furnished to a member by a provider.
- E.** Reimbursement for a pathology service. Unless otherwise specified in a contract, the Administration or a contractor shall reimburse a pathologist for a pathology service furnished to a member only if the other requirements in this Section are met and the service is:
1. A surgical pathology service;
 2. A specific cytopathology, hematology, or blood banking pathology service that requires performance by a physician and is listed in the capped fee-for-service schedule;
 3. A clinical consultation service that:
 - a. Is requested by the member's attending physician or primary care physician,
 - b. Is related to a test result that is outside the clinically significant normal or expected range in view of the condition of the member,
 - c. Results in a written narrative report included in the member's medical record,
 - d. Requires the exercise of medical judgment by the consultant pathologist, and
 - e. Is listed in the capped fee-for-service schedule; or
 4. A clinical laboratory interpretative service that:
 - a. Is requested by the member's attending physician or primary care physician,
 - b. Results in a written narrative report included in the member's medical record,
 - c. Requires the exercise of medical judgment by the consultant pathologist, and
 - d. Is listed in the capped fee-for-service schedule.

Historical Note

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule is similar to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714 effective October 1, 1985 (Supp. 85-5). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 3800, effective October 4, 2003 (Supp. 03-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-715. Hospital Rate Negotiations

- A.** A contractor that negotiates with hospitals for inpatient or outpatient services shall reimburse hospitals for services rendered on or after March 1, 1993, as described in A.R.S. § 36-2903.01 and this Article, or at the negotiated rate that, in the aggregate, does not exceed reimbursement levels that would have been paid under A.R.S. § 36-2903.01, and this Article. This subsection does not apply to urban hospitals described under R9-22-718. Contractors may engage in rate negotiations with a hospital at any time during the contract period.
- B.** The Administration may negotiate or contract with a hospital on behalf of a contractor for discounted hospital rates and may require that the negotiated discounted rates be included in a subcontract between the contractor and hospital.

Historical Note

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). New Section R9-22-715 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

R9-22-716. Repealed**Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

R9-22-717. Repealed**Historical Note**

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3).

Editor's Note: The following Section was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council. The agency was required to submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and was required to hold a public hearing. It has since been amended under the regular rulemaking process.

R9-22-718. Urban Hospital Inpatient Reimbursement Pro-

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gram**A.** Definitions. The following definitions apply to this Section:

1. "Contractor" has the same meaning as set forth in A.R.S. § 36-2901, and includes all contractors regardless of whether the GSA's served by the contractor includes urban or rural counties.
2. "Noncontracted Hospital" means an urban hospital, including psychiatric hospitals, which does not have a contract under this Section with a contractor.
3. "Urban Hospital" means a hospital that is not a rural hospital, as defined in R9-22-712.07, and that is physically located in Maricopa or Pima County.

B. General Provisions.

1. This Section applies to an urban hospital who receives payment for inpatient hospital services under A.R.S. §§ 36-2903.01 and 36-2904.
2. AHCCCS shall operate an inpatient hospital reimbursement program under A.R.S. § 36-2905.01 and this Section.
3. Residency of the member receiving inpatient AHCCCS covered services is not a factor in determining which hospitals are required to contract with which contractors.
4. A contractor shall enter into a contract for reimbursement for inpatient AHCCCS covered services with one or more urban hospitals located in the same county as the contractor.
5. A noncontracted urban hospital shall be reimbursed for inpatient services by a contractor at 95% of the amount calculated as defined in A.R.S. § 36-2903.01 and this Article, unless otherwise negotiated by both parties.

C. Contract Begin Date. A contract under this Article shall cover inpatient acute care hospital services for members with hospital admissions on and after October 1, 2003.**D.** Outpatient urban hospital services. Outpatient urban hospital services, including observation days and emergency room treatments that do not result in an admission, shall be reimbursed either through an urban hospital contract negotiated between a contractor and an urban hospital, or the reimbursement rates set forth in A.R.S. § 36-2903.01. Outpatient services in an urban hospital that result in an admission shall be paid as inpatient services in accordance with this Section.**E.** Urban Hospital Contract.

1. Provisions of an urban hospital contracts. The urban hospital contract shall contain but is not limited to the following provisions:
 - a. Required provisions as described in the Request for Proposals (RFP);
 - b. Dispute settlement procedures. If the AHCCCS Grievance System prescribed in A.R.S. § 36-2903.01(B) and rule is not used, then arbitration shall be used;
 - c. Arbitration procedure. If arbitration is used, the urban hospital contract shall identify:
 - i. The parties' agreement on arbitrating claims arising from the contract,
 - ii. Whether arbitration is nonbinding or binding,
 - iii. Timeliness of arbitration,
 - iv. What contract provisions may be appealed,
 - v. What rules will govern arbitrations,
 - vi. The number of arbitrators that shall be used,
 - vii. How arbitrators shall be selected, and
 - viii. How arbitrators shall be compensated.
 - d. Timeliness of claims submission and payment;
 - e. Prior authorization;
 - f. Concurrent review;

- g. Electronic submission of claims;
 - h. Claims review criteria;
 - i. Payment of discounts or penalties such as quick-pay and slow-pay provisions;
 - j. Payment of outliers;
 - k. Claim documentation specifications under A.R.S. § 36-2904.
 - l. Treatment and payment of emergency room services; and
 - m. Provisions for rate changes and adjustments.
2. AHCCCS review and approval of urban hospital contracts:
 - a. AHCCCS may review, approve, or disapprove the hospital contract rates, terms, conditions, and amendments to the contract;
 - b. The AHCCCS evaluation of each urban hospital contract shall include but not be limited to the following areas:
 - i. Availability and accessibility of services to members,
 - ii. Related party interests,
 - iii. Inclusion of required terms pursuant to this Section, and
 - iv. Reasonableness of the rates.

F. Quick-Pay/Slow-Pay. A payment made by a contractor to a noncontracted hospital shall be subject to quick-pay discounts and slow-pay penalties under A.R.S. § 36-2904.**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective January 29, 1997; pursuant to Laws 1996, Ch. 288, § 24 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 500, effective February 1, 2004 (Supp. 04-1). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1515, effective June 30, 2018 (Supp. 18-2).

R9-22-719. Contractor Performance Measure Outcomes

The Administration may retain a specified percentage of capitation reimbursement to distribute to contractors based on their performance measure outcomes under A.R.S. § 36-2904. The Administration shall notify contractors 60 days prior to a new contract year if this methodology is implemented. The Administration shall specify the details of the reimbursement methodology in contract.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

R9-22-720. Reinsurance

- A.** Reinsurance is a stop-loss program provided by the Administration to a contractor for partial reimbursement of the cost of covered services for a member with an acute medical condition when the cost of covered services exceeds a pre-determined deductible level amount within a contract year. The Administration self-insures the reinsurance program through a reduction to capitation rates. The reinsurance program also includes a catastrophic reinsurance program for members diagnosed with specific medical conditions.
- B.** The Administration shall specify in contract guidelines for claims submission, processing, payment, and the types of care and services that are provided to a member whose care is covered by reinsurance.
- C.** When the Administration determines that a contractor does not follow the specified guidelines for care or services and the care

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or services could have been provided at a lower cost according to the guidelines, the Administration shall reimburse the contractor as if the care or services had been provided as specified in the guidelines.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

R9-22-721.	Reserved
R9-22-722.	Reserved
R9-22-723.	Reserved
R9-22-724.	Reserved
R9-22-725.	Reserved
R9-22-726.	Reserved
R9-22-727.	Reserved
R9-22-728.	Reserved
R9-22-729.	Reserved

Editor's Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 1041 (Supp. 15-3).

Editor's Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 491 (Supp. 15-2).

R9-22-730. Hospital Assessment

- A.** For purposes of this Section, the following terms are defined as provided below unless the context specifically requires another meaning:
1. "2016 Medicare Cost Report" means: The Medicare Cost Report for the hospital fiscal year ending in calendar year 2016 as reported in the CMS Healthcare Provider Cost Reporting Information System (HCRIS) release dated July 21, 2017.
 2. "2016 Uniform Accounting Report" means the Uniform Accounting Report submitted to the Arizona Department of Health Services as of August 16, 2017.
 3. "Quarter" means the three month period beginning January 1, April 1, July 1, and October 1 of each year.
 4. A "new hospital" means a licensed hospital that did not hold a license from the Arizona Department of Health Services prior to January 1, 2018.
- B.** Beginning January 1, 2014, for each Arizona licensed hospital not excluded under subsection (I) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E) and (F). For the period beginning July 1, 2019, the assessment shall be calculated by multiplying the number of discharges reported on the hospital's 2016 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as "Other Long Term Care Discharges" by the following rates based on the hospital's peer group:

1. \$632.00 per discharge for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
 2. \$632.00 per discharge for hospitals designated as type: hospital, subtype: critical access hospital.
 3. \$158.00 per discharge for hospitals designated as type: hospital, subtype: long term.
 4. \$158.00 per discharge for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2016 Medicare Cost Report.
 5. \$505.50 per discharge for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2016 Uniform Accounting Report.
 6. \$568.75 per discharge for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2016 Uniform Accounting Report.
 7. \$632.00 per discharge for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C.** Peer groups for the four quarters beginning July 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website April 1, 2019.
- D.** Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2016 Medicare Cost Report, are assessed a rate of \$158.00 for each discharge from the psychiatric sub-provider as reported in the 2016 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E.** Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2016 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2016 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F.** Notwithstanding subsection (B), for any hospital that reported more than 23,400 discharges on the hospital's 2016 Medicare Cost Report, discharges in excess of 23,400 are assessed a rate of \$63.25 for each discharge in excess of 23,400. The initial 23,400 discharges are assessed at the rate required by subsection (B).
- G.** Assessment notice. On or before the 15th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- H.** Assessment due date. The assessment must be received by the Administration no later than:
1. The 15th day of the second month of the quarter or
 2. In the event CMS approves the assessment after the 15th day of the first month of the quarter, 30 days after notification by the Administration that the assessment invoice is available.

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- I.** Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2016 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for April 1, 2019:
1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
 2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
 3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2016 Medicare Cost Report.
 4. Hospitals designated as type: hospital, subtype: rehabilitation.
 5. Hospitals designated as type: hospital, subtype: children's.
 6. Hospitals designated as type: med-hospital, subtype: special hospitals.
 7. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2016 Medicare Cost Report are reimbursed by Medicare.
 8. Hospitals designated as type: hospital, subtype: short-term that have at least 80 percent Medicare discharges, per the 2016 Medicare Cost Report.
- J.** New hospitals. For hospitals that did not file a 2016 Medicare Cost Report because of the date the hospital began operations:
1. If the hospital was open on the March 1 preceding the July assessment start date, the hospital assessment will begin on July 1 following the date the hospital began operating.
 2. If the hospital began operating between March 2 and June 30, the assessment will begin on July 1 of the following calendar year.
 3. A hospital is not considered a new hospital based on a change in ownership.
 4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply;
 - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through March 31 preceding the July assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than April 15 preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
 - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of March 31;
 5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
 6. For hospitals providing self-reported data, described in subpart 4 and 5:
 - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (I)(3) apply to the assessment amount.
 - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- K.** Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this rule is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- L.** Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- M.** Required information. For any hospital that has not filed a 2016 Medicare Cost report, or if the 2016 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the assessment, the Administration shall use data reported on the 2016 Uniform Accounting Report filed by the hospital in place of the 2016 Medicare Cost report to calculate the assessment. If the 2016 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2016 Medicare Cost report to calculate the assessment.
- N.** The Administration will review and update as necessary rates and peer groups periodically to ensure the assessment is sufficient to fund the state match obligation to cover the cost of the populations as specified in 36-2901.08.
- O.** Enforcement. If a hospital does not comply with this section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

Historical Note

New Section R9-22-730 made by exempt rulemaking at 20 A.A.R. 281, effective January 15, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 1833, effective July 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 637, effective April 15, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 21 A.A.R. 1486, effective July 16, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 2050, effective July 14, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 1945, effective July 1, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2229, effective July 10, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 1938, effective July 1, 2019 (Supp. 19-3).

ARTICLE 8. REPEALED

Article 8, consisting of Sections R9-22-801 through R9-22-804 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).

R9-22-801. Repealed

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Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-801 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted effective October 29, 1985 (Supp. 85-5). Amended subsections (C), (F), (H), (I), and (K) effective October 1, 1986 (Supp. 86-5). Change of heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (H) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section heading amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-802. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-802 adopted as an emergency adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 29, 1985 (Supp. 85-5). Amended subsections (A), (B), (C) and (D) effective October 14, 1988 (Supp. 88-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-802 repealed, new Section R9-22-802 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-803. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-803 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-803 repealed, new Section R9-22-803 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-803 renumbered and amended as Section R9-22-804. Adopted effective January 31, 1986 (Supp. 86-1). Amended effective September 29, 1992 (Supp. 92-3). Former Section R9-22-803 repealed, new Section R9-22-803 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-804. Repealed**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-804 adopted as an emergency

adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Former Section R9-22-804 repealed, former Section R9-22-803 renumbered and amended as Section R9-22-804 effective October 29, 1985 (Supp. 85-5). Amended effective October 14, 1988 (Supp. 88-4). Amended subsections (B) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-804 repealed, new Section R9-22-804 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

Exhibit A. Repealed**Historical Note**

New Exhibit adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Exhibit repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-805. Repealed**Historical Note**

Former Section R9-22-805 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective January 31, 1986 (Supp. 86-1).

ARTICLE 9. REPEALED**R9-22-901. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-901 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-902. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-902 renumbered and amended as Section R9-22-904, former Section R9-22-903 renumbered and amended as Section R9-22-902 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-902 repealed, new Section R9-22-902 adopted effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3).

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3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-903. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-903 renumbered and amended as Section R9-22-902, former Section R9-22-904 renumbered and amended as Section R9-22-903 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-903 repealed, new Section R9-22-903 adopted effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-904. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-904 renumbered and amended as Section R9-22-903, former Section R9-22-902 renumbered and amended as Section R9-22-904 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-905. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-905 renumbered without change as Section R9-22-908, former Section R9-22-907 renumbered and amended as Section R9-22-905 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-906. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemak-

ing at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-907. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-907 renumbered and amended as Section R9-22-905, former Section R9-22-908 renumbered and amended as Section R9-22-907 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-908. Repealed**Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-908 renumbered and amended as Section R9-22-907, former Section R9-22-905 renumbered without change as Section R9-22-908 effective October 1, 1986 (Supp. 86-5). Former R9-22-908 repealed effective May 30, 1989 (Supp. 89-2). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

R9-22-909. Repealed**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

ARTICLE 10. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES**R9-22-1001. Definitions**

In addition to the definitions in A.R.S. §§ 36-2901, 36-2923 and 9 A.A.C. 22, Article 1, the following definitions apply to this Article:

“Absent parent” means an individual who is absent from the home and is legally responsible for providing financial and/or medical support for a dependent child.

“Cost avoid” means to deny a claim and return the claim to the provider for a determination of the amount of first- or third-party liability.

“First-party liability” means the obligation of any insurance plan or other coverage obtained directly or indirectly by a member that provides benefits directly to the member to pay all or part of the expenses for medical services incurred by AHCCCS or a member.

“Third-party” means a person, entity, or program that is, or may be, liable to pay all or part of the medical cost of injury, disease, or disability of an applicant or member.

“Third-party liability” means any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance furnished to a member under a state plan.

Historical Note

Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). Amended subsections (E) through (H) effective Octo-

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ber 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E), and (F) effective December 22, 1987 (Supp. 87-4). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

R9-22-1002. General Provisions

AHCCCS is the payor of last resort unless specifically prohibited by applicable state or federal law. AHCCCS is not the payor of last resort when the following entities are the third-party:

1. Indian Health Services (IHS/638), contract health,
2. Title IV-E,
3. Arizona Early Intervention Program (AZEIP),
4. Local educational agencies providing services under the Individuals with Disabilities Education Act under 34 CFR Part 300,
5. Entities and contractors of entities providing services under grants awarded as part of the HIV Health Care Services Program under 42 USC 300ff et seq., and
6. The Arizona Refugee Resettlement Program operated under 45 CFR Part 400, Subpart (G).

Historical Note

Section R9-22-529 adopted effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5). Amended subsections (C) and (D) effective October 1, 1986 (Supp. 86-5). Amended effective December 22, 1987 (Supp. 87-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

R9-22-1003. Cost Avoidance

- A. The Administration's reimbursement responsibility.
 1. The Administration shall pay no more than the difference between the Capped Fee-For-Service schedule and the amount of the third-party liability, unless Medicare is the third-party.
 2. If Medicare is the third-party that is liable, the Administration shall pay the Medicare copayment, coinsurance, and deductible regardless of the Capped Fee-For-Service Schedule, as described under 9 A.A.C. 29, Article 3.
- B. The Contractor's reimbursement responsibility.
 1. If the contract between the contractor and the provider does not state otherwise, a contractor shall pay no more than the difference between the contracted rate and the amount of the third-party liability.
 2. If the provider does not have a contract with the contractor, a contractor shall pay no more than the difference between the Capped Fee-For-Service rate and the amount of the third-party liability.
- C. The following parties shall take reasonable measures to identify potentially legally liable first- or third-party sources:
 1. AHCCCS, the Administration, or a contractor;
 2. A provider;
 3. A noncontracting provider; and
 4. A member.

- D. Except as specified under subsection (E), the Administration or a contractor shall cost avoid a claim for AHCCCS covered services under Article 2 if the Administration or a contractor has established the probable existence of a liable party at the time the claim is filed. Establishing liability takes place when the Administration or the contractor receives confirmation that another party is legally responsible for payment of a health care service under Article 2.
- E. The Administration or contractor shall pay the full amount of the claim according to the Capped-Fee-For-Service Schedule or the contracted rate as described under subsection (B), and then seek reimbursement from any liable parties if the claim is for:
 1. Prenatal care for pregnant women,
 2. Preventive pediatric services, including E.P.S.D.T. and administration of vaccines to children under the Vaccines for Children (VFC) program; or
 3. Services covered by third-party liability that is derived from an absent parent whose obligation to pay support is being enforced by the Division of Child Support Enforcement.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3012, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

R9-22-1004. Member Participation

A member shall cooperate in identifying potentially legally liable first- or third-parties and timely assist the Administration and a contractor, provider, or noncontracting provider in pursuing any first- or third-party who may be liable to pay for covered services.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

R9-22-1005. Collections

- A. Parties that notify AHCCCS. A provider or noncontracting provider shall cooperate with AHCCCS by identifying all potential sources of first- or third-party liability and notify AHCCCS of these sources.
- B. Parties that pursue collection or reimbursement. AHCCCS, a provider, or noncontracting provider shall pursue collection or reimbursement from all potential sources of first- or third-party liability.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

R9-22-1006. AHCCCS Monitoring Responsibilities

AHCCCS shall monitor first- or third-party liability payments to a provider or noncontracting provider, which include but are not limited to payments by or for:

1. Private health insurance;
2. Employment-related disability and health insurance;
3. Long-term care insurance;
4. Other federal programs not excluded by statute from recovery;
5. Court ordered or non-court ordered medical support from an absent parent;
6. State worker's compensation;

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7. Automobile insurance, including underinsured and uninsured motorists insurance;
8. Court judgment or settlement from a liability insurer including settlement proceeds placed in a trust;
9. First-party probate estate recovery;
10. Adoption-related payment; or
11. A tortfeasor.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

R9-22-1007. Notification for Perfection, Recording, and Assignment of AHCCCS Liens

- A.** Hospital requirements. A hospital providing medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall within 30 days after a member's discharge:
1. Notify AHCCCS via facsimile or mail under R9-22-1008, or
 2. Mail AHCCCS a copy of the lien the hospital proposes to record or has recorded under A.R.S. § 33-932.
- B.** Provider and noncontracting provider requirements. A provider or noncontracting provider, other than a hospital, rendering medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall notify AHCCCS via facsimile or mail under R9-22-1008 within 30 days after providing the service.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

R9-22-1008. Notification Information for Liens

- A.** Except as provided in subsection (B), a hospital, provider, and noncontracting provider identified in R9-22-1007 shall provide the following information to AHCCCS in writing:
1. Name of the hospital, provider or noncontracting provider;
 2. Address of the hospital, provider or noncontracting provider;
 3. Name of member;
 4. Member's Social Security Number or AHCCCS identification number;
 5. Address of member;
 6. Date of member's admission or date service is provided;
 7. Amount estimated to be due for care of member;
 8. Date of discharge, if member has been discharged;
 9. Name of county in which injuries were sustained; and
 10. Name and address of all persons, firms, and corporations and their insurance carriers identified by the member or legal representative as being liable for damages.
- B.** If the date of discharge is not known at the time the information in subsection (A) is provided, a party identified in subsection (A) shall notify AHCCCS of the date of discharge within 30 days after the member has been discharged.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

R9-22-1009. Notification of Health Insurance Information

A provider or noncontracting provider shall notify AHCCCS, in writing, of the following health insurance information within 10 days of receipt of the health insurance information:

1. Name of member,
2. Member's Social Security Number or AHCCCS identification number,
3. Insurance carrier name,
4. Insurance carrier address,
5. Policy number or insurance holder's Social Security Number,
6. Policy begin and end dates, and
7. Insurance holder's name.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

ARTICLE 11. CIVIL MONETARY PENALTIES AND ASSESSMENTS**R9-22-1101. Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims; Definitions**

- A.** Scope. This Article applies to prohibited acts as described under A.R.S. § 36-2918(A), and submissions of encounters to the Administration. The Administration considers a person who aids and abets a prohibited act affecting any of the AHCCCS programs or Health Care Group to be engaging in a prohibited act under A.R.S. § 36-2918(A).
- B.** Purpose. This Article describes the circumstances AHCCCS considers and the process that AHCCCS uses to determine the amount of a penalty, assessment, or penalty and assessment as required under A.R.S. § 36-2918. This Article includes the process and time-frames used by a person to request a State Fair Hearing.
- C.** Definitions. The following definitions apply to this Article:
1. "Assessment" means a monetary amount that does not exceed twice the dollar amount claimed by the person for each service.
 2. "Claim" means a request for payment submitted by a person for payment for a service or line item of service, including a submission of an encounter.
 3. "Day" means calendar day unless otherwise specified.
 4. "File" means the date that AHCCCS receives a written acceptance, request for compromise, request for a counter proposal, or a request for a State Fair Hearing as established by a date stamp on the written document or other record of receipt.
 5. "Penalty" means a monetary amount, based on the number of items of service claimed or reported, that does not exceed \$2,000 times the number of line items of service.
 6. "Person" means an individual or entity as described under A.R.S. § 1-215.
 7. "Reason to know" or "had reason to know" means that a person, acts in deliberate ignorance of the truth or falsity of, or with reckless disregard of the truth or falsity of information. No proof of specific intent to defraud is required.

Historical Note

Adopted effective October 1, 1986 (Supp. 86-5).
Amended subsection A. effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective June 9, 1998 (Supp. 98-2).
Amended by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1102. Determining the Amount of a Penalty and an

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Assessment

- A.** AHCCCS shall determine the amount of a penalty and assessment according to A.R.S. § 36-2918(B) and (C), R9-22-1104, and R9-22-1105.
- B.** AHCCCS shall include in the amount of the penalty and assessment the cost incurred by AHCCCS for conducting the following:
1. An investigation,
 2. Audit, or
 3. Inquiry.

Historical Note

Adopted effective October 1, 1986 (Supp. 86-5).
 Amended effective December 13, 1993 (Supp. 93-4).
 Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
 Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1103. Repealed**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5).
 Amended effective December 13, 1993 (Supp. 93-4).
 Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
 Section repealed by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1104. Mitigating Circumstances

AHCCCS shall consider any of the following to be mitigating circumstances when determining the amount of a penalty, assessment, or penalty and assessment.

1. Nature and circumstances of a claim. The following are mitigating circumstances:
 - a. All the services are of the same type,
 - b. All the dates of services occurred within six months or less,
 - c. The number of claims submitted is less than 25,
 - d. The nature and circumstances do not indicate a pattern of inappropriate claims for the services, and
 - e. The total amount claimed for the services is less than \$1,000.
2. Degree of culpability. The degree of culpability of a person who presents or causes to present a claim is a mitigating circumstance if:
 - a. Each service is the result of an unintentional and unrecognized error in the process that the person followed in presenting or in causing to present the service,
 - b. Corrective steps were taken promptly by the person after the error was discovered, and
 - c. The person had a fraud and abuse control plan that was operating effectively at the time each claim was presented or caused to be presented.
3. Financial condition. The financial condition of a person who presents or causes to present a claim is a mitigating circumstance if the imposition of a penalty, assessment, or penalty and assessment without reduction will render the provider incapable to continue providing services. AHCCCS shall consider the resources available to the person when determining the amount of the penalty, assessment, or penalty and assessment.
4. Other matters as justice may require. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice, the circumstances require a

reduction of the penalty, assessment, or penalty and assessment.

Historical Note

Adopted effective October 1, 1986 (Supp. 86-5).
 Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).
 Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1105. Aggravating Circumstances

AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty, assessment, or penalty and assessment.

1. Nature and circumstances of each claim. The nature and circumstances of each claim and the circumstances under which the claim is presented or caused to be presented are aggravating circumstances if:
 - a. A person has forged, altered, recreated, or destroyed records;
 - b. The person refuses to provide pertinent documentation to AHCCCS for a claim or refuses to cooperate with investigators;
 - c. The services are of several types;
 - d. All the dates of services did not occur within six months or less;
 - e. The number of claims submitted is greater than 25;
 - f. The nature and circumstances indicate a pattern of inappropriate claims for the services; and
 - g. The total amount claimed for the services is \$5,000 or greater.
2. Degree of culpability. The degree of culpability of a person who presents or causes to present each claim is an aggravating circumstance if:
 - a. The person knows or had reason to know that each service was not provided as claimed,
 - b. The person knows or had reason to know that no payment could be made because the person had been excluded from reimbursement by AHCCCS, or
 - c. The person knows or had reason to know that the payment would violate the terms of an agreement between the person and AHCCCS system.
3. Prior offenses. The prior offenses of a person who presents or causes to present each claim are an aggravating circumstance if:
 - a. At any time before the submittal of the claim the person was held criminally or civilly liable for any act, or
 - b. The person had received an administrative sanction in connection with:
 - i. A Medicaid program,
 - ii. A Medicare program, or
 - iii. Any other public or private program of reimbursement for medical services.
4. Effect on patient care. The adverse effect on patient care that resulted, or could have resulted, from the failure to provide medically necessary care by a person in connection with a claim.
5. Other matters as justice may require. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice, the circumstances require an increase of the penalty, assessment, or penalty and assessment.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

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Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1106. Notice of Intent

If AHCCCS imposes a penalty, assessment, or a penalty and assessment, AHCCCS shall hand deliver or send by certified mail return receipt requested or Federal Express to the person, a written Notice of Intent to impose a penalty, assessment, or a penalty and assessment. The Notice of Intent shall include:

1. The statutory basis for the penalty, assessment, or the penalty and assessment;
2. Identification of the state or federal regulation and state or federal law that AHCCCS alleges has been violated;
3. The factual basis for AHCCCS' determination that the penalty, assessment, or the penalty and assessment should be imposed;
4. The amount of the penalty, assessment, or penalty and assessment;
5. The process for the person to accept or request a compromise of the penalty, assessment, or penalty and assessment; and
6. The process for requesting a State Fair Hearing.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1107. Reserved**R9-22-1108. Request for a Compromise**

- A. To request a compromise, the person shall file a written request with AHCCCS within 30 days from the date of receipt of the Notice of Intent. The written request for compromise shall contain the person's reasons for the reduction or modification of the penalty, assessment, or penalty and assessment.
- B. Within 30 days from the date of receipt of the request for compromise from the person, AHCCCS shall send a Notice of Compromise Decision that accepts, denies, or offers a counter proposal to the person's request for compromise. If AHCCCS offers a counter proposal the amount of the counter proposal shall represent the penalty, assessment, or penalty and assessment.
 1. If AHCCCS does not withdraw the Notice of Intent under R9-22-1112 or denies the request for compromise the original penalty, assessment, or penalty and assessment is upheld.
 2. To dispute the Compromise Decision, the person shall file a request for a State Fair Hearing under R9-22-1110 within 30 days from the date of receipt of the Notice of Compromise Decision.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1109. Failure to Respond to the Notice of Intent

If a person fails to respond timely to the Notice of Intent, AHCCCS shall uphold the original penalty, assessment, or penalty and assessment.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1110. Request for State Fair Hearing

- A. To request a State Fair Hearing regarding a dispute concerning a penalty, assessment, or penalty and assessment, the person shall file a written request for a State Fair Hearing with AHCCCS within 60 days from the date of the receipt of the Notice of Intent under R9-22-1106 or within 30 days from the date of receipt of the Notice of Compromise Decision under R9-22-1108, if applicable.
- B. AHCCCS shall mail a Notice of Hearing under A.R.S. § 41-1092.05 if AHCCCS receives a timely request for a State Fair Hearing from the person.
- C. AHCCCS shall mail a Director's Decision to the person no later than 30 days after the date the Administrative Law Judge sends the decision of the Office of Administrative Hearings (OAH) to AHCCCS.
- D. AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under A.R.S. § 41-1092 et seq. If AHCCCS mailed a Notice of Hearing under A.R.S. § 41-1092 et seq., a person may withdraw the hearing request only by sending a written request for withdrawal to OAH.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1111. Issues and Burden of Proof

- A. Preponderance of evidence. In any State Fair Hearing conducted under R9-22-1110, AHCCCS shall prove by a preponderance of the evidence that a person presented or caused to be presented each claim in violation of this Article and any aggravating circumstances under R9-22-1105. A person shall bear the burden of producing and proving by a preponderance of the evidence any circumstance that would justify reducing the amount of the penalty, assessment, or penalty and assessment.
- B. Statistical sampling.
 1. In meeting the burden of proof described in subsection (A), AHCCCS may introduce the results of a statistical sampling study as evidence of the number and amount of claims that were presented or caused to be presented by the person. A statistical sampling study constitutes prima facie evidence of the number and amount of claims if computed by valid statistical methods.
 2. The burden of proof shall shift to the person to produce evidence reasonably calculated to rebut the findings of the statistical sampling study once AHCCCS has made a prima facie case as described in subsection (B)(1). AHCCCS shall be given the opportunity to rebut this evidence.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

R9-22-1112. Withdrawal and Continuances

AHCCCS may withdraw the Notice of Intent at any time. Prior to referring a matter to the Office of Administrative Hearings the parties may mutually agree to a continuance.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

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ARTICLE 12. BEHAVIORAL HEALTH SERVICES**R9-22-1201. Definitions**

Definitions. The following definitions apply to this Article:

“Adult behavioral health therapeutic home” as defined in 9 A.A.C. 10, Article 1.

“Agency” for the purposes of this Article means a behavioral health facility, a classification of a health care institution, including a mental health treatment agency defined in A.R.S. § 36-501, that is licensed to provide behavioral health services according to A.R.S. Title 36, Chapter 4.

“Assessment” means an analysis of a patient’s need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.

“Behavior management services” means services that assist the member in carrying out daily living tasks and other activities essential for living in the community, including personal care services.

“Behavioral health therapeutic home care services” means interactions that teach the client living, social, and communication skills to maximize the client’s ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services indicated by the client’s treatment plan, as appropriate.

“Behavioral health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s behavioral health issue.

“Behavioral health technician” means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and

Are provided with clinical oversight by a behavioral health professional.

“Case management” for the purposes of this Article, means services and activities that enhance treatment, compliance, and effectiveness of treatment.

“Certified psychiatric nurse practitioner” means a registered nurse practitioner who meets the psychiatric specialty area requirements under A.A.C. R4-19-505(C).

“Clinical oversight” means as described under 9 A.A.C. 10.

“Cost avoid” means to avoid payment of a third-party liability claim when the probable existence of third-party liability has been established under 42 CFR 433.139(b).

“Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.

“Court-ordered pre-petition screening” has the same meaning as “pre-petition screening” in A.R.S. § 36-501.

“Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.

“Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.

“Direct supervision” has the same meaning as “supervision” in A.R.S. § 36-401.

“Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.

“Health care institution” has the same meaning as defined in A.R.S. § 36-401.

“Health care practitioner” means a:

Physician;

Physician assistant;

Nurse practitioner; or

Other individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901.

“Licensee” means the same as in 9 A.A.C. 10, Article 1.

“Medical practitioner” means a physician, physician assistant, or nurse practitioner.

“Partial care” means a day program of services provided to individual members or groups that is designed to improve the ability of a person to function in a community, and includes basic, therapeutic, and medical day programs.

“Physician assistant” means the same as in A.R.S. § 32-2501 except that when providing a behavioral health service, the physician assistant shall be supervised by an AHCCCS-registered psychiatrist.

“Psychiatrist” means a physician who meets the licensing requirements under A.R.S. § 32-1401 or a doctor of osteopathy who meets the licensing requirements under A.R.S. § 32-1800, and meets the additional requirements of a psychiatrist under A.R.S. § 36-501.

“Psychologist” means a person who meets the licensing requirements under A.R.S. §§ 32-2061 and 36-501.

“Qualified behavioral health service provider” means a behavioral health service provider that meets the requirements of R9-22-1206.

“Respite” means a period of care and supervision of a member to provide rest or relief to a family member or other person caring for the member. Respite provides activities and services to meet the social, emotional, and physical needs of the member during respite.

“TRBHA” or “Tribal Regional Behavioral Health Authority” means a Native American tribe under contract with ADHS/DBHS to coordinate the delivery of behavioral health services to eligible and enrolled members of the federally-recognized tribal nation.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective

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tive October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1202. ADHS, Contractor, Administration and CRS Responsibilities

- A.** ADHS responsibilities. ADHS is responsible for payment of behavioral health services provided to members, except as specified under subsection (D). ADHS' responsibility for payment of behavioral health services includes claims for inpatient hospital services, which may include physical health services, when the principal diagnosis on the hospital claim is a behavioral health diagnosis. Behavioral health diagnoses are identified as "mental disorders" in the latest International Classification of Diseases (ICD) code set as required by AHC-CCS claims and encounters.
- B.** ADHS/DBHS may contract with a TRBHA for the provision of behavioral health services for American Indian members. American Indian members may receive covered behavioral health services:
 1. From an IHS or tribally operated 638 facility,
 2. From a TRBHA, or
 3. From a RBHA.
- C.** Contractor responsibilities. A contractor shall:
 1. Refer a member to a RBHA under the contract terms;
 2. Provide EPSDT developmental and behavioral health screening as specified in R9-22-213;
 3. Coordinate a member's transition of care and medical records; and
 4. Be responsible for providing covered inpatient hospital services, which may include behavioral health inpatient hospital services, when the principal diagnosis on the hospital claim is not a behavioral health diagnosis.
- D.** Administration and CRS responsibilities.
 1. The Administration shall be responsible for payment of behavioral health services provided to an ALTCS FFS or an FES member and for behavioral health services provided by IHS and tribally operated 638 facilities. The Administration is also responsible for payment of behavioral health services provided to these members during prior quarter coverage.
 2. CRS shall be responsible for payment of behavioral health services provided to members enrolled with CRS.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct typographical errors, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended

by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

R9-22-1203. Eligibility for Covered Services

Title XIX members. A member determined eligible under A.R.S. § 36-2901(6)(a) or (g) except for the failure to meet U.S. citizenship or qualified alien status requirements, shall receive medically necessary covered services under Article 12 and Article 2.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1204. General Service Requirements

- A.** Services. Behavioral health services include mental health, substance abuse, and physical services. Medically necessary services shall be covered and service requirements met as described under Article 2 and Article 5.
- B.** Notification to Administration for American Indians enrolled with a tribal contractor. A provider shall notify the Administration no later than 72 hours after an American Indian member enrolled with a tribal contractor presents to a behavioral health hospital for inpatient emergency behavioral health services.
- C.** Restrictions and limitations. Room and board is not a covered service unless provided in a behavioral health inpatient facility under R9-22-1205.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective January 1, 1996; filed with the Secretary of State December 22, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1205. Scope and Coverage of Behavioral Health Services

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- A.** Inpatient behavioral health services. The following inpatient services are covered subject to the limitations and exclusions in this Article and Article 2.
1. Covered inpatient behavioral health services include all behavioral health services, medical detoxification, accommodations and staffing, supplies, and equipment, if the service is provided under the direction of a physician in a Medicare-certified:
 - a. General acute care hospital,
 - b. Inpatient psychiatric unit in a general acute care hospital, or
 - c. Behavioral health hospital.
 2. Inpatient service limitations:
 - a. Inpatient services, other than emergency services specified in this Section, are not covered unless prior authorization is obtained.
 - b. Inpatient services and room and board are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
 - i. A licensed psychiatrist,
 - ii. A certified psychiatric nurse practitioner,
 - iii. A licensed physician assistant,
 - iv. A licensed psychologist,
 - v. A licensed clinical social worker,
 - vi. A licensed marriage and family therapist,
 - vii. A licensed professional counselor,
 - viii. A licensed independent substance abuse counselor, and
 - ix. A medical practitioner.
- B.** Behavioral Health Inpatient facility for children. Services provided in a Behavioral Health Inpatient facility for children as defined in 9 A.A.C. 10, Article 3 are covered subject to the limitations and exclusions under this Article.
1. Behavioral Health Inpatient facility for children services are not covered unless provided under the direction of a licensed physician in a licensed Behavioral Health Inpatient facility for children accredited by an AHCCCS-approved accrediting body as specified in contract.
 2. Covered Behavioral Health Inpatient facility for children services include room and board and treatment services for behavioral health and substance abuse conditions.
 3. Inpatient Behavioral Health Inpatient facility for children service limitations.
 - a. Services are not covered unless prior authorized, except for emergency services as specified in this Section.
 - b. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
 - i. A licensed psychiatrist,
 - ii. A certified psychiatric nurse practitioner,
 - iii. A licensed physician assistant,
 - iv. A licensed psychologist,
 - v. A licensed clinical social worker,
 - vi. A licensed marriage and family therapist,
 - vii. A licensed professional counselor,
 - viii. A licensed independent substance abuse counselor, and
 - ix. A medical practitioner.
 4. The following may be billed independently if prescribed by a provider as specified in this Section who is operating within the scope of practice:
 - a. Laboratory services, and
 - b. Radiology services.
- C.** Covered Inpatient sub-acute agency services. Services provided in a inpatient sub-acute facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.
1. Inpatient sub-acute facility services are not covered unless provided under the direction of a licensed physician in a licensed inpatient sub-acute facility that is accredited by an AHCCCS-approved accrediting body.
 2. Covered Inpatient sub-acute facility services include room and board and treatment services for behavioral health and substance abuse conditions.
 3. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
 - a. A licensed psychiatrist,
 - b. A certified psychiatric nurse practitioner,
 - c. A licensed physician assistant,
 - d. A licensed psychologist,
 - e. A licensed clinical social worker,
 - f. A licensed marriage and family therapist,
 - g. A licensed professional counselor,
 - h. A licensed independent substance abuse counselor, and
 - i. A medical practitioner.
 4. The following may be billed independently if prescribed by a provider specified in this Section who is operating within the scope of practice:
 - a. Laboratory services, and
 - b. Radiology services.
- D.** Behavioral health residential facility services. Services provided in a licensed behavioral health residential facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.
1. Behavioral health residential facility services are not covered unless provided by a licensed behavioral health residential facility.
 2. Covered services include all non-prescription drugs as defined in A.R.S. § 32-1901, non-customized medical supplies, and clinical oversight or direct supervision of the behavioral health residential facility staff, whichever is applicable. Room and board are not covered services.
 3. The following licensed and certified providers may bill independently for services:
 - a. A licensed psychiatrist,
 - b. A certified psychiatric nurse practitioner,
 - c. A licensed physician assistant,
 - d. A licensed psychologist,
 - e. A licensed clinical social worker,
 - f. A licensed marriage and family therapist,
 - g. A licensed professional counselor,
 - h. A licensed independent substance abuse counselor, and
- E.** Partial care. Partial care services are covered subject to the limitations and exclusions in this Article.
1. Partial care services are not covered unless provided by a licensed and AHCCCS-registered behavioral health agency that provides a regularly scheduled day program of individual member, group, or family activities that are designed to improve the ability of the member to function in the community. Partial care services include basic, therapeutic, and medical day programs.
 2. Partial care services. Educational services that are therapeutic and are included in the member's behavioral health

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treatment plan are included in per diem reimbursement for partial care services.

F. Outpatient services. Outpatient services are covered subject to the limitations and exclusions in this Article and Article 2.

1. Outpatient services include the following:
 - a. Screening provided by a behavioral health professional or a behavioral health technician as defined in R9-22-1201;
 - b. A behavioral health assessment provided by a behavioral health professional or a behavioral health technician;
 - c. Counseling including individual therapy, group therapy, and family therapy provided by a behavioral health professional or a behavioral health technician;
 - d. Behavior management services as defined in R9-22-1201; and
 - e. Psychosocial rehabilitation services as defined in R9-22-201.
2. Outpatient service limitations.
 - a. The following licensed or certified providers may bill independently for outpatient services:
 - i. A licensed psychiatrist;
 - ii. A certified psychiatric nurse practitioner;
 - iii. A licensed physician assistant as defined in R9-22-1201;
 - iv. A licensed psychologist;
 - v. A licensed clinical social worker;
 - vi. A licensed professional counselor;
 - vii. A licensed marriage and family therapist;
 - viii. A licensed independent substance abuse counselor;
 - ix. A medical practitioner; and
 - x. An outpatient treatment center or substance abuse transitional facility licensed under 9 A.A.C. 10, Article 14, that is an AHCCCS-registered provider.
 - b. A behavioral health practitioner not specified in subsections (F)(2)(a)(i) through (x), who is contracted with or employed by an AHCCCS-registered behavioral health agency shall not bill independently.

G. Emergency behavioral health services are covered subject to the limitations and exclusions under this Article. In order to be covered, behavioral health services shall be provided by qualified service providers under R9-22-1206. ADHS/DBHS shall ensure that emergency behavioral health services are available 24 hours per day, seven days per week in each GSA for an emergency behavioral health condition for a non-FES member as defined in R9-22-201.

H. Other covered behavioral health services. Other covered behavioral health services include:

1. Case management as defined in 9 A.A.C. 10, Article 1;
2. Laboratory and radiology services for behavioral health diagnosis and medication management;
3. Medication;
4. Monitoring, administration, and adjustment for psychotropic medication and related medications;
5. Respite care as described within subsection (J);
6. Behavioral health therapeutic home care services provided by a RBHA in a professional foster home defined in 6 A.A.C. 5, Article 58 or in an adult behavioral health therapeutic home as defined in 9 A.A.C. 10, Article 1;
8. Other support services to maintain or increase the member's self-sufficiency and ability to live outside an institution.

I. Transportation services. Transportation services are covered under R9-22-211.

J. Limited Behavioral Health services. Respite services are limited to no more than 600 hours per benefit year.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by exempt rulemaking at 17 A.A.R. 1870, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1206. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Repealed by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1207. General Provisions for Payment

A. Claims submissions.

1. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member to the appropriate RBHA.
2. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member to the appropriate RBHA.
3. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
4. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
5. A provider of emergency behavioral health services, that are the responsibility of ADHS/DBHS or a contractor, shall submit a claim to the entity responsible for emergency behavioral health services under R9-22-210.01(A).

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6. A provider shall comply with the time-frames and other payment procedures in Article 7 of this Chapter, if applicable, and A.R.S. § 36-2904.
 7. ADHS/DBHS or a contractor, whichever entity is responsible for covering behavioral health services, shall cost avoid any behavioral health service claims if it establishes the existence or probable existence of first-party liability or third-party liability.
- B.** Prior authorization. Payment to a provider for behavioral health services or items requiring prior authorization may be denied if a provider does not obtain prior authorization from a RBHA, ADHS/DBHS, a TRBHA, the Administration or a contractor.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

R9-22-1208. Repealed**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4).

ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)

Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).

Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).

R9-22-1301. Children's Rehabilitative Services (CRS) related Definitions

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

"Active treatment" means there is a current need for treatment of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months from the last date of service for treatment of any CRS qualifying condition.

"CRS application" means a submitted form with any additional documentation required by the Administration to determine whether an individual is medically eligible for CRS.

"CRS condition" means a list of medical condition(s) in R9-22-1303 and which are referred to as covered conditions in A.R.S. § 36-2912.

"Functionally limiting" means a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a provider.

"Medically eligible" means meeting the medical eligibility requirements of R9-22-1303.

"Redetermination" means a decision made by the Administration regarding whether a member continues to meet the requirements in R9-22-1302.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

R9-22-1302. Children's Rehabilitative Services (CRS) Eligibility Requirements

Beginning October 1, 2013, an AHCCCS member who needs active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall be given a CRS Designation. An American Indian member can choose to receive CRS services through an American Indian Health Plan or a contractor. A member enrolled in CMDP shall obtain CRS services through CMDP. The contractor shall provide covered services necessary to treat the condition(s) and other services described within the contract. The effective date of the CRS Designation shall be as specified in contract.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1303. Medical Eligibility

The following lists identify those medical condition(s) that do qualify for CRS services as well as those that do not qualify for CRS services. The list of condition(s) that qualify for a CRS Designation is all inclusive. The list of condition(s) that do not qualify for a CRS Designation is not an all-inclusive list.

1. Cardiovascular System
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Arrhythmia,
 - ii. Arteriovenous fistula,
 - iii. Cardiomyopathy,
 - iv. Conduction defect,
 - v. Congenital heart defect other than isolated small Ventricular Septal Defects (VSD), Patent Ductus Arteriosus (PDA), Atrial Septal Defects (ASD),

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- vi. Coronary artery and aortic aneurysm,
- vii. Renal vascular hypertension,
- viii. Rheumatic heart disease, and
- ix. Valvular disorder.
- b. Condition(s) not medically eligible for CRS:
 - i. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function;
 - ii. Benign heart murmur;
 - iii. Branch artery pulmonary stenosis;
 - iv. Essential hypertension;
 - v. Patent foramen ovale (PFO);
 - vi. Peripheral pulmonary stenosis;
 - vii. Postural orthopedic tachycardia; and
 - viii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance.
- 2. Endocrine system:
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Addison's disease,
 - ii. Adrenogenital syndrome,
 - iii. Cystic fibrosis (including atypical cystic fibrosis),
 - iv. Diabetes insipidus,
 - v. Hyperparathyroidism,
 - vi. Hyperthyroidism,
 - vii. Hypoparathyroidism, and
 - viii. Panhypopituitarism.
 - b. Condition(s) not medically eligible for CRS
 - i. Diabetes mellitus,
 - ii. Hypopituitarism associated with a malignancy and requiring treatment of less than 90 days,
 - iii. Isolated growth hormone deficiency, and
 - iv. Precocious puberty.
- 3. Genitourinary system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Ambiguous genitalia,
 - ii. Bladder extrophy,
 - iii. Deformity and dysfunction of the genitourinary system secondary to trauma 90 days or more after the trauma occurred,
 - iv. Ectopic ureter,
 - v. Hydronephrosis, that is not resolved with antibiotics,
 - vi. Polycystic and multicystic kidneys,
 - vii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required,
 - viii. Ureteral stricture, and
 - ix. Vesicoureteral reflux, at a grade 3 or higher.
 - b. Condition(s) not medically eligible for CRS:
 - i. Enuresis,
 - ii. Hydrocele,
 - iii. Hypospadias,
 - iv. Meatal stenosis,
 - v. Nephritis, infectious or noninfectious,
 - vi. Nephrosis,
 - vii. Phimosis, and
 - viii. Undescended testicle.
- 4. Ear, nose, or throat medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Cholesteatoma,
 - ii. Congenital/Craniofacial anomaly that is functionally limiting,
 - iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, 90 days or more after the trauma occurred,
 - iv. Mastoiditis that continues 90 days or more after the first diagnosis of the condition,
 - v. Microtia that requires multiple surgical interventions,
 - vi. Neurosensory hearing loss, and
 - vii. Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels that despite medical treatment, requires a hearing aid.
 - b. Condition(s) not medically eligible for CRS:
 - i. A craniofacial anomaly that is not functionally limiting,
 - ii. Adenoiditis,
 - iii. Cranial or temporal mandibular joint syndrome,
 - iv. Hypertrophic lingual frenum,
 - v. Isolated preauricular tag or pit,
 - vi. Nasal polyp,
 - vii. Obstructive apnea,
 - viii. Perforation of the tympanic membrane,
 - ix. Recurrent otitis media,
 - x. Simple deviated nasal septum,
 - xi. Sinusitis,
 - xii. Tonsillitis, and
 - xiii. Uncontrolled salivation.
- 5. Musculoskeletal system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Achondroplasia,
 - ii. Arthrogryposis (multiple joint contractures),
 - iii. Bone infection that continues 90 days or more after the initial diagnosis,
 - iv. Chondrodysplasia,
 - v. Chondroectodermal dysplasia,
 - vi. Clubfoot,
 - vii. Collagen vascular disease, including but not limited to, ankylosis spondylitis, polymyositis, dermatomyositis, polyarteritis nodosa, psoriatic arthritis, scleroderma, rheumatoid arthritis and lupus,
 - viii. Congenital or developmental cervical spine abnormality,
 - ix. Congenital spinal deformity,
 - x. Diastrophic dysplasia,
 - xi. Enchondromatosis,
 - xii. Femoral anteversion and tibial torsion,
 - xiii. Fibrous dysplasia,
 - xiv. Hip dysplasia,
 - xv. Hypochondroplasia,
 - xvi. Joint infection that continues 90 days or more after the initial diagnosis,
 - xvii. Juvenile rheumatoid arthritis,
 - xviii. Kyphosis (Scheurmann's Kyphosis) 50 degrees or over,
 - xix. Larsen syndrome,
 - xx. Leg length discrepancy of two centimeters or more,
 - xxi. Legg-Calve-Perthes disease,
 - xxii. Limb amputation or limb malformation,
 - xxiii. Metaphyseal and epiphyseal dysplasia,

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- xxiv. Metatarsus adductus,
- xxv. Muscular dystrophy,
- xxvi. Orthopedic complications of hemophilia,
- xxvii. Osgood Schlatter's disease that requires surgical intervention,
- xxviii. Osteogenesis imperfecta,
- xxix. Rickets,
- xxx. Scoliosis when 25 degrees or greater, or when there is a need for bracing or surgery,
- xxxi. Seronegative spondyloarthropathy such as Reiters, psoriatic arthritis, and ankylosing spondylitis,
- xxxii. Slipped capital femoral epiphysis,
- xxxiii. Spinal muscle atrophy,
- xxxiv. Spondyloepiphyseal dysplasia, and
- xxxv. Syndactyly.
- b. Condition(s) not medically eligible for CRS:
 - i. Back pain with no structural abnormality,
 - ii. Benign bone tumor,
 - iii. Bunion,
 - iv. Carpal tunnel syndrome,
 - v. Deformity and dysfunction secondary to trauma or injury,
 - vi. Ehlers Danlos,
 - vii. Flat foot,
 - viii. Fracture,
 - ix. Ganglion cyst,
 - x. Ingrown toenail,
 - xi. Kyphosis under 50 degrees,
 - xii. Leg length discrepancy of less than two centimeters at skeletal maturity,
 - xiii. Polydactyly without bone involvement,
 - xiv. Popliteal cyst,
 - xv. Trigger finger, and
 - xvi. Varus and valgus deformities.
- 6. Gastrointestinal system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Anorectal atresia,
 - ii. Biliary atresia,
 - iii. Cleft lip,
 - iv. Cleft palate,
 - v. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract,
 - vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, 90 days or more after the trauma occurred,
 - vii. Diaphragmatic hernia,
 - viii. Gastroschisis,
 - ix. Hirschsprung's disease,
 - x. Omphalocele, and
 - xi. Tracheoesophageal fistula.
 - b. Condition(s) not medically eligible for CRS:
 - i. Celiac disease,
 - ii. Crohn's disease,
 - iii. Hernia other than a diaphragmatic hernia,
 - iv. Intestinal polyp,
 - v. Malabsorption syndrome, also known as short bowel syndrome,
 - vi. Pyloric stenosis,
 - vii. Ulcer disease, and
 - viii. Ulcerative colitis.
- 7. Nervous system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Benign intracranial tumor,
 - ii. Benign intraspinal tumor,
 - iii. Central nervous system degenerative disease,
 - iv. Central nervous system malformation or structural abnormality,
 - v. Cerebral palsy,
 - vi. Craniosynostosis requiring surgery,
 - vii. Deformity and dysfunction secondary to trauma in an individual that continues 90 days or more after the incident,
 - viii. Hydrocephalus,
 - ix. Muscular dystrophy or other myopathy,
 - x. Myelomeningocele, also known as spina bifida,
 - xi. Myoneural disorder, including but not limited to, amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermatomyositis, progressive bulbar palsy, polio,
 - xii. Neurofibromatosis,
 - xiii. Neuropathy/polyneuropathy, hereditary or idiopathic,
 - xiv. Residual dysfunction that continues 90 days or more after a vascular accident, inflammatory condition, or infection of the central nervous system,
 - xv. Residual dysfunction that continues 90 days or more after near drowning,
 - xvi. Residual dysfunction that continues 90 days or more after the spinal cord injury, and
 - xvii. Uncontrolled seizure disorder, in which there have been more than two seizures with documented compliance of one or more medications.
 - b. Condition(s) not medically eligible for CRS:
 - i. Central apnea secondary to prematurity,
 - ii. Febrile seizures,
 - iii. Headaches,
 - iv. Near sudden infant death syndrome,
 - v. Plagiocephaly, and
 - vi. Spina bifida occulta.
- 8. Ophthalmology:
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Cataracts,
 - ii. Disorder of the iris, ciliary bodies, retina, lens, or cornea,
 - iii. Disorder of the optic nerve,
 - iv. Glaucoma,
 - v. Non-malignant enucleation and post-enucleation reconstruction, and
 - vi. Retinopathy of prematurity.
 - b. Condition(s) not medically eligible for CRS:
 - i. Astigmatism,
 - ii. Ptosis,
 - iii. Simple refraction error, and
 - iv. Strabismus.
- 9. Respiratory system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. Anomaly of the larynx, trachea, or bronchi that requires surgery, and
 - ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi.

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- b. Condition(s) not medically eligible for CRS:
 - i. Allergies,
 - ii. Asthma,
 - iii. Bronchopulmonary dysplasia,
 - iv. Chronic obstructive pulmonary disease,
 - v. Emphysema, and
 - vi. Respiratory distress syndrome.
- 10. Dermatological system medical condition(s):
 - a. CRS condition(s) that qualify for CRS medical eligibility:
 - i. A burn scar that is functionally limiting,
 - ii. A hemangioma that is functionally limiting that requires laser or surgery,
 - iii. Complicated nevi requiring multiple procedures,
 - iv. Cystic hygroma such as lymphangioma, and
 - v. Malocclusion that is functionally limiting.
 - b. Condition(s) not medically eligible for CRS:
 - i. A deformity that is not functionally limiting,
 - ii. Ectodermal dysplasia,
 - iii. Isolated malocclusion that is not functionally limiting,
 - iv. Pilonidal cyst,
 - v. Port wine stain,
 - vi. Sebaceous cyst,
 - vii. Simple nevi, and
 - viii. Skin tag.
- 11. Metabolic CRS condition(s) that qualify for CRS medical eligibility:
 - a. Amino acid or organic acidopathy,
 - b. Biotinidase deficiency,
 - c. Homocystinuria,
 - d. Inborn error of metabolism,
 - e. Maple syrup urine disease,
 - f. Phenylketonuria, and
 - g. Storage disease.
- 12. Hemoglobinopathies CRS condition(s) that qualify for CRS medical eligibility:
 - a. Sick cell anemia, and
 - b. Thalassemia.
- 13. Additional medical/behavioral condition(s) which are not medically eligible for CRS:
 - a. Allergies,
 - b. Anorexia nervosa or obesity,
 - c. Attention deficit disorder,
 - d. Autism,
 - e. Cancer,
 - f. Depression or other mental illness,
 - g. Developmental delay,
 - h. Dyslexia or other learning disabilities,
 - i. Failure to thrive,
 - j. Hyperactivity, and
 - k. Immunodeficiency, such as AIDS and HIV.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination

- A. To refer an individual for a CRS medical eligibility determination a person shall submit to the Administration the following information:
 - 1. CRS application;
 - 2. Documentation from a specialist who diagnosed the individual, stating the individual's diagnosis;
 - 3. Diagnostic test results that support the individual's diagnosis; and
 - 4. Documentation of the individual's need for specialized treatment of the CRS condition through medical, surgical, or therapy modalities.
- B. The Administration shall notify the CRS applicant, member or authorized representative of the outcome of the determination within 60 days of receipt of information required under subsection (A). The member may appeal the determination under Chapter 34.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

R9-22-1305. CRS Redetermination

- A. Continued eligibility for CRS services shall be redetermined by verifying active treatment status of the CRS qualifying medical condition(s) as follows:
 - 1. The contractor is responsible for notifying the AHCCCS Administration of the date when a member with a CRS Designation is no longer in active treatment for the qualifying condition(s).
 - 2. The Administration may request, at any time, that the contractor submit the medical documentation to the Administration for a CRS medical redetermination within the specified time-frames in contract.
 - 3. The Administration shall notify the member or authorized representative of the outcome of the redetermination.
- B. If the Administration determines that a member is no longer medically eligible for a CRS Designation, the Administration shall provide the member or authorized representative a written notice that informs the member that the Administration is ending the member's CRS Designation. The member may appeal the redetermination under A.A.C. Title 9, Chapter 34.
- C. Upon reaching his or her 21st birthday, the member's CRS Designation will be ended.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10,

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2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1306. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Repealed by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-1307. Covered Services

The Administration will cover medically necessary services as described within Article 2 unless otherwise specified in contract.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

R9-22-1308. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

R9-22-1309. Repealed**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR HOUSEHOLDS**R9-22-1401. General Information**

- A. Scope. This Article contains eligibility criteria to determine whether a household or individual is eligible for AHCCCS medical coverage. Eligibility criteria described under Article 3 applies to this Article.
- B. Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 3 and Article 15 have the following meanings unless the context explicitly requires another meaning:

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

Caretaker relative” means:

A parent of a dependent child with whom the child is living;

When the dependent child does not live with a parent or the parent in the home is incapacitated, another relative of the child by blood, adoption, or marriage in the home who assumes primary responsibility for the child’s care; or

A woman in her third trimester of pregnancy with no other dependent children.

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

“Dependent child” means a child under the age of 18, or if age 18 is a full-time student in secondary school or equivalent vocational or technical training, if reasonably expected to complete such school or training before turning age 19.

“MAGI – based income” means Modified Adjusted Gross Income as defined under 42 CFR 435.603(e).

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

A medical service or supply that would be covered if provided to an AHCCCS member of any age under Articles 2 and 12 of this Chapter;

A medical service or supply that would be covered if provided to an Arizona Long-term Care System member under 9 A.A.C. 28, Articles 2 and 11;

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

Assistance with daily living if the assistance is documented in an individual plan of care by a nurse, social service worker, registered therapist, or dietitian under the supervision of a physician except when provided by the spouse of an applicant or the parent of a minor child;

Medical services provided in a licensed nursing home or in an alternative HCBS setting under R9-28-101;

Purchasing and maintaining an animal guide or service animal for the assistance of a member of the MED family unit under R9-22-1436; and

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

“Monthly income” means the gross countable income received or projected to be received during the month or the monthly equivalent.

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

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

“Tax dependent” is described under 42 CFR 435.4.

“Taxpayer” means a person who expects to file a tax return, and does not expect to be claimed as a tax dependent by another person.

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

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

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1402. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1403. Agency Responsible for Determining Eligibility

The Administration or its designee shall determine eligibility under the provisions of this Article. The Administration or its designee shall not discriminate against an applicant or member because of race, color, creed, religion, ancestry, national origin, age, sex, or physical or mental disability.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1404. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1405. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1406. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1407. Deceased Applicants

- A. If an applicant dies while an application is pending, the Administration or Administration's designee shall complete an eligibility determination for all applicants listed on the application, including the deceased applicant.
- B. The Administration or Administration's designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4).

R9-22-1408. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1409. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1410. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31,

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2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1411. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1412. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1413. Time-frames, Reinstatement of an Application

- A. The Administration or its designee shall complete an eligibility determination under R9-22-306(A)(1) unless:
1. The applicant is pregnant. The Administration or its designee shall complete an eligibility determination for a pregnant woman within 20 days after the application date unless additional information is required to determine eligibility; or
 2. The applicant is in a hospital as an inpatient at the time of application. Within seven days of the Administration or its designee's receipt of a signed application the Administration or its designee shall complete an eligibility determination if the Administration or its designee does not need additional information or verification to determine eligibility.
- B. The Administration or its designee shall reopen or reinstate eligibility of an individual who is discontinued for failure to submit the renewal form or necessary information, without requiring a new application, if the individual submits the renewal form or necessary information within 90 days after the date of discontinuance.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1414. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section

repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1415. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1416. Effective Date of Eligibility

- A. Except as provided in R9-22-303 and subsections (B), (C) and (D), the effective date of eligibility is the first day of the month that the applicant files an application if the applicant is eligible that month, or the first day of the first eligible month following the application month except for:
1. The MED program under R9-22-1439, and
 2. Eligibility for a newborn under R9-22-1429.
- B. The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
- C. The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.
- D. The effective date of eligibility for a newborn is no sooner than the date of birth.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1417. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1418. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005

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(Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1419. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1419.01. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1419.02. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1419.03. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1419.04. Repealed**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1420. Income Eligibility Criteria

A. Evaluation of income. In determining eligibility, the Administration or its designee shall evaluate the following types of income received by a person identified in subsection (B):

1. Earned income, including in-kind income, before any deductions. For purposes of this Section, in-kind income means room, board, or provision for other needs in exchange for work performed. The person identified in subsection (B) shall ensure that the provider of the in-kind income establishes and verifies the monetary value of the item provided. The provider may be, but is not limited to:
 - a. A landlord who provides all or a portion of rent or utilities in exchange for services;
 - b. A store owner who gives goods such as groceries, clothes, or furniture in exchange for services; or
 - c. An individual who trades goods such as a car, tools, trailer, building material, or gasoline in exchange for services;
2. Self-employment income under R9-22-1424, including gross business receipts minus business expenses; and

3. Unearned income, including deemed income under R9-22-317 from the sponsor of a non-citizen applicant.

B. MAGI income group. The Administration or its designee shall include the following persons in the MAGI income group:

1. When the applicant is a taxpayer include:
 - a. The applicant,
 - b. Everyone the applicant expects to claim as a tax dependent for the current year, and
 - c. The applicant's spouse, when living with the applicant.
2. Except as provided in subsection (B)(3), when the applicant expects to be claimed as a tax dependent for the current year include:
 - a. The taxpayer claiming the applicant,
 - b. Everyone else the taxpayer expects to claim as a tax dependent,
 - c. The taxpayer's spouse when living with the taxpayer, and
 - d. The applicant's spouse, when living with the applicant.
3. When any of the following apply, determine the persons whose income is included as described in subsection (4)(a) or (4)(b) based on the applicant's age:
 - a. The applicant expects to be claimed as a tax dependent by someone other than a spouse or natural, adopted or step-parent;
 - b. The applicant is under age 19, expects to be claimed as a tax dependent by a natural, adopted or step-parent, lives with more than one such parent and the parents do not expect to file a joint tax return; or
 - c. The applicant is under age 19 and expects to be claimed as a tax dependent by a non-custodial parent.
4. When the applicant is not a taxpayer, does not expect to be claimed as a tax dependent and is:
 - a. Under age 19. Include the income of the applicant and when living with the applicant, the applicant's:
 - i. Spouse;
 - ii. Natural, adopted and step-children;
 - iii. Natural, adopted and step-parents;
 - iv. Natural, adopted and step-siblings; and
 - b. Age 19 or older. Include the income of the applicant and when living with the applicant, the applicant's:
 - i. Spouse;
 - ii. Natural, adopted and step-children under age 19.
5. When the applicant is a pregnant woman, the Administration or its designee shall also include the number of expected babies only for the pregnant woman's income group.
6. When the taxpayer cannot reasonably establish that a person is the taxpayer's tax dependent, inclusion of the person in the taxpayer's MAGI income group is determined as provided in subsection (B)(4).

C. A person whose income is counted. The Administration or its designee shall count the MAGI-based income of all members of an applicant's MAGI income group with the following exceptions:

1. The income of an individual who is included in the MAGI income group of his or her natural, adoptive or step parent and is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined, is not counted whether or not the individual files a tax return.
2. The income of a tax dependent other than the taxpayer's spouse or biological, adopted or stepchild who is not

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expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined is not counted when the tax dependent is included in the taxpayer's MAGI income group, whether or not the tax dependent files a tax return.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1421. MAGI based Income Eligibility

- A. In determining eligibility, if an individual would otherwise be ineligible under this Article due to excess income, the Administration or its designee shall subtract an amount equivalent to five percentage points of the Federal Poverty Level (FPL) from the household income.
- B. A person is eligible under this Article when:
 1. Subject to subsection (A), the monthly household income does not exceed the appropriate FPL;
 2. If ineligible under (B)(1), the household income determined in accordance with 26 CFR 1.36B-1(e) is below 100 percent FPL; or
 3. For eligibility under R9-22-1437, the person's income during the period defined in R9-22-1437(C) does not exceed the FPL under R9-22-1437(B).
- C. The Administration or its designee shall consider the following factors when determining the income period to use to determine monthly income:
 1. Type of income,
 2. Frequency of income,
 3. If source of income is new or terminated, or
 4. Income fluctuation.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1422. Methods for Calculating Monthly Income

- A. Projecting income.
 1. Description. Projecting income is a method of determining the amount of income that a person will receive.
 2. Calculation. The Administration or its designee shall project income by:
 - a. Converting income to a monthly equivalent,
 - b. Using unconverted income, or
 - c. Prorating income to determine a monthly equivalent.
 3. Exclusion. When calculating projected monthly income, the Administration or its designee shall exclude an unusual variation in income under R9-22-1424(E), except for a month in which the variation is anticipated to occur.
- B. Averaged income.
 1. Description. Averaging income proportionally distributes the person's income received on a regular basis.
 2. Calculation. To average income, the Administration or its designee shall add the amount of the income and divide by the total number of pay periods. If the amount of

income received per pay period fluctuates, and the fluctuation is expected to continue, the Administration or its designee shall:

- a. Use the averaged weekly or bi-weekly amounts to convert weekly or bi-weekly income to a monthly equivalent;
 - b. Use the averaged monthly or semi-monthly amounts to project monthly income; and
 - c. Use the averaged hours worked and multiply the average by the current rate of pay. If there is a change in the rate of pay, use the new rate of pay when calculating projected income under subsection (A).
- C. Prorated income.
 1. Description. Prorated income evenly distributes a person's income over the period the income is intended to cover to calculate a monthly equivalent.
 2. Calculation. To prorate income, the Administration or its designee shall divide the total amount of the person's income received during the period by the number of months that the income is intended to cover.
 - D. Converted income.
 1. Description. Converted income is income received weekly or biweekly that is changed to a monthly equivalent.
 2. Calculation.
 - a. The Administration or its designee shall average the weekly or bi-weekly income amounts before converting to the monthly equivalent if the person's past income fluctuates and the fluctuation is expected to recur.
 - b. To convert income paid weekly to a monthly equivalent, the Administration or its designee shall multiply the weekly average by 4.3 weeks.
 - c. To convert income paid bi-weekly to a monthly equivalent, the Administration or its designee shall multiply the bi-weekly average by 2.15 weeks.
 - E. Unconverted income.
 1. Description. Unconverted income is the actual amount of income received or projected to be received during a month.
 2. Calculation. The Administration or its designee shall sum the actual amount of income received or projected to be received during a month.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1423. Calculations and Use of Methods Listed in R9-22-1422 Based on Frequency of Income

- A. Monthly income. If otherwise countable income is received monthly or in a lump sum, the Administration or its designee shall use the unconverted method for calculating monthly income.
 1. Lump sum means a nonrecurring payment that serves as a complete payment.
 2. Lump sum payments include but are not limited to: rebates or credits; inheritances; insurance settlements; and payments for prior months from such sources as Social Security, Railroad Retirement, or other benefits.

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3. A lump sum payment may include a portion intended for the current month.
- B.** Weekly income. If income is received weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- C.** Bi-weekly income. If income is received bi-weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- D.** Semi-monthly or daily income. If income is received semi-monthly or daily, the Administration or its designee shall use the unconverted method for calculating monthly income under R9-22-1422(E).
- E.** Bimonthly, quarterly, semi-annual, or annual income. If income is received bimonthly, quarterly, semi-annually, or annually, the Administration or its designee shall prorate the income received or projected to be received under R9-22-1422(C).

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1424. Use of Methods Listed in R9-22-1423 Based on Type of Income

- A.** New income.
 1. Description. New income is income received from a new source during the first calendar month that the income is received from the source.
 2. Calculating monthly income.
 - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
 - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- B.** Terminated income.
 1. Terminated income is income received during the last calendar month when no more income is expected to be received from that source.
 2. Calculating monthly income.
 - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
 - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- C.** Break in income.
 1. Description. A break in income is a break in established frequency of income of one calendar month or more.
 2. Calculating monthly income.
 - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
 - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- D.** Contract or regular seasonal income.
 1. Descriptions.
 - a. Contract income is income a person earns under a contract that specifies a length of time the contract covers, the amount of income to be paid, and the frequency of payment.
 - b. Regular seasonal income is income that fluctuates based on season or is only received during a certain season, and can reasonably be anticipated based on history or other verification.

2. Calculating monthly income.
 - a. When the contract or regular seasonal income will not fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall use the appropriate income calculation method in R9-22-1423 for the frequency of receipt.
 - b. When the contract or regular seasonal income is anticipated to fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall calculate the monthly income as follows:
 - i. For a one-time contract that ends between the month the application or renewal is submitted and the end of the calendar year, divide the income that will be received from the application or renewal month through the end of the calendar year by the number of months in that period to get a monthly equivalent;
 - ii. For contracts that extend into the next calendar year, contracts that are anticipated to be renewed and regular seasonal income, the Administration or its designee shall divide the income that will be received in the 12-month period beginning with the application or renewal month by 12 to get the monthly equivalent.
- E.** Unusual variation in the amount of income.
 1. Description. Unusual variation is an amount of income that is different from the established amount received and is not projected to continue or recur.
 2. Calculating monthly income.
 - a. When calculating income for the month in which an unusual variation in income occurs, the Administration or its designee shall include the unusual variation in the income calculation.
 - b. When an unusual variation in income occurs during the month, the Administration or its designee shall use the converted method for calculating monthly income if income is received weekly or bi-weekly.
 - c. When projecting income for the months following the month in which the unusual variation occurs, the Administration or its designee shall exclude the unusual variation in income from the income calculation.
- F.** Self-employment income.
 1. Description. Self-employment income is income a person earns from the person's own trade or business less allowable expenses.
 2. Calculating monthly income. The Administration or its designee shall prorate the income under R9-22-1422.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking

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at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1425. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1426. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1427. Eligibility Under MAGI

- A. Caretaker Relatives.** An individual is eligible for AHCCCS medical coverage as a Caretaker Relative when the individual meets the following requirements:
1. Is a caretaker relative as defined in R9-22-1401.
 2. The total countable income under R9-22-1420(B) does not exceed 106 percent of the FPL for the number of people in the MAGI income group.
- B. Continued medical coverage.**
1. A caretaker relative eligible under subsection (A) and all dependent children eligible under subsection (D) in the caretaker relative's MAGI income group are entitled to continued AHCCCS coverage for up to 12 months if eligible under subsection (B)(1)(c)(i) and up to four months if eligible under subsection (B)(1)(c)(ii) if the MAGI income group's income exceeds the limit for the income group's size and the following conditions are met:
 - a. The caretaker relative still lives with a dependent child;
 - b. A caretaker relative in the income group received AHCCCS medical coverage under this Section for three calendar months out of the most recent six months; and
 - c. The loss of AHCCCS coverage under this Section is due to:
 - i. Increased earned income of a caretaker relative, or
 - ii. Increased spousal support.
 2. An applicant may be added to the continued medical coverage under subsection (B)(1), if the applicant did not reside in the household at the time continued medical coverage under this Section was determined and the applicant is:
 - a. The spouse or dependent child of a caretaker relative receiving continued medical coverage, or
 - b. The parent of a dependent child who is receiving continued medical coverage.
- C. Pregnant Women.** A pregnant woman is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed 156 percent of the FPL for the

number of people in the MAGI income group. A pregnant woman who applies for AHCCCS medical coverage during the pregnancy or postpartum period and is determined eligible, remains eligible throughout the postpartum period. The postpartum period begins the day the pregnancy terminates and ends the last day of the month in which the 60th day following pregnancy termination occurs.

- D. Children.** A child less than 19 years of age is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed the following percentage of the FPL for the number of people in the MAGI income group:
1. 147 percent for a child under one year of age,
 2. 141 percent for a child age one through five years of age, or
 3. 133 percent for all other persons.
- E. Adults.** An individual is eligible for AHCCCS medical coverage when the individual meets the following eligibility requirements:
1. Is 19 years of age or older but less than 65 years of age;
 2. Is not pregnant;
 3. Is not eligible for AHCCCS Medical Coverage under any other coverage group listed in 42 U.S.C. 1396a(a)(10)(A)(i);
 4. Is not entitled to or enrolled for Medicare benefits under Part A or Part B;
 5. The total countable income under R9-22-1420(B) does not exceed 133 percent of the FPL for the number of people in the MAGI income group; and
 6. When the individual is a caretaker relative, but has income exceeding the limit in subsection (A)(2), each child under age 19 living with the individual is receiving AHCCCS medical coverage or KidsCare, or is enrolled in minimum essential coverage as defined in 42 CFR 435.4.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section R9-22-1427 repealed; new Section R9-22-1427 made by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1428. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1429. Eligibility for a Newborn

A child born to a mother eligible for and receiving medical coverage under this Article, Article 15 of the Chapter, or 9 A.A.C. 28, is automatically eligible for AHCCCS medical coverage for a period not to exceed 12 months. Automatic eligibility begins on the child's date of birth and ends with the last day of the month in which the child turns age one.

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New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1430. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1431. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 2633, effective July 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Repealed by final rulemaking at 21 A.A.R. 1241, effective September 5, 2015 (Supp. 15-3).

R9-22-1432. Young Adult Transitional Insurance

An individual is eligible for AHCCCS medical coverage when the individual meets all of the following eligibility requirements:

1. Is 18 through 25 years of age;
2. Was in the custody of the Department of Economic Security under A.R.S. Title 8, Chapter 5 or Chapter 10 on the individual's 18th birthday;
3. Was eligible for and receiving AHCCCS Medical Coverage on the individual's 18th birthday; and
4. Is not eligible for AHCCCS Medical Coverage under 42 U.S.C. 1396a(a)(10)(A)(i)(I) - (VII).

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1433. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1434. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4).

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

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

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1436. MED Family Unit

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

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1437. MED Income Eligibility Requirements

- A. Income exclusions. The exclusions in R9-22-1420(C) apply to the MED family unit.
- B. Income standard.
 1. The Department shall divide the annual FPL for the MED family unit that is in effect during each month of the income period by 12 to determine the monthly FPL.

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

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1438. MED Resource Eligibility Requirements

- A. Including countable resources. The Department shall include the resources not excluded that belong to and are available to members of the family of a qualified alien under A.R.S. § 36-2903.03 and the sponsor and sponsor's spouse of a person who is a qualified alien.
- B. Ownership and availability. The Department shall evaluate the ownership of resources to determine the availability of resources to a person listed in subsection (A).
 1. Jointly owned resources with ownership records containing the words "and" or "and/or" between the owners' names are available to each owner except if one of the owners refuses to sell. A consent to sale is not required if all owners are members of the MED family unit.
 2. Jointly owned resources with ownership records containing the word "or" between the owners' names are presumed to be available in full to each owner. The applicant or member may rebut the presumption by providing clear and convincing evidence of intent to establish a different type of ownership. If the presumption is rebutted, the resource is available to the owners:
 - a. Consistent with the intent of the owners, or
 - b. Based on each owner's proportionate net contribution if there is not clear and convincing evidence of a different allocation.
 3. The Department shall establish availability of a trust under 42 U.S.C. 1396p(d)(4)(A) or (C).
- C. Unavailability. The Department shall consider the following resources unavailable:
 1. Property subject to spendthrift restriction, such as:
 - a. Accounts established by the SSA, Veteran's Administration, or similar sources that mandate that the funds in the account be used for the benefit of a person not residing with the MED family unit; or
 - b. Trusts established by a will or funded solely by the income and resources of someone other than a member of the MED family unit.
 2. A resource being disputed in a divorce proceeding or probate matter;
 3. Real property located on a Native American reservation;
 4. A resource held by a conservator to the extent court-imposed restrictions make the resource unavailable to the applicant, member, or member of the family unit for:
 - a. Medical care,
 - b. Food,
 - c. Clothing, or
 - d. Shelter.
- D. Resource exclusion. The Department shall exclude the following resources from the calculation of resources under subsection (E):
 1. One burial plot for each person listed in R9-22-1436;
 2. Household furnishings and personal items that are necessary for day-to-day living;
 3. Up to \$1500 of the value of one prepaid funeral plan for each person listed in R9-22-1436 that specifically covers only funeral-related expenses as evidenced by a written contract;
 4. The value of one motor vehicle regularly used for transportation. If the MED family unit owns more than one vehicle, the exclusion is applied to the vehicle with the highest equity value;
 5. The value of a vehicle used to earn income and not used simply for transportation to and from employment;

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6. The value of a vehicle in which a SSI-cash recipient has an ownership interest; and
 7. The value of any vehicle used for medical treatment, employment, or transportation of a SSI-cash disabled child, and that is excluded by SSI for that reason.
 8. Funds set aside in an Individual Development Account under 6 A.A.C. 12, Article 4; and
 9. Any other resource specifically excluded by federal law.
- E.** Calculation of resources. The Department shall determine the value of all household resources as follows:
1. Calculate the total amount of countable liquid resources;
 2. Calculate the equity value of each countable non-liquid resource. The Department shall determine the equity value of a countable non-liquid resource by subtracting the amount of valid encumbrances on that resource from:
 - a. The market value of real property if there is no assessor's evaluation of the property,
 - b. The market value of real property if the assessor's value of the real property does not include the value of permanent structures on that property,
 - c. The assessor's full cash value if subsections (E)(2)(a) and (E)(2)(b) do not apply, and
 - d. The market value of a non-liquid resource that is not real property;
 3. Not assign an equity value to a resource that is less than zero; and
 4. Determine the MED family unit's resources by adding the totals determined in subsections (1) and (2).
- F.** Resource standard to be eligible for MED. A person is not eligible for MED if the resources determined in subsection (E) exceed \$100,000 or if more than \$5,000 are liquid resources.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1439. MED Effective Date of Eligibility

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

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1440. MED Eligibility Period

The Department shall approve eligibility for six months. Changes in circumstances do not affect eligibility for the first three months.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1441. Eligibility Appeals

- A.** Adverse actions. An applicant or member may appeal by requesting a hearing from the Department concerning any of the following adverse actions:
1. Complete or partial denial of eligibility under R9-22-1413;
 2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-1415;
 3. Delay in the eligibility determination beyond the timeframes under this Article;
 4. The imposition of or increase in a premium or copayment; or
 5. The effective date of eligibility.
- B.** Notice of Adverse Action. The Department shall personally deliver or send, by regular mail, a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.
- C.** Automatic change and hearing rights.
1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
 2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1442. Cessation of MED Coverage

The Department shall not approve any individual or family who has applied on or after May 1, 2011 as eligible for MED coverage. With respect to any applications that are pending as of May 1, 2011, the Department shall not approve any individual or family as eligible for MED coverage who has not met all eligibility requirements prior to May 1, 2011.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 1028, effective May 1, 2011 (Supp. 11-2).

R9-22-1443. Closing New Eligibility for Persons Not Covered under the State Plan

- A.** Definition. For purposes of this Section, "AHCCCS Care" refers to the eligibility category that includes individuals encompassed within the expanded definition of "eligible person" under A.R.S. § 36-2901.01 and R9-22-1428(4), but who do not meet eligibility criteria for an optional or mandatory Title XIX coverage group described in the Arizona State Plan for Medicaid.
- B.** General Rule. Except as provided by this Section, neither the Department nor the Administration shall approve an individual for AHCCCS Care with an effective date of eligibility on or after July 8, 2011.
- C.** Exception for pending applications. With respect to any applications that are pending as of July 8, 2011, the Department and the Administration shall approve any individual as eligible for AHCCCS Care who has met all eligibility requirements for AHCCCS Care during or after the month of application but

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prior to July 8, 2011, and has continuously met all eligibility requirements for AHCCCS Care since that date.

- D. Exception for children. The Department and the Administration shall approve an individual as eligible for AHCCCS Care on or after July 8, 2011 who:
 1. Was determined eligible under the Arizona State Plan for Medicaid based on being under the age of 19;
 2. Would otherwise be discontinued due to reaching the age of 19 on or after July 8, 2011, under subsection (B) of this Section; and
 3. Meets all eligibility requirements for AHCCCS Care on and after reaching age 19.
- E. Exception for KidsCare. The Department and the Administration shall approve an individual as eligible for AHCCCS Care on or after July 8, 2011 who:
 1. Was determined eligible under 9 A.A.C. 31 based on being under the age of 19;
 2. Would otherwise be discontinued due to reaching the age of 19 on or after July 8, 2011, under subsection (B) of this Section; and
 3. Meets all eligibility requirements for AHCCCS Care on and after reaching age 19.
- F. Exception for Young Adult Transitional Insurance (YATI). The Department and the Administration shall approve an individual as eligible for AHCCCS Care on or after July 8, 2011 who:
 1. Was determined eligible for YATI under R9-22-1432;
 2. Would otherwise be discontinued due to reaching the age of 21 on or after July 8, 2011 under subsection (A) of this Section; and
 3. Meets all eligibility requirements for AHCCCS Care on and after reaching age 21.
- G. Exception for certain SSI-MAO. The Department and the Administration shall approve as eligible for AHCCCS Care, on or after July 8, 2011, an individual who:
 1. Was determined eligible for AHCCCS Care; and
 2. Whose eligibility category is changed on or after June 28, 2011, from AHCCCS Care to eligibility based on R9-22-1501(A)(1) (SSI Medical Assistance Only) because the individual, at the time of the change in eligibility category, is age 65 or over, under the age of 65 with Medicare coverage, or who has been determined by ADHS to have a Serious Mental Illness; but who
 3. Subsequent to the change in eligibility category, is determined not to meet eligibility requirements under Article 15; but only if
 4. The individual meets all eligibility requirements for AHCCCS Care on and after the date the individual is determined not to meet eligibility requirements under Article 15.
- H. Exception for redeterminations. This Section does not prohibit the redetermination of an individual as eligible for AHCCCS Care on or after July 8, 2011, if the individual was determined eligible for AHCCCS Care prior to July 8, 2011 and has remained continuously eligible for AHCCCS Care since July 8, 2011 or the date on which the individual was determined eligible for AHCCCS Care under subsections (C), (D), and (E) of this Section.
- I. Discontinuance for other reasons. Nothing in this Section prohibits or restricts the Department or the Administration from discontinuing AHCCCS Care for an individual who does not meet any other eligibility criteria set forth elsewhere in this Chapter including but not limited to discontinuance based on the individual's failure to verify eligibility information upon an application or redetermination.
- J. Review of anticipated expenditures. At least monthly, the Director shall review the most recent estimate of the anti-

pated expenditures for the remainder of the state fiscal year as compared to funds remaining in the appropriations made to the agency for the state fiscal year as well as any other known or reasonably anticipated sources of other funding. Based on that review the Director may, subject to approval by the Center for Medicare and Medicaid Services, re-open the AHCCCS Care program to new enrollment otherwise prohibited by this Section.

- K. At least 30 days prior to the effective date of any changes to eligibility for the AHCCCS Care program as described in this Section, public notice shall be provided via publication on the AHCCCS web site unless shorter notice is necessary to maintain a program that is reasonably anticipated to remain within available funding.

Historical Note

New Section made by exempt rulemaking at 17 A.A.R. 1345, effective July 8, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 2624, effective July 8, 2011 (Supp. 11-4).

ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED**R9-22-1501. General Information**

- A. General. The Administration shall determine eligibility for AHCCCS medical coverage for the following applicants or members using the eligibility criteria and requirements in this Article:
 1. A person who is aged, blind, or disabled and does not receive SSI cash; and
 2. A person terminated from the SSI cash program under R9-22-1505.
- B. Definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:
 - "Aged" means a person who is 65 years of age or older as specified in 42 U.S.C. 1382c(a)(1)(A).
 - "Blind" means a person who has been determined blind by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(2).
 - "Disabled" means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E).
- C. Confidentiality. The Administration shall maintain the confidentiality of an applicant's or member's records and limit the release of safeguarded information under R9-22-512.
- D. Application process.
 1. A person may apply for AHCCCS medical coverage by submitting a signed application to any Administration office or outstation location under R9-22-1406.
 2. The provisions in R9-22-1406(B), (C), and (E) apply to this Section.
 3. The application date is the date a signed application is received at any Administration office or outstation location approved by the Director.
 4. An applicant who files an application may withdraw the application, either orally or in writing. If an applicant withdraws an application, the Administration shall send the applicant a denial notice under subsection (G).
 5. Except as provided in 42 CFR 435.911, the Administration shall determine eligibility within 90 days for an applicant applying on the basis of disability and 45 days for all other applicants.

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6. If an applicant dies while an application is pending, the Administration shall complete an eligibility determination for the deceased applicant.
 7. The Administration shall complete an eligibility determination on an application filed on behalf of a deceased applicant, if the application is filed in the month of the applicant's death.
- E.** Redetermination of eligibility for a person terminated from the SSI cash program.
1. Continuation of AHCCCS medical coverage. The Administration shall continue AHCCCS medical coverage for a person terminated from the SSI cash program until a redetermination of eligibility under subsection (E)(2) is completed.
 2. Coverage group screening. The Administration shall screen a person for eligibility under any coverage group under A.R.S. §§ 36-2901(6)(a)(i), (ii), (iii), (iv), and (v) and 36-2934.
 - a. If a person files an application for Arizona Long-Term Care System (ALTCS) coverage, the Administration shall determine eligibility under 9 A.A.C. 28, Article 4.
 - b. If an applicant or member is aged, blind, or disabled, but not in need of long-term care services, the Administration shall determine eligibility under this Article.
 - c. For all other persons, the Administration shall refer the applicant's case to the Department for an eligibility decision under Article 14.
 3. Eligibility decision.
 - a. If a person is eligible under this Article or 9 A.A.C. 28, Article 4, the Administration shall send a notice as under subsection (G) informing the applicant that AHCCCS medical coverage is approved.
 - b. If a person is ineligible, the Administration shall send a notice as under subsection (G) to deny AHCCCS medical coverage.
- F.** Eligibility effective date. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
- G.** Notice for approval or denial. The Administration shall send an applicant a written notice of the decision regarding the application. This notice shall include a statement of the intended action, and:
1. If approved, the notice shall contain the effective date of eligibility.
 2. If approved under FESP, the notice shall also contain:
 - a. The emergency services certification end date,
 - b. A statement detailing the reason for the denial of full services,
 - c. The legal authority supporting the decision,
 - d. Where the legal authority supporting the decision can be found,
 - e. An explanation of the right to request a hearing, and
 - f. The date by which a request for hearing shall be received by the Administration.
 3. If denied, the notice shall contain:
 - a. The effective date of the denial;
 - b. The reason for the denial, including specific financial calculations and the financial eligibility standard, if applicable;
 - c. Legal authority supporting the decision;
 - d. Where the legal authority supporting the decision can be found;
 - e. An explanation of the right to request a hearing; and
 - f. The date by which a request for hearing shall be received by the Administration.
- H.** Reporting and verifying changes.
1. An applicant or a member shall report to the Administration the following changes for the applicant or member, the applicant's or member's spouse, and the applicant or member's dependent children:
 - a. Change of address;
 - b. Change in the household's members;
 - c. Change in income;
 - d. Death;
 - e. Change in marital status;
 - f. Change in school attendance;
 - g. Change in Arizona state residency; and
 - h. Any other change that may affect the member's or applicant's eligibility.
 2. A member shall report to the Administration the following changes:
 - a. Admission to a penal institution,
 - b. Change in U.S. citizenship or immigrant status,
 - c. Receipt of a Social Security number, and
 - d. Change in first- or third-party liability that may contribute to the payment of all or a portion of the person's medical costs.
 3. A person other than a member or an applicant who reports a change to the Administration either orally or in writing shall include the:
 - a. Name of the affected applicant or member;
 - b. Description of the change;
 - c. Date the change occurred;
 - d. Name of the person reporting the change; and
 - e. Social Security or case number of the applicant or member, if known.
 4. An applicant or a member shall provide verification of changes if requested by the Administration.
 5. An applicant or a member shall report anticipated changes in eligibility to the Administration as soon as the person knows that the change will occur.
 6. An applicant or a member shall report an unanticipated change to the Administration within 10 days following the date the change occurred.
- I.** Processing of changes and redeterminations. If a member receives AHCCCS medical coverage under subsection (A), the Administration shall redetermine the member's eligibility at least once every 12 months or more frequently when changes occur that may affect eligibility.
- J.** Actions that may result from a redetermination or change. In processing a redetermination or change, the Administration shall determine whether there should be:
1. No change in eligibility,
 2. Discontinuance of eligibility if a condition of eligibility is no longer met, or
 3. A change in the program under which a person receives AHCCCS medical coverage.
- K.** Notice of discontinuance.
1. Contents of notice. The Administration shall issue a notice when it takes action to discontinue a member's eligibility. The notice shall contain the following information:
 - a. A statement of the action that is being taken;
 - b. The effective date of the action;
 - c. The reason for the discontinuance, including specific financial calculations and the financial eligibility standard if applicable;
 - d. The legal authority that supports the action proposed by the Administration;

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- e. Where the legal authority supporting the decision can be found;
 - f. An explanation of the right to request a hearing; and
 - g. The date by which a hearing request shall be received by the Administration and the right to continue medical coverage pending appeal.
2. Advance notice of changes in eligibility. Advance notice means a notice of proposed action that is issued to the member at least 10 days before the effective date of the proposed action. Except under subsection (K)(3), the Administration shall issue an advance notice when an adverse action is taken to suspend, reduce or discontinue eligibility.
3. Exceptions from advance notice. The Administration shall issue a notice to a member to discontinue eligibility no later than the effective date of the action if:
- a. The member provides to the Administration a clearly written statement, signed by that member, that:
 - i. Services are no longer wanted; or
 - ii. Gives information that requires a discontinuance or reduction of services and indicates that the member understands that this is the result of supplying the information;
 - b. The member provides information to the Administration that requires a discontinuance of eligibility and a member signs a written statement waiving advance notice;
 - c. The member cannot be located and mail sent to the member's last known address has been returned as undeliverable under 42 CFR 431.213(d) subject to reinstatement of discontinued eligibility;
 - d. The member has been admitted to a public institution where a member is ineligible for coverage;
 - e. The member has been approved for Medicaid in another state; or
 - f. The Administration receives information confirming the death of the member.
- L. Request for hearing. An applicant or member may request a hearing under Chapter 34 for any of the following adverse actions:
- 1. Complete or partial denial of eligibility,
 - 2. Discontinuance or reduction of AHCCCS medical coverage, or
 - 3. Delay in the eligibility determination beyond the timeframes listed in R9-22-1501(D).
- M. Assignment of rights. A person determined eligible assigns rights to all types of medical benefits to which the person is entitled under operation of law under A.R.S. § 36-2903.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-1502. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1503. Financial Eligibility Criteria

- A. General income eligibility. Except as provided under subsection (B) of this rule, the Administration or its designee shall count the identified income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K.
- B. Exceptions.
- 1. In-kind support and maintenance under 42 U.S.C. 1382a(a)(2)(A) is excluded.
 - 2. For a person living with a spouse, the Administration or its designee calculates net income for an eligible couple under 20 CFR 416.1160 as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments, even if the spouse is not eligible for or applying for SSI or coverage under this Article.
 - 3. In determining the net income of a married couple living with a child or the net income of a person who is not living with a spouse but living with a child, a child allocation is allowed as a deduction from the combined net income of the couple for each child regardless of whether the child is ineligible or eligible. For the purposes of this Section, a child means a person who is unmarried, natural or adopted, and under age 18 or under age 22 if a full-time student. Each child's allocation deduction is reduced by that child's income, including public income maintenance payments, using the methodology under 20 CFR 416.1163(b)(1) and (2) as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 - 4. In determining the income deemed available to an applicant who is a child from an ineligible parent or parents, an allocation for each eligible or ineligible child of the parent is allowed as a deduction from the parent's income under 20 CFR 416.1165(b). The child's allocation is reduced by that child's income, including public income maintenance payments.
 - 5. In determining the income of a person who receives an annual Title II Cost of Living Allowance (COLA) increase, the COLA amount is disregarded from January until the Administration applies the effective income limits under R9-22-1504 based on the FPL for the calendar year.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final

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rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1504. Eligibility For A Person Who is Aged, Blind, or Disabled

- A. To be eligible for AHCCCS medical coverage, an applicant shall meet the conditions of eligibility and requirements in this Article and:
1. Meet one of the income tests described in subsection (B) or (C), or
 2. The special requirements in R9-22-1505.
- B. The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, is less than or equal to 100 percent of the SSI FBR, as adjusted annually.
- C. The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, without deducting the amount from earned income under 42 U.S.C. 1382a(b)(4)(B)(iii), is less than or equal to 100 percent FPL as adjusted annually.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

R9-22-1505. Eligibility for Special Groups

- A. The following are considered special groups:
1. A person meeting the requirements in A.R.S. § 36-2903.03 who:
 - a. Is aged, blind, or disabled under 42 CFR 435.520, 42 CFR 435.530, or 42 CFR 435.540 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
 - b. Received SSI cash or AHCCCS medical coverage under this subsection, or subsections (A)(2), (A)(3), or (A)(4) on or before August 21, 1996;
 - c. Was residing in the United States under color of law on or before August 21, 1996; and
 - d. Meets the requirements under this Article;
 2. A disabled child (DC) under 42 U.S.C. 1396a(a)(10)(A)(i)(II). A disabled child is a child who:
 - a. Was receiving SSI cash benefits as a disabled child on August 22, 1996;
 - b. Lost SSI cash benefits effective July 1, 1997, or later, due to a disability determination under Section 211(d) of Subtitle B of P.L. 104-193;
 - c. Continues to meet the disability requirements for a child that were in effect on August 21, 1996; and
 - d. Meets the requirements under this Article;
 3. A disabled adult child (DAC), under 42 U.S.C. 1383c(c) who:
 - a. Was determined disabled by the Social Security Administration before attaining the age of 22 years,
 - b. Became entitled to or received an increase in child's insurance benefits under Title II of the Act on the basis of blindness or disability,
 - c. Was terminated from SSI cash benefits due to entitlement to or an increase in income under Title II of the Act,
 - d. Meets the requirements under this Article, and
 - e. Is 18 years of age or older;

4. A disabled widow or widower (DWW) under 42 U.S.C. 1383c(b) and (d) who:
 - a. Is blind or disabled,
 - b. Is ineligible for Medicare Part A benefits,
 - c. Received SSI cash benefits the month before Title II of the Act benefit payments began,
 - d. Meets the requirements under this Article;
 - e. Is at least 50 years of age but under age 65; and
 - f. Is unmarried.
 5. Under 42 CFR 435.135, a person who:
 - a. Is aged, blind, or disabled;
 - b. Receives benefits under Title II of the Act;
 - c. Received SSI cash benefits in the past;
 - d. Received SSI cash benefits and Title II of the Social Security Act benefits concurrently for at least one month anytime after April 1977;
 - e. Became ineligible for SSI cash benefits while receiving SSI and benefits under Title II of the Act concurrently; and
 - f. Meets the requirements under this Article.
- B. Income for special groups.
1. Except as provided in subsection (B)(2), income eligibility is determined using the income criteria in R9-22-1503.
 2. Exceptions to income for special groups.
 - a. For a person in the DAC coverage group under subsection (A)(3), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(c).
 - b. For a person in the DWW coverage group, under subsection (A)(4), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(b) and (d).
 - c. For an applicant or member in the coverage group under subsection (A)(5), the portion of the applicant's or member's Title II of the Social Security Act benefits attributed to cost-of-living adjustments received by the applicant since the effective date of SSI ineligibility is disregarded in determining income eligibility under 42 CFR 435.135.
- C. 100 percent FBR. As a condition of eligibility for all special groups, countable income shall be equal to or less than 100 percent of the SSI FBR, as adjusted annually.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1).

R9-22-1506. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1507. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section

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repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1508. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

ARTICLE 16. HOSPITAL PRESUMPTIVE ELIGIBILITY**R9-22-1601. General Eligibility Requirements**

- A.** Notwithstanding Article 3, a qualified hospital may determine Hospital Presumptive Eligibility (HPE), on the basis of preliminary information, that an individual is eligible for AHCCCS medical coverage during the presumptive eligibility period described in this section, if the individual is a United States citizen or eligible qualified alien, and the individual is:
1. Pregnant with gross household income that does not exceed 156% of the FPL;
 2. An adult who meets the requirements of R9-22-1427(E);
 3. A caretaker relative as defined in R9-22-1401(B) with gross household income that does not exceed 106% of the FPL;
 4. Under age 19 with gross household income that does not exceed the limit set in R9-22-1427(D) for the child's age;
 5. A woman screened for breast or cervical cancer by an Arizona program of the National Breast and Cervical Cancer Early Detection Program who meets the requirements of R9-22-2003(A); or
 6. A former foster care child who meets the requirements of R9-22-1432.
- B.** Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning: "Qualified hospital" means a hospital that has signed an agreement with the Administration to process HPE applications and has not been disqualified.
- C.** Application Process:
1. Right to apply. A person may apply for presumptive eligibility for AHCCCS medical coverage by submitting an Administration-approved application to the qualified hospital.
 2. Application. To initiate the application process, the qualified hospital will accept an application from the applicant, an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant by submitting a written or online application under 42 CFR 435.907.
- D.** To establish presumptive eligibility, an applicant must complete and submit an AHCCCS-approved presumptive eligibility application signed under penalty of perjury to a qualified hospital. The applicant must attest to the name(s), relationship(s), and income of all persons in the household. In addition, the applicant must provide and attest to the following information regarding each household member on whose behalf AHCCCS medical coverage is sought:
1. The individual's date of birth;
 2. Whether the individual is pregnant;
 3. Whether the individual has been determined eligible for Breast and Cervical Cancer Treatment Program, described under Article 20;
 4. Whether the individual is a former foster child, described under R9-22-1432;
 5. The U.S. citizenship status or eligible qualified alien status under A.R.S. 36-2903.03 of the individual; and
 6. The individual's permanent and mailing addresses;
 7. The individual's Arizona residency status; and
 8. Whether the individual has Medicare coverage.
- E.** Presumptive eligibility begins on the date the hospital determines an individual's presumptive eligibility and ends with the earlier of:
1. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
 2. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.
- F.** An individual may not be determined presumptively eligible more often than once every two years.
- G.** Coverage and reimbursement of services.
1. The Administration shall provide coverage of medically necessary services described under Article 2 to persons determined eligible for HPE on a fee-for-service basis.
 2. Providers shall submit claims for services provided to persons determined eligible for HPE to the Administration as described under Article 7.
- H.** A member may withdraw from HPE coverage by notifying the Administration or its designee.
- I.** Upon determining an individual presumptively eligible, the qualified hospital shall:
1. Notify the applicant at the time a determination regarding presumptive eligibility is made, in writing and orally if appropriate, of the determination for each individual on whose behalf presumptive eligibility was requested and the effective date of the presumptive eligibility;
 2. Provide the applicant with a regular AHCCCS-approved application form and inform the applicant that the applicant may file an application for Medicaid with the Administration or its designee;
 3. Notify AHCCCS of the presumptive eligibility determination;
 4. Notify the applicant at the time the determination is made that presumptive eligibility ends with the earlier of:
 - a. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
 - b. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.
- J.** A determination by a qualified hospital that an individual is not presumptively eligible is not appealable under Chapter 34. If a qualified hospital denies an individual presumptive eligibility, the individual may apply for coverage by submitting an application to the Administration or its designee.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by

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Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1614. Expired**Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1615. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1616. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1617. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1618. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1619. Expired**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

R9-22-1620. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1621. Reserved**R9-22-1622. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1623. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1624. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1625. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1626. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1627. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1628. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1629. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1630. Repealed

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Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1631. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1632. Reserved**R9-22-1633. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1634. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

R9-22-1635. Reserved**R9-22-1636. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

ARTICLE 17. ENROLLMENT**R9-22-1701. Enrollment-Related Definitions**

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

“Annual enrollment choice” means the annual opportunity for a person to change contractors.

“Auto-assignment algorithm” or “Algorithm” means a formula used by the Administration to assign to a contractor a member who did not make a timely choice under R9-22-1702.

“CMDP” means Comprehensive Medical and Dental Program.

“Disenrollment” means the discontinuance of a person’s entitlement to receive covered services from a contractor of record.

“Enrollment” means the process by which an eligible person becomes a member of a contractor’s plan.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by

exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1702. Enrollment of a Member with an AHCCCS Contractor

A. General enrollment requirements. The Administration shall enroll a member with a contractor as described in this Section, unless the member has pre-selected a contractor on the application:

1. Except as provided in subsections (A)(3), (A)(5), and (C), a member who is determined to be eligible under this Chapter and resides in an area served by more than one contractor, may choose an available contractor serving the member’s GSA within 30 days from the date of notice of enrollment. A Native American member may select IHS or another available contractor.
2. If the member does not make a choice under subsection (A)(1), the Administration shall immediately auto-assign the member to:
 - a. IHS if the member is a Native American living on a reservation,
 - b. A contractor based on family continuity, or
 - c. A contractor by using the auto-assignment algorithm.
3. If the member’s period of ineligibility and disenrollment from the contractor of record is for a period of less than 90 days, the Administration shall enroll the member with the member’s most recent contractor of record, if available, except if:
 - a. The member no longer resides in the contractor’s GSA;
 - b. The contractor’s contract is suspended or terminated;
 - c. The member was previously enrolled with CMDP but at the time of re-enrollment the member is not a foster care child;
 - d. The member chooses another contractor or chooses IHS, if available to the member, during the annual enrollment choice period; or
 - e. The member was previously enrolled with a contractor but at the time of re-enrollment the member is a foster care child.
4. When the member’s disenrollment period is more than 90 days, the member may select a contractor as described in subsection (A)(1).
5. The Administration shall not enroll a member with a contractor if a member:
 - a. Is eligible for the FESP under R9-22-1419;
 - b. Is eligible for less than 30 days from the date the Administration receives notification of a member’s eligibility, except for a member who is enrolled with CMDP or IHS;
 - c. Is eligible only for a retroactive period of eligibility, except for a member who is enrolled with CMDP or IHS; or
 - d. Resides in an area not served by a contractor.
- B.** Fee-for-service coverage. A member not enrolled with a contractor under subsection (A)(5) shall obtain covered medical services from an AHCCCS-registered provider on a fee-for-service basis under Article 7.
- C.** Foster care child. The Administration shall enroll a member with CMDP if the member is a foster care child under A.R.S. § 8-512.
- D.** Family Planning Services Extension Program. A member eligible for the Family Planning Services Extension Program

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under R9-22-1431, shall remain enrolled with the member's contractor of record or IHS.

E. Contractor or IHS enrollment change for a member.

1. The Administration shall change a member's enrollment if the member requests a change to an available contractor or IHS during an annual enrollment period. A Native American may change from an available contractor to IHS or from IHS to an available contractor at any time.
2. The Administration shall approve a change in enrollment for any member if the change is a result of the final outcome of a grievance under 9 A.A.C. 34.
3. A member may choose a different contractor if the member moves into a GSA not served by the current contractor or if the contractor is no longer available. If the member does not select a contractor, the Administration shall auto-assign the member as provided in subsection (A)(2).
4. The Administration shall provide the member 60-day advance notice of the member's option to change plans by the member's annual enrollment date.
5. A member may disenroll from a plan if:
 - a. The member moves out of the GSA;
 - b. The plan does not, because of moral or religious objections, cover the service a member seeks; or
 - c. The member needs related services to be performed at the same time; not all related services are available within the network; and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.
6. For exceptions to this Article, the Administration shall approve a change for an enrolled member as determined by the Director.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1703. Effective Date of Enrollment with a Contractor

- A.** Effective date of enrollment. A member's date of enrollment is the date enrollment action is taken by the Administration. However, if a plan change occurs for an annual enrollment choice, the effective date is the month of the member's enrollment anniversary date.
- B.** Financial liability of the contractor. The contractor shall be financially liable for an enrolled member's care as specified in contract.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1704. Newborn Enrollment

- A.** General.
 1. The Administration shall enroll a newborn child of an eligible mother with an available contractor or IHS, based on the mother's enrollment.
 2. The Administration shall auto-assign a newborn child of an eligible mother who is not enrolled with a contractor or IHS or who is enrolled with CMDP. When a mother

enrolled in CMDP has a newborn and the newborn is surrendered to Administration on Children, Youth and Families (ACYF), the newborn is then enrolled with CMDP.

3. The Administration shall notify the mother of the right to choose a different contractor for her newborn child. The mother may make her choice within 30 days from the date of notice of enrollment.

- B.** Financial liability for newborns. The contractor shall be financially liable for the medical care of a newborn as specified in contract.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

R9-22-1705. Guaranteed Enrollment Period

- A.** General. Except for members enrolled with IHS or CMDP, the Administration shall provide a guaranteed enrollment period for a one-time period that begins on the effective date of the member's initial enrollment with a contractor and ends on the last day of the fifth full calendar month after the date of the member's initial enrollment.
- B.** Exceptions to guaranteed period. The Administration shall not grant a guaranteed enrollment period or shall terminate a guaranteed enrollment period as provided in subsection (C), if the member:
 1. Did not meet the conditions of eligibility when initially enrolled with the contractor;
 2. Except as provided in 9 A.A.C. 22, Article 12, is an inmate of a public institution as defined in 42 CFR 435.1010;
 3. Dies;
 4. Moves out-of-state;
 5. Voluntarily withdraws from the AHCCCS program;
 6. Is adopted; or
 7. Has whereabouts that are unknown.
- C.** Disenrollment effective date. The Administration shall terminate any guaranteed enrollment period to which the member is not entitled effective on:
 1. The date the member is admitted to a public institution under subsection (B);
 2. The member's date of death;
 3. The last day of the month in which the Administration receives notification that a member moved out-of-state;
 4. The date the Administration receives written notification of the member's voluntary withdrawal from the AHCCCS program;
 5. The last day of the month in which the Administration receives notification that a member's adoption proceedings are finalized; or
 6. The last day of the month in which the Administration receives notification that a member's whereabouts are unknown.
- D.** Retroactive adjustments. The Administration shall adjust the member's eligibility and enrollment retroactively under subsection (C).

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Historical Note

New Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

ARTICLE 18. RESERVED**ARTICLE 19. FREEDOM TO WORK**

Article 19, consisting of Sections R9-22-1901 through R9-22-1922, made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1901. General Freedom to Work Requirements

Under 42 U.S.C. 1396a(a)(10)(A)(ii)(XV) and (XVI), the Administration shall determine eligibility for AHCCCS medical services, under Article 2 of this Chapter, using the eligibility criteria and requirements under this Article for an applicant or member who is:

1. At least 16 years of age, but less than 65 years of age,
2. Employed, and
3. Not income eligible under A.R.S. § 36-2901(6)(a).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1902. General Administration Requirements

The Administration shall comply with the confidentiality rule under R9-22-512(C).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1903. Application for Coverage

- A. A person may apply by submitting an application to an Administration office.
- B. The application date is the date the application is received at an Administration office or outstation location approved by the Director as described under R9-22-1406(A).
- C. The provisions in R9-22-1406(B) and (D) apply to this Section.
- D. The applicant or representative who files the application may withdraw the application for coverage either orally or in writing. An applicant withdrawing an application shall receive a denial notice under R9-22-1904.
- E. Except as provided in 42 CFR 435.911, the Administration shall determine eligibility within 45 days.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1904. Notice of Approval or Denial

The Administration shall send an applicant a written notice of the decision regarding the application. This notice shall include a statement of the action, and:

1. If approved, the notice shall contain:
 - a. The effective date of eligibility,
 - b. The amount the person shall pay, and
 - c. An explanation of the person's hearing rights specified in 9 A.A.C. 34.
2. If denied, R9-22-1501(G)(3) applies.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final

rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1905. Reporting and Verifying Changes

An applicant or member shall report and verify changes, as described under R9-22-1501(H), to the Administration.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1906. Actions that Result from a Redetermination or Change

The processing of a redetermination or change shall result in one of the following actions:

1. No change in eligibility or premium,
2. Discontinuance of eligibility if a condition of eligibility is no longer met,
3. A change in premium amount, or
4. A change in the coverage group under which a person receives AHCCCS medical coverage.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1907. Notice of Adverse Action Requirements

- A. The requirements under R9-22-1501(K)(1) apply.
- B. Advance notice of a change in eligibility or premium amount. Advance notice means a notice of proposed action that is issued to the member at least 10 days before the effective date of the proposed action. Except under subsection (C), advance notice shall be issued whenever an adverse action is taken to discontinue eligibility, or increase the premium amount.
- C. Exceptions from advance notice. A notice shall be issued to the member to discontinue eligibility no later than the effective date of action if:
 1. A member provides a clearly written statement, signed by that member, that services are no longer wanted.
 2. A member provides information that requires termination of eligibility or reduction of services, indicates that the member understands that this must be the result of supplying that information, and the member signs a written statement waiving advance notice;
 3. A member cannot be located and mail sent to the member's last known address has been returned as undeliverable subject to reinstatement of discontinued services under 42 CFR 431.231(d);
 4. A member has been admitted to a public institution where a person is ineligible for coverage;
 5. A member has been approved for Medicaid in another state; or
 6. The Administration receives information confirming the death of a member.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1908. Request for Hearing

An applicant or member may request a hearing under 9 A.A.C. 34.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final

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rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1909. Conditions of Eligibility

An applicant or member shall meet the following conditions to qualify for the Freedom to Work program:

1. Furnish a valid Social Security Number (SSN);
2. Be a resident of Arizona;
3. Be a citizen of the United States, or meet requirements for a qualified alien under A.R.S. § 36-2903.03(B);
4. Be at least 16 years of age, but less than 65 years of age;
5. Have countable income that does not exceed 250 percent of FPL. The Administration shall count the income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K with the following exceptions:
 - a. The unearned income of the applicant or member shall be disregarded,
 - b. The income of a spouse or other family member shall be disregarded, and
 - c. The deduction for a minor child shall not apply;
6. Comply with the member responsibility provisions under R9-22-1502(D) and (F).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Section repealed; new Section made by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1910. Prior Quarter Eligibility

A person may be made eligible during a prior quarter period when applying for the Freedom to Work program, as described under Article 3.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-1911. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1912. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1913. Premium Requirements

- A. As a condition of eligibility, an applicant or member shall:
 1. Pay the premium required under subsection (B).
 2. Not have any unpaid premiums for more than one month's premium amount.
- B. The Administration shall process premiums under 9 A.A.C. 31, Article 14 with the following exceptions:
 1. A member who has countable income:
 - a. Under \$500, the monthly premium payment shall be \$0.

- b. Over \$500 but not greater than \$750, the monthly premium payment shall be \$10.
2. The premium for a member shall be increased by \$5 for each \$250 increase in countable income above \$750.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1914. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1915. Institutionalized Person

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

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

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1916. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1917. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1918. Additional Eligibility Criteria for the Basic Coverage Group

An applicant or member shall meet the following eligibility criteria:

1. Disabled. As a condition of eligibility, an applicant or member shall be disabled. Disabled means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E), except employment activity, earnings, and substantial gainful activity shall not be considered in determining whether the individual meets the definition of disability.
2. Employed. As a condition of eligibility, an applicant or member shall be employed. Employed means that an applicant or member is paid for working and Social Security or Medicare taxes are paid on the applicant or member's work.

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Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1919. Additional Eligibility Criteria for the Medically Improved Group

As a condition of eligibility for the Medically Improved Group, a member shall:

1. Be employed. Under this Section, employed means an individual who:
 - a. Earns at least the minimum wage and works at least 40 hours per month, or
 - b. Has gross monthly earnings at least equal to those earned by an individual who is earning the minimum wage working 40 hours per month.
2. Cease to be eligible for medical coverage under R9-22-1918 or a similar Basic Coverage Group program administered by another state because the member, by reason of medical improvement, is determined at the time of a regularly scheduled continuing disability review to no longer be disabled; and
3. Continues to have a severe medically determinable impairment, as determined under Social Security Act section 1902(a)(10)(A)(ii)(XVI).

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1920. Repealed**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

R9-22-1921. Enrollment

The Administration shall enroll members under Article 17 of this Chapter. If a member has not paid a required premium, the Administration shall not grant a guaranteed enrollment period.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

R9-22-1922. Redetermination of Eligibility

- A. Redetermination. Except as provided in subsection (B), the Administration shall complete a redetermination of eligibility at least once a year.
- B. Change in circumstance. The Administration may complete a redetermination of eligibility if there is a change in the member's circumstances, including a change in disability or employment that may affect eligibility.
- C. Medical Improvement. If a member is no longer disabled under R9-22-1918, the Administration shall determine if the member is eligible under other coverage groups including the medically improved group.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

ARTICLE 20. BREAST AND CERVICAL CANCER TREATMENT PROGRAM**R9-22-2001. Breast and Cervical Cancer Treatment Program Related Definitions**

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

"AZ-NBCCEDP" means the Arizona programs of the National Breast and Cervical Cancer Early Detection Program. AZ-NBCCEDP provides breast and cervical cancer screening and diagnosis in Arizona.

"Cryotherapy" means the destruction of abnormal tissue using an extremely cold temperature.

"LEEP" means the loop electrosurgical excision procedure that passes an electric current through a thin wire loop.

"Peer-reviewed study" means that, prior to publication, a medical study has been subjected to the review of medical experts who:

- Have expertise in the subject matter of the study,
- Evaluate the science and methodology of the study,
- Are selected by the editorial staff of the publication, and
- Review the study without knowledge of the identity or qualifications of the author.

"WWHP" means the Well Women Healthcheck Program administered by the Arizona Department of Health Services. The WWHP is one of the programs within AZ-NBCCEDP that provides breast and cervical cancer screening and diagnosis.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2002. General Requirements

- A. Confidentiality. The Administration shall maintain the confidentiality of a woman's records and shall not disclose a woman's financial, medical, or other confidential information except as allowed under R9-22-512.
- B. Covered services. A woman who is eligible under this Article receives all medically necessary services under Articles 2 and 12 of this Chapter.
- C. Choice of health plan. A woman who is eligible under this Article shall be enrolled with a contractor under Article 17 of this Chapter.
- D. A Native American woman who receives services through Indian Health Service (IHS) or through a tribal health program qualifies for services provided under this Article if all eligibility requirements are met.
- E. A woman qualified under this Article shall pay co-pays as described in R9-22-711.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2003. Eligibility Criteria

- A. General. To be eligible under this Article, a woman shall meet the requirements of this Article and:
 1. Be screened for breast and cervical cancer through AZ-NBCCEDP;
 2. Be less than 65 years of age;
 3. Be ineligible for Title XIX under Articles 14 and 15 in this Chapter;
 4. Receive a positive screen under subsection (A)(1), a confirmed diagnosis through AZ-NBCCEDP, and need treatment for breast cancer or cervical cancer, including a precancerous cervical lesion, as specified in R9-22-2004;
 5. Not be covered under creditable coverage as specified in Section 2701(c) of the Public Health Services Act, 42

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U.S.C. 300gg(c). For purposes of this Article, IHS or Tribal health coverage is not considered creditable coverage as specified in 42 U.S.C. 1396a(a)(10)(A)(ii), as amended by the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2002; and

6. Meet the requirements under R9-22-1417 and R9-22-1418.

B. Ineligible woman. A woman is ineligible under this Article if the woman:

1. Is an inmate of a public institution and federal financial participation (FFP) is not available,
2. Is at least age 21 but less than age 65 and resides in an Institution for Mental Disease (IMD) as defined in R9-22-112, except if allowed under the Administration's Section 1115 waiver, or
3. No longer meets an eligibility requirement under this Article.

C. Metastasized cancer. The AHCCCS Chief Medical Officer may continue a woman's eligibility under this Article if a metastasized cancer is found in another part of the woman's body and that metastasized cancer is a known or a presumed complication of the breast or cervical cancer as determined by the treating physician.

D. Reoccurrence of cancer. A woman shall have eligibility reestablished after eligibility under this Article ends if the woman is screened under the AZ-NBCCEDP program and additional breast cancer or cervical cancer, including a pre-cancerous cervical lesion, is found.

E. Ineligible male. A male is precluded from receiving screening and diagnostic services under the AZ-NBCCEDP program and is ineligible under this Article.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2004. Treatment

A. Breast cancer. Coverage for treatment for breast cancer under this Article shall conclude on the last provider visit for the specific treatment of the cancer or at the end of hormonal therapy for the cancer, whichever is later. For purposes of this subsection treatment means:

1. Lumpectomy or surgical removal of breast cancer;
2. Chemotherapy;
3. Radiation therapy; and
4. A treatment for breast cancer that, as determined by the AHCCCS Chief Medical Officer, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.

B. Pre-cancerous cervical lesion. Coverage for treatment for a pre-cancerous cervical lesion under this Article, including moderate or severe cervical dysplasia or carcinoma in situ, shall conclude on the last provider visit for specific treatment for the pre-cancerous lesion. For purposes of this subsection treatment means:

1. Conization;
2. LEEP;
3. Cryotherapy; and
4. A treatment for pre-cancerous cervical lesion that, as determined by the AHCCCS Chief Medical Officer, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.

C. Cervical cancer. Coverage for treatment for cervical cancer under this Article shall conclude on the last provider visit for

the specific treatment for the cancer. For purposes of this subsection treatment means:

1. Surgery;
2. Radiation therapy;
3. Chemotherapy; and
4. A treatment for cervical cancer that, as determined by the AHCCCS Chief Medical Officer, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2005. Application Process

A. Application. A woman may apply for eligibility under this Article by submitting a complete application as specified in R9-22-1406.

B. Submitting the application. The woman may complete and submit an application at the time of the AZ-NBCCEDP screening. The AZ-NBCCEDP staff may mail or fax the application directly to the Administration.

C. Date of application. The date of the application is the date of the diagnostic procedure that results in a positive diagnosis for breast cancer or cervical cancer, including a pre-cancerous cervical lesion.

D. Responsibility of a woman who is applying or who is a member. A woman who is applying or who is a member shall:

1. Provide medical insurance information, including any changes in medical insurance; and
2. Inform the Administration about a change in address, residence, and alienage status.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2006. Approval, Denial, or Discontinuance of Eligibility

A. Eligibility determination. The Administration shall determine eligibility under this Article and send the notice under subsection (B) or (C) within seven days of receiving a complete application.

B. Approval. If a woman meets all the eligibility requirements in this Article, the Administration shall provide the woman with an approval notice. The approval notice shall contain:

1. The name of the eligible woman, and
2. The effective date of eligibility.

C. Denial. If the Administration denies eligibility, the Administration shall provide the woman with a denial notice. The denial notice shall contain:

1. The name of the ineligible woman,
2. The specific reason why the woman is ineligible,
3. The legal citations supporting the reason for the denial,
4. The location where the woman can review the legal citations, and
5. Information regarding the woman's appeal and request for hearing rights.

D. Discontinuance.

1. Except as specified in subsection (D)(2), if a woman no longer meets an eligibility requirement under this Article, the Administration shall provide the woman a Notice of Action no later than 10 days before the effective date of the discontinuance.

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2. The Administration may mail the Notice of Action no later than the effective date of the discontinuance if the Administration:
 - a. Receives a written statement from the woman voluntarily withdrawing from AHCCCS,
 - b. Receives information confirming the death of the woman,
 - c. Receives returned mail with no forwarding address from the post office and the woman's whereabouts are unknown, or
 - d. Receives information confirming that the woman has been approved for Title XIX services outside the state of Arizona.
3. The Notice of Action shall contain the:
 - a. Name of the ineligible woman,
 - b. Effective date of the discontinuance,
 - c. Specific reason why the woman is discontinued,
 - d. Legal citations supporting the reason for the discontinuance,
 - e. Location where the woman can review the legal citations, and
 - f. Information regarding the woman's appeal and request for hearing rights.
- E. Request for hearing. A woman who is denied, or discontinued for the Breast and Cervical Cancer Treatment Program may request a hearing under Chapter 34.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

R9-22-2007. Effective and End Date of Eligibility

- A. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
- B. The end date of eligibility:
 1. For breast cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer or at the end of hormonal therapy for the cancer, whichever is later.
 2. For pre-cancerous cervical lesion, is four months after the last provider visit for a treatment specified in R9-22-2004 for the pre-cancerous lesion.
 3. For cervical cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Section amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

R9-22-2008. Redetermination of Eligibility

- A. Redetermination. Except as provided in subsection (B), the Administration shall redetermine eligibility at least once a year. If a woman continues to meet the requirements of eligibility for the Breast and Cervical Cancer Treatment Program under this Article, the Administration shall notify the woman of continued eligibility. A woman is not required to be screened for breast and cervical cancer through AZ-NBC-CEDP at redetermination.
- B. Change in circumstance. The Administration shall complete a redetermination of eligibility if there is a change in the

woman's circumstances that may affect eligibility, including a change in treatment.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

ARTICLE 21. TRAUMA AND EMERGENCY SERVICES FUND

Article 21, consisting of Sections R9-22-2101 through R9-22-2103, made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).

R9-22-2101. General Provisions

- A. A.R.S. § 36-2903.07 establishes the Administration as the authority to administer the Trauma and Emergency Services Fund.
- B. The Administration shall distribute 90% of monies from the trauma and emergency services fund to a level I trauma center, as defined in subsection (F) of this Section, for unrecovered trauma center readiness costs as defined in subsection (F) of this Section. Reimbursement is limited to no more than the amount of unrecovered trauma center readiness costs as determined in subsections (D) and (E) of this Section. Unexpended funds may be used to reimburse unrecovered emergency room costs under subsection (C) of this Section.
- C. The Administration shall distribute 10% of monies from the trauma and emergency services fund, for unrecovered emergency services costs, to a hospital having an emergency department, using criteria under R9-22-2103. Reimbursement is limited to no more than the amount of unrecovered emergency services costs as determined in R9-22-2103. The Administration may distribute more than 10% of the monies for unrecovered emergency room costs when there are unexpended monies under subsection (B) of this Section.
- D. The Administration shall distribute a reporting tool and guidelines to level I trauma centers to determine, on an annual basis, the unrecovered trauma center readiness costs for level I trauma centers as defined in subsection (F) of this Section. The reporting time-frame is July 1 of the prior year through June 30 of the reporting year. A level I trauma center shall submit the requested data and a copy of the most recently completed uniform accounting report under A.R.S. § 36-125.04 to the Administration no later than October 31 of each reporting year.
- E. When a level I trauma center closes in a county where there are one or more level I trauma center(s) remaining in operation, the following shall occur:
 1. The closing level I trauma center shall submit the requested data under subsection (D) of this Section for the months of the reporting time-frame in which it met the definition of a level I trauma center, and
 2. The data under subsection (D) of this Section, which is submitted by the closing level I trauma center, shall be added to the remaining level I trauma center(s) in that county for the current reporting time-frame only.
- F. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:
 1. "Level I trauma center" means any acute care hospital designated by the Arizona Department of Health Services as a level I trauma center, a provisional level I trauma center, a pediatric level I trauma center or an initial level I trauma center.
 2. "Unrecovered trauma center readiness costs" means losses incurred treating trauma patients:

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- a. Determined in accordance with Generally Accepted Accounting Principles,
- b. Based on both clinical and professional costs incurred by a level I trauma center necessary for the provision of level I trauma care, and
- c. Based on administrative and overhead costs directly associated with providing level I trauma care.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

R9-22-2102. Distribution of Trauma and Emergency Services Fund: Level I Trauma Centers

- A. On or after November 1, 2003, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall take into consideration the proportion of those hospitals' trauma case volume. The Administration shall:
 1. Recalculate the November 2003 payments in July 2004 using the formula in subsection (B) of this Section;
 2. Recoup November 2003 overpayments by reducing the July 2004 distributions under subsection (C) as appropriate; and
 3. Redistribute recouped funds, with the July 2004 payment, to level I trauma centers underpaid in November 2003.
- B. On or after January 31 of each year, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall determine each hospital's unrecovered trauma center readiness costs for the current fiscal year using data from the most recent reporting year as provided under R9-22-2101(D) and (E). The proportion of each hospital's share of the fund for unrecovered trauma center readiness costs is determined after considering:
 1. The professional, clinical, administrative, and overhead costs directly associated with providing level I trauma care, and
 2. The volume and acuity of trauma care provided by each hospital.
- C. On or after July 31 of each year, the Administration shall distribute monies to level I trauma centers using monies, under R9-22-2101(B), available in the trauma and emergency services fund at the time of payment according to the proportions calculated and used for the January payments in the same year, under subsection (B) of this Section.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).

R9-22-2103. Distribution of Trauma and Emergency Services Fund: Emergency Services

On or after June 30 of each year, the Administration shall distribute monies available in the trauma and emergency services fund at the time of payment as follows:

1. As allocated under R9-22-2101(C),
2. To hospitals that had an emergency department from July 1 through June 30 of the prior year, and
3. On a pro rata share of each hospital's cost of uncompensated emergency care as a percentage of the total statewide cost of uncompensated emergency care provided by hospitals under subsection (2) as reported in the uniform accounting reports to the Arizona Department of Health Services under A.R.S. § 36-125.04.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).

R9-22-2104. Additional Trauma and Emergency Services Payments under the Section 1115 Waiver

- A. Notwithstanding R9-22-2101(D), for the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the balance of the Trauma and Emergency Services fund in the following manner:
 1. Ninety percent of the amount shall be distributed to Level I trauma centers based upon each center's pro rata share of each center's acuity-adjusted volume as a percentage of the total acuity-adjusted volume for all centers in the state. The acuity-adjusted volume is calculated by multiplying the Injury Severity Score employed by trauma.org by the number of trauma cases at that level treated at the center during the reporting year. Hospitals shall report trauma scores and case volume on a worksheet prescribed by the Administration.
 2. Ten percent of the amount shall be distributed proportionately to hospitals that had an emergency department from July 1 through June 30 of the reporting year based the pro rata share of each hospital's cost of emergency care as a percentage of the total statewide cost of emergency care provided by hospitals as reported on the Worksheet B, column 27, line 61 of the hospital's most current Medicare Cost Report as of January 31 following the end of each reporting year.
- B. For the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the federal financial participation made available under the section 1115 waiver for the purpose of making payments for unrecovered trauma and emergency services as follows:
 1. Thirty percent of such funds to a Level I trauma center, in amounts calculated in the same manner as described in subsection (A)(1) of this Section, for any unrecovered trauma center readiness costs not reimbursed under subsection (A) of this Section;
 2. Thirty percent of such funds to a hospital having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsection (A) of this Section; and
 3. Forty percent of such funds to rural hospitals, as defined in R9-22-718 that are not Level I trauma centers as defined in R9-22-2101(F), having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsections (A) and (B)(2) of this Section.
- C. For the reporting years ending June 30, 2011 and June 30, 2012, payments made under this Article shall not be made in an amount that results in aggregate payments to the hospital by the Administration and contractors exceeding of the upper payment limit for the hospital services as calculated in accordance with 42 CFR 447.
- D. For the reporting years ending June 30, 2011 and June 30, 2012, to ensure compliance with subsection (C), payments under this Article shall be reconciled to the federal fiscal year that is two years subsequent to the payment.
- E. Any payments that are determined under subsection (D) to exceed the limit in subsection (C) shall be distributed as

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described in this Article to hospitals that have not received payments in excess of the limit in subsection (C).

Historical Note

New Section made by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).

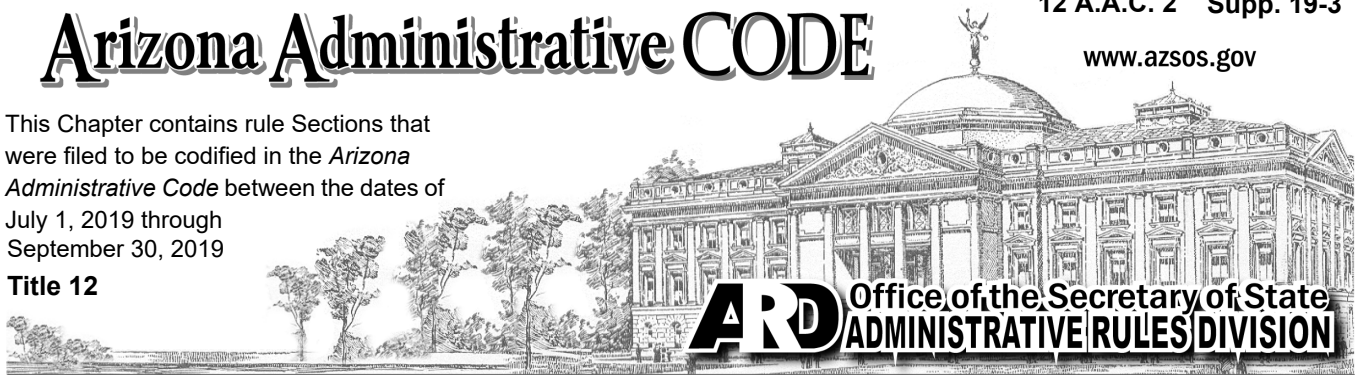
Arizona Administrative CODE

12 A.A.C. 2 Supp. 19-3

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 12



TITLE 12. NATURAL RESOURCES

CHAPTER 2. EXPIRED

See 9 A.A.C. 16, Article 6. Radiation Technologists

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

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Questions about these rules? Contact:

Questions about the expired rules in this Chapter?
Contact the Governor's Regulatory Review Council:
Address: 100 N 15th Ave #305, Phoenix, AZ 85007
Phone: (602) 542-2058

The release of this Chapter in Supp. 19-3 replaces Supp. 19-2, 1-10 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 12. NATURAL RESOURCES**CHAPTER 2. EXPIRED**

Authority: A.R.S. § 32-2803 et seq.

ARTICLE 1. EXPIRED

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ARTICLE 2. EXPIRED

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ARTICLE 3. EXPIRED

Article 3, consisting of Section R12-2-301, adopted effective December 9, 1998 (Supp. 98-4).

Article 3, consisting of Sections R12-2-301 and R12-2-302, repealed effective December 9, 1998 (Supp. 98-4).

Section	
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ARTICLE 4. EXPIRED

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ARTICLE 5. REPEALED

Article 5, consisting of R12-2-501 through R12-2-506, repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

Article 5, consisting of R12-2-501 through R12-2-506, made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3).

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R12-2-506.	Repealed 4

ARTICLE 6. REPEALED

Article 6, consisting of R12-2-601 through R12-2-605, repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

Article 6, consisting of R12-2-601 through R12-2-605, made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3).

Section	
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CHAPTER 2. EXPIRED

ARTICLE 1. EXPIRED**R12-2-101. Expired****Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Amended by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Amended by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-102. Expired**Historical Note**

Adopted as an emergency effective May 9, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). New Section R12-2-102 adopted effective August 24, 1981 (Supp. 81-4). Correction (Supp. 81-6). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Amended by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-103. Expired**Historical Note**

Adopted as an emergency effective May 9, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). New Section R12-2-103 adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 1307, effective April 30, 2019 (Supp. 19-2).

R12-2-104. Expired**Historical Note**

Adopted as an emergency effective May 9, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). Emergency expired. New Section adopted by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-104 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-105. Reserved**R12-2-106. Reserved****R12-2-107. Emergency Expired****Historical Note**

Adopted as an emergency effective May 9, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). Emergency expired.

R12-2-108. Emergency Expired**Historical Note**

Adopted as an emergency effective May 9, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). Emergency expired.

ARTICLE 2. EXPIRED**R12-2-201. Expired****Historical Note**

Adopted as an emergency effective May 9, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). New Section R12-2-201 adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-201 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

ant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). New Section R12-2-201 adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-201 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-202. Expired**Historical Note**

Adopted as an emergency effective May 9, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). New Section R12-2-202 adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-202 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-203. Expired**Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-203 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-204. Expired**Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-205. Expired**Historical Note**

Adopted as an emergency effective May 9, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). New Section R12-2-205 adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-205 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 1307, effective April 30, 2019 (Supp. 19-2).

R12-2-206. Expired**Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-206 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-207. Expired**Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4).

CHAPTER 2. EXPIRED

Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-207 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-208. Expired**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

ARTICLE 3. EXPIRED**R12-2-301. Expired****Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Section repealed; new Section adopted effective December 9, 1998 (Supp. 98-4). Section R12-2-301 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-302. Expired**Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Repealed effective December 9, 1998 (Supp. 98-4). New Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-303. Expired**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-304. Expired**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-305. Expired**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

ARTICLE 4. EXPIRED**R12-2-401. Expired****Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Amended by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-401 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective

August 27, 2019 (Supp. 19-3).

R12-2-402. Expired**Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-402 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-403. Expired**Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-403 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-404. Expired**Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-404 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 1307, effective April 30, 2019 (Supp. 19-2).

R12-2-405. Expired**Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-405 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

R12-2-406. Expired**Historical Note**

Adopted effective August 24, 1981 (Supp. 81-4). Amended by final rulemaking at 5 A.A.R. 1008, effective March 18, 1999 (Supp. 99-1). Section R12-2-406 repealed; new Section made by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3078, effective August 27, 2019 (Supp. 19-3).

ARTICLE 5. REPEALED**R12-2-501. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-501 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

R12-2-502. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-502 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

CHAPTER 2. EXPIRED

R12-2-503. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-503 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

R12-2-504. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-504 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

R12-2-505. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-505 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

R12-2-506. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-506 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

ARTICLE 6. REPEALED**R12-2-601. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R.

3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-601 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

R12-2-602. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-602 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

R12-2-603. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-603 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

R12-2-604. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-604 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

R12-2-605. Repealed**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3972, effective November 13, 2004 (Supp. 04-3). Section R12-2-604 repealed by final rulemaking at 21 A.A.R. 573, effective June 6, 2015 (Supp. 15-2).

Arizona Administrative CODE

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www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 12



TITLE 12. NATURAL RESOURCES

CHAPTER 4. GAME AND FISH COMMISSION

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

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Questions about these rules? Contact:

Department Arizona Game and Fish Department
Name: Celeste Cook, Rules and Policy Manager
Address: 5000 W. Carefree Highway
Phoenix, AZ 85086
Telephone: (623) 236-7390
Fax: (623) 236-7110
E-mail: CCook@azgfd.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 19-2, 1-142 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

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TITLE 12. NATURAL RESOURCES

CHAPTER 4. GAME AND FISH COMMISSION

Authority: A.R.S. § 17-201 et seq.

Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).

Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to A.R.S. § 41-1005(A)(1). Exemption from A.R.S. Title 41, Chapter 6 means that the Game and Fish Commission did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

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ARTICLE 4. LIVE WILDLIFE

New Article 4, consisting of Sections R12-4-401 through R12-4-420, R12-4-422, and R12-4-424 through R12-4-428 adopted effective April 28, 1989.

Former Article 4, Commission Orders, consisting of Sections R12-4-401 through R12-4-424, R12-4-429 through R12-4-431, R12-4-440 through R12-4-443 expired. See R12-4-118.

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Article 5 Article heading amended effective November 7, 1996 (Supp. 96-4).

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Article 8, consisting of Sections R12-4-801 through R12-4-803, adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2).

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ARTICLE 9. AQUATIC INVASIVE SPECIES

New Article 11, consisting of Sections R12-4-1101 and R12-4-1102, renumbered from Article 9 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

Article 9, consisting of Sections R12-4-901 through R12-4-906, expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

Article 9, consisting of Sections R12-4-901 through R12-4-906, made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1).

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Article 11, consisting of Sections R12-4-1101 and R12-4-1102, renumbered to Article 9 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

Article 11, consisting of Sections R12-4-1101 and R12-4-1102, made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1).

Article 11, consisting of Sections R12-4-1103 and R12-4-1104, made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Article 11 renewed by emergency rulemaking at 17 A.A.R. 2376 for 180 days, effective November 3, 2012 (Supp. 11-4).

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ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS**R12-4-101. Definitions**

- A. In addition to the definitions provided under A.R.S. § 17-101, R12-4-301, R12-4-401, and R12-4-501, the following definitions apply to this Chapter, unless otherwise specified:

“Bobcat seal” means the tag a person is required to attach to the raw pelt or unskinned carcass of any bobcat taken by trapping in Arizona or exported out of Arizona regardless of the method of take.

“Bonus point” means a credit that authorizes the Department to issue an applicant an additional computer-generated random number.

“Bow” means a long bow, flat bow, recurve bow, or compound bow of which the bowstring is drawn and held under tension entirely by the physical power of the shooter through all points of the draw cycle until the shooter purposely acts to release the bowstring either by relaxing the tension of the toes, fingers, or mouth or by triggering the release of a hand-held release aid.

“Certificate of insurance” means an official document, issued by the sponsor’s and sponsor’s vendors, or subcontractors insurance carrier, providing insurance against claims for injury to persons or damage to property which may arise from, or in connection with, the solicitation or event as determined by the Department.

“Cervid” means a mammal classified as a Cervidae, which includes but is not limited to caribou, elk, moose, mule deer, reindeer, wapiti, and whitetail deer; as defined in the taxonomic classification from the Integrated Taxonomic Information System, available online at www.itis.gov.

“Commission Order” means a document adopted by the Commission that does one or more of the following:

- Open, close, or alter seasons,
- Open areas for taking wildlife,
- Set bag or possession limits for wildlife,
- Set the number of permits available for limited hunts, or
- Specify wildlife that may or may not be taken.

“Crossbow” means a device consisting of a bow affixed on a stock having a trigger mechanism to release the bowstring.

“Day-long” means the 24-hour period from one midnight to the following midnight.

“Department property” means those buildings or real property and wildlife areas under the jurisdiction of the Arizona Game and Fish Commission.

“Export” means to carry, send, or transport wildlife or wildlife parts out of Arizona to another state or country.

“Firearm” means any loaded or unloaded handgun, pistol, revolver, rifle, shotgun, or other weapon that will discharge, is designed to discharge, or may readily be converted to discharge a projectile by the action of an explosion caused by the burning of smokeless powder, black powder, or black powder substitute.

“Handgun” means a firearm designed and intended to be held, gripped, and fired by one or more hands, not intended to be fired from the shoulder, and that uses the energy from an explosive in a fixed cartridge to fire a single projectile through a barrel for each single pull of the trigger.

“Hunt area” means a management unit, portion of a management unit, or group of management units, or any portion of

Arizona described in a Commission Order and not included in a management unit, opened to hunting.

“Hunt number” means the number assigned by Commission Order to any hunt area where a limited number of hunt permits are available.

“Hunt permits” means the number of hunt permit-tags made available to the public as a result of a Commission Order.

“Hunt permit-tag” means a tag for a hunt for which a Commission Order has assigned a hunt number.

“Identification number” means the number assigned to each applicant or license holder by the Department as established under R12-4-111.

“Import” means to bring, send, receive, or transport wildlife or wildlife parts into Arizona from another state or country.

“License dealer” means a business authorized to sell hunting, fishing, and other licenses as established under R12-4-105.

“Live baitfish” means any species of live freshwater fish designated by Commission Order as lawful for use in taking aquatic wildlife under R12-4-317.

“Management unit” means an area established by the Commission for management purposes.

“Nonpermit-tag” means a tag for a hunt for which a Commission Order does not assign a hunt number and the number of tags is not limited.

“Nonprofit organization” means an organization that is recognized under Section 501(c) of the U.S. Internal Revenue Code.

“Person” has the meaning as provided under A.R.S. § 1-215.

“Proof of purchase,” for the purposes of A.R.S. § 17-331, means an original, or any authentic and verifiable form of the original, of any Department-issued license, permit, or stamp that establishes proof of actual purchase.

“Restricted nonpermit-tag” means a tag issued for a supplemental hunt as established under R12-4-115.

“Solicitation” means any activity that may be considered or interpreted as promoting, selling, or transferring products, services, memberships, or causes, or participation in an event or activity of any kind, including organizational, educational, public affairs, or protest activities, including the distribution or posting of advertising, handbills, leaflets, circulars, posters, or other printed materials for these purposes.

“Solicitation material” means advertising, circulars, flyers, handbills, leaflets, posters, or other printed information.

“Sponsor” means the person or persons conducting a solicitation or event.

“Stamp” means a form of authorization in addition to a license that authorizes the license holder to take wildlife specified by the stamp.

“Tag” means the Department authorization a person is required to obtain before taking certain wildlife as established under A.R.S. Title 17 and 12 A.A.C. 4.

“Waterdog” means the larval or metamorphosing stage of a salamander.

“Wildlife area” means an area established under 12 A.A.C. 4, Article 8.

- B. If the following terms are used in a Commission Order, the following definitions apply:

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“Antlered” means having an antler fully erupted through the skin and capable of being shed.

“Antlerless” means not having an antler, antlers, or any part of an antler erupted through the skin.

“Bearded turkey” means a turkey with a beard that extends beyond the contour feathers of the breast.

“Buck antelope” means a male pronghorn antelope.

“Adult bull bison” means a male bison of any age or any bison designated by a Department employee during an adult bull bison hunt.

“Adult cow bison” means a female bison of any age or any bison designated by a Department employee during an adult cow bison hunt.

“Bull elk” means an antlered elk.

“Designated” means the gender, age, or species of wildlife or the specifically identified wildlife the Department authorizes to be taken and possessed with a valid tag.

“Ram” means any male bighorn sheep.

“Rooster” means a male pheasant.

“Yearling bison” means any bison less than three years of age or any bison designated by a Department employee during a yearling bison hunt.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective October 22, 1976 (Supp. 76-5). Amended effective June 29, 1978 (Supp. 78-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-01 renumbered as Section R12-4-101 without change effective August 13, 1981 (Supp. 81-4). Amended effective April 22, 1982 (Supp. 82-2). Amended subsection (A), paragraph (10) effective April 7, 1983 (Supp. 83-2). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended subsection (A) effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective May 27, 1992 (Supp. 92-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-102. License, Permit, Stamp, and Tag Fees

- A. A person who purchases a license, tag, stamp, or permit listed in this Section shall pay at the time of purchase all applicable fees prescribed under this Section or the fees the Director authorizes under R12-4-115.

- B. A person who applies to purchase a hunt permit-tag shall submit with the application all applicable fees using acceptable forms of payment as required under R12-4-104(F) and (G).
- C. As authorized under A.R.S. § 17-345, the license fees in this section include a \$3 surcharge, except Youth and High Achievement Scout licenses.

Hunting and Fishing License Fees	Resident	Nonresident
General Fishing License	\$37	\$55
Community Fishing License	\$24	\$24
General Hunting License	\$37	Not available
Combination Hunting and Fishing License	\$57	\$160
Youth Combination Hunting and Fishing License, fee applies until the applicant's 18th birthday.	\$5	\$5
High Achievement Scout License, as authorized under A.R.S. § 17-336(B). Fee applies until the applicant's 21st birthday.	\$5	Not available
Short-term Combination Hunting and Fishing License	\$15	\$20
Youth Group Two-day Fishing License	\$25	Not available

Hunt Permit-tag Fees	Resident	Nonresident
Antelope	\$90	\$550
Bear	\$25	\$150
Bighorn Sheep	\$300	\$1,800
Buffalo		
Adult Bulls or Any Buffalo	\$1,100	\$5,400
Adult Cows	\$650	\$3,250
Yearling	\$350	\$1,750
Cow or Yearling	\$650	\$3,250
Deer and Archery Deer	\$45	\$300
Youth	\$25	\$25
Elk	\$135	\$650
Youth	\$50	\$50
Javelina	\$25	\$100
Youth	\$15	\$15
Pheasant non-archery, non-falconry	Application fee only	Application fee only
Turkey and Archery Turkey	\$25	\$90
Youth	\$10	\$10
Sandhill Crane	\$10	\$10

Nonpermit-tag and Restricted Non-permit-tag Fees	Resident	Nonresident
Antelope	\$90	\$550
Bear	\$25	\$150
Buffalo		
Adult Bulls or Any Buffalo	\$1,100	\$5,400
Adult Cows	\$650	\$3,250
Yearling	\$350	\$1,750
Cow or Yearling	\$650	\$3,250
Deer	\$45	\$300

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Youth	\$25	\$25
Elk	\$135	\$650
Youth	\$50	\$50
Javelina	\$25	\$100
Youth	\$15	\$15
Mountain Lion	\$15	\$75
Turkey	\$25	\$90
Youth	\$10	\$10
Sandhill Crane	\$10	\$10

Stamps and Special Use Fees	Resident	Nonresident
Arizona Colorado River Special Use Permit Stamp. For use by California and Nevada licensees	Not available	\$3
Bobcat Seal	\$3	\$3
State Migratory Bird Stamp	\$5	\$5

Other License Fees	Resident	Nonresident
Fur Dealer's License	\$115	\$115
Guide License	\$300	\$300
License Dealer's License	\$100	\$100
License Dealer's Outlet License	\$25	\$25
Taxidermist Registration	\$100	\$100
Trapping License	\$30	\$275
Youth	\$10	\$10

Administrative Fees	Resident	Nonresident
Duplicate License Fee	\$4	\$4
Application Fee	\$13	\$15

- D. A person desiring a replacement of a Migratory Bird or Arizona Colorado River Special Use Permit Stamp shall repurchase the stamp.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective March 31, 1977 (Supp. 77-2). Amended effective June 28, 1977 (Supp. 77-3). Amended effective October 20, 1977 (Supp. 77-5). Amended effective January 1, 1979 (Supp. 78-6). Amended effective June 4, 1979 (Supp. 79-3). Amended effective January 1, 1980 (Supp. 79-6). Amended paragraphs (1), (7) through (11), (13), (15), (29), (30), and (32) effective January 1, 1981 (Supp. 80-5). Former Section R12-4-30 renumbered as Section R12-4-102 without change effective August 13, 1981. Amended effective August 31, 1981 (Supp. 81-4). Amended effective September 15, 1982 unless otherwise noted in subsection (D) (Supp. 82-5). Amended effective January 1, 1984 (Supp. 83-4). Amended subsections (A) and (C) effective January 1, 1985 (Supp. 84-5). Amended effective January 1, 1986 (Supp. 85-5). Amended subsection (A), paragraphs (1), (2), (8) and (9) effective January 1, 1987; Amended by adding a new subsection (A), paragraph (31) and renumbering accordingly effective July 1, 1987. Both amendments filed November 5, 1986 (Supp. 86-6). Amended subsections (A) and (C) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended subsections (A) and (C) filed December 30, 1988, effective January 1, 1989"; Amended subsection (C) effective April 28, 1989 (Supp. 89-2). Section R12-4-102 repealed, new Section R12-4-102 filed as adopted November 26, 1990, effective January 1, 1991 (Supp. 90-4). Amended effective September 1, 1992; filed August 7, 1992 (Supp. 92-3). Amended effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective December 16, 1995 (Supp. 94-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State November 14, 1995 (Supp. 95-4). Amended subsection (D), paragraph (4), and subsection (E), paragraph (10), effective October 1, 1996; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended subsection (B), paragraph (6) and subsection (E) paragraph (4), effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 or January 1, 2001, as designated within the text of the Section (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 1157, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 2823, effective August 13, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 1391, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3).

ary 1, 1991 (Supp. 90-4). Amended effective September 1, 1992; filed August 7, 1992 (Supp. 92-3). Amended effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective December 16, 1995 (Supp. 94-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State November 14, 1995 (Supp. 95-4). Amended subsection (D), paragraph (4), and subsection (E), paragraph (10), effective October 1, 1996; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended subsection (B), paragraph (6) and subsection (E) paragraph (4), effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 or January 1, 2001, as designated within the text of the Section (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 1157, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 2823, effective August 13, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 1391, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3).

R12-4-103. Duplicate Tags and Licenses

- A. Under A.R.S. § 17-332(C), the Department and its license dealers may issue a duplicate license or tag to an applicant who:
1. Pays the applicable fee prescribed under R12-4-102, and
 2. Signs an affidavit. The affidavit is furnished by the Department and is available at any Department office or license dealer.
- B. The applicant shall provide the following information on the affidavit:
1. The applicant's personal information:
 - a. Name;
 - b. Department identification number, when applicable;
 - c. Residency status and number of years of residency immediately preceding application, when applicable;
 2. The original license or tag information:
 - a. Type of license or tag;
 - b. Place of purchase;
 - c. Purchase date, when available; and
 3. Disposition of the original tag for which a duplicate is being purchased:
 - a. The tag was not used and is lost, destroyed, mutilated, or otherwise unusable; or
 - b. The tag was placed on a harvested animal that was subsequently condemned and the carcass and all parts of the animal were surrendered to a Department employee as required under R12-4-112(B) and (C). An applicant applying for a duplicate tag under this subsection shall also submit the condemned meat duplicate tag authorization form issued by the Department.

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- C. In the event the Department is unable to verify the expiration date of the original license, the duplicate license shall expire on December 31 of the current year.

Historical Note

Amended effective June 7, 1976 (Supp. 76-3). Amended effective October 20, 1977 (Supp. 77-5). Former Section R12-4-07 renumbered as Section R12-4-103 without change effective August 13, 1981 (Supp. 81-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-104. Application Procedures for Issuance of Hunt Permit-tags by Computer Draw and Purchase of Bonus Points

- A. For the purposes of this Section, "group" means all applicants who placed their names on a single application as part of the same application.
- B. A person is eligible to apply:
- For a hunt permit-tag if the person:
 - Is at least 10 years of age at the start of the hunt for which the person is applying;
 - Has successfully completed a Department-sanctioned hunter education course by the start date of the hunt for which the person is applying, when the person is under the age of 14;
 - Has not reached the bag limit established under subsection (J) for that genus; and
 - Is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
 - For a bonus point if the person:
 - Is at least 10 years of age by the application deadline; and
 - Is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
- C. An applicant shall apply at the times, locations, and in the manner and method established by the hunt permit-tag application schedule published by the Department and available at any Department office, online at www.azgfd.gov, or a license dealer.
- The Commission shall set application deadline dates for hunt permit-tag computer draw applications through the hunt permit-tag application schedule.
 - The Director has the authority to extend any application deadline date if a problem occurs that prevents the public from submitting a hunt permit-tag application within the deadlines set by the Commission.
 - The Commission, through the hunt permit-tag application schedule, shall designate the manner and method of submitting an application, which may require an applicant to apply online only. If the Commission requires applicant's to use the online method, the Department shall accept paper applications only in the event of a Department systems failure.
- D. An applicant for a hunt permit-tag or a bonus point shall complete and submit a Hunt Permit-tag Application. The application form is available from any Department office, a license dealer, or online at www.azgfd.gov.
- E. An applicant shall provide the following information on the Hunt Permit-tag Application:
- The applicant's personal information:
 - Name;
 - Date of birth;
 - Social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K);
 - Department identification number, when applicable;
 - Residency status and number of years of residency immediately preceding application, when applicable;
 - Mailing address, when applicable;
 - Physical address;
 - Telephone number, when available; and
 - E-mail address, when available;
 - If the applicant possesses a valid license authorizing the take of wildlife in this state, the number of the applicant's license;
 - If the applicant does not possess a valid license at the time of the application, the applicant shall purchase a license as established under subsection (L). The applicant shall provide all of the following information on the license application portion of the Hunt Permit-tag Application:
 - Physical description, to include the applicant's eye color, hair color, height, and weight;
 - Residency status and number of years of residency immediately preceding application, when applicable;
 - Type of license for which the person is applying; and
 - Certify the information provided on the application is true and accurate;
 - An applicant who is:
 - Under the age of 10 and is submitting an application for a hunt other than big game is not required to have a license under this Chapter. The applicant shall indicate "youth" in the space provided for the license number on the Hunt Permit-tag Application.
 - Age nine or older and is submitting an application for a big game hunt is required to purchase an appropriate license as required under this Section. The applicant shall either enter the appropriate license number in the space provided for the license number on the Hunt Permit-tag Application or purchase a license at the time of application, as applicable.
- F. In addition to the information required under subsection (E), an applicant shall also submit all applicable fees established under R12-4-102, as follows:
- When applying electronically:
 - The permit application fee; and
 - The license fee, when the applicant does not possess a valid license at the time of application. The applicant shall submit payment in U.S. currency using valid credit or debit card.
 - If an applicant is successful in the computer draw, the Department shall charge the hunt permit-tag fee using the credit or debit card furnished by the applicant.
 - When applying manually:
 - The fee for the applicable hunt permit-tag;
 - The permit application fee; and
 - The license fee if the applicant does not possess a valid license at the time of application. The applicant shall submit payment by certified check, cashier's check, or money order made payable in U.S. currency to the Arizona Game and Fish Department.
- G. An applicant shall apply for a specific hunt or a bonus point by the current hunt number. If all hunts selected by the applicant are filled at the time the application is processed in the com-

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puter draw, the Department shall deem the application unsuccessful, unless the application is for a bonus point.

1. An applicant shall make all hunt choices for the same genus within one application.
 2. An applicant shall not include applications for different genera of wildlife in the same envelope.
- H.** An applicant shall submit only one valid application per genus of wildlife for any calendar year, except:
1. If the bag limit is one per calendar year, an unsuccessful applicant may re-apply for remaining hunt permit-tags in unfilled hunt areas, as specified in the hunt permit-tag application schedule.
 2. For genera that have multiple draws within a single calendar year, a person who successfully draws a hunt permit-tag during an earlier season may apply for a later season for the same genus if the person has not taken the bag limit for that genus during a preceding hunt in the same calendar year.
 3. If the bag limit is more than one per calendar year, a person may apply for remaining hunt permit-tags in unfilled hunt areas as specified in the hunt permit-tag application schedule.
- I.** All members of a group shall apply for the same hunt numbers and in the same order of preference.
1. No more than four persons may apply as a group.
 2. The Department shall not issue a hunt permit-tag to any group member unless sufficient hunt permit-tags are available for all group members.
- J.** A person shall not apply for a hunt permit-tag for:
1. Rocky Mountain or desert bighorn sheep if the person has met the lifetime bag limit for that sub-species.
 2. Buffalo if the person has met the lifetime bag limit for that species.
 3. Any species when the person has reached the bag limit for that species during the same calendar year for which the hunt permit-tag applies.
- K.** To participate in:
1. The computer draw system, an applicant shall possess an appropriate hunting license that shall be valid, either:
 - i. On the last day of the application deadline for that computer draw, as established by the hunt permit-tag application schedule published by the Department, or
 - ii. On the last day of an extended deadline date, as authorized under subsection (C)(2).
 - iii. If an applicant does not possess an appropriate hunting license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application.
 2. The bonus point system, an applicant shall comply with the requirements established under R12-4-107.
- L.** The Department shall reject as invalid a Hunt Permit-Tag Application not prepared or submitted in accordance with this Section or not prepared in a legible manner.
- M.** Any hunt permit-tag issued for an application that is subsequently found not to be in accordance with this Section is invalid.
- N.** The Department or its authorized agent shall mail hunt permit-tags to successful applicants. The Department shall return application overpayments to the applicant designated "A" on the Hunt Permit-tag Application. The Department shall not refund:
1. A permit application fee.
 2. A license fee submitted with a valid application for a hunt permit-tag or bonus point.
 3. An overpayment of five dollars or less. The Department shall consider the overpayment to be a donation to the Arizona Game and Fish Fund.
- O.** The Department shall award a bonus point for the appropriate species to an applicant when the payment submitted is less than the required fees, but is sufficient to cover the application fee and, when applicable, license fee.
- P.** When the Department determines a Department error, as defined under subsection (3), caused the rejection or denial of a valid application:
1. The Director may authorize either:
 - a. The issuance of an additional hunt permit-tag, provided the issuance of an additional hunt permit-tag will have no significant impact on the wildlife population to be hunted and the application for the hunt permit-tag would have otherwise been successful based on its random number, or
 - b. The awarding of a bonus point when a hunt permit-tag is not issued.
 2. A person who is denied a hunt permit-tag or a bonus point under this subsection may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.
 3. For the purposes of this subsection, "Department error" means an internal processing error that:
 - a. Prevented a person from lawfully submitting an application for a hunt permit-tag,
 - b. Caused a person to submit an invalid application for a hunt permit-tag,
 - c. Caused the rejection of an application for a hunt permit-tag,
 - d. Failed to apply an applicant's bonus points to a valid application for a hunt permit-tag, or
 - e. Caused the denial of a hunt permit-tag.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 28, 1977 (Supp. 77-3). Amended effective July 24, 1978 (Supp. 78-4). Former Section R12-4-06 renumbered as Section R12-4-104 without change effective August 13, 1981. Amended subsections (N), (O), and (P) effective August 31, 1981 (Supp. 81-4). Former Section R12-4-104 repealed, new Section R12-4-104 adopted effective May 12, 1982 (Supp. 82-3). Amended subsection (D) as an emergency effective December 27, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-6). Emergency expired. Amended effective June 20, 1983 (Supp. 83-3). Amended subsection (F)(3) effective September 12, 1984. Amended subsection (F)(9) and added subsections (F)(10) and (G)(3) effective October 31, 1984 (Supp. 84-5). Amended effective May 5, 1986 (Supp. 86-3). Amended effective June 4, 1987 (Supp. 87-2). Section R12-4-104 repealed, new Section R12-4-104 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1,

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2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-105. License Dealer's License

- A.** For the purposes of this Section, unless the context otherwise requires:

"Dealer number" means the unique number assigned by the Department to a dealer outlet.

"Dealer outlet" means a specified location authorized to sell licenses under a license dealer's license.

"License" means any hunting or fishing license, permit, stamp, or tag that may be sold by a dealer or dealer outlet under this Section.

"License dealer" means a business licensed by the Department to sell licenses from one or more dealer outlets.

"License Dealer Portal" means the secure website provided by the Department for issuing licenses and permits and accessing a license dealer's account.

- B.** A person is eligible to apply for a license dealer's license, provided all of the following criteria are met:
1. The person's privilege to sell licenses for the Department has not been revoked or canceled under A.R.S. §§ 17-334, 17-338, or 17-339 within the two calendar years immediately preceding the date of application;
 2. The person's credit record or assets assure the Department that the value of the licenses shall be adequately protected;
 3. The person agrees to assume financial responsibility for licenses provided by the Department at the maximum value established under R12-4-102, less the dealer commission prescribed under A.R.S. § 17-338(B).
- C.** A person shall apply for a license dealer's license by submitting an application to any Department office. The application is furnished by the Department and is available at any Department office. A license dealer license applicant shall provide all of the following information on the application:
1. The principal business or corporation information:
 - a. Name,
 - b. Physical address, and
 - c. Telephone number;
 - d. If not a corporation, the applicant shall provide the information required under subsections (a), (b), and (c) for each owner;
 2. The contact information for the person responsible for ensuring compliance with this Section:
 - a. Name,
 - b. Business address, and
 - c. Business telephone number;
 3. Whether the applicant has previously sold licenses under A.R.S. § 17-334;
 4. Whether the applicant is seeking renewal of an existing license dealer's license;
 5. Credit references and a statement of assets and liabilities; and
 6. Dealer outlet information:
 - a. Name,
 - b. Physical address,
 - c. Telephone number, and
 - d. Name of the person responsible for ensuring compliance with this Section at each dealer outlet.
- D.** A license dealer may request to add dealer outlets to the license dealer's license, at any time during the license year, by

submitting the application form containing the information required under subsection (C) to the Department.

- E.** An applicant who is denied a license dealer's license under this Section may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.
- F.** The Department shall:
1. Provide to the license dealer all licenses that the license dealer will make available to the public for sale,
 2. Authorize the license dealer to use the dealer's own license stock, or
 3. Authorize the license dealer to issue licenses and permits online via the Department's License Dealer Portal.
- G.** Upon receipt of licenses provided by the Department, the license dealer shall verify the licenses received are the licenses identified on the shipment inventory provided by the Department with the shipment.
1. Within five working days from receipt of shipment, the person performing the verification shall:
 - a. Clearly designate any discrepancies on the shipment inventory,
 - b. Sign and date the shipping inventory, and
 - c. Return the signed shipping inventory to the Department.
 2. The Department shall verify any discrepancies identified by the license dealer and credit or debit the license dealer's inventory accordingly.
- H.** A license dealer shall maintain an inventory of licenses for sale to the public at each outlet.
- I.** A license dealer may request additional licenses in writing or verbally.
1. The request shall include:
 - a. The name of the license dealer,
 - b. The assigned dealer number,
 - c. A list of the licenses needed, and
 - d. The name of the person making the request.
 2. Within 10 calendar days from receipt of a request, the Department shall provide the licenses requested, unless:
 - a. The license dealer failed to acknowledge licenses previously provided to the license dealer, as required under subsection (G);
 - b. The license dealer failed to transmit license fees, as required under subsection (J); or
 - c. The license dealer is not in compliance with this Section and all applicable statutes and rules.
- J.** A license dealer shall transmit to the Department all license fees collected by the tenth day of each month, less the dealer commission prescribed under A.R.S. § 17-338(B). Failure to comply with the requirements of this subsection shall result in the cancellation of the license dealer's license, as authorized under A.R.S. § 17-338(A).
- K.** A license dealer shall submit a monthly report to the Department by the tenth day of each month, as prescribed under A.R.S. § 17-339.
1. The monthly report form is furnished by the Department.
 2. A monthly report is required regardless of whether or not activities were performed.
 3. Failure to submit the monthly report in compliance with this subsection shall be cause to cancel the license dealer's license.
 4. The license dealer shall include in the monthly report all of the following information for each outlet:
 - a. Name of the dealer;
 - b. The assigned dealer number;
 - c. Reporting period;
 - d. Number of sales and dollar amount of sales for reporting period, by type of license sold;

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- e. Dollar amount of commission authorized under A.R.S. § 17-338(B);
 - f. Debit and credit adjustments for previous reporting periods, if any;
 - g. Number of affidavits received for which a duplicate license was issued under R12-4-103;
 - h. List of lost or missing licenses; and
 - i. Printed name and signature of the preparer.
5. In addition to the information required under subsection (K), the license dealer shall also provide the affidavit for each duplicate license issued by the dealer during the reporting period.
- a. The affidavit is furnished by the Department and is included in the license book.
 - b. A license dealer who fails to submit the affidavit for a duplicate license issued by the license dealer shall remit to the Department the actual cash value of the original license replaced.
- L.** The Department shall provide written notice of suspension and demand the return of all inventory within five calendar days from any license dealer who:
- 1. Fails to transmit monies due the Department under A.R.S. § 17-338 by the deadline established under subsection (J);
 - 2. Issues to the Department more than one check with insufficient funds during a calendar year; or
 - 3. Otherwise fails to comply with this Section and all applicable statutes and rules.
- M.** As prescribed under A.R.S. § 17-338, the actual cash value of licenses not returned to the Department is due and payable to the Department within 15 working days from the date the Department provides written notice to the license dealer. This includes, but is not limited to:
- 1. Licenses not returned upon termination of business by a license dealer; or
 - 2. Licenses reported by a dealer outlet or discovered by the Department to be lost, missing, stolen, or destroyed for any reason.
- N.** In addition to those violations that may result in revocation, suspension, or cancellation of a license dealer's license as prescribed under A.R.S. §§ 17-334, 17-338, and 17-339, the Commission may revoke a license dealer's license if the license dealer or an employee of the license dealer is convicted of counseling, aiding, or attempting to aid any person in obtaining a fraudulent license.

Historical Note

Amended effective June 7, 1976 (Supp. 77-3). Former Section R12-4-08 renumbered as Section R12-4-105 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-105 repealed, new Section R12-4-105 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-105 repealed, new Section R12-4-105 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-106. Special Licenses Licensing Time-frames

- A.** For the purposes of this Section, the following definitions apply:

"Administrative review time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(1).

"License" means any permit or authorization issued by the Department and listed under subsection (H).

"Overall time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(2).

"Substantive review time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(3).

- B.** As required under A.R.S. § 41-1072 et seq., within the overall time-frames listed in the table below, the Department shall either:
- 1. Grant a license to an applicant after determining the applicant meets all of the criteria required by statute and the governing rule; or
 - 2. Deny a license to an applicant when the Department determines the applicant does not meet all of the criteria required by statute and the governing rule.
 - a. The Department may deny a license at any point during the review process if the information provided by the applicant demonstrates the applicant is not eligible for the license as prescribed under statute or the governing rule.
 - b. The Department shall issue a written denial notice when it is determined that an applicant does not meet all of the criteria for the license.
 - c. The written denial notice shall provide:
 - i. The Department's justification for the denial, and
 - ii. When a hearing or appeal is authorized, an explanation of the applicant's right to a hearing or appeal.
- C.** During the overall time-frame:
- 1. The applicant and the Department may agree in writing to extend the overall time-frame.
 - 2. The substantive review time-frame shall not be extended by more than 25% of the overall time-frame.
- D.** An applicant may withdraw an application at any time.
- E.** The administrative review time-frame shall begin upon the Department's receipt of an application.
- 1. During the administrative review time-frame, the Department may return to the applicant, without denial, an application that is missing any of the information required under R12-4-409 and the rule governing the specific license. The Department shall issue to the applicant a written notice that identifies all missing information and indicates the applicant has 30 days in which to return the missing information.
 - 2. The administrative review time-frame and the overall time-frame listed for the applicable license under this Section are suspended from the date on the notice until the date the Department receives the missing information.
 - 3. If an applicant fails to respond to a request for missing information within 30 days, the Department shall consider the application withdrawn.
- F.** The substantive review time-frame shall begin when the Department determines an application is complete.
- 1. During the substantive review time-frame, the Department may make one comprehensive written request for additional information. The written notice shall:
 - a. Identify the additional information, and
 - b. Indicate the applicant has 30 days in which to submit the additional information.

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- c. The Department and the applicant may mutually agree in writing to allow the agency to submit supplemental requests for additional information.
- d. If an applicant fails to respond to a request for additional information within 30 days, the Department shall consider the application withdrawn.
- 2. The substantive review time-frame and the overall time-frame listed for the applicable license under this Section are suspended from the date on the request until the date the Department receives the additional information.
- G. If the last day of the time-frame period falls on a Saturday, Sunday, or an official State holiday, the Department shall consider the next business day the time-frame period's last day. All periods listed are:
 1. Calendar days, and
 2. Maximum time periods.
- H. The Department may grant or deny a license in less time than specified below.

Table 1. Time-Frames

Name of Special License	Governing Rule	Administrative Review Time-frame	Substantive Review Time-frame	Overall Time-frame
Aquatic Wildlife Stocking Permit	R12-4-410	10 days	170 days	180 days
Authorization for Use of Drugs on Wildlife	R12-4-309	20 days	70 days	90 days
Challenged Hunter Access/Mobility Permit	R12-4-217	1 day	29 days	30 days
Crossbow Permit	R12-4-216	1 day	29 days	30 days
Disabled Veteran's License	R12-4-202	1 day	29 days	30 days
Fishing Permits	R12-4-310	10 days	20 days	30 days
Game Bird License	R12-4-414	10 days	20 days	30 days
Guide License	R12-4-208	10 days	20 days	30 days
License Dealer's License	R12-4-105	10 days	20 days	30 days
Live Bait Dealer's License	R12-4-411	10 days	20 days	30 days
Pioneer License	R12-4-201	1 day	29 days	30 days
Private Game Farm License	R12-4-413	10 days	20 days	30 days
Scientific Collecting Permit	R12-4-418	10 days	20 days	30 days
Small Game Depredation Permit	R12-4-113	10 days	20 days	30 days
Sport Falconry License	R12-4-422	10 days	20 days	30 days
Watercraft Agents	R12-4-509	10 days	20 days	30 days
Taxidermy Registration	R12-4-204	10 days	20 days	30 days
White Amur Stocking License	R12-4-424	10 days	20 days	30 days
Wildlife Holding License	R12-4-417	10 days	20 days	30 days
Wildlife Rehabilitation License	R12-4-423	10 days	50 days	60 days
Wildlife Service License	R12-4-421	10 days	50 days	60 days
Zoo License	R12-4-420	10 days	20 days	30 days

Historical Note

Editorial correction subsections (F) through (G) (Supp. 78-5). Former Section R12-4-09 renumbered as Section R12-4-106 without change effective August 13, 1981 (Supp. 81-4). Repealed effective May 27, 1992 (Supp. 92-2). New Section adopted June 10, 1998 (Supp. 98-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3).

R12-4-107. Bonus Point System

- A. For the purpose of this Section, the following definitions apply:

“Bonus point hunt number” means the hunt number assigned in a Commission Order for use by an applicant who is applying for a bonus point only.

“Loyalty bonus point” means a bonus point awarded to a person who has submitted a valid application for a hunt permit-tag or a bonus point for a specific genus identified in subsection (B) at least once annually for a consecutive five-year period.

- B. The bonus point system grants a person one random number entry in each computer draw for antelope, bear, bighorn sheep,

buffalo, deer, elk, javelina, or turkey for each bonus point that person has accumulated under this Section.

1. Each bonus point random number entry is in addition to the entry normally granted under R12-4-104.
2. When processing a “group” application, as defined under R12-4-104, the Department shall use the average number of bonus points accumulated by all persons in the group, rounded to the nearest whole number. If the average number of bonus points is equal to or greater than .5, the total will be rounded to the next higher number.
3. The Department shall credit a bonus point under an applicant's Department identification number for the genus on the application.
4. The Department shall not transfer bonus points between persons or genera.

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- C. The Department shall award one bonus point to an applicant who submits a valid Hunt Permit-tag Application provided the following apply:
1. The application is unsuccessful in the computer draw or the application is for a bonus point only;
 2. The application is not for a hunt permit-tag leftover after the computer draw and available on a first-come, first-served basis as established under R12-4-114; and
 3. The applicant either provides the appropriate hunting license number on the application or submits an application and fees for the applicable license with the Hunt Permit-tag Application, as applicable.
- D. An applicant who purchases a bonus point only shall:
1. Submit a valid Hunt Permit-tag Application, as prescribed under R12-4-104, with the assigned bonus point hunt number for the particular genus as the first-choice hunt number on the application. The Department shall reject any application that:
 - a. Indicates the bonus point only hunt number as any choice other than the first-choice, or
 - b. Includes any other hunt number on the application;
 2. Include the applicable fees:
 - a. Application fee, and
 - b. Applicable license fee, required when the applicant does not possess a valid license at the time of application; and
 3. Submit only one Hunt Permit-tag Application per genus per computer draw.
- E. With the exception of the hunter education bonus point, each accumulated bonus point is valid only for the genus designated on the Hunt Permit-tag Application.
- F. With the exception of a permanent bonus point awarded for hunter education and a loyalty bonus point which is accrued and forfeited as established under subsection (L), a person's accumulated bonus points for a genus are expended if:
1. The person is issued a hunt permit-tag for that genus in a computer draw;
 2. The person fails to submit a Hunt Permit-tag Application for that genus for five consecutive years; or
 3. The person purchases a surrendered tag as prescribed under R12-4-118(F)(1), (2), or (3).
- G. Notwithstanding subsection (F), the Department shall restore any expended bonus points to a person who surrenders or transfers a tag in compliance with R12-4-118 or R12-4-121.
- H. An applicant issued a first-come, first-served hunt permit-tag under R12-4-114(C)(2)(e) after the computer draw does not expend bonus points for that genus.
- I. An applicant who is unsuccessful for a first-come, first-served hunt permit-tag made available by the Department after the computer draw is not eligible to receive a bonus point.
- J. The Department shall award one permanent bonus point for each genus upon a person's first graduation from a Department-sanctioned Arizona Game and Fish Department Hunter Education Course.
1. Course participants are required to provide the following information upon registration, the participants:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number;
 - d. E-mail address, when available;
 - e. Date of birth; and
 - f. Department ID number, when applicable.
 2. The Arizona Game and Fish Department-certified Instructor shall submit the course paperwork to the Department within 10 business days of course completion. Course paperwork must be received by the Department no less than 30 days before the computer draw application deadline, as specified in the hunt permit-tag application schedule in order for the Department to assign hunter education bonus points in the next computer draw.
3. The Department shall not award hunter education bonus points for any of the following specialized hunter education courses:
- a. Bowhunter Education,
 - b. Trapper Education, or
 - c. Advanced Hunter Education.
- K. The Department provides an applicant's total number of accumulated bonus points on the Department's application web site or IVR telephone system.
1. If a person believes the total number of accumulated bonus points is incorrect, the person may request proof of compliance with this Section, from the Department, to prove Department error.
 2. In the event of an error, the Department shall correct the person's record.
- L. The following provisions apply to the loyalty bonus point program:
1. An applicant who submits a valid application at least once a year for a hunt permit-tag or a bonus point for a specific genus consecutively for a five-year period shall accrue a loyalty bonus point for that genus.
 2. Except as established under subsection (N), once a loyalty bonus point is accrued, the applicant shall retain the loyalty bonus point provided the applicant annually submits an application, with funds sufficient to cover all application fees and applicable license fees for each applicant listed on the application, for a hunt permit-tag or a bonus point for the genus for which the loyalty bonus point was accrued.
 3. An applicant who fails to apply in any calendar year for a hunt permit-tag or bonus point for the genus for which the loyalty bonus point was accrued shall forfeit the loyalty bonus point for that genus.
 4. A loyalty bonus point is accrued in addition to all other bonus points.
- M. A military member, military reserve member, member of the National Guard, or emergency response personnel with a public agency may request the reinstatement of any expended bonus points for a successful Hunt Permit-tag Application.
1. To request reinstatement of expended bonus points under these circumstances, an applicant shall submit all of the following information to the Arizona Game and Fish Department, Draw Section, 5000 W. Carefree Highway, Phoenix, AZ 85086:
 - a. Evidence of mobilization or change in duty status, such as a letter from the public agency or official orders; or
 - b. An official declaration of a state of emergency from the public agency or authority making the declaration of emergency, if applicable; and
 - c. The valid, unused hunt permit-tag.
 2. The Department shall deny requests post-marked after the beginning date of the hunt for which the hunt permit-tag is valid, unless the person also submits, with the request, evidence of mobilization, activation, or a change in duty status that precluded the applicant from submitting the hunt permit-tag before the beginning date of the hunt.
 3. Under A.R.S. § 17-332(E), no refunds for a license or hunt permit-tag will be issued to an applicant who applies for reinstatement of bonus points under this subsection.

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4. Reinstatement of bonus points under this subsection is not subject to the requirements established under R12-4-118.
- N. It is unlawful for a person to purchase a bonus point by fraud or misrepresentation and any bonus point so obtained shall be removed from the person's Department record.

Historical Note

Former Section R12-4-03 renumbered as Section R12-4-107 without change effective August 13, 1981 (Supp. 81-4). Section R12-4-107 repealed, new Section R12-4-107 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective July 29, 1992 (Supp. 92-3). Section R12-4-107 repealed, new Section R12-4-107 adopted effective January 1, 1999; filed with the Office of the Secretary of State February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-108. Management Unit Boundaries

- A. For the purpose of this Section, parentheses mean "also known as," and the following definitions shall apply:
 1. "FH" means "forest highway," a paved road.
 2. "FR" means "forest road," an unpaved road.
 3. "Hwy" means "Highway."
 4. "mp" means "milepost."
- B. The state is divided into units for the purpose of managing wildlife. Each unit is identified by a number, or a number and letter. For the purpose of this Section, Indian reservation land contained within any management unit is not under the jurisdiction of the Arizona Game and Fish Commission or the Arizona Game and Fish Department.
- C. Management unit descriptions are as follows:

Unit 1 – Beginning at the New Mexico state line and U.S. Hwy 60; west on U.S. Hwy 60 to Vernon Junction; southerly on the Vernon-McNary road (FR 224) to the White Mountain Apache Indian Reservation boundary; east and south along the reservation boundary to Black River; east and north along Black River to the east fork of Black River; north along the east fork to Three Forks; and continuing north and east on the Three Forks-Williams Valley-Alpine Rd. (FR 249) to U.S. Hwy 180; east on U.S. Hwy 180 to the New Mexico state line; north along the state line to U.S. Hwy 60.

Unit 2A – Beginning at St. Johns on U.S. Hwy 191 (AZ Hwy 61); north on U.S. Hwy 191 (AZ Hwy 61) to the Navajo Indian Reservation boundary; westerly along the reservation boundary to AZ Hwy 77; south on AZ Hwy 77 to Exit 292 on I-40; west on the westbound lane of I-40 to Exit 286; south on AZ Hwy 77 to U.S. Hwy 180; southeast on U.S. Hwy 180 to AZ Hwy 180A; south on AZ Hwy 180A to AZ Hwy 61; east on AZ Hwy 61 to U.S. Hwy 180 (AZ Hwy 61); east to U.S. Hwy 191 at St. Johns; except those portions that are sovereign tribal lands of the Zuni Tribe.

Unit 2B – Beginning at Springerville; east on U.S. Hwy 60 to the New Mexico state line; north along the state line to the Navajo Indian Reservation boundary; westerly along the reservation boundary to U.S. Hwy 191 (AZ Hwy 61); south on U.S. Hwy 191 (U.S. Hwy 180) to Springerville.

Unit 2C – Beginning at St. Johns on U.S. Hwy 191 (AZ Hwy 61); west on to AZ Hwy 61 Concho; southwest on AZ Hwy 61 to U.S. Hwy 60; east on U.S. Hwy 60 to U.S. Hwy 191 (U.S. Hwy 180); north on U.S. Hwy 191 (U.S. Hwy 180) to St. Johns.

Unit 3A – Beginning at the junction of U.S. Hwy 180 and AZ Hwy 77; south on AZ Hwy 77 to AZ Hwy 377; south-westerly on AZ Hwy 377 to AZ Hwy 277; easterly on AZ Hwy 277 to Snowflake; easterly on the Snowflake-Concho Rd. to U.S. Hwy 180A; north on U.S. Hwy 180A to U.S. Hwy 180; northwesterly on U.S. Hwy 180 to AZ Hwy 77.

Unit 3B – Beginning at Snowflake; southerly along AZ Hwy 77 to U.S. Hwy 60; southwesterly along U.S. Hwy 60 to the White Mountain Apache Indian Reservation boundary; easterly along the reservation boundary to the Vernon-McNary Rd. (FR 224); northerly along the Vernon-McNary Rd. to U.S. Hwy 60; west on U.S. Hwy 60 to AZ Hwy 61; northeasterly on AZ Hwy 61 to AZ Hwy 180A; northerly on AZ Hwy 180A to Concho-Snowflake Rd.; westerly on the Concho-Snowflake Rd. to Snowflake.

Unit 3C – Beginning at Snowflake; westerly on AZ Hwy 277 to AZ Hwy 260; westerly on AZ Hwy 260 to the Sitgreaves National Forest boundary with the Tonto National Forest; easterly along the Apache-Sitgreaves National Forest boundary to U.S. Hwy 60 (AZ Hwy 77); northeasterly on U.S. Hwy 60 (AZ Hwy 77) to Showlow; northerly along AZ Hwy 77 to Snowflake.

Unit 4A – Beginning on the boundary of the Apache-Sitgreaves National Forest with the Coconino National Forest at the Mogollon Rim; north along this boundary (Leonard Canyon) to East Clear Creek; northerly along East Clear Creek to AZ Hwy 99; north on AZ Hwy 99 to AZ Hwy 87; north on AZ Hwy 87 to Business I-40 (3rd St.); west on Business I-40 (3rd St.) to Hipkoe Dr.; northerly on Hipkoe Dr. to I-40; west on I-40 to mp 221.4; north to the southwest corner of the Navajo Indian Reservation boundary; east along the Navajo Indian Reservation boundary to the Little Colorado River; southerly along the Little Colorado River to Chevelon Creek; southerly along Chevelon Creek to Woods Canyon; westerly along Woods Canyon to Woods Canyon Lake Rd.; westerly and southerly along the Woods Canyon Lake Rd. to the Mogollon Rim; westerly along the Mogollon Rim to the boundary of the Apache-Sitgreaves National Forest with the Coconino National Forest.

Unit 4B – Beginning at AZ Hwy 260 and the Sitgreaves National Forest boundary with the Tonto National Forest; northeasterly on AZ Hwy 260 to AZ Hwy 277; northeasterly on AZ Hwy 277 to Hwy 377; northeasterly on AZ Hwy 377 to AZ Hwy 77; northeasterly on AZ Hwy 77 to I-40 Exit 286; northeasterly along the westbound lane of I-40 to Exit 292; north on AZ Hwy 77 to the Navajo Indian Reservation boundary; west along the reservation boundary to the Little Colorado River; southerly along the Little Colorado River to Chevelon Creek; southerly

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along Chevelon Creek to Woods Canyon; westerly along Woods Canyon to Woods Canyon Lake Rd. (FH 151); westerly and southerly along the Woods Canyon Lake Rd. (FH 151) to the Mogollon Rim; easterly along the Mogollon Rim to the intersection of AZ Hwy 260 and the Sitgreaves National Forest boundary with the Tonto National Forest.

Unit 5A – Beginning at the junction of the Sitgreaves National Forest boundary with the Coconino National Forest boundary at the Mogollon Rim; northerly along this boundary (Leonard Canyon) to East Clear Creek; northeasterly along East Clear Creek to AZ Hwy 99; north on AZ Hwy 99 to AZ Hwy 87; north on AZ Hwy 87 to Business I-40 (3rd St.); west on Business I-40 (3rd St.) to Hipkoe Dr.; north on Hipkoe Dr. to I-40; west on I-40 to the Meteor Crater Rd. (Exit 233); southerly on the Meteor Crater-Chavez Pass-Jack's Canyon Rd. (FR 69) to AZ Hwy 87; southwesterly along AZ Hwy 87 to the Coconino-Tonto National Forest boundary; easterly along the Coconino-Tonto National Forest boundary (Mogollon Rim) to the Sitgreaves National Forest boundary with the Coconino National Forest.

Unit 5B – Beginning at Lake Mary-Clint's Well Rd. (FH3) and Walnut Canyon (mp 337.5 on FH3); southeasterly on FH3 to AZ Hwy 87; northeasterly on AZ Hwy 87 to FR 69; westerly and northerly on FR 69 to I-40 (Exit 233); west on I-40 to Walnut Canyon (mp 210.2); southwesterly along the bottom of Walnut Canyon to Walnut Canyon National Monument; southwesterly along the northern boundary of the Walnut Canyon National Monument to Walnut Canyon; southwesterly along the bottom of Walnut Canyon to FH3 (mp 337.5).

Unit 6A – Beginning at the junction of U.S. Hwy 89A and FR 237; southwesterly on U.S. Hwy 89A to the Verde River; southeasterly along the Verde River to the confluence with Fossil Creek; northeasterly along Fossil Creek to Fossil Springs; southeasterly on FS trail 18 (Fossil Spring Trail) to the top of the rim; northeasterly on the rim to Nash Point on the Tonto-Coconino National Forest boundary; easterly along this boundary to AZ Hwy 87; northeasterly on AZ Hwy 87 to Lake Mary-Clint's Well Rd. (FH3); northwesterly on FH3 to FR 132; southwesterly on FR 132 to FR 296; southwesterly on FR 296 to FR 296A; southwesterly on FR 296A to FR 132; northwesterly on FR 132 to FR 235; westerly on FR 235 to Priest Draw; southwesterly along the bottom of Priest Draw to FR 235; westerly on FR 235 to FR 235A; westerly on FR 235A to FR 235; southerly on FR 235 to FR 235K; northwesterly on FR 235K to FR 700; northerly on FR 700 to Mountaineer Rd.; west on Mountaineer Rd. to FR 237; westerly on FR 237 to U.S. Hwy 89A except those portions that are sovereign tribal lands of the Yavapai-Apache Nation.

Unit 6B – Beginning at mp 188.5 on I-40 at a point just north of the east boundary of Camp Navajo; south along the eastern boundary of Camp Navajo to the southeastern corner of Camp Navajo; southeast approximately 1/3 mile through the forest to the forest road in section 33; southeast on the forest road to FR 231 (Woody Mountain Rd.); easterly on FR 231 to FR 533; southerly on FR 533 to U.S. Hwy 89A; southerly on U.S. Hwy 89A to the Verde River; northerly along the Verde River to Sycamore Creek; northeasterly along Sycamore Creek and Volunteer Canyon to the southwest corner of the Camp

Navajo boundary; northerly along the western boundary of Camp Navajo to the northwest corner of Camp Navajo; continuing north to I-40 (mp 180.0); easterly along I-40 to mp 188.5.

Unit 7 – Beginning at the junction of AZ Hwy 64 and I-40 (in Williams); easterly on I-40 to FR 171 (mp 184.4 on I-40); northerly on FR 171 to the Transwestern Gas Pipeline; easterly along the Transwestern Gas Pipeline to FR 420 (Schultz Pass Rd.); northeasterly on FR 420 to U.S. Hwy 89; across U.S. Hwy 89 to FR 545; east on FR 545 to the Sunset Crater National Monument; easterly along the southern boundary of the Sunset Crater National Monument to FR 545; east on FR 545 to the 345 KV transmission lines 1 and 2; southeasterly along the power lines to I-40 (mp 212 on I-40); east on I-40 to mp 221.4; north to the southwest corner of the Navajo Indian Reservation boundary; northerly and westerly along the reservation boundary to the Four Corners Gas Line; southwesterly along the Four Corners Gas Line to U.S. Hwy 180; west on U.S. Hwy 180 to AZ Hwy 64; south on AZ Hwy 64 to I-40.

Unit 8 – Beginning at the junction of I-40 and U.S. Hwy 89 (in Ash Fork, Exit 146); south on U.S. Hwy 89 to the Verde River; easterly along the Verde River to Sycamore Creek; northerly along Sycamore Creek to Volunteer Canyon; northeasterly along Volunteer Canyon to the west boundary of Camp Navajo; north along the boundary to a point directly north of I-40; west on I-40 to U.S. Hwy 89.

Unit 9 – Beginning where Cataract Creek enters the Havasupai Reservation; easterly and northerly along the Havasupai Reservation boundary to Grand Canyon National Park; easterly along the Grand Canyon National Park boundary to the Navajo Indian Reservation boundary; southerly along the reservation boundary to the Four Corners Gas Line; southwesterly along the Four Corners Gas Line to U.S. Hwy 180; westerly along U.S. Hwy 180 to AZ Hwy 64; south along AZ Hwy 64 to Airpark Rd.; west and north along Airpark Rd. to the Valle-Cataract Creek Rd.; westerly along the Valle-Cataract Creek Rd. to Cataract Creek at Island Tank; northwesterly along Cataract Creek to the Havasupai Reservation Boundary.

Unit 10 – Beginning at the junction of AZ Hwy 64 and I-40; westerly on I-40 to Crookton Rd. (AZ Hwy 66, Exit 139); westerly on AZ Hwy 66 to the Hualapai Indian Reservation boundary; northeasterly along the reservation boundary to Grand Canyon National Park; east along the park boundary to the Havasupai Indian Reservation; easterly and southerly along the reservation boundary to where Cataract Creek enters the reservation; southeasterly along Cataract Creek in Cataract Canyon to Island Tank; easterly on the Cataract Creek-Valle Rd. to Airpark Rd.; south and east along Airpark Rd. to AZ Hwy 64; south on AZ Hwy 64 to I-40.

Unit 11M – Beginning at the junction of Lake Mary-Clint's Well Rd (FH3) and Walnut Canyon (mp 337.5 on FH3); northeasterly along the bottom of Walnut Canyon to the Walnut Canyon National Monument boundary; northeasterly along the northern boundary of the Walnut Canyon National Monument to Walnut Canyon; northeasterly along the bottom of Walnut Canyon to I-40 (mp 210.2); east on I-40 to the 345 KV transmission lines 1&2 (mp 212 on I-40); north and northeasterly along the power line to FR 545 (Sunset Crater Rd); west along FR

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545 to the Sunset Crater National Monument boundary; westerly along the southern boundary of the Sunset Crater National Monument to FR 545; west on FR 545 to US Hwy 89; across US Hwy 89 to FR 420 (Schultz Pass Rd); southwesterly on FR 420 to the Transwestern Gas Pipeline; westerly along the Transwestern Gas Pipeline to FR 171; south on FR 171 to I-40 (mp 184.4 on I-40); east on I-40 to a point just north of the eastern boundary of the Navajo Army Depot (mp 188.5 on I-40); south along the eastern boundary of the Navajo Army Depot to the southeast corner of the Depot; southeast approximately 1/3 mile to forest road in section 33; southeasterly along that forest road to FR 231 (Woody Mountain Rd); easterly on FR 231 to FR 533; southerly on FR 533 to US Hwy 89A; southerly on US Hwy 89A to FR 237; northeasterly on FR 237 to Mountainaire Rd; easterly on Mountainaire Rd to FR 700; southerly on FR 700 to FR 235K; southeasterly on FR 235K to FR 235; northerly on FR 235 to FR 235A; easterly on FR 235A to FR 235; easterly on FR 235 to Priest Draw; northeasterly along the bottom of Priest Draw to FR 235; easterly on FR 235 to FR 132; southeasterly on FR 132 to FR 296A; northeasterly on FR 296A to FR 296; northeasterly on FR 296 to FR 132; northeasterly on FR 132 to FH 3; southeasterly on FH 3 to the south rim of Walnut Canyon (mp 337.5 on FH3).

Unit 12A – Beginning at the confluence of the Colorado River and South Canyon; southerly and westerly along the Colorado River to Kanab Creek; northerly along Kanab Creek to Snake Gulch; northerly, easterly, and southerly around the Kaibab National Forest boundary to South Canyon; northeasterly along South Canyon to the Colorado River.

Unit 12B – Beginning at U.S. Hwy 89A and the Kaibab National Forest boundary near mp 566; southerly and easterly along the forest boundary to Grand Canyon National Park; northeasterly along the park boundary to Glen Canyon National Recreation area; easterly along the recreation area boundary to the Colorado River; north-easterly along the Colorado River to the Arizona-Utah state line; westerly along the state line to Kanab Creek; southerly along Kanab Creek to the Kaibab National Forest boundary; northerly, easterly, and southerly along this boundary to U.S. Hwy 89A near mp 566; except those portions that are sovereign tribal lands of the Kaibab Band of Paiute Indians.

Unit 13A – Beginning on the western edge of the Hurricane Rim at the Utah state line; southerly along the western edge of the Hurricane Rim to Mohave County Rd. 5 (the Mt. Trumbull Rd.); west along Mohave County Rd. 5 to the town of Mt. Trumbull (Bundyville); south from the town of Mt. Trumbull (Bundyville) on Mohave County Rd. 257 to BLM Rd. 1045; south on BLM Rd. 1045 to where it crosses Cold Spring Wash near Cold Spring Wash Pond; south along the bottom of Cold Spring Wash to Whitmore Wash; southerly along the bottom of Whitmore Wash to the Colorado River; easterly along the Colorado River to Kanab Creek; northerly along Kanab Creek to the Utah state line; west along the Utah state line to the western edge of the Hurricane Rim; except those portions that are sovereign tribal lands of the Kaibab Band of Paiute Indians.

Unit 13B – Beginning on the western edge of the Hurricane Rim at the Utah state line; southerly along the western edge of the Hurricane Rim to Mohave County Rd. 5

(the Mt. Trumbull Rd.); west along Mohave County Rd. 5 to the town of Mt. Trumbull (Bundyville); south from the town of Mt. Trumbull (Bundyville) on Mohave County Rd. 257 to BLM Rd. 1045; south on BLM Rd. 1045 to where it crosses Cold Spring Wash near Cold Spring Wash Pond; south along the bottom of Cold Spring Wash to Whitmore Wash; southerly along the bottom of Whitmore Wash to the Colorado River; westerly along the Colorado River to the Nevada state line; north along the Nevada state line to the Utah state line; east along the Utah state line to the western edge of the Hurricane Rim.

Unit 15A – Beginning at Pearce Ferry on the Colorado River; southerly on the Pearce Ferry Rd. to Antares Rd.; southeasterly on Antares Rd. to AZ Hwy 66; easterly on AZ Hwy 66 to the Hualapai Indian Reservation; west and north along the west boundary of the reservation to the Colorado River; westerly along the Colorado River to Pearce Ferry; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 15B – Beginning at Kingman on I-40 (Exit 48); northwesterly on U.S. Hwy 93 to Hoover Dam; north and east along the Colorado River to Pearce Ferry; southerly on the Pearce Ferry Rd. to Antares Rd.; southeasterly on Antares Rd. to AZ Hwy 66; easterly on AZ Hwy 66 to Hackberry Rd.; southerly on the Hackberry Rd. to its junction with U.S. Hwy 93; north on U.S. Hwy 93 to I-40 (Exit 71); west on I-40 to Kingman (Exit 48).

Unit 15C – Beginning at Hoover Dam; southerly along the Colorado River to AZ Hwy 68 and Davis Dam; easterly on AZ Hwy 68 to U.S. Hwy 93; northwesterly on U.S. Hwy 93 to Hoover Dam.

Unit 15D – Beginning at AZ Hwy 68 and Davis Dam; southerly along the Colorado River to I-40; east and north on I-40 to Kingman (Exit 48); northwest on U.S. Hwy 93 to AZ Hwy 68; west on AZ Hwy 68 to Davis Dam; except those portions that are sovereign tribal lands of the Fort Mohave Indian Tribe.

Unit 16A – Beginning at Kingman on I-40 (Exit 48); south and west on I-40 to U.S. Hwy 95 (Exit 9); southerly on U.S. Hwy 95 to the Bill Williams River; easterly along the Bill Williams and Santa Maria rivers to U.S. Hwy 93; north on U.S. Hwy 93 to I-40 (Exit 71); west on I-40 to Kingman (Exit 48).

Unit 16B – Beginning at I-40 on the Colorado River; southerly along the Arizona-California state line to the Bill Williams River; east along the Bill Williams River to U.S. Hwy 95; north on U.S. Hwy 95 to I-40 (Exit 9); west on I-40 to the Colorado River.

Unit 17A – Beginning at the junction of the Williamson Valley Rd. (County Road 5) and the Camp Wood Rd. (FR 21); westerly on the Camp Wood Rd. to the west boundary of the Prescott National Forest; north along the forest boundary to the Baca Grant; east, north and west around the grant to the west boundary of the Prescott National Forest; north and east along the forest boundary to the Williamson Valley Rd. (County Rd. 5, FR 6); southerly on Williamson Valley Rd. (County Rd. 5, FR 6) to the Camp Wood Rd.

Unit 17B – Beginning at the junction of Iron Springs Rd. (County Rd. 10) and Williamson Valley Rd. (County Road 5) in Prescott; westerly on the Prescott-Skull Valley-Hillside-Bagdad Rd. to Bagdad; northeast on the

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Bagdad-Camp Wood Rd. (FR 21) to the Williamson Valley Rd. (County Rd. 5, FR 6); south on the Williamson Valley Rd. (County Rd. 5, FR 6) to the Iron Springs Rd.

Unit 18A – Beginning at Seligman; westerly on AZ Hwy 66 to the Hualapai Indian Reservation; southwest and west along the reservation boundary to AZ Hwy 66; southwest on AZ Hwy 66 to the Hackberry Rd.; south on the Hackberry Rd. to U.S. Hwy 93; south on U.S. Hwy 93 to Cane Springs Wash; easterly along Cane Springs Wash to the Big Sandy River; northerly along the Big Sandy River to Trout Creek; northeast along Trout Creek to the Davis Dam-Prescott power line; southeasterly along the power line to the west boundary of the Prescott National Forest; north and east along the forest boundary to the Williamson Valley Rd. (County Rd. 5, FR 6); northerly on the Williamson Valley Rd. (County Rd. 5, FR 6) to Seligman and AZ Hwy 66; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 18B – Beginning at Bagdad; southeast on AZ Hwy 96 to the Santa Maria River; southwest along the Santa Maria River to U.S. Hwy 93; northerly on U.S. Hwy 93 to Cane Springs Wash; easterly along Cane Springs Wash to the Big Sandy River; northerly along the Big Sandy River to Trout Creek; northeasterly along Trout Creek to the Davis Dam-Prescott power line; southeasterly along the power line to the west boundary of the Prescott National Forest; south along the forest boundary to the Baca Grant; east, south and west along the forest boundary; south along the west boundary of the Prescott National Forest; to the Camp Wood-Bagdad Rd.; southwesterly on the Camp Wood-Bagdad Rd. to Bagdad; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 19A – Beginning at AZ Hwy 69 and U.S. Hwy 89 (in Prescott); northerly on U.S. Hwy 89 to the Verde River; easterly along the Verde River to I-17; southwesterly on the southbound lane of I-17 to AZ Hwy 69; northwesterly on AZ Hwy 69 to U.S. Hwy 89; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe and the Yavapai-Apache Nation.

Unit 19B – Beginning at the intersection of U.S. Hwy 89 and AZ Hwy 69, west on Gurley St. to Grove Ave.; north on the Grove Ave. to Miller Valley Rd.; northwest on the Miller Valley Rd. to Iron Springs Rd.; northwest on the Iron Springs Rd. to the junction of Williamson Valley Rd. and Iron Springs Rd.; northerly on the Williamson Valley-Prescott-Seligman Rd. (FR 6, Williamson Valley Rd.) to AZ Hwy 66 at Seligman; east on Crookton Rd. (AZ Hwy 66) to I-40 (Exit 139); east on I-40 to U.S. Hwy 89; south on U.S. Hwy 89 to the junction with AZ Hwy 69; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe.

Unit 20A – Beginning at the intersection of U.S. Hwy 89 and AZ Hwy 69; west on Gurley St. to Grove Ave.; north on the Grove Ave. to Miller Valley Rd., northwest on the Miller Valley Rd. to Iron Springs Rd., west and south on the Iron Springs-Skull Valley-Kirkland Junction Rd. to U.S. Hwy 89; continue south and easterly on the Kirkland Junction-Wagoner-Crown King-Cordes Rd. to Cordes, from Cordes southeast to I-17 (Exit 259); north on the southbound lane of I-17 to AZ Hwy 69; northwest on AZ Hwy 69 to junction of U.S. Hwy 89 at Prescott; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe.

Unit 20B – Beginning at the Hassayampa River and U.S. Hwy 60/93 (in Wickenburg); northeasterly along the Hassayampa River to the Kirkland Junction-Wagoner-Crown King-Cordes road (at Wagoner); southerly and northeasterly along the Kirkland Junction-Wagoner-Crown King-Cordes Rd. (at Wagoner) to I-17 (Exit 259); south on the southbound lane of I-17 to the New River Road (Exit 232); west on the New River Road to State Hwy 74; west on AZ Hwy 74 to the junction of AZ Hwy 74 and U.S. Hwy 60/93; northwesterly on U.S. Hwy 60/93 to the Hassayampa River.

Unit 20C – Beginning at U.S. Hwy 60/93 and the Santa Maria River; northeasterly along the Santa Maria River to AZ Hwy 96; easterly on AZ Hwy 96 to Kirkland Junction; southeasterly along the Kirkland Junction-Wagoner-Crown King-Cordes road to the Hassayampa River (at Wagoner); southwesterly along the Hassayampa River to U.S. Hwy 60/93; northwesterly on U.S. Hwy 60/93 to the Santa Maria River.

Unit 21 – Beginning on I-17 at the Verde River; southerly on the southbound lane of I-17 to the New River Road (Exit 232); east on New River Road to Fig Springs Road; northeasterly on Fig Springs Road to the Tonto National Forest boundary; southeasterly along this boundary to the Verde River; north along the Verde River to I-17.

Unit 22 – Beginning at the junction of the Salt and Verde Rivers; north along the Verde River to the confluence with Fossil Creek; northeasterly along Fossil Creek to Fossil Springs; southeasterly on FS trail 18 (Fossil Spring Trail) to the top of the rim; northeasterly on the rim to Nash Point on the Tonto-Coconino National Forest boundary along the Mogollon Rim; easterly along this boundary to Tonto Creek; southerly along the east fork of Tonto Creek to the spring box, north of the Tonto Creek Hatchery, and continuing southerly along Tonto Creek to the Salt River; westerly along the Salt River to the Verde River; except those portions that are sovereign tribal lands of the Tonto Apache Tribe and the Fort McDowell Yavapai Nation.

Unit 23 – Beginning at the confluence of Tonto Creek and the Salt River; northerly along Tonto Creek to the spring box, north of the Tonto Creek Hatchery, on Tonto Creek; northeasterly along the east fork of Tonto Creek to the Tonto-Sitgreaves National Forest boundary along the Mogollon Rim; east along this boundary to the White Mountain Apache Indian Reservation boundary; southerly along the reservation boundary to the Salt River; westerly along the Salt River to Tonto Creek.

Unit 24A – Beginning on AZ Hwy 177 in Superior; southeasterly on AZ Hwy 177 to the Gila River; northeasterly along the Gila River to the San Carlos Indian Reservation boundary; easterly, westerly and northerly along the reservation boundary to the Salt River; southwesterly along the Salt River to AZ Hwy 288; southerly on AZ Hwys 288 and 188 to U.S. Hwy 60; southwesterly on U.S. Hwy 60 to AZ Hwy 177.

Unit 24B – Beginning on U.S. Hwy 60 in Superior; northeasterly on U.S. Hwy 60 to AZ Hwy 188; northerly on AZ Hwys 188 and 288 to the Salt River; westerly along the Salt River to the Tonto National Forest boundary near Granite Reef Dam; southeasterly along Forest boundary to Forest Route 77 (Peralta Rd.); southwesterly on Forest

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Route 77 (Peralta Rd.) to U.S. Hwy 60; easterly on U.S. Hwy 60 to Superior.

Unit 25M – Beginning at the junction of 51st Ave. and I-10; west on I-10 to AZ Loop 303, northeasterly on AZ Loop 303 to I-17; north on I-17 to Carefree Hwy; east on Carefree Hwy to Cave Creek Rd.; northeasterly on Cave Creek Rd. to the Tonto National Forest boundary; easterly and southerly along the Tonto National Forest boundary to Fort McDowell Yavapai Nation boundary; northeasterly along the Fort McDowell Yavapai Nation boundary to the Verde River; southerly along the Verde River to the Salt River; southwesterly along the Salt River to the Tonto National Forest boundary; southerly along the Tonto National Forest boundary to Bush Hwy/Power Rd.; southerly on Bush Hwy/Power Rd. to AZ Loop 202; easterly, southerly, and westerly on AZ Loop 202 to the intersection of Pecos Rd. at I-10; west on Pecos Rd. to the Gila River Indian Community boundary; northwesterly along the Gila River Indian Community boundary to 51st Ave; northerly on 51st Ave to I-10; except those portions that are sovereign tribal lands.

Unit 26M – Beginning at the junction of I-17 and New River Rd. (Exit 232); southwesterly on New River Rd. to AZ Hwy 74; westerly on AZ Hwy 74 to U.S. Hwy 93; southeasterly on U.S. Hwy 93 to the Beardsley Canal; southwesterly on the Beardsley Canal to Indian School Rd.; west on Indian School Rd. to Jackrabbit Trail; south on Jackrabbit Trail to I-10 (Exit 121); west on I-10 to Oglesby Rd. (Exit 112); south on Oglesby Rd. to AZ Hwy 85; south on AZ Hwy 85 to the Gila River; northeasterly along the Gila River to the Gila River Indian Community boundary; southeasterly along the Gila River Indian Community boundary to AZ Hwy 347 (John Wayne Parkway); south on AZ Hwy 347 (John Wayne Parkway) to AZ Hwy 84; east on AZ Hwy 84 to Stanfield; south on the Stanfield-Cocklebur Rd. to the Tohono O'odham Nation boundary; easterly along the Tohono O'odham Nation boundary to Battaglia Rd.; east on Battaglia Rd. to Toltec Rd.; north on Toltec Rd. to I-10 (Exit 203); southeasterly on I-10 to AZ Hwy 87 (Exit 211); north on AZ Hwy 87 to AZ Hwy 287 north of Coolidge; east on AZ Hwy 287 to AZ Hwy 79; north on AZ Hwy 79 to U.S. Hwy 60; northwesterly on U.S. Highway 60 to Peralta Rd.; northeasterly along Peralta Rd. to the Tonto National Forest boundary; northwesterly along the Tonto National Forest boundary to the Salt River; northeasterly along the Salt River to the Verde River; northerly along the Verde River to the Tonto National Forest boundary; northwesterly along the Tonto National Forest boundary to Fig Springs Rd.; southwesterly on Fig Springs Rd. to New River Rd.; west on New River Rd. to I-17 (Exit 232); except Unit 25M and those portions that are sovereign tribal lands.

Unit 27 – Beginning at the New Mexico state line and AZ Hwy 78; southwest on AZ Hwy 78 to U.S. Hwy 191; north on U.S. Hwy 191 to Lower Eagle Creek Rd. (Pump Station Rd.); west on the Lower Eagle Creek Rd. (Pump Station Rd.) to Eagle Creek; north along Eagle Creek to the San Carlos Apache Indian Reservation boundary; north along the San Carlos Apache Indian Reservation boundary to Black River; northeast along Black River to the East Fork of Black River; northeast along the East Fork of Black River to Three Forks-Williams Valley-Alpine Rd. (FR 249); easterly along Three Forks-Williams Valley-Alpine Rd. to U.S. Hwy 180; southeast on

U.S. Hwy 180 to the New Mexico state line; south along the New Mexico state line to AZ Hwy 78.

Unit 28 – Beginning at I-10 and the New Mexico state line; north along the state line to AZ Hwy 78; southwest on AZ Hwy 78 to U.S. Hwy 191; northwest on U.S. Hwy 191 to Clifton; westerly on the Lower Eagle Creek Rd. (Pump Station Rd.) to Eagle Creek; northerly along Eagle Creek to the San Carlos Indian Reservation boundary; southerly and west along the reservation boundary to U.S. Hwy 70; southeast on U.S. Hwy 70 to U.S. Hwy 191; south on U.S. Hwy 191 to I-10 Exit 352; easterly on I-10 to the New Mexico state line.

Unit 29 – Beginning on I-10 at the New Mexico state line; westerly on I-10 to the Bowie-Apache Pass Rd.; southerly on the Bowie-Apache Pass Rd. to AZ Hwy 186; southeast on AZ Hwy 186 to AZ Hwy 181; south on AZ Hwy 181 to the West Turkey Creek-Kuykendall cutoff road; southerly on the Kuykendall cutoff road to Rucker Canyon Rd.; easterly on the Rucker Canyon Rd. to Tex Canyon Rd.; southerly on Tex Canyon Rd. to U.S. Hwy 80; northeast on U.S. Hwy 80 to the New Mexico state line; north along the state line to I-10.

Unit 30A – Beginning at the junction of the New Mexico state line and U.S. Hwy 80; south along the state line to the U.S.-Mexico border; west along the border to U.S. Hwy 191; northerly on U.S. Hwy 191 to I-10 Exit 331; northeasterly on I-10 to the Bowie-Apache Pass Rd.; southerly on the Bowie-Apache Pass Rd. to AZ Hwy 186; southeasterly on AZ Hwy 186 to AZ Hwy 181; south on AZ Hwy 181 to the West Turkey Creek - Kuykendall cutoff road; southerly on the Kuykendall cutoff road to Rucker Canyon Rd.; easterly on Rucker Canyon Rd. to the Tex Canyon Rd.; southerly on Tex Canyon Rd. to U.S. Hwy 80; northeast on U.S. Hwy 80 to the New Mexico state line.

Unit 30B – Beginning at U.S. Hwy 191 and the U.S.-Mexico border; west along the border to the San Pedro River; north along the San Pedro River to I-10; northeasterly on I-10 to U.S. Hwy 191; southerly on U.S. Hwy 191 to the U.S.-Mexico border.

Unit 31 – Beginning at Willcox Exit 340 on I-10; north on Fort Grant Rd. to Brookerson Rd.; north on Brookerson Rd. to Ash Creek Rd.; west on Ash Creek Rd. to Fort Grant Rd.; north on Fort Grant Rd. to Bonita; northerly on the Bonita-Klondyke Rd. to the junction with Aravaipa Creek; west along Aravaipa Creek to AZ Hwy 77; northerly along AZ Hwy 77 to the Gila River; northeast along the Gila River to the San Carlos Indian Reservation boundary; south then east and north along the reservation boundary to U.S. Hwy 70; southeast on U.S. Hwy 70 to U.S. Hwy 191; south on U.S. Hwy 191 to the 352 exit on I-10; southwest on I-10 to Exit 340.

Unit 32 – Beginning at Willcox Exit 340 on I-10; north on Fort Grant Rd. to Brookerson Rd.; north on Brookerson Rd. to Ash Creek Rd.; west on Ash Creek Rd. to Fort Grant Rd.; north on Fort Grant Rd. to Bonita; northerly on the Bonita-Klondyke Rd. to the junction with Aravaipa Creek; west along Aravaipa Creek to AZ Hwy 77; southerly along AZ Hwy 77 to the San Pedro River; southerly along the San Pedro River to I-10; northeast on I-10 to Willcox Exit 340.

Unit 33 – Beginning at Tangerine Rd. and AZ Hwy 77; north and northeast on AZ Hwy 77 to the San Pedro

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River; southeast along the San Pedro River to I-10 at Benson; west on I-10 to Marsh Station Rd. (Exit 289); northwest on the Marsh Station Rd. to the Agua Verde Rd.; north on the Agua Verde Rd. to its terminus then north 1/2 mile to the Coronado National Forest boundary; north and west along the National Forest boundary; then west, north, and east along the Saguaro National Park boundary; continuing north and west along the Coronado National Forest boundary to the southern boundary of Catalina State Park; west along the southern boundary of Catalina State Park to AZ Hwy 77; north on AZ Hwy 77 to Tangerine Rd.

Unit 34A – Beginning in Nogales at I-19 and Grand Avenue (U.S. Highway 89); northeast on Grand Avenue (U.S. Hwy. 89) to AZ Hwy 82; northeast on AZ Hwy 82 to AZ Hwy 83; northerly on AZ Hwy 83 to the Sahuarita road alignment; west along the Sahuarita road alignment to I-19 Exit 75; south on I-19 to Grand Avenue (U.S. Hwy 89).

Unit 34B – Beginning at AZ Hwy 83 and I-10 Exit 281; easterly on I-10 to the San Pedro River; south along the San Pedro River to AZ Hwy 82; westerly on AZ Hwy 82 to AZ Hwy 83; northerly on AZ Hwy 83 to I-10 Exit 281.

Unit 35A – Beginning on the U.S.-Mexico border at the San Pedro River; west along the border to Lochiel Rd.; north on Lochiel Rd. to Patagonia San Rafael Rd.; north on the Patagonia San Rafael Rd. to San Rafael Valley-FS 58 Rd.; north on the San Rafael Valley-FS 58 Rd. to Christian Ln.; north on the Christian Ln. to Ranch Rd.; east and north on the Ranch Rd. to FR 799-Canelo Pass Rd.; northeasterly on the FR 799-Canelo Pass Rd. to AZ Hwy 83; northwesterly on the AZ Hwy 83 to Elgin Canelo Rd.; northeasterly on the Elgin-Canelo Rd. to Upper Elgin Rd.; north on the Upper Elgin Rd. to AZ Hwy 82; easterly on AZ Hwy 82 to the San Pedro River; south along the San Pedro River to the U.S.-Mexico border.

Unit 35B – Beginning at Grand Avenue (U.S. Hwy 89) at the U.S.-Mexico border in Nogales; east along the U.S.-Mexico border to Lochiel Rd.; north on the Lochiel Rd. to Patagonia San Rafael Rd.; north on the Patagonia San Rafael Rd. to San Rafael Valley-FS 58 Rd.; north on the San Rafael Valley-FS 58 Rd. to Christian Ln.; north on the Christian Ln. to Ranch Rd.; east and north on the Ranch Rd. to FR 799-Canelo Pass Rd.; northeasterly on FR 799-Canelo Pass Rd. to AZ Hwy 83; northwesterly on the AZ Hwy 83 to Elgin Canelo Rd.; north on the Elgin Canelo Rd. to Upper Elgin Rd.; north on the Upper Elgin Rd. to AZ Hwy 82; southwest on AZ Hwy 82 to Grand Avenue; southwest on Grand Avenue to the U.S.-Mexico border.

Unit 36A – Beginning at the junction of Sandario Rd. and AZ Hwy 86; southwest on AZ Hwy 86 to AZ Hwy 286; southerly on AZ Hwy 286 to the Arivaca-Sasabe Rd.; southeasterly on the Arivaca-Sasabe Rd. to the town of Arivaca; from the town of Arivaca northeasterly on the Arivaca Rd. to I-19; north on I-19 to the southern boundary of the San Xavier Indian Reservation boundary; westerly and northerly along the reservation boundary to the Sandario road alignment; north on Sandario Rd. to AZ Hwy 86.

Unit 36B – Beginning at I-19 and Grand Avenue (U.S. Hwy 89) in Nogales; southwest on Grand Avenue to the

U.S.-Mexico border; west along the U.S.-Mexico border to AZ Hwy 286; north on AZ Hwy 286 to the Arivaca-Sasabe Rd.; southeasterly on the Arivaca-Sasabe Rd. to the town of Arivaca; from the town of Arivaca northeasterly on the Arivaca Rd. to I-19; south on I-19 to Grand Avenue (U.S. Hwy 89).

Unit 36C – Beginning at the junction of AZ Hwy 86 and AZ Hwy 286; southerly on AZ Hwy 286 to the U.S.-Mexico border; westerly along the border to the east boundary of the Tohono O'odham (Papago) Indian Reservation; northerly along the reservation boundary to AZ Hwy 86; easterly on AZ Hwy 86 to AZ Hwy 286.

Unit 37A – Beginning at the junction of I-10 and Tangerine Rd. (Exit 240); southeast on I-10 to Avra Valley Rd. (Exit 242); west on Avra Valley Rd. to Sandario Rd.; south on Sandario Rd. to AZ Hwy 86; southwest on AZ Hwy 86 to the Tohono O'odham Nation boundary; north, east, and west along this boundary to Battaglia Rd.; east on Battaglia Rd. to Toltec Rd.; north on Toltec Rd. to I-10 (Exit 203); southeast on I-10 to AZ Hwy 87 (Exit 211); north on AZ Hwy 87 to AZ Hwy 287; east on AZ Hwy 287 to AZ Hwy 79 at Florence; southeast on AZ Hwy 79 to its junction with AZ Hwy 77; south on AZ Hwy 77 to Tangerine Rd.; west on Tangerine Rd. to I-10.

Unit 37B – Beginning at the junction of AZ Hwy 79 and AZ Hwy 77; northwest on AZ Hwy 79 to U.S. Hwy 60; east on U.S. Hwy 60 to AZ Hwy 177; southeast on AZ Hwy 177 to AZ Hwy 77; southeast and southwest on AZ Hwy 77 to AZ Hwy 79.

Unit 38M – Beginning at the junction of I-10 and Tangerine Rd. (Exit 240); southeast on I-10 to Avra Valley Rd. (Exit 242); west on Avra Valley Rd. to Sandario Rd.; south on Sandario Rd. to the San Xavier Indian Reservation boundary; south and east along the reservation boundary to I-19; south on I-19 to Sahuarita Rd. (Exit 75); east on Sahuarita Rd. to AZ Hwy 83; north on AZ Hwy 83 to I-10 (Exit 281); east on I-10 to Marsh Station Rd. (Exit 289); northwest on Marsh Station Rd. to the Agua Verde Rd.; north on the Agua Verde Rd. to its terminus, then north 1/2 mile to the Coronado National Forest boundary; north and west along the National Forest boundary, then west, north, and east along the Saguaro National Park boundary; continuing north and west along the Coronado National Forest boundary to the southern boundary of Catalina State Park; west along the southern boundary of Catalina State Park to AZ Hwy 77; north on AZ Hwy 77 to Tangerine Rd.; west on Tangerine Rd. to I-10.

Unit 39 – Beginning at AZ Hwy 85 and the Gila River; east along the Gila River to the western boundary of the Gila River Indian Community; southeasterly along this boundary to AZ Hwy 347 (John Wayne Parkway); south on AZ Hwy 347 (John Wayne Parkway) to AZ Hwy 84; east on AZ Hwy 84 to Stanfield; south on the Stanfield-Cocklebur Rd. to I-8; westerly on I-8 to Exit 87; northerly on the Agua Caliente Rd. to the Hyder Rd.; northeasterly on Hyder Rd. to 555th Ave.; north on 555th Ave. to Lahman Rd.; east on Lahman Rd., which becomes Agua Caliente Rd.; northeasterly on Agua Caliente Rd. to Old Hwy 80; northeasterly on Old Hwy 80 to Arizona Hwy 85; southerly on AZ Hwy 85 to the Gila River; except those portions that are sovereign tribal lands of the Tohono O'odham Nation and the Ak-Chin Indian Community.

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Unit 40A – Beginning at Ajo; southeasterly on AZ Hwy 85 to Why; southeasterly on AZ Hwy 86 to the Tohono O’odham (Papago) Indian Reservation; northerly and easterly along the reservation boundary to the Cocklebur-Stanfield Rd.; north on the Cocklebur-Stanfield Rd. to I-8; westerly on I-8 to AZ Hwy 85; southerly on AZ Hwy 85 to Ajo.

Unit 40B – Beginning at Gila Bend; westerly on I-8 to the Colorado River; southerly along the Colorado River to the Mexican border at San Luis; southeasterly along the border to the Cabeza Prieta National Wildlife Refuge; northerly, easterly and southerly around the refuge boundary to the Mexican border; southeast along the border to the Tohono O’odham (Papago) Indian Reservation; northerly along the reservation boundary to AZ Hwy 86; northwesterly on AZ Hwy 86 to AZ Hwy 85; north on AZ Hwy 85 to Gila Bend; except those portions that are sovereign tribal lands of the Cocopah Tribe.

Unit 41 – Beginning at I-8 and U.S. Hwy 95 (in Yuma); easterly on I-8 to exit 87; northerly on the Agua Caliente Rd. to the Hyder Rd.; northeasterly on Hyder Rd. to 555th Ave.; north on 555th Ave. to Lahman Rd.; east on Lahman Rd., which becomes Agua Caliente Rd.; northeasterly on Agua Caliente Rd. to Old Hwy 80; northeasterly on Old Hwy 80 to Arizona Hwy 85; northerly on AZ Hwy 85 to Oglesby Rd.; north on Oglesby Rd. to I-10; westerly on I-10 to Exit 45; southerly on Vicksburg-Kofa National Wildlife Refuge Rd. to the Refuge boundary; easterly, southerly, westerly, and northerly along the boundary to the Castle Dome Rd.; southwest on the Castle Dome Rd. to U.S. Hwy 95; southerly on U.S. Hwy 95 to I-8.

Unit 42 – Beginning at the junction of the Beardsley Canal and U.S. Hwy 93 (U.S. 89, U.S. 60); northwesterly on U.S. Hwy 93 to AZ Hwy 71; southwest on AZ Hwy 71 to U.S. Hwy 60; westerly on U.S. Hwy 60 to Aguila; south on the Eagle Eye Rd. to the Salome-Hassayampa Rd.; southeasterly on the Salome-Hassayampa Rd. to I-10 (Exit 81); easterly on I-10 to Jackrabbit Trail (Exit 121); north along Jackrabbit Trail to the Indian School road; east along Indian School Rd. to the Beardsley Canal; northeasterly along the Beardsley Canal to U.S. Hwy 93.

Unit 43A – Beginning at U.S. Hwy 95 and the Bill Williams River; west along the Bill Williams River to the Arizona-California state line; southerly to the south end of Cibola Lake; northerly and easterly on the Cibola Lake Rd. to U.S. Hwy 95; south on U.S. Hwy 95 to the Stone Cabin-King Valley Rd. (King Rd.); east along the Stone Cabin-King Valley Rd. (King Rd.) to the west boundary of the Kofa National Wildlife Refuge; northerly along the refuge boundary to the Crystal Hill Rd. (Blevens Rd.); northwesterly on the Crystal Hill Rd. (Blevens Rd.) to U.S. Hwy 95; northerly on U.S. Hwy 95 to the Bill Williams River; except those portions that are sovereign tribal lands of the Colorado River Indian Tribes.

Unit 43B – Beginning at the south end of Cibola Lake; southerly along the Arizona-California state line to I-8; southeasterly on I-8 to U.S. Hwy 95; easterly and northerly on U.S. Hwy 95 to the Castle Dome road; northeast on the Castle Dome Rd. to the Kofa National Wildlife Refuge boundary; north along the refuge boundary to the Stone Cabin-King Valley Rd. (King Rd.); west along the Stone Cabin-King Valley Rd. (King Rd.) to U.S. Hwy 95;

north on U.S. Hwy 95 to the Cibola Lake Rd.; west and south on the Cibola Lake Rd. to the south end of Cibola Lake; except those portions that are sovereign tribal lands of the Quechan Tribe.

Unit 44A – Beginning at U.S. Hwy 95 and the Bill Williams River; south along U.S. Hwy 95 to AZ Hwy 72; southeasterly on AZ Hwy 72 to Vicksburg; south on the Vicksburg-Kofa National Wildlife Refuge Rd. to I-10; easterly on I-10 to the Salome-Hassayampa Rd. (Exit 81); northwesterly on the Salome-Hassayampa Rd. to Eagle Eye Rd.; northeasterly on Eagle Eye Rd. to Aguila; east on U.S. Hwy 60 to AZ Hwy 71; northeasterly on AZ Hwy 71 to U.S. Hwy 93; northwesterly on U.S. Hwy 93 to the Santa Maria River; westerly along the Santa Maria and Bill Williams rivers to U.S. Hwy 95; except those portions that are sovereign tribal lands of the Colorado River Indian Tribes.

Unit 44B – Beginning at Quartzsite; south on U.S. Hwy 95 to the Crystal Hill Rd. (Blevens Rd.); east on the Crystal Hill Rd. (Blevens Rd.) to the Kofa National Wildlife Refuge; north and east along the refuge boundary to the Vicksburg-Kofa National Wildlife Refuge Rd.; north on the Vicksburg-Kofa National Wildlife Refuge Rd. to AZ Hwy 72; northwest on AZ Hwy 72 to U.S. Hwy 95; south on U.S. Hwy 95 to Quartzsite.

Unit 45A – Beginning at the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge boundary; east on the Stone Cabin-King Valley Rd. (King Rd.) to O-O Junction; north from O-O Junction on the Kofa Mine Rd. to the Evening Star Mine; north on a line over Polaris Mountain to Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.); north on the Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.) to the El Paso Natural Gas Pipeline Rd.; north on a line from the junction to the north boundary of the Kofa National Wildlife Refuge; west and south on the boundary line to Stone Cabin-King Valley Rd. (King Rd.).

Unit 45B – Beginning at O-O Junction; north from O-O Junction on the Kofa Mine Rd. to the Evening Star Mine; north on a line over Polaris Mountain to Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.); north on the Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.) to the El Paso Natural Gas Pipeline Rd.; north on a line from the junction to the north Kofa National Wildlife Refuge boundary; east to the east refuge boundary; south and west along the Kofa National Wildlife Refuge boundary to the Stone Cabin-King Valley Rd. (Wellton-Kofa Rd./Ave 40E); north and west on the Stone Cabin-King Valley Rd. (Wellton-Kofa Rd./Ave 40E) to O-O Junction.

Unit 46A – That portion of the Cabeza Prieta National Wildlife Refuge east of the Yuma-Pima County line.

Unit 46B – That portion of the Cabeza Prieta National Wildlife Refuge west of the Yuma-Pima County line.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective March 5, 1976 (Supp. 76-2). Amended effective May 17, 1977 (Supp. 77-3). Amended effective September 7, 1978 (Supp. 78-5). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-10 renumbered as Section R12-4-108 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective February 4, 1993

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(Supp. 93-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 865, effective July 1, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-109. Approved Trapping Education Course Fee

Under A.R.S. § 17-333.02(A), the provider of an approved educational course of instruction in responsible trapping and environmental ethics may collect a fee from each participant that:

1. Is reasonable and commensurate for the course, and
2. Does not exceed \$25.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Editorial correction paragraph (14) (Supp. 78-5). Former Section R12-4-11 renumbered as Section R12-4-109 without change effective August 13, 1981 (Supp. 81-4). Amended by adding paragraphs (2) and (3) and renumbering former paragraphs (2) through (17) as paragraphs (4) through (19) effective May 12, 1982 (Supp. 82-3). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 211, effective May 1, 2000 (Supp. 99-4). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-110. Posting and Access to State Land**A. For the purpose of this Section:**

1. "Corrals," "feed lots," or "holding pens" mean completely fenced areas used to contain livestock for purposes other than grazing.
2. "Existing road" means any maintained or unmaintained road, way, highway, trail, or path that has been used for motorized vehicular travel, and clearly shows or has a history of established vehicle use, and is not currently closed by the Commission.
3. "State lands" means all land owned or held in trust by the state that is managed by the State Land Department and lands that are owned or managed by the Game and Fish Commission.

B. In addition to the prohibition against posting prescribed under A.R.S. § 17-304, a person shall not lock a gate, construct a fence, place an obstacle, or otherwise commit an act that denies legally available access to or use of any existing road upon state lands by persons lawfully taking or retrieving wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing.

1. A person in violation of this Section shall take immediate corrective action to remove any lock, fence, or other obstacle unlawfully preventing access to state lands.
2. If immediate corrective action is not taken, a representative of the Department may remove any unlawful posting and remove any lock, fence, or other obstacle that unlawfully prevents access to state lands.
3. In addition, the Department may take appropriate legal action to recover expenses incurred in the removal of any unlawful posting or obstacle that prevented access to state land.

C. The provisions of this Section do not allow any person to trespass upon private land to gain access to any state land.**D. A person may post state lands as closed to hunting, fishing, or trapping without further action by the Commission when the state land is within one-quarter mile of any:**

1. Occupied residence, cabin, lodge, or other building; or
2. Corrals, feed lots, or holding pens containing concentrations of livestock other than for grazing purposes.

E. The Commission may grant permission to lock, tear down, or remove a gate or close a road or trail that provides legally available access to state lands for persons lawfully taking wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing if access to such lands is provided by a reasonable alternate route.

1. Under R12-4-610, the Director may grant a permit to a state land lessee to temporarily lock a gate or close an existing road that provides access to state lands if the taking of wildlife will cause unreasonable interference during a critical livestock or commercial operation. This permit shall not exceed 30 days.
2. Applications for permits for more than 30 days shall be submitted to the Commission for approval.
3. If a permit is issued to temporarily close a road or gate, a copy of the permit shall be posted at the point of the closure during the period of the closure.

F. A person may post state lands other than those referenced under subsection (D) as closed to hunting, fishing, or trapping, provided the person has obtained a permit from the Commission authorizing the closure. A person possessing a permit authorizing the closure of state lands shall post signs in compliance with A.R.S. 17-304(C). The Commission may permit the closure of state land when it is necessary:

1. Because the taking of wildlife constitutes an unusual hazard to permitted users;
2. To prevent unreasonable destruction of plant life or habitat; or
3. For proper resource conservation, use, or protection, including but not limited to high fire danger, excessive interference with mineral development, developed agricultural land, or timber or livestock operations.

G. A person shall submit an application for posting state land to prohibit hunting, fishing, or trapping under subsection (F), or to close an existing road under subsection (E), as required under R12-4-610. If an application to close state land to hunting, fishing, or trapping is made by a person other than the state land lessee, the Department shall provide notice to the lessee and the State Land Commissioner before the Commission considers the application. The state land lessee or the State Land Commissioner shall file any objections with the Department, in writing, within 30 days after receipt of notice, after which the matter shall be submitted to the Commission for determination.**H. A person may use a vehicle on or off a road to pick up lawfully taken big game animals.****I. The closing of state land to hunting, fishing, or trapping shall not restrict any other permitted use of the land.****J. State trust land may be posted with signs that read "State Land No Trespassing," but such posting shall not prohibit access to such land by any person lawfully taking or retrieving wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing.****K. When hunting, fishing, or trapping on state land, a license holder shall not:**

1. Break or remove any lock or cut any fence to gain access to state land;
2. Open and not immediately close a gate;

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3. Intentionally or wantonly destroy, deface, injure, remove, or disturb any building, sign, equipment, marker, or other property;
4. Harvest or remove any vegetative or mineral resources or object of archaeological, historic, or scientific interest;
5. Appropriate, mutilate, deface, or destroy any natural feature, object of natural beauty, antiquity, or other public or private property;
6. Dig, remove, or destroy any tree or shrub;
7. Gather or collect renewable or non-renewable resources for the purpose of sale or barter unless specifically permitted or authorized by law;
8. Frighten or chase domestic livestock or wildlife, or endanger the lives or safety of others when using a motorized vehicle or other means; or
9. Operate a motor vehicle off road or on any road closed to the public by the Commission or landowner, except to retrieve a lawfully taken big game animal.

Historical Note

Adopted effective June 1, 1977 (Supp. 77-3). Editorial correction subsection (F) (Supp. 78-5). Former Section R12-4-13 renumbered as Section R12-4-110 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-111. Identification Number

A person applying for a Department identification number, as defined under R12-4-101, shall provide the person's:

1. Full name,
2. Any additional names the person has lawfully used in the past or is known by,
3. Date of birth, and
4. Mailing address.

Historical Note

Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-05 renumbered as Section R12-4-111 without change effective August 13, 1981 (Supp. 81-4). Section R12-4-111 repealed effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). New Section adopted effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-112. Diseased, Injured, or Chemically-immobilized Wildlife

- A. A person who lawfully takes and possesses wildlife believed to be diseased, injured, or chemically-immobilized may request an inspection of the wildlife carcass provided:
 1. The wildlife was lawfully taken and possessed under a valid hunt permit- or nonpermit-tag, and
 2. The person who took the wildlife did not create the condition.
- B. The Department, after inspection, may condemn the carcass if it is determined the wildlife is unfit for human consumption. The Department shall condemn chemically-immobilized wildlife only when the wildlife was taken during the immobilizing drug's established withdrawal period.
- C. The person shall surrender the entire condemned wildlife carcass and any parts thereof to the Department.

1. Upon surrender of the condemned wildlife, the Department shall provide to the person written authorization allowing the person to purchase a duplicate hunt permit- or nonpermit-tag.
 2. The person may purchase a duplicate tag from any Department office or license dealer where the permit-tag is available.
- D. If the duplicate tag is issued by a license dealer, the license dealer shall forward the written authorization to the Department with the report required under R12-4-105(K).

Historical Note

Former Section R12-4-04 renumbered as Section R12-4-112 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-113. Small Game Depredation Permit

- A. The Department shall issue a small game depredation permit authorizing the take of small game and the allowable methods of take only after the Department has determined all other remedies prescribed under A.R.S. § 17-239(A), (B), and (C) have been exhausted and the take of the small game is necessary to alleviate the property damage. A small game depredation permit is:
 1. A complimentary permit.
 2. Not valid for the take of migratory birds unless the permit holder:
 - a. Obtains and possesses a federal special purpose permit under 50 C.F.R. 21.41, revised October 1, 2014, which is incorporated by reference; or
 - b. Is exempt from permitting requirements under 50 C.F.R. 21.43, revised October 1, 2014, which is incorporated by reference;
 - c. For subsections (A)(2)(a) and (b), the incorporated material is available at any Department office, online at www.gpoaccess.gov, or it may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.
 - B. A person desiring a small game depredation permit shall submit to the Department an application requesting the permit. The application form is furnished by the Department and is available at any Department office and online at www.azgfd.gov. The person shall provide all of the following information on the form:
 1. Full name or, when submitted by a municipality, the name of the agency and agency contact;
 2. Mailing address;
 3. Telephone number or, when submitted by a municipality, agency contact number;
 4. E-mail address, when available, or, when submitted by a municipality, agency contact e-mail address;
 5. Description of property damage suffered;
 6. Species of animal causing the property damage; and
 7. Area the permit would be valid for.
- Historical Note**
Adopted effective August 5, 1976 (Supp. 76-4). Former Section R12-4-12 renumbered as Section R12-4-113 without change effective August 13, 1981 (Supp. 81-4). Amended as an emergency effective September 20, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days

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(Supp. 85-5). Amended effective May 5, 1986 (Supp. 86-3). Section R12-4-113 repealed, new Section R12-4-113 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-114. Issuance of Nonpermit-tags and Hunt Permit-tags

- A.** The Department provides numbered tags for sale to the public. The Department shall ensure each tag:
1. Includes a transportation and shipping permit as prescribed under A.R.S. §§ 17-332 and 17-371, and
 2. Clearly identifies the animal for which the tag is valid.
- B.** If the Commission establishes a big game season for which a hunt number is not assigned, the Department or its authorized agent, or both, shall sell nonpermit-tags.
1. A person purchasing a nonpermit-tag shall provide all of the following information to a Department office or license dealer at the time of purchase; the applicant's:
 - a. Name,
 - b. Mailing address, and
 - c. Department identification number.
 2. An applicant shall not obtain nonpermit-tags in excess of the bag limit established by Commission Order when it established the season for which the nonpermit-tags are valid.
- C.** If the number of hunt permits for a species in a particular hunt area must be limited, a Commission Order establishes a hunt number for that hunt area and a hunt permit-tag is required to take the species in that hunt area.
1. A person applying for a hunt permit-tag shall submit an application as described under R12-4-104.
 2. The Department shall determine whether a hunt permit-tag will be issued to an applicant as follows:
 - a. The Department shall reserve a maximum of 20% of the hunt permit-tags for each hunt number, except as established under subsection (C)(2)(b), for antelope, bear, deer, elk, javelina, and turkey and reserve a maximum of 20% of the hunt permit-tags for all hunt numbers combined statewide for bighorn sheep and buffalo to issue to persons who have bonus points and shall issue the hunt permit-tags as established under subsection (C)(2)(c).
 - b. For antelope, bear, deer, elk, javelina, and turkey, the Department shall reserve one hunt permit-tag for any hunt number with fewer than five, but more than one, hunt permit-tags and shall issue the tag as established under subsection (C)(2)(c). When this occurs, the Department shall adjust the number of available hunt permit-tags in order to ensure the total number of hunt permit-tags available does not exceed the 20% maximum specified in subsection (C)(2)(a).
 - c. The Department shall issue the reserved hunt permit-tags for hunt numbers that eligible applicants designate as their first or second choices. The Department shall issue the reserved hunt permit-tags by random selection:
 - i. First, to eligible applicants with the highest number of bonus points for that genus;
 - ii. Next, if there are reserved hunt permit-tags remaining, to eligible applicants with the next highest number of bonus points for that genus; and
- iii. If there are still tags remaining, to the next eligible applicants with the next highest number of bonus points; continuing in the same manner until all of the reserved tags have been issued or until there are no more applicants for that hunt number who have bonus points.
- d.** The Department shall ensure that all unreserved hunt permit-tags are issued by random selection:
- i. First, to hunt numbers designated by eligible applicants as their first or second choices; and
 - ii. Next, to hunt numbers designated by eligible applicants as their third, fourth, or fifth choices.
- e.** Before each of the three passes listed under (C)(2)(c)(i),(ii), and (iii), each application is processed through the Department's random number generator program. A random number is assigned to each application; an additional random number is assigned to each application for each group bonus point, including the Hunter Education and Loyalty bonus points. Only the lowest random number generated for an application is used in the computer draw process. A new random number is generated for each application for each pass of the computer draw.
- f.** If the bag limit is more than one per calendar year, or if there are unissued hunt permit-tags remaining after the random computer draw, the Department shall ensure these hunt permit-tags are available on a first-come, first-served basis as specified in the annual hunt permit-tag application schedule.
- D.** A person may purchase hunt permit-tags equal to the bag limit for a genus.
1. A person shall not exceed the established bag limit for that genus.
 2. A person shall not apply for any additional hunt-permit-tags if the person has reached the bag limit for that genus during the same calendar year.
 3. A person who surrenders a tag in compliance with R12-4-118 is eligible to apply for another hunt permit-tag for the same genus during the same calendar year, provided the person has not reached the bag limit for that genus.
- E.** The Department shall make available to nonresidents:
1. For bighorn sheep and buffalo, no more than one hunt permit-tag or 10% of the total hunt permit-tags, whichever is greater, for bighorn sheep or buffalo in any computer draw. The Department shall not make available more than 50% nor more than two bighorn sheep or buffalo hunt permit-tags of the total in any hunt number.
 2. For antelope, antlered deer, bull elk, or turkey, no more than 10%, rounded down to the next lowest number, of the total hunt permit-tags in any hunt number. If a hunt number for antelope, antlered deer, bull elk, or turkey has 10 or fewer hunt permit-tags, no more than one hunt permit-tag will be made available unless the hunt number has only one hunt permit-tag, then that tag shall only be available to a resident.
- F.** The Commission may, at a public meeting, increase the number of hunt permit-tags issued to nonresidents in a computer draw when necessary to meet management objectives.
- G.** The Department shall not issue under subsection (C)(2)(c), more than half of the hunt permit-tags made available to nonresidents under subsection (E).
- H.** A nonresident cap established under this Section applies only to hunt permit-tags issued by computer draw under subsections (C)(2)(c) and (d).

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Historical Note

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 1183, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-115. Restricted Nonpermit-Tags; Supplemental Hunts and Hunter Pool

- A.** For the purposes of this Section, the following definitions apply:

“Companion tag” means a restricted nonpermit-tag valid for a supplemental hunt prescribed by Commission Order that exactly matches the season dates and open areas of another big game hunt, for which a hunt number is assigned and hunt permit-tags are issued through the computer draw.

“Emergency season” means a season established for reasons constituting an immediate threat to the health, safety or management of wildlife or its habitat, or public health or safety.

“Management objectives” means goals, recommendations, or guidelines contained in Department or Commission-approved wildlife management plans, which include hunt guidelines, operational plans, or hunt recommendations;

“Hunter pool” means all persons who have submitted an application for a supplemental hunt.

“Restricted nonpermit-tag” means a permit limited to a season for a supplemental hunt established by the Commission for the following purposes:

Take of depredating wildlife as authorized under A.R.S. § 17-239;

Take of wildlife under an Emergency Season; or

Take of wildlife under a population management hunt if the Commission has prescribed nonpermit-tags by Commission Order for the purpose of meeting management objectives because regular seasons are not, have not been, or will not be sufficient or effective to achieve management objectives.

- B.** The Commission shall, by Commission Order, open a season or seasons and prescribe a maximum number of restricted nonpermit-tags to be made available under this Section.
- C.** The Department shall implement a population management hunt under the open season or seasons established under subsection (B) if the Department determines the:
1. Regular seasons have not met or will not meet management objectives;
 2. Take of wildlife is necessary to meet management objectives; and
 3. Issuance of a specific number of restricted nonpermit-tags is likely to meet management objectives.

- D.** To implement a population management hunt established by Commission Order, the Department shall:
1. Select season dates, within the range of dates listed in the Commission Order;
 2. Select specific hunt areas, within the range of hunt areas listed in the Commission Order;
 3. Select the legal animal that may be taken from the list of legal animals identified in the Commission Order;
 4. Determine the number of restricted nonpermit-tags that will be issued from the maximum number of tags authorized in the Commission Order.
 - a. The Department shall not issue more restricted nonpermit-tags than the maximum number prescribed by Commission Order.
 - b. A restricted nonpermit-tag is valid only for the supplemental hunt for which it is issued.
- E.** The provisions of R12-4-104, R12-4-107, R12-4-114, and R12-4-609 do not apply to a supplemental hunt.
- F.** If the Department anticipates the normal fee structure will not generate adequate participation, then the Department may reduce restricted nonpermit-tag fees up to 75%, as authorized under A.R.S. § 17-239(D).
- G.** A supplemental hunt application submitted in accordance with this Section does not invalidate any other application submitted by the person for a hunt permit-tag.
1. The Department shall not accept a group application, as defined under R12-4-104, for a restricted nonpermit-tag.
 2. An applicant shall not apply for or obtain a restricted nonpermit-tag to take wildlife in excess of the bag limit established by Commission Order.
 3. The issuance of a restricted nonpermit-tag does not authorize a person to exceed the bag limit established by Commission Order.
- H.** To participate in a supplemental hunt, a person shall:
1. Obtain a restricted nonpermit-tag as prescribed under this Section, and
 2. Possess a valid hunting license. If the applicant does not possess a valid license or the license will expire before the supplemental hunt, the applicant shall purchase an appropriate license.
- I.** The Department or its authorized agent shall maintain a hunter pool for supplemental hunts other than companion tag hunts.
1. The Department shall purge and renew the hunter pool on an annual basis.
 2. An applicant for a restricted nonpermit-tag under this subsection shall submit a hunt permit-tag application to the Department. The application is available at any Department office, an authorized agent, or online at www.azgfd.gov. The applicant shall provide all of the following information on the application:
 - a. The applicant's:
 - i. Name,
 - ii. Mailing address,
 - iii. Number of years of residency immediately preceding application,
 - iv. Date of birth, and
 - v. Daytime and evening telephone numbers,
 - b. The species that the applicant would like to hunt, if selected,
 - c. The applicant's hunting license number.
 3. In addition to the requirements established under subsection (I)(2), at the time of application the applicant shall submit the application fee required under R12-4-102.
 4. When issuing a restricted nonpermit-tag, the Department or its authorized agent shall randomly select applicants from the hunter pool.

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- a. The Department or its authorized agent shall attempt to contact each randomly-selected applicant by telephone at least three times within a 24-hour period.
- b. If an applicant cannot be contacted or is unable to participate in the supplemental hunt, the Department or its authorized agent shall return the application to the hunter pool and draw another application.
- c. In compliance with subsection (D)(4), the Department or its authorized agent shall select no more applications after the number of restricted nonpermit-tags establish by Commission Order are issued.
5. The Department shall reserve a restricted nonpermit-tag for an applicant only for the period specified by the Department when contact is made with the applicant. If an applicant fails to purchase the nonpermit-tag within the specified period, the Department or its authorized agent shall:
 - a. Remove the person's application from the hunter pool, and
 - b. Offer that restricted nonpermit-tag to another person whose application is drawn from the hunter pool as established under this Section.
6. A person who participates in a supplemental hunt through the hunter pool shall be removed from the supplemental hunter pool for the genus for which the person participated. A hunter pool applicant who is selected and who wishes to participate in a supplemental hunt shall submit the following to the Department to obtain a restricted nonpermit-tag:
 - a. The fee for the tag as established under R12-4-102 or subsection (F) if the fee has been reduced, and
 - b. The applicant's hunting license number. The applicant shall possess an appropriate license that is valid at the time of the supplemental hunt. The applicant shall purchase a license at the time of application when:
 - i. The applicant does not possess a valid license, or
 - ii. The applicant's license will expire before the supplemental hunt.
7. A person who participates in a supplemental hunt shall not reapply for the hunter pool for that genus until the hunter pool is renewed.
- J. The Department shall only make a companion tag available to a person who possesses a matching hunt permit-tag and not a person from the hunter pool. Authorization to issue a companion tag occurs when the Commission establishes a hunt in Commission Order under subsection (B).
 1. The requirements of subsection (D) are not applicable to a companion tag issued under this subsection.
 2. To obtain a companion tag under this subsection, an applicant shall submit a hunt permit-tag application to the Department. The application is available at any Department office and online at www.azgfd.gov. The applicant shall provide all of the following information on the application, the applicant's:
 - a. Name,
 - b. Mailing address,
 - c. Department identification number, and
 - d. Hunt permit-tag number, to include the hunt number and permit number, corresponding with the season dates and open areas of the supplemental hunt.
 3. In addition to the requirements established under subsection (J)(2), at the time of application the applicant shall:
 - a. Provide verification that the applicant lawfully obtained the hunt permit-tag for the hunt described under this subsection by presenting the hunt permit-tag to a Department office for verification, and
 - b. Submit all applicable fees required under R12-4-102.

Historical Note

Adopted effective June 13, 1977 (Supp. 77-3). Former Section R12-4-14 renumbered as Section R12-4-115 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-115 renumbered as Section R12-4-607 without change effective December 22, 1987 (Supp. 87-4). New Section R12-4-115 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-116. Reward Payments

- A. Subject to the restrictions prescribed under A.R.S. § 17-315, a person may claim a reward from the Department when the person provides information that leads to an arrest through the Operation Game Thief Program. The person who reports the unlawful activity will then become eligible to receive a reward as established under subsections (C) and (D), provided funds are available in the Wildlife Theft Prevention Fund and:
 1. The person who reported the violation provides the Operation Game Thief control number issued by Department law enforcement personnel, as established under subsection (B);
 2. The information provided relates to a violation of any provisions of A.R.S. Title 17, A.A.C. Title 12, Chapter 4, or federal wildlife laws enforced by and under the jurisdiction of the Department, but not on Indian Reservations;
 3. The person did not first provide information during a criminal investigation or judicial proceeding; and
 4. The person who reports the violation is not:
 - a. The person who committed the violation,
 - b. A peace officer,
 - c. A Department employee, or
 - d. An immediate family member of a Department employee.
- B. The Department shall inform the person providing information regarding a wildlife violation of the procedure for claiming a reward if the information results in an arrest. The Department shall also provide the person with the control number assigned to the reported violation.
- C. Reward payments for information that results in an arrest for the reported violation are as follows:
 1. For cases that involve antelope, eagles, bear, bighorn sheep, buffalo, deer, elk, javelina, mountain lion, turkey, or endangered or threatened wildlife as defined under R12-4-401, \$500;
 2. For cases that involve wildlife that are not listed under subsection (C)(1), a minimum of \$50, not to exceed \$150, except for additional amounts authorized under subsection (C)(3); and
 3. For cases that involve any wildlife, an additional \$1,000 may be made available based on:

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- a. The value of the information;
 - b. The unusual value of the wildlife;
 - c. The number of individual animals taken;
 - d. Whether or not the person who committed the unlawful act was arrested for commercialization of wildlife; and
 - e. Whether or not the person who committed the unlawful act is a repeat offender.
- D.** If more than one person independently provides information or evidence that leads to an arrest for a violation, the Department may divide the reward payment among the persons who provided the information if the total amount of the reward payment does not exceed the maximum amount of a monetary reward established under subsections (C) or (E);
- E.** Notwithstanding subsection (C), the Department may offer and pay a reward up to the minimum civil damage value of the wildlife unlawfully taken, wounded or killed, or unlawfully possessed as prescribed under A.R.S. § 17-314, if the Department believes that an enhanced reward offer is merited due to the specific circumstances of the case.

Historical Note

Adopted effective January 10, 1979 (Supp. 79-1). Former Section R12-4-15 renumbered as Section R12-4-116 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 18, 1985 (Supp. 85-6). Section R12-4-116 repealed, new Section R12-4-116 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-117. Indian Reservations

A state license, permit, or tag is not required to hunt or fish on any Indian reservation in this State. Wildlife lawfully taken on an Indian reservation may be transported or processed anywhere in the State if it can be identified as to species and legality as provided in A.R.S. § 17-309(A)(19). All wildlife transported anywhere in this State is subject to inspection under the provisions of A.R.S. § 17-211(E)(4).

Historical Note

Former Section R12-4-02 renumbered as Section R12-4-117 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-117 repealed, new Section R12-4-117 adopted effective April 10, 1984 (Supp. 84-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-118. Hunt Permit-tag Surrender

- A.** The Commission authorizes the Department to implement a tag surrender program if the Director finds:
- 1. The Department has the administrative capacity to implement the program;
 - 2. There is public interest in such a program; or
 - 3. The tag surrender program is likely to meet the Department's revenue objectives.
- B.** The tag surrender program is limited to a person who has a valid and active membership in a Department membership program.
- 1. The Department may establish a membership program that offers a person various products and services.
- 2. The Department may establish different membership levels based on the type of products and services offered and set prices for each level.
 - a. The lowest membership level may include the option to surrender one hunt permit-tag during the membership period.
 - b. A higher membership level may include the option to surrender more than one hunt permit-tag during the membership period.
 - 3. The Department may establish terms and conditions for the membership program in addition to the following:
 - a. Products and services to be included with each membership level.
 - b. Membership enrollment is available online only and requires a person to create a portal account.
 - c. Membership is not transferable.
 - d. No refund shall be made for the purchase of a membership, unless an internal processing error resulted in the collection of erroneous fees.
- C.** The tag surrender program is restricted to the surrender of an original, unused hunt permit-tag obtained through a computer draw.
- 1. A person must have a valid and active membership in the Department's membership program with at least one unredeemed tag surrender that was valid:
 - a. On the application deadline date for the computer draw in which the hunt permit-tag being surrendered was drawn, and
 - b. At the time of tag surrender.
 - 2. A person who chooses to surrender an original, unused hunt permit-tag shall do so prior to the close of business the day before the hunt begins for which the tag is valid.
 - 3. A person may surrender an unused hunt permit-tag for a specific species only once before any bonus points accrued for that species must be expended.
- D.** To surrender an original, unused hunt permit-tag, a person shall comply with all of the following conditions:
- 1. A person shall submit a completed application form to any Department office. The application form is available at any Department office and online at www.azgfd.gov. The applicant shall provide all of the following information on the application form:
 - a. The applicant's:
 - i. Name,
 - ii. Mailing address,
 - iii. Department identification number,
 - iv. Membership number,
 - b. Applicable hunt number,
 - c. Applicable hunt permit-tag number, and
 - d. Any other information required by the Department.
 - 2. A person shall surrender the original, unused hunt permit-tag as required under subsection (C) in the manner described by the Department as indicated on the application form.
- E.** Upon receipt of an original, unused hunt permit-tag surrendered in compliance with this Section, the Department shall:
- 1. Restore the person's bonus points that were expended for the surrendered tag, and
 - 2. Award the bonus point the person would have accrued had the person been unsuccessful in the computer draw for the surrendered tag.
 - 3. Not refund any fees the person paid for the surrendered tag, as prohibited under A.R.S. § 17-332(E).
- F.** The Department may, at its sole discretion, re-issue or destroy the surrendered original, unused hunt permit-tag. When re-

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issuing a tag, the Department may use any of the following methods in no order of preference:

1. Re-issuing the surrendered tag, beginning with the highest membership level in the Department's membership program, to a person who has a valid and active membership in that membership level and who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process;
 2. Re-issuing the surrendered tag to a person who has a valid and active membership in any tier of the Department's membership program with a tag surrender option and who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process;
 3. Re-issuing the surrendered tag to an eligible person who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process; or
 4. Offering the surrendered tag through the first-come, first-served process.
- G.** For subsections (F)(1), (2), and (3); if the Department cannot contact a person qualified to receive a tag or the person declines to purchase the surrendered tag, the Department shall make a reasonable attempt to contact and offer the surrendered tag to the next person qualified to receive a tag for that hunt number based on the assigned random number during the Department's computer draw process. This process will continue until the surrendered tag is either purchased or the number of persons qualified is exhausted. For purposes of subsections (G) and (H), the term "qualified" means a person who satisfies the conditions for re-issuing a surrendered tag as provided under the selected re-issuing method.
- H.** When the re-issuance of a surrendered tag involves a group application and one or more members of the group is qualified under the particular method for re-issuing the surrendered tag, the Department shall offer the surrendered tag first to the applicant designated "A" if qualified to receive a surrendered tag.
1. If applicant "A" chooses not to purchase the surrendered tag or is not qualified, the Department shall offer the surrendered tag to the applicant designated "B" if qualified to receive a surrendered tag.
 2. This process shall continue with applicants "C" and then "D" until the surrendered tag is either purchased or all qualified members of the group application choose not to purchase the surrendered tag.
- I.** A person who receives a surrendered tag shall submit the applicable tag fee as established under R12-4-102 and provide their valid hunting license number.
1. A person receiving the surrendered tag as established under subsections (F)(1), (2), and (3) shall expend all bonus points accrued for that genus, except any accrued Hunter Education and loyalty bonus points.
 2. The applicant shall possess a valid hunting license at the time of purchasing the surrendered tag and at the time of the hunt for which the surrendered tag is valid. If the person does not possess a valid license at the time the surrendered tag is offered, the applicant shall purchase a license in compliance with R12-4-104.
 3. The issuance of a surrendered tag does not authorize a person to exceed the bag limit established by Commission Order.

4. It is unlawful for a person to purchase a surrendered tag when the person has reached the bag limit for that genus during the same calendar year.

J. A person is not eligible to petition the Commission under R12-4-611 for reinstatement of any expended bonus points, except as authorized under R12-4-107(M).

K. For the purposes of this Section and R12-4-121, "valid and active membership" means a paid and unexpired membership in any level of the Department's membership program.

Historical Note

Adopted effective April 8, 1983 (Supp. 83-2). Section R12-4-118 repealed effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). New Section made by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-119. Arizona Game and Fish Department Reserve

A. The Commission shall establish an Arizona Game and Fish Department Reserve under A.R.S. § 17-214, consisting of commissioned reserve officers and noncommissioned reserve volunteers.

B. Commissioned reserve officers shall:

1. Meet and maintain the minimum qualifications and training requirements necessary for peace officer certification by the Arizona Peace Officer Standards and Training Board as prescribed under 13 A.A.C. 4, and
2. Assist with wildlife enforcement patrols, boating enforcement patrols, off-highway vehicle enforcement patrols, special investigations, and other enforcement and related non-enforcement duties as the Director designates.

C. Noncommissioned reserve volunteers shall:

1. Meet qualifications that the Director determines are related to the services to be performed by the volunteer and the success or safety of the program mission, and
2. Perform any non-enforcement duties designated by the Director for the purposes of conservation and education to maximize paid staff time.

Historical Note

Adopted effective September 29, 1983 (Supp. 83-5). Section R12-4-119 repealed, new Section R12-4-119 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-120. Issuance, Sale, and Transfer of Special Big Game License-tags

A. An incorporated nonprofit organization that is tax exempt under section 501(c) seeking special big game license-tags as authorized under A.R.S. § 17-346 shall submit a proposal to the Director of the Arizona Game and Fish Department from March 1 through May 31 preceding the year when the tags may be legally used. The proposal shall include all of the following information for each member of the organization coordinating the proposal:

1. The name of the organization making the proposal and the:
 - a. Name;
 - b. Mailing address;
 - c. E-mail address, when available; and
 - d. Telephone number;
2. Organization's previous involvement with wildlife management;
3. Organization's conservation objectives;

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4. Number of special big game license-tags and the species requested;
 5. Purpose to be served by the issuance of these tags;
 6. Method or methods by which the tags will be marketed and sold;
 7. Proposed fund raising plan;
 8. Estimated amount of money to be raised and the rationale for that estimate;
 9. Any special needs or particulars relevant to the marketing of the tags;
 10. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department;
 11. Statement that the person or organization submitting the proposal agrees to the conditions established under A.R.S. § 17-346 and this Section;
 12. Printed name and signature of the president and secretary-treasurer of the organization or their equivalent; and
 13. Date of signing.
- B.** The Director shall return to the organization any proposal that does not comply with the requirements established under A.R.S. § 17-346 and this Section. Because proposals are reviewed for compliance after the May 31 deadline, an organization that receives a returned proposal cannot resubmit a corrected proposal, but may submit a proposal that complies with the requirements established under A.R.S. § 17-346 and this Section the following year.
- C.** The Director shall submit all timely and valid proposals to the Commission for consideration.
1. In selecting an organization, the Commission shall consider the:
 - a. Written proposal;
 - b. Proposed uses for tag proceeds;
 - c. Qualifications of the organization as a fund raiser;
 - d. Proposed fund raising plan;
 - e. Organization's previous involvement with wildlife management; and
 - f. Organization's conservation objectives.
 2. The Commission may accept any proposal in whole or in part and may reject any proposal if it is in the best interest of wildlife to do so.
 3. Commission approval and issuance of any special big game license-tag is contingent upon compliance with this Section.
- D.** A successful organization shall agree in writing to all of the following:
1. To underwrite all promotional and administrative costs to sell and transfer each special big game license-tag;
 2. To transfer all proceeds to the Department within 90 days of the date that the organization sells or awards the tag;
 3. To sell and transfer each special big game license-tag as described in the proposal; and
 4. To provide the Department with the name, address, and physical description of each person to whom a special big game license-tag is transferred.
- E.** The Department and the successful organization shall coordinate on:
1. The specific projects or purposes identified in the proposal;
 2. The arrangements for the deposit of the proceeds, the accounting procedures, and final audit; and
 3. The dates when the wildlife project or purpose will be accomplished.
- F.** The Department shall dedicate all proceeds generated by the sale or transfer of a special big game license-tag to the management of the species for which the tag was issued.
- a. A special license-tag shall not be issued until the Department receives all proceeds from the sale of license-tags.
 - b. The Department shall not refund proceeds.
- G.** A special big game license-tag is valid only for the person named on the tag, for the season dates on the tag, and for the species for which the tag was issued.
1. A hunting license is not required for the tag to be valid.
 2. Possession of a special big game license-tag shall not invalidate any other big game tag or application for any other big game tag.
 3. Wildlife taken under the authority of a special big game license-tag shall not count towards the established bag limit for that species.

Historical Note

Adopted effective September 22, 1983 (Supp. 83-5). Amended effective April 7, 1987 (Supp. 87-2). Correction, balance of language in subsection (I) is deleted as certified effective April 7, 1987 (Supp. 87-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-121. Big Game Tag Transfer**A.** For the purposes of this Section:

"Authorized nonprofit organization" means a nonprofit organization approved by the Department to receive donated unused tags.

"Unused tag" means a big game hunt permit-tag, nonpermit-tag, or special license tag that has not been attached to any animal.

- B.** A parent, grandparent, or guardian issued a big game hunt permit-tag, nonpermit-tag, or special license tag may transfer the unused tag to the parent's, grandparent's, or guardian's minor child or grandchild.
1. A parent, grandparent, or guardian issued a tag may transfer the unused tag to a minor child or grandchild at any time prior to the end of the season for which the unused tag was issued.
 2. A parent, grandparent, or guardian may transfer the unused tag by providing all of the following documentation in person at any Department office:
 - a. Proof of ownership of the unused tag to be transferred,
 - b. The unused tag, and
 - c. The minor's valid hunting license.
 3. If a parent, grandparent, or legal guardian is deceased, the personal representative of the person's estate may transfer an unused tag to an eligible minor. The person acting as the personal representative shall present:
 - a. The deceased person's death certificate, and
 - b. Proof of the person's authority to act as the personal representative of the deceased person's estate.
 4. To be eligible to receive an unused tag from a parent, grandparent, or legal guardian, the minor child shall meet the criteria established under subsection (D).
 5. A minor child or grandchild receiving an unused tag from a parent, grandparent, or legal guardian shall be accompanied into the field by any grandparent, parent, or legal guardian of the minor child.

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- C. A person issued a tag or the person's legal representative may donate the unused tag to an authorized nonprofit organization for use by a minor child with a life threatening medical condition or permanent physical disability or a veteran of the Armed Forces of the United States with a service-connected disability.
- The person or legal representative who donates the unused tag shall provide the authorized nonprofit organization with a written statement indicating the unused tag is voluntarily donated to the organization.
 - An authorized nonprofit organization receiving a donated tag under this subsection may transfer the unused tag to an eligible minor child or veteran by contacting any Department office.
 - To obtain a transfer, the nonprofit organization shall:
 - Provide proof of donation of the unused tag to be transferred;
 - Provide the unused tag;
 - Provide proof of the minor child's or veteran's valid hunting license.
 - To be eligible to receive a donated unused tag from an authorized nonprofit organization, a minor child shall meet the criteria established under subsection (D).
 - A person who donates an original, unused hunt permit-tag issued in a computer drawing to an authorized nonprofit organization may submit a request to the Department for the reinstatement of the bonus points expended for that unused tag, provided all of the following conditions are met:
 - The person has a valid and active membership in the Department's membership program with at least one unredeemed tag surrender on the application deadline date, for the computer draw in which the hunt permit-tag being surrendered was drawn, and at the time of tag surrender.
 - The person submits a completed application form as described under R12-4-118;
 - The person provides acceptable proof to the Department that the tag was transferred to an authorized nonprofit organization; and
 - The person submits the request to the Department:
 - No later than 60 days after the date on which the tag was donated to an authorized nonprofit organization; and
 - No less than 30 days prior to the computer draw application deadline for that genus, as specified in the hunt permit-tag application schedule.
- D. To receive an unused tag authorized under subsections (B) or (C), an eligible minor child shall meet the following criteria:
- Possess a valid hunting license,
 - Has not reached the applicable annual or lifetime bag limit for that genus, and
 - Is 10 to 17 years of age on the date of the transfer. A minor child under the age of 14 shall have satisfactorily completed a Department-sanctioned hunter education course before the beginning date of the hunt.
- E. To receive an unused tag authorized under subsection (C), an eligible veteran of the Armed Forces of the United States with a service-connected disability shall meet the following criteria:
- Possess a valid hunting license, and
 - Has not reached the applicable annual or lifetime bag limit for that genus.
- F. A nonprofit organization is eligible to apply for authorization to receive a donated unused tag, provided the nonprofit organization:
- Is qualified under section 501(c)(3) of the United States Internal Revenue Code, and
 - Affords opportunities and experiences to:
 - Children with life-threatening medical conditions or physical disabilities, or
 - Veterans with service-connected disabilities.
 - This authorization is valid for a period of one-year, unless revoked by the Department for noncompliance with the requirements established under A.R.S. § 17-332 or this Section.
 - A nonprofit organization shall apply for authorization by submitting an application to any Department office. The application form is furnished by the Department and is available at any Department office. A nonprofit organization shall provide all of the following information on the application:
 - Nonprofit organization's information:
 - Name,
 - Physical address,
 - Telephone number;
 - Contact information for the person responsible for ensuring compliance with this Section:
 - Name,
 - Address,
 - Telephone number;
 - Signature of the president and secretary-treasurer of the organization or their equivalents; and
 - Date of signing.
 - In addition to the application, a nonprofit organization shall provide all of the following:
 - A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c)(3) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department;
 - Document identifying the organization's mission;
 - A letter stating how the organization will participate in the Big Game Tag Transfer program; and
 - A statement that the person or organization submitting the application agrees to the conditions established under A.R.S. § 17-332 and this Section.
 - An applicant who is denied authorization to receive donated tags under this Section may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted effective October 10, 1986, filed September 25, 1986 (Supp. 86-5). Rule expired one year from effective date of October 10, 1986. Rule readopted without change for one year effective January 22, 1988, filed January 7, 1988 (Supp. 88-1). Rule expired effective January 22, 1989 (Supp. 89-1). New Section R12-4-121 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Repealed effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). New Section made by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1195, effective June 30, 2012 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

R12-4-122. Handling, Transporting, Processing, and Storing of Game Meat Given to Public Institutions and Charitable Organizations

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- A. Under A.R.S. § 17-240 and this Section, the Department may donate the following wildlife, except that the Department shall not donate any portion of an animal killed in a collision with a motor vehicle or an animal that died subsequent to immobilization by any chemical agent:
 - 1. Big game, except bear or mountain lion;
 - 2. Upland game birds;
 - 3. Migratory game birds;
 - 4. Game fish.
- B. The Director shall not authorize an employee to handle game meat for the purpose of this Section until the employee has satisfactorily completed a course designed to give the employee the expertise necessary to protect game meat recipients from diseased or unwholesome meat products. A Department employee shall complete a course that is either conducted or approved by the State Veterinarian. The employee shall provide a copy of a certificate that demonstrates satisfactory completion of the course to the Director.
- C. Only an employee authorized by the Director shall determine if game meat is safe and appropriate for donation. An authorized Department employee shall inspect and field dress each donated carcass before transporting it. The Department shall not retain the game meat in storage for more than 48 continuous hours before transporting it, and shall reinspect the game meat for wholesomeness before final delivery to the recipient.
- D. Final processing and storage is the responsibility of the recipient.

Historical Note

Adopted effective August 6, 1991 (Supp. 91-3).
Amended by final rulemaking at 12 A.A.R. 291, effective
March 11, 2006 (Supp. 06-1).

R12-4-123. Expenditure of Funds

- A. The Director may expend funds available through appropriations, licenses, gifts, or other sources, in compliance with applicable laws and rules, and:
 - 1. For purposes designated by lawful Commission agreements and Department guidelines;
 - 2. In agreement with budgets approved by the Commission;
 - 3. In agreement with budgets appropriated by the legislature;
 - 4. With regard to a gift, for purposes designated by the donor, the Director shall expend undesignated donations for a public purpose in furtherance of the Department's responsibilities and duties.
- B. The Director shall ensure that the Department implements internal management controls to comply with subsection (A) and to deter unlawful use or expenditure of funds.

Historical Note

Adopted effective July 12, 1996 (Supp. 96-3). Amended
by final rulemaking at 12 A.A.R. 291, effective March
11, 2006 (Supp. 06-1).

R12-4-124. Proof of Domicile

- A. An applicant may be required to present acceptable proof of domicile in Arizona to the Department upon request.
- B. Acceptable proof of domicile in Arizona may include, but is not limited to, one or more of the following lawfully obtained documents:
 - 1. Arizona Driver's License;
 - 2. Arizona Resident State Income Tax Return filing;
 - 3. Arizona school records containing satisfactory proof of identity and relationship of the parent or guardian to the minor child, when applicable;
 - 4. Arizona Voter Registration Card;

- 5. Certified copy of an Arizona court order such as an order of probation, parole, or mandatory release;
- 6. Selective Service Registration Acknowledgement Card indicating an address in Arizona;
- 7. Social Security Administration document indicating an address in Arizona; or
- 8. Current documents issued by the U.S. military indicating Arizona as state of residence or an address in Arizona.

Historical Note

New Section made by final rulemaking at 21 A.A.R.
3025, effective January 2, 2016 (Supp. 15-4).

R12-4-125. Public Solicitation or Event on Department Property

- A. All Department buildings, properties, and wildlife areas are designated non-public forums and are closed to all solicitations and events unless permitted by the Department.
- B. A solicitation or event on Department property shall not:
 - 1. Conflict with the Department's mission; or
 - 2. Constitute partisan political activity, the activity of a political campaign, or influence in any way an election or the results thereof.
- C. A request for permission to conduct a solicitation or event on Department property shall be directed to the responsible Regional Supervisor or Branch Chief who shall initially determine whether an application is required for the solicitation or event.
- D. If it is determined that an application is required, the person may apply for a solicitation or event permit by submitting a completed solicitation or event application to any Department office or Department Headquarters, Director's Office, at 5000 W. Carefree Hwy, Phoenix, AZ 85086. The application form is furnished by the Department and available at all Department offices.
 - 1. An applicant shall submit an application:
 - a. Not more than six months prior to the solicitation or event; and
 - b. Not less than 14 days prior to the desired date of the solicitation or event for solicitations other than the posting of advertising, handbills, leaflets, circulars, posters, or other printed materials; or
 - c. Not less than 10 days prior to the desired date of the solicitation or event for solicitations involving only the posting of advertising, handbills, leaflets, circulars, posters, or other printed materials.
 - 2. An applicant shall provide all of the following information on the application:
 - a. Sponsor's name, address, and telephone number;
 - b. Sponsor's e-mail address, when available;
 - c. Contact person's name and telephone number, when the sponsor is an organization;
 - d. Proposed date of the solicitation or event;
 - e. Specific, proposed location for the solicitation or event;
 - f. Starting and approximate concluding times;
 - g. General description of the solicitation or event's purpose;
 - h. Anticipated number of attendees, when applicable;
 - i. Amount of fees to be charged to attendees, when applicable;
 - j. Detailed description of any activity that will occur at the solicitation or event, including a detailed map of the solicitation or event and any equipment that will be used, e.g., tents, tables, etc.;

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- k. Copies of any solicitation materials to be distributed to the public or to be posted on Department property;
 - l. Copy of a current and valid license issued by the Arizona Department of Liquor Licenses and Control, required when the applicant intends to sell alcohol at the solicitation or event; and
 - m. The contact person's signature and date. The person's signature on the application certifies that the sponsor:
 - i. Assumes risk of injury to persons or property;
 - ii. Agrees to hold harmless the state of Arizona, its officials, Departments, employees, and agents against all claims arising from the use of Department facilities;
 - iii. Assumes responsibility for any damages or clean-up costs due to the solicitation or event, solicitation or event cleanup, or solicitation or event damage repair; and
 - iv. Agrees to surrender the premises in a clean and orderly condition.
- E.** The Department may take any of the following actions to the extent necessary and in the best interest of the State:
- 1. Require the sponsor to furnish all necessary labor, material, and equipment for the solicitation or event;
 - 2. Require the sponsor to post a deposit against damage and cleanup expense;
 - 3. Require indemnification of the state of Arizona, its Departments, agencies, officers, and employees;
 - 4. Require the sponsor to carry adequate insurance and provide certificates of insurance to the Department not less than ten business days before the solicitation or event. A certificate of insurance for a solicitation or event shall name the state of Arizona, its Departments, agencies, boards, commissions, officers, agents, and employees as additional insureds;
 - 5. Require the sponsor to enter into written agreements with any vendors and subcontractors and require vendors and subcontractors to provide certificates of insurance to the Department not less than ten business days before the solicitation or event. A certificate of insurance for a solicitation or event shall name the state of Arizona, its Departments, agencies, boards, commissions, officers, agents, and employees as additional insureds;
 - 6. Require the sponsor to provide medical support, security, and sanitary services, including public restrooms; and
 - 7. Impose additional conditions not otherwise specified under this Section on the conduct of the solicitation or event.
- F.** The Department may consider the following criteria when determining whether any of the actions in subsection (E) are necessary and in the best interest of the state:
- 1. Previous experience with similar solicitations or events;
 - 2. Deposits required for similar solicitations or events in Arizona;
 - 3. Risk data; and
 - 4. Medical, sanitary, and security services required for similar solicitations or events in Arizona and the cost of those services.
- G.** The Department shall designate the hours of use for Department property.
- H.** The Department shall inspect the solicitation or event site at the conclusion of activities and document any damage or cleanup costs incurred because of the solicitation or event. The sponsor shall be responsible for any cleanup or damage costs associated with the solicitation or event.
- I.** The sponsor shall not allow, without the express written permission of the Department, the possession, use, or consumption of alcoholic beverages at the solicitation or event site. When the Department provides written permission for the possession, use, or consumption of alcoholic beverages at the solicitation or event site, the sponsor shall provide to the Department:
- 1. A copy of a current and valid license issued by the Arizona Department of Liquor Licenses and Control to the sponsor and vendor, required when the applicant intends to sell alcohol at the solicitation or event; and
 - 2. A liquor liability rider, included with the insurance certificate required under subsection (E)(4).
- J.** The sponsor shall not allow unlawful possession or use of drugs at the solicitation or event site.
- K.** The Department shall deny an application for any of the following reasons:
- 1. The solicitation or event interferes with the work of an employee or the daily business of the Department;
 - 2. The solicitation or event conflicts with the time, place, manner, or duration of other approved or pending solicitations or events;
 - 3. The content of the solicitation or event conflicts with or is unrelated to the Department's activities or its mission;
 - 4. The solicitation or event presents a risk of injury or illness to persons or risk of damage to property;
 - 5. The sponsor cannot demonstrate adequate compliance with applicable local, state, or federal laws, ordinances, codes, or regulations; or
 - 6. The sponsor has not complied with the requirements of the application process or this Section.
- L.** At all times, the Department reserves the right to immediately remove or cause to be removed all obstructions or other hazards of the solicitation or event that could damage state property, inhibit egress, or poses a safety risk. The Department also reserves the right to immediately remove or cause to be removed any person damaging state property, inhibiting egress, or posing a threat to public health and safety.
- M.** The Department may revoke approval of a solicitation or event due to emergency circumstances or for failure to comply with this Section.
- N.** The Department shall send written notice of the denial or revocation of an approved permit. The notice shall contain the reason for the denial or revocation.
- O.** A sponsor:
- 1. Is liable to the Department for damage to Department property and any expense arising out of the sponsor's use of Department property.
 - 2. Shall post solicitation material only in designated posting areas.
 - 3. Shall ensure that a solicitation or event on Department property causes the minimum infringement of use to the public and government operation.
 - 4. Shall modify or terminate a solicitation or event, upon request by the Department, if the Department determines that the solicitation or event unacceptably infringes on the Department's operations or causes an unacceptable risk of liability exposure to the State.
- P.** When conducting an event on Department property, a sponsor shall:
- 1. Park or direct vehicles in designated parking areas.
 - 2. Obey all posted requirements and restrictions.
 - 3. Designate one person to act as a monitor for every 50 persons anticipated to attend the solicitation or event. The monitor shall act as a contact person for the Department for the purposes of the solicitation or event.

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4. Ensure that all safety standards, guidelines, and requirements are followed.
 5. Implement additional safety requirements upon request by the Department.
 6. Ensure all obstructions and hazards are eliminated.
 7. Ensure trash and waste is properly disposed of throughout the solicitation or event.
- Q.** The Department shall revoke or terminate the solicitation or event if a sponsor fails to comply with a Department request or any one of the following minimum safety requirements:
1. All solicitation or event activities shall comply with all applicable federal, state, and local laws, ordinances, codes, statutes, rules, and regulations.
 2. The layout of the solicitation or event shall ensure that emergency vehicles will have access at all times.
 3. The Department may conduct periodic safety checks throughout the solicitation or event.
- R.** This Section does not apply to government agencies.

Historical Note

New Section made by emergency rulemaking at 10 A.A.R. 4777, effective November 4, 2004 for 180 days (Supp. 04-4). Emergency expired (Supp. 05-2). New Section renumbered from R12-4-804 and amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

ARTICLE 2. LICENSES; PERMITS; STAMPS; TAGS**R12-4-201. Pioneer License**

- A.** A pioneer license grants all of the hunting and fishing privileges of a combination hunting and fishing license. The pioneer license is only available at a Department office.
- B.** The pioneer license is a complimentary license and is valid for the license holder's lifetime.
- C.** A person who is age 70 or older and has been a resident of Arizona for at least 25 consecutive years immediately preceding application may apply for a pioneer license by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and online at www.azgfd.gov. A pioneer license applicant shall provide all of the following information on the application:
1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 2. Affirmation that:
 - a. The applicant is 70 years of age or older and has been a resident of this state for 25 or more consecutive years immediately preceding application for the license; and
 - b. The information provided on the application is true and accurate.
 3. Applicant's signature and date. The applicant's signature shall be either notarized or witnessed by a Department employee,
- D.** In addition to the requirements listed under subsection (C), an applicant for a pioneer license shall also submit any one of the following documents at the time of application:
1. Valid U.S. passport;
 2. Original or certified copy of the applicant's birth certificate;
 3. Original or copy of a valid government-issued driver's license; or
 4. Original or copy of a valid government-issued identification card.
- E.** All information and documentation provided by the applicant is subject to Department verification. The Department shall return the original or certified copy of a document to the applicant after verification.
- F.** The Department shall deny a pioneer license when the applicant:
1. Fails to meet the criteria prescribed under A.R.S. § 17-336(A)(1),
 2. Fails to comply with this Section, or
 3. Provides false information on the application.
- G.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Ch 6, Article 10.
- H.** A pioneer license holder may request a no-fee duplicate of the paper license provided:
1. The license was lost or destroyed;
 2. The license holder submits a written request to the Department for a no-fee duplicate paper license; and
 3. The Department's records indicate a pioneer license was previously issued to that person.
- I.** A person issued a pioneer license prior to January 1, 2014 shall be entitled to the privileges established under subsection (A).

Historical Note

Former Section R12-4-31 renumbered as Section R12-4-201 without change effective August 13, 1981. New Section R12-4-201 amended effective August 31, 1981 (Supp. 81-4). Amended subsection (B) effective December 9, 1985 (Supp. 85-6). Amended subsections (D) and (E), and changed application for a Pioneer License effective September 24, 1986 (Supp. 86-5). Former Section repealed, new Section adopted effective December 22, 1989 (Supp. 89-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4).

R12-4-202. Disabled Veteran's License

- A.** A disabled veteran's license grants all of the hunting and fishing privileges of a combination hunting and fishing license. The disabled veteran's license is only available at a Department office.
- B.** The disabled veteran's license is a complimentary license and is valid for a three-year period from the issue date or the license holder's lifetime, as established under subsection (F).
- C.** An eligible applicant is a disabled veteran who:
1. Has been a resident of Arizona for at least one year immediately preceding application, and
 2. Is receiving compensation from the United States government for permanent service-connected disabilities rated as 100% disabling. Eligibility for the disabled veteran's

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license is based on the disability rating, not on the compensation received by the veteran.

- D.** A person applying for a disabled veteran's license shall submit an application to the Department. The application form is furnished by the Department and available at any Department office and online at www.azgfd.gov. The applicant shall provide all of the following information on the application:
1. The applicant's personal information:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 2. Affirmation that:
 - a. The applicant meets the eligibility requirements prescribed under A.R.S. § 17-336(A)(2),
 - b. The applicant has been a resident of this state for at least one year immediately preceding application for the license, and
 - c. The information provided on the application is true and accurate.
 3. Applicant's signature and date.
- E.** In addition to the requirements established under subsection (D), an applicant for a disabled veteran's license shall, at the time of application, also submit an original certification or a benefits letter issued by the United States Department of Veterans Affairs (DVA) or obtained from the DVA website that meets the requirements specified in subsections (D)(1), (2), and (3). The certification form is furnished by the Department and is available at any Department office and online at www.azgfd.gov. The certification shall be completed by an agent of the United States Department of Veterans Affairs. The certification shall include all of the following information:
1. The applicant's full name,
 2. Certification that the applicant is receiving compensation from the United States government for permanent service-connected disabilities rated as 100% disabling,
 3. Certification that the 100% rating is permanent, and:
 - a. Will not require reevaluation or
 - b. Will be reevaluated in three years, and
 4. The signature and title of the Department of Veterans Affairs agent who issued or approved the certification.
- F.** If the certification or benefits letter required under subsection (E) indicate the applicant's disability rating of 100% is permanent and:
1. Will not be reevaluated, the disabled veteran's license will not expire.
 2. Will be reevaluated in three years, the disabled veteran's license will expire three years from the date of issuance.
- G.** All information and documentation provided by the applicant is subject to Department verification. The Department shall return the original or certified copy of a document to the applicant after verification.
- H.** The Department shall deny a disabled veteran's license when the applicant:
1. Fails to meet the criteria prescribed under A.R.S. § 17-336(A)(2),
 2. Fails to comply with the requirements of this Section, or
 3. Provides false information during the application process.

- I.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- J.** A disabled veteran's license holder may request a no-fee duplicate paper license provided:
1. The license was lost or destroyed,
 2. The license holder submits a written request to the Department for a duplicate license, and
 3. The Department's records indicate a disabled veteran's license was previously issued to that person.
- K.** A person issued a disabled veteran's license prior to January 1, 2014 shall be entitled to the privileges established under subsection (A).
- L.** For the purposes of this Section, "disabled veteran" means a veteran of the armed forces of the United States with a service connected disability.

Historical Note

Former Section R12-4-66 renumbered, then repealed and readopted as Section R12-4-43 effective February 20, 1981 (Supp. 81-1). Former Section R12-4-43 renumbered as Section R12-4-202 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 31, 1984 (Supp. 84-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section R12-4-202 adopted effective December 22, 1989 (Supp. 89-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1199, effective June 30, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 2550, effective January 5, 2015 (Supp. 15-2).

R12-4-203. National Harvest Information Program (HIP); State Waterfowl and Migratory Bird Stamp

- A.** All state fish and wildlife agencies are required to obtain data to assess the harvest of migratory game birds in compliance with the federally mandated National Harvest Information Program administered by the United States Fish and Wildlife Service in accordance with 50 C.F.R. Part 20.
- B.** In compliance with the National Harvest Information Program, the Department requires a person to possess a migratory bird stamp or authorization number, which may be affixed to or written on the appropriate license, and a current, valid federal waterfowl stamp. The migratory bird stamp and authorization number are required to take band-tailed pigeons, moorhen, coots, doves, ducks, geese, snipe, or swans.
1. The state migratory bird stamp expires on June 30 of each year. To obtain a state migratory bird stamp, a person shall submit:
 - a. The fee required under R12-4-102, and
 - b. A completed state migratory bird registration form to a license dealer or a Department office.
 2. The person shall provide on the state migratory bird registration form the person's:
 - a. Name,
 - b. Mailing address,
 - c. Date of birth, and
 - d. Information on past and anticipated hunting activity.
 3. The youth combination hunting and fishing license includes the state migratory bird stamp privileges. A

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youth hunter who possesses a valid combination hunting and fishing license shall obtain:

- a. A Federal waterfowl stamp when the youth hunter is 16 years of age or older and is taking ducks, geese, swans, coots, gallinules; or
 - b. A permit-tag when the youth hunter is taking sand-hill crane.
- C. A license dealer shall submit state migratory bird registration forms for all state migratory bird stamps sold with the monthly report required under A.R.S. § 17-338.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).

Amended effective April 22, 1980 (Supp. 80-2).

Amended subsections (A), (C), (D), and (G) effective December 29, 1980 (Supp. 80-6). Former Section R12-4-41 renumbered as Section R12-4-203 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (C), (E), (G) and added Form 7016 (Supp. 81-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section adopted effective July 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 (Supp. 00-1). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

Editor's Note

For similar subject matter, see Section R12-4-411.

This editor's note does not apply to the new Section adopted effective July 1, 1997 (Supp. 96-4).

R12-4-204. Taxidermy Registration; Register

- A. A person shall register with the Department before engaging in the business of taxidermy for hire. A taxidermy registration authorizes a person to mount, refurbish, maintain, restore, or preserve wildlife as defined under A.R.S. § 17-101.
- B. A taxidermy registration expires on December 31 of each year.
- C. The Department shall deny a taxidermy registration when the applicant:
 1. Fails to meet the requirements established under this Section;
 2. Provides false information during the application process; or
 3. Provides false information in the register required under A.R.S. § 17-363(B).
- D. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- E. A person may apply for a taxidermy registration by paying the applicable fee and submitting an application to the Department. The application form is available on the Department's website. A taxidermy registration applicant shall provide all of the following information:
 1. The applicant's information:
 - a. Name;
 - b. Date of birth;
 - c. Department identification number, when applicable;
 - d. Mailing address, when applicable;
 - e. Physical address;
 - f. Telephone number, when available;
 - g. Email address, when available; and

2. The applicant's business information:
 - a. Name;
 - b. Mailing address;
 - c. Email address;
 - d. Website URL address, if available;
 - e. Business telephone number, when applicable;
 - f. Calendar year for which the application is made; and
 - g. Whether the applicant is seeking renewal of an existing taxidermy registration.
3. Affirmation that the information provided on the application is true and accurate; and
4. Applicant's signature and date.

- F. A registered taxidermist may submit an application for renewal of a taxidermy registration after December 1 of the year it was issued.

- G. A registered taxidermist shall maintain a register of all persons who furnish raw and unmounted wildlife specimens for taxidermy service using the form available on the Department's website.

1. This register shall be:
 - a. Maintained for a period of five years after the date the raw and unmounted wildlife specimens were received;
 - b. Provided upon request to an employee of the Department; and
 - c. Filed with the Department on or before January 31 of each year.
2. This register shall contain all of the following information, as applicable:
 - a. The registered taxidermist's information:
 - i. Name;
 - ii. Taxidermy registration number;
 - iii. Email address, when available; and
 - b. The customer's or potential customer's:
 - i. Name;
 - ii. Address;
 - iii. Taker's tag or license number;
 - iv. Species and number of wildlife received;
 - v. Date wildlife received; and
 - c. A signed affirmation from the registered taxidermist that the information provided in the register is true and accurate.
3. The taxidermy renewal registration becomes invalid if the register is not submitted to the Department by January 31 of the year following registration.

- H. As authorized under A.R.S. § 17-363(C), the Commission may revoke or suspend the taxidermy registration of a person convicted of violating any provision of A.R.S. § 17-363 or requirement established under this Section.

Historical Note

Amended effective May 31, 1976 (Supp. 76-3). Correction, Historical Note Supp. 76-3 should read "Amended effective May 3, 1976" (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective March 20, 1981 (Supp. 81-2). Former Section R12-4-32 renumbered as Section R12-4-204 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Repealed by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). New Section made by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3).

R12-4-205. High Achievement Scout License

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- A.** A high achievement scout license is offered to a resident who is:
1. Eligible for a combination hunting and fishing license,
 2. Under 21 years of age, and
 3. A member of the Boy Scouts of the United States of America and has attained the rank of Eagle Scout, or
 4. A member of the Girl Scouts of the United States of America and has attained the Gold Award.
- B.** The high achievement scout license grants all of the hunting and fishing privileges of the youth combination hunting and fishing license and is only available at Department offices.
1. The license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
 2. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the high achievement scout license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- C.** An applicant for a high achievement scout license shall apply on an application form available from any Department office and on the Department's web site at www.azgfd.gov. The applicant shall provide all of the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- D.** In addition to the application, an eligible applicant shall present with the application:
1. For an applicant who is a member of the Boy Scouts of the United States of America, any one of the following original documents:
 - a. A certification letter from the Boy Scouts of the United States of America stating that the applicant has attained the rank of Eagle Scout,
 - b. A Boy Scouts of the United States of America Eagle Scout Award Certificate, or
 - c. A Boy Scouts of the United States of America Eagle Scout wallet card.
 2. For an applicant who is a member of the Girl Scouts of the United States of America, any one of the following original documents:
 - a. A certification letter from the Girl Scouts of the United States of America stating that the applicant has completed the award,
 - b. A Girl Scouts of the United States of America Gold Award Certificate, or
 - c. A Girl Scouts Gold Award Certificate from the local council.
- E.** The Department shall deny a high achievement scout license to an applicant who:
1. Is not eligible for the license;
 2. Fails to comply with the requirements of this Section; or
 3. Provides false information during the application process.
- F.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Editorial correction subsection (A) (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective September 23, 1980 (Supp. 80-5). Former Section R12-4-33 renumbered as Section R12-4-205 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4).

R12-4-206. General Hunting License; Exemption

- A.** A general hunting license is valid for the taking of small game, fur-bearing animals, predatory animals, nongame animals, and upland game birds. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the general hunting license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- B.** The general hunting license is valid for one-year from:
1. The date of purchase when a person purchases the hunting license from a license dealer, as defined under R12-4-101;
 2. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
 3. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
 4. The selected start date when a person purchases the hunting license from a Department office or online. A person may select the start date for the hunting license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C.** A resident may apply for a general hunting license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or online at www.azgfd.gov. The application is furnished by the Department and is available at any Department office, license dealer, and online at www.azgfd.gov. A general hunting license applicant shall provide the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available; and
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.

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- D. In addition to the requirements listed under subsection (C), at the time of application an applicant who is applying for a general hunting license:
1. In person shall pay the applicable fee required under R12-4-102.
 2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information electronically provided is true and accurate.
- E. A person who is under 10 years of age may hunt wildlife other than big game without a hunting license when accompanied by a properly licensed person who is 18 years of age or older.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
 Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-34 renumbered as Section R12-4-206 without change effective August 13, 1981 (Supp. 81-4).
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-207. General Fishing License; Exemption

- A. A general fishing license is valid for the taking of all aquatic wildlife and allows the license holder to engage in simultaneous fishing as defined under R12-4-301. The general fishing license is valid:
1. State-wide including Mittry Lake and Topock Marsh and the Arizona shoreline of Lake Mead, Lake Mohave and Lake Havasu, and Commission designated community waters. The list of Commission designated community waters is available at any license dealer, Department office, and online at www.azgfd.gov.
 2. On that portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California and connected adjacent water, provided Arizona has an agreement with California and Nevada that recognizes a general fishing license as valid for taking aquatic wildlife on any portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California.
- B. The general fishing license is valid for one-year from:
1. The date of purchase when a person purchases the fishing license from a license dealer, as defined under R12-4-101; or
 2. The selected start date when a person purchases the fishing license from a Department office or online. A person may select the start date for the fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C. A resident or nonresident may apply for a general fishing license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or online at www.azgfd.gov. The application is furnished by the Department and is available at any Department office, license dealer, and online at www.azgfd.gov. A general fishing license applicant shall provide the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;

- e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available; and
2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- D. In addition to the requirements listed under subsection (C), an applicant who is applying for a general fishing license:
1. In person shall pay the applicable fee required under R12-4-102.
 2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information electronically provided is true and accurate.
- E. In addition to the exemption prescribed under A.R.S. § 17-335, a person who is under 10 years of age may fish without a fishing license.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
 Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-35 renumbered as Section R12-4-207 without change effective August 13, 1981 (Supp. 81-4).
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-208. Guide License

- A. A guide, as defined under A.R.S. § 17-101, is a person who does any one of the following:
1. Advertises for guiding services.
 2. Is presented to the public for hire as a guide.
 3. Is employed by a commercial enterprise as a guide.
 4. Accepts compensation in any form commensurate with the market value in this state for guiding services in exchange for aiding, assisting, directing, leading, or instructing a person in the field to locate and take wildlife.
 5. Is not a landowner or lessee who, without full fair market compensation, allows access to the landowner's or lessee's property and directs and advises a person in taking wildlife.
- B. A person shall not act as a guide unless the person holds one of the following guide licenses:
1. A hunting guide license, which authorizes the license holder to act as a guide for the taking of lawful wildlife other than aquatic wildlife as defined under A.R.S. § 17-101.
 2. A fishing guide license, which authorizes the license holder to act as a guide for the taking of lawful aquatic wildlife.
 3. A hunting and fishing guide license, which authorizes the license holder to act as a guide for the taking of lawful wildlife.
- C. A guide license shall expire on December 31 of each year.
- D. A person is not eligible to apply for an original or renewal guide license when any one of the following conditions apply:
1. The applicant was convicted of a felony violation of any federal wildlife law, within five years immediately preceding the date of application;

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2. The applicant was convicted of a violation listed under A.R.S. § 17-309(D), within five years immediately preceding the date of application;
 3. The applicant was convicted of a violation of a federal or state wildlife law for which a license to take wildlife may be revoked or suspended within five years immediately preceding the date of application; or
 4. The applicant's privilege to take or possess wildlife or to guide or act as a guide is currently suspended or revoked anywhere in the United States for violation of a federal or state wildlife law.
- E.** Notwithstanding subsection (D), a person who was convicted of a misdemeanor violation of any wildlife law within one year preceding the date of application may apply for a guide license provided the person immediately and voluntarily reported the violation to the Department after committing the violation.
- F.** An applicant for a guide license shall:
1. Be 18 years of age or older, and
 2. Possess the required Department-issued license, as applicable:
 - a. A current Arizona hunting license when applying for a hunting guide license;
 - b. A current Arizona fishing license when applying for a fishing guide license;
 - c. A current Arizona combination hunting and fishing license when applying for a hunting and fishing guide license;
- G.** The guide license does not exempt the license holder from any applicable method of take or licensing requirement. The guide license holder shall comply with all applicable Commission rules, including, but not limited to, rules governing:
1. Lawful methods of take,
 2. Lawful devices, and
 3. License requirements.
- H.** Unless otherwise provided under this Section, a person shall successfully complete the Department administered examination, and answer at least 80% of the questions correctly, prior to applying for a guide license. Guide examinations are:
1. Provided at a Department office.
 2. Valid for a period up to twelve months prior to the date on which the applicant submits an application to the Department.
 3. Conducted during normal business hours.
 4. Conducted on the first Monday of the month or by special appointment. A person interested in taking the guide examination shall contact a Department office to obtain scheduling information.
- I.** The examination is based on the type of guide license the person is seeking.
1. A person shall provide acceptable proof of identity, as listed under subsection (L)(2), prior to taking the examination.
 2. The examination may include questions regarding any of the following topics:
 - a. A.R.S. Title 17 Game and Fish statutes and Commission rules regarding the taking and handling of terrestrial and aquatic wildlife;
 - b. A.R.S. Title 28, Ch 3, Article 20 Off-highway Vehicles statutes and rule regarding the use of off-highway vehicles;
 - c. A.R.S. Title 5, Ch 3, Boating and Water Sports statutes and Commission rules on boating;
 - d. Requirements for guiding on federal lands;
 - e. Identification of aquatic wildlife species;
 - f. Identification of wildlife;
 - g. Special state and federal laws regarding certain species;
 - h. General knowledge of species habitat and wildlife that may occur in the same habitat;
 - i. General knowledge of the types of habitat within the State; and
 - j. General knowledge of special or concurrent jurisdictions within the State.
3. An applicant who fails an examination may retake the examination on the same day or as otherwise agreed upon by the applicant and the examination administrator. An applicant who fails an examination twice on the same day shall wait at least seven calendar days, from the examination date, before retaking the examination.
- J.** In addition to the guide examination requirement under subsection (H), a guide license holder shall take the Department administered examination when:
1. The applicant is applying to add a new guiding authority to a current guide license;
 2. The applicant for a hunting guide license was convicted of a violation of A.R.S. Title 17 or Game and Fish Commission rule governing the taking and handling of terrestrial wildlife within one year preceding the date of application;
 3. The applicant for a fishing guide license was convicted of a violation of A.R.S. Title 17 or Game and Fish Commission rule governing the taking and handling of aquatic wildlife within one year preceding the date of application;
 4. The applicant failed to submit a renewal application postmarked before the expiration date of the guide license; or
 5. The applicant failed to submit the annual report for the preceding license year by January 10 of the following license year.
- K.** A person may apply for a guide license by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and online at www.azgfd.gov. A guide license applicant shall provide all of the following information on the application:
1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Social Security Number or Department identification number;
 - e. Residency status;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available;
 - i. E-mail address, when available;
 - j. Type of guide license sought; and
 - k. Calendar year for which the application is made;
 2. The outfitting or guide:
 - a. Business name; and
 - b. Business address, as applicable;
 3. Responses to questions relating to criminal violations;
 4. Affirmation that:
 - a. The applicant meets the eligibility requirements prescribed under this Section; and
 - b. The information provided on the application is true and accurate;
 5. Applicant's signature and date.
- L.** In addition to the requirements listed under subsection (K), an applicant for a guide license shall also submit the following documents at the time of application for an original or renewal of a guide license:

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1. Proof of the successful completion of the guide examination required under subsection (H). The applicant must successfully complete the examination within the twelve months immediately preceding the date of application.
 2. One of the following as proof of the applicant's identity:
 - a. Valid U.S. passport;
 - b. Original or certified copy of the applicant's birth certificate;
 - c. Original or copy of a valid government-issued driver's license; or
 - d. Original or copy of a valid government-issued identification card.
- M.** All information and documentation provided by the guide license applicant is subject to Department verification. The Department shall return the original or certified copy of a document to the applicant after verification.
- N.** An applicant for a guide license shall pay all applicable fees required under R12-4-102 upon approval of an initial or renewal application for a guide license.
- O.** The Department shall deny a guide license when the applicant:
1. Fails to meet the criteria prescribed under A.R.S. § 17-362,
 2. Fails to comply with the requirements of this Section,
 3. Provides false information during the application process,
 4. Fails to provide the annual report required under subsection (R) by January 10, or
 5. Provides false information in the annual report required under subsection (R) within three years immediately preceding the date of application.
- P.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- Q.** A guide license holder may submit an application for renewal of a guide license after December 1 of the year it was issued. The Department shall not start the substantive review, as defined under A.R.S. § 41-1072, before January 10 of the following license year, unless the Department receives the annual report prior to the date established under subsection (R). The current guide license shall remain valid pending a Department decision on the application for renewal, provided:
1. The application for renewal is submitted to the Department by December 31, and
 2. The Department receives the annual report submitted in compliance with subsection (R).
- R.** A guide license holder shall submit to the Department the annual report required under A.R.S. § 17-362(C) for the previous calendar year before January 10 of the following license year. The report form is furnished by the Department and is available at any Department office or online at www.azgfd.gov.
1. A report is required whether or not the license holder performed any guiding activities.
 2. The annual report shall include all of the following information, as applicable:
 - a. License holder's personal information:
 - i. Name;
 - ii. Guide license number; and
 - iii. E-mail address, when available; and
 - b. Client's personal information:
 - i. Name;
 - ii. Mailing address; and
 - iii. Arizona license, tag and permit numbers, and
 - c. Dates guiding activities were conducted;
 - d. Number and species of wildlife taken by the clients;
 - e. Game management unit or body of water where guiding activities took place;
 - f. Affirmation that the information provided in the annual report is true and accurate; and
 - g. License holder's signature and date.
 3. The Department shall not renew a guide license if the annual report is not submitted to the Department by January 10 of the following license year.
- S.** The date of receipt for the items required under subsections (K), (L), (Q), and (R) shall be as follows:
1. The date a person presents the items to a Department office;
 2. The date a private express mail carrier receives the package containing the items as indicated on the shipping package; or
 3. The date of the United States Postal Service postmark stamped on the envelope containing the items.
- T.** While performing guide activities or providing guide services, a guide license holder shall:
1. Possess a valid guide license.
 2. Possess a valid Arizona hunting, fishing, or combination hunting and fishing license, as applicable under subsection (F)(2).
 3. Present the license for inspection upon the request of any peace officer, wildlife manager, or game ranger.
 4. Report any violation of a federal or state wildlife regulation, law, or rule personally witnessed by the guide license holder.
- U.** A guide license holder shall not:
1. Use, or allow another person to use, any method or device prohibited under any federal or state wildlife regulation, law, or rule while taking wildlife.
 2. Aid, counsel, agree to aid, or attempt to aid another person in planning or engaging in conduct that results in a violation of any federal or state wildlife regulation, law, or rule while taking wildlife.
 3. Pursue any wildlife or hold at bay any wildlife for a person unless that person is present during the pursuit to take the wildlife.
 - a. The person shall be continuously present during the entire pursuit of that specific target animal.
 - b. If dogs are used, the person shall be present when the dogs are released on a specific target animal and shall be continuously present for the remainder of the pursuit.
 4. Hold wildlife at bay other than during daylight hours, unless a Commission Order authorizes the take of the species at night.
- V.** As authorized under A.R.S. § 17-362(A), the Commission may revoke or suspend a guide license when any one or more of the following actions occur:
1. The guide license holder failed to comply with the requirements of A.R.S. Title 17 or was convicted of violating any provision of A.R.S. Title 17;
 2. The guide license holder was convicted of a felony violation of any federal wildlife law;
 3. The guide license holder was convicted of a violation listed under A.R.S. § 17-309(D);
 4. The guide license holder was convicted of a violation of a federal or state wildlife law for which a license to take wildlife may be revoked or suspended; or
 5. The guide license holder's privilege to take or possess wildlife is suspended or revoked by any jurisdiction for violation of a federal or state wildlife law.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2). Former

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Section R12-4-40 renumbered as Section R12-4-208 without change effective August 13, 1981 (Supp. 81-4). Former rule repealed, new Section R12-4-208 adopted effective December 22, 1989 (Supp. 89-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4).

R12-4-209. Community Fishing License; Exemption

- A.** A community fishing license is valid for taking all aquatic wildlife from Commission designated community waters, only, and allows the license holder to engage in simultaneous fishing as defined under R12-4-301. The list of Commission designated community waters is available at any license dealer, Department office, and online at www.azgfd.gov.
- B.** The community fishing license is valid for one-year from:
 - 1. The date of purchase when a person purchases the community fishing license from a license dealer, as defined under R12-4-101; or
 - 2. The selected start date when a person purchases the community fishing license from a Department office or online. A person may select the start date for the community fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C.** A resident or nonresident may apply for a community fishing license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or online at www.azgfd.gov. The application is furnished by the Department and is available at any Department office, license dealer, and online at www.azgfd.gov. A community fishing license applicant shall provide the following information on the application:
 - 1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available; and
 - 2. Affirmation that the information provided on the application is true and accurate; and
 - 3. Applicant's signature and date.
- D.** In addition to the requirements listed under subsection (C), an applicant who is applying for a community fishing license:
 - 1. In person shall pay the applicable fee required under R12-4-102.
 - 2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information electronically provided is true and accurate.
- E.** In addition to the exemption prescribed under A.R.S. § 17-335, a person who is under 10 years of age may fish in Commission designated community waters without a fishing license.

Historical Note

Adopted effective March 20, 1981 (Supp. 81-2). Former Section R12-4-42 renumbered as Section R12-4-209 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-210. Combination Hunting and Fishing License; Exemption

- A.** A combination hunting and fishing license is valid for the taking of small game, fur-bearing animals, predatory animals, nongame animals, and upland game birds.
- B.** A combination hunting and fishing license is valid for the taking of all aquatic wildlife and allows the license holder to engage in simultaneous fishing as defined under R12-4-101. The combination hunting and fishing license is valid:
 - 1. State-wide including Mitty Lake and Topock Marsh and the Arizona shoreline of Lake Mead, Lake Mohave and Lake Havasu, and Commission designated community waters. The list of Commission designated community waters is available at any license dealer, Department office, and online at www.azgfd.gov.
 - 2. On that portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California and connected adjacent water, provided Arizona has an agreement with California and Nevada that recognizes a combination hunting and fishing license as valid for taking aquatic wildlife on any portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California.
- C.** The Department offers three combination hunting and fishing licenses:
 - 1. A short-term combination hunting and fishing license, valid for one 24-hour period from midnight to midnight.
 - a. The short-term combination hunting and fishing license is not valid for the take of big game animals.
 - b. The short-term combination hunting and fishing license is valid for the take of migratory game birds and waterfowl, provided the person possesses the applicable State Migratory Bird stamp and Federal Waterfowl stamp.
 - c. The Department does not limit the number of short-term combination hunting and fishing licenses a resident or nonresident may purchase.
 - 2. A combination hunting and fishing license for a person age 18 and over.
 - a. The combination hunting and fishing license is valid for one-year from:
 - i. The date of purchase when a person purchases the combination hunting and fishing license from a license dealer, as defined under R12-4-101;
 - ii. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
 - iii. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
 - iv. The selected start date when a person purchases the combination hunting and fishing license from a Department office or online. A person

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- may select the start date for the combination hunting and fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- b. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
3. A youth combination hunting and fishing license for a person through age 17.
 - a. The combination hunting and fishing license is valid for one-year from:
 - i. The date of purchase when a person purchases the combination hunting and fishing license from a license dealer, as defined under R12-4-101;
 - ii. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
 - iii. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
 - iv. The selected start date when a person purchases the combination hunting and fishing license from a Department office or online. A person may select the start date for the combination hunting and fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
 - b. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- D.** A resident or nonresident may apply for a combination hunting and fishing license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or online at www.azgfd.gov. The application is furnished by the Department and is available at any Department office, license dealer, and online at www.azgfd.gov. A combination hunting and fishing license applicant shall provide the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available; and
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- E.** In addition to the requirements listed under subsection (C), an applicant who is applying for a combination hunting and fishing license:
1. In person shall pay the applicable fee required under R12-4-102.
 2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information electronically provided is true and accurate.
- F.** Exemptions authorized under R12-4-206(E), R12-4-207(E), and R12-4-209(E) also apply to this Section, as applicable.

Historical Note

Former Section R12-4-39 repealed, new Section R12-4-39 adopted effective January 20, 1977 (Supp. 77-1). Editorial correction subsection (A), paragraph (2) (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-39 repealed, new Section R12-4-39 adopted effective March 17, 1981 (Supp. 81-2). Former Section R12-4-39 renumbered as Section R12-4-210 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 16, 1982 (Supp. 82-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-211. Lifetime License

- A.** The Department offers the following lifetime licenses:
1. A lifetime hunting license includes the privileges established under R12-4-206(A).
 2. A lifetime fishing license includes the privileges established under R12-4-207(A).
 3. A lifetime combination hunting and fishing license includes the privileges established under R12-4-210(A) and (B).
- B.** A lifetime license does not expire and remains valid if the licensee subsequently resides outside of this state.
1. A licensee who resides outside of Arizona shall submit the nonresident fee to purchase any required permit-tag, nonpermit-tag, or stamp to hunt and fish in this state.
 2. Limits established under R12-4-114 for nonresident permit-tags do not apply to a lifetime license holder.
- C.** A resident may apply for a lifetime license by submitting an application to the Department and paying the applicable fee required under subsection (D). The application is furnished by the Department and is available at any Department office and online at www.azgfd.gov. A lifetime license applicant shall provide the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Social Security Number, when required under A.R.S. §§ 25-320(P) and 25-502(K);
 - e. Department identification number, when applicable;
 - f. Residency status and number of years of residency immediately preceding application, when applicable;
 - g. Mailing address, when applicable;
 - h. Physical address;
 - i. Telephone number, when available; and
 - j. E-mail address, when available; and
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- D.** The fees for resident lifetime licenses are determined by the age of the applicant as follows:

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1. Age 0 through 13 years is 17 times the fee established under R12-4-102 for the equivalent one-year license.
 2. Age 14 through 29 years is 18 times the fee established under R12-4-102 for the equivalent one-year license.
 3. Age 30 through 44 years is 16 times the fee established under R12-4-102 for the equivalent one-year license.
 4. Age 45 through 61 years is 15 times the fee established under R12-4-102 for the equivalent one-year license.
 5. Age 62 and older is 8 times the fee established under R12-4-102 for the equivalent one-year license.
 6. For the purposes of this subsection, when the applicant is under the age of 18, the fee for the lifetime license is based on the full priced license fee, not the youth license fee.
- E.** A lifetime license may be denied or suspended pursuant to, and for the offenses described under, A.R.S. § 17-340.
- F.** A person issued a lifetime license prior to the effective date of this Section shall be entitled to the privileges established under subsection (A)(1), (A)(2), or (A)(3), as applicable, for the equivalent lifetime license.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
 Amended effective October 9, 1980 (Supp. 80-5). Former Section R12-4-36 renumbered as Section R12-4-211 without change effective August 13, 1981 (Supp. 81-4).
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-212. Benefactor License

- A.** A benefactor license includes the privileges established under R12-4-210(A) and (B). A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the benefactor license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- B.** A benefactor license does not expire and remains valid if the licensee subsequently resides outside of this state.
1. A licensee who resides outside of Arizona shall submit the nonresident fee to purchase any required permit-tag, nonpermit-tag, or stamp to hunt and fish in this state.
 2. Limits established under R12-4-114 for nonresident permit-tags do not apply to a benefactor license holder.
- C.** The benefactor license fee is \$1,500. The difference between \$1,500 and the license fee for a resident lifetime combination hunting and fishing license established under R12-4-211(D):
1. Is a donation to the State for continued management, protection, and conservation of the State's wildlife.
 2. Shall be credited to the wildlife endowment fund established under A.R.S. § 17-271.
 3. May be tax deductible to the extent allowed by federal and state income tax statutes for contributions to qualifying tax-exempt organizations.
- D.** A resident may apply for a benefactor license by submitting an application to the Department. The application is furnished by the Department and is available at any Department office and online at www.azgfd.gov. A benefactor license applicant shall provide the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Social Security Number, when required under A.R.S. §§ 25-320(P) and 25-502(K);
 - e. Department identification number, when applicable;
 - f. Residency status and number of years of residency immediately preceding application, when applicable;
 - g. Mailing address, when applicable;
 - h. Physical address;
 - i. Telephone number, when available; and
 - j. E-mail address, when available; and
 2. Affirmation that the information provided on the application is true and accurate; and
 3. Applicant's signature and date.
- E.** A benefactor license may be denied or suspended pursuant to, and for the offenses described under, A.R.S. § 17-340.
- F.** A person issued a benefactor license prior to the effective date of this Section shall be entitled to the privileges established under subsection (A).

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective January 1, 1977 (Supp. 76-5). Former Section R12-4-37 renumbered as Section R12-4-211 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-213. Hunt Permit-tags and Nonpermit-tags

- A.** A valid hunt permit-tag or nonpermit-tag is required to validate a license to take a big game animal or other wildlife requiring a valid tag. Before a person may take a big game animal or other wildlife requiring a tag, the person shall apply for and obtain the appropriate tag required for the take of that big game animal or other wildlife.
- B.** A person may apply for a hunt permit-tag in accordance with R12-4-104 and at the times, locations, and in the manner established by the hunt permit-tag application schedule that the Department publishes and is available at any Department office, online at www.azgfd.gov, or a license dealer as defined under R12-4-101.
- C.** A person applying for a nonpermit-tag shall apply in accordance with R12-4-114 and pay the required fee established under R12-4-102.

Historical Note

Amended effective March 7, 1979 (Supp. 79-2).
 Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-38 renumbered as Section R12-4-213 without change effective August 13, 1981 (Supp. 81-4).
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-214. Apprentice License

- A.** An apprentice license authorizes the taking of small game, furbearing animals, predatory animals, nongame animals, and upland game birds. The apprentice license is only available from a Department office.
- B.** An apprentice license is:
1. A complimentary license,
 2. Valid for any two consecutive days; and
 3. Issued to a person only once per calendar year.
- C.** The apprentice license is not valid for the take of big game animals.
- D.** The apprentice license is valid for the take of migratory game birds and waterfowl when the apprentice also possesses the applicable Migratory Bird stamp and federal waterfowl stamp.
- E.** An apprentice license holder shall be accompanied by a mentor at all times while in the field. A mentor is eligible to apply

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for no more than two apprentice hunting licenses in any calendar year. A mentor shall:

1. Be a resident of Arizona,
2. Be 18 years of age or older,
3. Possess an appropriate and valid Arizona hunting license, and
4. Provide the apprentice with instruction and supervision on safe and ethical hunting practices.
5. A short-term license does not meet the license requirement of this subsection.

F. A mentor may apply for an apprentice license at any Department office. An applicant for an apprentice license shall provide the following information at the time of application:

1. The mentor's:
 - a. Name;
 - b. Arizona hunting license number and effective date of the license; and
2. The applicant's:
 - a. Name;
 - b. Age;
 - c. Date of birth;
 - d. Telephone number, when available;
 - e. Department identification number, when applicable;
 - f. E-mail address, when available;
 - g. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - f. Mailing address, when applicable;
 - g. Physical address; and
 - h. Residency status.

Historical Note

Former Section R12-4-67 renumbered as Section R12-4-214 without change effective August 13, 1981 (Supp. 81-4). Repealed effective December 22, 1989 (Supp. 89-4).

New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-215. Youth Group Two-day Fishing License

- A. A youth group two-day fishing license authorizes a nonprofit organization or governmental entity as defined under subsection (C) that sponsors adult supervised activities for youth to take up to 25 youths fishing. The youth group two-day fishing license is only available from a Department office. The youth group two-day fishing license is valid for:
1. Two consecutive days,
 2. The take of all aquatic wildlife, and
 3. All privileges established under R12-4-207(A).
- B. A nonprofit organization or governmental entity may apply for a youth group two-day fishing license at any Department office. An applicant for a youth group two-day fishing license shall be a resident. The applicant shall pay the fee required under R12-4-102 and provide the following information at the time of application:
1. The nonprofit organization's or governmental entity's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number, when available;
 2. The applicant's:
 - a. Name;
 - b. Date of birth,
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Mailing address, when applicable;
 - f. Physical address;
 - g. Telephone number, when available; and
 - h. E-mail address, when available;

3. The dates on which the nonprofit organization intends to conduct the youth group fishing activity.
4. The approximate number of youth participating in the group fishing activity.

C. For the purpose of this Section, "governmental entity" means any town, city, county, municipality, or other political subdivision of this state or any department, agency, board, commission, authority, division, office, public school, public charter school, public corporation, or other public entity of this state or any department agency bureau, or office of the federal government that is physically located within this state.

Historical Note

Adopted effective December 9, 1982 (Supp. 82-6). Section repealed, new Section adopted effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective December 31, 2003 (Supp. 05-4). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-216. Crossbow Permit

- A. For the purposes of this Section, "healthcare provider" means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials:
- Medical Doctor,
Doctor of Osteopathy,
Doctor of Chiropractic,
Nurse Practitioner, or
Physician Assistant.
- B. A crossbow permit allows a person to use the following devices during an archery-only season, as prescribed under R12-4-318, when authorized under R12-4-304 as lawful for the species hunted:
1. A crossbow as defined under R12-4-101,
 2. Any bow to be drawn and held with an assisting device, or
 3. Pre-charged pneumatic weapons, as defined under R12-4-301, using arrows or bolts and with a capacity of holding and firing only one arrow or bolt at a time.
- C. The crossbow permit does not exempt the permit holder from any other applicable method of take or licensing requirement. The permit holder shall be responsible for compliance with all applicable regulatory requirements.
- D. The crossbow permit does not expire, unless:
1. The medical certification portion of the application indicates the person has a temporary physical disability; then the crossbow permit shall be valid only for the period of time indicated on the crossbow permit as specified by the healthcare provider,
 2. The permit holder no longer meets the criteria for obtaining the crossbow permit, or
 3. The Commission revokes the person's hunting privileges under A.R.S. § 17-340. A person whose crossbow permit is revoked by the Commission may petition the Commission for a rehearing as established under R12-4-607.
- E. An applicant for a crossbow permit shall apply by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and online at www.azgfd.gov. A crossbow permit applicant shall provide all of the following information on the application:
1. The applicant's:
 - a. Name;
 - b. Date of birth;

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- c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 - 2. Affirmation that:
 - a. The applicant meets the requirements of this Section, and
 - b. The information provided on the application is true and accurate, and
 - 3. Applicant's signature and date.
 - 4. The certification portion of the application shall be completed by a healthcare provider. The healthcare provider shall:
 - a. Certify the applicant has one or more of the following physical limitations:
 - i. An amputation involving body extremities required for stable function to use conventional archery equipment;
 - ii. A spinal cord injury resulting in a disability to the lower extremities, leaving the applicant nonambulatory;
 - iii. A wheelchair restriction;
 - iv. A neuromuscular condition that prevents the applicant from drawing and holding a bow;
 - v. A failed functional draw test that equals 30 pounds of resistance and involves holding it for four seconds;
 - vi. A failed manual muscle test involving the grading of shoulder and elbow flexion and extension or an impaired range-of-motion test involving the shoulder or elbow; or
 - vii. A combination of comparable physical disabilities resulting in the applicant's inability to draw and hold a bow.
 - b. Indicate whether the disability is temporary or permanent and, when temporary, specify the expected duration of the physical limitation; and
 - c. Provide the healthcare provider's:
 - i. Typed or printed name,
 - ii. License number,
 - iii. Business address,
 - iv. Telephone number, and
 - v. Signature and date;
 - 5. A person who holds a valid Challenged Hunter Access/Mobility Permit (CHAMP) and who is applying for a crossbow permit is exempt from the requirements of subsection (E)(4) and shall indicate "CHAMP" in the space provided for the medical certification on the crossbow permit application.
 - F. All information and documentation provided by the applicant is subject to Department verification. The Department shall return the original or certified copy of a document to the applicant after verification.
 - G. The Department shall deny a crossbow permit when the applicant:
 - 1. Fails to meet the criteria prescribed under this Section,
 - 2. Fails to comply with the requirements of this Section, or
 - 3. Provides false information during the application process.
 - H. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
 - I. The applicant claiming a temporary or permanent disability is responsible for all costs associated with obtaining the medical documentation, re-evaluation of the information, or a second medical opinion.
 - J. When acting under the authority of a crossbow permit, the crossbow permit holder shall possess the permit, and exhibit the permit upon request to any peace officer, wildlife manager, or game ranger.
 - K. A crossbow permit holder shall not:
 - 1. Transfer the permit to another person, or
 - 2. Allow another person to use or possess the permit.
- Historical Note**
- Adopted effective April 7, 1983 (Supp. 83-2). Repealed effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). New Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).
- R12-4-217. Challenged Hunter Access/Mobility Permit (CHAMP)**
- A. For the purposes of this Section, the following definitions apply:

"Healthcare provider" means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials:

Medical Doctor,
Doctor of Osteopathy,
Doctor of Chiropractic,
Nurse Practitioner, or
Physician Assistant.

"Severe permanent disability" means one or more permanent physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, intellectual disability, muscular dystrophy, musculoskeletal disorders, neurological disorders, paraplegia, pulmonary disorders, quadriplegia and other spinal cord conditions, sickle cell anemia, and end stage renal disease or a combination of permanent disabilities resulting in comparable substantial functional limitations.
 - B. The Challenged Hunter Access/Mobility Permit (CHAMP) allows a person with a severe permanent disability to perform one or more of the following activities:
 - 1. Discharge a firearm or other legal hunting device from a motor vehicle if, under existing conditions:
 - a. The discharge is otherwise lawful;
 - b. The motor vehicle is not in motion;
 - c. The motor vehicle is not on any road, as defined under A.R.S. § 17-101; and
 - d. The motor vehicle's engine is turned off.
 - 2. Discharge a firearm or other legal hunting device from a watercraft, as defined under R12-4-501; provided the motor is turned off, the sail furled, or both; and progress has ceased.
 - a. The watercraft may be drifting as a result of current or wind, beached, moored, resting at anchor, or propelled by paddle, oars, or pole.
 - b. A person may use a watercraft under power to retrieve dead or wounded wildlife.

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- c. For the purposes of this subsection, “watercraft” does not include a sinkbox.
- 3. Use off-road locations in a motor vehicle if use is not in conflict with federal or state statutes or regulations or local ordinances or regulations and the motor vehicle is used as a place to wait for game. A person shall not use a motor vehicle to chase or pursue game.
- 4. Designate an assistant to track and dispatch a wounded animal, and to retrieve the animal, in accordance with the requirements of this Section.
- C. The CHAMP holder shall comply with all applicable regulatory requirements. A CHAMP does not exempt the permit holder from any other applicable method of take or licensing requirement.
- D. The CHAMP does not expire, unless:
 - 1. The permit holder no longer meets the criteria for obtaining the CHAMP, or
 - 2. The Commission revokes the person’s hunting privileges under A.R.S. § 17-340. A person whose CHAMP is revoked by the Commission may petition the Commission for a rehearing as established under R12-4-607.
- E. An applicant for a CHAMP shall apply by submitting an application to the Department. The application form is furnished by the Department and is available from any Department office and online at www.azgfd.gov. The CHAMP applicant shall provide all of the following information on the application:
 - 1. The applicant’s:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant’s eye color, hair color, height, and weight;
 - d. Department identification number, when applicable;
 - e. Residency status;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 - 2. Affirmation that:
 - a. The applicant meets the requirements of this Section, and
 - b. The information provided on the application is true and accurate, and
 - 3. Applicant’s signature and date.
 - 4. The certification portion of the application shall be completed by a healthcare provider. The healthcare provider shall:
 - a. Certify the applicant is a person with a severe permanent disability as defined under subsection (A), and
 - b. Provide the healthcare provider’s:
 - i. Typed or printed name,
 - ii. Business address,
 - iii. Telephone number, and
 - iv. Signature and date;
- F. All information and documentation provided by the applicant is subject to Department verification. The Department shall return the original or certified copy of a document to the applicant after verification.
- G. The applicant claiming a severe permanent disability is responsible for all costs associated with obtaining the medical documentation, re-evaluation of the information, or a second medical opinion.
- H. The Department shall deny a CHAMP when the applicant:
 - 1. Fails to meet the criteria prescribed under this Section,
 - 2. Fails to comply with the requirements of this Section, or
 - 3. Provides false information during the application process.
- I. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed in A.R.S. Title 41, Chapter 6, Article 10.
- J. When acting under the authority of the CHAMP, the permit holder shall possess and exhibit the permit upon request to any peace officer, wildlife manager, or game ranger.
- K. The CHAMP holder shall ensure the CHAMP vehicle placard, issued with the CHAMP, is visibly displayed on the motor vehicle or watercraft when in use.
- L. The Department shall provide a CHAMP holder with a dispatch permit that allows the CHAMP holder to designate a licensed hunter as an assistant to:
 - 1. Dispatch and retrieve an animal wounded by the CHAMP holder, or
 - 2. Retrieve wildlife killed by the CHAMP holder.
- M. The CHAMP holder shall:
 - 1. Designate an assistant only after the animal is wounded or killed.
 - 2. Ensure the designation on the dispatch permit is in ink and includes:
 - a. A description of the animal,
 - b. The assistant’s name and valid Arizona hunting license number,
 - c. The date and time the animal was wounded or killed, and
 - 3. Ensure compliance with all of the following requirements:
 - a. The site where the animal is wounded and the location from which tracking begins are marked so they can be identified later.
 - b. The assistant possesses the dispatch permit and a valid hunting license while tracking and dispatching the wounded animal. When acting under the authority of the dispatch permit, the assistant shall possess and exhibit the dispatch permit and hunting license upon request to any peace officer, wildlife manager, or game ranger.
 - c. The CHAMP holder is in the field while the assistant is tracking and dispatching the wounded animal.
 - d. The assistant does not transfer the dispatch permit to anyone except that the dispatch permit may be transferred back to the CHAMP holder.
 - e. Dispatch is made by a method that is lawful for the take of the particular animal in the particular season in accordance with requirements established under R12-4-304 and R12-4-318.
 - f. The assistant attaches the dispatch permit to the carcass of the animal and returns the carcass to the CHAMP holder, and the tag of the CHAMP holder is affixed to the carcass.
 - g. If the assistant is unsuccessful in locating and dispatching the wounded animal, the assistant returns the dispatch permit to the CHAMP holder. The CHAMP holder shall strike the name and authorization of the assistant from the dispatch permit.
- N. A dispatch permit may not be reused when all spaces for designation of an assistant are filled or the dispatch permit is attached to a carcass. The CHAMP holder may request another dispatch permit from the Department if:
 - 1. All spaces for assistants are filled,
 - 2. The dispatch permit is lost, or
 - 3. When the CHAMP holder needs another dispatch permit for another big game hunt.
- O. A CHAMP holder shall not:
 - 1. Transfer the permit to another person, or

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2. Allow another person to use or possess the permit.

Historical Note

Adopted effective October 9, 1980 (Supp. 80-5). Former Section R12-4-59 renumbered as Section R12-4-310 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-310 renumbered as R12-4-217 and amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-310 renumbered as R12-4-217 and amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section repealed, new Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4).

R12-4-218. Repealed**Historical Note**

Adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Repealed effective November 7, 1996 (Supp. 96-4).

R12-4-219. Renumbered**Historical Note**

Adopted as an emergency effective July 5, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Correction, Historical Note, Supp. 88-3, should read, "Adopted as an emergency effective July 15, 1988..."; readopted and amended as an emergency effective October 13, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 24, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Former Section R12-4-219 amended and adopted as a permanent rule and renumbered as Section R12-4-424 effective April 28, 1989 (Supp. 89-2).

R12-4-220. Repealed**Historical Note**

Adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Repealed effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4).

ARTICLE 3. TAKING AND HANDLING OF WILDLIFE**R12-4-301. Definitions**

In addition to the definitions provided under A.R.S. § 17-101 and R12-4-101, the following definitions apply to this Article unless otherwise specified:

"Administer" means to apply a drug directly to wildlife by injection, inhalation, ingestion, or any other means.

"Aircraft" means any contrivance used for flight in the air or any lighter-than-air contrivance, including unmanned aircraft systems also known as drones.

"Artificial flies and lures" means man-made devices intended as visual attractants to catch fish. Artificial flies and lures does

not include living or dead organisms or edible parts of those organisms, natural or prepared food stuffs, or chemicals or organic materials intended to create a scent, flavor, or chemical stimulant to the device regardless of whether it is added or applied during or after the manufacturing process.

"Barbless hook" means any fish hook manufactured without barbs or on which the barbs have been completely closed or removed.

"Body-gripping trap" means a device designed to capture an animal by gripping the animal's body.

"Confinement trap" means a device designed to capture wildlife alive and hold it without harm.

"Crayfish net" means a net that does not exceed 36 inches on a side or in diameter and is retrieved by means of a hand-held line.

"Deadly weapon" has the same meaning as provided under A.R.S. § 13-3101.

"Device" has the same meaning as provided under A.R.S. § 17-101.

"Dip net" means any net, excluding the handle, that is no greater than three feet in the greatest dimension, that is hand-held, non-motorized, and the motion of the net is caused by the physical effort of the person.

"Drug" means any chemical substance, other than food or mineral supplements, that affects the structure or biological function of wildlife.

"Edible portions of game meat" means, for:

Upland game birds, migratory game birds and wild turkey: breast.

Bear, bighorn sheep, bison, deer, elk, javelina, mountain lion, and pronghorn antelope: front quarters, hind quarters, loins (backstraps), neck meat, and tenderloins.

Game fish: fillets of the fish.

"Evidence of legality" means the wildlife is accompanied by the applicable license, tag, stamp, or permit required by law and is identifiable as the "legal wildlife" prescribed by Commission Order, which may include evidence of species, gender, antler or horn growth, maturity, and size.

"Foothold trap" means a device designed to capture an animal by the leg or foot.

"Hybrid device" means a device with a combination of components from two or more lawful devices and is used for the take of wildlife, such as but not limited to a firearm, pneumatic weapon, or slingshot that shoots arrows or bolts.

"Instant kill trap" means a device designed to render an animal unconscious and insensitive to pain quickly with inevitable subsidence into death without recovery of consciousness.

"Land set" means any trap used on land rather than in water.

"Live-action trail camera" means an unmanned device capable of transmitting images, still photographs, video, or satellite imagery, wirelessly to a remote device such as but not limited to a computer, smart phone, or tablet. This does not include a trail camera that only records photographic or video data and stores the data for later use, provided the device is not capable of transmitting data wirelessly.

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“Minnow trap” means a trap with dimensions that do not exceed 12 inches in depth, 12 inches in width, and 24 inches in length.

“Muzzleloading handgun” means a firearm intended to be fired from the hand, incapable of firing fixed ammunition, and loaded with black powder or synthetic black powder and a single projectile.

“Muzzleloading rifle” means a firearm intended to be fired from the shoulder, incapable of firing fixed ammunition, having a single barrel, and loaded through the muzzle with black powder or synthetic black powder and a single projectile.

“Muzzleloading shotgun” means a firearm intended to be fired from the shoulder, incapable of firing fixed ammunition, having a single or double smooth barrel and loaded through the muzzle with black powder or synthetic black powder and using ball shot as a projectile.

“Paste-type bait” means a partially liquefied substance used as a lure for animals.

“Pneumatic weapon” means a device that fires a projectile by means of air pressure or compressed gas. This does not include tools that are common in the construction and art trade such as, but not limited to, nail and rivet guns.

“Pre-charged pneumatic weapon” means an air gun or pneumatic weapon that is charged from a high compression source such as an air compressor, air tank, or internal or external hand pump.

“Prohibited possessor” has the same meaning as provided under A.R.S. § 13-3101.

“Prohibited weapon” has the same meaning as provided under A.R.S. § 13-3101.

“Rifle” means a firearm intended to be fired from the shoulder that uses the energy from an explosive in a fixed cartridge to fire a single projectile through a rifled bore for each single pull of the trigger. This does not include a pre-charged pneumatic weapon.

“Shotgun” means a firearm intended to be fired from the shoulder and that uses the energy from an explosive in a fixed shotgun shell to fire either ball shot or a single projectile through a smooth bore or rifled barrel for each pull of the trigger.

“Sight-exposed bait” means a carcass, or parts of a carcass, lying openly on the ground or suspended in a manner so that it can be seen from above by a bird. This does not include a trap flag, dried or bleached bone with no attached tissue, or less than two ounces of paste-type bait.

“Simultaneous fishing” means taking fish by using only two lines at one time and not more than two hooks or two artificial flies or lures per line.

“Single-point barbless hook” means a fishhook with a single point, manufactured without barbs, or on which the barbs have been completely closed or removed. This does not include a treble fishhook.

“Sinkbox” means a low-floating device with a depression that affords a hunter a means of concealment beneath the surface of the water.

“Smart device” means any device equipped with a target-tracking system or an electronically-controlled, electronically-assisted, or computer-linked trigger or release. This includes but is not limited to smart rifles.

“Trap flag” means an attractant made from materials other than animal parts that is suspended at least three feet above the ground.

“Water set” means any trap used and anchored in water rather than on land.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976, Amended effective June 7, 1976 (Supp. 76-3). Amended effective May 26, 1978 (Supp. 78-3). Editorial correction subsection (D) (Supp. 78-5). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-50 renumbered as Section R12-4-301 without change effective August 13, 1981 (Supp. 81-4). Amended subsection (A) effective May 12, 1982 (Supp. 82-3). Amended effective July 3, 1984 (Supp. 84-4). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Former R12-4-301 renumbered to R12-4-321; new Section made by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-302. Use of Tags

- A. In addition to meeting requirements prescribed under A.R.S. § 17-331, a person who takes wildlife shall have in possession any tag required for the particular season or hunt area.
- B. A tag obtained in violation of statute or rule is invalid and shall not be used to take, transport, or possess wildlife.
- C. A person who lawfully possesses both a nonpermit-tag and a hunt permit-tag shall not take a genus or species in excess of the bag limit established by Commission Order for that genus or species.
- D. A person shall:
 1. Take and tag only the wildlife identified on the tag.
 2. Use a tag only in the season and hunt for which the tag is valid as specified by Commission Order.
- E. Except as permitted under R12-4-217, a person shall not:
 1. Allow their tag to be attached to wildlife killed by another person,
 2. Allow their tag to be possessed by another person while taking wildlife,
 3. Allow wildlife killed by that person to be tagged with another person's tag,
 4. Attach their tag to wildlife killed by another person, or
 5. Possess a tag issued to another person while taking wildlife.
- F. Except as permitted under R12-4-217, immediately after a person kills wildlife, the person shall attach the tag to the wildlife carcass in the manner indicated on the tag.
- G. A person who lawfully takes wildlife with a valid tag and authorizes another person to possess, transport, or ship the tagged portion of the carcass shall complete the Transportation and Shipping Permit portion of the original tag authorizing the take of that wildlife.
- H. If a tag is cut, notched, mutilated, or the Transportation and Shipping Permit portion of the tag is signed or filled out, the tag is no longer valid for the take of wildlife.

Historical Note

Former Section R12-4-51 renumbered as Section R12-4-

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302 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (D), (E), and repealed subsection (G) effective May 12, 1982 (Supp. 82-3). Amended effective March 23, 1983 (Supp. 83-2). Amended subsection (F) effective October 31, 1984 (Supp. 84-5). Amended subsections (A), (D), (F) and (G) and added a new Section (H) effective June 4, 1987 (Supp. 87-2). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section R12-4-302 repealed, new Section R12-4-302 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Section repealed, new Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-303. Unlawful Devices, Methods, and Ammunition

A. In addition to the prohibitions prescribed under A.R.S. §§ 17-301 and 17-309, the following devices, methods, and ammunition are unlawful for taking wildlife in this state:

1. A person shall not use any of the following to take wildlife:
 - a. Fully automatic firearms, including firearms capable of selective automatic fire.
 - b. Tracer or armor-piercing ammunition designed for military use.
 - c. Any smart device as defined under R12-4-301.
 - d. Any self-guided projectiles.
2. A person shall not take big game using full-jacketed or total-jacketed bullets that are not designed to expand upon impact.
3. A person shall not use or possess any of the following while taking wildlife:
 - a. Poisoned projectiles or projectiles that contain explosives or a secondary propellant.
 - b. Pitfalls of greater than 5-gallon size, explosives, poisons, or stupefying substances, except as permitted under A.R.S. § 17-239 or as allowed by a scientific collecting permit issued under A.R.S. § 17-238.
 - c. Any lure, attractant, or cover scent containing any cervid urine.
 - d. Electronic night vision equipment, electronically enhanced light-gathering devices, thermal imaging devices or laser sights projecting a visible light; except for devices such as laser range finders projecting a non-visible light, scopes with self-illuminating reticles, and fiber optic sights with self-illuminating sights or pins that do not project a visible light onto an animal.
4. A person shall not by any means:
 - a. Hold wildlife at bay other than during daylight hours, unless authorized by Commission Order.
 - b. Injure, confine, place, or use a tracking device in or on wildlife for the purpose of taking or aiding in the take of wildlife.

- c. Place any substance, device, or object in, on, or by any water source to prevent wildlife from using that water source.
- d. Place any substance in a manner intended to attract bears.
- e. Use a manual or powered jacking or prying device to take reptiles or amphibians.
- f. Use dogs to pursue, tree, corner or hold at bay any wildlife for a hunter, unless that hunter is present for the entire hunt.
- g. Take migratory game birds, except Eurasian collared-doves:
 - i. Using a shotgun larger than 10 gauge, a shotgun of any description capable of holding more than three shells unless it is plugged with a one-piece filler that cannot be removed without disassembling the shotgun so that its total capacity does not exceed three shells.
 - ii. Using electronically amplified bird calls or baits.
 - iii. By means or aid of any motordriven land, water, or air conveyance, or any sailboat used for the purpose of or resulting in the concentrating, driving, rallying, or stirring up of any migratory bird.
 - iv. Activities described under subsections (A)(4)(g)(i) through (A)(4)(g)(iii) are prohibited under 50 C.F.R. 20.21, revised October 1, 2015. The material incorporated by reference in this Section does not include any later amendments or editions. The incorporated material is available at any Department office, online from the Government Printing Office website www.gpoaccess.gov, or may be ordered from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- h. Discharge any of the following devices while taking wildlife within one-fourth mile (440 yards) of an occupied farmhouse or other residence, cabin, lodge or building without permission of the owner or resident:
 - i. Arrow or bolt,
 - ii. Hybrid device, or
 - iii. Pneumatic weapon .35 caliber or larger.
- i. Participate in, organize, promote, sponsor, or solicit participation in a contest where a participant uses or intends to use any device or implement to capture or kill predatory animals or fur-bearing animals as defined under A.R.S. § 17-101. For the purposes of this subsection, "contest" means a competition among participants where participants must register or record entry and pay a fee, and prizes or cash are awarded to winning or successful participants.
5. A person shall not use a live-action trail camera, or images from a live-action trail camera, for the purpose of:
 - a. Taking or aiding in the take of wildlife, or
 - b. Locating wildlife for the purpose of taking or aiding in the take of wildlife.
6. A person shall not use images of wildlife produced or transmitted from a satellite or other device that orbits the earth for the purpose of:
 - a. Taking or aiding in the take of wildlife, or
 - b. Locating wildlife for the purpose of taking or aiding in the take of wildlife.
 - c. This subsection does not prohibit the use of mapping systems or programs.

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7. A person shall not use edible or ingestible substances to aid in taking big game. The use of edible or ingestible substances to aid in taking big game is unlawful when:
 - a. A person places edible or ingestible substances for the purpose of attracting or taking big game, or
 - b. A person knowingly takes big game with the aid of edible or ingestible substances placed for the purpose of attracting wildlife to a specific location.
 8. Subsection (A)(7) does not limit Department employees or Department agents in the performance of their official duties.
 9. For the purposes of subsection (A)(7), edible or ingestible substances do not include any of the following:
 - a. Water.
 - b. Salt.
 - c. Salt-based materials produced and manufactured for the livestock industry.
 - d. Nutritional supplements produced and manufactured for the livestock industry and placed during the course of livestock or agricultural operations.
- B.** It is unlawful for a person who is a prohibited possessor to take wildlife with a deadly weapon or prohibited weapon.
- C.** Wildlife taken in violation of this Section is unlawfully taken.
- D.** This Section does not apply to any activity allowed under A.R.S. § 17-302, to a person acting within the scope of their official duties as an employee of the state or United States, or as authorized by the Department.
- Historical Note**
- Amended effective May 3, 1976 (Supp. 76-3). Amended effective April 29, 1977 (Supp. 77-2). Amended effective September 7, 1978 (Supp. 78-5). Former Section R12-4-52 renumbered as Section R12-4-303 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 28, 1983 (Supp. 83-2). Amended subsections (A) and (C) effective October 31, 1984 (Supp. 84-5). Amended effective June 4, 1987 (Supp. 87-2). Former Section R12-4-303 repealed, new Section R12-4-303 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-303 repealed, new Section R12-4-303 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 2473, effective November 3, 2019 (Supp. 19-3).
- R12-4-304. Lawful Methods for Taking Wild Mammals, Birds, and Reptiles**
- A.** A hybrid device is lawful for the take of wildlife provided all components of the device are authorized for the take of that species under this Section.
- B.** A person may only use the following methods to take big game when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318.
1. To take bear:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(1)(i) to be drawn and held with an assisting device; and
 - k. Pursuit with dogs only between August 1 and December 31, provided the person shall immediately kill or release the bear after it is treed, cornered, or held at bay. For the purpose of this subsection, "release" means the person removes the dogs from the area so the bear can escape on its own after it is treed, cornered, or held at bay.
2. To take bighorn sheep:
- a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(2)(i) to be drawn and held with an assisting device.
3. To take bison:
- a. Statewide, except for the management units identified under subsection (B)(3)(b):
 - i. Centerfire rifles;
 - ii. Muzzleloading rifles;
 - iii. All other rifles using black powder or synthetic black powder;
 - iv. Centerfire handguns no less than .41 Magnum or centerfire handguns with an overall cartridge length of no less than two inches;
 - v. Pre-charged pneumatic weapons 40 caliber or larger a minimum of 500 foot pounds of energy;
 - vi. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or

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- ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
- vii. Bows with a standard pull of 40 or more pounds, using arrows with broadheads of no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - viii. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(3)(a)(vi) to be drawn and held with an assisting device.
- b. In Management Units 5A and 5B:
 - i. Centerfire rifles,
 - ii. Muzzleloading rifles, and
 - iii. All other rifles using black powder or synthetic black powder.
- 4. To take deer:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(4)(i) to be drawn and held with an assisting device.
 - 5. To take elk:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons 40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(5)(h) to be drawn and held with an assisting device.
 - 6. To take javelina:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(6)(i) to be drawn and held with an assisting device;
 - k. .22 rimfire magnum rifles; and
 - l. 5 mm rimfire magnum rifles.
 - 7. To take mountain lion:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs or shot;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(7)(i) to be drawn and held with an assisting device;
 - k. Artificial light, during seasons with day-long hours, provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail; and
 - l. Pursuit with dogs, provided the person shall immediately kill or release the mountain lion after it is treed, cornered, or held at bay. For the purpose of this subsection, "release" means the person removes the dogs from the area so the mountain lion can

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- escape on its own after it is treed, cornered, or held at bay.
8. To take pronghorn antelope:
 - a. Centerfire rifles;
 - b. Muzzleloading rifles;
 - c. All other rifles using black powder or synthetic black powder;
 - d. Centerfire handguns;
 - e. Muzzleloading handguns;
 - f. Shotguns shooting slugs, only;
 - g. Pre-charged pneumatic weapons .35 caliber or larger;
 - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
 - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(8)(i) to be drawn and held with an assisting device.
 9. To take turkey:
 - a. Shotguns shooting shot;
 - b. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
 - c. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(9)(b) to be drawn and held with an assisting device.
 - d. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
- C. A person may only use the following methods to take small game, when authorized by Commission Order and subject to the restrictions under R12-4-303, R12-4-318, and R12-4-422.
1. To take cottontail rabbits and tree squirrels:
 - a. Firearms,
 - b. Bow and arrow,
 - c. Crossbow,
 - d. Pneumatic weapons,
 - e. Slingshots,
 - f. Hand-held projectiles,
 - g. Falconry, and
 - h. Dogs.
 2. To take all upland game birds and Eurasian collared-dove:
 - a. Bow and arrow;
 - b. Falconry;
 - c. Pneumatic weapons;
 - d. Shotguns shooting shot, only;
 - e. Handguns shooting shot, only;
 - f. Crossbow;
 - g. Slingshot;
 - h. Hand-held projectiles; and
 3. To take migratory game birds, except Eurasian collared-dove:
 - a. Bow and arrow;
 - b. Crossbow;
 - c. Falconry;
 - d. Dogs;
 - e. Shotguns shooting shot:
 - i. Ten gauge or smaller, except that lead shot shall not be used or possessed while taking ducks, geese, swans, mergansers, common moorhens, or coots; and
 - ii. Incapable of holding more than a total of three shells as prescribed under 50 C.F.R. 20.21, published October 1, 2015. The material incorporated by reference in this subsection does not include any later amendments or editions. The material is available at any Department office, online from the Government Printing Office website www.gpoaccess.gov, or may be ordered from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- D. A person may take waterfowl from any watercraft, except a sinkbox, subject to the following conditions:
1. The motor is shut off, the sail is furled, as applicable, and any progress from a motor or sail has ceased;
 2. The watercraft may be:
 - a. Adrift as a result of current or wind action;
 - b. Beached;
 - c. Moored;
 - d. Resting at anchor; or
 - e. Propelled by paddle, oars, or pole; and
 3. The person may only use the watercraft under power to retrieve dead or crippled waterfowl; shooting is prohibited while the watercraft is under power.
- E. A person may take predatory and fur-bearing animals by using the following methods, when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318:
1. Firearms;
 2. Pre-charged pneumatic weapons .22 caliber or larger;
 3. Bow and arrow;
 4. Crossbow;
 5. Traps not prohibited under R12-4-307;
 6. Artificial light while taking raccoon provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail;
 7. Artificial light while taking coyote during seasons with day-long hours, provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail; and
 8. Dogs.
- F. A person may take nongame mammals and birds by any method authorized by Commission Order and not prohibited under R12-4-303, R12-4-318, and R12-4-422, subject to the following restrictions. A person:
1. Shall not take nongame mammals and birds using foot-hold traps;
 2. Shall check pitfall traps of any size daily, release non-target species, remove pitfalls when no longer in use, and fill any holes;
 3. Shall not use firearms at night; and

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4. May use artificial light while taking nongame mammals and birds, if the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail.
- G. A person may take reptiles by any method not prohibited under R12-4-303 or R12-4-318 subject to the following restrictions. A person:
 1. Shall check pitfall traps of any size daily, release non-target species, remove pitfalls when no longer in use, and fill any holes;
 2. Shall not use firearms at night; and
 3. May use artificial light while taking reptiles provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail.
3. Sandhill crane and Eurasian-collared dove has either the fully feathered head or one fully feathered wing attached;
4. Quail has attached a fully feathered head, or a fully feathered wing, or a leg with foot attached, when the current Commission Order has established separate bag or possession limits for any species of quail; and
5. Freshwater fish has the head, tail, or skin attached so the species can be identified and the total number and required length determined.

Historical Note

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective October 20, 1977 (Supp. 77-5). Amended effective January 11, 1978 (Supp. 78-1). Amended effective September 7, 1978 (Supp. 78-5). Amended effective November 14, 1979 (Supp. 79-6). Amended effective July 22, 1980 (Supp. 80-4). Former Section R12-4-53 renumbered as Section R12-4-304 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 12, 1982 (Supp. 82-3). Amended effective April 7, 1983 (Supp. 83-2). Amended subsection (I) effective June 7, 1984 (Supp. 84-3). Amended effective February 28, 1985 (Supp. 85-1). Amended effective September 16, 1985 (Supp. 85-5). Amended effective June 4, 1987 (Supp. 87-2). Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by exempt rulemaking at 17 A.A.R. 2629, effective December 9, 2011 (Supp. 11-4). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-305. Possessing, Transporting, Importing, Exporting, and Selling Carcasses or Parts of Wildlife

- A. A person shall ensure that evidence of legality remains with the carcass or parts of a carcass of any wildlife that the person possesses, transports, or imports until arrival at the person's permanent abode, a commercial processing plant, or the place where the wildlife is to be consumed.
- B. In addition to the requirement under subsection (A), a person possessing or transporting the following wildlife shall ensure each:
 1. Big game animal, sandhill crane, and pheasant has the required valid tag attached in the manner indicated on the tag;
 2. Migratory game bird, except sandhill cranes, has one fully feathered wing attached;
- C. A person who has lawfully taken wildlife that requires a valid tag when prescribed by the Commission may authorize its transportation or shipment by completing and signing the Transportation and Shipping Permit portion of the valid tag for that animal. A separate Transportation and Shipping Permit issued by the Department is necessary to transport or ship to another state or country any big game taken with a resident license. Under A.R.S. § 17-372(B), a person may ship other lawfully taken wildlife by common carrier after obtaining a valid Transportation and Shipping Permit issued by the Department. The person shall provide the following information:
 1. Number and description of the wildlife to be transported or shipped;
 2. Name, address, license number, and license class of the person who took the wildlife;
 3. Tag number;
 4. Name and address of the person receiving a portion of the carcass of the wildlife as authorized under subsection (D), if applicable;
 5. Address of destination where the wildlife is to be transported or shipped; and
 6. Name and address of transporter or shipper.
- D. A person who lawfully takes wildlife under a tag may authorize another individual to possess the head or carcass of the wildlife by separating and attaching the tag as prescribed under R12-4-302.
- E. A person who receives a portion of the wildlife shall provide the identity of the person who took and gave the portion of the wildlife upon request to any peace officer, wildlife manager, or game ranger.
- F. A person shall not possess the horns of a bighorn sheep, taken by a hunter in this state, unless the horns are marked or sealed as established under R12-4-308.
- G. Except as provided under R12-4-307, before a person may sell, offer for sale, or export the raw pelt or unskinned carcass of a bobcat taken in this state, the person shall:
 1. Present the bobcat for inspection at any Department office, and
 2. Purchase a bobcat seal by paying the fee established under R12-4-102 at any Department office or other location as determined and published by the Department. Department personnel or an authorized agent shall attach and lock the bobcat seal only to a pelt or unskinned carcass presented with a validated transportation tag.
- H. A person who takes bear or mountain lion under A.R.S. § 17-302 may retain the carcass of the wildlife if the person has a valid hunting license and the carcass is immediately tagged with a nonpermit-tag or a valid hunt permit-tag as required under R12-4-114 and R12-4-302, provided the person has not reached the applicable bag limit for that big game animal. An animal retained under this subsection shall count toward the applicable bag limit for bear or mountain lion as authorized by Commission Order. The person shall comply with inspection and reporting requirements established under R12-4-308.
- I. A person may possess, transport, or import only the following portions of a cervid lawfully taken in another state or country:

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1. Boneless portions of meat, or meat that has been cut and packaged either personally or commercially;
 2. Clean hides and capes with no skull or soft tissue attached, except as required for proof of legality;
 3. Clean skulls with antlers, clean skull plates, or antlers with no meat or soft tissue attached, this includes velvet antlers;
 4. Finished taxidermy mounts or products; and
 5. Upper canine teeth with no meat or tissue attached.
- J.** A private game farm license holder may transport a cervid lawfully killed or slaughtered at the license holder's game farm to a licensed meat processor.
- K.** A person may possess or transport only the following portions of a cervid lawfully killed or slaughtered at a private game farm authorized under R12-4-413:
1. Boneless portions of meat, or meat that has been cut and packaged either personally or commercially;
 2. Clean hides and capes with no skull or soft tissue attached;
 3. Clean skulls with antlers, clean skull plates, or antlers with no meat or soft tissue attached, this includes velvet antlers;
 4. Finished taxidermy mounts or products; and
 5. Upper canine teeth with no meat or tissue attached.
- L.** A person who obtains bison meat as authorized under R12-4-306 may sell the meat.
- M.** Except for cervids, which are subject to requirements established under subsections (I), (J), and (K), a person may import into this state the carcasses or parts of wildlife, including aquatic wildlife, lawfully taken in another state or country if transported and exported in accordance with the laws of the state or country of origin.
- N.** A person shall not transport live crayfish from the site where taken, except as permitted under R12-4-316.
- O.** A person in possession of a common carp (*Cyprinus carpio*), buffalofish (*Ictiobus* spp.), or crayfish (families *Astacidae*, *Cambaridae*, and *Parastacidae*) carcass taken under Commission Order may sell the carcass.
3. Be accompanied by an authorized Department employee who:
 - a. Shall designate the bison to be harvested, and
 - b. May assist in taking the bison if the hunter fails to dispatch a wounded bison within a reasonable period of time.
 4. Take only the bison designated by the Department employee.
- C.** A hunter issued a bison permit-tag or nonpermit-tag shall check out no more than three days after the end of the hunt, regardless of whether the hunter harvested a bison, did not harvest a bison, or did not participate in the bison hunt.
1. House Rock Herd (Units 12A, 12B, and 13A): a hunter may check out either in person, electronically, or by telephone with the Department's Flagstaff regional office or Jacob Lake Check station, when open during deer season.
 2. Raymond Herd (Units 5A and 5B):
 - a. A hunter may check out either in person, electronically, or by telephone with the Department's Flagstaff regional office, or when required, with the Raymond Wildlife Area headquarters.
 - b. A hunter may be required to present the harvested bison to the Department for the purpose of gathering biological data when the bison was taken in Units 5A or 5B and a Department employee did not accompany the hunter during the bison hunt.
 3. At the time of check out, the hunter shall provide all of the following information:
 - a. Hunter's name,
 - b. Hunter's contact number,
 - c. Tag number,
 - d. Sex of bison taken,
 - e. Age of the bison taken: adult or yearling,
 - f. Number of days hunted, and
 - g. Number of bison seen while hunting.
 4. An authorized Department employee who accompanies the hunter, shall conduct the check out at the end of the hunt.
- D.** Failure to comply with the requirements of this Section shall result in the invalidation of the hunter's permit-tag or nonpermit-tag, consistent with the written acknowledgment signed and agreed to by the hunter.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Former Section R12-4-54 renumbered as Section R12-4-305 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 12, 1982 (Supp. 82-3). Amended effective June 14, 1983 (Supp. 83-3). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section repealed, new Section adopted effective April 1, 1997; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-306. Bison Hunt Requirements

- A.** When authorized by Commission Order, the Department shall conduct a hunt to harvest bison from the state's bison herds.
- B.** A hunter with a bison permit-tag or nonpermit-tag shall, when required:
1. Provide a signed written acknowledgment that the hunter received, read, understands, and agrees to comply with the requirements of this Section.
 2. Hunt in the order scheduled.

Historical Note

Former Section R12-4-55 renumbered as Section R12-4-306 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (B), and (D) effective May 12, 1982 (Supp. 82-3). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-307. Trapping Regulations, Licensing; Methods; Tagging of Bobcat Pelts

- A.** An Arizona trapping license permits a person to trap predatory and fur-bearing animals.
- B.** A trapping license is required for any person 10 years of age and older. A person under the age of 10 is not required to purchase a trapping license, but shall apply for and obtain a registration number. The trapper registration number is not transferable.

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- C. A person born on or after January 1, 1967 shall successfully complete a Department-approved trapping education course before applying for a trapping license.
- D. A person applying for a trapping registration number or trapping license shall pay the applicable fees established under R12-4-102.
- E. A person applying for a trapping registration number or trapping license shall apply using a form furnished by the Department. The form is available at any Department office and online at www.azgfd.gov. The person shall provide all of the following information on the form:
 - 1. The applicant's personal information:
 - a. Name;
 - b. Date of birth;
 - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
 - d. Department identification number;
 - e. Residency status and number of years of residency immediately preceding application, when applicable;
 - f. Mailing address, when applicable;
 - g. Physical address;
 - h. Telephone number, when available; and
 - i. E-mail address, when available;
 - 2. Category of license:
 - a. Resident,
 - b. Nonresident, or
 - c. Youth, and
 - 3. The applicant's signature and date.
- F. A trapper may only trap predatory and fur-bearing animals during trapping seasons established by Commission Order.
- G. A trapper shall:
 - 1. Inspect traps daily;
 - 2. Kill or release all predatory and fur-bearing animals;
 - 3. Possess a choke restraint device that enables the trapper to release a javelina from a trap when trapping in a javelina hunt unit as designated by Commission Order;
 - 4. Possess a device that is designed or manufactured to restrain a trapped animal while it is being removed from a trap when its release is required under this Section; and
 - 5. Release, without additional injury, all animals that cannot lawfully be taken by trap.
 - 6. Subsections (G)(3) and (G)(4) do not apply when the trapper is using a confinement trap.
- H. A trapper shall not:
 - 1. Bait a confinement trap with:
 - a. A live animal;
 - b. Any edible parts of small game, big game, or game fish; or
 - c. Any part of any game bird or nongame bird.
 - 2. Set any trap within:
 - a. One-half mile (880 yards) of any of the following areas developed for public use:
 - i. Boat ramp or launching area,
 - ii. Camping area,
 - iii. Picnic area,
 - iv. Roadside rest area, or
 - v. Developed wildlife viewing platform.
 - b. One-half mile of any occupied farmhouse or other residence, cabin, lodge or building without permission of the owner or resident.
 - c. One-hundred yards of an interstate highway or any other highway maintained by the Arizona Department of Transportation.
 - d. Fifty feet of any trail maintained for public use by a government agency.
 - e. Seventy-five feet of any other road as defined under A.R.S. § 17-101.
 - f. Subsections (H)(2)(b), (H)(2)(c), (H)(2)(d), and (H)(2)(e) do not apply when the trapper is using a confinement trap.
 - 3. Set a foothold trap within 30 feet of sight-exposed bait.
 - 4. Use any:
 - a. Body-gripping or other instant kill trap with an open jaw spread that exceeds 5 inches for any land set or 10 inches for any water set;
 - b. Foothold trap with an open jaw spread that exceeds 7 1/2 inches for any water set;
 - c. Snare, unless authorized under subsection (I);
 - d. Trap with an open jaw spread that exceeds 6 1/2 inches for any land set; or
 - e. Trap with teeth.
- I. A trapper who uses a foothold trap to take wildlife with a land set shall use commercially manufactured traps that meet the following specifications:
 - 1. A padded or rubber-jawed trap or an unpadded trap with jaws permanently offset to a minimum of 3/16 inch and a device that allows for pan tension adjustment;
 - 2. A foothold trap that captures wildlife by means of an enclosed bar or spring designed to prevent the capture of non-targeted wildlife or domestic animals; or
 - 3. A powered cable device with an inside frame hinge width no wider than 6 inches, a cable loop stop size of at least 2 inches in diameter to prevent capture of small non-target species, and a device that allows for a pan tension adjustment.
- J. A trapper who uses a foothold trap to take wildlife with a land set shall ensure that the trap has an anchor chain equipped with at least two swivels as follows:
 - 1. An anchor chain 12 inches or less in length shall have a swivel attached at each end.
 - 2. An anchor chain greater than 12 inches in length shall have one swivel attached at the trap and one swivel attached within 12 inches of the trap. The anchor chain shall be equipped with a shock-absorbing spring that requires less than 40 pounds of force to extend or open the spring.
- K. A trapper shall ensure that each trap has either the name and address or the registration number of the trapper marked on a metal tag attached to the trap. The registration number assigned by the Department is the only acceptable registration number.
- L. A trapper shall immediately attach a valid bobcat transportation tag to the pelt or unskinned carcass of a bobcat taken in this state. The trapper shall validate the transportation tag by providing all of the following information on the bobcat transportation tag:
 - 1. Current trapping license number,
 - 2. Management unit where the bobcat was taken,
 - 3. Sex of the bobcat, and
 - 4. Method by which the bobcat was taken.
- M. The Department shall provide transportation tags with each trapping license. Additional transportation tags are available at any Department office at no charge.
- N. A trapper shall ensure that all bobcats taken in this state have a bobcat seal attached and locked either through the mouth and an eye opening or through both eye openings no later than April 1 of each year.
 - 1. When available, bobcat seals are issued on a first-come, first-served basis at Department offices and other locations at those times and places as determined and published by the Department.

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2. The trapper shall pay the bobcat seal fee established under R12-4-102.
3. Department personnel or an authorized agent shall attach and lock a bobcat seal only to a pelt or unskinned carcass presented with a validated transportation tag and a complete lower jaw identified with labels provided with the transportation tag. Department personnel or authorized agents shall collect the transportation tags and jaws before attaching the bobcat seal.
- O.** Department personnel shall attach a bobcat seal to a bobcat pelt seized under A.R.S. § 17-211(E)(4) before disposal by the Department to the public.
- P.** A licensed trapper shall file the annual report prescribed under A.R.S. § 17-361(D). The report form is available at any Department office and online at www.azgfd.gov.
 1. The trapper shall submit the report to Arizona Game and Fish Department, Terrestrial Wildlife Branch, 5000 W. Carefree Highway, Phoenix, AZ 85086 by April 1 of each year.
 2. A report is required even when trapping activities were not conducted.
 3. The Department shall deny a trapping license to any trapper who fails to submit an annual report until the trapper complies with reporting requirements.
- Q.** Persons suffering property loss or damage due to wildlife and who take responsive measures as permitted under A.R.S. §§ 17-239 and 17-302 are exempt from this Section. This exemption does not authorize any form of trapping prohibited under A.R.S. § 17-301.

Historical Note

Repealed effective May 3, 1976 (Supp. 76-3). New Section R12-4-56 adopted effective September 2, 1977 (Supp. 77-5). Amended effective December 27, 1979 (Supp. 79-6). Former Section R12-4-56 renumbered as Section R12-4-307 without change effective August 13, 1981. New Section R12-4-307 amended effective August 31, 1981 (Supp. 81-4). Amended effective August 4, 1982 (Supp. 82-4). Correction, Former Section R12-4-56 renumbered as Section R12-4-307 without change effective August 13, 1981 should read "effective August 31, 1981." Amended as an emergency effective March 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-2). Amended subsections (B), (C)(6), (7), and (8) and added subsection (I)(5) as a permanent rule effective August 27, 1984 (Supp. 84-4). Amended subsection (C), paragraph (4), subsection (D), subsection (H), paragraph (1), subsection (I), paragraphs (3), (4) and (5) effective September 12, 1986 (Supp. 86-5). Amended effective March 1, 1994; filed in the Office of the Secretary of State November 23, 1993; Exhibit A - "Trapping Report" Form 2050, repealed from Section R12-4-307 (Supp. 93-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Corrected mislabeled subsection "C" to subsection "D" as per the Commission's request July 22, 1997 (Supp. 97-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-308. Wildlife Inspections, Check Stations, and Road-blocks

- A.** The Department has the authority to establish mandatory wildlife check stations.
 1. The Department shall publish in the Commission Order establishing the season the:
 - a. Location,
 - b. Check in requirements, and
 - c. Check out requirements for that specific season.
 2. The Department shall ensure a wildlife check station with a published:
 - a. Check in requirement is open:
 - i. 8:00 a.m. the day before the season until 8:00 p.m. the first day of the season, and
 - ii. 8:00 a.m. to 8:00 p.m. during each day of the season.
 - b. Check out requirement is open:
 - i. 8:00 a.m. to 8:00 p.m. during each day of the season, and
 - ii. Until 12:00 p.m. on the day after the close of the season.
 3. A hunter shall:
 - a. Check in at a wildlife check station in person before hunting when the Department includes a check in requirement in the Commission Order for that season;
 - b. Check out at a wildlife check station in person after hunting when the Department includes a check out requirement in the Commission Order for that season and shall:
 - i. Present for inspection any wildlife taken; and
 - ii. Display any license, tag, or permit required for taking or transporting wildlife.
- B.** The Department may conduct inspections of lawfully taken wildlife at the Department's Phoenix and regional offices or designated locations during the posted business hours.
 1. A bighorn sheep hunter shall check out either in person or by designee within three days after the close of the season. The hunter or designee shall submit the intact horns and skull for inspection and photographing. A Department representative shall affix a mark or seal to one horn of each bighorn sheep lawfully taken under Commission Order. It is unlawful for any person to remove, alter, or obliterate the mark or seal.
 2. A hunter who harvests a bear or mountain lion shall:
 - a. Report information about the kill to the Department either in person or by telephone within 48 hours of taking the wildlife. The report shall include the:
 - i. Name of the hunter,
 - ii. Hunter's hunting license number,
 - iii. Sex of the wildlife taken,
 - iv. Management unit where the wildlife was taken,
 - v. Telephone number where the hunter can be reached for additional information, and
 - vi. Any additional information required by the Department.
 - b. Present either in person or by designee the skull, hide, and attached proof of sex for inspection within 10 days of taking the wildlife. If a hunter freezes the skull or hide before presenting it for inspection, the hunter shall prop the jaw open to allow access to the teeth and ensure that the attached proof of sex is identifiable and accessible.
 3. For seasons other than bear, bighorn sheep, or mountain lion, a hunter who harvests wildlife for which a harvest objective is established, shall report information about the kill either in person or by telephone within 48 hours

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of taking the wildlife. The report shall include the information required under subsection (B)(2)(a).

- C. The Director may establish vehicle roadblocks at specific locations when necessary to ensure compliance with applicable wildlife laws. Any occupant of a vehicle at a roadblock shall, upon request, present for inspection all wildlife in possession, and provide evidence of legality as defined under R12-4-301.
- D. This Section does not limit the game ranger or wildlife manager's authority to conduct stops, searches, and inspections authorized under A.R.S. §§ 17-211(E), 17-250(A)(4), and 17-331, or to establish voluntary wildlife survey stations to gather biological information.

Historical Note

Amended effective June 29, 1978 (Supp. 78-3). Former Section R12-4-57 renumbered as Section R12-4-308 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective May 12, 1982 (Supp. 82-3). Amended subsections (B), (D), and (F), and added subsection (G) effective July 3, 1984 (Supp. 84-4). Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective July 12, 1996 (Supp. 96-3). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-309. Authorization for Use of Drugs on Wildlife

- A. A person shall not administer any drug to any wildlife under the jurisdiction of the state, including but not limited to drugs used for fertility control, disease prevention or treatment, immobilization, or growth stimulation without written authorization from the Department or as otherwise provided under subsection (E). This authorization does not:
 - 1. Exempt a person from any state or federal statute, rule, or regulation, or any municipal or county code or ordinance; or
 - 2. Authorize a person to engage in any activity using federally protected wildlife.
- B. A person requesting written authorization for the use of drugs on wildlife shall submit the request in writing to the Department at 5000 W. Carefree Highway, Phoenix, AZ 85086 and at least 120 days before the anticipated start date of the activity. The written request shall include all of the following:
 - 1. A plan that includes:
 - a. The purpose and need for the proposed activity;
 - b. A clear statement of the objectives; for fertility control the statement shall include the target wildlife population goals or densities and the anticipated time-frame for meeting these objectives;
 - c. A description of the agent, drug, or method and any mandated labeling restrictions or limitations designed to reduce or minimize detrimental effects to wildlife and humans;
 - d. Citations of published scientific literature documenting field studies on the efficacy and safety for both

target and non-target species, including predators, scavengers, and humans;

- e. A description of the activity area;
- f. A description of the target species population and current status;
- g. A description of the field methodology for delivery that includes the following, as applicable:
 - i. Timing,
 - ii. Sex and number of animals to be treated,
 - iii. Percentage of the population to be treated,
 - iv. Calculated population effect, and
 - v. Short and long term monitoring and evaluation procedures.
- 2. Documentation regarding the experience and credentials of the applicant or the applicant's agents as it applies to the requested activity;
- 3. Written permission from landowners or lessees in all locations where the drug will be administered; and
- 4. Written endorsement from the agency or institution; required when the applicant is a government agency, university, or other institution. The person signing the written endorsement shall have the authority to execute the written endorsement on behalf of the agency or institution.
- C. The Department shall notify the applicant of the Department's decision to grant or deny the request within 90 days. The Department has the authority to place conditions on the written authorization regarding:
 - 1. Locations and time-frames,
 - 2. Drugs and methodology,
 - 3. Limitations,
 - 4. Reporting requirements, and
 - 5. Any other conditions deemed necessary by the Department.
- D. A person with authorization shall:
 - 1. Carry written authorization while engaged in the activity and exhibit it upon request to any peace officer, wildlife manager, or game ranger;
 - 2. Allow Department personnel to be present to monitor activities for compliance, public safety, and proper treatment of animals;
 - 3. Adhere to all drug label restrictions and precautions;
 - 4. Provide an annual and final report:
 - a. The annual report shall include the number of animals treated, the level of treatment effect obtained to date, and any problems including mortalities or morbidities of target animals. The person shall submit the annual report to the Department by January 31 of each year or as otherwise specified in the written authorization.
 - b. The final report shall include the end results, including the number of wildlife treated and treatment effects on target and non-target wildlife, including mortalities, morbidities, and reproductive rate changes. The person shall submit the final report to the Department no later than 90 days after the completion of the project for which the permit was issued.
 - 5. Comply with all conditions and requirements set forth in the written authorization.
- E. This Section does not prohibit the treatment of wildlife by a licensed veterinarian or holder of a special license in accordance with R12-4-407(B)(2) and (8), R12-4-413(K)(5), R12-4-420(J)(3), activities as authorized under R12-4-418, R12-4-420, R12-4-421, and R12-4-423, a person exempt from special licensing under R12-4-407(A)(4) and (5), or reasonable lethal

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removal activities for wildlife control as authorized under A.R.S. § 17-239(A).

F. This Section does not limit:

1. Department employees or Department agents in the performance of their official duties related to wildlife management,
2. The practices of aquaculture facilities administered by the U.S. Fish and Wildlife Service, and commercial aquaculture facilities operating under a valid license from the Arizona Department of Agriculture, or
3. The use of supplements or drugs as a part of conventional livestock operations where those supplements may incidentally be consumed by wildlife.

G. The Department shall take possession of and dispose of any remaining wildlife drugs administered in violation of this Section and any devices and paraphernalia used to administer those drugs as authorized under A.R.S. §§ 17-211(E), 17-231(A), and 17-240(B).

H. Require the person with authorization to indemnify the Department against any injury or damage resulting from the use of animal drugs.

Historical Note

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective March 7, 1979 (Supp. 79-2). Former Section R12-4-58 renumbered as Section R12-4-309 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective May 12, 1982 (Supp. 82-3). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended effective January 1, 1999; filed with the Office of the Secretary of State December 4, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). New Section made by final rulemaking at 16 A.A.R. 1460, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-310. Fishing Permits

- A.** The Department may issue a fishing permit to state, county, or municipal agencies or departments and to nonprofit organizations whose primary purpose is to provide treatment and care for persons with physical, developmental, or mental disabilities.
- B.** The permit:
1. Is valid for any two days within a 30 day period;
 2. Authorizes persons with physical, developmental, or mental disabilities to fish without a fishing license upon any public waters except that fishing in the waters of the Colorado River is restricted to fishing from the Arizona shoreline only, unless the persons fishing under the authority of the permit also possess a valid Colorado River stamp from the adjacent state; and

3. Does not exempt persons fishing under the authority of the permit from compliance with other statutes, Commission Orders, and rules not contained in this Section.

C. An applicant for a fishing permit shall submit a properly completed application to the Department. The application is furnished by the Department and is available from any Department office and online at www.azgfd.gov.

1. The applicant shall provide all of the following information:
 - a. The name, address, and telephone number of the agency, department, or nonprofit organization requesting the permit;
 - b. The name, position title, and telephone number of the persons responsible for supervising the persons fishing under the authority of the permit;
 - c. The total number of persons who will be fishing under the authority of the permit;
 - d. The dates for which the permit will be used; and
 - e. The location for which the permit will be valid.
2. In addition to the information required under subsection (C)(1), nonprofit organizations shall also submit:
 - a. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department; and
 - b. Document identifying the organization's mission.

D. The Department shall either grant or deny the fishing permit within the applicable overall time-frame established under R12-4-106.

E. The fishing permit holder shall provide instruction on fish identification, fishing ethics, safety, and techniques to the persons who will be fishing under authority of the permit curriculum outline provided by the Department.

F. Each person fishing under the sole authority of the fishing permit may take only one-half the regular bag limit established by Commission Order for any species, unless the regular bag limit is one, in which case the permit authorizes the regular bag limit.

G. The permit holder shall submit a report to the Department no later than 30 days after the end of the authorized fishing dates. The report form is furnished by the Department and is available at any Department office. The permit holder shall report all of the following information on the form:

1. The fishing permit number and the information contained in the permit;
2. The total number of persons who fished and total hours fished;
3. The total number of fish caught, kept, and released, by species.

H. The Department may deny future fishing permits to a permit holder who failed to submit the report required under subsection (G) until the permit holder complies with reporting requirements.

Historical Note

Adopted effective October 9, 1980 (Supp. 80-5). Former Section R12-4-59 renumbered as Section R12-4-310 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-310 renumbered as R12-4-217 and amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-310 renumbered as R12-4-217 and amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). New Section adopted November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by

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final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-311. Exemptions from Requirement to Possess an Arizona Fishing License or Hunting License While Taking Wildlife In addition to the exemptions prescribed under A.R.S. § 17-335, R12-4-206(E), R12-4-207(E), and R12-4-209(E) and provided the person's fishing, hunting, or trapping license privileges are not currently revoked by the Commission:

1. A fishing license is not required when a person is:
 - a. Fishing from artificial ponds, tanks, and lakes contained entirely on private lands that are not:
 - i. Open to the public, and
 - ii. Managed by the Department.
 - b. Taking from private property nonnative terrestrial mollusks, such as but not limited to brown garden snails (*Helix aspersa*) and decollata snails (*Rumina decollata*), or crustaceans, such as crayfish.
 - c. Fishing in Arizona on any designated Saturday occurring during National Fishing and Boating Week, except in waters of the Colorado River forming the common boundaries between Arizona and California, Nevada, or Utah where fishing without a license is limited to the shoreline, unless the state with concurrent jurisdiction removes licensing requirements on the same day.
 - d. Participating in an introductory fishing education program sanctioned by the Department, during scheduled program hours, only. A sanctioned program shall have a Department employee, or authorized volunteer instructor present during scheduled program hours. For the purposes of this subsection, "authorized volunteer instructor" means a person who has successfully passed the Department's required background check, or provided documentation of the person's application for a fingerprint clearance card, and sport fishing education workshop.
2. A hunting license is not required when a person is participating in an introductory hunting event organized, sanctioned, or sponsored by the Department. The person may hunt small game, fur-bearing, predator, and designated mammals during scheduled event hours, only. To hunt migratory game birds, the person shall have any stamps required by federal regulation. The introductory hunting event shall have a Department employee, certified hunter education instructor, or authorized volunteer present during scheduled hunting hours. For the purposes of this subsection, "authorized volunteer" means a person who has successfully passed the Department's required background check, or provided documentation of the person's application for a fingerprint clearance card, and Department event best practices training. This subsection does not apply to any event that requires a participant to obtain a permit-tag or nonpermit-tag.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective May 26, 1978 (Supp. 78-3). Amended effective May 31, 1979. Amended effective June 4, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-60 renumbered as Section R12-4-311 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (B), and (D) and added subsections (F) and (G) effective

December 17, 1981 (Supp. 81-6). Amended as an emergency effective May 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-3). Emergency certification expired. Amended subsections (A) through (E) effective December 7, 1982 (Supp. 82-6). Amended subsections (C) and (D) effective February 9, 1984 (Supp. 84-1). Amended effective December 13, 1985 (Supp. 85-6). Amended subsections (A) and (D) effective December 16, 1986 (Supp. 86-6). Former Section R12-4-311 repealed, new Section R12-4-311 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-322 repealed, new Section R12-4-311 adopted effective January 1, 1989, filed effective December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-312. Repealed**Historical Note**

Amended effective June 4, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-61 renumbered as Section R12-4-312 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (B), (E) and (F) effective December 17, 1981 (Supp. 81-6). Amended subsections (A), (C), (D), (E), and added subsection (G) effective December 9, 1982 (Supp. 82-6). Amended subsection (A), paragraph (1) effective November 27, 1984 (Supp. 84-6). Amended effective December 13, 1985 (Supp. 85-6). Former Section R12-4-312 repealed, new Section R12-4-312 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-312 repealed, new Section R12-4-312 adopted effective January 1, 1989, filed December 30, 1988 (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

R12-4-313. Lawful Methods of Take and Season for Aquatic Wildlife

- A. Subject to the restrictions of this Section, a person may take aquatic wildlife during the day or night using artificial light as prescribed under A.R.S. § 17-301. When a fish die-off is imminent or when otherwise deemed appropriate, the Commission may designate a special season by Commission Order to allow fish to be taken by hand or by any hand-held, non-motorized implement that does not discharge a projectile.
- B. A person who possesses a valid Arizona fishing license may take aquatic wildlife by angling or simultaneous fishing as defined under R12-4-301 with any bait, artificial fly, or lure subject to the following restrictions:
 1. Except for sunfish of the genus *Lepomis*, the flesh of game fish may not be used as bait.
 2. Live baitfish, as defined under R12-4-101, may only be used in designated areas prescribed by Commission Order and designated areas may subsequently be closed or restricted by Commission Order.
 3. Waterdogs may not be used as live bait in that portion of Santa Cruz County lying east and south of State Highway

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- 82 or that portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
4. Shall not use more than two lines at any one time.
 5. The Commission may further restrict the lawful methods of take on particular waters by designating one or more of the following special seasons by Commission Order:
 - a. An “artificial flies and lures” season in which only artificial flies and lures may be used in designated areas,
 - b. A “barbless hooks” season in which only the use of barbless or single-point barbless hooks may be used in designated areas,
 - c. An “immediate kill or release” season in which a person must kill and retain the designated species as part of the person’s bag limit or immediately release the wildlife,
 - d. A “catch and immediate release” in which a person must immediately release the designated species, or
 - e. An “immediate kill” season in which a person must immediately kill and retain the designated species as part of the person’s bag limit.
 - C. In addition to angling, a person who possesses a valid Arizona fishing license may also take the following aquatic wildlife using the following methods:
 1. A hybrid device is lawful for the take of aquatic wildlife provided all components of the device are authorized for the take of that species under this subsection.
 2. Carp (*Cyprinus carpio*), buffalofish, mullet, tilapia, goldfish, and shad may be taken by:
 - a. Bow and arrow,
 - b. Crossbow,
 - c. Snare,
 - d. Gig,
 - e. Spear or spear gun, or
 - f. Snagging,
 3. A person shall not use any of the methods of take listed under subsection (C)(2) within 200 yards of a designated swimming area as indicated by way of posted signs or notices.
 4. Except for snagging, a person shall not use any of the methods of take listed under subsection (C)(2) within 200 yards of any boat dock or fishing pier.
 5. Striped bass may be taken by spear or spear gun in waters designated by Commission Order.
 6. Catfish may be taken by bow and arrow or crossbow in waters designated by Commission Order.
 7. Amphibians, soft-shelled turtles, mollusks, and crustaceans may be taken by minnow trap, crayfish net, hand, or with any hand-held, non-motorized implement that does not discharge a projectile, unless otherwise permitted under this Section.
 8. In addition to the methods described under subsection (C)(7), bullfrogs may be taken by:
 - a. Bow and arrow,
 - b. Crossbow,
 - c. Pneumatic weapon, or
 - d. Slingshot.
 9. Live baitfish may be taken for personal use as bait by:
 - a. A cast net not to exceed a radius of 4 feet measured from the horn to the leadline;
 - b. A minnow trap, as defined under R12-4-301;
 - c. A seine net not to exceed 10 feet in length and 4 feet in width; or
 - d. A dip net.
 10. In addition to the methods described under subsection (C)(7), crayfish may be taken with the following devices:
 - a. A trap not more than 3 feet in the greatest dimension,
 - b. A dip net as defined under R12-4-301, or
 - c. A seine net not larger than 10 feet in length and 4 feet in width.
 11. The Commission may further restrict the lawful methods of take on particular waters by designating one or more of the following special seasons by Commission Order:
 - a. A “snagging” season in which a person may use this method only at times and locations designated by Commission Order, or
 - b. A “spear or spear gun” season in which a person may use this method only at times and locations designated by Commission Order.
 - D. Aquatic wildlife taken in violation of this Section is unlawfully taken.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 17, 1977 (Supp. 77-3). Amended effective June 29, 1978 (Supp. 78-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-62 renumbered as Section R12-4-313 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 7, 1982 (Supp. 82-6). Amended subsection (A)(7) and added subsection (E)(3) effective November 27, 1984 (Supp. 84-6). Amended subsections (A) and (E) effective December 9, 1985 (Supp. 85-6). Amended subsections (A) and (E) effective December 16, 1986 (Supp. 86-6). Former Section R12-4-313 repealed, new Section R12-4-313 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Former Section R12-4-313 repealed, new Section R12-4-313 adopted effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective October 14, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-314. Possession, Transportation, or Importation of Aquatic Wildlife

- A. The Commission may prescribe legal sizes for possession of aquatic wildlife through Commission Order.
- B. A person who possesses a valid Arizona fishing license may possess live aquatic wildlife lawfully taken on the waters where taken, but the person shall not transport the aquatic wildlife alive from the waters where taken except that:
 1. A person may transport live baitfish listed in subsection (C)(1);
 2. A person may transport live waterdogs except in the portion of Santa Cruz County lying east and south of State Highway 82 or the portion of Cochise County lying west of the San Pedro River and south of State Highway 82; and
 3. Any crayfish taken on waters within Yuma or La Paz Counties may be transported alive for use as live bait in that portion of La Paz County west of Highway 95 and south of Interstate 10, Yuma County, and on the Colorado River from the Palo Verde Diversion Dam downstream to the Southern international boundary with Mexico.

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- C. A person who possesses a valid Arizona fishing license may import, transport, or possess live baitfish, crayfish, or waterdogs for personal use as live bait only as follows:
1. A person may possess or transport only the following live baitfish for personal use as live bait:
 - a. Fathead minnow (*Pimephales promelas*),
 - b. Golden shiners (*Notemigonus crysoleucas*),
 - b. Goldfish (*Carassius auratus*),
 - c. Longfin Dace (*Agosia chrysogaster*)
 - d. Sonora Sucker (*Catostomus insignis*),
 - e. Speckled Dace (*Rhynchithys osculus*), and
 - f. Desert Sucker (*Catostomus clarki*).
 2. A person may import for personal use live baitfish listed in subsection (C)(1) from:
 - a. California or Nevada, or
 - b. From any other state with accompanying documentation certifying that the fish are free of Furunculosis.
 3. A person may import, transport, or possess live waterdogs for personal use as bait, except in the portion of Santa Cruz County lying east and south of State Highway 82 or the portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
 4. A person shall not import, transport, or move live crayfish between waters for personal use as live bait except as allowed in 12 A.A.C. 4, Article 4, or except as allowed in subsection (B)(3).
- D. A person shall attach water-resistant identification to any unattended live boxes or stringers holding fish and ensure the identification bears the person's:
1. Name,
 2. Address, and
 3. Fishing license number.
- E. A person who uses a crayfish net or a minnow trap shall raise and empty the trap daily and shall attach water-resistant identification to any unattended traps and ensure the identification bears the person's:
1. Name,
 2. Address, and
 3. Fishing license number.
- F. A person shall not knowingly disturb the crayfish net, live box, minnow trap, or stringer of another unless authorized to do so by the owner.

Historical Note

Amended effective May 3, 1976 (Supp. 76-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-63 renumbered as Section R12-4-314 without change effective August 13, 1981 (Supp. 81-4). Amended subsection (B) effective December 31, 1984 (Supp. 84-6). Amended effective December 30, 1988 (Supp. 88-4).

Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Section repealed by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-315. Repealed**Historical Note**

Former Section R12-4-64 renumbered as Section R12-4-315 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 30, 1988 (Supp. 88-4).

Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30,

1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-316. Repealed**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 4, 1979 (Supp. 79-3). Amended subsections (A), (B), (C), and (D) effective December 29, 1980 (Supp. 80-6). Former Section R12-4-65 renumbered as Section R12-4-316 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (B), (C) and (F) effective February 9, 1984 (Supp. 84-1). Amended effective December 31, 1984 (Supp. 84-6). Former Section R12-4-316 repealed, new Section R12-4-316 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-316 repealed, new Section R12-4-316 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2147, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-317. Repealed**Historical Note**

Renumbered, then repealed and readopted as Section R12-4-43 effective February 20, 1981 (Supp. 81-1). Former Section R12-4-66 renumbered as Section R12-4-317 without change effective August 13, 1981 (Supp. 81-4). Correction, Section R12-4-317 formerly shown as repealed should have read reserved. Former Historical Note erroneous, see R12-4-202. Section R12-4-317 adopted effective June 20, 1984 (Supp. 84-3). Repealed effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Repealed effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). New Section made by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-318. Seasons for Lawfully Taking Wild Mammals, Birds, and Reptiles

A. Methods of lawfully taking wild mammals, birds, and reptiles during seasons designated by Commission Order as "general" seasons are designated under R12-4-304.

1. Lawful devices are defined under R12-4-101 and R12-4-301.
2. Lawful devices are listed under this Section by the range of effectiveness, from greatest range to least range.
3. A hybrid device may be used in a general season, provided:
 - a. All components of the hybrid device are designated as lawful for a given species under R12-4-304, and
 - b. No components are prohibited under R12-4-303.

B. Methods of lawfully taking big game during seasons designated by Commission Order as "special" are designated under R12-4-304. "Special" seasons are open only to a person who

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possesses a special big game license tag authorized under A.R.S. § 17-346 and R12-4-120.

- C. When designated by Commission Order, the following seasons have specific requirements and lawful methods of take more restrictive than those for general and special seasons as established under this Section. While taking the species authorized by the season, a person participating in:
1. A "CHAMP" season shall be a challenged hunter access/mobility permit holder as established under R12-4-217.
 2. A "youth-only hunt" shall be under the age of 18. A youth hunter whose 18th birthday occurs during a "youth-only hunt" for which the youth hunter has a valid permit or tag may continue to participate for the duration of that "youth-only hunt."
 3. A "pursuit-only" season may use dogs to pursue bears, mountain lions, or raccoons as designated by Commission Order, but shall not kill or capture the quarry. A person participating in a "pursuit-only" season shall possess and, at the request of Department personnel, produce an appropriate and valid hunting license and any required tag for taking the animal pursued, even though there shall be no kill.
 4. A "restricted season" may use any lawful method authorized for a specific species under R12-4-304, except dogs may not be used to pursue the wildlife for which the season was established.
 5. An "archery-only" season shall not use any other weapons, including crossbows or bows with a device that holds the bow in a drawn position except as authorized under R12-4-216. A person participating in an "archery-only" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
 - a. Bows and arrows, and
 - b. Falconry.
 6. A "handgun, archery, and muzzleloader (HAM)" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
 - a. Muzzleloading rifles,
 - b. Handguns,
 - c. Muzzleloading handguns,
 - d. Bows and arrows,
 - e. Crossbows or bows to be drawn and held with an assisting device, and
 - f. Pre-charged pneumatic weapons capable of holding and discharging a single projectile .35 caliber or larger.
 7. A "muzzleloader" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
 - a. Muzzleloading rifles or muzzleloading handguns,
 - b. Bows and arrows, and
 - c. Crossbows or bows to be drawn and held with an assisting device.
 8. A "limited weapon" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Bows and arrows,
 - b. Crossbows or bows to be drawn and held with an assisting device,
 - c. Pneumatic weapons capable of holding and discharging a single projectile .25 caliber or smaller,
 - d. Hand-propelled projectiles,
 - e. Any trap except foothold traps,
 - f. Slingshots,
 - g. Dogs,
 - h. Falconry,
 - i. Nets, or
 - j. Capture by hand.
 9. A "limited weapon hand or hand-held implement" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Catch-pole,
 - b. Hand,
 - c. Snake hook, or
 - d. Snake tongs.
 10. A "limited weapon-pneumatic" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Pneumatic weapons discharging a single projectile .25 caliber or smaller,
 - b. Hand-propelled projectiles,
 - c. Slingshots,
 - d. Dogs,
 - e. Falconry,
 - f. Nets, or
 - g. Capture by hand.
 11. A "limited weapon-rimfire" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Rifled firearms using rimfire cartridges,
 - b. Shotgun shooting shot or slug,
 - c. Bows and arrows,
 - d. Crossbows or bows to be drawn and held with an assisting device,
 - e. Pneumatic weapons,
 - f. Hand-propelled projectiles,
 - g. Any trap except foothold traps,
 - h. Slingshots,
 - i. Dogs,
 - j. Falconry,
 - k. Nets, or
 - l. Capture by hand.
 12. A "limited weapon-shotgun" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Shotgun shooting shot or slug,
 - b. Muzzleloading shotgun,
 - c. Bows and arrows,
 - d. Crossbows or bows to be drawn and held with an assisting device,
 - e. Pneumatic weapons,
 - f. Hand-propelled projectiles,
 - g. Any trap except foothold traps,
 - h. Slingshots,
 - i. Dogs,
 - j. Falconry,
 - k. Nets, or
 - l. Capture by hand.
 13. A "limited weapon-shotgun shooting shot" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
 - a. Shotgun shooting shot,
 - b. Muzzleloading shotgun shooting shot,
 - c. Bows and arrows,

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- d. Crossbows or bows to be drawn and held with an assisting device,
 - e. Pneumatic weapons,
 - f. Hand-propelled projectiles,
 - g. Any trap except foothold traps,
 - h. Slingshots,
 - i. Dogs,
 - j. Falconry,
 - k. Nets, or
 - l. Capture by hand.
14. A “falconry-only” season shall be a falconer licensed under R12-4-422 unless exempt under A.R.S. § 17-236(C) or R12-4-407. A falconer participating in a “falconry-only” season shall use no other method of take except falconry.
15. A “raptor capture” season shall be a falconer licensed under R12-4-422 unless exempt under R12-4-407.

Historical Note

Adopted effective June 4, 1987 (Supp. 87-2). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended effective January 1, 1998; filed in the Office of the Secretary of State November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 16 A.A.R. 1460, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-319. Use of Aircraft to Take Wildlife

- A. A person shall not take or assist in taking wildlife from or with the aid of aircraft, including drones.
- B. Except in hunt units with Commission-ordered special seasons under R12-4-115 and R12-4-120 and hunt units with seasons only for mountain lion and no other concurrent big game season, a person shall not locate or assist in locating wildlife from or with the aid of an aircraft, including drones, in a hunt unit with an open big game season. This restriction begins 48 hours before the opening of a big game season in a hunt unit and extends until the close of the big game season for that hunt unit.
- C. A person who possesses a special big game license tag for a special season under R12-4-115 or R12-4-120 or a person who assists or will assist such a licensee shall not use an aircraft, including drones, to locate wildlife beginning 48 hours before and during a Commission-ordered special season.
- D. This Section does not apply to any person acting within the scope of official duties as an employee or authorized agent of the state or the United States to manage or protect or aid in the management or protection of land, water, wildlife, livestock, domesticated animals, human life, or crops.

- E. For the purposes of this Section, “locate” means any act or activity that does not take or harass wildlife and is directed at locating or finding wildlife in a hunt area.

Historical Note

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 12, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-68 renumbered as Section R12-4-319 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section R12-4-319 adopted as an emergency effective October 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. New Section adopted by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-320. Harassment of Wildlife

- A. In addition to the provisions established under A.R.S. § 17-301, it is unlawful to harass, molest, chase, rally, concentrate, herd, intercept, torment, or drive wildlife with or from any aircraft, including drones, as defined under R12-4-301, or with or from any motorized terrestrial or aquatic vehicle.
- B. This Section does not apply to person’s acting:
 - 1. In accordance with the provisions established under A.R.S. § 17-239; or
 - 2. Within the scope of official duties as an employee or authorized agent of the state or the United States to manage or protect or aid in the management or protection of land, water, wildlife, livestock, domesticated animals, human life, or crops.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-321. Restrictions for Taking Wildlife in City, County, or Town Parks and Preserves

- A. All city, county, and town parks and preserves are closed to hunting and trapping, unless open by Commission Order.
- B. Unless otherwise provided under Commission Order or rule, a city, county, or town may:
 - 1. Limit or prohibit any person from hunting within one-fourth mile (440 yards) or trapping within one half mile (880 yards) of any:
 - a. Developed picnic area,
 - b. Developed campground,
 - c. Developed trailhead,
 - d. Developed wildlife viewing platform,
 - e. Boat ramp,
 - f. Shooting range,
 - g. Occupied structure, or
 - h. Golf course.
 - 2. Require a person entering a city, county, or town park or preserve, for the purpose of hunting, to declare the person’s intent to hunt within the park or preserve, if the park or preserve has a check in process established.

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3. Allow a person to take wildlife in a city, county, or town park or preserve only during the posted park or preserve hours.
- C. The requirements of subsection (B)(1) do not apply to a reptile and amphibian limited weapon hand or hand-held implement season established by Commission Order.

Historical Note

New Section R12-4-321 renumbered from R12-4-301 and amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-322. Pickup and Possession of Wildlife Carcasses or Parts

- A. For the purposes of this Section, the following definitions apply:
 1. "Fresh" means the majority of the wildlife carcass or part is not exposed dry bone and is comprised mainly of hair, hide, or flesh.
 2. "Not fresh" means the majority of the wildlife carcass or part is exposed dry bone due to natural processes such as scavenging, decomposition, or weathering.
- B. If not contrary to federal law or regulation, a person may pick up and possess naturally shed antlers or horns or other wildlife parts that are not fresh without a permit or inspection by a Department law enforcement officer.
- C. If not contrary to federal law or regulation, a person may only pick up and possess a fresh wildlife carcass or its parts under this Section if the person notifies the Department prior to pick up and possession and:
 1. The Department's first report or knowledge of the carcass or its parts is voluntarily provided by the person wanting to possess the carcass or its parts;
 2. A Department law enforcement officer or an authorized Department employee or agent is able to observe the carcass or its parts at the site where the animal was found in the same condition and location as when the animal was originally found by the person wanting to possess the carcass or its parts; and
 3. A Department law enforcement officer, using the officer's education, training, and experience, determines the animal died from natural causes. The Department may require the person to take the officer to the site where the animal carcass or parts were found when an adequate description or location cannot be provided to the officer.
- D. If a Department law enforcement officer determines that the person wanting to possess the carcass or its parts is authorized to do so under subsection (C), the officer may authorize possession of the carcass or its parts.
- E. Wildlife parts picked up and possessed from areas under control of jurisdictions that prohibit such activity, such as other states, reservations, or national parks, are illegal to possess in this state.
- F. This Section does not authorize the pickup and possession of a threatened or endangered species carcass or its parts.

Historical Note

New Section made by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

ARTICLE 4. LIVE WILDLIFE**R12-4-401. Live Wildlife Definitions**

In addition to definitions provided under A.R.S. § 17-101, and for the purposes of this Article, the following definitions apply:

"Adoption" means the transfer of custody of live wildlife to a member of the public, initiated by either the Department or its authorized agent, when no special license is required.

"Agent" means the person identified on a special license and who assists a special license holder in performing activities authorized by the special license to achieve the objectives for which the license was issued. "Agent" has the same meaning as "sublicensee" and "subpermittee" as these terms are used for the purpose of federal permits.

"Aquarium trade" means the commercial industry and its customers who lawfully trade in aquatic live wildlife.

"Aversion training" means behavioral training in which an aversive stimulus is paired with an undesirable behavior in order to reduce or eliminate that behavior.

"Captive live wildlife" means live wildlife held in captivity, physically restrained, confined, impaired, or deterred to prevent it from escaping to the wild or moving freely in the wild.

"Captive-reared" means wildlife born, bred, raised, or held in captivity.

"Circus" means a scheduled event where a variety of entertainment is the principal business, primary purpose, and attraction. "Circus" does not include animal displays or exhibits held as an attraction for a secondary commercial endeavor.

"Commercial purpose" means the bartering, buying, leasing, loaning, offering to sell, selling, trading, exporting or importing of wildlife or their parts for monetary gain.

"Domestic" means an animal species that does not exist in the wild, and includes animal species that have only become feral after they were released by humans who held them in captivity or individuals or populations that escaped from human captivity.

"Educational display" means a display of captive live wildlife to increase public understanding of wildlife biology, conservation, and management without requiring or soliciting payment from an audience or an event sponsor. For the purposes of this Article, "to display for educational purposes" refers to display as part of an educational display.

"Educational institution" means any entity that provides instructional services or education-related services to persons.

"Endangered or threatened wildlife" means wildlife listed under 50 C.F.R. 17.11, revised October 1, 2013, which is incorporated by reference. A copy of the list is available at any Department office, online at www.gpoaccess.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.

"Evidence of lawful possession" means any license or permit authorizing possession of a specific live wildlife species or individual, or other documentation establishing lawful possession. Other forms of documentation may include, but are not limited to, a statement issued by the country or state of origin verifying a license or permit for that specific live wildlife species or individual is not required.

"Exhibit" means to display captive live wildlife in public or to allow photography of captive live wildlife for any commercial purpose.

"Exotic" means wildlife or offspring of wildlife not native to North America.

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“Fish farm” means a commercial operation designed and operated for propagating, rearing, or selling aquatic wildlife for any purpose.

“Game farm” means a commercial operation designed and operated for the purpose of propagating, rearing, or selling terrestrial wildlife or the parts of terrestrial wildlife for any purpose stated under R12-4-413.

“Health certificate” means a certificate of an inspection completed by a licensed veterinarian verifying the animal examined appears to be healthy and free of infectious, contagious, and communicable diseases.

“Hybrid wildlife” means an offspring from two different wildlife species or genera. Offspring from a wildlife species and a domestic animal species are not considered wildlife.

“Live baitfish” means any species of live freshwater fish designated by Commission Order as lawful for use in taking aquatic wildlife under R12-4-313 and R12-4-317.

“Live bait” means aquatic live wildlife used or intended for use in taking aquatic wildlife.

“Migratory birds” mean all species listed under 50 C.F.R. 10.13 revised October 1, 2014, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.

“Noncommercial purpose” means the use of products or services developed using wildlife for which no compensation or monetary value is received.

“Nonhuman primate” means any nonhuman member of the order Primate of mammals including prosimians, monkeys, and apes.

“Nonnative” means wildlife or its offspring that did not occur naturally within the present boundaries of Arizona before European settlement.

“Photography” means any process that creates durable images of wildlife or parts of wildlife by recording light or other electromagnetic radiation, either chemically by means of a light-sensitive material or electronically by means of an image sensor.

“Rehabilitated wildlife” means live wildlife that is injured, orphaned, sick, or otherwise debilitated and is provided care to restore it to a healthy condition suitable for release to the wild or for lawful captive use.

“Research facility” means any association, institution, organization, school, except an elementary or secondary school, or society that uses or intends to use live animals in research.

“Restricted live wildlife” means wildlife that cannot be imported, exported, or possessed without a special license or lawful exemption.

“Shooting preserve” means any operation where live wildlife is released for the purpose of hunting.

“Special license” means any license issued under this Article, including any additional stipulations placed on the license authorizing specific activities normally prohibited under A.R.S. § 17-306 and R12-4-402.

“Species of greatest conservation need” means any species listed in the Department’s Arizona’s State Wildlife Action Plan list Tier 1a and 1b published by the Arizona Game and Fish

Department. The material is available for inspection at any Department office and online at www.azgfd.gov.

“Stock” and “stocking” means to release live aquatic wildlife into public or private waters other than the waters where taken.

“Taxa” means groups of animals within specific classes of wildlife occurring in the state with common characteristics that establish relatively similar requirements for habitat, food, and other ecological, genetic, or behavioral factors.

“Unique identifier” means a permanent marking made of alphanumeric characters that identifies an individual animal, which may include, but is not limited to, a tattoo or microchip.

“USFWS” means the United States Fish and Wildlife Service.

“Volunteer” means a person who:

Assists a special license holder in conducting activities authorized under the special license,

Is under the direct supervision of the license holder at the premises described on the license,

Is not designated as an agent, and

Receives no compensation.

“Wildlife disease” means any disease that poses a health risk to wildlife in Arizona.

“Zoo” means any facility licensed by the Arizona Game and Fish Department under R12-4-420 or, for facilities located outside of Arizona, licensed or recognized by the applicable governing agency.

“Zoonotic” means a disease that can be transmitted from animals to humans or, more specifically, a disease that normally exists in animals but that can infect humans.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

R12-4-402. Live Wildlife: Unlawful Acts

- A. A person shall not perform any of the following activities with live wildlife unless authorized by a federal license or permit, this Chapter, or A.R.S. Title 3, Chapter 16:
1. Import any live wildlife into the state;
 2. Export any live wildlife from the state;
 3. Conduct any of the following activities with live wildlife within the state:
 - a. Display,
 - b. Exhibit,
 - c. Give away,
 - d. Lease,
 - e. Offer for sale,
 - f. Possess,
 - g. Propagate,
 - h. Purchase,
 - i. Release,
 - j. Rent,
 - k. Sell,
 - l. Sell as live bait,

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- m. Stock,
 - n. Trade,
 - o. Transport; or
- 4. Kill any captive live wildlife.
- B. The Department may seize, quarantine, hold, or euthanize any lawfully possessed wildlife held in a manner that poses an actual or potential threat to the wildlife, other wildlife, or the safety, health, or welfare of the public. The Department shall make reasonable efforts to find suitable placement for any animal prior to euthanizing it.
- C. A person who does not lawfully possess wildlife in accordance with this Article shall be responsible for all costs associated with the care and keeping of the wildlife.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-403. Escaped or Released Live Wildlife

- A. The Department may seize, quarantine, or euthanize any live wildlife that has been released, has escaped, or is likely to escape if the wildlife poses an actual or potential threat to:
 - 1. Native wildlife;
 - 2. Wildlife habitat; or
 - 3. Public health, safety, or welfare; or
 - 4. Property.
- B. A person shall not release live wildlife, unless specifically directed to do so by the Department or authorized under this Article.
- C. The person possessing the wildlife shall be responsible for all costs incurred by the Department associated with seizing or quarantining the wildlife.
- D. All special license holders shall be subject to the requirements of this Section.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-404. Possession of Live Wildlife Taken Under an Arizona Hunting or Fishing License

- A. A person may take live wildlife from the wild under a valid Arizona hunting or fishing license provided the current Commission Order authorizes a live bag and possession limit for that wildlife and the individual possesses the appropriate hunting or fishing license and special license, when applicable.
- B. Except for live baitfish which may only be possessed and transported as established under R12-4-316, a person may conduct any of the following activities with wildlife taken under an Arizona hunting or fishing license provided the activity is for a noncommercial purpose:
 - 1. Export,
 - 2. Kill,
 - 3. Place on educational display,
 - 4. Possess,
 - 5. Propagate, and
 - 6. Transport.
- C. A person possessing wildlife or offspring of wildlife taken under this Section shall dispose of the wildlife or offspring of wildlife using any one or more of the following methods:
 - 1. Giving the wildlife as a gift,
 - 2. Exporting the wildlife to another state or jurisdiction, or

- 3. Disposing of the wildlife as directed by the Department.
- D. A person shall not use wildlife or offspring of wildlife taken under this Section for commercial purposes.
- E. A person exporting live wildlife for a noncommercial purpose shall verify exported live wildlife and offspring of wildlife shall not be:
 - 1. Bartered,
 - 2. Leased,
 - 3. Offered for sale,
 - 4. Purchased,
 - 5. Rented,
 - 6. Sold, or
 - 7. Used for any commercial purpose.
- F. A person may temporarily hold and release live wildlife possessed under this Section into the wild, provided the person did not remove the wildlife from the immediate area where it was taken.
- G. A person shall not exceed the possession limit of live wildlife established by Commission Order for that species.
 - 1. Offspring of wildlife possessed under this Section shall count towards the established possession limit.
 - 2. A person may possess offspring of amphibians or reptiles in excess of the possession limit for no more than 12 months from the date of birth or hatching.
 - 3. On or before the day the offspring reach 12 months of age, the person possessing them shall dispose of them as prescribed under subsection (C).
 - 4. A person is prohibited from releasing offspring of propagated wildlife into the wild.
- H. A person may use reptiles and amphibians taken under a valid Arizona hunting license for the purpose of providing aversion or avoidance training when the current Commission Order authorizes a live bag and possession limit for that reptile or amphibian.
- I. A person may sell photographs of wildlife taken under a valid hunting or fishing license.
- J. A person who possesses live wildlife or offspring of wildlife taken under this Section shall comply with the requirements prescribed under R12-4-425 if the wildlife becomes listed as restricted wildlife under R12-4-406.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-405. Importing, Purchasing, and Transporting Live Wildlife Without an Arizona License or Permit

- A. A person may import mammals, birds, amphibians, and reptiles not listed as restricted wildlife under R12-4-406 without a special license required under this Article, provided the animals are:
 - 1. Lawfully possessed under a:
 - a. Lawful exemption; or
 - b. Valid license, permit, or other form of authorization from another state, the United States, or another country; and
 - 2. Accompanied by the health certificate required under 3 A.A.C. 2, Article 6, and this Article, when applicable.
- B. A person may import live aquatic wildlife not listed as restricted wildlife under R12-4-406 without a special license under the following conditions:
 - 1. The aquatic wildlife is lawfully possessed under a lawful exemption, valid license, permit, or other form of authori-

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zation from another state, the United States, or another country; and

2. The aquatic wildlife is used only for restaurants or markets that are licensed to sell food to the public and the wildlife is killed before it is transported from the restaurant or market, or, if transported alive from the market, is conveyed directly to its final destination for preparation as food; or
3. The aquatic wildlife is used only for the aquarium trade or a fish farm and is accompanied by a valid license or permit issued by another state or the United States that allows the wildlife to be transported into this state.
 - a. A person in the aquarium trade shall:
 - i. Only use aquatic wildlife used in the aquarium trade as a pet or in an educational display, and
 - ii. Keep aquatic wildlife used in the aquarium trade in an aquarium or enclosed pond that does not allow the wildlife to leave the aquarium or pond and does not allow other live aquatic wildlife to enter the aquarium or pond.
 - b. A person in the aquarium trade shall not use or possess aquatic wildlife listed as restricted live wildlife under R12-4-406.
- C. A person shall obtain the appropriate special license listed under R12-4-409(A) before importing aquatic live wildlife for any purpose not stated under subsection (B), unless exempt under this Chapter.
- D. A person may purchase, possess, exhibit, transport, propagate, trade, rent, lease, give away, sell, offer for sale, export, or kill wildlife or aquatic wildlife or its offspring without an Arizona license or permit if the wildlife is lawfully imported and possessed as prescribed under subsections (A) or (B).
- E. An individual shall use and dispose of wildlife that is taken under an Arizona hunting or fishing license as prescribed by R12-4-404, or R12-4-417 and this Article, as applicable.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-406. Restricted Live Wildlife

- A. In order to lawfully possess wildlife listed as restricted under this Section, for any activity prohibited under A.R.S. §§ 17-255.02, 17-306, R12-4-1102, or this Article, a person shall possess:
 1. All applicable federal licenses and permits; and
 2. The appropriate special license listed under R12-4-409(A); or
 3. Act under a lawful exemption authorized under A.R.S. § 17-255.04, R12-4-316, R12-4-404, R12-4-405, R12-4-407, R12-4-425, R12-4-427, and R12-4-430.
- B. The Commission recognizes the online taxonomic classification from the Integrated Taxonomic Information System as the authority in determining the designations of restricted live mammals, birds, reptiles, amphibians, fish, crustaceans, and mollusks referenced under this Article. The Integrated Taxonomic Information System is available at any Department office and at www.itis.gov.
- C. All of the following are considered restricted live wildlife and are subject to the requirements of this Article, unless otherwise specified:
 1. Hybrid wildlife, as defined under R12-4-401, resulting from the interbreeding of at least one parent species of wildlife that is listed as restricted under this Section; and
 2. Transgenic species, unless otherwise specified under this Article. For the purposes of this Section, "transgenic species" means any organism that has had genes from another organism put into its genome through direct human manipulation of that genome. Transgenic species do not include natural hybrids or individuals that have had their chromosome number altered to induce sterility. A transgenic animal is considered wildlife if the animal is the offspring of at least one wildlife species.
- D. Domestic animals, as defined under R12-4-401, are not subject to restrictions under A.R.S. Title 17, 12 A.A.C. 4, or Commission Orders.
- E. Unless otherwise specified, all mammals listed below are considered restricted live wildlife:
 1. All species of the order *Afrosoricida*. Common names include: tenrecs and golden moles.
 2. All species of the following families of the order *Artiodactyla*. Common name: even-toed ungulates:
 - a. The family *Antilocapridae*. Common name: pronghorns.
 - b. The family *Bovidae*. Common names include: cattle, buffalo, bison, oxen, duikers, antelopes, gazelles, goats, and sheep. Except the following genera which are not restricted:
 - i. The genus *Bubalus*. Common name: water buffalo.
 - ii. The genus *Bison*. Common name: bison, American bison or buffalo.
 - c. The family *Cervidae*. Common names include: cervid, deer, elk, moose, wapiti, and red deer.
 - d. The family *Tayassuidae*. Common name: peccaries.
 3. All species of the order *Carnivora*. Common names include: carnivores, skunks, raccoons, bears, foxes, and weasels.
 4. All species of the order *Chiroptera*. Common name: bats.
 5. All species of the genus *Didelphis*. Common name: American opossums.
 6. All species of the order *Erinaceomorpha*. Common names include: gymnures and moonrats. Except members of the family *Erinaceidae*, which are not restricted. Common name: hedgehogs.
 7. All species of the order *Lagomorpha*. Common names include: pikas, rabbits, and hares. Except for members of the genus *Oryctolagus* containing domestic rabbits, which are not wildlife and are not restricted.
 8. All nonhuman primates. Common names include: orangutans, chimpanzees, gorillas, macaques, and spider monkeys.
 9. All species of the following families of the order *Rodentia*. Common name: rodents:
 - a. The family *Capromyidae*. Common name: hutias.
 - b. The family *Castoridae*. Common name: beavers.
 - c. The family *Echimyidae*. Common names include: coypus and nutrias.
 - d. The family *Erethizontidae*. Common name: new world porcupines.
 - e. The family *Geomyidae*. Common name: pocket gophers.
 - f. The family *Sciuridae*. Common names include: squirrels, chipmunks, marmots, woodchucks, and prairie dogs.
 10. All species of the order *Soricomorpha*. Common names include: shrews, desmans, moles, and shrew-moles.

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11. All species of the order *Xenarthra*. Common names include: edentates; or sloths, anteaters, and armadillos.
- F. Birds listed below are considered restricted live wildlife:**
- The following species within the family *Phasianidae*. Common names: partridges, grouse, turkeys, quail, and pheasants:
 - Callipepla gambelii*. Common name: Gambel's quail.
 - Callipepla squamata*. Common name: scaled quail.
 - Colinus virginianus*. Common name: northern bobwhite. Restricted only in game management units 34A, 36A, 36B, and 36C as prescribed under R12-4-108.
 - Cyrtonyx montezumae*. Common name: Montezuma, harlequin, or Mearns's quail.
 - Dendragapus obscurus*. Common name: dusky grouse.
 - All species listed under the Migratory Bird Treaty Act listed under 50 C.F.R. 10.13 revised October 1, 2014, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- G. Reptiles listed below are considered restricted live wildlife:**
- All species of the order *Crocodylia*. Common names include: gavials, caimans, crocodiles, and alligators.
 - All species of the following families or genera of the order *Squamata*:
 - The family *Atractaspididae*. Common name: burrowing asps.
 - The following species and genera of the family *Colubridae*:
 - Boiga irregularis*. Common name: brown tree snake.
 - Dispholidus typus*. Common name: boomslang.
 - Rhabdophis*. Common name: keelback.
 - Thelotornis kirtlandii*. Common names include: bird snake or twig snake.
 - The family *Elapidae*. Common names include: cobras, mambas, coral snakes, kraits, Australian elapids, and sea snakes.
 - The family *Helodermatidae*. Common names include: Gila monster and Mexican beaded lizard.
 - The family *Viperidae*. Common names include: true vipers and pit vipers, including rattlesnakes.
 - The following species of the order *Testudines*:
 - All species of the family *Chelydridae*. Common name: snapping turtles.
 - All species of the genus *Gopherus*. Common names include: gopher tortoises, including the desert tortoise.
- H. Amphibians listed below are considered restricted live wildlife. The following species within the order *Anura*, common names frogs and toads:**
- The species *Bufo horribilis*, *Bufo marinus*, *Bufo schneideri*. Common names include: giant or marine toads.
 - All species of the genus *Rana*. Common names include: leopard frogs and bullfrogs. Except bullfrogs possessed under A.R.S. § 17-102.
 - All species of the genus *Xenopus*. Common name: clawed frogs.
- I. Fish listed below are considered restricted live wildlife:**
- All species of the family *Acipenseridae*. Common name: sturgeon.
 - The species *Amia calva*. Common name: bowfin.
 - The species *Aplodinotus grunniens*. Common name: freshwater drum.
 - The species *Arapaima gigas*. Common name: bony tongue.
 - All species of the genus *Astyanax*. Common name: tetra.
 - The species *Belonesox belizanus*. Common name: pike topminnow.
 - All species, both marine and freshwater, of the orders *Carcharhiniformes*, *Heterodontiformes*, *Hexanchiformes*, *Lamniformes*, *Orectolobiformes*, *Pristiophoriformes*, *Squaliformes*, *Squatiniformes*, and except for all species of the families *Brachaeluridae*, *Hemiscylliidae*, *Orectolobidae*, and *Triakidae*; genera of the family *Scyliorhinidae*, including *Aulohalaelurus*, *Halaehurus*, *Haploblepharus*, *Poroderma*, and *Scyliorhinus*; and genera of the family *Parascylliidae*, including *Cirrhoscyllium* and *Parascyllium*. Common name: sharks.
 - All species of the family *Centrarchidae*. Common name: sunfish.
 - All species of the family *Cetopsidae* and *Trichomycteridae*. Common name: South American catfish.
 - All species of the family *Channidae*. Common name: snakehead.
 - All of the species *Cirrhinus mrigala*, *Gibelion catla*, and *Labeo rohita*. Common name: Indian carp.
 - All species of the family *Clariidae*. Common names include: labyrinth or airbreathing catfish.
 - All species of the family *Clupeidae* except threadfin shad, species *Dorosoma petenense*. Common names include: herring and shad.
 - The species *Ctenopharyngodon idella*. Common names include: white amur or grass carp.
 - The species *Cyprinella lutrensis*. Common name: red shiner.
 - The species *Electrophorus electricus*. Common name: electric eel.
 - All species of the family *Esocidae*. Common names include: pike and pickerels.
 - All species of the family *Hiodontidae*. Common names include: goldeye and mooneye.
 - The species *Hoplias malabaricus*. Common name: tiger fish.
 - The species *Hypophthalmichthys molitrix*. Common name: silver carp.
 - The species *Hypophthalmichthys nobilis*. Common name: bighead carp.
 - All species of the family *Ictaluridae*. Common name: catfish.
 - All species of the genus *Lates* and *Luciolates*. Common name: Nile perch.
 - All species of the family *Lepisosteidae*. Common name: gar.
 - The species *Leuciscus idus*. Common names include: whitefish and ide.
 - The species *Malapterurus electricus*. Common name: electric catfish.
 - All species of the family *Moronidae*. Common name: temperate bass.
 - The species *Mylopharyngodon piceus*. Common name: black carp.
 - All species of the family *Percidae*. Common names include: walleye and pike perches.
 - All species of the family *Petromyzontidae*. Common name: lamprey.
 - The species *Polyodon spathula*. Common name: American Paddlefish.

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32. All species of the family *Potamotrygonidae*. Common name: stingray.
 33. All species of the genera *Pygocentrus*, *Pygopristis*, and *Serrasalmus*. Common name: piranha.
 34. All species of the family *Salmonidae*. Common names include: trout and salmon.
 35. The species *Scardinius erythrophthalmus*. Common name: rudd.
 36. All species of the family *Serranidae*. Common name: bass.
 37. The following species, and hybrid forms, of the Genus *Tilapia*: *O. aureus*, *O. mossambica*; *O. niloticus*, *O. urolepis hornorum* and *T. zilli*. Common name: tilapia.
 38. The species *Thymallus arcticus*. Common name: Arctic grayling.
- J.** Crustaceans listed below are considered restricted live wildlife:
1. All freshwater species within the families *Astacidae*, *Cambaridae*, and *Parastacidae*. Common name: crayfish.
 2. The species *Eriocheir sinensis*. Common name: Chinese mitten crab.
- K.** Mollusks listed below are considered restricted live wildlife:
1. The species *Corbicula fluminea*. Common name: Asian clam.
 2. All species of the family *Dreissenidae*. Common names include: zebra and quagga mussel.
 3. The species *Euglandina rosea*. Common name: rosy wolfsnail.
 4. The species *Mytilopsis leucophaeata*. Common names include: Conrad's false mussel or false dark mussel.
 5. All species of the genus *Pomacea*. Common names include: Chinese mystery snail or apple snail.
 6. The species *Potamopyrgus antipodarum*. Common name: New Zealand mud snail.
- L.** All wildlife listed within Aquatic Invasive Species Director's Order #1.
- Historical Note**
- Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).
- R12-4-407. Exemptions from Special License Requirements for Restricted Live Wildlife**
- A.** All live cervids may only be imported, possessed, or transported as authorized under R12-4-430.
- B.** A person is not required to possess a special license to lawfully possess restricted live wildlife under the following circumstances:
1. A person may possess, transport, or give away a desert tortoise (*Gopherus morafkai*) or the progeny of a desert tortoise provided the person possessed the tortoise prior to April 28, 1989 or obtained the tortoise through a Department authorized adoption program. A person who receives a desert tortoise that is given away under this Section is also exempt from special license requirements. A person shall not:
 - a. Propagate lawfully possessed desert tortoises or their progeny unless authorized in writing by the Department's special license administrator.
 - b. Export a live desert tortoise from this state unless authorized in writing by the Department.
 2. A licensed veterinarian may possess restricted wildlife while providing medical care to the wildlife and may release rehabilitated wildlife as directed in writing by the Department, provided:
 - a. The veterinarian keeps records of restricted live wildlife as required by the Veterinary Medical Examining Board, and makes the records available for inspection by the Department.
 - b. The Department assumes no financial responsibility for any care the veterinarian provides, except care that is specifically authorized by the Department.
 3. A person may transport restricted live wildlife through this state provided the person:
 - a. Transports the wildlife through the state within 72 continuous and consecutive hours;
 - b. Ensures at least one person is continually present with, and accountable for, the wildlife while in this state;
 - c. Ensures the wildlife is neither transferred nor sold to another person;
 - d. Ensures the wildlife is accompanied by evidence of lawful possession, as defined under R12-4-401;
 - e. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable; and
 - f. Ensures the carcasses of any wildlife that die while in transport through this state are disposed of only as directed by the Department.
 4. A person may exhibit, export, import, possess, and transport restricted live wildlife for a circus, temporary animal exhibit, or government-authorized state or county fair, provided the person:
 - a. Possesses evidence of lawful possession as defined under R12-4-401, for the wildlife;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
 - d. Ensures the wildlife does not come into physical contact with the public;
 - e. Keeps the wildlife under complete control by safe and humane means; and
 - f. Ensures the wildlife is not in this state for more than 60 consecutive days.
 5. A person may export, import, possess, and transport restricted live wildlife for the purpose of commercial photography, provided the person:
 - a. Possesses evidence of lawful possession as defined under R12-4-401 for the wildlife;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
 - d. Ensures the wildlife does not come into physical contact with the public;
 - e. Keeps the wildlife under complete control by safe and humane means; and
 - f. Ensures the wildlife is not in this state for more than 60 consecutive days.

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6. A person may exhibit, import, possess, and transport restricted live wildlife for advertising purposes other than photography, provided the person:
 - a. Ensures the wildlife is accompanied by evidence of lawful possession as defined under R12-4-401;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
 - d. Maintains the wildlife under complete control by safe and humane means;
 - e. Prevents the wildlife from coming into contact with the public or being photographed with the public;
 - f. Does not charge the public a fee to view the wildlife; and
 - g. Exports the wildlife from the state within 10 days of importation.
 7. A person may export restricted live wildlife, provided the person:
 - a. Ensures the wildlife is accompanied by evidence of lawful possession as defined under R12-4-401;
 - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
 - c. Maintains the wildlife under complete control by safe and humane means;
 - d. Prevents the wildlife from coming into contact with the public or being photographed with the public;
 - e. Does not charge the public a fee to view the wildlife; and
 - f. Exports the wildlife from the state within 10 days of importation.
 8. A person may possess restricted live wildlife taken alive under R12-4-404, R12-4-405, and R12-4-427, provided the person possesses the wildlife in compliance with those Sections.
 9. A person who holds a falconry license issued by another state or country is exempt from obtaining an Arizona Sport Falconry License under R12-4-422, unless remaining in this State for more than 180 consecutive days.
 - a. The falconer licensed in another state or country shall present a copy of the out-of-state or out-of-country falconry license, or its equivalent, to the Department upon request.
 - b. A falconer licensed in another state or country and who remains in this State for more than the 180-day period shall apply for an Arizona Sport Falconry License in order to continue practicing sport falconry in this state.
 10. A person may export, give away, import, kill, possess, propagate, purchase, trade, and transport restricted live wildlife provided the person is doing so for a medical or scientific research facility registered with the United States Department of Agriculture under 9 C.F.R. 2.30 revised January 1, 2012, which is incorporated by reference in this Section. The incorporated material is available at any Department office, online at www.gpoaccess.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference contains no future editions or amendments.
 11. A person may import and transport restricted live game fish and crayfish directly to restaurants or markets that are licensed to sell food to the public.
 12. A person operating a restaurant or market licensed to sell food to the public may exhibit, offer for sale, possess, and sell restricted live game fish or crayfish, provided the live game fish and crayfish are killed before being transported from the restaurant or market.
 13. A person may export, giveaway, import, kill, possess, propagate, purchase, and trade transgenic animals provided the person is doing so for a medical or scientific research facility.
- C. An exemption granted under this Section is not valid for any wildlife protected by federal statute or regulation.
- Historical Note**
- Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).
- R12-4-408. Holding Wildlife for the Department**
- A. A game ranger may authorize a person to possess or transport live wildlife on behalf of the Department if the wildlife is needed as evidence in a pending civil or criminal proceeding.
 - B. With the exception of live cervids, the Department has the authority to allow a person to possess and transport captive live wildlife for up to 72 hours or as otherwise directed by the Department.
 - C. The Director has the authority to allow a person to hold a live cervid on behalf of the Department.
- Historical Note**
- Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).
- R12-4-409. General Provisions and Penalties for Special Licenses**
- A. A special license is required when a person intends to conduct any activity using restricted live wildlife. Special licenses are listed as follows:
 1. Aquatic wildlife stocking license, established under R12-4-410;
 2. Game bird license, established under R12-4-414;
 3. Live bait dealer's license, established under R12-4-411;
 4. Private game farm license, established under R12-4-413;
 5. Scientific collecting license, established under R12-4-418;
 6. Sport falconry license, established under R12-4-422;
 7. White amur stocking and holding license, established under R12-4-424;
 8. Wildlife holding license, established under R12-4-417;
 9. Wildlife rehabilitation license, established under R12-4-423;
 10. Wildlife service license, established under R12-4-421; and
 11. Zoo license, established under R12-4-420.
 - B. A person applying for a special license listed under subsection (A) shall:

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- a. Submit an application to the Department meeting the specific application requirements established under the applicable governing Section.
 - i. Applications for special licenses are furnished by the Department and are available at any Department office and online at www.azgfd.gov.
 - ii. An application is required upon initial application for a special license and when renewing a special license.
 - b. Pay all applicable fees required under R12-4-412.
 - C. At the time of application, the person shall certify:
 - 1. The information provided on the application is true and correct to the applicant's knowledge;
 - 2. The applicant shall comply with any municipal, county, state or federal code, ordinance, statute, regulation, or rule applicable to the license held; and
 - 3. The applicant's live wildlife privileges are not currently suspended or revoked in this state, any other state or territory, or by the United States.
 - D. A special license obtained by fraud or misrepresentation is invalid from the date of issuance.
 - E. The Department shall either grant or deny a special license within the applicable overall time-frame established for that special license under R12-4-106Ch.
 - F. In addition to the criteria prescribed under the applicable governing Section, the Department shall deny a special license when:
 - 1. The applicant's live wildlife privileges are revoked or suspended in this state, any other state, or by the United States;
 - 2. The applicant was convicted of illegally holding or possessing live wildlife within five years preceding the date of application for the special license; or
 - 3. The applicant knowingly provides false information on an application.
 - 4. The Department shall deny a license to a person who fails to meet the requirements established under the applicable governing Section or this Section. The Department shall provide a written notice to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
 - G. A special license holder may only engage in activities using federally-protected wildlife when the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license. A special license issued by the Department does not:
 - 1. Exempt the license holder from any municipal, county, state or federal code, ordinance, statute, regulation, or rule; or
 - 2. Authorize the license holder to engage in any activity using wildlife that is protected by federal regulation.
 - H. The Department may place additional stipulations on a special license at the time of initial application or renewal when necessary to:
 - 1. Conserve wildlife populations,
 - 2. Prevent the introduction and proliferation of wildlife diseases,
 - 3. Prevent wildlife from escaping, or
 - 4. Protect public health or safety.
 - I. A special license holder shall keep live wildlife in a facility according to the captivity standards prescribed under R12-4-428 or as otherwise required under this Article.
 - J. The Department may inspect a facility to verify compliance with all applicable requirements established under this Article.
 - K. A special license holder shall keep records in compliance with the requirements established under the governing Section and shall make the records available for inspection to the Department upon request.
 - L. The Department may conduct an inspection of an applicant's or license holder's facility at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
 - M. Upon determining a disease or other emergency condition exists that poses an immediate threat to the public or the welfare of any wildlife, the Department may immediately order a cessation of operations under the special license and, if necessary, order the humane disposition or quarantine of any contaminated or affected wildlife.
 - 1. When directed by the Department, a special license holder shall:
 - a. Perform disease testing,
 - b. Submit biological samples to the Department or its designee,
 - c. Surrender the wildlife to the Department;
 - d. Quarantine the wildlife, or
 - e. Humanely euthanize the wildlife.
 - 2. The license holder shall:
 - a. Ensure any disease or other emergency condition under this subsection is diagnosed by a person professionally certified to make the diagnosis.
 - b. Be responsible for all costs associated with the testing and treatment of the contaminated and affected wildlife.
 - N. If a condition exists, including disease or any violation of this Article, that poses a threat to the public or the welfare of any wildlife, but the threat does not constitute an emergency, the Department may issue a written notice of the condition to the special license holder specifying a reasonable period of time for the license holder to remedy the noticed condition. The notice of condition shall be delivered to the special license holder by certified mail or personal service.
 - 1. Failure of the license holder to remedy the noticed condition within the time specified by the Department is a violation under subsection (O).
 - 2. If a licensee receives three notices under this subsection for the same condition within a two-year period, the Department shall treat the third notice as a failure to remedy.
 - O. A special license holder shall not:
 - 1. Violate any provision of the governing Section or this Section;
 - 2. Violate any provision of the special license that the person possesses, including any stipulations specified on the special license;
 - 3. Violate A.R.S. § 13-2908, relating to criminal nuisance;
 - 4. Violate A.R.S. § 13-2910, relating to cruelty to animals; or
 - 5. Refuse to allow the inspection of facilities, wildlife, or required records.
 - P. The Department may take one or more of the following actions when a special license holder is convicted of a criminal offense involving cruelty to animals, violates subsection (N), or fails to comply with any requirement established under the governing Section or this Section:
 - 1. File criminal charges,
 - 2. Suspend or revoke a special license,

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3. Humanely dispose of the wildlife,
 4. Seize or seize in place any wildlife held under a special license.
 5. A person may appeal to the Commission any Department action listed under this subsection as prescribed under A.R.S. Title 41, Chapter 6, Article 10, except the filing of criminal charges.
- Q.** A special license holder who wishes to continue conducting activities authorized under the special license shall submit a renewal application to the Department on or before the special license expiration date.
1. The current license will remain valid until the Department grants or denies the new special license.
 2. If the Department denies the renewal application and the license holder appeals the denial to the Commission as prescribed under subsection (F)(4), the license holder may continue to hold the wildlife until:
 - a. The date on which the Commission makes its final decision on the appeal, or
 - b. The final date on which a person may request judicial review of the decision.
 3. A special license holder who fails to submit a renewal application to the Department before the date the license expires, cannot lawfully possess any live wildlife currently possessed under the license.
- R.** If required by the governing Section, a special license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The special license becomes invalid if the special license holder fails to submit the annual report by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. When the license holder is acting as a representative of an institution, organization, or agency for the purposes of the special license, the license holder shall submit the report required under subsection this Section:
 - a. By January 31 of each year the license holder is affiliated with the institution, organization, or agency; or
 - b. Within 30 days of the date of termination of the license holder's affiliation with the institution, organization, or agency.
- Historical Note**
- Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).
- R12-4-410. Aquatic Wildlife Stocking License**
- A.** An aquatic wildlife stocking license allows a person to import, possess, purchase, stock, and transport any restricted species designated on the license at the location specified on the license.
- B.** The aquatic wildlife stocking license is valid for no more than 20 consecutive days.
- C.** In addition to the requirements established under this Section, an aquatic wildlife stocking license holder shall comply with the special license requirements established under R12-4-409.
- D.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The aquatic wildlife stocking license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- E.** The Department shall deny an aquatic wildlife stocking license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny an aquatic wildlife stocking license when:
1. The Department determines that issuance of the license will result in a negative impact to native wildlife; or
 2. The applicant proposes to use aquatic wildlife that is not compatible with, or poses a threat to, any wildlife within the river drainage or the area where the stocking is to occur.
- F.** A person applying for an aquatic wildlife stocking license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and online at www.azgfd.gov. An applicant shall provide the following on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address; and
 - c. Department ID number, when applicable;
 2. When the applicant proposes to use the aquatic wildlife for a commercial purpose the applicant's business:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address; and
 - d. Telephone number;
 3. Aquatic wildlife species information:
 - a. Common name of the aquatic wildlife species;
 - b. Number of animals for each species; and
 - c. Approximate size of the aquatic wildlife that will be used under the license;
 4. The purpose for introducing the aquatic wildlife species;
 5. For each location where the aquatic wildlife will be stocked, the owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical location of the stocking site, to include river drainage and the Global Positioning System location or Universal Transverse Mercator coordinates;
 6. A detailed description or diagram of the facilities where the applicant will stock the aquatic wildlife, which includes:

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- a. Size of waterbody proposed for stocking aquatic wildlife;
 - b. Nearest river, stream, or other freshwater system;
 - c. Points where water enters each waterbody, when applicable;
 - d. Points where water leaves each waterbody, when applicable; and
 - e. Location of fish containment barriers;
 7. For each supplier from whom the applicant will obtain aquatic wildlife, the supplier's:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address;
 - d. Telephone number;
 8. The dates on which the person will stock aquatic wildlife;
 9. Any other information required by the Department; and
 10. The certification required under R12-4-409(C).
- G.** In addition to the requirements listed under subsection (F), when an applicant wishes to stock an aquatic species in an area where that species has not yet been introduced, is not currently established, or there is potential for conflict with Department efforts to conserve wildlife, the applicant shall also submit a written proposal to the Department at the time of application. The written proposal shall contain all of the following information:
1. Anticipated benefits resulting from the introduction of the aquatic live wildlife species;
 2. Potential adverse economic impacts;
 3. Potential dangers the introduced aquatic species may possibly create for native aquatic species and game fish, to include all of the following:
 - a. Determination of whether or not the introduced aquatic species is compatible with native aquatic species or game fish;
 - b. Potential ecological problems created by the introduced aquatic species;
 - c. Anticipated hybridization concerns with introducing the aquatic species; and,
 - d. Future plans designed to evaluate the status and impact of the species after it is introduced.
 4. Assessment of probable impacts to sensitive species in the area using the list generated by the Department's On-Line Environmental Review Tool, which is available at www.azgfd.gov. The proposal must address each species listed.
- H.** An applicant for an aquatic wildlife stocking license shall pay all applicable fees established under R12-4-412.
- I.** An aquatic wildlife stocking license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Obtain all aquatic wildlife, live eggs, fertilized eggs, and milt from a licensed fish farm operator or a private non-commercial fish pond certified to be free of diseases and causative agents through the following actions:
 - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the fish farm or pond where the aquatic wildlife or biological material is held before it is shipped to the license holder.
 - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to stocking.
 - c. The applicant shall submit a copy of the certification to the Department prior to conducting any stocking activities.
 3. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article.
 4. Possess the license or legible copy of the license while conducting any activities authorized under the aquatic stocking license and presents it for inspection upon the request of any Department employee or agent.
 5. Dispose of wildlife only as authorized under this Section or as directed in writing by the Department.
- J.** An aquatic wildlife stocking license holder shall comply with the requirements established under R12-4-409 and R12-4-428.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-411. Live Bait Dealer's License

- A.** A live bait dealer's license allows a person to perform any of the following activities using the aquatic live wildlife listed under subsection (B): exhibit for sale, export, import, kill, offer for sale, possess, purchase, sell, trade, or transport.
- B.** A live bait dealer's license allows a person to perform any of the activities listed under subsection (A) with any or all of the following aquatic live wildlife:
1. Fathead minnow, *Pimephales promelas*;
 2. Golden shiner, *Notemigonus crysoleucas*;
 3. Goldfish, *Carassius auratus*;
 4. Mosquito fish, *Gambusia affinis*;
 5. Threadfin shad, *Dorosoma petenense*; and
 6. Waterdogs, *Ambystoma tigrinum*, except in that portion of Santa Cruz County lying east and south of State Highway 82, or that portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
- C.** A live bait dealer's license expires on December 31 of each year.
- D.** In addition to the requirements established under this Section, a live bait dealer license holder shall comply with the special license requirements established under R12-4-409.
- E.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The live bait dealer's license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F.** The Department shall deny a live bait dealer's license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- G.** A person applying for a live bait dealer's license shall submit an application to the Department. A separate application is

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required for each location where the applicant proposes to use wildlife. The application is available from any Department office and online at www.azgfd.gov. An applicant shall provide the following information on the application:

1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. The applicant's business:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address; and
 - d. Telephone number of the applicant's business;
 3. Wildlife species information:
 - a. Common name of all wildlife species; and
 - b. The number of animals for each species that will be sold under the license.
 4. For each location where the wildlife will be used, the owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 5. A detailed description or diagram of the facilities where the applicant will hold the wildlife;
 6. For each supplier from whom the applicant will obtain wildlife, the supplier's:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address;
 - d. Telephone number;
 7. Any other information required by the Department; and
 8. The certification required under R12-4-409(C).
- H.** An applicant for a live bait dealer's license shall pay all applicable fees established under R12-4-412.
- I.** A live bait dealer's license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Obtain live baitfish from a facility certified free of the diseases and causative agents through the following actions:
 - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the facility where the wildlife is held before it is shipped to the license holder.
 - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to shipping.
 - c. The applicant shall submit a copy of the certification to the Department prior to conducting any activities authorized under the license.
 - d. The live bait dealer's license holder shall include a copy of the certification in each shipment.
 3. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article.
 4. Possess the license or legible copy of the license while conducting activities authorized under the live bait dealers license and presents it for inspection upon the request of any Department employee or agent.
 5. Dispose of aquatic wildlife only as authorized under this Section or as directed by the Department.

- J.** A live bait dealer's license holder shall comply with the requirements established under R12-4-428.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-412. Special License Fees

- A.** A person who applies for a special license authorized under this Article shall pay all applicable fees at the time of application.
- B.** A new application fee is required upon initial application or when an applicant fails to renew a special license before the license expires.
- C.** A renewal application fee is required when an applicant submits an application to renew the special license before the license expires.

Special License Fees	New Application	Renewal Application
Aquatic Wildlife Stocking License	no fee	no fee
Game Bird		
Field Trial License	\$6	\$6
Hobby License	\$5	\$5
Shooting Preserve License	\$115	\$115
Live Bait Dealer's License	\$35	\$35
Private Game Farm License	\$57.50	\$57.50
Scientific Collecting License		
Commercial	no fee	no fee
Noncommercial	no fee	no fee
Sport Falconry License, not available to a nonresident under R12-4-422(J).	\$87.50	\$87.50
White Amur Stocking and Holding License		
Commercial	\$250	\$250
Noncommercial	\$250	no fee
Wildlife Holding License	no fee	no fee
Wildlife Rehabilitation License	no fee	no fee
Wildlife Service License	no fee	no fee
Zoo License	\$115	\$115

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Repealed effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). New Section adopted effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Section repealed by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-413. Private Game Farm License

- A.** A private game farm license authorizes a person to commercially farm and sell wildlife, as specified on the license at the location designated on the license.

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1. A private game farm license allows the license holder to:
 - a. Display for sale, give away, import, offer for sale, possess, purchase, rent or lease, sell, trade, or transport wildlife, wildlife carcasses, or parts of wildlife; and
 - b. Propagate and rear wildlife.
2. The Private Game Farm License expires on December 31 of each year.
- B.** Private game farm wildlife may be killed or slaughtered, but a person shall not kill or allow the wildlife to be killed by hunting or in a manner that could be perceived as hunting or recreational sport harvest.
- C.** Private game farm wildlife shall not be killed by a person who pays a fee to the owner of the private game farm for killing the wildlife, nor shall the game farm owner accept a fee for killing the wildlife, except as authorized under R12-4-414.
- D.** A private game farm licenses authorizes the use of only the following species:
 1. Captive-reared game birds:
 - a. *Alectoris chukar*, Chukar;
 - b. *Callipepla californica*, California or valley quail;
 - c. *Callipepla gambelii*, Gambel's quail;
 - d. *Callipepla squamata*, Scaled quail;
 - e. *Colinus virginianus*, Northern bobwhite;
 - f. *Cyrtonyx montezumae*, Montezuma or Mearns' quail;
 - g. *Dendragapus obscurus*, Dusky grouse; and
 - h. *Phasianus colchicus*, Ringneck and whitewing pheasant;
 2. Mammals listed as restricted live wildlife under R12-4-406, provided:
 - a. The same species does not exist in the wild in this state;
 - b. The applicant submits proof of a valid license issued by the United States Department of Agriculture under 9 CFR 25.30 at the time of application;
 - c. The applicant submits a written proposal at the time of application, which includes all of the following information:
 - i. Species to be possessed,
 - ii. Purpose of possession,
 - iii. Purpose of propagation, when applicable,
 - iv. Methods designed to prevent wildlife from escaping,
 - v. Methods designed to prevent threat to native wildlife,
 - vi. Methods designed to ensure public safety; and
 - vii. Methods for disposal of the wildlife, which may include export from this state, or transfer to an eligible game farm licensed under this Section, a zoo licensed under R12-4-420, or a medical or scientific research facility exempted under R12-4-407.
- E.** The Department shall deny an application for:
 1. A new private game farm license for cervids. The Department may accept a renewal application for a private game farm license holder currently permitted to possess cervids, provided the license holder is in compliance with all applicable requirements under R12-4-409, R12-4-430, and this Section.
 2. A private game farm license for Northern bobwhite, *Colinus virginianus*, in game management units 34A, 36A, 36B, and 36C, as prescribed under R12-4-108.
- F.** In addition to the requirements established under this Section, a private game farm holder shall comply with the special license requirements established under R12-4-409.
- G.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The private game farm license does not:
 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- H.** The Department shall deny a private game farm license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- I.** A person applying for a private game farm license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and online at www.azgfd.gov. An applicant shall provide the following information on the application:
 1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. The applicant's business:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address; and
 - d. Telephone number;
 3. For wildlife to be used under the license:
 - a. Common name of the wildlife species;
 - b. Number of animals for each species; and
 - c. When the applicant is renewing the private game farm license, the species and number of animals for each species currently held in captivity under the license;
 4. For each location where the wildlife will be used, the land owner's:
 - a. Name;
 - b. Mailing address;
 - d. Telephone number; and
 - e. Physical location description to include the Global Positioning System location or Universal Transverse Mercator coordinates;
 5. A detailed description or diagram of the facilities where the applicant will hold the wildlife, and a description of how the facilities comply with the requirements established under R12-4-428 and any other captivity standards established under this Section;
 6. For each wildlife supplier from whom the special license applicant will obtain wildlife, the supplier's:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address;
 - d. Telephone number;
 7. Any other information required by the Department; and
 8. The certification required under R12-4-409(C).
- J.** An applicant for a private game farm license shall pay all applicable fees established under R12-4-412.

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- K.** A private game farm license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Ensure each shipment of live wildlife imported into the state is accompanied by a health certificate.
 - a. The certificate shall be issued no more than 30 days prior to the date on which the wildlife shipped.
 - b. A copy of the certificate shall be submitted to the Department prior to importation.
 3. Ensure the following documentation accompanies each shipment of wildlife made by the game farm:
 - a. Name of the private game farm license holder,
 - b. Private game farm license number,
 - c. Date wildlife was shipped,
 - d. Number of wildlife, by species, included in the shipment,
 - e. Name of the person or common carrier transporting the shipment, and
 - f. Name of the person receiving the shipment.
 4. Provide each person who transports a wildlife carcass from the site of the game farm with a receipt that includes all of the following:
 - a. Date the wildlife was purchased, traded, or given as a gift;
 - b. Name of the game farm; and
 - c. Number of wildlife carcasses, by species, being transported.
 5. Ensure each facility is inspected by the attending veterinarian at least once every year.
 6. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article.
 7. Maintain records of all wildlife possessed under the license for a period of three years. In addition to the information required under subsections (M)(4)(a) through (M)(4)(e), the records shall also include:
 - a. The private game farm license holder's:
 - i. Name;
 - ii. Mailing address;
 - iii. Telephone number; and
 - iv. Special license number;
 - b. Copies of all federal, state, and local licenses, permits, and authorizations required for the lawful operation of the private game farm;
 - c. Copies of the annual report required under subsection (M);
 - d. Number of all restricted live wildlife, by species and the date it was obtained;
 - e. Source of all restricted live wildlife and the date it was obtained;
 - f. Number of offspring propagated by all restricted live wildlife; and
 - g. For all restricted live wildlife disposed of by the license holder:
 - i. Number, species, and date of disposition; and
 - ii. Manner of disposition to include the names and addresses of persons to whom the wildlife was bartered, given, or sold, when authorized.
- L.** A private game farm license holder shall not:
1. Propagate hybrid wildlife or domestic animals with wildlife; or
 2. Possess domestic species under the special license.
- M.** A private game farm license holder shall submit an annual report to the Department before January 31 of each year for activities performed under the license for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The private game farm license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall include all of the following information, as applicable:
 - a. Number of wildlife, by species;
 - b. Source of all wildlife that the license holder obtained or propagated;
 - c. Date on which the wildlife was obtained or propagated;
 - d. Date on which the wildlife was disposed of and the manner of disposition; and
 - e. Name of person who received wildlife disposed of by barter, given as a gift, or sale.
- N.** Except for cervids which shall be disposed of only as established under R12-4-430, a private game farm license holder who no longer uses the wildlife for a commercial purpose shall dispose of the wildlife as follows:
1. Export,
 2. Transfer to another private game farm licensed under this Section,
 3. Transfer to a zoo licensed under R12-4-420,
 4. Transfer to a medical or scientific research facility exempt under R12-4-407,
 5. As directed by the Department, or
 6. As otherwise authorized under this Section.
- O.** A private game farm license holder shall comply with the requirements established under R12-4-428 and R12-4-430.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-414. Game Bird License

- A.** A game bird license authorizes a person to conduct certain activities with the captive pen-reared game birds specified on the license and only at the location or locations specified on the license, as described below:
1. Game Bird Hobby:
 - a. Authorizes a license holder to:
 - i. Possess no more than 50 captive pen-reared game birds at any one time; and
 - ii. Export, gift, import, kill, possess, propagate, purchase, and transport the captive pen-reared game birds specified on the license for personal, noncommercial purposes only.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Hobby license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Callipepla californica*, California or valley quail;

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- iii. *Callipepla gambelii*, Gambel's quail;
 - iv. *Callipepla squamata*, Scaled quail;
 - v. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D);
 - vi. *Cyrtonyx montezumae*, Montezuma or Mearn's quail; and
 - vii. *Dendragapus obscurus*, Dusky grouse.
- c. The Game Bird Hobby license expires on December 31 each year.
- 2. Game Bird Shooting Preserve:
 - a. Authorizes a license holder to:
 - i. Release captive pen-reared game birds for the purpose of hunting or shooting.
 - ii. Export, display, gift, import, kill, offer for sale, possess, propagate, purchase, trade, and transport the captive pen-reared game birds specified on the license.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Shooting Preserve license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Anas platyrhynchos*, Mallard duck;
 - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D); and
 - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
 - c. The license holder shall restrict the release and take of the live captive pen-reared game birds on private lands to an area not more than 1,000 acres.
 - d. The license holder may charge a fee to allow persons to take captive pen-reared game birds on the shooting preserve.
 - e. A person is not required to possess a hunting license when taking a captive pen-reared game bird released under the provisions of this Section.
 - f. A captive pen-reared game bird released under a Game Bird Shooting Preserve license may be taken with any method designated under R12-4-304.
 - g. The Game Bird Shooting Preserve license expires on December 31 each year.
- 3. Game Bird Field Trial:
 - a. Authorizes a license holder to:
 - i. Release and take captive pen-reared game birds for the purpose of conducting a competition to test the performance of hunting dogs in one field trial event;
 - ii. Import, kill, possess, purchase within the State, and transport the captive pen-reared game birds specified on the license for one field trial event; and
 - iii. Export, gift, kill, or transport any captive pen-reared game bird held after the field trial event.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Field Trial license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Anas platyrhynchos*, Mallard duck;
 - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D); and
 - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
 - c. A person is not required to possess a hunting license in order to participate in a field trial event held under the provisions of this Section.
 - d. A captive pen-reared game bird released under a Game Bird Field Trial license may be taken with any method designated under R12-4-304.
 - e. The Game Bird Field Trial license is valid for no more than ten consecutive days.
- 4. Game Bird Field Training:
 - a. Authorizes a license holder to:
 - i. Release and take released live captive pen-reared game birds specified on the license for the purpose of training a dog or raptor to hunt game birds; and
 - ii. Import, possess, purchase within the State, and transport the captive pen-reared game birds specified on the license; and
 - iii. Export, gift, kill, or transport any captive pen-reared game bird possessed under the license.
 - b. The following captive pen-reared game bird species may be possessed by a Game Bird Field Training license holder:
 - i. *Alectoris chukar*, Chukar;
 - ii. *Anas platyrhynchos*, Mallard duck;
 - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D)(2)(b);
 - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
 - c. A person is not required to possess a hunting license when taking a captive pen-reared game bird released under the provisions of this Section.
 - d. A captive pen-reared game bird released under a Game Bird Field Training license may be taken with any method designated under R12-4-304.
 - e. The Game Bird Field Training license expires on December 31 each year.
- B. In addition to the requirements established under this Section, a game bird license holder shall comply with the special license requirements established under R12-4-409.
- C. The license holder shall be responsible for compliance with all applicable regulatory requirements. The game bird license does not:
 - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 - 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- D. The Department shall deny a game bird license to a person who fails to meet the requirements under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department may deny a game bird license when:
 - 1. The applicant proposes to release captive pen-reared game birds:
 - a. At a location where an established wild population of the same species exists.

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- b. During nesting periods of upland game birds or waterfowl that nest in the area.
 - 2. The applicant requests a license:
 - a. For the sole purpose described under subsection (A)(1) and proposes to possess more than 50 captive pen-reared game birds at any one time.
 - b. To possess Northern bobwhites, *Colinus virginianus*, in any one of the following game management units, as described under R12-4-108; 34A, 36A, 36B, and 36C.
 - 3. The Department determines the:
 - a. Authorized activity listed under this Section may pose a threat to native wildlife, wildlife habitat, or public health or safety.
 - b. Escape of any species listed on the application may pose a threat to native wildlife or public health or safety.
 - c. Release of captive pen-reared game birds may interfere with a wildlife or habitat restoration program.
- E. A person applying for a game bird license shall submit an application to the Department. A person applying for multiple Game Bird Field Trial licenses shall submit a separate application for each date and location where a competition will occur. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following information on the application:
 - 1. The applicant's information:
 - a. Name;
 - b. Mailing address, when applicable;
 - c. Physical address;
 - d. Telephone number; and
 - e. Department ID number, when applicable;
 - 2. For captive pen-reared game birds to be used under the license:
 - a. Common name of game bird species;
 - b. Number of animals for each species; and
 - c. When the applicant is renewing a Game Bird Hobby or Shooting Preserve license, the species and number of animals for each species currently held in captivity under the license;
 - 3. The type of game bird license:
 - a. Game Bird Hobby;
 - b. Game Bird Shooting Preserve;
 - c. Game Bird Field Trial; or
 - d. Game Bird Field Training;
 - 4. For each location where captive pen-reared game birds will be held, the owner's:
 - a. Name;
 - b. Mailing address, when applicable;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location, when available;
 - 5. For each location where captive pen-reared game birds will be released, the land owner's or agency's:
 - a. Name;
 - b. Mailing address, when applicable;
 - c. Telephone number; and
 - d. Physical address or general location description and Global Positioning System location, when available; and
 - 6. For each captive pen-reared game bird supplier from whom the applicant will obtain game birds, the supplier's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 - 7. An applicant who is applying for a Game Bird Shooting Preserve or Field Trial license and intends to use the captive pen-reared game birds for a commercial purpose shall also provide the applicant's business:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 - 8. An applicant who intends to use the captive pen-reared game birds for an activity affiliated with a sponsoring organization shall also provide the organization's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number of the organization chair or local chapter;
 - 9. An applicant who is applying for a Game Bird Field Trial license shall also specify the range of dates within which the field trial event will take place, not to exceed a 10-day period;
 - 10. An applicant who is applying for a Game Bird Hobby or Game Bird Shooting Preserve license shall also provide a detailed description or diagram of the facilities where the applicant will hold captive pen-reared game birds and a description of how the facilities comply with the requirements established under R12-4-428 and any other captivity standards established under this Section;
 - 11. Any other information required by the Department; and
 - 12. The certification required under R12-4-409(B).
- F. An applicant for a game bird license shall pay all applicable fees established under R12-4-412.
- G. A game bird license holder shall:
 - 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 - 2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article.
 - 3. Possess the license or legible copy of the license while conducting any activity authorized under the game bird license and present it for inspection upon the request of any Department employee or agent.
 - 4. Ensure each shipment of captive pen-reared game birds imported into the state is accompanied by a health certificate.
 - a. The certificate shall be issued no more than 30 days prior to the date on which the game birds are shipped.
 - b. A copy of the certificate shall be submitted to the Department prior to importation.
 - 5. Provide each person who transports captive pen-reared game birds taken under the game bird license with documentation that includes all of the following:
 - a. Name of the game bird license holder;
 - b. Game bird license number;
 - c. Date the captive pen-reared game bird was obtained;
 - d. Number of captive pen-reared game birds, by species; and
 - e. When the captive pen-reared game birds are being shipped:
 - i. Name of the person or common carrier transporting the shipment, and
 - ii. Name of the person receiving the shipment.
 - 6. Maintain records of all captive pen-reared game birds possessed under the license for a period of three years. In addition to the information required under subsections

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(G)(5)(a) through (G)(5)(b), the records shall also include:

- a. The game bird license holder's:
 - i. Name;
 - ii. Mailing address;
 - iii. Telephone number; and
 - iv. Special license number;
 - b. Copies of the annual report required under subsection (H);
7. Dispose of captive pen-reared game birds only as authorized under this Section or as directed by the Department.
 8. Conduct license activities solely at the locations and within the time-frames approved by the Department. A Game Bird License holder may request permission to amend the license to conduct activities authorized under the license at an additional location by submitting the application required under subsection (E) to the Department.
- H.** A game bird license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The game bird license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department shall not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall include all of the following information, as applicable:
 - a. Number of all captive pen-reared game birds, by species and the date obtained;
 - b. Source of all captive pen-reared game birds and the date obtained;
 - c. Number of offspring propagated by all captive pen-reared game birds; and
 - d. For all captive pen-reared game birds disposed of by the license holder:
 - i. Number, species, and date of disposition; and
 - ii. Manner of disposition to include the names and addresses of persons to whom the wildlife was bartered, given, or sold, when authorized.
- I.** A game bird license holder shall comply with the requirements established under R12-4-428.
- J.** A game bird released under a game bird license and found outside of the location specified on the license shall become property of the State and is subject to the requirements prescribed under A.R.S. Title 17 and 12 A.A.C. 4, Article 3.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 2557, effective September 6, 2017 (Supp. 17-3).

R12-4-415. Repealed**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-416. Repealed**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-417. Wildlife Holding License

- A.** A wildlife holding license authorizes a person to display for educational purposes, euthanize, export, give away, import, photograph for commercial purposes, possess, propagate, purchase, or transport, restricted and nonrestricted live wildlife lawfully:
1. Held under a valid hunting or fishing license for a purpose listed under subsection (C),
 2. Collected under a valid scientific collecting license issued under R12-4-418,
 3. Obtained under a valid wildlife rehabilitation license issued under R12-4-423,
 4. Or as otherwise authorized by the Department.
- B.** A wildlife holding license expires on December 31 of the year issued, or, if the license holder is a representative of an institution, organization, or agency described under subsection (C)(4), upon termination of affiliation with that entity, whichever comes first.
- C.** A wildlife holding license is valid for the following purposes, only:
1. Advancement of science;
 2. Lawfully possess restricted live wildlife when it is:
 - a. Necessary to give humane treatment to restricted live wildlife that has been abandoned or permanently disabled, and is therefore unable to meet its own needs in the wild; or
 - b. Previously possessed under another special license and the primary purpose for that special license no longer exists;
 3. Promotion of public health or welfare;
 4. Provide education under the following conditions:
 - a. The applicant is an educator affiliated or partnered with an educational organization; and
 - b. The educational organization permits the use of live wildlife.
 5. Photograph for a commercial purpose live wildlife provided:
 - a. The wildlife will be photographed without posing a threat to other wildlife or the public, and
 - b. The photography will not adversely impact other affected wildlife in this state, or
 6. Wildlife management.
- D.** The Department shall deny an application for a wildlife holding license for the possession of cervids.
- E.** In addition to the requirements established under this Section, a wildlife holding license holder shall comply with the special license requirements established under R12-4-409.
- F.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The wildlife holding license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.

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- G.** The Department shall deny a wildlife holding license to a person who fails to meet the requirements established under R12-4-409 or this Section, or when the person's wildlife holding privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a wildlife holding when:
1. It is in the best interest of the wildlife; or
 2. The issuance of the license will adversely impact other wildlife or their habitat in the state.
- H.** A person applying for a wildlife holding license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and online at www.azgfd.gov. The applicant shall provide the following information:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. If the applicant will use the wildlife for a commercial purpose, the applicant's business:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address; and
 - d. Telephone number;
 3. If the applicant will use wildlife for activities authorized by an educational or scientific institution that employs, contracts, or is similarly affiliated with the applicant, the institution's:
 - a. Name;
 - b. Mailing address; and
 - c. Telephone number;
 4. For wildlife to be used under the license:
 - a. Common name of the wildlife species;
 - b. Number of animals for each species;
 - c. When the application is for the use of multiple species, the applicant shall list each species and the number of animals for each species; and
 - d. When the applicant is renewing the wildlife holding license, the species and number of animals for each species currently held in captivity under the license;
 5. For wildlife to be used for educational purposes:
 - a. The affiliated educational institution's:
 - i. Name;
 - ii. Federal Tax Identification Number;
 - iii. Mailing address; and
 - iv. Telephone number of the educational institution;
 - b. A copy of the established curriculum utilizing sound educational objectives; and
 - c. A plan for how the applicant will address any safety concerns associated with the use of live wildlife in a public setting.
 6. For each location where the applicant proposes to hold the wildlife, the owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical location description to include the Global Positioning System location or Universal Transverse Mercator coordinates;
 7. A detailed description and diagram, or photographs, of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428, and any other captivity standards that may be established under this Section;
 8. The dates that the applicant will begin and end holding wildlife;
 9. A clear description of how the applicant intends to dispose of the wildlife once the proposed activity for which the license was issued ends;
 10. Any other information required by the Department; and
 11. The certification required under R12-4-409(C).
 12. For subsection (H)(7), the Department may, at its discretion, accept documented current certification or approval by the applicant's institutional animal care and use committee or similar committee in lieu of the description, diagram, and photographs of the facilities.
- I.** In addition to the requirements listed under subsection (H), at the time of application, an applicant for a wildlife holding license shall also submit:
1. Evidence of lawful possession, as defined under R12-4-401;
 2. A statement of the applicant's experience in handling and providing care for the wildlife to be held or experience relevant to handling or providing care for wildlife;
 3. A written proposal that contains all of the following information:
 - a. A description of the activity the applicant intends to perform under the license;
 - b. Purpose for the proposed activity;
 - c. The contribution the proposed activity will make to one or more of the primary purposes listed under subsection (C).
 - d. For an applicant who wishes to possess restricted live wildlife for the purpose of providing humane treatment, a written explanation stating why the wildlife is unable to meet its own needs in the wild and the following information for the licensed veterinarian who will provide care for the wildlife:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number;
- J.** An applicant for a wildlife holding license shall pay all applicable fees required under R12-4-412.
- K.** A wildlife holding license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article.
 3. Possess the license or legible copy of the license while conducting any activity authorized under the wildlife holding license and presents it for inspection upon the request of any Department employee or agent.
 4. Permanently mark any restricted live wildlife used for lawful activities under the authority of the license, when required by the Department.
 5. Ensure that a copy of the license accompanies any transportation or shipment of wildlife made under the authority of the license.

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6. Surrender wildlife held under the license to the Department upon request.
- L.** A wildlife holding license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year or as indicated under subsection (O). The report form is furnished by the Department.
 1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The wildlife holding license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall include all of the following information, as applicable:
 - a. A list of animals held during the year, the list shall be by species and include the source and date on which the wildlife was acquired.
 - b. The permanent mark or identifier of the wildlife, such as name, number, or another identifier for each animal held during the year, when required by the Department. This designation or identifier shall be provided with other relevant reported details for the holding or disposition of the individual animal;
 - c. Whether the wildlife is alive or dead.
 - d. The current location of the wildlife.
 - e. A list of all educational displays where the wildlife was utilized to include the date, location, organization or audience, approximate attendance, and wildlife used.
- M.** A wildlife holding license holder may authorize an agent to assist the license holder in conducting activities authorized under the wildlife holding license, provided the agent's wildlife privileges are not suspended or revoked in any state.
 1. The license holder shall obtain written authorization from the Department before allowing a person to act as an agent.
 2. The license holder shall notify the Department in writing within 10 calendar days of terminating any agent.
 3. The Department may suspend or revoke the license holder's license if an agent violates any requirement of this Section or Article or any stipulations placed upon the license.
 4. An agent may possess wildlife for the purposes outlined under subsection (C), under the following conditions;
 - a. The agent shall possess evidence of lawful possession, as defined under R12-4-401, for all wildlife possessed by the agent;
 - b. The agent shall return the wildlife to the primary license holder's facility within two days of receiving the wildlife.
- N.** A wildlife holding license holder shall not barter, give as a gift, loan for commercial activities, offer for sale, sell, trade, or dispose of any restricted live wildlife, offspring of restricted live wildlife, or their parts except as stipulated on the wildlife holding license or as directed in writing by the Department.
- O.** A wildlife holding license is no longer valid once the primary purpose for which the license was issued, as prescribed in subsection (C), no longer exists. When this occurs, the wildlife holding license holder shall immediately submit the annual report required under (L) to the Department.
- P.** A wildlife license holder shall comply with the requirements established under R12-4-409, R12-4-428, and R12-4-430.

repealed; new Section adopted by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-418. Scientific Collecting License

- A.** A scientific collecting license allows a person to conduct any of the following activities with live wildlife when specified on the license:
 1. Display,
 2. Photograph for noncommercial purposes,
 3. Possess,
 4. Propagate,
 5. Take,
 6. Transport, and
 7. Use for educational purposes.
- B.** The Department issues three types of scientific collecting licenses:
 1. Personal,
 2. Consultant, and
 3. Government, which includes educational and research institutions.
- C.** A person may apply for a scientific collecting license only when the license is requested for:
 1. The purpose of wildlife management, gathering information valuable to the maintenance of wild populations, education, the advancement of science, or promotion of the public health or welfare;
 2. A purpose that is in the best interest of the wildlife or the species, will not adversely impact other affected wildlife in this state, and may be authorized without posing a threat to wildlife or public safety; and
 3. A purpose that does not unnecessarily duplicate previously documented projects.
- D.** A scientific collecting license expires on December 31 each year.
- E.** For the protection of wildlife or public safety, the Department has the authority to take any one or more of the following actions:
 1. Rescind or modify any method of take authorized by the license;
 2. Restrict the number of animals for each species or other taxa the license holder may take under the license;
 3. Restrict the age, condition, or location of wildlife the license holder may take under the license; or
 4. Deny or substitute the number of specimens and taxa requested on an application.
- F.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The scientific collecting license does not:
 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- G.** The Department may deny a scientific collecting license to a person who fails to meet the requirements established under R12-4-409 or this Section, or when the person's scientific collecting privileges are suspended or revoked in any state. The Department shall provide the written notice established under

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Section

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R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a scientific collecting license when it is in the best interest of the wildlife or public safety.

- H.** A person applying for a scientific collecting license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available from any Department office, and online at www.azgfd.gov. A person applying for a scientific collecting license shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number; when applicable;
 2. If the applicant will use wildlife for activities authorized by a scientific, educational, or government institution, organization, or agency that employs, contracts, or is similarly affiliated with the applicant, the applicant shall provide the institution's:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address;
 - d. Telephone number of the institution; and
 - e. The applicant's title or a description of the nature of affiliation with the institution or organization;
 3. When the applicant is renewing the scientific collecting license, the species and number of animals for each species currently held in captivity;
 4. For each the location where the wildlife will be held, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical location description to include the Global Positioning System location or Universal Transverse Mercator coordinates;
 5. A detailed description and diagram, or photographs, of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428, and any other captivity standards that may be established under this Section;
 6. Any other information required by the Department; and
 7. The certification required under R12-4-409(C).
 8. For subsection (H)(5), the Department may, at its discretion, accept documented current certification or approval by the applicant's institutional animal care and use committee or similar committee in lieu of the description, diagram, and photographs of the facilities.
- I.** In addition to the requirements listed under subsection (H), at the time of application, an applicant for a scientific collecting license shall also submit a written proposal. The written proposal shall contain all of the following information:
1. List of activities the applicant intends to perform under the license;
 2. Purpose for the use of wildlife as established under subsection (C);
 3. When the applicant intends to use wildlife for educational purposes, the proposal shall also include the:
 - a. Minimum number of presentations the applicant anticipates to provide under the license
 - b. Name, title, address, and telephone number of persons whom the applicant has contacted to offer educational presentations; and
 - c. Number of specimens the applicant already possesses for any species requested on the application;
 4. Applicant's relevant qualifications and experience in handling and, when applicable, providing care for the wildlife to be held under the license;
 5. Methods of take that the applicant will use, to include:
 - a. Justification for using the method, and
 - b. Proposed method of disposing wildlife taken under the license and any subsequent offspring, when applicable;
 6. Number of animals for each species that will be used under the license;
 7. Locations where collection will take place;
 8. Names and addresses of any agents who will assist the applicant in carrying out the activities described in the proposal.
 9. Project completion date; and
 10. Whether the applicant intends to publish the project or its findings.
- J.** An applicant for a scientific collecting license shall pay all applicable fees required under R12-4-412.
- K.** A scientific collecting license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Possess the license or legible copy of the license while conducting any activity authorized under the scientific collecting license and presents it for inspection upon the request of any Department employee or agent.
 3. Notify the Department in writing within 10 calendar days of terminating any agent.
 4. Use the most humane and practical method possible prescribed under R12-4-304, R12-4-313, or as directed by the Department in writing.
 5. Conduct activities authorized under the scientific collecting license only at the locations and time periods specified on the scientific collecting license.
 6. Dispose of wildlife, wildlife parts, or offspring, only as directed by the Department.
- L.** A scientific collecting license holder shall not exhibit any wildlife held under the license, unless the person also possesses a zoo license authorized under R12-4-420.
- M.** A scientific collecting license holder may request authorization to allow an agent to assist the license holder in carrying out activities authorized under the scientific collecting license by submitting a written request to the Department.
1. An applicant may request the ability to allow a person to act as an agent on the applicant's behalf, provided:
 - a. An employment or supervisory relationship exists between the applicant and the agent, and
 - b. The agent's privilege to take or possess live wildlife is not suspended or revoked in any state.
 2. The license holder shall obtain approval from the Department prior to allowing the agent assist in any activities.
 3. The license holder is liable for all acts the agent performs under the authority of this Section.
 4. The Department, acting on behalf of the Commission, may suspend or revoke a license for violation of this Section by an agent.
 5. The license holder shall ensure the agent possesses a legible copy of the license while conducting any activity

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authorized under the scientific collecting license and presents it for inspection upon the request of any Department employee or agent.

- N. A scientific collecting license holder may submit to the Department a written request to amend the license to add or delete an agent, location, project, or other component documented on the license at any time during the license period.
- O. A scientific collecting license holder shall submit an annual report to the Department before January 31 of each year. The report form is furnished by the Department.
 1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The scientific collecting license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. The Department may stipulate submission of additional interim reports upon license application or renewal.
- P. A scientific collecting license holder who wishes to permanently hold wildlife species collected under the license in Arizona that will no longer be used for activities authorized under the license shall apply for and obtain a wildlife holding license in compliance with R12-4-417 or another appropriate special license.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-419. Repealed**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-420. Zoo License

- A. A zoo license allows a person to exhibit, export, euthanize, display for educational purposes, give away, import, offer for sale, possess, propagate, purchase, sell, or transport any lawfully possessed restricted and nonrestricted live wildlife.
- B. A person may apply for a zoo license only when the license is requested for:
 1. Advancement of science or wildlife management,
 2. Promotion of public health or welfare,
 3. Public education, or
 4. Wildlife conservation.
- C. A zoo license expires on December 31 each year.
- D. In addition to the requirements established under this Section, a zoo license holder shall comply with the special license requirements established under R12-4-409.
- E. The license holder shall be responsible for compliance with all applicable regulatory requirements; the zoo license does not:
 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F. The Department shall deny a zoo license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a zoo license when:
 1. It is in the best interest of the wildlife; or
 2. The issuance of the license will adversely impact other wildlife or their habitat in the state;
- G. A person applying for a zoo license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available from any Department office and online at www.azgfd.gov. An applicant shall provide the following information on the application:
 1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number;
 - d. Federal Tax Identification Number; and
 - e. Department ID number, when applicable;
 2. If the applicant will use wildlife for activities authorized by an educational or scientific institution that employs, contracts, or is similarly affiliated with the applicant, the applicant shall provide the institution's:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address;
 - d. Telephone number;
 3. Wildlife species to be held under the license;
 - a. Common and current scientific name of the wildlife species; and
 - b. Number of animals for each species;
 4. If the applicant is renewing the zoo license, the number of animals of each species that are currently in captivity, and evidence of lawful possession as defined under R12-4-401;
 5. For each location where the wildlife will be used, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical location description to include the Global Positioning System location or Universal Transverse Mercator coordinates;
 6. A detailed description and diagram of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428;
 7. Any other information required by the Department; and
 8. The certification required under R12-4-409(C).
- H. In addition to the requirements listed under subsection (G), an applicant for a zoo license shall also submit at the time of application:
 1. A written proposal that contains the following:
 - a. A description of how the facility or operation meets the definition of a zoo, as defined under A.R.S. § 17-101; and

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- b. The purpose of the license, as established under subsection (B);
- 2. Proof of current licensing by the United States Department of Agriculture under 9 C.F.R. Subchapter A, Animal Welfare;
- 3. Photographs of the facility when the zoo is not accredited by the Association of Zoos and Aquariums or Zoological Association of America.
- 4. For subsection (H)(2), 9 C.F.R. Subchapter A, Animal Welfare revised January 1, 2012, and no later amendments or editions, which is incorporated by reference. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- I.** An applicant for a zoo license shall pay all applicable fees established under R12-4-412.
- J.** A zoo license holder shall:
 - 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 - 2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article.
 - 3. Ensure each facility is inspected by the attending veterinarian at least once every year.
 - 4. Hold all wildlife in such a manner designed to prevent wildlife from escaping from the facility specified on the license.
 - 5. Hold all wildlife in a manner designed to prevent the entry of unauthorized persons or other wildlife.
 - 6. Hold all wildlife lawfully possessed under the zoo license in the facility specified on the license, except when transporting the wildlife:
 - a. To or from a temporary exhibit;
 - b. For medical treatment; or
 - c. Other activities approved by the Department in writing.
 - 7. Ensure a temporary exhibit shall not exceed 60 consecutive days at any one location, unless approved by the Department in writing.
 - 8. Clearly display a sign at the facility's main entrance that states the days of the week and hours when the facility is open for viewing by the general public.
 - 9. Ensure all wildlife held under the license that has the potential to come into contact with the public is tested for zoonotic diseases appropriate to the species no more than 12 months prior to importation or display. Any wildlife that tests positive for a zoonotic disease shall not be imported into this state without review and approval by the Department in writing.
 - 10. Dispose of the following wildlife only as directed by the Department:
 - a. Wildlife obtained under a scientific collecting permit; or
 - b. Wildlife loaned to the zoo by the Department.
 - 11. Maintain records of all wildlife possessed under the license for a period of three years following the date of disposition. In addition to the information required under subsections (H)(1) through (H)(3), the records shall also include:
 - a. Number of all restricted live wildlife, by species and the date it was obtained;
 - b. Source of all restricted live wildlife and the date it was obtained;
 - c. Number of offspring propagated by all restricted live wildlife; and
 - d. For all restricted live wildlife disposed of by the license holder:
 - i. Number, species, and date of disposition; and
 - ii. Method of disposition.
- K.** A zoo license holder shall not:
 - 1. Accept any wildlife that is donated, purchased, or otherwise obtained without accompanying evidence of lawful possession.
 - 2. Import into this state any wildlife that may come into contact with the public and tests positive for zoonotic disease, as established under subsection (J)(9).
- L.** A zoo license holder shall dispose of restricted live wildlife in this state by:
 - 1. Giving, selling, or trading the wildlife to:
 - a. Another zoo licensed under this Section;
 - b. An appropriate special license holder or appropriately licensed or permitted facility in another state or country authorized to possess the wildlife being disposed;
 - 2. Giving selling, or donating the wildlife to a medical or scientific research facility exempt from special license requirements under R12-4-407;
 - 3. Exporting the wildlife to a zoo certified by the Association of Zoos and Aquariums or Zoological Association of America; or
 - 4. As otherwise directed by the Department.
- M.** A zoo license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
 - 1. A report is required regardless of whether or not activities were performed during the previous year.
 - 2. The zoo license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 - 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 - 4. The report shall summarize the current species inventory, and acquisition and disposition of all wildlife held under the license.
- N.** A zoo license holder shall request the authority to possess a new species of restricted live wildlife by submitting a written request to the Department prior to acquisition, unless the wildlife was:
 - 1. Held under the previous year's zoo license and included in the previous annual report, or
 - 2. Authorized in advance by the Department in writing.
- O.** A zoo license holder shall comply with the requirements established under R12-4-409, R12-4-426, R12-4-428, and R12-4-430, as applicable.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Subsections (J) through (O) omitted in supplement 15-4; errors corrected at the request of the Commission at R18-91 (Supp. 18-1). Subsections (A) through (I) amendments omitted in supplement 15-4; full text has been

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included as submitted at 21 A.A.R. 2813, File No. R15-155, effective December 5, 2015 (Supp. 19-1).

R12-4-421. Wildlife Service License

- A.** A wildlife service license authorizes a person to provide, advertise, or offer assistance in removing the live wildlife listed below to the general public. For the purposes of this Section, the following wildlife, as defined under A.R.S. § 17-101(B), are designated live wildlife:
 1. Furbearing animals;
 2. Javelina (*Pecari tajacu*);
 3. Nongame animals;
 4. Predatory animals; and
 5. Small game.
- B.** A wildlife service license is not required when conducting pest control removal services authorized under A.R.S. § Title 32, Chapter 22 for the following wildlife not protected under federal regulation:
 1. Rodents, except those in the family Sciuridae;
 2. European starlings;
 3. Peach-faced love birds;
 4. House sparrows;
 5. Eurasian collared-doves; and
 6. Any other non-native wildlife species.
- C.** A wildlife service license allows a person to conduct activities that facilitate the removal and relocation of live wildlife listed under subsection (A) when the wildlife causes a nuisance, property damage, poses a threat to public health or safety, or if the health or well-being of the wildlife is threatened by its immediate environment. Authorized activities include, but are not limited to, capture, removal, transportation, and relocation.
- D.** The wildlife service license expires on December 31 each year.
- E.** An employee of a governmental public safety agency is not required to possess a wildlife service license when the employee is acting within the scope of the employee's official duties.
- F.** In addition to the requirements established under this Section, a wildlife service license holder shall comply with the special license requirements established under R12-4-409.
- G.** The license holder shall be responsible for compliance with all applicable regulatory requirements; the wildlife service license does not:
 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- H.** The Department shall deny a wildlife service license to a person who fails to meet the requirements established under R12-4-409 or this Section or when the person's wildlife service privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- I.** A person applying for a wildlife service license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office and online at www.azgfd.gov. An applicant shall provide the following information on the application:
 1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number;
 - d. Physical description, to include the applicant's eye color, hair color, height, and weight; and;
 - e. Department ID number, when applicable;
 2. If the applicant will perform license activities for a commercial purpose, the applicant's business:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address;
 - d. Telephone number; and
 - e. Hours and days of the week the applicant will be available for service;
 3. The designated wildlife species or groups of species listed under subsection (A) that will be used under the license;
 4. The methods that the wildlife license holder will use to perform authorized activities;
 5. The general geographic area where services will be performed;
 6. Any other information required by the Department; and
 7. The certification required under R12-4-409(C).
- J.** In addition to the requirements listed under subsection (I), at the time of application, an applicant for a wildlife service license shall also submit:
 1. Proof the applicant has a minimum of six months full-time employment or volunteer experience handling wildlife of the species or groups designated on the application; and
 2. A written proposal that contains all of the following information:
 - a. Applicant's experience in the capture, handling, and removal of wildlife;
 - b. Specific species the applicant has experience capturing, handling, or removing;
 - c. General location and dates when the activities were performed;
 - d. Methods used to carry out the activities; and
 - e. The methods used to dispose of the wildlife.
- K.** When renewing a license without change to the species or species groups authorized under the current license, the wildlife service license holder may reference supporting materials previously submitted in compliance with subsection (J).
- L.** An applicant for a wildlife service license shall pay all applicable fees established under R12-4-412.
- M.** A wildlife service license holder shall:
 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Facilitate the removal and relocation of designated wildlife in a manner that:
 - a. Is least likely to cause injury to the wildlife; and
 - b. Will prevent the wildlife from coming into contact with the general public.
 3. Obtain special authorization from the Department regional office that has jurisdiction over the area where the activities will be conducted when performing any activities involving javelina.
 4. Release captured designated wildlife only as follows:
 - a. Without immediate threat to the animal or potentially injurious contact with humans;
 - b. During an ecologically appropriate time of year;
 - c. Into a suitable habitat;
 - d. In the same geographic area as the animal was originally captured, except that birds may be released at

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- any location statewide within the normal range of that species in an ecological suitable habitat; and
- e. In an area designated by the Department regional office that has jurisdiction over the area where it was captured.
 5. Euthanize the wildlife using the safest, quickest, and most humane method available.
 6. Dispose of all wildlife that is euthanized or that otherwise dies while possessed under the license by burial or incineration within 30 days of death, unless otherwise directed by the Department.
 7. Possess the license or legible copy of the license while conducting any wildlife service activity and presents it for inspection upon the request of any Department employee or agent.
 8. Inform the Department in writing within five working days of any change in telephone number, area of service, or business hours or days.
- N.** A wildlife service license holder may submit to the Department a written request to amend the license to add or delete authority to control and release designated species of wildlife, provided the request meets the requirements of this Section.
- O.** A wildlife service license holder shall not:
1. Exhibit wildlife or parts of wildlife possessed under the license.
 2. Possess designated wildlife beyond the period necessary to transport and relocate or euthanize the wildlife.
 3. Retain any parts of wildlife.
- P.** A wildlife service license holder may:
1. Euthanize designated wildlife only when authorized by the Department.
 2. Give injured or orphaned wildlife to a wildlife rehabilitation license holder.
- Q.** A wildlife service license holder shall submit an annual report to the Department before January 31 of each year on activities performed under the license for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The wildlife service license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall provide a list of all services performed under the license to include:
 - a. The date and location of service;
 - b. The number and species of wildlife removed, and
 - c. The method of disposition for each animal removed, including the location and date of release.
- R.** A wildlife service license holder shall comply with the requirements established under R12-4-409 and R12-4-428.
- Historical Note**
- Adopted effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).
- R12-4-422. Sport Falconry License**
- A.** In addition to the definitions provided under A.R.S. § 17-101, R12-4-101, and R12-4-401, and for the purposes of this Section, the following definitions apply:
- “Abatement services” means the use of raptors possessed under a falconry permit for the control of nuisance species.
- “Captive-bred raptor” means a raptor hatched in captivity.
- “Hack” means the temporary release of a raptor into the wild to condition the raptor for use in falconry.
- “Hybrid” has the same meaning as prescribed under 50 C.F.R. 21.3, revised October 1, 2013. This incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpoaccess.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- “Imping” means using a molted feather to replace or repair a damaged or broken feather.
- “Retrices” means a raptor's tail feathers.
- “Sponsor” means a licensed General or Master falconer with a valid Arizona Sport Falconry license who has committed to mentoring an Apprentice falconer.
- “Suitable perch” means a perch that is of the appropriate size and texture for the species of raptor using the perch.
- “Wild raptor” means a raptor taken from the wild, regardless of how long the raptor is held in captivity or whether the raptor is transferred to another licensed falconer or other permit type.
- B.** An Arizona Sport Falconry license permits a person to capture, possess, train, and transport a raptor for the purpose of sport falconry in compliance with the Migratory Bird Treaty Act and the Endangered Species Act of 1973.
1. The sport falconry license validates the appropriate license for hunting or taking quarry with a trained raptor. When taking quarry using a raptor, a person must possess a valid:
 - a. Sport falconry license, and
 - b. Appropriate hunting license.
 2. The sport falconry license is valid until the third December from the date of issuance.
 3. A licensed falconer may capture, possess, train, or transport wild, captive-bred, or hybrid raptors, subject to the limitations established under subsections (H)(1), (H)(2), and (H)(3), as applicable.
- C.** The Department shall comply with the licensing time-frame established under R12-4-106.
- D.** A resident who possesses or intends to possess a raptor for the purpose of sport falconry shall hold an Arizona Sport Falconry license, unless the person is exempt under A.R.S. § 17-236(C) or possesses only raptors not listed under 50 C.F.R. Part 10.13, revised October 1, 2014, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- E.** In addition to the requirements established under this Section, a licensed falconer shall also comply with special license requirements established under R12-4-409.
- F.** The license holder shall be responsible for compliance with all applicable regulatory requirements; the sport falconry license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations;

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2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license; or
3. Authorize a licensed falconer to capture or release a raptor or practice falconry on public lands where prohibited or on private property without permission from the land owner or land management agency.

G. The Department shall deny a sport falconry license to a person who fails to meet the requirements established under R12-4-409, R12-4-428, or this Section. The Department shall provide a written notice to an applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

H. The Department may issue a Sport Falconry license for the following levels to an eligible person:

1. Apprentice level license:
 - a. An Apprentice falconer shall:
 - i. Be at least 12 years of age; and
 - ii. Have a sponsor while practicing falconry as an apprentice. When a sponsorship is terminated, the apprentice is prohibited from practicing falconry until a new sponsor is acquired. After acquiring a new sponsor, an apprentice shall submit a written statement from the new sponsor to the Department within 30 days. The written statement shall meet the requirements established under subsection (K)(3)(a)(vi).
 - b. An Apprentice falconer may possess only one raptor at a time for use in falconry.
 - c. An Apprentice falconer is prohibited from possessing any:
 - i. Species listed under 50 C.F.R. 17.11, revised October 1, 2014, and subspecies,
 - ii. Raptor taken from the wild as a nestling,
 - iii. Raptor that has imprinted on humans,
 - iv. Bald eagle (*Haliaeetus leucocephalus*),
 - v. White-tailed eagle (*Haliaeetus albicilla*),
 - vi. Steller's sea-eagle (*Haliaeetus pelagicus*), or
 - vii. Golden eagle (*Aquila chrysaetos*).
 - viii. For the purposes of subsection (H)(1)(c)(i), this incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpoaccess.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
2. General level license:
 - a. A General falconer shall:
 - i. Be at least 16 years of age; and
 - ii. Have practiced falconry as an apprentice falconer for at least two years, including maintaining, training, flying, and hunting with a raptor for at least four months in each year. An applicant cannot substitute any falconry school or educational program to shorten the two-year Apprentice period.
 - b. A General falconer may possess up to three raptors at a time for use in falconry.
 - c. A General falconer is prohibited from possessing a:
 - i. Bald eagle,
 - ii. White-tailed eagle,
 - iii. Steller's sea-eagle, or

iv. Golden eagle.

3. Master level license:
 - a. A Master falconer shall have practiced falconry as a General falconer for at least five years using raptors possessed by that falconer.
 - b. A Master falconer may possess:
 - i. Any species of wild, captive-bred, or hybrid raptor.
 - ii. Any number of captive-bred raptors provided they are trained and used in the pursuit of wild game; and
 - iii. Up to three of the following species, provided the requirements established under subsection (H)(3)(d) are met: Golden eagle, White-tailed eagle, or Steller's Sea eagle.
 - c. A Master falconer is prohibited from possessing:
 - i. More than three eagles
 - ii. A bald eagle, or
 - iii. More than five wild caught raptors.
 - d. A Master falconer who wishes to possess an eagle shall apply for and receive approval from the Department before possessing an eagle for use in falconry. The licensed falconer shall submit the following documentation to the Department before a request may be considered:
 - i. Proof the licensed falconer has experience in handling large raptors such as, but not limited to, ferruginous hawks (*Buteo regalis*) and goshawks (*Accipiter gentilis*);
 - ii. Information regarding the raptor species, to include the type and duration of the activity in which the experience was gained; and
 - iii. Written statements of reference from two persons who have experience handling or flying large raptors such as, but not limited to, eagles, ferruginous hawks, and goshawks. Each written statement shall contain a concise history of the author's experience with large raptors, and an assessment of the applicant's ability to care for and fly an eagle.
- I.** A sponsor shall:
 1. Be at least 18 years of age;
 2. Have practiced falconry as a General falconer for at least two years;
 3. Sponsor no more than three apprentices during the same period of time;
 4. Notify the Department within 30 consecutive days after a sponsorship is terminated;
 5. Determine the appropriate species of raptor for possession by an apprentice; and
 6. Provide instruction pertaining to the:
 - a. Husbandry, training, and trapping of raptors held for falconry;
 - b. Hunting with a raptor; and
 - c. Relevant wildlife laws and regulations.
- J.** A falconer licensed in another state or country is exempt from obtaining an Arizona Sport Falconry license under R12-4-407(B)(9), unless remaining in Arizona for more than 180 consecutive days. A falconer licensed in another state or country and who remains in this state for more than the 180-day period shall apply for an Arizona Sport Falconry license in order to continue practicing sport falconry in this state. The falconer licensed in another state or country shall present a copy of the out-of-state or out-of-country falconry license, or its equivalent, to the Department upon request.
 1. A falconer licensed in another state shall:

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- a. Comply with all applicable state and federal falconry regulations;
- b. Possess only those raptors authorized under the out-of-state sport falconry license, and
- c. Provide a health certificate for each raptor possessed under the out-of-state sport falconry license when the raptor is present in this state for more than 30 consecutive days. The health certificate may be issued after the date of the interstate importation, but shall have been issued no more than 30 consecutive days prior to the interstate importation.
- 2. A falconer licensed in another country may possess, train, and use for falconry only those raptors authorized under the out-of-country sport falconry license, provided the import of that species into the United States is not prohibited. This subsection does not prohibit the falconer from flying or training a raptor lawfully possessed by any other licensed falconer.
- 3. A falconer licensed in another country is prohibited from leaving an imported raptor in this state, unless authorized under federal permit. The falconer shall report the death or escape of a raptor possessed by that falconer to the Department as established under subsection (O)(1) or prior to leaving the state, whichever occurs first.
- 4. A falconer licensed in another country shall:
 - a. Comply with all applicable state and federal falconry regulations;
 - b. Comply with falconry licensing requirements prescribed by the country of licensure not in conflict with federal or state law;
 - c. Notify the Department no less than 30 consecutive days prior to importing a raptor into this state;
 - d. Provide a health certificate, issued no earlier than 30 consecutive days prior to the date of importation, for each raptor imported into this state; and
 - e. Attach two functioning radio transmitters to any raptor imported into this country by the falconer while flown free in this state by any falconer.
- K.** A person applying for a Sport Falconry license shall submit an application to the Department. The application is furnished by the Department and is available at any Department office and online at www.azgfd.gov.
 - 1. An applicant shall provide the following information on the application:
 - a. Falconry level desired;
 - b. Name;
 - c. Date of birth;
 - d. Mailing address;
 - e. Telephone number, when available;
 - f. Department I.D. number;
 - g. Applicant's physical description, to include the applicant's eye color, hair color, height, and weight;
 - h. Arizona Hunting license number, when available;
 - i. Number of years of experience as a falconer;
 - j. Current Falconry license level;
 - k. Physical address of a facility when the raptor is kept at another location, when applicable;
 - l. Information documenting all raptors possessed by the applicant at the time of application, to include:
 - i. Species;
 - ii. Subspecies, when applicable;
 - iii. Age;
 - iv. Sex;
 - v. Band or microchip number, as applicable;
 - vi. Date and source of acquisition; and
 - m. The certification required under R12-4-409(C);
 - n. Parent or legal guardian's signature, when the applicant is under the age of 18;
 - o. Date of application; and
 - p. Any other information required by the Department.
- 2. An applicant shall certify that the applicant has read and is familiar with applicable state laws and rules and the regulations under 50 C.F.R. Part 13 and the other applicable parts in 50 C.F.R. Chapter I, Subchapter B and that the information submitted is complete and accurate to the best of their knowledge and belief.
- 3. In addition to the information required under subsection (K)(1), a person applying for:
 - a. An Apprentice level license shall also provide the sponsor's:
 - i. Name,
 - ii. Date of birth,
 - iii. Mailing address,
 - iv. Department I.D. number,
 - v. Telephone number, and
 - vi. A written statement from the sponsor stating that the falconer agrees to sponsor the applicant.
 - b. A General level license shall also provide:
 - i. Information documenting the applicant's experience in maintaining falconry raptors, to include the species and period of time each raptor was possessed while licensed as an Apprentice falconer; and
 - ii. A written statement from the sponsor certifying that the applicant has practiced falconry at the Apprentice falconer level for at least two years, and maintained, trained, flown, and hunted with a raptor for at least four months in each year.
 - c. A Master level license shall certify that the falconer has practiced falconry as a General falconer for at least five years.
- L.** An applicant for any level Sport Falconry license shall pay all applicable fees established under R12-4-412.
- M.** The Department may inspect the applicant's raptor facilities, materials, and equipment to verify compliance with requirements established under R12-4-409(I), R12-4-428, and this Section before issuing a Sport Falconry license. The applicant or licensed falconer shall ensure all raptors currently possessed by the falconer and kept in the facility are present at the time of inspection.
 - 1. Department may inspect a facility:
 - a. After a change of location, when the Department cannot verify the facility is the same facility as the one approved by a previous inspection, or
 - b. Prior to the acquisition of a new species or addition of another raptor when the previous inspection does not indicate the facilities can accommodate a new species or additional raptor.
 - 2. A licensed falconer shall notify the Department no more than five business days after changing the location of a facility.
 - 3. When a facility is located on property not owned by the licensed falconer, the falconer shall provide a written statement signed and dated by the property owner at the time of inspection. The written statement shall specify that the licensed falconer has permission to keep a raptor on the property and the property owner permits the Department to inspect the falconry facility at any reasonable time of day and in the presence of the licensed falconer.

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4. A licensed falconer shall ensure the facility:
 - a. Provides a healthy and safe environment,
 - b. Is designed to keep predators out,
 - c. Is designed to avoid injury to the raptor,
 - d. Is easy to access,
 - e. Is easy to clean, and
 - f. Provides access to fresh water and sunlight.
5. In addition to the requirements established under R12-4-409(I) and R12-4-428:
 - a. A licensed falconer shall ensure facilities where raptors are held have:
 - i. A suitable perch that is protected from extreme temperatures, wind, and excessive disturbance for each raptor;
 - ii. At least one opening for sunlight; and
 - iii. Walls that are solid, constructed of vertical bars spaced narrower than the width of the body of the smallest raptor housed therein, or any other suitable materials approved by the Department.
 - b. A licensed falconer shall possess all of the following equipment:
 - i. At least one flexible, weather-resistant leash;
 - ii. One swivel appropriate to the raptor being flown;
 - iii. At least one water container, available to each raptor kept in the facility, that is at least two inches deep and wider than the length of the largest raptor using the container;
 - iv. A reliable scale or balance suitable for weighing raptors, graduated in increments of not more than 15 grams;
 - v. Suitable equipment that protects the raptor from extreme temperatures, wind, and excessive disturbance while transporting or housing a raptor when away from the permanent facility where the raptor is kept, and
 - vi. At least one pair of jesses constructed of suitable material or Alymeri jesses consisting of an anklet, grommet, and removable strap that attaches the anklet and grommet to a swivel. The falconer may use a one-piece jess only when the raptor is not being flown.
6. A licensed falconer may keep a falconry raptor inside the falconer's residence provided a suitable perch is supplied. The falconer shall ensure all flighted raptors kept inside a residence are tethered or otherwise restrained at all times, unless the falconer is moving the raptor into or out of the residence. This subsection does not apply to unflighted eyas, which do not need to be tethered or otherwise restrained.
7. A licensed falconer may keep multiple raptors together in one enclosure untethered only when the raptors are compatible with each other.
8. A licensed falconer may keep a raptor temporarily outdoors in the open provided the raptor is continually under observation by the falconer or an individual designated by the falconer.
9. A licensed falconer may keep a raptor in a temporary facility that the Department has inspected and approved for no more than 120 consecutive days.
10. A licensed falconer may keep a raptor in a temporary facility that the Department has not inspected or approved for no more than 30 consecutive days. The falconer shall notify the Department of the temporary facility prior to the end of the 30-day period. The Department may inspect a temporary facility as established under R12-4-409(I).
- N. Prior to the issuance of a Sport Falconry license, an applicant shall:
 1. Present proof of a previously held state-issued sport falconry license, or
 2. Correctly answer at least 80% of the questions on the Department administered written examination.
 - a. A person whose Sport Falconry license is expired more than five years shall take the examination. The Department shall issue to an eligible applicant a license for the sport falconry license type previously held by the applicant after the applicant correctly answers at least 80% of the questions on the written examination and presents proof of the previous Sport Falconry license.
 - b. A person who holds a falconry license issued in another country shall correctly answer at least 80% of the questions on the written examination. The Department shall determine the level of license issued based upon the applicant's documentation.
- O. A licensed falconer shall submit electronically a 3-186A form to report:
 1. Any of the following raptor possession changes to the Department no more than 10 business days after the occurrence:
 - a. Acquisition,
 - b. Banding,
 - c. Escape into the wild without recovery after 30 consecutive days have passed,
 - d. Death,
 - e. Microchipping,
 - f. Rebanding,
 - g. Release,
 - h. Take, or
 - i. Transfer.
 2. Upon discovering the theft of a raptor, a licensed falconer shall immediately report the theft of a raptor to the Department and USFWS by:
 - a. Contacting the Department's regional office within 48 hours; and
 - b. Submitting the electronic 3-186A form within 10 days.
- P. A licensed falconer shall print and maintain copies of all required electronic database submissions for each falconry raptor possessed by the falconer. The falconer shall retain copies of all submissions for a period of five years from the date on which the raptor left the falconer's possession.
- Q. A licensed falconer or a person with a valid falconry license, or its equivalent, issued by any state meeting federal falconry standards may capture a raptor for the purpose of falconry only when authorized by Commission Order.
 1. A falconer attempting to capture a raptor shall possess:
 - a. A valid Arizona Sport Falconry license or valid falconry license, or its equivalent, issued by another state, and
 - b. Any required Arizona hunt permit-tag issued to the licensed falconer for take of the authorized raptor, and
 - c. A valid Arizona hunting or combination license. A short-term combination hunting and fishing license is not valid for capturing a raptor under this subsection.
 2. An Apprentice falconer may take from the wild:
 - a. Any raptor not prohibited under subsection (H)(1)(c) that is less than one year of age, except nestlings or

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- b. An adult raptor.
3. A General or Master falconer may take from the wild:
 - a. A raptor of any age, including nestlings, provided at least one nestling remains in the nest; or
 - b. An adult raptor.
4. A licensed falconer shall take no more than two raptors from the wild for use in falconry each calendar year. For the purpose of take limits, a raptor is counted towards the licensed falconer's take limit by the falconer who originally captured the raptor.
5. A falconer attempting to capture a raptor shall:
 - a. Not use stupefying substances;
 - b. Use a trap or bird net that is not likely to cause injury to the raptor;
 - c. Ensure that each trap or net the falconer is using is continually attended; and
 - d. Ensure that each trap used for the purpose of capturing a raptor is marked with the falconer's name, address, and license number.
6. A licensed falconer shall report the injury of any raptor injured due to capture techniques to the Department. The falconer shall transport the injured raptor to a veterinarian or licensed rehabilitator and pay for the cost of the injured raptor's care and rehabilitation. After the initial medical treatment is completed, the licensed falconer shall either:
 - a. Keep the raptor and the raptor shall count towards the falconer's take and possession limit, or
 - b. Transfer the raptor to a permitted wildlife rehabilitator and the raptor shall not count against the falconer's take or possession limit.
7. When a licensed falconer takes a raptor from the wild and transfers the raptor to another falconer who is present at a capture site, the falconer receiving the raptor is responsible for reporting the take of the raptor.
8. A General or Master falconer may capture a raptor that will be transferred to another licensed falconer who is not present at the capture site. The falconer who captured the raptor shall report the take of the raptor and the capture shall count towards the General or Master falconer's take limit. The General or Master falconer may then transfer the raptor to another falconer.
9. A General or Master falconer may capture a raptor for another licensed falconer who cannot attend the capture due to a long-term or permanent physical impairment. The licensed falconer with the physical impairment is responsible for reporting the take of the raptor and the raptor shall count against their take and possession limits.
10. A licensed falconer may capture any raptor displaying a seamless metal band, or any other item identifying it as a falconry raptor, regardless of whether the falconer is prohibited from possessing the raptor. The falconer shall return the recaptured raptor to the falconer of record. The raptor shall not count towards the falconer's take or possession limits, provided the falconer reports the temporary possession of the raptor to the Department no more than five consecutive days after capturing the raptor.
 - a. When the falconer of record cannot or does not wish to possess the raptor, the falconer who captured the raptor may keep the raptor, provided the falconer is eligible to possess the species and may do so without violating any requirement established under this Section.
 - b. When the falconer of record cannot be located, the Department shall determine the disposition of the recaptured raptor.
11. A licensed falconer may capture and shall report the capture of any raptor wearing a transmitter to the Department no more than five business days after the capture. The falconer shall attempt to contact the researcher or licensed falconer who applied the transmitter and facilitate the replacement or retrieval of the transmitter and raptor. The falconer may possess the raptor for no more than 30 consecutive days while waiting for the researcher or falconer to retrieve the transmitter and raptor. The raptor shall not count towards the falconer's take or possession limits, provided the falconer reports the temporary possession of the raptor to the Department no more than five consecutive days after capturing the raptor. The Department shall determine the disposition of a raptor when the researcher or falconer does not replace the transmitter or retrieve the raptor within the initial 30-day period.
12. A licensed falconer may capture any raptor displaying a federal Bird Banding Laboratory (BBL) aluminum research band or tag, except a peregrine falcon (*Falco peregrinus*). A licensed falconer who captures a raptor wearing a research band or tag shall report the following information to BBL and the Department:
 - a. Species,
 - b. Band or tag number,
 - c. Location of the capture, and
 - d. Date of capture.
- e. A person can report the capture of a raptor wearing a research band or tag to BBL by calling 1(800) 327-2263.
13. A licensed falconer may recapture a falconer's lost or any escaped falconry raptor at any time. The Department does not consider the recapture of a wild falconry raptor as taking a raptor from the wild.
14. When attempting to trap a raptor in Cochise, Graham, Pima, Pinal, or Santa Cruz counties, a licensed falconer shall:
 - a. Not begin trapping while a northern aplomado falcon (*Falco femoralis septentrionalis*) is observed in the vicinity of the trapping location.
 - b. Suspend trapping when a northern aplomado falcon arrives in the vicinity of the trapping location.
15. In addition to the requirements in subsection (Q)(14), an apprentice falconer shall be accompanied by a General or Master falconer when attempting to capture a raptor in Cochise, Graham, Pima, Pinal, or Santa Cruz counties.
16. A licensed Master falconer may take up to two golden eagles from the wild only as authorized under 50 C.F.R. part 22. The Master falconer may:
 - a. Capture an immature or sub-adult golden eagle, or
 - b. Take a nestling from its nest or a nesting adult golden eagle in a livestock depredation area if a biologist representing the agency responsible for declaring the depredation area determines the adult eagle is preying on livestock or wildlife and that any nestling of the adult will be taken by a falconer authorized to possess it.
 - c. The falconer shall inform the Department of the capture plans in person, in writing, or by telephone at least three business days before trapping is initiated. The falconer may send written notification to the Arizona Game and Fish Department's Law Enforcement Programs Coordinator at 5000 West Carefree Highway, Phoenix, Arizona 85086.
17. A licensed falconer shall ensure any falconry activities the falconer is conducting do not cause unlawful take under the Endangered Species Act of 1973, 16 U.S.C. §

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- 1531 et seq., or the Bald and Golden Eagle Protection Act, 16 U.S.C. §§ 668 through 668d. The Department or USFWS may provide information regarding where take is likely to occur. The falconer shall report the take of any federally listed threatened or endangered species or bald or golden eagle to the USFWS Arizona Ecological Services Field Office.
- R.** A licensed falconer shall comply with all of the following banding requirements:
1. A licensed falconer shall ensure the following raptors are banded after capture:
 - a. Northern Goshawk,
 - b. Harris's hawk (*Parabuteo unicinctus*), and
 - c. Peregrine falcon.
 2. The falconer shall request a band no more than five consecutive days after the capture of a raptor by contacting the Department. A Department representative or a General or Master licensed falconer may attach the USFWS leg band to the raptor.
 3. A licensed falconer shall not use a counterfeit, altered, or defaced band.
 4. A falconer holding a federal propagation permit shall ensure a raptor bred in captivity wears a seamless metal band furnished by USFWS, as prescribed under 50 C.F.R. 21.30.
 5. A licensed falconer may remove the rear tab on a band and smooth any imperfections on the surface, provided doing so does not affect the band's integrity or numbering.
 6. A licensed falconer shall report the loss of a band to the Department no more than five business days after discovering the loss. The falconer shall reband the raptor with a new USFWS leg band furnished by the Department.
- S.** A licensed falconer may request Department authorization to implant an ISO-compliant [134.2 kHz] microchip in lieu of a band into a captive-bred raptor or raptor listed under subsection (R)(1).
1. The falconer shall submit a written request to the Department.
 2. The falconer shall retain a copy of the Department's written authorization and any associated documentation for a period of five years from the date the raptor permanently leaves the falconer's possession.
 3. The falconer is responsible for the cost of implanting the microchip and any associated veterinary fees.
- T.** A licensed falconer may allow a falconry raptor to feed on any species of wildlife incidentally killed by the raptor for which there is no open season or for which the season is closed, but shall not take such wildlife into possession.
- U.** A General or Master falconer may hack a falconry raptor. Any raptor the falconer is hacking shall count towards the falconer's possession limit during hacking.
1. A falconer is prohibited from hacking a raptor near the nesting area of a federally threatened or endangered species or in any other location where the raptor is likely to disturb or harm a federally listed threatened or endangered species. The Department may provide information regarding where this is likely to occur.
 2. A licensed falconer shall ensure any hybrid raptor flown free or hacked by the falconer is equipped with at least two functioning radio transmitters.
- V.** A licensed falconer may release:
1. A wild-caught raptor permanently into the wild under the following circumstances:
 - a. The raptor is native to Arizona,
 - b. The falconer removes the raptor's falconry band and any other falconry equipment prior to release, and
 - c. The falconer releases the raptor in a suitable habitat and under suitable seasonal conditions.
 2. A captive-bred raptor permanently into the wild only when the raptor is native to Arizona and the Department approves the release of the raptor. The falconer shall request permission to release the captive-bred raptor by contacting the Department. When permitted by the Department and before releasing the captive-bred raptor, the General or Master falconer shall hack the captive-bred raptor in a suitable habitat and the appropriate season.
 3. A licensed falconer is prohibited from intentionally releasing any hybrid or non-native raptor permanently into the wild.
- W.** A Master falconer may conduct and receive payment for any abatement services conducted with a falconry raptor. The falconer shall apply for and obtain all required federal permits prior to conducting any abatement activities. A General falconer may conduct abatement services only when authorized under the federal permit held by the Master falconer.
- X.** A person other than a licensed falconer may temporarily care for a falconry raptor for no more than 45 consecutive days, unless approved by the Department. The raptor under temporary care shall remain in the falconer's facility. The raptor shall continue to count towards the falconer's possession limit. An unlicensed caretaker shall not fly the raptor. The falconer may request an extension from the Department to the temporary possession period if extenuating circumstances occur. The Department shall evaluate extension requests on a case-by-case basis.
- Y.** A licensed falconer may serve as a caretaker for another licensed falconer's raptor for no more than 120 consecutive days, unless approved by the Department. The falconer shall provide the temporary caretaker with a signed and dated statement authorizing the temporary possession of each raptor. The statement shall also include the temporary possession period and activities the caretaker may conduct with the raptor. The raptor under temporary care shall not count toward the caretakers possession limit. The temporary caretaker may fly or train the raptor when permitted by the falconer in writing. The falconer may request an extension from the Department to the temporary possession period if extenuating circumstances occur. The Department shall evaluate extension requests on a case-by-case basis.
- Z.** A licensed falconer may assist a wildlife rehabilitator in conditioning a raptor in preparation for the raptor's release to the wild. The falconer may temporarily remove the raptor from the rehabilitation facilities while conditioning the raptor. The raptor shall remain under the rehabilitator's license and shall not count towards the falconer's possession limit. The rehabilitator shall provide the licensed falconer with a written statement authorizing the falconer to assist the rehabilitator. The written statement shall also identify the raptor by species, type of injury, and band number, when available. The licensed falconer shall return the raptor to the rehabilitator within the 180-day period established under R12-4-423(T), unless the raptor is:
1. Released into the wild in coordination with the rehabilitator and as authorized under this subsection,
 2. Allowed to remain with the rehabilitator for a longer period of time as authorized under R12-4-423(U), or
 3. Transferred permanently to the falconer, provided the falconer may legally possess the raptor and the Department

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approves the transfer. The raptor shall count towards the falconer's possession limit.

- AA.** A licensed falconer may use a raptor possessed for falconry in captive propagation, when permitted by USFWS. A licensed falconer is not required to transfer a raptor from a Sport Falconry license to another license when the raptor is used for captive propagation less than eight months in a year.
- BB.** A General or Master licensed falconer may use a lawfully possessed raptor in a conservation education program presented in a public venue. An Apprentice falconer, under the direct supervision of a General or Master falconer, may use a lawfully possessed raptor in a conservation education program presented in a public venue. The primary use for a raptor is falconry; a licensed falconer shall not possess a raptor solely for the purpose of providing a conservation education program. The falconer shall ensure the focus of the conservation education program is to provide information about the biology, ecological roles, and conservation needs of raptors and other migratory birds. The falconer may charge a fee for presenting a conservation education program; however, the fee shall not exceed the amount required to recoup the falconer's costs for providing the program. As a condition of the Sport Falconry License, the licensed falconer agrees to indemnify the Department, its officers, and employees. The falconer is liable for any damages associated with the conservation education activities.
- CC.** A licensed falconer may allow the photography, filming, or similar uses of a falconry raptor possessed by the licensed falconer, provided:
1. The falconer is not compensated for these activities; and
 2. The final product from these activities:
 - a. Promotes the practice of falconry;
 - b. Provides information about the biology, ecological roles, and conservation needs of raptors and other migratory birds;
 - c. Endorses a nonprofit falconry organization or association, products, or other endeavors related to falconry; or
 - d. Is used in scientific research or science publications.
- DD.** A licensed falconer may use or dispose of lawfully possessed falconry raptor feathers. A falconer shall not buy, sell, or barter falconry raptor feathers. A falconer may possess feathers for imping from each species of raptor that the falconer currently possesses or has possessed.
1. The licensed falconer may transfer or receive feathers for imping from:
 - a. Another licensed falconer,
 - b. A licensed wildlife rehabilitator, or
 - c. Any licensed propagator located in the United States.
 2. A licensed falconer may donate falconry raptor feathers, except bald and golden eagle feathers, to:
 - a. Any person or institution permitted to possess falconry raptor feathers,
 - b. Any person or institution exempt from the permit requirement under 50 C.F.R. 21.12, or
 - c. A non-eagle feather repository. The Department may provide information regarding the submittal of falconry raptor feathers to a non-eagle feather repository.
 3. A licensed falconer shall gather primary and secondary flight feathers or retrices that are molted or otherwise lost from a golden eagle and either retain the feathers for imping purposes or submit the feathers to the U.S. Fish and Wildlife Service, National Eagle Repository, Rocky Mountain Arsenal, Building 128, Commerce City, Colorado 80022.
 4. A falconer whose license is either revoked or expired shall dispose of all falconry raptor feathers in the falconer's possession.
- EE.** Arizona licensed falconers importing raptors into Arizona shall have a health certificate issued no more than 30 consecutive days:
1. Prior to the international importation, or
 2. Prior to or after the inter-state importation.
- FF.** A licensed falconer may conduct any of the following activities with any captive-bred raptor provided the raptor is wearing a seamless band and the person receiving the raptor possesses an appropriate special license:
1. Barter,
 2. Offer for barter,
 3. Gift,
 4. Purchase,
 5. Sell,
 6. Offer for sale, or
 7. Transfer.
- GG.** A licensed falconer is prohibited from conducting any of the following activities with any wild-caught raptor protected under the Migratory Bird Treaty Act:
1. Barter,
 2. Offer for barter,
 3. Purchase,
 4. Sell, or
 5. Offer for sale.
- HH.** A licensed falconer may transfer:
1. Any wild-caught falconry raptor lawfully captured in Arizona with or without a permit tag to another Arizona Sport Falconry License holder at any time.
 - a. The raptor shall count towards the take limit for that calendar year for the falconer taking the raptor from the wild.
 - b. The raptor shall not count against the take limit of the falconer receiving the raptor.
 2. Any wild-caught falconry raptor to another license or permit type under this Article or federal law, provided the raptor has been used in the sport of falconry for at least two years preceding the transfer.
 3. A wild-caught falconry sharp-shinned hawk (*Accipiter striatus*), Cooper's hawk (*Accipiter cooperii*), merlin (*Falco columbarius*), or American kestrel (*Falco sparverius*) to another license or permit type under this Article or federal law, provided the raptor has been used in the sport of falconry for at least one-year preceding the transfer.
 4. Any hybrid or captive-bred raptor to another licensed falconer or permit type under this Article or federal law at any time.
 5. Any falconry raptor that is no longer capable of being flown, as determined by a veterinarian or licensed rehabilitator, to another permit type at any time. The licensed falconer shall provide a copy of the documentation from the veterinarian or rehabilitator stating that the raptor is not useable in falconry to the Federal Migratory Bird Permits office that administers the other permit type.
- II.** A licensed falconer shall not transfer a wild-caught raptor species to a licensed falconer in another state for at least one year from the date of capture if either resident or nonresident take is managed through Commission Order by way of a permit-tag, nonpermit-tag, or annual harvest quota system. However, a licensed falconer may transfer a wild-caught raptor that is not managed through Commission Order by way of a permit-tag, nonpermit-tag, or annual harvest quota system to a licensed falconer in another state at any time.

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- JJ.** A surviving spouse, executor, administrator, or other legal representative of a deceased or incapacitated licensed falconer shall transfer any raptor held by the licensed falconer to another licensed falconer no more than 90 consecutive days after the death of the falconer. The Department shall determine the disposition of any raptor not transferred prior to the end of the 90-day period.
- KK.** A licensed falconer shall conduct the following activities, as applicable, no more than 10 business days after either the death of a falconry raptor or the final examination of a deceased raptor by a veterinarian:
1. For a bald or golden eagle, send the entire body, including all feathers, talons, and other parts, to the National Eagle Repository;
 2. For any euthanized non-eagle raptor, to prevent secondary poisoning of other wildlife, the falconer shall either submit the carcass to a non-eagle repository or burn, bury, or otherwise destroy the carcass;
 3. For all other species:
 - a. Submit the carcass to a non-eagle repository;
 - b. Submit the carcass to the Department for submission to a non-eagle repository;
 - c. Donate the body or feathers to any person or institution exempt under 50 C.F.R. 21.12 or authorized by USFWS to acquire and possess such parts or feathers;
 - d. Retain the carcass or feathers for imping purposes as established under subsection (DD);
 - e. Burn, bury, or otherwise destroy the carcass; or
 - f. Mount the raptor carcass. The falconer shall ensure any microchip implanted in the raptor is not removed and any band attached to the raptor remains on the mount. The falconer may use the mount for a conservation education program. The falconer shall ensure copies of the license and all relevant 3-186A forms are retained with the mount. The mount shall not count towards the falconer's possession limit.
- Historical Note**
- Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 18 A.A.R. 958, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).
- R12-4-423. Wildlife Rehabilitation License**
- A.** For the purposes of this Section, "volunteer" means a person who:
- Is not designated as an agent, as defined under R12-4-401,
 - Assists a wildlife rehabilitation license holder without compensation, and
 - Is under the direct supervision of the license holder at the location specified on the wildlife rehabilitation license.
- B.** A wildlife rehabilitation license is issued for the sole purpose of restoring and returning wildlife to the wild through rehabilitative services. The license allows a person 18 years of age or older to conduct any of the following activities with live injured, disabled, orphaned or otherwise debilitated wildlife specified on the rehabilitation license:
1. Capture;
 2. Euthanize;
 3. Export to a licensed zoo, when authorized by the Department;
 4. Rehabilitate;
 5. Release;
 6. Temporarily possess;
 7. Transport; or
 8. Transfer to one of the following:
 - a. Licensed veterinarian for treatment or euthanasia;
 - b. Another appropriately licensed special license holder;
 - c. Licensed zoo, when authorized by the Department; or
 9. As otherwise directed in writing by the Department.
- C.** A wildlife rehabilitation license authorizes the possession of the following taxa or species:
1. Amphibians;
 2. Reptiles;
 3. Birds:
 - a. Non-passerines, birds in any order other than those named in subsections (b) through (e);
 - b. Birds in the orders *Falconiformes* or *Strigiformes*, raptors;
 - c. Birds in the order, *Galliformes* quails and turkeys;
 - d. Birds in the order *Columbiformes*, doves;
 - e. Birds in the order *Trochiliformes*, hummingbirds; and
 - f. Birds in the order *Passeriformes*, passerines;
 4. Mammals:
 - a. Nongame mammals;
 - b. Bats;
 - c. Big game mammals other than cervids: bighorn sheep, bison, black bear, javelina, mountain lion, pronghorn;
 - d. Carnivores: bobcat, coati, coyote, foxes, raccoons, ringtail, skunks, and weasels; and
 - e. Small game mammals.
- D.** A wildlife rehabilitation license authorizes the possession of the following taxa or species only when specifically requested at the time of application:
1. Eagles;
 2. Species listed under 50 C.F.R. 17.11, revised October 1, 2013; and
 3. The Department's Tier 1 Species of Greatest Conservation Need, as defined under R12-4-401.
 4. For the purposes of subsection (D)(2), this incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at www.gpoaccess.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- E.** All wildlife held under the license is the property of the state and shall be surrendered to the Department upon request.
- F.** The wildlife rehabilitation license expires on the last day of the third December from the date of issuance.
- G.** In addition to the requirements established under this Section, a wildlife rehabilitation license holder shall comply with the special license requirements established under R12-4-409.
- H.** The Department shall deny a wildlife rehabilitation license to a person who fails to meet the requirements and criteria established under R12-4-409, R12-4-428, or this Section or when the person's wildlife rehabilitation license is suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409 to the applicant stating the reason for the denial. The person may appeal the denial to the

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Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

- I. The license holder shall be responsible for compliance with all applicable regulatory requirements; the wildlife rehabilitation license does not:
 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- J. Before applying for a wildlife rehabilitation license, a person shall successfully complete an examination conducted by the Department. The Department shall consider only those parts of the examination that are applicable to the taxa of wildlife for which the license is sought in establishing the qualifications of the applicant.
 1. Examinations are provided by appointment, only.
 2. An applicant may request a verbal or written examination.
 3. The examination shall include questions regarding:
 - a. Wildlife rehabilitation;
 - b. Safe handling of wildlife;
 - c. Transporting wildlife;
 - d. Humane treatment;
 - e. Nutritional requirements;
 - f. Behavioral requirements;
 - g. Developmental requirements;
 - h. Ecological requirements;
 - i. Habitat requirements;
 - j. Captivity standards established under R12-4-428;
 - k. Human and wildlife safety considerations;
 - l. State statutes, rules, and regulations regarding wildlife rehabilitation; and
 - m. National Wildlife Rehabilitation Association minimum standards for wildlife rehabilitation.
 4. The applicant must successfully complete the examination within three years prior to the date on which the initial application for the license is submitted to the Department.
- K. A person applying for a wildlife rehabilitation license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and online at www.azgfd.gov. The applicant shall provide the following information on the application:
 1. The applicant's information:
 - a. Name;
 - b. Date of birth;
 - c. Mailing address;
 - d. Telephone number;
 - e. Facility address, if different from mailing address;
 - f. Physical location description to include the Global Positioning System location or Universal Transverse Mercator coordinates; and
 - g. Department ID number, when applicable;
 2. The wildlife taxa or species listed under subsection (C) that will be possessed under the license;
 3. For each location where the wildlife will be used, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical location description to include the Global Positioning System location or Universal Transverse Mercator coordinates;
 4. A detailed description, diagram, and photographs of the facility where the applicant will hold the wildlife, and a description of how the facility complies with R12-4-428 and any other captivity standards established under this Section;
 5. Any other information required by the Department; and
 6. The certification required under R12-4-409(C).
- L. In addition to the requirements listed under subsection (K), at the time of application, an applicant for a wildlife rehabilitation license shall also submit:
 1. Any one or more of the following:
 - a. A valid, current license issued by a state veterinary medical examination authority that authorizes the applicant to practice as a veterinarian;
 - b. Proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week for the taxa or species of animal listed on the application; or
 - c. A current and valid license, permit, or other form of authorization issued by another state or the federal government that allows the applicant to perform wildlife rehabilitation;
 2. Proof the applicant successfully completed the examination required under subsection (J) no more than three years prior to submitting the application;
 3. An affidavit signed by the applicant affirming either of the following:
 - a. The applicant is a licensed veterinarian; or
 - b. A licensed veterinarian is reasonably available to provide veterinary services as necessary to facilitate rehabilitation of wildlife.
 4. A written statement describing:
 - a. The applicant's preferred method of disposing of non-releasable live wildlife as listed under subsection (B); and
 - b. A statement of the applicant's training and experience in handling, capturing, rehabilitating, and caring for the taxa or species when the applicant is applying for a license to perform authorized activities with taxa or species of wildlife listed under subsection (C).
- M. A wildlife rehabilitation license holder who wishes to continue activities authorized under the license shall renew the license before it expires.
 1. When renewing a license without change to the species, location, or design of the facility where wildlife is held as authorized under the current license, the license holder may reference supporting materials previously submitted in compliance with subsection (K).
 2. A license holder applying for a renewal of the license shall successfully complete the examination at the time of renewal when the annual report submitted under subsection (Z) indicates the license holder did not perform any rehabilitative activities under the license.
 3. A license holder applying for a renewal of the license shall submit proof the license holder has completed the continuing education requirement established under subsection (N).
- N. During the license period a wildlife rehabilitation license holder shall complete eight or more hours of continuing education sessions on wildlife rehabilitation or veterinary medicine.

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Acceptable continuing education sessions may be obtained from:

1. An accredited university or college;
 2. The National Wildlife Rehabilitators Association, 2625 Clearwater Rd. Suite 110, St. Cloud, MN 56301;
 3. The International Wildlife Rehabilitation Council, PO Box 3197, Eugene, OR 97403; or
 4. Other applicable training opportunities approved by the Department in writing. A license holder who wishes to use other applicable training to meet the eight hour continuing education requirement shall request approval of the other applicable training prior to participating in the education session.
- O.** A wildlife rehabilitation license holder may request authorization to allow an agent to assist the license holder in carrying out activities authorized under the wildlife rehabilitation license by submitting a written request to the Department.
1. An applicant may request the ability to allow a person to act as an agent on the applicant's behalf, provided:
 - a. An employment or supervisory relationship exists between the applicant and the agent, and
 - b. The agent's privilege to take or possess live wildlife is not suspended or revoked in any state
 2. The license holder shall obtain approval from the Department prior to allowing the agent assist in any activities.
 3. The license holder is liable for all acts the agent performs under the authority of this Section.
 4. The Department, acting on behalf of the Commission, may suspend or revoke a license for violation of this Section by an agent.
 5. The license holder shall ensure the agent possesses a legible copy of the license while conducting any activity authorized under the wildlife rehabilitation license and presents it for inspection upon the request of any Department employee or agent.
- P.** At any time during the license period, a wildlife rehabilitation license holder may request permission to amend the license to add or delete an agent or a location where wildlife is held; or to obtain authority to rehabilitate additional taxa of wildlife. To request an amendment, the license holder shall submit the following information to the Department, as applicable:
1. To add or delete an agent, the information stated in subsections (K)(1) through (K)(4) and (L)(2), as applicable to the agent;
 2. To add or delete a location, the information stated in subsection (K)(1) through (K)(5); and
 3. To obtain authority to rehabilitate additional taxa or wildlife, the information stated in subsection (K)(1) through (K)(5) and (L)(1) through (L)(4).
- Q.** A wildlife rehabilitation license holder authorized to rehabilitate wildlife species listed under subsection (C)(3)(c), (C)(4)(c) and (C)(4)(d) or (D) shall contact the Department within 24 hours of receiving the individual animal to obtain instructions in handling or transferring that animal. While awaiting instructions, the license holder shall ensure that emergency veterinary care is provided as necessary.
- R.** A wildlife rehabilitation license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article.
 3. Ensure each facility is inspected by the attending veterinarian at least once every year.
 4. Capture, remove, transport, and release wildlife held under the requirements of this Section in a manner that is least likely to cause injury to the affected wildlife.
 5. Conduct rehabilitation only at the location listed on the license
 6. Be responsible for all expenses incurred, including veterinary expenses, and all actions taken under the license, including all actions or omissions of all agents and volunteers when performing activities under the license.
 7. Immediately surrender wildlife held under the license to the Department upon request.
 8. Dispose of all wildlife that is euthanized or that otherwise dies within 30 days of death either by burial, incineration, or transfer to a scientific research institution, except that the license holder shall transfer all carcasses of endangered or threatened species, species listed under the Department's Tier 1 Species of Greatest Conservation Need, or eagles as directed by the Department.
 9. Maintain a current log that records the information specified under subsection (Z).
 10. Possess the license or legible copy of the license at each authorized location and while conducting any rehabilitation activities and presents it for inspection upon the request of any Department employee or agent.
 11. Ensure a copy of the wildlife rehabilitation license accompanies each transfer or shipment of wildlife.
- S.** A wildlife rehabilitation license holder shall not:
1. Display for educational purposes any wildlife held under the license.
 2. Exhibit any wildlife held under the license.
 3. Permanently possess any wildlife held under the license.
- T.** A wildlife rehabilitation license holder may possess:
1. All wildlife for no more than 90 days; or
 2. A bird for no more than 180 days, unless the Department has authorized possession for a longer period of time.
- U.** A license holder may request permission to possess wildlife for a longer period of time than specified in subsection (T) by submitting a written request to the Department.
1. The Department shall approve or deny the request within ten days of receiving the request.
 2. For requests made due to a medical necessity, the Department may require the license holder to provide a written statement listing the medical reasons for the extension, signed by a licensed veterinarian.
 3. The license holder may continue to hold the specified wildlife while the Department considers the request.
 4. If the request is denied, the Department shall send a written notice to the license holder which shall include specific, time-dated directions for the surrender or disposition of the animal.
- V.** A wildlife rehabilitation license holder may allow a licensed falconer to assist in conditioning a raptor in preparation for the raptor's release to the wild.
1. The license holder may allow the licensed falconer to temporarily remove the raptor from the license holder's facility while conditioning the raptor.
 2. The license holder shall provide the licensed falconer with a written statement authorizing the falconer to assist the license holder.
 3. The written statement shall identify the raptor by species, type of injury, and band number, when available.
 4. The license holder shall ensure the licensed falconer returns the raptor to the license holder within the 180-day period established under subsection (T).
- W.** A wildlife rehabilitation license holder may hold wildlife under the license after the wildlife reaches a state of restored

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health only for the amount of time reasonably necessary to prepare the wildlife for release. Rehabilitated wildlife shall be released:

1. In an area without immediate threat to the wildlife or contact with humans;
 2. During an ecologically appropriate time of year and time of day; and
 3. Into a suitable habitat in the same geographic area where the animal was originally obtained; or
 4. In an area designated by the Department.
- X.** Wildlife that is not releasable after the time-frames specified in subsection (T) shall be transferred, disposed of, or euthanized as determined by the Department.
- Y.** To permanently hold rehabilitated wildlife that is unsuitable for release, a wildlife rehabilitation license holder shall apply for and obtain a wildlife holding license in compliance with under R12-4-417.
- Z.** A wildlife rehabilitation license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
 2. The wildlife rehabilitation license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
 4. The annual report shall contain the following information:
 - a. The license holder's:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number;
 - b. Each agent's:
 - i. Name;
 - ii. Mailing address; and
 - iii. Telephone number;
 - c. The permit or license number of any federal permits or licenses that relate to any rehabilitative function performed by the license holder; and
 - d. An itemized list of each animal held under the license during the calendar year for which activity is being reported. For each animal held by the license holder or agent, the itemization shall include:
 - i. Species;
 - ii. Condition that required rehabilitation;
 - iii. Date of acquisition;
 - iv. Source of acquisition;
 - v. Location of acquisition;
 - vi. Age class at acquisition, when reasonably determinable;
 - vii. Status at disposition or end-of-year in relation to the condition requiring rehabilitation;
 - viii. Method of disposition;
 - ix. Location of disposition; and
 - x. Date of disposition.
 - e. For activities related to federally-protected wildlife, a copy of the rehabilitator's federal permit report of activities related to federally-protected wildlife satisfies the reporting requirement established under subsection (Z)(4)(c) for federally protected wildlife.
- AA.** A wildlife rehabilitation license holder shall comply with the requirements established under R12-4-409, R12-4-428, and R12-4-430, as applicable.

Historical Note

Adopted effective January 4, 1990 (Supp. 90-1).
 Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4).
 Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3).
 Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-424. White Amur Stocking and Holding License

- A.** For the purposes of this Section:
- "Closed aquatic system" means any body of water, water system, canal system, or series of lakes, canals, or ponds where triploid white amur are prevented from entering or exiting the system by any natural or man-made barrier, as determined by the Department.
- "Triploid" means a species having 1.5 chromosome sets that renders them sterile.
- B.** A white amur stocking and holding license allows a person to import, possess, stock in a closed aquatic system, and transport triploid white amur (*Ctenopharyngodon idella*).
- C.** The white amur stocking and holding license is valid for no more than 20 consecutive days.
- D.** In addition to the requirements established under this Section, a white amur stocking and holding license holder shall comply with the special license requirements established under R12-4-409.
- E.** The license holder shall be responsible for compliance with all applicable regulatory requirements; the white amur stocking and holding license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F.** The Department shall deny a white amur stocking and holding license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a white amur stocking license when it determines the issuance of the license may result in a negative impact on native wildlife.
- G.** A person applying for a white amur stocking and holding license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to stock white amur. The application is furnished by the Department and is available from any Department office and online at www.azgfd.gov. The applicant shall provide the following information on the application:
1. The applicant's information:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Department ID number, when applicable;
 2. If the applicant will use the wildlife for a commercial purpose, the applicant's business:

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- a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address; and
 - d. Telephone number;
 3. For each location where the white amur will be held, stocked, or restocked, the land owner's:
 - a. Name;
 - b. Mailing address;
 - c. Telephone number; and
 - d. Physical location description to include the Global Positioning System location or Universal Transverse Mercator coordinates;
 - e. For the purposes of this subsection, the following systems may qualify as separate locations, as determined by the Department:
 - i. Each closed aquatic system;
 - ii. Each separately managed portion of a closed aquatic system; or
 - iii. Multiple separate closed aquatic systems owned, controlled, or legally held by the same applicant where stocking is to occur;
 4. A detailed description and diagram of each enclosed aquatic system where the applicant will stock and hold the white amur, as prescribed under A.R.S. § 17-317, which shall include the following information, as applicable:
 - a. A description of how the system meets the definition of a "closed aquatic system" in subsection (A);
 - b. Size of waterbody proposed for stocking;
 - c. Nearest river, stream, or other freshwater system;
 - d. Points where water enters into each water body;
 - e. Points where water leaves each water body; and
 - f. Location of fish containment barriers;
 5. For each wildlife supplier from whom the applicant will obtain white amur, the supplier's:
 - a. Name;
 - b. Federal Tax Identification Number;
 - c. Mailing address; and
 - d. Telephone number;
 6. The number and average length of white amur to be stocked;
 7. The dates white amur will be stocked, or restocked;
 8. Any other information required by the Department; and
 9. The certification required under R12-4-409(C).
- H.** When the Department determines an applicant proposes to stock and hold white amur in a watershed in a manner that conflicts with the Department's efforts to conserve wildlife, in addition to the requirements listed under subsection (G), the applicant shall also submit a written proposal to the Department at the time of application. The written proposal shall contain all of the following:
1. Anticipated benefits from introducing white amur;
 2. Potential risks introducing white amur may create for wildlife, including:
 - a. Whether white amur are compatible with native aquatic species or game fish; and
 - b. Method for evaluating the potential impact introducing white amur will have on wildlife;
 3. Assessment of probable impacts to sensitive species in the area using the list generated by the Department's On-Line Environmental Review Tool, which is available at www.azgfd.gov. The proposal must address each species listed.
- I.** A white amur stocking license holder who applies to renew the license shall pay fees as prescribed under R12-4-412.
- J.** A white amur stocking and holding license holder shall comply with the requirements established under R12-4-409.
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
 2. Obtain all aquatic wildlife, live eggs, fertilized eggs, and milt from a licensed fish farm operator or a private non-commercial fish pond certified free of the diseases and causative agents through the following actions:
 - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the fish farm or pond where the aquatic wildlife or biological material is held before it is shipped to the license holder.
 - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to stocking.
 - c. The applicant shall submit a copy of the certification to the Department prior to conducting any stocking activities.
 3. Allow the Department to conduct inspections of an applicant's or license holder's facility, records, and any waters proposed for stocking at any time before or during the license period to determine compliance with the requirements of this Article and to determine the appropriate number of white amur to be stocked.
 4. Ensure all shipments of white amur are accompanied by a USFWS, or similar agent, certificate confirming the white amur are triploid.
 5. Possess the license or legible copy of the license while conducting any activities authorized under the white amur stocking and holding license and presents it for inspection upon the request of any Department employee or agent.
- K.** A white amur stocking and holding license holder shall comply with the requirements established under R12-4-409 and R12-4-428.

Historical Note

Adopted as an emergency effective July 5, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Correction, Historical Note, Supp. 88-3, should read, "Adopted as an emergency effective July 15, 1988..."; readopted and amended as an emergency effective October 13, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency effective January 24, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Former Section R12-4-219 amended and adopted as a permanent rule and renumbered as Section R12-4-424 effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-425. Restricted Live Wildlife Lawfully Possessed without License or Permit Before the Effective Date of Article 4 or Any Subsequent Amendments

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- A. A person who lawfully possessed restricted live wildlife without a license or permit from the Department before the effective date of this Section or any subsequent amendments to R12-4-406, this Section, or this Article may continue to possess the wildlife and to use it for any purpose that was lawful, except propagation, before the effective date of R12-4-406, this Section, or this Article or any subsequent amendments, provided the person complies with the requirements established under subsections (A)(1) or (A)(2).
1. The person submits written notification to the Department's regional office in which the restricted live wildlife is held. The person shall submit the written notification to the regional office within 30 calendar days of the effective date of any subsequent amendments to this Section, R12-4-406, or this Article. The written notification shall include all of the following information:
 - a. The number of individuals of each species,
 - b. The purpose for which it is possessed, and
 - c. The unique identifier for each individual wildlife possessed by the person, as established under subsection (F); or
 2. The person maintains documentation of the restricted live wildlife held. The documentation shall include:
 - a. The number of individuals of each species,
 - b. Proof the individuals were legally acquired before the effective date of the amendment causing the wildlife to be restricted,
 - c. The purpose for which it is used, and
 - d. The unique identifier for each wildlife possessed by the person, as established under subsection (F).
 3. The person shall report the birth or hatching of any progeny conceived before and born after the effective date of this Section, R12-4-406, or this Article to the Department and comply with the requirements established under subsection (F).
- B. The person shall ensure the written notification described under subsection (A)(1) and (A)(2) includes the person's name, address, and the location where the wildlife is held. A person who maintains their own documentation under subsection (A)(2) shall make it available to the Department upon request.
- C. A person who possesses wildlife under this Section shall dispose of it using any one of the following methods:
1. Exportation;
 2. Euthanasia;
 3. Transfer to an Arizona special license holder, provided the special license authorizes possession of the species involved; or
 4. As otherwise directed by the Department in writing.
- D. If a person transfers restricted live wildlife possessed under this Section to a special license holder:
1. The exemption for that wildlife under this Section expires, and
 2. The special license holder shall use, possess, and report the wildlife in compliance with this Article and any stipulations applicable to that special license.
- E. A person who exports wildlife held under this Section shall not import the wildlife back into this state unless the person obtains a special license prior to importing the wildlife back into this state.
- F. A person who possesses wildlife under this Section shall permanently and uniquely mark the wildlife with a unique identifier as follows:
1. Within 30 calendar days of the effective date of this Section, R12-4-406, or this Article if the person has notified the Department as provided under subsection (A)(1); or
 2. Within 30 calendar days of receiving written notice from the Department directing the person to permanently mark the wildlife.
- G. A person possessing a desert tortoise (*Gopherus agassizii*) is not subject to the requirements of this Section and shall comply with requirements established under R12-4-404 and R12-4-407.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-426. Possession of Nonhuman Primates

- A. A person is prohibited from possessing a nonhuman primate, unless authorized under a special license or lawful exemption.
- B. A person shall not import a nonhuman primate into this state unless:
1. A person lawfully possessing a nonhuman primate shall ensure the primate is tested and reported to be free of any zoonotic disease that poses a serious health risk as determined by the Department. Zoonotic diseases that pose a serious health risk include, but are not limited to:
 - a. Tuberculosis;
 - b. Simian Herpes B virus;
 - c. Simian Immunodeficiency Virus;
 - d. Simian T Lymphotropic Virus; and
 - e. Gastrointestinal pathogens such as, but not limited to, Shigella, Salmonella, E. coli, and Giardia.
 2. A qualified person, as determined by the Department, performs the test and provides the test results; and
 3. The tests required under subsection (B)(1) are:
 - a. Conducted no more than 30 days before the person imports the nonhuman primate; and
 - b. The person submits the results to the Department prior to importation.
- C. A person lawfully possessing the nonhuman primate shall contain the primate within the confines of the person's private property or licensed facility.
- D. A person possessing a nonhuman primate may only transport the primate by way of a secure cage, crate, or carrier. A person possessing a primate shall only transport the primate to the following locations:
1. To or from a licensed veterinarian;
 2. Into or out of the state for lawful purposes.
- E. A person lawfully possessing a nonhuman primate that bit, scratched, or otherwise exposed a human to pathogenic organisms, as determined by the Department, shall ensure the primate is examined and laboratory tested for the presence of pathogens as follows:
1. The Department shall prescribe examinations and laboratory testing for the presence of pathogens.
 2. The person shall have the nonhuman primate examined by a state licensed veterinarian who shall perform any examinations or laboratory tests as directed by the Department.
 - a. The licensed veterinarian shall provide the laboratory results to the Department within 24 hours of receiving the results.
 - b. The Department shall notify the exposed person and the Department of Health Services, Vector Borne and Zoonotic Disease Section within 10 days of receiving notice of the test results.
 3. The person possessing the nonhuman primate shall pay all costs associated with the examination, laboratory testing, and maintenance of the primate.

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- F. A person lawfully possessing a nonhuman primate shall ensure a primate that tests positive for a zoonotic disease that poses a serious health risk to humans, or is involved in more than one incident of biting, scratching, or otherwise exposing a human to pathogenic organisms, is maintained in captivity or disposed of as directed in writing by the Department.
- G. A zoo license holder or a person using nonhuman primates at a research facility, as defined under R12-4-401, possessing a primate that bit, scratched, or otherwise exposed a human to pathogenic organisms shall quarantine and test the primate in accordance with procedures approved by the Department.
- H. A person lawfully possessing a nonhuman primate is subject to the requirements established under R12-4-428.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Rule expired December 31, 1989; text rescinded (Supp. 93-2). New Section adopted by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Section R12-4-426(C) corrected to include subsection (C)(1), under A.R.S. § 41-1011 and A.A.C. R1-1-108, Office File No. M11-77, filed March 4, 2011 (Supp. 10-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-427. Exemptions from Requirements to Possess a Wildlife Rehabilitation License

- A. A person may possess, provide rehabilitative care to, and release to the wild any live wildlife listed below that is injured, orphaned, or otherwise debilitated:
 - 1. The order *Passeriformes*: passerine birds;
 - 2. The order *Columbiformes*: doves;
 - 3. The family *Phasianidae*: quail, pheasant, and chukars;
 - 4. The order *Rodentia*: rodents; and
 - 5. The order *Lagomorpha*: hares and rabbits.
- B. This Section does not:
 - 1. Exempt the person from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
 - 2. Authorize the person to engage in authorized activities using federally-protected wildlife, unless the person possesses a valid license, permit, or other form of documentation issued by the United States that authorizes the license holder to use that wildlife in a manner consistent with the special license.
- C. This Section does not authorize the possession of any of the following:
 - 1. Eggs of wildlife;
 - 2. Wildlife listed as Species of Greatest Conservation Need, as defined under R12-4-401; or
 - 3. More than 25 animals at the same time.
- D. A person taking and caring for wildlife listed under this Section is not required to possess a hunting license.
- E. A person shall only take wildlife listed under subsection (A) by hand or by a hand-held implement.
- F. A person shall not possess wildlife lawfully held under this Section for more than 60 days.
- G. The exemptions granted under this Section shall not apply to any person who, by their own action, has unlawfully injured, orphaned, or otherwise debilitated the wildlife.
- H. If the wildlife is rehabilitated and suitable for release, the person who possesses the wildlife shall release it within the 60-day period established under subsection (C):
 - 1. Into a habitat that is suitable to sustain the wildlife, or

- 2. As close as possible to the same geographic area from where it was taken.

- I. If the wildlife is not rehabilitated within the 60-day period or the wildlife requires care normally provided by a veterinarian, the person who possesses it shall:
 - 1. Transfer it to a wildlife rehabilitation license holder or veterinarian;
 - 2. Euthanize it; or
 - 3. Obtain a wildlife holding permit as established under R12-4-417.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-428. Captivity Standards

- A. For the purposes of this Section, “animal” means any wildlife possessed under a special license, unless otherwise indicated.
- B. A person possessing wildlife under a special license authorized under this Article shall comply with the minimum standards for the humane treatment of animals established under this Section.
- C. A person possessing wildlife under an authority granted under this Article shall ensure all facilities meet the following minimum standards:
 - 1. The facility shall be:
 - a. Constructed of material of sufficient strength to resist any force the animal may be capable of exerting against it.
 - b. Constructed in a manner designed to reasonably prevent the animal’s escape or the entry of unauthorized persons, wildlife, or domestic animals.
 - c. Constructed and maintained in good repair to protect animals from injury, disease, or death and to enable the humane practices established under this Section.
 - 2. If required to comply with related requirements established under this Section, each facility shall be equipped with safe, reliable and adequate electric power.
 - a. All electric wiring shall be constructed and maintained in accordance with all applicable governmental building codes.
 - b. Electrical construction and maintenance shall be sufficient to ensure that no animal has direct contact with any electrical wiring or electrical apparatus and the animal is fully protected from any possibility of injury, shock, or electrocution.
 - 3. Each animal shall be supplied with sufficient potable water to meet its needs.
 - a. All water receptacles shall be kept in clean and sanitary condition.
 - b. Water shall be readily available and monitored at least once daily or more often when the needs of the animal dictate.
 - c. If potable water is not accessible to the animal at all times, it shall be provided as often as necessary for the health and comfort of the animal.
 - 4. Food shall be suitable, wholesome, palatable, free from contamination, and of sufficient appeal, quantity, and nutritive value to maintain the good health of each animal held in the facility.
 - a. Each animal’s diet shall be prepared based upon the nutritional needs and preferences of the animal with consideration for the animal’s age, species, condi-

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- tion, health, size, and all veterinary directions or recommendations in regard to diet.
- b. Each animal shall be fed as often as its needs dictate, taking into consideration behavioral adaptations, veterinary treatment or recommendations, normal fasts, or other professionally accepted humane practices.
 - c. The quantity or level of available food for each animal shall be monitored at least once daily, except for those periods of time when professionally accepted humane practices dictate that the animal not consume any food during the entire day.
 - d. Food and food receptacles, when used, shall be sufficient in quantity and accessible to all animals in the facility and shall be placed to minimize potential contamination and conflict between animals using the receptacles.
 - e. Food receptacles shall be kept clean and sanitary at all times.
 - f. Any self-feeding food receptacles shall function properly and the food they provide shall be monitored at least once daily and shall not be subject to deterioration, contamination, molding, caking, or any other process that would render the food unsafe or unpalatable for the animal.
 - g. An appropriate means of refrigeration shall be provided for supplies of perishable animal foods.
5. The facility shall be kept sanitary and regularly cleaned as the nature of the animal requires:
 - a. Adequate provision shall be made for the removal and disposal of animal waste, food waste, unusable bedding materials, trash, debris and dead animals not intended for food.
 - b. The facility shall be maintained to minimize the potential of vermin infestation, disease, and unseemly odors.
 - c. Excreta shall be removed from the primary enclosure facility as often as necessary to prevent contamination, minimize hazard of disease, and reduce unseemly odors.
 - d. The sanitary condition of the facility shall be monitored at least once daily.
 - e. When the facility is cleaned by hosing, flushing, or the introduction of any chemical substances, adequate measures shall be taken to ensure the animal has no direct contact with any chemical substance and is not directly sprayed with water, steam, or chemical substances or otherwise wetted involuntarily.
 6. A sanitary and humane method shall be provided to rapidly eliminate excess water from the facility. If drains are utilized, they shall be:
 - a. Properly constructed.
 - b. Kept in good repair to avoid foul odors or vermin infestation.
 - c. Installed in a manner that prevents the backup or accumulation of debris or sewage.
 7. No animal shall be exposed to any human activity or environment that may have an inhumane or harmful effect upon the animal that is inconsistent with the purpose of the special license.
 8. Facilities shall not be constructed or maintained in proximity to any physical condition which may pose any health threat or unnecessary stress to the animal.
 9. Persons caring for the animals shall conduct themselves in a manner that prevents the spread of disease, minimizes stress, and does not threaten the health of the animal.
 10. All animals housed in the same facility or within the same enclosed area shall be compatible and shall not pose a substantial threat to the health, life or well-being of any other animal in the same facility or enclosure, whether or not the other animals are held under a special license. This subsection shall not apply to live animals utilized as food items in the enclosures.
 11. Facilities for the enclosure of animals shall be constructed and maintained to provide sufficient space to allow each animal adequate freedom of movement to make normal postural and social adjustments.
 - a. The facility area shall be large enough and constructed in a manner to allow the animal proper and adequate exercise as is characteristic to each animal's natural behavior and physical needs.
 - b. Facilities for digging or burrowing animals shall have secure safe floors below materials supplied for digging or burrowing activity.
 - c. Animals that naturally climb or perch shall be provided with safe and adequate climbing or perching apparatus.
 - d. Animals that naturally live in an aquatic environment shall be supplied with sufficient access to safe water so as to meet their aquatic behavioral needs.
 - e. The facility and holding environment shall be structured to reasonably promote the psychological well-being of any animal held in the facility.
 12. A special license holder shall ensure that a sufficient number of properly trained personnel are utilized to meet all the humane husbandry practices established under this Section. The license holder shall be responsible for the actions of all animal care personnel and all other persons that come in contact with the animals.
 13. The special license holder shall designate a veterinarian licensed to practice in this state as the primary treating veterinarian for each species of animal to be held.
 - a. The license holder shall ensure that all animals in their care receive proper, adequate, and humane veterinary care as the needs of each animal dictate.
 - b. Each animal held for more than one year shall be inspected by the attending veterinarian at least once every year.
 - c. Every animal shall promptly receive licensed veterinary care whenever it appears that the animal is injured, sick, wounded, diseased, infected by parasites, or behaving in a substantially abnormal manner, including but not limited to exhibiting loss of appetite or disinclination to normal physical activity.
 - d. All medications, treatments and other directions prescribed by the attending veterinarian shall be properly administered by the license holder, authorized agent, or volunteer. A license holder, authorized agent, or volunteer shall not administer prescription medicine, unless under the direction of a veterinarian.
 14. Any animal that is suspected of or diagnosed as harboring any infectious or transmissible disease, whether or not the animal is held under a special license, shall be isolated immediately upon suspicion or diagnosis.
 - a. The isolated animal shall continue to be kept in a humane manner as required under this Section.
 - b. When there is an animal with an infectious or transmissible disease in any animal facility, whether or not the animal is held under a special license, the

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facility shall be sanitized so as to reasonably eliminate the chance of other animals being exposed to infection. Sanitation procedures may include, but are not limited to:

- i. Washing facilities or animal-related materials with appropriate antibacterial chemical agents, soaps or detergents;
- ii. Appropriate application of hot water or steam under pressure; and
- iii. Replacement of gravel, dirt, sand, water, or food. All residue of chemical agents utilized in the sanitation process shall be reasonably eliminated from the facility before any animal is returned to the facility.

- c. Parasites and vermin shall be controlled and eliminated so as to ensure the continued health and well-being of all animals.

- D. In addition the standards established under subsection (C), a person shall ensure all indoor facilities meet the following minimum standards:

1. Heating and cooling equipment shall be sufficient to regulate the temperature of the facility to protect the animals from temperature extremes as the nature of the wildlife requires to provide a healthy, comfortable, and humane living environment.
2. Indoor facilities shall be adequately ventilated with fresh air to provide for the healthy, comfortable, and humane keeping of any animal and to minimize drafts, odors, and moisture condensation.
3. Indoor facilities shall have lighting of a quality, distribution, and duration as is appropriate for the biological needs of the animals held and to facilitate the inspection and maintenance of the facility.
 - a. Artificial lighting, when used, shall be utilized in regular cycles as the animal's needs dictate.
 - b. Lighting shall be designed to protect the animals from excessive or otherwise harmful aspects of illumination.

- E. In addition the standards established under subsection (C), a person shall ensure that all outdoor facilities meet the following minimum standards:

1. Sufficient shade to prevent the overheating or discomfort of any animal shall be provided.
2. Sufficient shelter appropriate to protect animals from normal climatic conditions throughout the year. Each animal shall be acclimated to outdoor climatic conditions before they are housed in any outdoor facility or otherwise exposed to the extremes of climate.

- F. A person who handles an animal shall ensure the animal is handled in an expeditious and careful manner to ensure no unnecessary discomfort, behavioral stress, or physical harm to the animal.

- a. An animal shall be transported in a secure, expeditious, careful, temperature appropriate, and humane manner. An animal shall not be transported in any manner that poses a substantial threat to the life, health, or behavioral well-being of the animal.
- b. An animal placed on public exhibit or educational display shall be handled in a manner that minimizes the risk of harm to members of the public and to the animal, which includes but is not limited to providing and maintaining a sufficient distance between the animal and the viewing public.
- c. Any restraint used on an animal shall not cause physical harm or unnecessary discomfort.

- G. The Department may impose additional requirements on facilities that hold animals to meet the needs of the particular animal and ensure public health and safety. Any additional special license facility requirements shall be set forth in writing by the Department at the time the special license is issued.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

R12-4-429. Expired**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3127, effective July 1, 2002 for a period of 180 days (Supp. 02-3). Emergency rulemaking renewed under A.R.S. § 41-1026(D) for an additional 180-day period at 9 A.A.R. 132, effective December 27, 2002 (Supp. 02-4). Section expired effective June 24, 2003 (Supp. 03-2).

R12-4-430. Importation, Handling, and Possession of Cervids

- A. The Department shall not issue a new special license authorizing the possession of a live cervid, except as provided under R12-4-418 and R12-4-420.

- B. A person shall not import a live cervid into Arizona, except a zoo license holder may import any live nonnative cervid for exhibit, educational display, or propagation provided the nonnative cervid is quarantined for 30 days upon arrival and is procured from a facility that meets all of the following requirements:

1. The exporting facility has a disease surveillance program and no history of chronic wasting disease or other wildlife disease that pose a serious health risk to wildlife or humans and there is accompanying documentation from the facility certifying there is no history of disease at the facility;
2. The nonnative cervid is accompanied by a health certificate, issued no more than 30 days prior to importation by a licensed veterinarian in the jurisdiction of origin; and
3. The nonnative cervid is accompanied by evidence of lawful possession, as defined under R12-4-401.

- C. A person shall not transport a live cervid within Arizona, except to:

1. Export the live cervid from Arizona for a lawful purpose;
2. Transport the live cervid to a facility for the purpose of slaughter, when the slaughter will take place within five days of the date of transport;
3. Transport the live cervid to or from a licensed veterinarian for medical care;
4. Transport the live cervid to a new holding facility owned by, or under the control of, the cervid owner, when all of the following apply:
 - a. The current holding facility has been sold or closed;
 - b. Ownership, possession, custody, or control of the cervid will not be transferred to another person; and
 - c. The owner of the cervid has prior written approval from the Department; or
5. Transport the live nonnative cervid within Arizona for the purpose of procurement or propagation when all of the following apply:
 - a. The nonnative cervid is transported to or from a zoo licensed under R12-4-420;
 - b. The nonnative cervid is quarantined for 30 days upon arrival at its destination;

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- c. The nonnative cervid is procured from a facility that meets all of the requirements established under subsection (B)(1) through (B)(3).
- D. A person who lawfully possesses a live cervid, except any cervid held under a private game farm or zoo license, shall comply with the requirements established under R12-4-425.
- E. A person shall comply with the requirements established under R12-4-305 when transporting a cervid carcass, or its parts, from a licensed private game farm.
- F. In addition to the recordkeeping requirements of R12-4-413 and R12-4-420, a person who possesses a live cervid under a private game farm or zoo license shall:
 - 1. Permanently mark each live cervid with either an individually identifiable microchip or tattoo within 30 days of acquisition or birth of the cervid; and
 - 2. Include in the annual report submitted to the Department before January 31 of each year, the following for each native cervid in the license holder's possession:
 - a. Name of the license holder,
 - b. License holder's mailing address,
 - c. License holder's telephone number,
 - d. Number and species of live cervids held,
 - e. The microchip or tattoo number of each live native cervid held,
 - f. The disposition of all cervids that were moved or died during the current reporting period
 - h. Any other information required by the Department to ensure compliance with this Section.
- G. The holder of a private game farm, scientific collecting, or zoo license shall ensure that the retropharyngeal lymph nodes or obex from the head of a cervid over one year of age that dies while held under the special licenses is collected by either a licensed veterinarian or the Department and submitted within 72 hours of the time of death to an Animal and Plant Health Inspection Service certified veterinary diagnostic laboratory for chronic wasting disease analysis. A list of approved laboratories is available at any Department office and online at www.azgfd.gov or www.aphis.usda.gov. The license holder shall:
 - 1. Ensure the shipment of the deceased animal's tissues is made by a common, private, or contract carrier that utilizes a tracking number system to track the shipment.
 - 2. Include all of the following information with the shipment of the deceased animal's tissues, the license holder's:
 - a. Name,
 - b. Mailing address, and
 - c. Telephone number.
 - 3. Designate, on the sample submission form, test results shall be sent to the Department within 10 days of completing the analysis. The sample submission form is furnished by the diagnostic laboratory providing the test.
 - 4. Be responsible for all costs associated with the laboratory analysis.
- H. A person who possesses a cervid shall comply with all procedures for:
 - 1. Tuberculosis control and eradication for cervids as prescribed under the United States Department of Agriculture publication "Bovine Tuberculosis Eradication: Uniform Methods and Rules" USDA APHIS 91-45-011, revised January 1, 2005, which is incorporated by reference in this Section. available
 - 2. Prevention, control, and eradication of Brucellosis in cervids as prescribed under the United States Department of Agriculture publication "Brucellosis in Cervidae: Uni-

form Methods and Rules" U.S.D.A. A.P.H.I.S. 91-45-16, effective September 30, 2003.

- 3. The incorporated material is available at any Department office, online at www.aphis.usda.gov, or may be ordered from the USDA APHIS Veterinary Services, Cattle Disease and Surveillance Staff, P. O. Box 96464, Washington D.C. 20090-6464.
- 4. The material incorporated by reference in this Section does not include any later amendments or editions.
- I. The Department has the authority to seize, euthanize, and dispose of any cervid possessed in violation of this Section, at the owner's expense.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

ARTICLE 5. BOATING AND WATER SPORTS**R12-4-501. Boating and Water Sports Definitions**

In addition to the definitions provided under A.R.S. § 5-301, the following definitions apply to this Article unless otherwise specified:

"Abandoned watercraft" means any watercraft that has remained:

On private property without the consent of the private property owner;

Unattended for more than 48 hours on a highway, public street, or other public property;

Unattended for more than 72 hours on state or federal lands; or

Unattended for more than 14 days on state or federal waterways, unless in a designated mooring or anchorage area.

"Aids to navigation" means buoys, beacons, or other fixed objects placed on, in, or near the water to mark obstructions to navigation or to direct navigation through channels or on a safe course.

"Authorized third-party provider" means an entity that has been awarded a written agreement with the Department, pursuant to a competitive bid process, to perform limited or specific services on behalf of the Department.

"AZ number" means the Department-assigned identification number with the prefix "AZ."

"Bill of sale" means a written agreement transferring ownership of a watercraft that includes all of the following information:

Name of buyer;

Name of seller;

Manufacturer of the watercraft, when known;

Hull identification number, unless exempt under R12-4-505;

Purchase price and sales tax paid, when applicable; and

Signature of seller.

"Boats keep out" in reference to a regulatory marker means the operator or user of a watercraft, or a person

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being towed by a watercraft on water skis, an inflatable device, or similar equipment shall not enter.

“Certificate of number” means the Department-issued document that is proof that a motorized watercraft is registered in the name of the owner.

“Certificate of origin” means a document provided by the manufacturer of a new watercraft or its distributor, its franchised new watercraft dealer, or the original purchaser establishing the initial chain of ownership for a watercraft, such as but not limited to:

Manufacturer’s certificate of origin (MCO);

Manufacturer’s statement of origin (MSO);

Importer’s certificate of origin (ICO);

Importer’s statement of origin (ISO); or

Builder’s certification (Form CG-1261).

“Controlled-use marker” means an anchored or fixed marker on the water, shore, or a bridge that controls the operation of watercraft, water skis, surfboards, or similar devices or equipment.

“Dealer” means any person who engages in whole or in part in the business of buying, selling, or exchanging new or used watercraft, or both, either outright or on conditional sale, consignment, or lease.

“Homemade watercraft” means a watercraft that is not fabricated or manufactured for resale and to which a manufacturer has not attached a hull identification number. If a watercraft is assembled from a kit or constructed from an unfinished manufactured hull and does not have a manufacturer assigned hull identification number it is a “homemade watercraft.”

“Hull identification number” means a number assigned to a specific watercraft by the manufacturer or by a government jurisdiction as prescribed by the U.S. Coast Guard.

“Junk watercraft” means any hulk, derelict, wreck, or parts of any watercraft in an unseaworthy or dilapidated condition that cannot be profitably dismantled or salvaged for parts or profitably restored.

“Letter of gift” means a document transferring ownership of a watercraft that includes all of the following information:

Name of previous owner;

Name of new owner;

Manufacturer of the watercraft, when known;

Hull identification number, unless exempt under R12-4-505;

A statement that the watercraft is a gift; and

Signature of previous owner.

“Livery” means a business authorized to rent or lease watercraft with or without an operator for recreational, non-commercial use as prescribed under A.R.S. § 5-371.

“Manufacturer” means any person engaged in the business of manufacturing or importing new watercraft for the purpose of sale or trade.

“Motorized watercraft” means any watercraft propelled by machinery and powered by electricity, fossil fuel, or steam.

“No ski” in reference to a regulatory marker means a person shall not be towed on water skis, an inflatable device, or similar equipment.

“No wake” in reference to a regulatory marker has the same meaning as “wakeless speed” as defined under A.R.S. § 5-301.

“Operate” in reference to a watercraft means use, navigate, or employ.

“Owner” in reference to a watercraft means a person who claims lawful possession of a watercraft by virtue of legal title or equitable interest that entitles the person to possession.

“Personal flotation device” means a U.S. Coast Guard approved wearable or throwable device for use on any watercraft, as prescribed under A.R.S. §§ 5-331, 5-350(A), and R12-4-511.

“Regatta” means an organized water event of limited duration affecting the public use of waterways, for which a lawful jurisdiction has issued a permit.

“Registered owner” means the person or persons to whom a watercraft is currently registered by any jurisdiction.

“Registration decal” means the Department-issued decal that is proof of watercraft registration.

“Regulatory marker” means a waterway marker placed on, in, or near the water to convey general information or indicate the presence of:

A danger, or

A restricted or controlled-use area.

“Release of interest” means a statement surrendering or abandoning unconditionally any claim or right of ownership or use in a watercraft.

“Sound level” means the noise level measured in decibels on the A-weighted scale of a sound level instrument that conforms to recognized industry standards and is maintained according to the manufacturer’s instructions.

“Staggered registration” means the system of renewing watercraft registrations in accordance with the schedule provided under R12-4-504.

“State of principal operation” means the state in whose waters the watercraft is used or will be operated most during the calendar year.

“Throwable personal flotation device” means a U.S. Coast Guard approved Type IV device for use on any watercraft such as, but not limited to, a buoyant cushion, ring buoy, or horse-shoe buoy.

“Unreleased watercraft” means a watercraft for which there is no written release of interest from the registered owner.

“Watercraft” means a boat or other floating device of rigid or inflatable construction designed to carry people or cargo on the water and propelled by machinery, oars, paddles, or wind action on a sail. Exceptions are sea-planes, makeshift contrivances constructed of inner tubes or other floatable materials that are not propelled by machinery, personal flotation devices

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worn or held in hand, and other objects used as floating or swimming aids.

“Watercraft agent” means a person authorized by the Department to collect applicable fees for the registration and numbering of watercraft.

“Watercraft registration” means the validated certificate of number and validating decals issued by the Department.

“Wearable personal flotation device” means a U.S. Coast Guard approved Type I, Type II, Type III, or Type V device for use on any watercraft such as, but not limited to, an off-shore lifejacket, near-shore buoyant vest, special-use wearable device, or flotation aid.

Historical Note

Editorial correction subsection (A) (Supp. 78-5). Former Section R12-4-83 renumbered as Section R12-4-501 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-501 renumbered to R12-4-515, new Section R12-4-501 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-502. Application for Watercraft Registration

- A. Only motorized watercraft as defined under R12-4-501 are subject to watercraft registration.
- B. A person shall apply for watercraft registration under A.R.S. § 5-321 using a form furnished by the Department and available at any Department office or on the Department’s website. The applicant shall provide the following information for registration of all motorized watercraft except homemade watercraft, which are addressed under subsection (C):
 1. Arizona residency certification statement, signed by the watercraft owner;
 2. Type of watercraft;
 3. Propulsion type;
 4. Engine drive type;
 5. Overall length of watercraft;
 6. Make and model of watercraft, if known;
 7. Year built or model year, if known;
 8. Hull identification number;
 9. Hull material;
 10. Fuel type;
 11. Category of use;
 12. Watercraft or AZ number previously issued for the watercraft, if any;
 13. State of principal operation; and
 14. For watercraft:
 - a. Owned by a person:
 - i. Legal name;
 - ii. Mailing address;
 - iii. Date of birth; and
 - iv. Signature of each applicant.
 - b. Owned by a business:
 - i. Name of business;
 - ii. Business address;
 - iii. Tax Identification Number; and
 - iv. Signature and title of authorized representative on behalf of the business.
- C. The builder, owner, or owners of a homemade watercraft shall present the watercraft for inspection at a Department office. The applicant shall provide the following information for registration of homemade watercraft, using the same ownership designations specified in subsection (A)(15):
 1. Type of watercraft;
 2. Propulsion type;
 3. Engine drive type;
 4. Overall length of watercraft;
 5. Year built;
 6. Hull material;
 7. Fuel type;
 8. Category of use;
 9. Each owner’s:
 - a. Name,
 - b. Mailing address, and
 - c. Date of birth;
 10. State of principal operation;
 11. Whether the watercraft was assembled from a kit or rebuilt from a factory or manufacturer’s hull;
 12. Hull identification number, if assigned; and
 13. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
- D. As prescribed under A.R.S. § 5-321, the applicant shall submit a use tax receipt issued by the Arizona Department of Revenue with the application for registration unless any one of the following conditions apply:
 1. The applicant is exempt from use tax as provided under 15 A.A.C. Chapter 5,
 2. The applicant is transferring the watercraft from another jurisdiction to Arizona without changing ownership,
 3. The applicant submits a bill of sale or receipt showing the sales or use tax was paid at the time of purchase, or

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4. The applicant submits a notarized affidavit of exemption stating that the acquisition of the watercraft was for rental or resale purposes.
- E. An applicant for a watercraft dealer registration authorized under A.R.S. § 5-322(F), shall be a business offering watercraft for sale or a watercraft manufacturer registered by the U.S. Coast Guard. A person shall display dealer registration for watercraft demonstration purposes only. For the purposes of this Section, "demonstration" means to operate a watercraft on the water for the purpose of selling, trading, negotiating, or attempting to negotiate the sale or exchange of interest in new watercraft, and includes operation by a manufacturer for purposes of testing a watercraft. Demonstration does not include operation of a watercraft for personal purposes by a dealer or manufacturer or an employee, family member, or an associate of a dealer or manufacturer. The watercraft dealer registration is subject to invalidation pursuant to R12-4-506 if a watercraft with displayed dealer registration is used for purposes other than those authorized under A.R.S. § 5-322(F) or this Section. A watercraft dealer registration applicant shall submit an application to the Department. The application is furnished by the Department and is available at any Department office. The applicant shall provide the following information on the application:
 1. All business names used for the sale or manufacture of watercraft in Arizona;
 2. Mailing address and telephone number for each business for which a watercraft dealer registration is requested;
 3. Tax privilege license number;
 4. U.S. Coast Guard manufacturer identification code, when applicable;
 5. Total number of certificates of number and decals requested; and
 6. The business owner's or manager's:
 - a. Name,
 - b. Business address,
 - c. Telephone number, and
 - d. Signature.
- F. In addition to submitting the application form and any other information required under this Section, the applicant for watercraft registration shall submit one or more of the following additional forms of documentation:
 1. Original title if the watercraft is titled in another state;
 2. Original registration if the watercraft is from a non-titling state;
 3. Bill of sale as defined under R12-4-501 if the watercraft has never been registered or titled in any state;
 4. Letter of gift as defined under R12-4-501 if the watercraft was received as a gift and was never registered or titled in any state;
 5. Court order or other legal documentation establishing lawful transfer of ownership;
 6. Letter of deletion, required when the watercraft was previously documented by the U.S. Coast Guard;
 7. Statement of facts form furnished by the Department and available from any Department office when none of the documentation identified under subsections (F)(1) through (F)(6) exists either in the possession of the watercraft owner or in the records of any jurisdiction responsible for registering or titling watercraft. An applicant for watercraft registration under a statement of facts shall present the watercraft for inspection at a Department office. The statement of facts form shall include the following information:
 - a. Hull identification number,
 - b. Certification that the watercraft meets one of the following conditions:
 - i. The watercraft was manufactured prior to 1972, is 12 feet in length or less, and is not propelled by an inboard engine;
 - ii. The watercraft is owned by the applicant and has never been registered or titled;
 - iii. The watercraft was owned in a state that required registration, but was never registered or titled; or
 - iv. The watercraft was purchased, received as a gift, or received as a trade and has not been registered, titled, or otherwise documented in the past five years.
 - c. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
8. An original certificate of origin when all of the following conditions apply:
 - a. The watercraft was purchased as new,
 - b. The applicant is applying for watercraft registration within a year of purchasing the watercraft, and
 - c. The certificate of origin is not held by a lien holder.
- G. If the watercraft is being transferred to a person other than the original listed owner, the applicant for a watercraft registration shall submit a release of interest. The Department may require the applicant to provide a release of interest that is acknowledged before a Notary Public or witnessed by a Department employee when the Department is unable to verify the signature on the release of interest.
- H. If the original title is held by a lien holder, the applicant for a watercraft registration shall submit a form furnished by the Department and available from any Department office along with a copy of the title. The applicant shall comply with the following requirements when submitting the form:
 1. The applicant shall provide the following information on the form:
 - a. Applicant's name,
 - b. Applicant's mailing address,
 - c. Make and model of watercraft, and
 - d. Watercraft hull identification number.
 2. The applicant shall ensure the lien holder provides the following information on the form:
 - a. Lien holder's name,
 - b. Lien holder's mailing address,
 - c. Name of person completing the form on behalf of the lien holder,
 - d. Title of person completing the form on behalf of the lien holder, and
 - e. Signature of the person completing the form on behalf of the lien holder, acknowledged before a Notary Public or witnessed by a Department employee.
- I. If the watercraft's original title or registration is lost, the Department shall register a watercraft upon receipt of one of the following:
 1. A letter or printout from any jurisdiction responsible for registering or titling watercraft that verifies the owner of record for that specific watercraft;
 2. A printout of the Vessel Identification System for that specific watercraft from the U.S. Coast Guard and verification from the appropriate state agency that the information regarding the owner of record for that specific watercraft is correct and current;

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3. A statement of facts by the applicant as described under subsection (F)(7) if the watercraft has not been registered, titled, or otherwise documented in the past five years; or
 4. The abandoned or unreleased watercraft approval letter issued by the Department, as established under R12-4-507(I).
- J.** The Department shall issue a watercraft registration within 30 calendar days of receiving a valid application and the documentation required under this Section from the applicant or a watercraft agent authorized under R12-4-509.
- K.** All watercraft registrations and supporting documentation are subject to verification by the Department and to the requirements established under R12-4-505. The Department shall require a watercraft to be presented for inspection to verify the information provided by an applicant if the Department has reason to believe the information provided by the applicant is inaccurate or the applicant is unable to provide the required information.
- L.** The Department shall deem an application invalid if the Department receives legal documentation of any legal action that may affect ownership of that watercraft.
- M.** The Department shall invalidate a watercraft registration if the registration is obtained by an applicant who makes a false statement or provides false information on any application, statement of facts, or written instrument submitted to the Department.

Historical Note

Former Section R12-4-84 renumbered as Section R12-4-502 without change effective August 13, 1981 (Supp. 81-4). Amended effective January 2, 1985 (Supp. 85-1). Former Section R12-4-502 repealed, new Section R12-4-502 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-503. Renewal of Watercraft Registration; Duplicate Watercraft Registration or Decal

- A.** The owner of a registered watercraft shall renew the watercraft's registration no later than the day before the prior registration period expires.
1. To renew a watercraft's registration in person or by mail, an applicant shall pay the registration fee authorized under R12-4-504 and present any one of the following:
 - a. Current or prior certificate of number,
 - b. Valid driver's license,
 - c. Valid Arizona Motor Vehicle Division identification card,
 - d. Valid passport, or
 - e. Department-issued renewal notice.
 2. The owner of a registered watercraft may renew a watercraft registration by accessing the Department's online system and paying the applicable watercraft registration fee authorized under R12-4-504.
- B.** The owner of a registered watercraft may obtain a duplicate watercraft registration or decal in person or by mail. To obtain a duplicate watercraft registration or decal in person or by mail, an applicant shall:
1. Complete and submit an application for a duplicate certificate and/or decal form to the Department or its authorized agent, available from any Department office and on the Department's website; and

2. Pay the duplicate watercraft registration fee authorized under R12-4-504.

- C.** If made available by the Department, the owner of a registered watercraft may obtain a duplicate watercraft registration or decal by accessing the Department's online system and paying the duplicate watercraft registration fee authorized under R12-4-504.
- D.** When a request for a watercraft registration renewal or duplicate watercraft registration or decal is submitted by mail or online, the Department shall mail the registration or decal, as applicable, to the address of record, unless the Department receives a notarized request from the registered owner instructing the Department to mail the duplicate registration or decal to another address.

Historical Note

Former Section R12-4-85 renumbered as Section R12-4-503 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-503 renumbered to R12-4-519, new Section R12-4-503 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-504. Watercraft Fees; Penalty for Late Registration; Staggered Registration Schedule

- A.** The following fees are required, when applicable as authorized under A.R.S. §§ 5-321 and 5-322:
1. Motorized watercraft registration fees are assessed as follows:
 - a. Twelve feet and less: \$20
 - b. Twelve feet one inch through sixteen feet: \$22
 - c. Sixteen feet one inch through twenty feet: \$30
 - d. Twenty feet one inch through twenty-six feet: \$35
 - e. Twenty-six feet one inch through thirty-nine feet: \$39
 - f. Thirty-nine feet one inch through sixty-four feet: \$44
 - g. Sixty-four feet one inch and over: \$66
 - h. For the purposes of this subsection, the length of the motorized watercraft shall be measured in the same manner prescribed under A.R.S. § 5-321(C).
 2. Motorized watercraft transfer fee: \$13.
 3. Duplicate motorized watercraft registration: \$8.
 4. Duplicate decal: \$8.
 5. Watercraft dealer certificate of number: \$20.
 6. Abandoned or unreleased watercraft application fee: \$100.
 7. Unclaimed towed watercraft application fee: \$100.
- B.** The Department or its agent shall collect the entire registration fee for a late registration renewal and a penalty fee of \$5, unless exempt under A.R.S. § 5-321(L) or the expiration date falls on a Saturday, Sunday, or state holiday, and the registration is renewed before the close of business on the next working day. The Department or its agent shall not assess a penalty fee when a renewal is mailed before the expiration date, as evidenced by the postmark.
- C.** All new watercraft registrations expire 12 months after the date of issue.
- D.** Resident and nonresident watercraft registration renewals:

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1. Shall be valid for a period of 7 to 18 months depending on the expiration month.
 - a. This provision applies to the initial renewal period only.
 - b. The Department shall prorate fees accordingly.
2. May be renewed up to six months prior to the expiration month.
3. Shall expire on the last day of the month indicated by the last two numeric digits of the AZ number, as shown in the following table:

Last two numeric digits of AZ number									Expiration month
00	12	24	36	48	60	72	84	96	December
01	13	25	37	49	61	73	85	97	January
02	14	26	38	50	62	74	86	98	February
03	15	27	39	51	63	75	87	99	March
04	16	28	40	52	64	76	88		April
05	17	29	41	53	65	77	89		May
06	18	30	42	54	66	78	90		June
07	19	31	43	55	67	79	91		July
08	20	32	44	56	68	80	92		August
09	21	33	45	57	69	81	93		September
10	22	34	46	58	70	82	94		October
11	23	35	47	59	71	83	95		November

- E. Watercraft dealer, manufacturer, and governmental use registration renewals expire on October 31 of each year.
- F. Livery and all other commercial use registration renewals expire on November 30 of each year.

Historical Note

Amended effective December 5, 1978 (Supp. 78-6).
 Amended effective March 6, 1980 (Supp. 80-2). Former Section R12-4-86 renumbered as Section R12-4-504 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-504 repealed, new Section R12-4-504 adopted effective May 27, 1992 (Supp. 92-2).
 Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).
 Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by exempt rulemaking pursuant to A.R.S. § 41-1005(A)(2)(b) at 21 A.A.R. 1046, effective June 16, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2).

R12-4-505. Hull Identification Numbers

- A. The Department shall not register a watercraft without a hull identification number.
- B. The Department shall verify watercraft manufactured after November 1, 1972 have a primary hull identification number that complies with the requirements established under 33 C.F.R. 181, subpart C. The Department shall assign a hull identification number when the watercraft hull identification number does not meet the requirements established under 33 C.F.R. 181, subpart C.
- C. The hull identification number shall be fully visible and unobstructed at all times. Watercraft manufactured prior to August 1, 1984, are exempt from this requirement provided the

obstruction is original equipment and was attached by the manufacturer.

- D. The Department shall assign a hull identification number to a watercraft with a missing hull identification number only if the Department determines:
 1. The hull identification number was not intentionally or illegally removed or altered, unless the application is accompanied by an order of forfeiture, order of seizure, or other civil process;
 2. The missing hull identification number was caused by error of the manufacturer or a government jurisdiction; or
 3. The watercraft is a homemade watercraft as defined under R12-4-501.
- E. The Department may assign a hull identification number within 30 days of receipt of a valid application, as described under R12-4-502.
- F. The Department may accept a bill of sale presented with a missing or nonconforming hull identification number for registration purposes only when:
 1. The hull identification number matches the nonconforming hull identification number on the watercraft;
 2. Supporting evidence exists that the seller is the owner of the watercraft;
 3. The watercraft is homemade and does not have a hull identification number; or
 4. The watercraft was manufactured prior to November 1, 1972.
- G. Within 30 days of issuance, the applicant or registered owner shall:
 1. Burn, carve, stamp, emboss, mold, bond, or otherwise permanently affix each hull identification number to a non-removable part of the watercraft in a manner that ensures any alteration, removal, or replacement will be obvious.
 2. Ensure the characters of each hull identification number affixed to the watercraft are no less than 1/4 inch in height.
 3. Permanently affix the hull identification number as follows:
 - a. On watercraft with transoms, affix the hull identification number to the right or starboard side of the transom within two inches of the top of the transom or hull/deck joint, whichever is lower.
 - b. On watercraft without a transom, affix the hull identification number to the starboard outboard side of the hull, back or aft within one foot of the stern and within two inches of the top of the hull, gunwale, or hull/deck joint, whichever is lower.
 - c. On a catamaran or pontoon boat, affix the hull identification number on the aft crossbeam within one foot of the starboard hull attachment.
 - d. As close as possible to the applicable location established under subsections (a), (b), or (c) when rails, fittings, or other accessories obscure the visibility of the hull identification number.
 - e. Affix a duplicate of the visibly affixed hull identification number in an unexposed location on a permanent part of the hull.
 4. Certify to the Department that the hull identification number was permanently affixed to the watercraft. The certification statement is furnished by the Department when a hull identification number is issued. The certification statement shall include the location of the permanently affixed hull identification number.

Historical Note

Amended effective January 1, 1980 (Supp. 79-6). Former

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Section R12-4-87 renumbered as Section R12-4-505 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-505 repealed, new Section R12-4-505 adopted effective May 27, 1992 (Supp. 92-2).

Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-506. Invalidation of Watercraft Registration and Decals

- A.** Any watercraft registration obtained by fraud or misrepresentation is invalid from the date of issuance.
- B.** A certificate of number and any decals issued by the Department under R12-4-502 are invalid if any one of the following occurs:
 1. Any check, money order, or other currency certificate presented to the Department for payment of watercraft registration or renewal is found to be non-negotiable;
 2. Any person whose name appears on the certificate of number loses ownership of the watercraft by legal process;
 3. Arizona is no longer the state of principal operation;
 4. The watercraft is documented by the U.S. Coast Guard;
 5. An applicant provides incomplete or incorrect information to the Department and fails to provide the correct information within 30 days after a request by the Department;
 6. The Department revokes the certificate of number, AZ numbers, and decals as provided under A.R.S. § 5-391(I);
 7. The Department or its agent erroneously issued a certificate of number or any decals;
 8. A watercraft bearing a dealer registration is used for any purpose not authorized under R12-4-502(E); or
 9. A watercraft registered or used as a livery is operated in violation of A.R.S. § 5-371 or R12-4-514.
- C.** A person shall surrender the invalid certificate of number and decals to the Department within 15 calendar days of receiving written determination from the Department that the certificate of number or decals are invalid, unless the person appeals the Department's determination to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- D.** The Department shall not validate or renew an invalid watercraft registration or decals until the reason for invalidity is corrected or no longer exists.

Historical Note

Adopted effective December 4, 1984 (Supp. 84-6). Amended subsection (B) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended subsection (B) effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Former Section R12-4-506 repealed, new Section R12-4-506 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-507. Transfer of Ownership of an Abandoned or Unreleased Watercraft

- A.** A person who has knowledge and custody of a watercraft abandoned on private property owned by that person may attempt to obtain ownership of the watercraft by way of the abandoned watercraft transfer process. A lienholder of foreclosed real property may assign an agent to act on its behalf.
- B.** The last registered owner of an abandoned or unreleased watercraft is presumed to be responsible for the watercraft, unless the watercraft is reported stolen.
- C.** The operator of a self-storage facility located in this state and having a possessory lien shall comply with the requirements prescribed under A.R.S. Title 33, Chapter 15, Article 1 when attempting to obtain ownership of a watercraft abandoned while in storage.
- D.** A person having a possessory lien under a written agreement shall comply with the requirements prescribed under A.R.S. Title 33, Chapter 7, Article 6 when attempting to obtain ownership of a watercraft for which repairs or service fees remain unpaid.
- E.** Only a person acting within the scope of official duties as an employee or authorized agent of a government agency may order the removal of a watercraft abandoned on public property or a public waterway.
- F.** A person seeking ownership of an abandoned or unreleased watercraft shall submit an application to the Department and pay the fee established under R12-4-504. The application is furnished by the Department and available at any Department office. The application shall include the following information, if available:
 1. Hull identification number, unless exempt under R12-4-505;
 2. Registration number;
 3. Decal number;
 4. State of registration;
 5. Year of registration;
 6. Name, address, and daytime telephone number of the person who found the watercraft;
 7. For abandoned watercraft:
 - a. Address or description of the location where the watercraft was found,
 - b. Whether the watercraft was abandoned on private or public property, and
 - c. When applicable, for watercraft abandoned on private property, whether the applicant is the legal owner of the property;
 8. Condition of the watercraft: wrecked, stripped, or intact;
 9. State in which the watercraft will be operated;
 10. Length of time the watercraft was abandoned;
 11. Reason why the applicant believes the watercraft is abandoned; and
 12. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
- G.** This state and its agencies, employees, and agents are not liable for relying in good faith on the contents of the application.
- H.** The Department shall attempt to determine the name and address of the registered owner by:
 1. Conducting a search of its watercraft database when documentation indicates the watercraft was previously registered in this state, or
 2. Requesting the watercraft record from the other state when documentation indicates the watercraft was previously registered in another state.
- I.** If the Department is able to determine the name and address of the registered owner, the Department shall send written notice of the applicant's attempt to register the watercraft to the owner by certified mail, return receipt requested.

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1. If service is successful or upon receipt of a response from the registered owner, the Department shall send the following written notification to the applicant, as appropriate:
 - a. If the registered owner provides a written release of interest in the watercraft, the Department shall mail the release of interest and an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
 - b. If the registered owner provides written notice to the Department refusing to release interest in the watercraft, the Department shall notify the applicant of the owner's refusal. The Department shall not register the watercraft to the applicant unless the applicant provides proof of ownership and complies with the requirements established under R12-4-502.
 - c. If the registered owner does not respond to the notice in writing within 30 days from the date of receipt, the Department shall notify the applicant of the owner's failure to respond. The Department shall not register the watercraft to the applicant unless the applicant provides proof of ownership and complies with the requirements established under R12-4-502.
 - d. If the registered owner does not respond to the notice within 180 days from the date of receipt of the notice, this failure to act shall constitute a waiver of interest in the watercraft by any person having an interest in the watercraft, and the watercraft shall be deemed abandoned for all purposes. The Department shall mail an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
2. If the written notice is returned unclaimed or refused, the Department shall notify the applicant within 15 days of the notice being returned that the attempt to contact the registered owner was unsuccessful.
- J. If the Department is unable to identify or serve the registered owner, the Department shall post a notice of intent on the Department's website within 45 days of the Department's notification to the applicant as provided in subsection (I)(2).
 1. The notice shall include a statement of the Department's intent to transfer ownership of the watercraft ten days after the date of posting, unless the Department receives notice from the registered owner refusing to release interest in the watercraft within that ten-day period following posting.
 2. If the watercraft remains unclaimed after the ten-day period, the Department shall mail an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
- K. A government agency may submit an application for authorization to dispose of a junk watercraft abandoned on state or federal lands or waterways. The application is furnished by the Department and is available at any Department Office. Upon receipt of the application, the Department shall attempt to determine the name and address of the registered owner. If the Department is unable to identify and serve the registered owner, the Department shall publish a notice of intent to authorize the disposal of the junk watercraft as described under subsection (J).
 1. The published notice shall include a statement of the Department's intent to authorize the disposal of the watercraft ten days after the date of publication, unless the Department receives notice from the registered owner refusing to release interest in the watercraft within that ten-day period following publication.
 2. If the watercraft remains unclaimed after the ten-day period, the Department shall mail an authorization to dispose of the junk watercraft to the government agency. The government agency may dispose of the abandoned watercraft and all indicia for that watercraft in any manner the agency determines expedient or convenient.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2).

R12-4-508. New Watercraft Exchanges

- A. A person may request a no-fee replacement registration for a new watercraft, provided all of the following conditions apply:
 1. The person purchased the newly registered watercraft from a new watercraft dealer,
 2. The person returned the watercraft to the new watercraft dealer within 30 days of purchase, and
 3. The new watercraft dealer exchanged the returned watercraft for a watercraft of the same year, make, and model within the same 30 day period.
- B. To obtain a no-fee replacement registration, the person shall submit the original watercraft registration and a letter from the new watercraft dealer to the Department. The letter shall include all of the following information:
 1. A statement that the original watercraft was replaced,
 2. The hull identification number for the original watercraft,
 3. The hull identification number for the replacement watercraft,
 4. The buyer's name, and
 5. The new watercraft dealer's name.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-509. Watercraft Dealers; Agents

- A. The Department may authorize a watercraft dealer to act as an agent on behalf of the Department for the purpose of issuing temporary certificates of number valid for 45 days for new or used watercraft, provided:
 1. The applicant's previous authority to act as a watercraft agent under A.R.S. § 5-321(I) has not been canceled by the Department within the preceding 24 months, and
 2. The applicant is a business located and operating within this state and sells watercraft.
- B. An applicant seeking watercraft agent authorization shall submit an application to the Department. The application is furnished by the Department and available at the Arizona Game and Fish Department, 5000 W. Carefree Highway, Phoenix, AZ 85086. The applicant shall provide the following information on the application:
 1. Principal business or corporation name, address, and telephone number or if not a corporation, the full name, address, and telephone number of all owners or partners;

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2. Name, address, and telephone number of the owner or manager responsible for compliance with this Section;
 3. Whether the applicant has previously issued temporary certificates of number under A.R.S. § 5-321(I);
 4. All of the following information specific to the location from which new watercraft are to be sold and temporary certificates of number issued:
 - a. Name of owner or manager;
 - b. Business hours;
 - c. Business telephone number;
 - d. Business type;
 - e. Storefront name; and
 - f. Street address;
 5. Manufacturers of the watercraft to be sold; and
 6. Signature of person named under subsection (B)(2).
- C.** The Department shall either approve or deny the application within the licensing time-frame established under R12-4-106.
- D.** Authorization to act as a watercraft agent is specific to the dealer's business location designated on the application and approved by the Department, unless the dealer is participating in a boat show for the purpose of selling watercraft.
- E.** The watercraft agent shall:
1. Use the assigned watercraft agent number when issuing a temporary certificate of number;
 2. Use the online application system and forms supplied by the Department; and
 3. Collect the appropriate fee as prescribed under R12-4-504 and R12-4-527.
- F.** A watercraft agent is prohibited from issuing a temporary certificate of number for a watercraft when:
1. The watercraft is involved in legal proceedings such as, but not limited to, a marital dissolution, probate, or bankruptcy proceeding;
 2. The watercraft is abandoned or unreleased;
 3. The watercraft is homemade; or
 4. The watercraft has a nonconforming HIN.
- G.** A watercraft agent issuing a temporary certificate of number to the purchaser of a watercraft shall comply with all the following:
1. The watercraft agent shall obtain a completed application that complies with the requirements established under R12-4-502.
 2. The watercraft agent shall identify to the applicant the state registration fee and the nonresident boating safety infrastructure fee, when applicable, separately from any other costs.
 3. The fees collected under subsection (E)(3) shall be submitted electronically to the Department prior to the submission of the documentation required under subsection (G)(4).
 4. Within five business days of issuing a temporary certificate of number, a watercraft agent shall deliver or mail the following documentation to the Arizona Game and Fish Department, Watercraft Agent Representative, 5000 W. Carefree Highway, Phoenix, AZ 85086:
 - a. For a new watercraft:
 - i. Original application;
 - ii. Original or copy of the bill of sale issued by the watercraft agent; and
 - iii. Original certificate of origin;
 - b. For a used watercraft:
 - i. Original application;
 - ii. Original or copy of the bill of sale issued by the watercraft agent;
 - iii. Ownership document, such as but not limited to a title, bill of sale, letter of gift or U.S. Coast Guard letter of deletion when the watercraft was previously documented by the U.S. Coast Guard; and
- iv. Lien release, when applicable.
- H.** The Department may cancel the watercraft agent's authorization if the agent does any one of the following:
1. Fails to comply with the requirements established under this Article;
 2. Submits more than one electronic payment dishonored because of insufficient funds, payments stopped, or closed accounts to the Department within a calendar year;
 3. Predates, postdates, alters, or provides or knowingly allows false information to be provided on an application for a temporary certificate of number; or
 4. Falsifies the application for authorization as a watercraft agent.
- I.** The Department shall provide a written notice to the person stating the reason for the denial or cancellation of watercraft agent status, as applicable. The person may appeal the denial or cancellation to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-510. Refund of Fees Paid in Error

- A.** The Department shall issue a refund for watercraft registration fees paid and, when applicable, the Nonresident Boating Safety Infrastructure fee when:
1. The registered owner has erroneously paid those fees twice for the same watercraft;
 2. The registered owner has erroneously paid those fees for a watercraft that has already been sold to another individual; or
 3. The registered owner registered the watercraft in error.
- B.** To request a refund of fees paid in error, the person applying for the refund shall surrender all of the following to the Department:
1. Original certificate of number;
 2. Registration decals; and
 3. Nonresident Boating Safety Infrastructure Decal, when applicable.
- C.** A person requesting a refund of fees shall submit the request to the Department within 30 calendar days of the date the payment was received by the Department.
- D.** The Department shall not refund:
1. A late registration penalty fee.
 2. A fee collected by an authorized third-party provider. A person who paid their watercraft registration fee to a third-party provider shall request a refund of fees from that third-party provider.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-511. Personal Flotation Devices

- A.** For the purpose of this Section, "wear" means:

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1. The personal flotation device is worn according to the manufacturer's design or recommended use;
 2. All of the device's closures are fastened, snapped, tied, zipped, or secured according to the manufacturer's design or recommended use; and
 3. The device is adjusted for a snug fit.
- B.** The operator of a canoe, kayak, or other watercraft shall ensure the watercraft is equipped with at least one correctly-sized, U.S. Coast Guard-approved, wearable personal flotation device that is in good and serviceable condition for each person on board the watercraft. The operator of any watercraft shall also ensure the wearable personal flotation devices on board the watercraft are readily accessible and available for immediate use.
- C.** In addition to the personal flotation devices described under subsection (B), the operator of a watercraft that is 16 feet or more in length shall ensure the watercraft is also equipped with a U.S. Coast Guard-approved throwable personal flotation device: buoyant cushion, ring buoy, or horseshoe buoy. Canoes and kayaks are not subject to this subsection.
- D.** The operator of a watercraft shall ensure a person twelve years of age or under on board a watercraft shall wear a U.S. Coast Guard approved wearable personal flotation device whenever the watercraft is underway.
- E.** The operator of a personal watercraft shall ensure each person aboard the personal watercraft is wearing a wearable personal flotation device approved by the U.S. Coast Guard whenever the personal watercraft is underway.
- F.** Subsections (B), (C), and (D) do not apply to the operation of a racing shell or rowing skull during competitive racing or supervised training, if the racing shell or rowing skull is manually propelled, recognized by a national or international association for use in competitive racing, and designed to carry and does carry only equipment used solely for competitive racing.
- f. Permanently installed fuel tanks (fuel tanks that cannot be moved in case of a fire or other emergency are considered permanently installed), and
 - g. A fixed fire extinguishing system installed in the engine compartment.
- 2.** Watercraft 26 feet to less than 40 feet shall carry on board the following equipment as designated and approved by the U.S. Coast Guard:
- a. At least two B-I type hand-portable fire extinguishers or at least one B-II type hand-portable fire extinguisher, or
 - b. At least one B-I type approved hand-portable fire extinguisher if a fixed fire extinguishing system is installed in the engine compartment.
- 3.** Watercraft 40 feet to not more than 65 feet shall carry on board the following equipment as designated and approved by the U.S. Coast Guard:
- a. At least three B-I type hand-portable fire extinguishers or at least one B-I and one B-II type hand-portable fire extinguishers, or
 - b. At least two B-I type hand-portable fire extinguishers or at least one B-II type hand-portable fire extinguisher when a fixed fire extinguishing system is installed in the engine compartment.

Historical Note

Former Section R12-4-81 renumbered as Section R12-4-512 without change effective August 13, 1981 (Supp. 81-4). Amended effective June 14, 1990 (Supp. 90-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-513. Watercraft Incident and Casualty Reports

- A.** The operator or owner of a watercraft involved in any collision, incident or other casualty resulting in injury, death, or property damage exceeding \$500 shall submit the report required under A.R.S. § 5-349 to the Department. The report shall be made on a form furnished by the Department or provided by the law enforcement officer investigating the collision, incident, or other casualty. The operator or owner of the watercraft shall complete the form in full and clearly identify on the form any information that is either not applicable or unknown. The operator or owner of the watercraft submitting the report shall provide all of the information required under 33 C.F.R. 173.57.
- B.** The person completing the form shall deliver, mail, or email the form to the Arizona Game and Fish Department, Law Enforcement Branch at 5000 W. Carefree Hwy, Phoenix, AZ 85086 or BoatAccidentReporting@azgfd.gov, as applicable.
- C.** The operator or owner of a watercraft involved in any collision, incident or other casualty resulting in injury or death shall submit the report to the Department no later than 48 hours after the incident.
- D.** The operator or owner of a watercraft involved in any collision, incident or other casualty resulting only in property damage exceeding \$500 shall submit the report to the Department no later than five days after the incident.

Historical Note

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-514. Liveries**Historical Note**

Amended effective May 26, 1978 (Supp. 78-3). Former Section R12-4-80 renumbered as Section R12-4-511 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 27, 1992 (Supp. 92-2). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-512. Fire Extinguishers Required for Watercraft

- A.** The operator of watercraft shall ensure all required fire extinguishers are readily accessible and available for immediate use.
- B.** As prescribed under A.R.S. § 5-332, an operator of a:
1. Watercraft less than 26 feet in length shall carry one U.S. Coast Guard-approved B-I type fire extinguisher on board if the watercraft has one or more of the following:
 - a. An inboard engine,
 - b. Closed compartments where portable fuel tanks may be stored,
 - c. Double bottoms not sealed to the hull or which are not completely filled with flotation materials,
 - d. Closed living spaces,
 - e. Closed stowage compartments in which combustible or flammable materials are stored,

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- A. A person who rents, leases, or offers any watercraft for compensation, with or without an operator, for recreational, non-commercial use shall register the watercraft as a livery as established under R12-4-502.
- B. A watercraft owned by a boat livery that requires registration and does not have the certificate of number on board shall be identified while in use by means of a:
 - 1. Placard or some other form of display that is affixed to the watercraft and is visible when the watercraft is underway. The placard or other form of display shall indicate the business name and current phone number of the livery.
 - 2. Receipt provided by the livery to the person operating the rented watercraft. The receipt shall contain the following information:
 - a. Business name and address of the livery as shown on the certificate of number,
 - b. Watercraft registration number as issued by the Department,
 - c. Beginning date and time of the rental period, and
 - d. Written acknowledgment on the receipt of compliance with the requirements prescribed under A.R.S. § 5-371, signed by both the livery operator or their agent and the renter.
- C. A person operating a rented or leased watercraft or operating a passenger for hire watercraft shall carry the registration or receipt onboard and produce it upon request to any peace officer.
- D. Failure to comply with the requirements prescribed under A.R.S. § 5-371 and this Section may result in the invalidation of the watercraft registration and decals as provided under A.R.S. § 5-391(A) and R12-4-506.
- 2. The registration decals shall be affixed three inches in front of "AZ" on both sides of the forward half of a non-removable portion of the watercraft.
- C. On watercraft so constructed that it is impractical or impossible to display the AZ numbers in a prominent position on the forward half of the hull or permanent superstructure, the AZ numbers may be displayed on brackets or fixtures securely attached to the forward half of the watercraft.
- D. Persons possessing a dealer watercraft certificate of number issued under A.R.S. § 5-322(F) shall visibly display the AZ numbers and validating registration decals as established under this Section, except that the numbers and decals may be printed or attached to temporary, removable signs that are securely attached to the watercraft being demonstrated.
- E. Expired registration decals issued by any jurisdiction shall be covered or removed from the watercraft, so that only the current registration decals are visible.
- F. Invalid watercraft AZ numbers and registration decals shall not be displayed on any watercraft. The owner of the watercraft shall surrender the AZ numbers and registration decals to the Department in compliance with R12-4-506(C).

Historical Note

Section R12-4-515 renumbered from R12-4-501 and amended effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-516. Watercraft Sound Level Restriction**R12-4-515. Display of AZ Numbers and Registration Decals**

- A. A person shall not use, operate, moor, anchor, or grant permission to use, operate, moor, or anchor a watercraft on the boundaries of this state unless such watercraft displays a valid number and current registration decal in the manner established under subsection (B). This Section does not apply to undocumented watercraft displaying a valid temporary numbering certificate authorized under R12-4-509 or exempt under A.R.S. § 5-322.
- B. The owner of a watercraft shall display the AZ number and registration decals as follows:
 - 1. The AZ numbers shall:
 - a. Be clearly visible and painted on or attached to each exterior side of the forward half of a non-removable portion of the watercraft;
 - b. Be in a color that contrasts with the watercraft's background color so as to be easily read from a distance;
 - c. Include the letters "AZ" and the suffix, separated by a hyphen or equivalent space between the letters "AZ" and the suffix; and
 - d. Read from left to right in well-proportioned block letters that are not less than three inches in height, excluding outline.
 - 2. The materials incorporated by reference in subsection (A) may be viewed at any Department office and are available for purchase from SAE International, 400 Commonwealth Dr, Warrendale, PA 15096-0001 or online at www.sae.org.
 - C. A measurement of noise level that is in compliance with this Section does not preclude the conducting of a test or multiple tests of noise levels.
 - D. A peace officer authorized to enforce the provisions of this Section who has reason to believe a watercraft is being operated in violation of the noise levels established in this Section may direct the operator of the watercraft to submit the watercraft to an onsite test to measure noise level.
 - E. An operator of a watercraft who receives a request from a peace officer to test the noise level of the watercraft under sub-

Historical Note
 Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

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section (D) shall allow the watercraft to be tested. If, based on a measurement or test to determine the noise level of a watercraft administered under this Section, the noise level of the watercraft exceeds one or more of the decibel level standards in subsection (A), the operator of the watercraft shall take immediate measures to correct the violation as prescribed under A.R.S. § 5-391(C).

- F. This Section shall not apply to watercraft operated under permits issued in accordance with A.R.S. § 5-336(C).

Historical Note

Former Section R12-4-82 renumbered as Section R12-4-516 without change effective August 13, 1981 (Supp. 81-4). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-517. Watercraft Motor and Engine Restrictions

- A. A person operating a motorized watercraft on the following waters shall only use an electric motor not exceeding 10 manufacturer-rated horsepower:

1. Ackre Lake
2. Bear Canyon Lake
3. Bunch Reservoir
4. Carnero Lake
5. Chaparral Park Lake
6. Cluff Ponds
7. Coconino Reservoir
8. Coors Lake
9. Dankworth Pond
10. Dogtown Reservoir
11. Fortuna Lake
12. Goldwater Lake
13. Granite Basin Lake
14. Horsethief Basin Lake
15. Hulsey Lake
16. J.D. Dam Lake
17. Knoll Lake
18. Lee Valley Lake
19. McKellips Park Lake
20. Pratt Lake
21. Quigley Lake
22. Redondo Lake
23. Riggs Flat Lake
24. Roper Lake
25. Santa Fe Lake
26. Scott's Reservoir
27. Sierra Blanca Lake
28. Soldier Lake (in Coconino County)
29. Stehr Lake
30. Stoneman Lake
31. Tunnel Reservoir
32. Whitehorse Lake
33. Willow Valley Lake
34. Woodland Reservoir
35. Woods Canyon Lake

- B. A person operating a motorized watercraft on the following waters shall use only a single electric motor or single gasoline engine not exceeding 10 manufacturer-rated horsepower:

1. Arivaca Lake
2. Ashurst Lake
3. Becker Lake
4. Big Lake
5. Black Canyon Lake
6. Blue Ridge Reservoir
7. Cataract Lake

8. Chevelon Canyon Lake
9. Cholla Lake Hot Pond
10. Concho Lake
11. Crescent Lake
12. Fool Hollow Lake
13. Kaibab Lake
14. Kinnikinick Lake
15. Little Mormon Lake
16. Lower Lake Mary
17. Luna Lake
18. Lynx Lake
19. Marshall Lake
20. Mexican Hay Lake
21. Nelson Reservoir
22. Parker Canyon Lake
23. Peña Blanca Lake
24. Rainbow Lake
25. River Reservoir
26. Show Low Lake
27. Whipple Lake
28. White Mountain Lake (in Apache County)
29. Willow Springs Lake

- C. A person shall not operate a watercraft on Frye Mesa Reservoir, Rose Canyon Lake, or Snow Flat Lake, except as authorized under subsection (D).

- D. A person who possesses a valid use permit issued by the U.S. Forest Service may operate a non-motorized watercraft only on Rose Canyon Lake on any Tuesday, Wednesday, or Thursday during June and July from 9:30 a.m. to 4:30 p.m. Mountain Time Zone. This subsection does not exempt the person from complying with all applicable requirements imposed by federal or state laws, rules, regulations, or orders.

- E. This Section does not apply to watercraft of governmental agencies or to Department-approved emergency standby watercraft operated by lake concessionaires if operating to address public safety or public welfare.

Historical Note

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended as an emergency effective July 9, 1976 (Supp. 76-4). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-89 renumbered as Section R12-4-517 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A) and (C) effective December 17, 1981 (Supp. 81-6). Amended effective December 28, 1982 (Supp. 82-6). Amended subsections (A) through (C) effective December 4, 1984 (Supp. 84-6). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by exempt rulemaking at 17 A.A.R. 1189, effective May 24, 2011 (Supp. 11-2). Subsection (A)(9) corrected clerical error (Supp. 11-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-518. Regattas

- A. When a regatta permit is issued by the Coast Guard, the person in control of the regatta shall at all times be responsible for compliance with the stipulations as prescribed within the regatta permit. Such stipulations may include but not be limited to:

1. A specified number of patrol or committee boats and identified as such.
2. Availability of emergency medical services.

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3. Spectator control if there exists a danger that life or property is in jeopardy.
- B. Non-compliance with any stipulation of an authorized permit which jeopardizes the public welfare shall be cause to terminate the regatta until the person in control or a person designated by the one in control satisfactorily restores compliance.
- C. When a regatta applicant is informed in writing by the Coast Guard that a permit is not required, such regatta may take place, but shall not relieve the regatta sponsor of any responsibility for the public welfare or confer any exemption from state boating and watersports laws and rules.
- D. The regatta sponsor and all participants shall comply with aquatic invasive species requirements established under A.R.S. Title 17, Chapter 2, Article 3.1 and 12 A.A.C. 4, Article 11.

Historical Note

Adopted effective March 5, 1982 (Supp. 82-2). Amended by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1).

R12-4-519. Reciprocity

As authorized under A.R.S. § 5-322(E), all watercraft currently numbered or exempt from numbering under the provisions of their state of principal operation are exempt from numbering for a period of 90 days after entering this state.

Historical Note

Section R12-4-519 renumbered from R12-4-503 and amended effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-520. Arizona Aids to Navigation System

- A. The Arizona aids to navigation system is the same as that prescribed under 33 C.F.R. 62, revised July 1, 2014, which is incorporated by reference in this Section. The incorporated material is available at any Department office, online at www.gpoaccess.gov, or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This Section does not include any later amendments or editions of the incorporated material.
- B. A person shall not mark the waterways or their shorelines in this state with mooring buoys, regulatory markers, aids to navigation, lights, or other types of permitted waterway marking devices, without authorization from the governmental agency or the private interest having jurisdiction on such waters.
- C. A person shall not moor or fasten a watercraft to any marker not intended for mooring, or willfully damage, tamper with, remove, obstruct, or interfere with any aid to navigation, regulatory marker or other type of permitted waterway marking devices, except in the performance of authorized maintenance responsibilities or as authorized under R12-4-518 or this Section.
- D. If a government agency or private interest has not exercised its authority to control watercraft within its jurisdiction under A.R.S. § 5-361, or if waters are directly under the jurisdiction of the Commission, the Department has the authority to control watercraft within that jurisdiction in accordance with the following guidelines:
 1. The Department may place controlled-use markers only where controlled operation of watercraft is necessary to protect life, property, or habitat, and shall move or remove the markers only if the need for the protection changes.
 2. The restrictions imposed are clearly communicated to the public by wording on the markers, such as those defined under R12-4-501.

- E. A governmental agency, excluding federal agencies with jurisdiction over federal navigable waterways, has the authority to control watercraft within that jurisdiction in accordance with the following guidelines:
 1. A government agency may place controlled-use markers only where controlled operation of watercraft is necessary to protect life, property, or habitat, and shall move or remove the markers only if the need for the protection changes.
 2. The restrictions imposed are clearly communicated to the public by wording on the markers, such as those defined under R12-4-501.
- F. Any person may request establishment, change, or removal of controlled-use markers on waters under the jurisdiction of the Commission or on waters not under the jurisdiction of another government agency by submitting a written request providing the reasons for the request to the Arizona Game and Fish Department, 5000 W. Carefree Hwy, Phoenix, AZ 85086.
 1. The Department shall either approve or deny the request within 60 days of receipt.
 2. A person may appeal the Department's denial of a request to the Commission as an appealable agency action under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-521. Repealed**Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Repealed by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-522. Repealed**Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Repealed by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-523. Controlled Operation of Watercraft

- A. A person shall not operate any watercraft, or use any watercraft to tow a person on water skis, a surfboard, inflatable device, or similar object, device or equipment in a manner contrary to the area restrictions imposed by lawfully placed controlled-use markers, except for:
 1. Law enforcement officers acting within the scope of their lawful duties;
 2. Persons involved in rescue operations;
 3. Persons engaged in government-authorized activities; and
 4. Persons participating in a regatta, during the time limits of the event only.
- B. The exemptions listed under subsection (A) do not authorize any person to operate a watercraft in a careless, negligent, or reckless manner as prescribed under A.R.S. § 5-341.

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Historical Note

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-524. Towed Water Sports

- A. An operator of a watercraft shall ensure an observer is on duty at all times when a person is being towed behind the watercraft or is surfing a wake created by the watercraft. The observer shall:
 1. Be twelve years of age or older;
 2. Be physically capable and mentally competent to act as an observer; and
 3. Continually observe the person or persons being towed behind the watercraft or surfing a wake created by the watercraft.
- B. The operator of a watercraft shall ensure a person being towed behind the watercraft or riding a wake created by the watercraft is wearing a wearable personal flotation device approved by the U.S. Coast Guard whenever the watercraft is underway. This subsection applies to any contrivance designed for or used to tow a person behind a watercraft or ride the wake created by a watercraft regardless of whether or not the contrivance is attached to the watercraft. This includes, but is not limited to, boards, discs, hydrofoils, kites, inflatables, and water skis.
- C. A person shall not operate a watercraft while a person is holding onto or is physically attached to any transom structure of the watercraft, including but not limited to a swim platform, swim deck, swim step, and swim ladder. This subsection does not apply to a person who is:
 1. Assisting with docking or departure activities,
 2. Exiting or entering the watercraft, or
 3. Engaging in law enforcement or emergency rescue activity.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-525. Revocation of Watercraft Certificate of Number, AZ Numbers, and Decals

- A. For the purposes of this Section, "person" has same meaning as prescribed under A.R.S. § 5-301.
- B. Upon notice of conviction of a person under A.R.S. § 5-391(G), the Department shall revoke for a period not to exceed two years the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals of any Arizona registered watercraft owned by that person and involved in the violation.
- C. Upon notice of conviction of a person under A.R.S. § 5-391(H), the Department shall revoke for a period not to exceed one year the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals for any Arizona registered watercraft owned by that person and involved in the violation.
- D. Upon receiving notice of conviction, the Department shall serve notice under A.R.S. §§ 41-1092.03 and 41-1092.04 on the person convicted that the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals of watercraft the person owns are subject to revocation.

- E. A person whose certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals are subject to revocation may request a hearing. The person shall submit a written request to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Hwy, Phoenix, AZ 85086, within 30 calendar days of receiving the notice described under subsection (D).
- F. If the person requests a hearing, the Department shall, within 60 days of receiving the request, schedule a hearing as prescribed under A.R.S. § 41-1092.05.
- G. After a final decision to revoke the person's certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals, the Department shall serve upon the person an Order of Revocation. Within 15 calendar days of receipt of the notice, the person shall surrender to the Department the revoked certificates of number and decals.
- H. The revocation of the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals does not affect the legal title to or any property rights in the watercraft. Upon receipt of an application to transfer watercraft registration by the new watercraft owner, the Department shall terminate the revocation and allow the owner to transfer the owner's entire interest in the watercraft if the Department is satisfied the transfer is proposed in good faith and not for the purpose of defeating the revocation.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-526. Unlawful Mooring

- A. A person, as defined under A.R.S. § 5-301, shall not moor, anchor, fasten to the shore, or otherwise secure a watercraft in any public body of water for more than 14 days within any period of 28 consecutive days unless:
 1. The waters are a special anchorage area as defined under A.R.S. § 5-301,
 2. Authorized for private dock or moorage, or
 3. Authorized by the government agency or private interest having jurisdiction over the waters.
- B. A person shall remove an abandoned or submerged watercraft from public waters within 72 hours of notice by registered mail or personal service of notice to remove such watercraft.
- C. The owner of any abandoned watercraft shall be responsible for all towing and storage fees resulting from the removal of the watercraft from public waters.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-527. Transfer of Ownership of a Towed Watercraft

- A. For the purpose of this Section, "towed watercraft" means a watercraft that has been impounded by or is in the possession of a towing company located in this state.
- B. Within 15 days of impounding a watercraft, a towing company shall submit a request to the Department for watercraft registration information as prescribed under A.R.S. § 5-324 and in compliance with A.R.S. § 5-399. The towing company shall present the towed watercraft to the closest Department office for identification if there is no discernible hull identification number or state-issued registration number.

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- C. Within 15 days of receiving the watercraft registration information from the Department, the towing company shall provide written notification by certified mail return receipt requested to the owner and lienholder, if known, of the watercraft's location.
- D. If a watercraft remains unclaimed after mailing the notice required under subsection (C) of this Section, the towing company shall submit all of the following to the Department within 15 days of sending the written notification to the owner and lienholder, when known:
 1. Evidence of compliance with notification requirements prescribed under A.R.S. § 5-399 and subsection (C);
 2. A report on a form furnished by the Department and available at any Department office. The form shall include all of the following information:
 - a. Name of towing company;
 - b. Towing company's business address;
 - c. Towing company's business telephone number;
 - d. Towing company's Arizona Department of Public Safety tow truck permit number;
 - e. Towed watercraft's hull identification number;
 - f. Towed watercraft's state-issued registration number, registration decal, and year of expiration, if known;
 - g. Towed watercraft's trailer license number, if available;
 - h. State and year of trailer registration, if available;
 - i. Towed watercraft's color and manufacturer;
 - j. Towed watercraft's condition, whether intact, stripped, damaged, or burned, along with a description of any damage;
 - k. Date the watercraft was towed;
 - l. Location from which the towed watercraft was removed;
 - m. Entity that ordered the removal of the towed watercraft, and if a law enforcement agency, include officer badge number, jurisdiction, and copy of report or towing invoice;
 - n. Location where the towed watercraft is stored; and
 - o. Name and signature of towing company's authorized representative; and
 3. The unclaimed towed watercraft application fee authorized under A.R.S. § 5-399.03(2) and established under R12-4-504.
- E. The towing company shall notify the Department within 24 hours if the watercraft is released, returned to, redeemed, or repossessed by the owner, lienholder, or by a person identified in the Department's record as having an interest in the watercraft.
- F. If the Department is unsuccessful in its attempt to identify or contact the registered owner or lienholder of the towed watercraft and has determined the towed watercraft is not stolen, the towing company shall:
 1. Follow the application procedures established under A.R.S. § 5-399.02(B), and
 2. Apply for watercraft registration as established under R12-4-502.
- G. A towing company that obtains ownership of a watercraft pursuant to A.R.S. § 5-399.02 and this Section shall maintain the following records for a period of three years from the date the Department transferred ownership of the towed watercraft:
 1. The request made pursuant to A.R.S. § 5-324.
 2. The notification provided pursuant to A.R.S. § 5-399.
 3. The application for transfer of ownership pursuant to A.R.S. § 5-399.02.
 4. Any other documents required by the Department.

Historical Note

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 1241, effective May 26, 2003 for a period of 180 days (Supp. 03-1). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent new Section made by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2).

R12-4-528. Watercraft Checkpoints

- A. A law enforcement agency may establish a watercraft checkpoint to ensure public safety on state waterways, to screen for unsafe or impaired watercraft operators, or to gather demographic, statistical, and compliance information related to watercraft activities.
- B. An individual may be required to perform the following during a watercraft stop or at a watercraft checkpoint:
 1. Stop or halt as directed when being hailed by a peace officer or entering the established checkpoint boundary as prescribed under A.R.S. § 5-391, and
 2. Provide evidence of required safety equipment and registration documentation prescribed under A.R.S. Title 5, Chapter 3, Boating and Water Sports.
- C. This Section does not limit any state peace officer's authority to conduct routine watercraft patrol efforts prescribed under A.R.S. Title 5, Chapter 3, Boating and Water Sports.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

R12-4-529. Nonresident Boating Safety Infrastructure Fees; Proof of Payment

- A. Before placing that watercraft on the waterways of this State, a nonresident owner of a recreational watercraft who establishes this State as the state of principal operation shall pay the applicable Nonresident Boating Safety Infrastructure Fee (NBSIF) as authorized under A.R.S. §§ 5-326 and 5-327:
 1. Twelve feet and less: \$80
 2. Twelve feet one inch through sixteen feet: \$88
 3. Sixteen feet one inch through twenty feet: \$192
 4. Twenty feet one inch through twenty-six feet: \$224
 5. Twenty-six feet one inch through thirty-nine feet: \$253
 6. Thirty-nine feet one inch through sixty-four feet: \$286
 7. Sixty-four feet one inch and over: \$429
 8. For the purposes of this subsection, the length of the motorized watercraft shall be measured in the same manner prescribed under A.R.S. § 5-321(C).
- B. The nonresident recreational watercraft owner shall carry and display proof of payment of the fee while the watercraft is underway, moored, or anchored on the waterways of this State. Acceptable proof of payment includes any one of the following:
 1. A current Arizona Watercraft Certificate of Number indicating the NBSIF was paid,
 2. A current Arizona Watercraft Temporary Certificate of Number indicating the NBSIF was paid, or
 3. A current Arizona Watercraft Registration Decal indicating the NBSIF was paid.

Historical Note

Adopted effective October 22, 1976 (Supp. 76-5). Former

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Section R12-4-90 renumbered as Section R12-4-529 without change effective August 13, 1981 (Supp. 81-4). Repealed effective May 27, 1992 (Supp. 92-2). New Section made by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

R12-4-530. Authorized Third-party Providers; Agents

- A.** The Department may enter into a contract with a private entity to perform limited or specific services on behalf of the Department in accordance with State procurement laws and rules.
 - 1. The Department may authorize a person to be a third-party provider. An authorized third-party provider shall meet the requirements established by the Department and shall be selected through a competitive bid process.
 - 2. The Department may authorize a third-party provider to perform any one or more of the following services:
 - a. Watercraft transfer.
 - b. Watercraft registration renewal.
 - c. Duplicate watercraft registration and decal.
 - d. New watercraft registration.
- B.** A person shall not engage in any business pursuant to this Section unless the Department authorizes the person to engage in the business.
- C.** The Department shall establish minimum quality standards of service and a quality assurance program for authorized third-party providers to ensure that an authorized third-party provider is complying with the minimum standards.
- D.** The Department may:
 - 1. Conduct investigations.
 - 2. Conduct audits.
 - 3. Make on-site inspections in compliance with A.R.S. § 41-1009.
 - 4. Require an authorized third-party or employees or agents of an authorized third-party be certified to perform the services prescribed in this Article.
- E.** An authorized third-party provider shall remit to the Department all fees established under R12-4-504 and R12-4-529 it collects.
 - 1. An authorized third-party provider may collect and retain a reasonable and commensurate fee for its services.
 - 2. Each authorized third-party provider that holds itself out as providing services to the public shall identify to the applicant the Department's registration fee and the non-resident boating safety infrastructure fee, when applicable, separately from any other costs.
- F.** A third-party who is authorized pursuant to this Section shall:
 - 1. Maintain records in a form and manner prescribed by the Department.
 - 2. Allow access to the records during regular business hours to authorized representatives of the Department or any law enforcement agency to ensure compliance with all applicable statutes and rules.
- G.** The Department may suspend or cancel an authorization or certification, or both, granted pursuant to this Section if the Department determines that the third-party provider or certificate holder has done any of the following:
 - 1. Made a material misrepresentation or misstatement in the application for authorization or certification.
 - 2. Has been convicted of fraud or a watercraft related felony in any state or jurisdiction of the U.S. within the ten years immediately preceding the date a criminal records check is complete.
 - 3. Has been convicted of a felony, other than a felony described in subsection (2), in any state or jurisdiction of

the U.S. within the five years immediately preceding the date a criminal records check is complete.

- 4. Violated a rule or policy adopted by the Department.
- 5. Failed to keep and maintain records required by this Section.
- 6. Failed to remit to the Department all fees established under R12-4-504 and R12-4-529 it collects.
- 7. Allowed an unauthorized person to engage in any business pursuant to this Section.
- K.** If the Department has reasonable grounds to believe that a certificate holder or other person employed by an authorized third-party provider has committed a serious violation, the Department may order a summary suspension of the third provider's authorization granted pursuant to this Section pending formal suspension or cancellation proceedings. For the purposes of this subsection, "serious violation" means:
 - 1. Watercraft registration fraud.
 - 2. Improper disclosure of personal information.
 - 3. Bribery.
 - 4. Theft.
- L.** On determining that grounds for suspension or cancellation of an authorization or certification, or both, exist, the Department shall give written notice to the third-party provider or certificate holder to appear at a hearing before the Department to show cause why the authorization or certification should not be suspended or canceled.
 - 1. After consideration of the evidence presented at the hearing, the Department shall serve notice of the finding and order to the third-party or certificate holder.
 - 2. If a third-party authorization or a certification is suspended or canceled, the third-party or certificate holder may appeal the decision pursuant to A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

- R12-4-531. Reserved**
- R12-4-532. Reserved**
- R12-4-533. Reserved**
- R12-4-534. Reserved**
- R12-4-535. Reserved**
- R12-4-536. Reserved**
- R12-4-537. Reserved**
- R12-4-538. Reserved**
- R12-4-539. Reserved**
- R12-4-540. Reserved**
- R12-4-541. Repealed**

Historical Note

Former Section R12-4-88 renumbered as Section R12-4-541 without change effective August 13, 1981 (Supp. 81-4). Amended effective April 5, 1985 (Supp. 85-2). Repealed effective May 27, 1992 (Supp. 92-2).

- R12-4-542. Repealed**

Historical Note

Adopted as an emergency effective August 31, 1981, valid for ninety (90) days after filing pursuant to A.R.S. § 41-1003 (Supp. 81-4). Former Section R12-4-542 adopted as an emergency now adopted as permanent with

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further amendment effective March 5, 1982 (Supp. 82-2).
 Amended effective March 29, 1985 (Supp. 85-2).
 Repealed effective May 27, 1992 (Supp. 92-2).

R12-4-543. Repealed**Historical Note**

Adopted effective January 29, 1982 (Supp. 82-1).
 Amended effective August 19, 1983 (Supp. 83-4).
 Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended effective March 29, 1985 (Supp. 85-2).
 Correction, subsection (A), paragraph (2) as certified effective March 29, 1985 (Supp. 86-3). Amended subsection (A) effective June 18, 1987 (Supp. 87-2). Amended as an emergency effective May, 15, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Amended and readopted as an emergency effective August 25, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Emergency amendments adopted with changes effective January 5, 1990 (Supp. 90-1). Repealed effective May 27, 1992 (Supp. 92-2).

R12-4-544. Repealed**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4).
 Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective June 18, 1987 (Supp. 87-2). Repealed effective May 27, 1992 (Supp. 92-2).

R12-4-545. Repealed**Historical Note**

Adopted effective April 5, 1985 (Supp. 85-2). Amended by emergency effective May 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency amendments readopted effective August 28, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Repealed effective May 27, 1992 (Supp. 92-2).

ARTICLE 6. RULES OF PRACTICE BEFORE THE COMMISSION**R12-4-601. Definitions**

The following definitions apply to this Article unless otherwise specified:

“Appealable agency action” has the same meaning as provided under A.R.S. § 41-1092.

“Business day” means any day other than a furlough day, Saturday, Sunday, or holiday.

“Commission Chair” means the person who presides over the Arizona Game and Fish Commission.

“Contested case” has the same meaning as provided under A.R.S. § 41-1001.

“Ex parte communication” means any oral or written communication with a Commissioner by a party concerning a substantive issue in a contested proceeding that is not part of the public record.

“Party” has the same meaning as provided under A.R.S. § 41-1001.

“Respondent” means the person named as the respondent in a notice of hearing issued by the Department.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).

Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Section R12-4-601 renumbered to R12-4-602; new Section R12-4-601 made by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-602. Petition for Rule or Review of Practice or Policy

- A.** A person may petition the Commission under A.R.S. § 41-1033 for a:
 1. Rulemaking action relating to a Commission rule, including making a new rule or amending or repealing an existing rule; or
 2. Review of an existing Department practice or substantive policy statement alleged to constitute a rule.
- B.** To act under A.R.S. § 41-1033 and this Section, a person shall submit a petition form to the Arizona Game and Fish Department, Director’s Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The form is available at any Department office and on the Department’s website.
- C.** A petitioner shall address only one rule, practice, or substantive policy in the petition.
- D.** A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director’s Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department’s website. A petitioner shall provide all of the following information:
 1. Petitioner identification:
 - a. When the petition is submitted by a private person, the person’s:
 - i. Name;
 - ii. Physical and mailing address, if different from the physical address;
 - iii. Contact telephone number; and
 - iv. Email, when available;
 - b. When the petition is submitted by an organization or private group:
 - i. Name of organization or group;
 - ii. Name and title of the organization’s or group’s representative;
 - iii. Physical and mailing address, if different from the physical address;
 - iv. Representative’s contact telephone number; and
 - v. Email, when available;
 - c. When the petition is submitted by a public agency:
 - i. Name of the public agency;
 - ii. Name and title of the agency’s representative;
 - iii. Physical and mailing address if different from the physical address;
 - iv. Representative’s contact telephone number; and
 - v. Email, when available;
 2. Type of request:
 - a. Adopt, amend, or repeal a rule, or
 - b. Review of a practice or substantive policy statement;
 3. When the petition is for rulemaking action:
 - a. Statement of the rulemaking action sought, including the Arizona Administrative Code citation of all existing rules, and the specific language of a new rule or rule amendment; and
 - b. Reasons for the rulemaking action, including an explanation of why an existing rule is inadequate, unreasonable, unduly burdensome, or unlawful;

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4. When the petition is for a review of an existing practice or substantive policy statement:
 - a. Subject matter of the existing practice or substantive policy statement, and
 - b. Reasons why the existing practice or substantive policy statement constitutes a rule;
 5. When the petitioner is a public agency, a summary of issues raised in any public meeting or hearing regarding the petition or any written comments offered by the public.
 6. Any other information required by the Department;
 7. Petitioner's signature; and
 8. Date on which the petition was signed.
- E.** In addition to the requirements listed under subsection (D), a person may submit supporting information with a petition, including:
1. Statistical data; and
 2. A list of other persons likely to be affected by the rulemaking action or the review, with an explanation of the likely effects.
- F.** When a petitioner submits a petition that addresses the same substantive issue considered by the Commission within the previous year, the petitioner shall also provide an additional written statement that includes rationale not previously considered by the Commission in making the previous decision.
- G.** The Department shall determine whether the petition complies with this Section within 15 business days after the date on which the petition was received.
1. If the petition complies with this Section:
 - a. The Department shall place the petition on a Commission open meeting agenda.
 - b. The petitioner may present oral testimony at that open meeting under R12-4-604.
 - c. The Commission shall render a final decision on the petition as prescribed under A.R.S. § 41-1033.
 2. If a petition does not comply with this Section:
 - a. The Director shall return the petition to the petitioner, and
 - b. Indicate in writing why the petition does not comply with this Section. The petitioner shall be afforded the opportunity to resubmit a corrected petition.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-602 renumbered to R12-4-603; new Section R12-4-602 renumbered from R12-4-601 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-603. Written Comments on Proposed Rules

- A.** Under A.R.S. § 41-1023, a person may submit written statements, arguments, data, and views on a proposed rulemaking published by the Secretary of State in the Arizona Administrative Register.
- B.** A person submitting a written comment to the Commission for consideration in a final decision on the rulemaking may voluntarily provide their name and mailing address. The Commission may only consider written comments that:
1. Are received on or before the close of record date, as published by the Secretary of State in the Arizona Administrative Register; and
 2. Are submitted to the agency contact identified in the Department's notice of proposed rulemaking as published by the Secretary of State in the Arizona Administrative Register.

3. In addition, a person submitting a comment submitted on behalf of a group or organization shall include a statement that the comment represents the official position of the group or organization. A comment submitted on behalf of a group or organization that does not contain this statement shall be considered the comment of the person submitting the comment, and not that of the group or organization.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended effective November 10, 1997 (Supp. 97-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-603 renumbered to R12-4-604; new Section R12-4-603 renumbered from R12-4-602 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-604. Oral Proceedings Before the Commission

- A.** The Commission may allow an oral proceeding on any matter on the Commission's agenda. At an oral proceeding, the Commission Chair:
1. Is responsible for conducting the proceeding.
 2. May administer an oath to a witness before receiving testimony.
 3. May order the removal of any person who is disrupting a proceeding.
 4. May limit the number of presentations or the time for testimony regarding a particular issue.
- B.** A person desiring to speak at an oral proceeding shall first request permission to speak from the Commission Chair.
- C.** Technical rules of evidence do not apply to an oral proceeding, and no informality in any proceeding or in the manner of taking testimony invalidates any order, decision, or rule made by the Commission.
- D.** The Commission authorizes the Director to designate a hearing officer for oral proceedings to take public input on proposed rulemaking.
- E.** The Commission authorizes the Director to continue a scheduled proceeding to a later Commission meeting. To request a continuance, a petitioner shall:
1. Deliver the request to the Director no later than 24 hours before the scheduled proceeding;
 2. Demonstrate that the proceeding has not been continued more than twice; and
 3. Demonstrate good cause for the continuance.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-604 renumbered to R12-4-605; new Section R12-4-604 renumbered from R12-4-603 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-605. Ex Parte Communication

- A.** A party shall not communicate, either directly or indirectly, with a Commissioner about any substantive issue in a pending contested case or appealable agency action, unless:
1. All parties are present;
 2. The communication occurs during the scheduled proceeding, where an absent party failed to appear after proper notice; or
 3. It is by written motion with a copy provided to all parties.
- B.** A Commissioner who receives an ex parte communication shall place on the public record of the proceeding:

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1. A copy of the written communication;
2. A summary of the oral communication; and
3. The Commissioner's response to any such ex parte communication.

- C. The provisions of this Section apply from the date that a notice of hearing for a contested case or an appealable agency action is served on the parties.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-605 renumbered to R12-4-606; new Section R12-4-605 renumbered from R12-4-604 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-606. Standards for Revocation, Suspension, or Denial of a License

- A. Under A.R.S. § 17-340, when the Department makes a recommendation to the Commission for license revocation, the Commission shall hold a hearing and may revoke, suspend, or deny any hunting, fishing, or trapping license for a person convicted of any of the following offenses:
1. Killing or wounding a big game animal during a closed season.
 2. Possessing a big game animal taken during a closed season.
 3. Destroying, injuring, or molesting livestock while hunting, fishing, or trapping.
 4. Damaging or destroying personal property, growing crops, notices or signboards, or other improvements while hunting, fishing, or trapping.
 5. Bartering, selling, or offering to sell unlawfully taken wildlife or wildlife parts.
 6. Careless use of a firearm while hunting, fishing, or trapping that results in the injury or death of any person.
 7. Applying for or obtaining a license or permit by fraud or misrepresentation in violation of A.R.S. § 17-341.
 8. Knowingly allowing another person to use the person's big game tag, except as provided under A.R.S. § 17-332(D).
 9. Entering upon a game refuge or other area closed to hunting, trapping or fishing and taking, driving, or attempting to drive wildlife from the area in violation of A.R.S. §§ 17-303 and 17-304.
 10. Unlawfully posting state or federal lands in violation of A.R.S. § 17-304(B).
 11. Unlawfully using aircraft to take, assist in taking, harass, chase, drive, locate, or assist in locating wildlife in violation of A.R.S. § 17-340(A)(8).
 12. Unlawfully taking or possessing big game.
 13. Unlawfully taking or possessing small game or fish.
 14. Unlawfully taking or possessing wildlife species.
 15. Unlawful take of any bird or the removal of its nest or eggs.
 16. Littering a public hunting or fishing area while taking wildlife.
 17. Waste of edible portions of a game species under A.R.S. § 17-309, in violation of A.R.S. § 17-309(A)(5).
 18. Any violation for which a license can be revoked under A.R.S. § 17-340.
 19. Any violation of A.R.S. § 17-306.
- B. Under A.R.S. §§ 17-238, 17-334, 17-340, 17-362, 17-363, and 17-364, when the Department makes a recommendation to the Commission for license revocation, the Commission shall hold a hearing and may revoke any fur dealer, guide, taxidermy,

license dealers license, or special license (as defined under R12-4-401) in any case where license revocation is authorized by law.

Historical Note

Adopted effective December 22, 1987 (Supp. 87-4).
Amended effective November 10, 1997 (Supp. 97-4).
Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-606 renumbered to R12-4-607; new Section R12-4-606 renumbered from R12-4-605 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-607. Proceedings for License Revocation, Suspension, or Denial of Right to Obtain a License, and Civil Damages

- A. The Director may commence a proceeding for the Commission to revoke, suspend or deny a license under A.R.S. §§ 17-236, 17-238, 17-334, 17-340, 17-362, 17-363, and 17-364. The Director may also commence a proceeding for the Commission to impose a civil penalty under A.R.S. § 17-314.
- B. The Commission shall conduct a hearing concerning revocation, suspension, or denial of the right to obtain a license in accordance with the Administrative Procedure Act, A.R.S. Title 41, Chapter 6, Article 10. In a proceeding conducted under A.R.S. § 17-340, a respondent shall limit testimony to facts that show why the license should not be revoked or denied. Because the Commission does not have the authority to consider or change the conviction, a respondent is not permitted to raise this issue in the proceeding. The Commission shall permit a respondent to offer testimony or evidence relevant to the Commission's decision to impose a civil penalty or order a civil action for the recovery of wildlife parts.
- C. If a respondent does not appear for a hearing on the date scheduled, at the time and location noticed, no further opportunity to be heard shall be provided, unless a rehearing or review is granted under R12-4-608. If the respondent does not wish to attend the hearing, the respondent may submit written testimony to the Department before the hearing date designated in the Notice of Hearing. The Commission shall ensure that written testimony received at the time of the hearing is read into the record at the hearing.
- D. The Commission shall base its decision on the officer's case report, a summary prepared by the Department, a certified copy of the court record, and any testimony presented at the hearing. The Department shall supply the respondent with a copy of each document provided to the Commission for use in reaching a decision.
- E. Any party may apply to the Commission for issuance of a subpoena to compel the appearance of any witness or the production of documents at any Commission hearing. No less than 10 calendar days before the hearing, the party shall file a written application that provides the name and address of the witness, the subject matter of the expected testimony, the documents sought to be produced, and the date, time, and place of the hearing. The Commission Chair has the authority to issue the subpoenas.
1. A party shall have a subpoena served as prescribed in the Arizona Rules of Civil Procedure, Rule 45. An employee of the Department may serve a subpoena at the request of the Commission Chair.
 2. A party may request that a subpoena be amended at any time before the deadline provided in this Section for filing the application. The party shall have the amended subpoena served as provided in subsection (E)(1).
- F. The Commission may vote to use the services of the office of administrative hearings to conduct a hearing concerning revo-

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cation, suspension, or denial of the right to obtain a license and to make a recommendation to the Commission, which shall review and accept, reject or modify the recommendation and issue its decision in an open meeting. When the Department receives a recommendation from the administrative law judge at least 30 days prior to the next regularly scheduled Commission meeting, the Department shall place the recommendation on the agenda for that meeting. A recommendation from the administrative law judge received after this time shall be considered at the next regularly scheduled open meeting.

- G. A license revoked by the Commission is suspended on the date of the hearing and revoked upon issuance of the findings of fact, conclusions of law, and order. If a respondent appeals the Commission's order revoking a license, the license is revoked after all appeals have been exhausted. A denial of the right to obtain a license is effective for a period determined by the Commission as authorized under A.R.S. § 17-340, beginning on the date of the hearing.
- H. A license suspended by the Commission is suspended on the date of the hearing, and suspended upon issuance of the findings of fact, conclusions of law, and order. If a respondent appeals the Commission's order suspending a license, the license is suspended after all appeals have been exhausted. The suspension of a license is effective for a period determined by the Commission as authorized under A.R.S. § 17-340, beginning on the date of the hearing.

Historical Note

Adopted effective June 13, 1977 (Supp. 77-3). Former Section R12-4-14 renumbered as Section R12-4-115 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-115 renumbered without change as Section R12-4-607 effective December 22, 1987 (Supp. 87-4). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-607 renumbered to R12-4-608; new Section R12-4-607 renumbered from R12-4-606 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-608. Rehearing or Review of Commission Decisions

- A. A party shall exhaust the party's administrative remedies by filing a motion for rehearing or review as provided in this Section. Failure to file a motion for rehearing or review within 30 days of service of the Commission's decision has the effect of prohibiting the party from seeking judicial review of the Commission's decision.
- B. A party in a contested case or appealable agency action before the Commission may file a motion for rehearing or review of a Commission decision, specifying the grounds upon which the motion is based. The motion for rehearing or review shall be filed within 30 calendar days after service of the Commission's decision. For purposes of this subsection a decision is served when personally delivered or mailed by certified mail to the party's last known residence or place of business.
- C. A party may amend a motion for rehearing or review at any time before the Commission rules upon the motion. A written response to a motion for rehearing or review may be filed and served within 15 days after service of the motion for rehearing or review. The Commission may require that the parties file supplemental memoranda on any issue raised in a motion or response, and allow for oral argument.
- D. The Commission has the authority to grant rehearing or review for any of the following causes materially affecting the moving party's rights:
 1. Irregularity in the proceedings of the Commission, or any order or abuse of discretion that deprived the moving party of a fair hearing;
 2. Misconduct of the Commission, its staff, an administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the proceeding; or
 7. That the findings of fact or decision is not justified by the evidence or is contrary to law.

- E. The Commission may either deny the motion for rehearing or review or grant a rehearing or review for any of the reasons listed under subsection (E). The Commission's order granting a rehearing or review shall specify the grounds for the order, and any rehearing shall cover only those grounds upon which the rehearing or review was granted.
- F. After giving the party notice and an opportunity to be heard, the Commission may grant a motion for a rehearing or review for a reason not stated in the motion.
- G. Within the time-frame for filing the motion for rehearing or review, the Commission may grant a rehearing or review on its own initiative for any reason for which the Commission may have granted relief on motion of a party.
- H. When the Commission grants a rehearing or review, the Commission shall hold the rehearing or review at its next regularly scheduled meeting or within 90 days of issuance of the order granting the rehearing or review. With the consent of the parties, the Commission may proceed to conduct the rehearing or review in the same meeting in which the Commission granted the rehearing or review.
- I. The Commission may take additional testimony, amend findings of fact and conclusions of law, and affirm, modify or reverse the original decision.

Historical Note

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective May 27, 1992 (Supp. 92-1). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective January 31, 2002 (Supp. 02-1). New Section R12-4-608 renumbered from R12-4-607 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-609. Commission Orders

- A. Except as provided under subsection (B):
 1. At least 14 calendar days before a meeting where the Commission will consider a Commission Order, the Department shall:
 - a. Post a public meeting notice and agenda in accordance with A.R.S. § 38-431.02; and
 - b. Issue a public notice of the recommended Commission Order in print and electronic media.
 2. The Department shall ensure the public meeting notice and agenda includes:
 - a. The date, time, and location of the Commission meeting where the Commission Order will be considered;
 - b. A statement that the public may attend and present written comments at or before the meeting; and

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- c. A statement that a copy of the proposed Commission Order shall be made available to the public 10 calendar days before the meeting. Copies are available for public inspection on the Department's website and at Department offices in Phoenix, Pinetop, Flagstaff, Kingman, Yuma, Tucson, and Mesa.
 - 3. The Commission may make changes to the recommended Commission Order at the Commission meeting.
- B. The requirements of subsection (A) do not apply to a Commission Order that establishes:
 - 1. A supplemental hunt as authorized under R12-4-115;
 - 2. A special season for persons who possess a special license tag issued under A.R.S. § 17-346 and R12-4-120, and
 - 3. A special season that allows fish to be taken by additional methods on waters where a fish die-off is imminent as established under R12-4-317(C).
- C. The Department shall publish the content of all Commission orders and make them available to the public free of charge.

Historical Note

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-610. Petitions for the Closure of State or Federal Lands to Hunting, Fishing, Trapping, or Operation of Motor Vehicles

- A. A person requesting that the Commission consider closing state or federal land to hunting, fishing, or trapping as provided under A.R.S. § 17-304(B) or R12-4-110, or closing roads or trails on state lands as provided under R12-4-110, shall submit a petition as prescribed in this Section before the Commission will consider the request.
- B. A petitioner shall not address more than one contiguous closure request in a petition.
- C. A petitioner submitting a petition that addresses the same contiguous closure request previously considered and denied by the Commission shall provide an additional written statement that includes rationale not previously considered by the Commission.
- D. A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. The petition form shall contain all of the following information:
 - 1. Petitioner identification:
 - a. When the petitioner is the leaseholder of the area proposed for closure:
 - i. Name of person;
 - ii. Lease number;
 - iii. Physical and mailing address, if different from the physical address;
 - iv. Contact telephone number; and
 - v. Email, when available;
 - b. When the petitioner is anyone other than the leaseholder of the area proposed for closure:
 - i. Name of person;
 - ii. Lease number;

- iii. Physical and mailing address, if different from the physical address;
 - iv. Contact telephone number;
 - v. Email, when available; and
 - vi. Name of each group or organization or organizations that the petitioner represents; or
 - c. When the petitioner is a public agency:
 - i. Name of person;
 - ii. Name of agency;
 - iii. Petitioner's title;
 - iv. Lease number;
 - v. Agency's physical and mailing address, if different from the physical address;
 - vi. Contact telephone number; and
 - vii. Email, when available;
 - 2. Type of closure requested:
 - a. Hunting,
 - b. Fishing,
 - c. Trapping, or
 - d. Operation of motor vehicles.
 - 3. Reason for petition:
 - a. Each reason why the closure should be considered under R12-4-110, A.R.S. § 17-304(B), or A.R.S. § 17-452(A);
 - b. Any data or other justification supporting the reasons for the closure with clear reference to any exhibits that may be attached to the petition;
 - c. Each person or segment of the public the petitioner believes will be impacted by the closure, including any other valid licensees, lessees, or permittees that will or may be affected, and how they will be impacted, including both positive and negative impacts;
 - d. If the petitioner is a public agency, a summary of issues raised in any public hearing or public meeting regarding the petition and a copy of written comments received by the petitioning agency; and
 - e. A proposed alternate access route, under R12-4-110.
 - 4. A concise map identifying the specific location of the proposed closure;
 - 5. Petitioner's signature;
 - 6. Date on which the petition was signed; and
 - 7. Any other information required by the Department.
- E. The Department shall determine whether the petition complies with the requirements established under A.R.S. § 17-452, R12-4-110, and this Section within 15 business days after receiving the petition.
- 1. If the petition meets these requirements, and provided the petitioner has not agreed to an alternative solution or withdrawn the petition, the Department, in accordance with the schedule in subsection (F), shall place the petition on the agenda for the Commission's next regularly scheduled open meeting and provide written notice to the petitioner of the meeting date.
 - 2. If a petition does not comply with the requirements prescribed under A.R.S. § 17-452, R12-4-110, and this Section:
 - a. The Department shall return the petition to the petitioner, and
 - b. Indicate in writing why the petition does not comply with this Section.
 - 3. If the Department returns a petition to a petitioner for a reason that cannot be corrected, the Department shall serve on the petitioner a notice of appealable agency action under A.R.S. § 41-1092.03.

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- F. When the Department receives a petition not less than 60 calendar days before a regularly scheduled Commission meeting, the Department shall place the petition on the agenda for that meeting. A petition received after this time will be considered at the next regularly scheduled open meeting.
- G. The petitioner may:
 - 1. Present oral testimony in support of the petition at the Commission meeting, in accordance with the provisions established under R12-4-604.
 - 2. Withdraw the petition or request a continuance to a later regularly scheduled open meeting at any time.
- D. After the Department receives a petition that complies with this Section, the Department shall place the petition on the agenda of a regularly scheduled Commission meeting.
- E. If the Commission votes to deny a petition, the Department shall not accept a subsequent petition on the same issue, unless the petitioner presents new evidence or reasons for considering the subsequent petition.
- F. This Section does not apply to the following:
 - 1. An action related to a license revocation, suspension, denial, or civil penalty;
 - 2. An unsuccessful hunt permit-tag draw application that did not involve an error on the part of the Department; or
 - 3. The reinstatement of a bonus point, except as authorized under R12-4-107(M).

Historical Note

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

R12-4-611. Petition for a Hearing Before the Commission When No Remedy is Provided in Statute, Rule, or Policy

- A. A person may request a hearing before the Commission when an administrative remedy does not exist under statute, rule, or policy by submitting a petition as prescribed by this Section.
- B. A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. The petition form shall contain all of the following information:
 - 1. Petitioner identification:
 - a. When the petitioner is a private person:
 - i. Name of person;
 - ii. Physical and mailing address, if different from the physical address;
 - iii. Contact telephone number; and
 - iv. Email, when available;
 - b. When the petitioner is a private group or organization:
 - i. Name of the person designated as the contact for the group or organization;
 - ii. Physical and mailing address, if different from the physical address;
 - iii. Contact telephone number;
 - iv. Email, when available; or
 - c. When the petitioner is a public agency:
 - i. Name of person,
 - ii. Name of agency,
 - iii. Petitioner's title,
 - iv. Agency's physical and mailing address, if different from the physical address,
 - v. Contact telephone number, and
 - vi. Email, when available;
 - 2. Statement of Facts and Issues:
 - a. Description of issue to be resolved, and
 - b. Any facts relevant to resolving the issue;
 - 3. Specific proposed remedy;
 - 4. Petitioner's signature;
 - 5. Date on which the petition was signed; and
 - 6. Any other information required by the Department.
- C. If a petition does not comply with this Section, the Department shall:
 - 1. Return the petition to the petitioner, and

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

ARTICLE 7. HERITAGE GRANTS**R12-4-701. Heritage Grant Definitions**

In addition to the definitions provided under A.R.S. §§ 17-101 and 17-296, the following definitions apply to this Article:

"Administrative subunit" means a branch, chapter, department, division, section, school, or other similar divisional entity of an eligible applicant. For example, an individual:

Administrative department, but not an entire city government;

Field office or project office, but not an entire agency; or

School, but not an entire school district.

"Eligible applicant" means any public agency, non-governmental organization, or nonprofit organization that meets the applicable requirements of this Article.

"Facilities" means any structure or site improvements.

"Fund" means the Arizona Game and Fish Commission Heritage Fund, established under A.R.S. § 17-297.

"Grant agreement" means a document that details the terms and conditions of a grant project.

"Grant effective date" means the date the Department Director signs the Grant Agreement.

"In-kind" means contributions other than cash, which include individual and material resources that the applicant makes available to the project, e.g. a public employee's salary, volunteer time, materials, supplies, space, or other donated goods and services.

"Participant" means an eligible applicant who has been awarded a grant from the Heritage Fund.

"Project" means an activity, or series of related activities, or services described in the specific project scope of work and results in specific end products.

"Project period" means the time during which a participant shall complete all approved work and related expenditures associated with an approved project.

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“Public agency” means the federal government or any federal department or agency, an Indian tribe, this state, all state departments, agencies, boards, and commissions, counties, school districts, public charter schools, cities, towns, all municipal corporations, administrative subunits, and any other political subdivision.

“Publicly held lands” means federal, public, and reserved land, State Trust Land, and other lands within Arizona that are owned, controlled, or managed by the federal government, a state agency, or political subdivision.

“Term of public use” means the time period during which the project or facility is expected to be maintained for public use.

Historical Note

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-702. General Provisions; Heritage Grant Fund Requirements

- A.** The Department, in its sole discretion, may make Heritage Fund Grants available for projects that:
 1. Are located in Arizona or benefit Arizona wildlife or its habitat; and
 2. Meet the criteria established in the Heritage Grant application materials.
- B.** The Department shall:
 1. Provide public notice of the time, location, and due date for application submission; and
 2. Furnish materials necessary to complete the application.
- C.** An applicant seeking Heritage Grant funding shall submit to the Department a Heritage Fund Grant application according to a schedule of due dates determined by the Director. An applicant shall provide the following information on the Heritage Grant application form:
 1. The name of the applicant;
 2. Any county and legislative district where the project will be developed or upon which the project will have a direct impact;
 3. The name, title, mailing address, e-mail address, and telephone number of the individual responsible for the day-to-day management of the proposed project;
 4. Identification of the application criterion established in the Heritage Grant application materials;
 5. A descriptive project title;
 6. The name of the site, primary location, and any other locations of the project;
 7. Description of the:
 - a. Scope of work and the objective of the proposed project,
 - b. Methods for achieving the objective, and
 - c. Desired result of the project;
 8. The beginning and ending dates for the project;
 9. The resources needed to accomplish the project, including grant monies requested, and, if applicable, evidence of secured matching funds or contributions; and
 10. Any additional supporting information required by the Department.
 11. Signature and date. The person signing the grant application form shall have the authority to enter into agreements, accept funding, and fulfill the terms of the Grant Agreement on behalf of the applicant.
- D.** A person applying for multiple projects shall submit a separate application for each project.
- E.** An applicant shall demonstrate ownership or control of the project. Ownership or control may be demonstrated through fee title, lease, easement, or agreement. For all other project types related to sites not controlled by an applicant, an applicant shall provide written permission from the property owner authorizing the project activities and access. The applicant’s proof of ownership or control or written permission shall demonstrate:
 1. Permission for access is not revocable at will by the property owner, and
 2. Public access will be granted to the project site for the life of the project, unless the purpose of the project proposal is to limit access.
- F.** Heritage Grant proposals are competitive and the Department shall make awards based on a proposed project’s compatibility with the priorities of the Department, as approved by the Commission.
- G.** The Department may require an applicant to modify the application prior to awarding a Heritage Grant, if the Department determines that the modification is necessary for the successful completion of the project.
- H.** When applicable, the Department shall not release Heritage Grant funds until after the Department has consulted with the State Historic Preservation Office regarding the proposed project’s potential impact on historic and archaeological properties and resources.
- I.** The Department shall notify an applicant in writing of the results of the applicant’s submission and announce Heritage Grant awards at a regularly scheduled open meeting of the Commission.
- J.** A participant shall:
 1. Sign the Grant Agreement before the Department transfers any grant funds.
 2. Deposit transferred Heritage Grant funds in a dedicated account carrying the name and number of the project. In the event the funds are deposited in an interest-bearing account, any interest earned shall be:
 - a. Used for the purpose of furthering the project, with prior approval from the Department; or
 - b. Remitted to the Department upon completion of the project.
 3. Complete the project as specified under the terms and conditions of the Grant Agreement.
 4. Use awarded Heritage Grant funds solely for the project described in the application and as approved by the Department.
 5. Bear full responsibility for performance of its subcontractors to ensure compliance with the Grant Agreement.
 6. Pay all costs associated with the operation and maintenance of properties, facilities, equipment, services, publications, and other media funded by a Heritage Grant for the term of public use as specified in the Grant Agreement.
 7. Submit records that substantiate the expenditure of Heritage Grant funds. In addition, each participant shall retain and shall contractually require each subcontractor to retain all books, accounts, reports, files, and any other records relating to the acquisition and performance of the contract for a period of five years from the end date of the project period. The Department may inspect and audit participant and subcontractor records as prescribed under A.R.S. § 35-214. Upon the Department’s request, a participant or subcontractor shall produce a legible copy of these records.

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8. Allow Department employees or agents to conduct inspections and reviews:
 - a. To ensure compliance with all terms and conditions established under the Grant Agreement.
 - b. Before release of the final payment.
9. Give public acknowledgment of Heritage Fund grant assistance for the term of public use of a project. If a project involves acquisition of property, development of public access, or renovation of a habitat site, the participant shall install a permanent sign describing the funding sources. The participant may include the cost of this signage as part of the original project. The participant is responsible for maintenance or replacement of the sign as required. For other project types, the participant shall include Heritage Fund grant funding acknowledgment on any publicly available or accessible products resulting from the project.
- K.** A participant shall not:
 1. Begin a project described in the application until after the grant effective date.
 2. Use Heritage Grant funds for the purpose of producing income unless authorized by the Department. A participant shall use all income generated to further the purpose of the approved project or surrender the income to the original funding source.
 3. Comingle Heritage Grant funds with any other funds.
 4. Use Heritage Grant funds to pay the salary of any public agency employee. A participant may use a public agency's employee's time as in-kind match for the project specified in the Grant Agreement.
- L.** The parties may amend the terms of the Grant Agreement by mutual written consent. The Department shall prepare any approved amendment in writing, and both the Department and the Grantee shall sign the amendment.
- M.** The Department and the participant may amend the Grant Agreement during the project period. A participant seeking to amend the Grant Agreement shall submit a written request that includes justification to amend the Grant Agreement. The Department shall prepare any approved amendment in writing and both the Department and the participant shall sign the amendment.
- N.** A participant shall submit project status reports, as required in the Grant Agreement. If a participant fails to submit a project status report, the Department may not release any remaining grant monies until the participant has submitted all past due project status reports. The project status report shall include the following information, as applicable:
 1. Progress in completing approved work;
 2. Itemized, cumulative project expenditures;
 3. A financial accounting of:
 - a. Heritage Grant Funds,
 - b. Matching funds,
 - c. Donations, and
 - d. Income derived from project funds;
 4. Any delays or problems that may prevent the on-time completion of the project; and
 5. Any other information required by the Department.
- O.** At the end of the project period and for each year until the end of the term of public use, a participant shall:
 1. Certify compliance with the Grant Agreement, and
 2. Complete a post-completion report form furnished by the Department.
- P.** Upon completion of approved project elements, if a balance of awarded Heritage Grant funds remains, the participant may:
 1. Use the unexpended funds for an additional project consistent with the original scope of work, when approved by the Department; or
 2. Surrender the unexpended funds to the Department.
- Q.** Upon completion of the project a participant shall:
 1. Surrender equipment with an acquisition cost of more than \$500 to the Department upon completion, or
 2. Use equipment purchased with Heritage Grant funds in a manner consistent with the purposes of the Grant Agreement.
- R.** A participant may request an extension beyond the approved project period by writing to the Department.
 1. Requests for an extension shall be submitted by the participant no later than 30 days before the end of the project period.
 2. If approved, an extension shall be signed by both the participant and the Department.
- S.** A participant that has a Heritage Grant funded project in extension shall not apply for, nor be considered for, further Heritage Grants until the administrative subunit's project under extension is completed.
- T.** In addition, the Department may administratively extend the project period for good cause such as, but not limited to, inclement weather, internal personnel changes, or to complete the final closure documents.
- U.** A participant that failed to comply with the terms and conditions of a Grant Agreement shall not apply for, nor be considered for, further Heritage Grants until the participant's project is brought into compliance.
- V.** If a participant is not in compliance with the Grant Agreement, the Department may:
 1. Terminate the Grant Agreement,
 2. Seek recovery of grant monies awarded, and
 3. Classify the participant as ineligible for Heritage Fund Grants for a period of up to five years.

Historical Note

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-703. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-703 renumbered to R12-4-705; new Section R12-4-703 made by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-704. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-704 repealed; new Section R12-4-704 renumbered from R12-4-709 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking

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at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-705. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-705 repealed; new Section R12-4-705 renumbered from R12-4-703 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-706. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-706 repealed; new Section R12-4-706 renumbered from R12-4-710 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-707. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-707 repealed; new Section R12-4-707 renumbered from R12-4-711 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-708. Repealed**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-708 repealed; new Section R12-4-708 renumbered from R12-4-712 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

R12-4-709. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-709 renumbered to R12-4-704 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

R12-4-710. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-710 renumbered to R12-4-706 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

R12-4-711. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-711 renumbered to R12-4-707 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

R12-4-712. Renumbered**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-712 renumbered to R12-4-708 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

ARTICLE 8. WILDLIFE AREAS AND DEPARTMENT PROPERTY**R12-4-801. General Provisions****A. Wildlife Areas:**

1. Wildlife areas shall be established to:
 - a. Provide protective measures for wildlife, habitat, or both;
 - b. Allow for hunting, fishing, and other recreational activities that are compatible with wildlife habitat conservation and education;
 - c. Allow for special management or research practices; and
 - d. Enhance wildlife and habitat conservation.
2. Wildlife areas shall be:
 - a. Lands owned, leased, or otherwise managed by the Commission;
 - b. Federally-owned lands of unique wildlife habitat where cooperative agreements provide wildlife management and research implementation; or
 - c. Any lands with property interest conveyed to the Commission by any entity, through an approved land use agreement, including but not limited to deeds, patents, leases, conservation easements, special use permits, licenses, management agreements, inter-agency agreements, letter agreements, and right-of-entry, where the property interest conveyed is sufficient for management of the lands consistent with the objectives of the wildlife area.
3. Land qualified for wildlife areas shall be:
 - a. Lands with unique topographic or vegetative characteristics that contribute to wildlife,
 - b. Lands where certain wildlife species are confined because of habitat demands,
 - c. Lands that can be physically managed and modified to attract wildlife, or
 - d. Lands that are identified as critical habitat for certain wildlife species during critical periods of their life cycles.
4. The Department may restrict public access to and public use of wildlife areas and the resources of wildlife areas for up to 90 days when necessary to protect property, ensure public safety, or to ensure maximum benefits to wildlife. Closures or restrictions exceeding 90 days shall require Commission approval.
5. Closures of all or any part of a wildlife area to public entry, and any restriction to public use of a wildlife area, shall be listed in this Article or shall be clearly posted at each entrance to the wildlife area. No person shall con-

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duct an activity restricted by this Article or by such posting.

6. When a wildlife area is posted against travel except on existing roads, no person shall drive a motor-operated vehicle over the countryside except by road.
7. The Department may post signs that place additional restrictions on the use of wildlife areas. Such restrictions may include the timing, type, or duration of certain activities, including the prohibition of access or nature of use.

B. Commission-owned real property other than Wildlife Areas:

1. The Department may take action to manage public access and use of any Commission-owned real property or facilities. Such actions may include restrictions on the timing, type, or duration of certain activities, including the prohibition of access or nature of use.
2. No person shall access or use any Commission-owned real property or facilities in violation of any Department actions authorized under subsection (B)(1), if signs are posted providing notice of the restrictions.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2).

R12-4-802. Wildlife Area and Other Department Managed Property Restrictions

A. No person shall violate the following restrictions on Wildlife Areas:

1. Alamo Wildlife Area (located in Units 16A and 44A):
 - a. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - b. Overnight public camping in the wildlife area outside of Alamo State Park allowed for no more than 14 days within a 45-day period.
 - c. Motorized vehicle travel permitted on designated roads or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. Posted portions closed to all public entry.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
2. Allen Severson Wildlife Area (located in Unit 3B):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to discharge of all firearms from April 1 through July 25 annually.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from April 1 through July 25 annually.
3. Aravaipa Canyon Wildlife Area (located in Units 31 and 32):
 - a. Access through the Aravaipa Canyon Wildlife Area within the Aravaipa Canyon Wilderness Area is by

permit only, available through the Safford Office of the Bureau of Land Management.

Motorized vehicle travel is not permitted on the wildlife area. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.

- b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of all firearms.
4. Arlington Wildlife Area (located in Unit 39):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Target or clay bird shooting permitted in designated areas only.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - i. Posted portions around Department housing are closed to the discharge of all firearms; and
 - ii. Wildlife area is closed to the discharge of centerfire rifled firearms.
5. Base and Meridian Wildlife Area (located in Units 39, 26M, and 47M):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel is not permitted on the wildlife area. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. No target or clay bird shooting.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of rifled firearms.
6. Becker Lake Wildlife Area (located in Unit 1):
 - a. No open fires.
 - b. No overnight public camping.
 - c. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. The Becker Lake boat launch access road and parking areas along with any other posted portions of the wildlife area will be closed to all public entry from one hour after sunset to one hour before sunrise daily.
 - e. Posted portions closed to all public entry.
 - f. Posted portions closed to hunting.
 - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of rifled firearms.
7. Bog Hole Wildlife Area (located in Unit 35B):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel is not permitted on the wildlife area. This subsection does not apply to

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- Department authorized vehicles or law enforcement, fire response or other emergency vehicles.
- e. Open to all hunting in season, by foot access only, as permitted under R12-4-304 and R12-4-318.
8. Chevelon Canyon Ranches Wildlife Area (located in Unit 4A):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads and areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 9. Chevelon Creek Wildlife Area (located in Unit 4B):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads and areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. Additional posted portions closed to all public entry from October 1 through February 1 annually.
 - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from October 1 through February 1 annually.
 10. Cibola Valley Conservation and Wildlife Area (located in unit 43A):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated and administrative roads and areas only, except as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of rifled firearms.
 11. Clarence May and C.H.M. May Memorial Wildlife Area (located in Unit 29):
 - a. Closed to the discharge of all firearms, except as authorized under subsection (A)(11)(b).
 - b. Closed to hunting, except for predator hunts authorized by Commission Order.
 12. Cluff Ranch Wildlife Area (located in Unit 31):
 - a. Open fires allowed in designated areas only.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 45-day period.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions around Department housing and Pond Three are closed to discharge of all firearms.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of centerfire rifled firearms.
 13. Colorado River Nature Center Wildlife Area (located in Unit 15D):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only. This subsection does not apply to Department authorized vehicles, law enforcement, fire response, or other emergency vehicles.
 - e. Closed to hunting.
 14. Fool Hollow Lake Wildlife Area (located in Unit 3C):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. The parking area adjacent to Sixteenth Avenue and other posted portions of the wildlife area will be closed to all public entry daily from one hour after sunset to one hour before sunrise, except for anglers possessing a valid fishing license accessing Fool Hollow Lake/Show Low Creek.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 15. House Rock Wildlife Area (located in Unit 12A):
 - a. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles, law enforcement, fire response, or other emergency vehicles.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 - c. Members of the public are prohibited from being within 1/4 mile of the House Rock bison herd while on House Rock Wildlife Area, except when taking bison or accompanied by Department personnel.
 16. Jacques Marsh Wildlife Area (located in Unit 3B):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of rimfire and centerfire rifled firearms.
 17. Lamar Haines Wildlife Area (located in Unit 7):
 - a. Wood cutting by permit only and collecting limited to dead and down material, for noncommercial use only. Upon request, a person may obtain a wood cutting permit from the Flagstaff Game and Fish Department regional office.
 - b. No overnight public camping.

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- c. Motorized vehicle travel permitted on designated roads or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
18. Lower San Pedro River Wildlife Area (located in Units 32 and 37B):
- a. Open fires allowed in designated areas only. The following acts are prohibited:
 - i. Building, attending, maintaining, or using a fire without removing all flammable material from around the fire to adequately prevent the fire from spreading from the fire pit.
 - ii. Carelessly or negligently throwing or placing any ignited substance or other substance that may cause a fire.
 - iii. Building, attending, maintaining, or using a fire in any area that is closed to fires.
 - iv. Leaving a fire without completely extinguishing it.
 - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 45-day period.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
 - g. Parking allowed within 300 feet of designated open roads and in designated areas only.
 - h. Discharge of a firearm or pre-charged pneumatic weapon prohibited within ¼ mile of buildings.
 - i. A person shall not use a metal detector or similar device except as authorized by the Department. This subsection does not apply to law enforcement officers in the scope of their official duties, or to persons duly licensed, permitted, or otherwise authorized to investigate historical or cultural artifacts by a government agency with regulatory authority over cultural or historic artifacts.
19. Luna Lake Wildlife Area (located in Unit 1):
- a. Motorized vehicle travel permitted on designated roads or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - b. Posted portions closed to all public entry from February 15 through July 31 annually.
 - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except when closed to hunting from April 1 through July 31 annually.
20. Mittry Lake Wildlife Area (located in Unit 43B):
- a. Open fires allowed in designated areas only.
 - b. Overnight public camping allowed in designated areas only, for no more than 10 days per calendar year.
 - c. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
- d. Posted portions closed to all public entry.
- e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
21. Planet Ranch Conservation and Wildlife Area (located in Units 16A and 44A):
- a. No open fires.
 - b. No firewood cutting or gathering.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 45-day period.
 - d. Motorized vehicle travel:
 - i. Is permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H).
 - ii. Is prohibited within the posted Lower Colorado River Multi-Species Conservation Program habitat area.
 - iii. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
22. Powers Butte (Mumme Farm) Wildlife Area (located in Unit 39):
- a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on posted designated roads, trails, or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - i. Posted portions around Department housing are closed to the discharge of all firearms; and
 - ii. Wildlife area is closed to the discharge of centerfire rifled firearms.
23. Quigley-Achee Wildlife Area (located in Unit 41):
- a. No open fires.
 - b. No overnight public camping.
 - c. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. Posted portions closed to all public entry.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
24. Raymond Wildlife Area (located in Unit 5B):
- a. Overnight public camping permitted in designated sites only, for no more than 14 days within a 45-day period.
 - b. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110 (G). All-terrain and utility type vehicles

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- are prohibited. For the purpose of this subsection, all-terrain and utility type vehicle means a motor vehicle having three or more wheels fitted with large tires and is designed chiefly for recreational use over roadless, rugged terrain. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
- c. Posted portions closed to all public entry from May 1 through July 29 annually.
 - d. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting periodically during hunting seasons.
 - e. Members of the public are prohibited from being within 1/4 mile of the Raymond bison herd while on Raymond Wildlife Area, except when taking bison or accompanied by Department personnel.
 - f. Prior to entering Raymond Wildlife Area, members of the public shall sign in at a posted sign-in kiosk and by doing so acknowledge they have read and shall comply with the posted Raymond Wildlife Areas restrictions.
25. Robbins Butte Wildlife Area (located in Unit 39):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only from one hour before sunrise to one hour after sunset daily, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Parking in designated areas only.
 - f. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
 - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318 except the wildlife area is closed to the discharge of centerfire rifled firearms.
 26. Roosevelt Lake Wildlife Area (located in Units 22, 23, and 24B):
 - a. Posted portions closed to all public entry from November 15 through February 15 annually.
 - b. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from November 15 through February 15 annually.
 27. Santa Rita Wildlife Area (located in Unit 34A):
 - a. Motorized vehicle travel permitted on designated roads or areas only, except as permitted under R12-4-110(H). Portions of the wildlife area may be posted as closed to motorized vehicle travel for periodical research purposes. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except that the take of wildlife with firearms is prohibited from March 1 through August 31.
 28. Sipe White Mountain Wildlife Area (located in Unit 1):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions around Department housing is closed to the discharge of all firearms.
 29. Springerville Marsh Wildlife Area (located in Unit 2B):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Closed to the discharge of all firearms.
 - f. Open to all hunting as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of all firearms.
 30. Sunflower Flat Wildlife Area (located in Unit 8):
 - a. No overnight public camping.
 - b. Motorized vehicle travel permitted on designated roads or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 31. Three Bar Wildlife Area (located in Unit 22):
 - a. Motorized vehicle travel:
 - i. Is permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H).
 - ii. Is prohibited within the Three Bar Wildlife and Habitat Study Area.
 - iii. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - b. Open to all hunting in season, as permitted under R12-4-304 and R12-4-318, except the area within the fenced enclosure inside the loop formed by Tonto National Forest Road 647, also known as the Walnut Canyon Enclosure, which is closed to hunting, unless otherwise provided under Commission Order.
 32. Tucson Mountain Wildlife Area (located in Unit 38M):
 - a. Motorized vehicle travel permitted on designated roads and trails as part of the road system managed and regulated by the City of Tucson and Pima County. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
 - i. Portions posted as closed to hunting, and
 - ii. Wildlife area is closed to the discharge of all firearms.

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- c. Archery deer and archery javelina hunters must check in with the Arizona Game and Fish Tucson Regional Office prior to going afield.
- 33. Upper Verde River Wildlife Area (located in Unit 8 and 19A):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel is not permitted. This subsection does not apply to Department authorized vehicles or law enforcement, fire department, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
 - f. All dogs must remain on leash except for hunting dogs during a legal open season.
- 34. Wenima Wildlife Area (located in Unit 2B):
 - a. No open fires.
 - b. No firewood cutting or gathering.
 - c. No overnight public camping.
 - d. Motorized vehicle travel permitted on designated roads or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
- 35. White Mountain Grasslands Wildlife Area (located in Unit 1):
 - a. No open fires.
 - b. No overnight public camping.
 - c. Motorized vehicle travel permitted on designated roads or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. Posted portions closed to all public entry.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
- 36. Whitewater Draw Wildlife Area (located in Unit 30B):
 - a. Open fires allowed in designated areas only.
 - b. Overnight public camping allowed in designated areas only, for no more than 14 days within a 45-day period.
 - c. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - d. Posted portions closed to all public entry from October 15 through March 15 annually.
 - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of centerfire rifled firearms.
- 37. Willcox Playa Wildlife Area (located in Unit 30A):
 - a. Open fires allowed in designated areas only.
 - b. No firewood cutting or gathering.
 - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 45-day period.
 - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
 - e. Posted portions closed to all public entry from October 15 through March 15 annually.
 - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from October 15 through March 15 annually.
- B. Notwithstanding Commission Order 40, public access and use of the Hirsch Conservation Education Area and Biscuit Tank is limited to activities conducted and offered by the Department and in accordance with the Department's special management objectives for the property, which include, but are not limited to, flexible harvest, season, and methods that:
 - 1. Allow for a variety of fishing techniques, fish harvest, fish consumption, and catch and release educational experiences;
 - 2. Maintain a healthy, productive, and balanced fish community and
 - 3. Provide public education activities and training courses that are compatible with the management of aquatic wildlife.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 8 A.A.R. 2107, effective May 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 9 A.A.R. 3141, effective August 23, 2003 (Supp. 03-2). Amended by exempt rulemaking at 10 A.A.R. 1976, effective May 14, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 1927, effective May 20, 2005 (Supp. 05-2). Amended by exempt rulemaking at 12 A.A.R. 1698, effective May 19, 2006 (Supp. 06-2). Amended by exempt rulemaking at 13 A.A.R. 1741, effective May 18, 2007 (Supp. 07-2). Amended by exempt rulemaking at 14 A.A.R. 1841, effective April 22, 2008 (Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 397, effective March 5, 2010 (Supp. 10-1). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 931, effective June 17, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 841, effective June 17, 2014 (Supp. 14-1). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by exempt rulemaking at 22 A.A.R. 2209, effective October 4, 2016 (Supp. 16-4).

R12-4-803. Wildlife Area and Other Department Managed Property Boundary Descriptions**A. For the purposes of this Section:**

- "B.C." means brass cap.
- "B.C.F." means brass cap flush.
- "G&SRB&M" means Gila and Salt River Base and Meridian.
- "M&B" means metes and bounds.
- "R" means Range line.
- "T" means Township line.

B. Wildlife Areas are described as follows:

- 1. Alamo Wildlife Area: The Alamo Wildlife Area shall be those areas described as follows:
T10N, R13W; Section 3 N1/2, SW1/4, SE1/4 Mohave County only; Section 4, E1/2SW1/4, SE1/4; Section 9, NE1/4, E1/2NW1/4; Section 10, NW1/4NW1/4, NE1/4NW1/4 within designated Wilderness Area. T11N, R11W; Section 7, S1/2SW1/4; Section 18, N1/2 NW1/4; T11N, R12W; Section 4, Lots 2, 3 and 4, SW1/4NE1/4, S1/2NW1/4, SW1/4, W1/2SE1/4; Section 5, Lot 1, SE1/

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- 4NE1/4, E1/2SE1/4; Section 7, S1/2, SE1/4 NE1/4; Section 8, NE1/4, S1/2NW1/4, S1/2; Section 9; Section 10, S1/2NW1/4, S1/2; Section 11, S1/2S1/2; Section 12, S1/2S1/2; Section 13, N1/2, N1/2SW1/4, NW1/4SE1/4; Section 14, N1/2, E1/2SE1/4; Section 15, N1/2, SW1/4SW1/4, SW1/4SE1/4; Section 16, 17, 18 and 19; Section 20, N1/2, N1/2SW1/4; Section 21, NW1/4; Section 29, SW1/4, SW1/4SE1/4; Section 30; Section 31, N1/2, N1/2S1/2; Section 32, NW1/4, N1/2SW1/4; T11N, R13W; Section 12, SE1/4SW1/4, SW1/4SE1/4, E1/2SE1/4; Section 13; Section 14, S1/2NE1/4, SE1/4SW1/4, SE1/4; Section 22, S1/2SW1/4, SE1/4; Section 23, E1/2, E1/2NW1/4, SW1/4NW1/4, SW1/4; Section 24, 25 and 26; Section 27, E1/2, E1/2W1/2; Section 34, E1/2, E1/2NW1/4, SW1/4; Section 35 W1/2, W1/2NE1/4; T12N, R12W; Section 19, E1/2, SE1/4SW1/4; Section 20, NW1/4NW1/4, SW1/4SW1/4; Section 28, W1/2SW1/4; Section 29, W1/2NW1/4, S1/2, SE1/4NW1/4; Section 30, E1/2, E1/2NW1/4, NE1/4SW1/4; Section 31, NE1/4NE1/4; Section 32, N1/2, N1/2SE1/4, SE1/4SE1/4; Section 33, W1/2E1/2, W1/2; all in G&SRB&M, Mohave and La Paz Counties, Arizona.
2. Allen Severson Memorial Wildlife Area: The Allen Severson Memorial Wildlife Area shall be that area including Pintail Lake and South Marsh lying within the fenced and posted portions of:
T11N, R22E; Section 32, SE1/4; Section 33, S1/2SW1/4; T10N, R22E; Section 4, N1/2NW1/4; T10N, R22E; Section 4: the posted portion of the NW1/4SW1/4; all in G&SRB&M, Navajo County, Arizona, consisting of approximately 300 acres.
 3. Aravaipa Canyon Wildlife Area: The Aravaipa Canyon Wildlife Area shall be that area within the flood plain of Aravaipa Creek and the first 50 vertical feet above the streambed within the boundaries of the Aravaipa Canyon Wilderness Area administered by the Bureau of Land Management (BLM), Graham and Pinal Counties, Arizona.
 4. Arlington Wildlife Area: The Arlington Wildlife Area shall be those areas described as follows:
T1S, R5W, Section 33, E1/2SE1/4; T2S, R5W, Section 3, W1/2W1/2, Section 4, E1/2, and Parcel 401-58-001A as described by the Maricopa County Assessor's Office; a parcel of land lying within Section 4, T2S, R5W, more particularly described as follows: commencing at the southwest corner of said Section 4, 2-inch aluminum cap (A.C.) in pothole stamped "RLS 36562", from which the northwest corner of said Section, a 1 1/2-inch B.C. stamped "T1S R5W S32 S33 S5 S4 1968", bears N 00°09'36" E (basis of bearing) a distance of 4130.10 feet, said southwest corner being the point of beginning; thence along the west line of said Section, N 00°09'36" E a distance of 16.65 feet; thence leaving said west line, S 89°48'28" E a distance of 986.79 feet; thence N 00°47'35" E a distance of 2002.16 feet; thence N 01°07'35" E a distance of 2102.65 feet to the north line of said Section; thence along said north line S 89°18'45" E a distance of 1603.61 feet to the N1/4 corner of said Section, a 1/2-inch metal rod; thence leaving said north line, along the north-south midsection line of said Section, S 00°08'44" E a distance of 4608.75 feet to the S1/4 corner of said Section, a 3-inch B.C.F. stamped "T2S R5W 1/4S4 S9 RLS 46118 2008"; thence leaving said north-south midsection line, along the south line of said Section, N 79°10'54" W a distance of 2719.41 feet to the point of beginning. Subject to existing rights-of-way and easements. This parcel description is based on the Record of Survey for Alma Richardson Property, recorded in Book 996, page 25, Maricopa County Records and other client provided information. This parcel description is located within an area surveyed by Wood, Patel & Associates, Inc. during the month of April, 2008 and October, 2009 and any monumentation noted in this parcel description is within acceptable tolerance (as defined in Arizona Boundary Survey Minimum Standards dated 02/14/2002) of said positions based on said survey; all in G&SRB&M, Maricopa County, Arizona. Section 9; NW1/4 and SW1/4; Section 3; LOT 4 SW1/4NW1/4, W1/2SW1/4 NE1/4SE1/4; Section 3; M&B in LOT 1 SE1/4NE1/4E1/2SE1/4; Section 9; M&B in NE1/4NE1/4; Section 10; SW1/4NW1/4; Section 15; those portions of S1/2W1/4 and N1/2SW1/4 lying west of the primary through road; Section 16; W1/2 M&B in E1/2E1/2 W1/2E1/2; Section 21; NE1/4NW1/4 and Parcel 401-61-008D as described by the Maricopa County Assessor's Office, more particularly described as follows: commencing at the BLM B.C. marking the northeast corner of said Section 21, from which the BLM B.C. marking the northwest corner of said Section 21 bears N 82°26'05" W a distance of 5423.64 feet; thence N 82°26'05" W along the north line of Section 21 a distance of 2711.82 feet to the NW1/4 corner of said Section 21; thence S 00°33'45" W along the north-southerly midsection line of said Section 21 a distance of 33.25 feet to the True Point of Beginning; thence continuing S 00° 33'45" W along said north-south midsection line a distance of 958.00 feet to a point on a line which is parallel with and 983.85 feet southerly, as measured at right angles from the north line of said Section 21; thence N 82°26'05" W along said parallel line a distance of 925.54 feet; thence N 26°12'18" W a distance of 153.32 feet; thence N 13°26'18" W a distance of 303.93 feet; thence N 34°15'49" W a distance of 189.27 feet; thence N 21°32'45" W a distance of 215.60 feet; thence N 89°25'47" W a distance of 95.37 feet to a point on the west line of the NE1/4N1/4 of said Section 21; thence N 00°34'13" E, along said west line a distance of 223.54 feet to a point on a line which is parallel with and 33.00 feet southerly, as measured at right angles from the north line of said Section 21; thence S 82°26'05" E along said parallel line, a distance of 1355.91 feet to the True Point of Beginning; all in G&SRB&M, Maricopa County, Arizona.
 5. Base and Meridian Wildlife Area: The Base and Meridian Wildlife Area shall be those areas described as follows:
T1N, R1E, Section 31; Maricopa County APN 101-44-023, also known as Lots 3, 5, 6, 7, 8 and NE1/4SW1/4, and Maricopa County APN 101-44-003J, also known as the S1/2S1/2SW1/4NW1/4 except the west 55 feet thereof; and 101-44-003K, also known as the S1/2S1/2SW1/4NW1/4 except the west 887.26 feet thereof; and Maricopa County APN 104-44-002S, also known as that portion of the N1/2SE1/4, described as follows: commencing at the aluminum cap set at the E1/4 corner of said Section 31, from which the 3" iron pipe set at the southeast corner of said Section 31, S 00°20'56" W a distance of 2768.49 feet; thence S 00°20' 56" W along the east line of said SE1/4 of Section 31 a distance of 1384.25 feet to the southeast corner of said N1/2SE1/4; thence S 89°25'13" W along the south line of said N1/2SE1/4 a distance of 2644.35 feet to the southwest corner of said N1/2SE1/4 and the point of beginning; thence N 00°03'37" W along the west line of said SE1/4 a distance of 746.86 feet to the south line of the north 607.00 feet of

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said N1/2SE1/4; thence N 88°46' 12" E along said south line of the north 607.00 feet of the N1/2SE1/4 a distance of 656.09 feet; thence S 00°03'37" E parallel with said west line of the SE1/4 a distance of 754.31 feet to said south line of the N1/2SE1/4; Thence S 89°25' 13" W along said south line of the N1/2SE1/4 a distance of 655.98 feet to the point of beginning. T1N, R1W, Section 34, N1/2SE1/4; Section 35, S1/2; Section 36. The Maricopa County APN 500-69-099; the W1/2SE1/4NE1/4. APN 500-69-099, 500-69-100, also known as that portion of the SE1/4SE1/4NE1/4. 500-69-010C, also known as that portion of the W1/2SE1/4NE1/4, except any portion of said W1/2SE1/4NE1/4 of Section 36 lying within the following described four parcels: Exception 1: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°10' E a distance of 846.16 feet to the point of beginning; thence continuing S 00°18' E a distance of 141.17 feet; thence S 87°51'15" W a distance of 570.53 feet; thence S 00°29' E a distance of 310.00 feet to the south line of said W1/2SE1/4NE1/4 of Section 36; thence N 89°29' W along the west line of said W1/2SE1/4NE1/4 of Section 36 a distance of 425.93 feet; said point bears S 00°29' E a distance of 895.93 feet from the northwest corner of said W1/2SE1/4NE1/4 of Section 36; thence N 85°54'33" E a distance of 647.01 feet to the point of beginning. Exception 2: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°18' E a distance of 846.16 feet to the point of beginning; said point being on the northerly line of the Flood Control District of Maricopa County parcel as shown in Document 84-26119, Maricopa County Records; thence S 85°54'33" W a distance of 647.01 feet to the west line of said W1/2SE1/4NE1/4 of Section 36; thence N 00°29' W along said west line a distance of 30 feet; thence N 84°23'15" E a distance of 228.19 feet; thence N 87°17'06" E a distance of 418.85 feet to the east line of the W1/2SE1/4NE1/4 of Section 36; thence S 00°18' E along said east line a distance of 26.00 feet to the point of beginning. Exception 3: the South 37.6 feet of said W1/2SE1/4NE1/4 of Section 36. Except all oil, gas and other hydrocarbon substances, helium or other substance of gaseous nature, coal, metals, minerals, fossils, fertilizer of every name and description and except all materials which may be essential to the production of fissionable material as reserved in Arizona Revised Statutes. Exception 4: that part of the W1/2SE1/4NE1/4 of Section 36, T1N, R1W lying north of the following described line: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°18'00" E a distance of 820.16 feet, to the point of beginning; said point being on the northerly line of the Flood District of Maricopa County parcel as shown in Document 85-357813, Maricopa County Records; thence S 87°17'06" W a distance of 418.85 feet; thence S 84°23'15" W a distance of 228.19 feet to the west line of said W1/2SE1/4NE1/4 of Section 36 and the point of terminus. The above described parcel contains 162,550 sq. ft. or 3.7316 acres 500-69-001L and 500-69-001M, also known as the N1/2SE1/4, except the south 892.62 feet thereof. 500-69-001N, 500-69-001P, 500-69-001Q, 500-69-001R, 500-69-001T, 500-69-001X, 500-69-001Y, also known as that portion of the south 892.62 feet of the N1/2SE1/4. The SE1/4SE1/4NE1/4 of Section 36, T1N, R1W, except the south 37.6 feet of said SE1/4SE1/4NE1/4, and except the east 55 feet of said SE1/

4SE1/4NE1/4, and except that part of said SE1/4SE1/4NE1/4 lying north of the most southerly line of the parcel described in Record 84-026119, Maricopa County Records, said southerly line being described as follows: beginning at the NE1/4S1/2NE1/4SE1/4NE1/4 of said Section 36; thence S 00°07' E along the east line of Section 36, a distance of 50.70 feet; thence S 89°53' W a distance of 55.00 feet to a point on the west line of the east 55.00 feet of said Section 36; thence S 00°07' E along said line, a distance of 510.00 feet; thence S 81°4'43" W a distance of 597.37 feet to a terminus point on the west line of said SE1/4SE1/4NE1/4 of Section 36, and except that part of said SE1/4SE1/4NE1/4 described as follows: commencing at the E1/4 corner of said Section 36; thence N 89°37'23" W along the south line of said SE1/4SE1/4NE1/4 of Section 36, a distance of 241.25 feet; thence N 18°53'04" E a distance of 39.65 feet to the point of beginning; thence continuing N 18°53'04" E a distance of 408.90 feet; thence S 81°04'43" W a distance of 222.55 feet; thence S 18°53'04" W a distance of 370.98 feet; thence S 89°37'23" E a distance of 207.58 feet to the point of beginning. That portion of land lying within the SE1/4SE1/4NE1/4 of Section 36, T1N, R1W, and the S1/2SW1/4NW1/4 of Section 31, T1N, R1E, as described in Document Number 99-1109246. Except the west 22 feet of the property described in Recorder Number 97-0425420, also known as APN 101-44-003G; and except the west 22 feet of the property described in Recorder Number 97-566498, also known as APN 101-44-013; all in G&SRB&M, Maricopa County, Arizona.

6. Becker Lake Wildlife Area: The Becker Lake Wildlife Area shall be that area including Becker Lake lying within the fenced and posted portions of: T9N, R29E, Section 19, SE1/4SE1/4 also known as APN. 105-07-001; Section 20, SW1/4SW1/4; beginning at a point 1012 feet north of the southwest corner of the SE1/4SW1/4 of Section 20, T9N, R29E; thence north 1285 feet; thence east a distance of 462 feet; thence south a distance of 2122 feet, more or less to the center of U.S. Highway 60; thence in a northwesterly direction along the center of U.S. Highway 60 a distance of 944 feet, more or less; thence west a distance of 30 feet, more or less to the point of beginning, also known as APN 105-08-002; Section 29, W1/2NW1/4, NW1/4SW1/4, also known as APN 105-15-003; beginning at the S1/4 corner of said Section 29, said point being the True Point of Beginning; thence N 00°43'20" E along the western boundary of the SE1/4 of said Section 29, a distance of 1329.15 feet to the center-south 1/16 corner of said Section 29; thence S 89°53'01" W along the southern boundary of the NE1/4SW1/4 of said Section 29, a distance of 99.69 feet; thence N 00°43'20" E a distance of 417.54 feet; thence S 89°31'37" E a distance of 99.69 feet; thence N 00°43'20" E along the western boundary of the SE1/4 of said Section 29 a distance of 374.40 feet; thence N 88°49'48" E a distance of 474.94 feet; thence N 27°35'15" E a distance of 99.21 feet; thence N 04°13'26" W a distance of 160.59 feet; thence N 37°38'44" E a distance of 12.27 feet; thence S 26°22'25" E a distance of 371.13 feet; thence N 31°21'35" E a distance of 58.00 feet; thence S 26°22'27" E a distance of 1203.23 feet; thence S 63°58'58" W a distance of 200.00 feet; thence S 36°24'36" E a distance of 375.11 feet; thence S 00°24'06" W a distance of 490.79 feet; thence S 01°22'24" E a distance of 110.21 feet; thence S 22°27'23" E a distance of 44.27 feet; thence N 89°48'03" W a distance of 1331.98

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feet to the True Point of Beginning, also known as APN 105-15-014E; beginning at the corner of Sections 28, 29, 32 and 33, T9N, R29E of G&SRB&M, Apache County, Arizona; thence N 54°21'09" W a distance of 1623.90 feet; thence N 26°00'59" W a distance of 100.00 feet; thence N 26°22'14" W a distance of 1203.23 feet to the True Point of Beginning; thence N 26°22'27" W a distance of 351.19 feet; thence S 55°14'10" W a distance of 38.42 feet; thence S 37°38'44" W a distance of 12.38 feet; thence S 26°22'14" E a distance of 371.13 feet; thence N 31°21'35" E a distance of 58.00 feet to the True Point of Beginning, also known as APN 105-15-014C. S1/2SW1/4, except the following described parcel: commencing at a 2-inch aluminum cap monument stamped LS 8906 located at the Section corner common to Sections 29, 30, 31 and 32 of said Township and Range; thence bear S 89°46'16" E along the Section line common to Sections 29 and 32, a distance of 1038.05 feet to the True Point of Beginning; thence N 35°17'33" E along the northwest boundary of the Springerville Municipal Airport a distance of 328.32 feet; thence S 39°31'26" E a distance of 349.55 feet to a point on the Section line common to Sections 29 and 32; thence N 89°46'44" W a distance of 131.96 feet to the W1/16 corner of Sections 29 and 32; thence N 89°46'16" W a distance of 280.18 feet to the True Point of Beginning. Section 30, NE1/4SE1/4, E1/2NE1/4 also known as APN 105-16-001; W1/2NE1/4, W1/2NE1/4 also known as APN 105-16-002; Section 32, beginning at the N1/4 corner of said Section 32, said point being the True Point of Beginning; thence S 89°48'03" E along the north line of said Section 32 a distance of 1331.98 feet; thence S 21°49'15" E a distance of 198.07 feet; thence S 20°56'35" W a distance of 191.75 feet; thence S 19°53'23" W a distance of 24.65 feet; thence S 39°17'55" W a distance of 86.61 feet; thence S 01°41'36" E a distance of 13.60 feet; thence S 50°13'33" W a distance of 1.29 feet; thence S 02°24'23" E a distance of 906.39 feet; thence S 00°44'11" W a distance of 466.82 feet; thence S 35°26'56" W a distance of 218.51 feet; thence S 89°57'05" W a distance of 1141.87 feet; thence N 07°57'52" E a distance of 328.83 feet; thence N 77°39'30" W a distance of 68.79 feet; thence N 00°30'56" W a distance of 334.16 feet to a 1/16th section corner; thence N 00°30'56" W a distance of 1349.10 feet to the True Point of Beginning. Except therefrom any portion lying in the S1/2SW1/4NE1/4 of said Section 32 also known as APN 105-18-008A; all that portion of the NE1/4NW1/4 of Section 32, T9N, R29E of G&SRB&M, Apache County, Arizona, lying east of the Becker Lake Roadway; except for the following described parcel: from the NW1/16 corner of said Section 32; thence S 89°45'28" E along the 1/16 line a distance of 736.55 feet to the True Point of Beginning, said point being in the west rights-of-way limits of Becker Lake Rd.; thence N 06°09'00" W along the west line of said right-of-way a distance of 266.70 feet to a 1/2-inch rebar with a tag marked LS 13014; thence N 06°21'43" W a distance of 263.42 feet to a 1/2-inch rebar with a tag marked LS 13014; thence N 06°21'43" W a distance of 198.60 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence N 78°43'10" E a distance of 158.40 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 47°05'42" E a distance of 65.65 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 29°24'20" E a distance of 202.48 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 48°03'17" W a dis-

tance of 146.19 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence South 19°36'10" West a distance of 115.75 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence South 00°38'05" East a distance of 74.66 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 14°52' 53" E a distance of 125.09 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 15°08'20" E a distance of 136.60 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 89°58'07" W a distance of 144.13 feet to the True Point of Beginning, also known as APN 105-18-012G.

7. Bog Hole Wildlife Area: The Bog Hole Wildlife Area lying in Sections 29, 32 and 33, T22S, R17E shall be the fenced and posted area described as follows: beginning at the southeast corner of Section 32, T22S, R17E, G&SRB&M, Santa Cruz County, Arizona; thence N 21°42'20" W a distance of 1394.86 feet to the True Point of Beginning; thence N 9°15'26" W a distance of 1014.82 feet; thence N 14°30'58" W a distance of 1088.82 feet; thence N 36°12'57" W a distance of 20.93 feet; thence N 50°16'38" W a distance of 1341.30 feet; thence N 57°51'08" W a distance of 1320.68 feet; thence N 39°03'53" E a distance of 1044.90 feet; thence N 39°07'43" E a distance of 1232.32 feet; thence S 36°38'48" E a distance of 1322.93 feet; thence S 43°03'17" E a distance of 1312.11 feet; thence S 38°19'38" E a distance of 1315.69 feet; thence S 13°11'59" W a distance of 2083.31 feet; thence S 69°42'45" W a distance of 920.49 feet to the True Point of Beginning.
8. Chevelon Canyon Ranches Wildlife Area: The Chevelon Canyon Ranches Wildlife Area shall be those areas described as follows:
 Duran Ranch: T12N, R14E; Sections 6 and 7, more particularly bounded and described as follows: beginning at Corner 1, from which the Standard Corner to Section 31 in T13N, R14E and Section 36 T13N, R13E, bears N 11°41' W 21.53 chains distant; thence S 26°5' E 6.80 chains to Corner 2; thence S 66° W 12.74 chains to Corner 3; thence S 19°16' W 13.72 chains to Corner 4; thence S 29°1' W 50.02 chains to Corner 5; thence N 64°15' W five chains to Corner 6; thence N 28°54' E 67.97 chains to Corner 7; thence N 55°36' E 11.02 to Corner 1; the place of beginning; all in G&SRB&M, Coconino County, Arizona. Dye Ranch: T12N, R14E Sections 9 and 16, more particularly described as follows: beginning at Corner 1 from which the Standard corner to Sections 32 and 33 in T13N, R14E, bears N 2° 24' E 127.19 chains distant; thence S 50°20' E 4.96 chains to corner 2; thence S 29°48' W 21.97 chains to Corner 3; thence S 14°45' W 21.00 chains to Corner 4; thence N 76°23' W 3.49 chains to Corner 5; thence N 10°13' W 14.02 chains to Corner 6; thence N 19°41' E 8.92 chains to Corner 7; thence N 38°2' E 24.79 chains to Corner 1, the place of beginning; all in G&SRB&M, Coconino County, Arizona. Tillman Ranch: T12N, R14E land included in H.E. Survey 200 embracing a portion of approximately Sections 9 and 10 in T12N, R14E of G&SRB&M; all in G&SRB&M, Coconino County, Arizona. Vincent Ranch: T12N, R13E; Sections 3 and 4, more particularly described as follows: beginning at Corner 1, from which the south corner to Section 33, T13N, R13E, bears N 40°53' W 16.94 chains distance; thence S 53° 08' E 2.98 chains to Corner 2; thence S 11°26' W 6.19 chains to Corner 3; thence S 49°43' W 22.41 chains to Corner 4; thence S 22°45' W

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30.03 chains to Corner 5; thence N 67°35' W 6.00 chains to Corner 6; thence N 23° E 30.03 chains to Corner 7; thence N 42°18' E 21.19 chains to Corner 8; thence N 57°52' E 8.40 chains to Corner 1, the place of beginning; all in G&SRB&M, Coconino County, Arizona. Wolf Ranch: T12N, R14E, Sections 18 and 19, more particularly bounded and described as follows: beginning at Corner 1, from which the U.S. Location Monument 184 H. E. S. bears S 88°53' E 4.41 chains distant; thence S 34°4' E 11.19 chains to Corner 2; thence S 40°31' W 31.7 chains to Corner 3; thence S 63°3' W 7.97 chains to Corner 4; thence S 23°15' W 10.69 chains to Corner 5; thence N 59° W 2.60 chains to Corner 6; thence N 18°45' E 10.80 chains to Corner 7; thence N 51°26' E 8.95 chains to Corner 8; thence N 30°19' E 34.37 chains to Corner 1; the place of beginning; all in G&SRB&M, Coconino County, Arizona.

9. Chevelon Creek Wildlife Area: The Chevelon Creek Wildlife Area shall be those areas described as follows: Parcel 1: The S1/2S1/2NW1/4SW1/4 of Section 23, T18N, R17E of G&SRB&M; Parcel 2: Lots 1, 2, 3 and 4 of Section 26, T18N, R17E of G&SRB&M; Parcel 1: That portion of the NE1/4 of Section 26 lying northerly of Chevelon Creek Estates East Side 1 Amended, according to the plat of record in Book 5 of Plats, page 35, records of Navajo County, Arizona, all in T18N, R17E of G&SRB&M, Navajo County, Arizona. Parcel 2: That part of Tract A, Chevelon Creek Estates East Side 1 Amended, according to the plat of record in Book 5 of Plats, page 35, records of Navajo County, Arizona lying northerly of the following described line: beginning at the southwest corner of Lot 3 of said subdivision; thence southwesterly in a straight line to the southwest corner of Lot 6 of said subdivision.
10. Cibola Valley Conservation and Wildlife Area: The Cibola Valley Conservation and Wildlife Area shall be those areas described as follows: Parcel 1: this parcel is located in the NW1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying east of the right of way line of the "Cibola Channelization Project of the United States Bureau of Reclamation Colorado River Front Work and Levee System," as indicated on Bureau of Reclamation Drawing 423-300-438, dated March 31, 1964, and more particularly described as follows: beginning at the northeast corner of the NW1/4 of said Section 36; thence south and along the east line of the NW1/4 of said Section 36, a distance of 2646.00 feet to a point being the southeast corner of the NW1/4 of said Section 36; thence westerly and along the south line of the NW1/4 a distance of 1711.87 feet to a point of intersection with the east line of the aforementioned right of way; thence northerly and along said east line of the aforementioned right of way, a distance of 2657.20 feet along a curve concave easterly, having a radius of 9260.00 feet to a point of intersection with the north line of the NW1/4 of said Section 36; thence easterly and along the north line of the NW1/4 of said Section 36, a distance of 1919.74 feet to the point of beginning. Parcel 2: this parcel is located in the U.S. Government Survey of Lot 1 and the E1/2SW1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying east of the right of way line of the "Cibola Channelization Project of the United States Bureau of Reclamation Colorado River Front Work and Levee System," as indicated on Bureau of Reclamation Drawing 423-300-438, dated March 31, 1964, and more particularly described as fol-

lows: beginning at the S1/4 corner of said Section 36; thence westerly and along the south line of said Section 36, a distance of 610.44 feet to a point of intersection with the east line of the aforementioned right of way; thence northerly along said east line of the of the aforementioned right of way and along a curve concave southwesterly, having a radius of 17350.00 feet, a distance of 125.12 feet; thence continuing along said right of way line and along a reverse curve having a radius of 9260.00 feet, a distance of 2697.10 feet to a point of intersection with the east-west midsection line of said Section 36; thence easterly along said east-west midsection line, a distance of 1711.87 feet to a point being the center of said Section 36; thence south and along the north-south midsection line, a distance of 2640.00 feet to the point of beginning. Parcel 3: this parcel is located in the E1/2NE1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona. Parcel 4: this parcel is located in the E1/2NW1/4SW1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the south right of way line of U.S.A. Levee; except therefrom that portion lying within Cibola Sportsman's Park, according to the plat thereof recorded in Book 4 of Plats, Page 58, records of Yuma (now La Paz) County, Arizona; and further excepting the N1/2E1/2NW1/4SW1/4. Parcel 5: this parcel is located in the S1/2SW1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona. Except the west 33.00 feet thereof; and further excepting that portion more particularly described as follows: the N1/2NW1/4SW1/4SW1/4 of said Section, excepting the north 33.00 feet and the east 33.00 feet thereof. Parcel 6: this parcel is located in the SW1/4SE1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona. Parcel 7: this parcel is located in Sections 24 and 25, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and east of Meander line per BLM Plat 2647C. Parcel 8: this parcel is located in the W1/2 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River. Except that portion in condemnation suit Civil 5188PHX filed in District Court of Arizona entitled USA -vs- 527.93 acres of land; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 9: this parcel is located in the N1/2NE1/4SE1/4; and the W1/2SW1/4NE1/4SE1/4; and that portion of the SE1/4NE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the south right of way line of the U.S.B.R. Levee; except the east 33.00 feet thereof; and further excepting that portion more particularly described as follows: commencing at the northeast corner of the SE1/4 of said Section 20; thence S 0°24'00" E along the east line, a distance of 380.27 feet; thence S 89°36'00" W a distance of 50.00 feet to the True Point of Beginning; thence continuing S 89°36'00" W a distance of 193.00 feet; thence N 0°24'00" W a distance of 261.25 feet; thence S 70°11'00" E a distance of 205.67 feet to the west line of the east 50.00 feet of said SE1/4 of Section 20; thence S 0°24'00" E a distance of 190.18 feet to the True Point of Beginning; excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 10: this parcel is

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- located in the S1/2SE1/4 Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona; except the east 33.00 feet thereof. Parcel 11: This parcel is located in the SW1/4NE1/4; and the NW1/4SE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and west of the Meander line per BLM Plat 2546B; except any portion thereof lying within U.S.A. Lots 5 and 6 of said Section 20, as set forth on BLM Plat 2546B; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 12: this parcel is located in the SE1/4NE1/4SE1/4; and the E1/2SW1/4NE1/4SE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona. Parcel 13: this parcel is located in the E1/2 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River; except the W1/2W1/2SE1/4SW1/4SE1/4; except the E1/2E1/2SW1/4SW1/4SE1/4; except the SW1/4SW1/4NE1/4; except the W1/2SE1/4SW1/4NE1/4; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 14: this parcel is located in the SW1/4SW1/4NE1/4; and the W1/2SE1/4SW1/4NE1/4 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and protection levees and front work, excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 15: this parcel is located in the W1/2 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona; except the west 133.00 feet thereof; except any portion lying within the U.S. Levee or Channel right of way or any portion claimed by the U.S. for Levee purposes or related works; and except the SE1/4SE1/4SW1/4 of said Section 20. Parcel 16: this parcel is located in the SE1/4SE1/4SW1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona.
11. Clarence May and C.M.H. May Memorial Wildlife Area: Clarence May and C.M.H. May Memorial Wildlife Area: Clarence May and C.M.H. May Memorial Wildlife Area shall be the SE1/4 of Section 8 and N1/2NE1/4 of Section 17, T17S, R31E, and the W1/2SE1/4, S1/2NW1/4, and SW1/4 of Section 9, T17S, R31E, G&SRB&M, Cochise County, Arizona, consisting of approximately 560 acres.
 12. Cluff Ranch Wildlife Area: The Cluff Ranch Wildlife Area is that area within the fenced and posted portions of Sections 13, 14, 23, 24, and 26, T7S, R24E, G&SRB&M, Graham County, Arizona; consisting of approximately 788 acres.
 13. Colorado River Nature Center Wildlife Area: The Colorado River Nature Center Wildlife Area is Section 10 of T19N, R22W, bordered by the Fort Mojave Indian Reservation to the west, the Colorado River to the north, and residential areas of Bullhead City to the south and east, G&SRB&M, Mohave County, Arizona.
 14. Fool Hollow Lake Wildlife Area: The Fool Hollow Lake Wildlife Area shall be that area lying in those portions of the S1/2 of Section 7 and of the N1/2N1/2 of Section 18, T10N, R22E, G&SRB&M, described as follows: beginning at a point on the west line of the said Section 7, a distance of 990 feet south of the W1/4 corner thereof; thence S 86°12' E a distance of 2533.9 feet; thence S 41°02' E a distance of 634.7 feet; thence east a distance of 800 feet; thence south a distance of 837.5 feet, more or less to the south line of the said Section 7; thence S 89°53' W along the south line of Section 7 a distance of 660 feet; thence S 0°07' E a distance of 164.3 feet; thence N 89°32' W a distance of 804.2 feet; thence N 20°46' W a distance of 670 feet; thence S 88°12' W a distance of 400 feet; thence N 68°04' W a distance of 692 feet; thence S 2°50' W a distance of 581 feet; thence N 89°32' W a distance of 400 feet; thence N 12°40' W a distance of 370.1 feet, more or less, the north line of the SW1/4SW1/4SW1/4 of said Section 7; thence west a distance of 483.2 feet, more or less, along said line to the west line of Section 7; thence north to the point of beginning.
 15. House Rock Wildlife Area: House Rock Wildlife Area is that area described as follows: beginning at the common 1/4 corner of Sections 17 and 20, T36N, R4E; thence east along the south Section lines of Sections 17, 16, 15, 14, 13 T36N, R4E, and Section 18, T36N, R5E, to the intersection with the top of the southerly escarpment of Bedrock Canyon; thence southeasterly along the top of said escarpment to the top of the northerly escarpment of Fence Canyon; thence along the top of said north escarpment to its intersection with the top of the southerly escarpment of Fence Canyon; thence northeasterly along the top of said southerly escarpment to its intersection with the top of the escarpment of the Colorado River; thence southerly along top of said Colorado River escarpment to its intersection with Boundary Ridge in Section 29, T34N, R5E; thence westerly along Boundary Ridge to its intersection with the top of the escarpment at the head of Saddle Canyon; thence northerly along the top of the westerly escarpment to its intersection with a line beginning approximately at the intersection of the Cockscomb and the east fork of South Canyon extending southeast to a point approximately midway between Buck Farm Canyon and Saddle Canyon; thence northwest to the bottom of the east fork of South Canyon in the SW1/4SW1/4 of Section 16, T34N, R4E; thence northerly along the west side of the Cockscomb to the bottom of North Canyon in the SE1/4 of Section 12, T35N, R3E; thence northeasterly along the bottom of North Canyon to a point where the slope of the land becomes nearly flat; thence northerly along the westerly edge of House Rock Valley to the point of beginning; all in G&SRB&M, Coconino County, Arizona.
 16. Jacques Marsh Wildlife Area: The Jacques Marsh Wildlife Area is that area within the fenced and posted portions of the SE1/4, SW1/4SW1/4NE1/4, SE1/4NW1/4, SW1/4NW1/4, Section 11; and NE1/4NW1/4, NW1/4NE1/4, NE1/4NE1/4, Section 14; T9N, R22E, G&SRB&M, Navajo County, Arizona.
 17. Lamar Haines Wildlife Area: The Lamar Haines Wildlife Area is that area described as: T22N, R6E, Section 12 NW1/4, G&SRB&M, Coconino County, Arizona.
 18. Lower San Pedro River Wildlife Area: The Lower San Pedro River Wildlife Area shall be those areas described as follows:
For the Triangle Bar Ranch Property: Parcel 1: that portion of the SE1/4 of Section 22, T7S, R16E, G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at the southeast corner of Section 22, to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence N 00°38'57" W along the east line of the SE1/4 of

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Section 22 a distance of 2626.86 feet to a point being the E1/4 corner of Section 22 a 2.5" Aluminum Cap stamped PLS 35235; thence S 89°00'32" W along the north line of the SE1/4 of Section 22 a distance of 1060.80 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 12°30'55" E a distance of 673.56 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 36°31'44" E a distance of 491.55 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°00'32" W a distance of 689 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 00°31'09" W a distance of 400.00 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°00'32" W a distance of 1320.00 feet to a point on the west line of the SE1/4 of Section 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 00°31'09" E a distance of 1454.09 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°51'39" E a distance of 1387.86 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 53°14'11" E a distance of 322.56 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 01°05'49" W a distance of 321.71 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°51'39" E along said South line of Section 22 a distance of 1011.31 feet to the point of beginning; containing 110.65 acres, more or less. Parcel 2: that portion of Sections 23 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at the point on the south line of Section 23, which point is 720 feet east of the southwest corner of Section 23, said point being a 1/2" Iron Pin tagged PLS 35235; thence N 23°45'32" W a distance of 1833.68 feet (N 22°28'00" W a distance of 1834 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 on the west line of Section 23; thence S 00°38'57" E a distance of 1691.03 feet (south, record) to the southwest corner of Section 23 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence along the south line of Section 23 N 89°02'45" E a distance of 720.00 feet (east, a distance of 720.00 feet, recorded) to the point of beginning; containing 13.98 acres, more or less. Parcel 3: lots 2 and 3, and the NE1/4NW1/4, SE1/4NW1/4, and NE1/4SW1/4 of Sections 18 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: commencing at the northwest corner of Section 18, said point being a GLO B.C. stamped Sec 18 CC; thence S 89°47'17" E along the north line of Section 18, a distance of 1271.33 feet to a point being a 1/2" Iron Pin tagged PLS 35235, and being the point of beginning, said point is the northwest corner of the NE1/4NW1/4; thence S 89°47'17" E a distance of 1320.00 feet to a point being the N1/4 corner of Section 18, to a point being a found stone marked 1/4; thence S 01°35'23" E a distance of 4020.67 feet to a point being a found 1/2" Iron Pin with added tag of PLS 35235 to a point being the southeast corner or the NE1/4SW1/4 of Section 18; thence N 89°37'16" W a distance of 2610.28 feet to a point on the west line of Section 18 to a point being a 1/2" Iron Pin tagged PLS 35235, to a point being the southwest corner of Lot 3; thence N 01°17'05" W along the west line of Section 18, a distance of 1360.825 feet to a point being the W1/4 corner of Section 18, to a point being a found stone marked 1/4; thence N 01°20'34" W along the west line of Section 18 a distance of 1325.845 feet to a point being a 1/2" Iron Pin tagged PLS 35235, to a point being the northwest corner of Lot 2; thence S 89°32'47" E a distance of 1279.09 feet to a point being a found 1/2" Iron Pin with added tag of PLS 35235 approx-

imately 0.8 feet down from natural grade, to a point being the northeast corner of Lot 2; thence N 01°40'11" W along the west line of the NE1/4NW1/4 of Section 18, a distance of 1331.47 feet to a point on the north line of Section 18 and the point of beginning; containing 200.78 acres, more or less. Parcel 4: lots 3, 4, 5, 6, and 7 of Section 9, T7S, R16E, of G&SRB&M, Pinal County, Arizona more particularly described as follows: beginning at the S1/4 corner of said Section 9, to a point being a 1.5" Open Iron Pipe with added tag PLS 35235; thence N 00°00'03" E along the north-south midsection line a distance of 2641.16 feet (N 00°38'48" E a distance of 2641.20 feet, record) to the center section of Section 9 to a point being a 1/2" Iron Pin tagged PLS 35235; thence continuing N 00°00'03" E along the north-south midsection line, a distance of 1349.83 feet (N 00°38'48" E a distance of 1349.83 feet, record) to the northeast corner of Lot 5 to a point being a found 1/2" Iron Pin with added tag PLS 35235; thence S 89°09'38" W along the north line of Lot 5 a distance of 1346.80 feet (S 89°44'19" W a distance of 1347.21 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, and the northwest corner of Lot 5 and the southeast corner of Lot 3; thence N 00°58'35" E along the east line of Lot 3 a distance of 1357.74 feet (N 00°37'27" E a distance of 1357.74 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 and the northeast corner of Lot 3; thence N 89°24'33" W along the north line of Lot 3 a distance of 1323.90 feet (N 89°56'37" W a distance of 1323.945 feet, record) to the northwest corner of Section 9 to a point being a found Drill Steel with added tag PLS 35235; thence S 01°56'29" W along the west line of Section 9 a distance of 712.90 feet to a point on the west boundary line of Old Camp Grant and to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 23°03'26" E along said west boundary line of Old Camp Grant, a distance of 5011.05 feet to a point on the south line of Section 9 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 89°13'21" E along the south line of Section 9 a distance of 709.50 feet (N 89°51'39" E a distance of 709.50 feet, record) to the point of beginning; containing 181.71 acres, more or less. Together with those parts of Sections 15 and 22, T7S, R16E, of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point being a 1/2" Iron Pin tagged PLS 35235, N 89°00'32" E along the south line of the NE1/4 of Section 22, a distance of 2251.00 feet (east a distance of 2251 feet, record) of the center section corner of Section 22; thence N 47°16'51" W a distance of 1275.05 feet (N 46°47'00" W a distance of 1275.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 79°57'00" W a distance of 1344.00 feet (N 7°27'00" W a distance of 1344.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 65°05'02" W a distance of 399.00 feet (N 59°46'00" W a distance of 399.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 17°49'24" W a distance of 1382.47 feet (N 17°34'00" W a distance of 1385.00 feet, record) to a point on the Section line between Sections 15 and 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 21°43'45" W a distance of 1408.97 feet (N 20°49'00" W a distance of 1412.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 and the Center corner of the SW1/4 of Section 15; thence S 01°06'32" W along the west line of the SE1/4SW1/4 of Section 15, a distance of 1317.07 feet (south, record) to a point on the south line of Section 15

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and the southwest corner of the SE1/4SW1/4 of Section 15 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 00°27'15" E along the west line of the E1/2NW1/4 of Section 22, a distance of 2637.50 feet (south, record) to a point on the south line of the NW1/4 of Section 22 and the southwest corner of the E1/2NW1/4 of Section 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 89°00'56" E along said south line of the NW1/4 of Section 22 a distance of 1320.895 feet (east, record) to the center section corner of Section 22 to a point being a found 2.5" Aluminum Cap stamped C1/4 PLS 35235; thence N 89°00'32" E along the south line of the NE1/4 of Section 22 a distance of 2251.00 feet (east, record) to the point of beginning; containing 110.28 acres, more or less. Parcel 5: those parts of Sections 26 and 35 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point N 89°31'56" E a distance of 571.74 feet (record 572 a distance of feet east) of the center section of Section 35 said point being a 1/2" Iron Pin tagged PE 9626; thence N 16°07'19" W a distance of 1369.92 feet (N 15°44'00" W a distance of 1371 feet, record) to a point being a Power Pole tagged PLS 35235; thence N 46°55'33" W a distance of 279.77 feet (N 45°00'00" W a distance of 283.00 feet, record) to the center of a 6" hollow iron fence post filled with concrete approximately 6 feet tall, tagged PLS 35235; thence N 79°45'23" W a distance of 500.00 feet (N 80°00'00" W a distance of 500.00 feet, record) to the center of a 6" hollow iron fence post filled with concrete approximately 6 feet tall, tagged PLS 35235; thence N 21°10'05" W a distance of 1104.18 feet (N 20°38'00" W a distance of 1104.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being a distance of 3.55 feet south of the north line of Section 35; thence N 07°46'25" E a distance of 1334.00 feet (N 08°08'00" E a distance of 1334.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°37'04" W a distance of 630.00 feet (west, a distance of 630.00 feet, record) to a point being a found 1/2" Iron Pin with added tag PLS 35235; thence N 01°11'34" W a distance of 1314.34 feet (north a distance of 1320.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being on the north line of the SW1/4; thence along the north line of the SW1/4 N 89°18'34" E a distance of 282.00 feet (east a distance of 282.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being S 89°18'34" W a distance of 992.74 from the center section corner of Section 26; thence N 13°48'15" W a distance of 1351.04 feet (N 13°40'00" W a distance of 1358.00 feet, record) to a point on the north line of the SE1/4NW1/4 of Section 26 to a point being a 1/2" Iron Pin tagged PLS 35235, said point being N 89°10'39" E a distance of 26.52 feet from the northwest corner of the SE1/4NW1/4 of Section 26; thence N 26°31'53" W a distance of 1458.00 feet (N 23°43'00" W a distance of 1442.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, that is on the north line of Section 26 said point being N 89°02'45" E along the north line of Section 26, a distance of 720.00 feet from the northwest corner of Section 26; thence N 23°45'32" W a distance of 1833.68 feet (N 22°28'00" W a distance of 1834.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being on the west line of Section 23; thence S 00°38'57" E along the west line of Section 23, a distance of 1690.37 feet (south, record) to the southwest corner of Section 23 and north-

west corner of Section 26 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence continuing S 01°16'16" E along the west line of Section 26 a distance of 2625.56 feet (south a distance of 2640.00 feet, record) to the W1/4 corner of Section 26 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence S 01°16'16" E along the west line of Section 26, a distance of 2625.56 feet (south a distance of 2640.00 feet, record) to the southwest corner of Section 26 and northwest corner of Section 35 to a point being a 2.25" Capped Iron Pipe stamped with added tag PLS 35235; thence S 00°45'30" E along the west line of Section 35, a distance of 1317.94 feet (south a distance of 1320.00 feet, record) to a point being a 2.5" Capped Iron Pipe stamped with added tag PLS 35235, said point being the southwest corner of the N1/2NW1/4 of Section 35; thence N 89°41'45" E along the south line of the N1/2NW1/4 of Section 35, a distance of 2630.87 feet (east a distance of 2644.00 feet, record) to a point being an Oblong Iron Pin with added tag PLS 35235 said point being the southeast corner of the N1/2NW1/4 of Section 35; thence S 01°11'23" E a distance of 1319.08 (south a distance of 1320.00 feet, record) to a point being an Oblong Iron Pin, with added tag PLS 35235, said point being the center section corner of Section 35; thence N 89°31'56" E along the south line of the NE1/4 of Section 35 a distance of 571.74 feet (east a distance of 572.00 feet, record) to the point of beginning; excepting therefrom any portion of said lands lying and within Section 23, T7S, R16E, G&SRB&M; CONTAINING containing 249.46 acres, more or less. Parcel 6: that portion of Section 1, T8S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point N 88°25'39" E a distance of 507.07 feet (east a distance of 510 feet record) of the southwest corner of the SE1/4SW1/4 of Section 1 said point being a 1/2" Iron Pin tagged RLS 10046; thence N 18°38'44" E a distance of 1399.18 feet (record N 19°41' E a distance of 1402 feet) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 03°51'10" W a distance of 1314.74 feet (record N 02°44' W a distance of 1321 feet) to a point being a 1/2" Iron Pin tagged RLS 10046; thence S 88°45'59" W a distance of 918.71 feet (record west, a distance of 919 feet) to a point being a 1/2" Iron Pin tagged RLS 10046; thence N 01°02'04" W a distance of 977.00 feet (record north a distance of 977 feet) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 72°26'42" W a distance of 1384.43 feet (record N 71°22' W a distance of 1393 feet) to a point on the west line of Section 1 to a point being a 1/2" Iron Pin PLS 35235; thence S 01°07'43" E along the west line of Section 1, a distance of 1422.00 feet (record south a distance of 1412 feet) to the W1/4 corner of Section 1, said point being a 2.5" Aluminum Cap stamped PLS 35235; thence continuing S 01°07'43" E along the west line of Section 1, a distance of 1320.00 feet (record south a distance of 1320 feet) to the southwest corner of the NW1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°37'29" E a distance of 1311.56 feet (record east to the southwest corner of the NE1/4SW1/4) to the southwest corner of the NE1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 01°05'24" E a distance of 1316.31 feet (record, south a distance of 1320 feet) to the southwest corner of the SE1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°25'39" E a distance of 507.07 feet (record, east a distance of 510 feet) to the point of beginning; con-

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taining 126.84 acres, more or less. For the ASARCO Property: Parcel 1: Section 15: the W1/2SE1/4 and E1/2SW1/4 of Section 15, T7S, R16E of G&SRB&M, Pinal County, Arizona; except that portion of land situated in Government Lot 9 lying west of the center line of the San Pedro River, said portion being APN 300-35-002. Section 22: That portion of the NE1/4NW1/4 and the NE1/4 of Section 22 T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Section 23: that portion of the SW1/4 of Section 23, T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Section 26: that portion of the N1/2NW1/4 of Section 26, T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Parcel 2: Section 15: Government Lots 1, 2, 3, 4, 5, 6, and 7 of Section 15, T7S, R16E of G&SRB&M, Pinal County, Arizona. Parcel 3: Section 4: Government Lots 5, 8, 9, 11, 12, and 13 of Section 4 except that portion of land situated in Government Lot 13 lying east of State Highway 77 right-of-way, said portion of land being APN 300-31-005B. Section 5: Government Lots 2, 3, 4 and 5, except that portion of land situated in Government Lot 2, more particularly described as follows: beginning at the northeast corner of said Lot 2; thence along the east boundary of said Lot 2 due south 599.94 feet; thence leaving said east boundary due west 283.27 feet to the County Rd. right-of-way (El Camino Rd.); thence along said County Rd. right-of-way N 04°18'56" E a distance of 95.16 feet; thence continuing along said County Rd. right-of-way N 16°30'21" E a distance of 384.05 feet; thence continuing along said County Rd. right-of-way N 14°33'05" E a distance of 141.35 feet to the north boundary of said County Rd. right-of-way due east a distance of 131.48 feet along the north boundary of Government Lot 1 to the point of beginning.

19. Luna Lake Wildlife Area: The Luna Lake Wildlife Area shall be the fenced, buoyed, and posted area lying north of U.S. Highway 180 T5N, R31E, Section 17 N1/2, G&SRB&M, Apache County, Arizona.
20. Mittry Lake Wildlife Area: The Mittry Lake Wildlife Area shall be those areas described as follows: T6S, R21W, Section 31: All of Lots 1, 2, 3, 4, E1/2W1/2, and that portion of E1/2 lying westerly of Gila Gravity Main Canal Right-of-Way; T7S, R21W; Section 5: that portion of SW1/4SW1/4 lying westerly of Gila Gravity Main Canal Right-of-Way; Section 6: all of Lots 2, 3, 4, 5, 6, 7 and that portion of Lot 1, S1/2NE1/4, SE1/4 lying westerly of Gila Gravity Main Canal R/W; Section 7: all of Lots 1, 2, 3, 4, E1/2W1/2, W1/2E1/2, and that portion of E1/2E1/2 lying westerly of Gila Gravity Main Canal R/W; Section 8: that portion of W1/2W1/2 lying westerly of Gila Gravity Main Canal R/W; Section 18: all of Lots 1, 2, 3, 4, E1/2NW1/4, and that portion of NE1/4, E1/2SW1/4, NW1/4SE1/4 lying westerly of Gila Gravity Main Canal R/W; T6S, R22W; Section 36: all of Lot 1. T7S, R22W; Section 1: all of Lot 1; Section 12: all of Lots 1, 2, SE1/4SE1/4; Section 13: all of Lots 1, 2, 3, 4, 5, 6, 7, 8, NE1/4, N1/2SE1/4, and that portion of S1/2SE1/4 lying northerly of Gila Gravity Main Canal R/W; all in G&SRB&M, Yuma County, Arizona.
21. Planet Ranch Conservation and Wildlife Area: The Planet Ranch Wildlife Area shall be those areas described as follows: Mohave County (Parcels 1 through 5) Parcel No. 1: the S1/2S1/2 of Section 28, T11N, R16W of the G&SRB&M, Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone,

metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. Parcel No. 2: all of sections 32 and 34 T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. Parcel No. 3: the S1/2S1/2 of Section 27, T11N, R16W of the G&SRB&M, Mohave County, Arizona; except oil, gas, coal, and minerals as reserved in deed recorded in Book 64 of Deeds, Page 599, records of Mohave County, Arizona. Parcel No. 4: all of Section 33 and 35, T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except oil, gas, coal, and minerals as reserved in deed recorded in Book 64 of Deeds, Page 599, records of Mohave County, Arizona. Parcel No. 5: the S1/2S1/2N1/2 and the S1/2 of Section 36, T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. La Paz County (Parcels 6 through 9) Parcel No. 6: that portion of the S1/2 of Lot 2, all of Lots 3, and 4, the S1/2SE1/4NW1/4 and the S1/2S1/2NE1/4 of Section 31, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except all oil, gas, coal, and minerals as set forth in instrument recorded in Book 57, of Dockets, Page 310. Parcel No. 7: all of Section 32, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except any part of Section 32 lying within the Copper Hill Mining Claim as shown on the Plat of Mineral Survey Number 2675; except that portion of the SW1/4 of Section 32, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona, described as follows: commencing at the S1/4 corner of Section 32; thence west along the south line of Section 32, a distance of 1270.58 feet to the point of beginning; thence north 634.31 feet; thence S 76°41'15" W a distance of 94.09 feet to the southeasterly line of the Planet Ranch Road; thence along said line S 28°55' W a distance of 101.23 feet; thence southwesterly 250.25 feet through an angle of 54°22', along a tangent curve concave to the northwest, having a radius of 263.73 feet to a point of tangency, from which a radial line bears N 07°05' W; thence along said line S 82°55' W a distance of 96.52 feet; thence westerly 184.42 feet through an angle of 17°40'14" along a tangent curve concave to the north, having a radius of 597.96 feet to a point of tangency from which a radial line bears N 10°35'14" E; thence N 79°24'46" W a distance of 260.38 feet; thence leaving the southwesterly line of said Planet Ranch Road, south a distance of 429.61 feet to the south line of said Section 32; thence south along said south line east a distance of 874.42 feet more or less back to the point of beginning; and except that portion of the SW1/4 of Section 32, T11N, R16W of the G&SRB&M, La Paz County, Arizona, described as follows: beginning at the S1/4 corner of Section 32; thence west along the south line of Section 32, a distance of 1270.58 feet; thence north a distance of 634.31 feet; thence S 76°41'15" W a distance of 214.08 feet; thence N 13°18'45" W a distance of 25 feet; thence N 76°41'15" E a distance of 220 feet; thence east a dis-

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- tance of 1270.58 feet; thence south a distance of 660 feet back to the point of beginning. Parcel No. 8: those portions of Sections 33, 34, and 35, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except an undivided 1/16 of all oil, gases, and other hydrocarbon substances, coal or stone, metals, minerals, fossils and fertilizer of every name and description, together with all uranium, thorium, or any other material which is or may be determined by the laws of the production of fissionable materials, whether or not of commercial value, as reserved by the State of Arizona in Section 37-231, Arizona Revised Statutes, and in patent of record (Section 34); also except all oil, gas, coal, and minerals as set forth in instrument recorded in Book 57 of Dockets, Page 310 (Section 33 and 35). Parcel No. 9: the S1/2S1/2N1/2 and the S1/2 of Section 36, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except an undivided 1/16 of all oil, gases, and other hydrocarbon substances, coal or stone, metals, minerals, fossils and fertilizer of every name and description, together with all uranium, thorium, or any other material which is or may be determined by the laws of the production of fissionable materials, whether or not of commercial value, as reserved by the State of Arizona in Section 37-231, Arizona Revised Statutes, and in patent of record.
22. Powers Butte (Mumme Farm) Wildlife Area: The Powers Butte Wildlife Area shall be that area described as follows:
T1S, R5W, Section 25, N1/2SW1/4, SW1/4SW1/4; Section 26, S1/2; Section 27, E1/2SE1/4; Section 34. T2S, R5W Section 3, E1/2W1/2, W1/2SE1/4, NE1/4SE1/4, NE1/4; Section 10, NW1/4, NW1/4NE1/4; Section 15, SE1/4SW1/4; Section 22, E1/2NW1/4, NW1/4NW1/4; all in G&SRB&M, Maricopa County, Arizona.
 23. Quigley-Achee Wildlife Area: The Quigley-Achee Wildlife Area shall be those areas described as follows:
T8S, R17W; Section 13, W1/2SE1/4, SW1/4NE1/4, and a portion of land in the W1/2 of Section 13, more particularly described as follows: beginning at the S1/4 corner; thence S 89°17'09" W along the south line of said Section 13 a distance of 2627.50 feet to the southwest corner of said Section 13; thence N 41°49'46" E a distance of 3026.74 feet; thence N 0°13'30" W a distance of 1730.00 feet to a point on the north 1/16th line of said Section 13; thence N 89°17'36" E along said north 1/16th line a distance of 600.00 feet to the center of said Section 13; thence S 0°13'30" E. along the north-south midsection line a distance of 3959.99 feet to the point of beginning. Section 23, SE1/4NE1/4, and a portion of land in the NE1/4NE1/4 of Section 23, more particularly described as follows: beginning at the northeast corner; thence S 0°10'19" E along the east line of said Section 23, a distance of 1326.74 feet to a point on the south line of the NE1/4NE1/4 of said Section 23; thence S 89°29'58" W along said south line, a distance of 1309.64 feet; thence N 44°17'39" E a distance of 1869.58 feet to the point of beginning. Section 24, NW1/4, N1/2SW1/4, W1/2NE1/4; all in G&SRB&M, Yuma County, Arizona.
 24. Raymond Wildlife Area: The Raymond Wildlife Area is that area described as follows: All of Sections 24, 25, 26, 34, 35, 36, and the portions of Sections 27, 28, and 33 lying east of the following described line: beginning at the W1/4 corner of Section 33; thence northeasterly through the 1/4 corner common to Sections 28 and 33, 1/4 corner common to Sections 27 and 28 to the N1/4 corner of Section 27 all in T19N, R11E. All of Sections 15, 16, 17, 19, 20, 21, 22, 27, 28, 29, 30, 31, 32, 33, and 34 all in T19N, R12E.; all in G&SRB&M, Coconino County, Arizona.
 25. Robbins Butte Wildlife Area: The Robbins Butte Wildlife Area shall be those areas described as follows:
T1S, R3W, Section 17, S1/2NE1/4, SE1/4, NW1/4SW1/4; Section 18, Lots 3, 4, and E1/2SW1/4, S1/2NE1/4, W1/2SE1/4, NE1/4SE1/4. T1S, R4W, Section 13, all except that portion of W1/2SW1/4SW1/4 lying west of State Route 85; Section 14, all except the W1/2NW1/4 and that portion of the SW1/4 lying north of the Arlington Canal; Section 19, S1/2SE1/4; Section 20, S1/2S1/2, NE1/4SE1/4; Section 21, S1/2, S1/2NE1/4, SE1/4NW1/4; Section 22, all except for NW1/4NW1/4; Section 23; Section 24, that portion of SW1/4, W1/2SW1/4NW1/4 lying west of State Route 85; Section 25, that portion of the NW1/4NW1/4 lying west of State Route 85; Section 26, NW1/4, W1/2NE1/4, NE1/4NE1/4; Section 27, N1/2, SW1/4; Section 28; Section 29, N1/2N1/2, SE1/4NE1/4; Section 30, Lots 5, 6, 7, 8, NE1/4, SE1/4SE1/4; all in G&SRB&M, Maricopa County, Arizona.
 26. Roosevelt Lake Wildlife Area: The Roosevelt Lake Wildlife Area is that area described as follows: beginning at the junction of A-Cross Rd. and Arizona Highway 188; south on Arizona Highway 188 to the main entrance of Roosevelt Lake Marina; northeast on this road towards the main marina launch; northeast across Roosevelt Lake to the south tip of Bass Point; northerly to Long Gulch Rd.; northeast on this road to the A-Cross Rd.; northwest on the A-Cross Rd. to the point of beginning; all in G&SRB&M, Gila County, Arizona.
 27. Santa Rita Wildlife Area: The Santa Rita Experimental Range is that area described as follows: Concurrent with the Santa Rita Experimental Range boundary and includes the posted portion of the following sections: Sections 33 through 36, T17S, R14E, Section 25, Section 35 and Section 36, T18S, R13E, Sections 1 through 4, Sections 9 through 16, and Sections 21 through 36, T18S, R14E, Sections 3 through 9, Sections 16 through 21, Sections 26 through 34, T18S, R15E, Sections 1 through 6, Sections 9 through 16, Section 23, T19S, R14E, Sections 3 through 10, Sections 16 through 18, T19S, R15E; all in G&SRB&M, Pima County, Arizona, and all being coincidental with the Santa Rita Experimental Range Area.
 28. Sipe White Mountain Wildlife Area: The Sipe White Mountain Wildlife Area shall be those areas described as follows:
T7N, R29E, Section 1, SE1/4, SE1/4NE1/4, S1/2NE1/4NE1/4, SE1/4SW1/4NE1/4, NE1/4SE1/4SW1/4, and the SE1/4NE1/4SW1/4. T7N, R30E, Section 5, W1/2W1/2SE1/4SW1/4, and the SW1/4SW1/4; Section 6, Lots 1, 2, 3, 7, and 8, SW1/4NW1/4NW1/4, S1/2NW1/4NE1/4SE1/4, N1/2SE1/4SE1/4, E1/2SE1/4SE1/4SE1/4, SW1/4SE1/4 and the SE1/4SW1/4; Section 7, Parcel 10: Lots 1 and 2, E1/2NW1/4, E1/2E1/2NE1/4NE1/4, W1/2SW1/4NE1/4, NW1/4SE1/4, W1/2NE1/4SE1/4, NE1/4SW1/4, E1/2NW1/4SW1/4, and the NW1/4NE1/4; Section 8, NW1/4NW1/4, and the W1/2W1/2NE1/4NW1/4. T8N, R30E; Section 31, SE1/4NE1/4, SE1/4, and the SE1/4SW1/4; all in G&SRB&M, Apache County, Arizona.
 29. Springerville Marsh Wildlife Area: The Springerville Marsh Wildlife Area shall be those areas described as follows: S1/2 SE1/4 Section 27 and N1/2 NE1/4 Section 34, T9N, R29E, G&SRB&M, Apache County, Arizona.
 30. Sunflower Flat Wildlife Area: The Sunflower Flat Wildlife Area shall be those areas described as follows:

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- T20N, R3E; Section 11, NE1/4SE1/4, N1/2NW1/4SE1/4, SE1/4NW1/4SE1/4, NE1/4SE1/4SE1/4, W1/2SE1/4NE1/4, S1/2SE1/4SE1/4NE1/4, E1/2SW1/4NE1/4; Section 12, NW1/4SW1/4SW1/4, NW1/4NE1/4SW1/4SW1/4, SW1/4NW1/4SW1/4, S1/2NW1/4NW1/4SW1/4, W1/2SE1/4NW1/4SW1/4, SW1/4NE1/4NW1/4 SW1/4; all in the G&SRB&M, Coconino County, Arizona.
31. Three Bar Wildlife Area: The Three Bar Wildlife Area shall be that area described as follows: beginning at Roosevelt Dam, northwesterly on 188 to milepost 252 (Bumble Bee Wash); westerly along the boundary fence for approximately 7 1/2 miles to the boundary of Gila and Maricopa counties; southerly along this boundary through Four Peaks to a fence line south of Buckhorn Mountain; southerly along the barbed wire drift fence at Ash Creek to Apache Lake; northeasterly along Apache Lake to Roosevelt Dam.
 32. Tucson Mountain Wildlife Area: The Tucson Mountain Wildlife Area shall be that area described as follows: beginning at the northwest corner of Section 33; T13S, R11E on the Saguaro National Monument boundary; due south approximately one mile to the El Paso Natural Gas Pipeline; southeast along this pipeline to Sandario Rd.; south on Sandario Rd. approximately two miles to the southwest corner of Section 15; T14S, R11E, east along the section line to the El Paso Natural Gas Pipeline; southeast along this pipeline to its junction with State Route 86, also known as the Ajo Highway; easterly along this highway to the Tucson city limits; north along the city limits to Silverbell Rd.; northwest along this road to Twin Peaks Rd.; west along this road to Sandario Rd.; south along this road to the Saguaro National Monument boundary; west and south along the monument boundary to the point of beginning, all in G&SRB&M, Pima County, Arizona.
 33. Upper Verde River Wildlife Area: The Upper Verde River Wildlife Area consists of eight parcels totaling 1102.54 acres located eight miles north of Chino Valley in Yavapai County, Arizona, along the upper Verde River and lower Granite Creek described as follows:
Sullivan Lake: located immediately downstream of Sullivan Lake, the headwaters of the Verde River: the NE1/4NE1/4 lying east of the California, Arizona, and Santa Fe Railway Company right-of-way in Section 15, T17N, R2W; and also the NW1/4NE1/4 of Section 15 consisting of approximately 80 acres. Granite Creek Parcel: includes one mile of Granite Creek to its confluence with the Verde River: The SE1/4SE1/4 of Section 11; the NW1/4SW1/4 and SW1/4NW1/4 of Section 13; the E1/2NE1/4 of Section 14; all in T17N, R1W consisting of approximately 239 acres. E1/2SW1/4SW1/4, SE1/4SW1/4, NE1/4SW1/4 and NW1/4SE1/4 of Section 12, NW1/4NW1/4 of Section 13, T17N, R2W consisting of approximately 182.26 acres. Campbell Place Parcel: NE1/4NW1/4, NW1/4NE1/4, NE1/4NE1/4, SE1/4NW1/4, SW1/4NE1/4, SE1/4NE1/4, NE1/4SW1/4, NW1/4SE1/4, NE1/4SE1/4, NW1/4SW1/4, NE1/4SW1/4, and NW1/4SE1/4 in Section 7, T17N, R1W and SE1/4SE1/4 Section 12, T17N, R2W consisting of 315 acres. Tract 39 Parcel: the E1/2 of Tract 39 within the Prescott National Forest boundary, SE1/2SW1/4 and SW1/4SE1/4 of Section 5, T18N, R1W; and the W1/2 of Tract 39 outside the Forest boundary, SW1/4SW1/4, and SW1/4SW1/4 of Section 5 and NW1/4NW1/4 of Section 8, T18N, R1W consisting of approximately 163 acres. Wells Parcels: Parcel 1 and Parcel 2: all that portion of Government Lots 9 and 10, Section 7, along with Lot 3 and the SW1/4NW1/4, Section 8, located in T17N, R1W, of G&SRB&M, Yavapai County, Arizona, also known as APN 306-39-004L and 306-39-004M. Parcel 3 and Parcel 4: all that portion of the NE1/4SW1/4, NW1/4SE1/4, SW1/4SW1/4, and E1/2SW1/4SW1/4 of Section 12 and the NW1/4NW1/4 of Section 13, T17N, R2W, of G&SRB&M, Yavapai County, Arizona.
 34. Wenima Wildlife Area: The Wenima Wildlife Area shall be those areas described as follows:
T9N, R29E; Section 5, SE1/4 SW1/4, and SW1/4 SE1/4 except E1/2 E1/2 SW1/4 SE1/4, Section 8, NE1/4 NW1/4, and NW1/4 NE1/4; Sections 8, 17 and 18, within the following boundary: From the 1/4 corner of Sections 17 and 18, the True Point of Beginning; thence N 00°12'56" E a distance of 1302.64 feet along the Section line between Sections 17 and 18 to the N1/16 corner; thence N 89°24'24" W a distance of 1331.22 feet to the NE1/16 corner of Section 18; thence N 00°18'02" E a distance of 1310.57 feet to the E1/16 corner of Sections 7 and 18; thence S 89°03'51" E a distance of 1329.25 feet to the northeast Section corner of said Section 18; thence N 01°49'10" E a distance of 1520.28 feet to a point on the Section line between Sections 7 and 8; thence N 38°21'18" E a distance of 370.87 feet; thence N 22°04'51" E a distance of 590.96 feet; thence N 57°24'55" E a distance of 468.86 feet to a point on the east-west midsection line of said Section 8; thence N 89°38'03" E a distance of 525.43 feet along said midsection line to the center W1/16 corner; thence S 02°01'25" W a distance of 55.04 feet; thence S 87°27'17" E a distance of 231.65 feet; thence S 70°21'28" E a distance of 81.59 feet; thence N 89°28'36" E a distance of 111.27 feet; thence N 37°32'54" E a distance of 310.00 feet; thence N 43°58'37" W a distance of 550.00 feet; thence N 27°25'53" W a distance of 416.98 feet to the NS1/16 line of said Section 8; thence N 02°01'25" E a distance of 380.04 feet along said 1/16 line to the NW1/16 corner of said Section 8; thence N 89°45'28" E a distance of 1315.07 feet along the east-west middle 1/16 line; thence S 45°14'41" E a distance of 67.69 feet; thence S 49°28'18" E a distance of 1099.72 feet; thence S 08°04'43" W a distance of 810.00 feet; thence S 58°54'47" W a distance of 341.78 feet; thence S 50°14'53" W a distance of 680.93 feet to a point in the center of that cul-de-sac at the end of Jeremy's Point Rd.; thence N 80°02'20" W a distance of 724.76 feet, said point lying N 42°15'10" W a distance of 220.12 feet from the northwest corner of Lot 72; thence N 34°19'23" E a distance of 80.64 feet; thence N 15°54'25" E a distance of 51.54 feet; thence N 29°09'53" E a distance of 45.37 feet; thence N 40°09'33" E a distance of 69.21 feet; thence N 25°48'58" E a distance of 43.28 feet; thence N 13°24'51" E a distance of 63.12 feet; thence N 16°03'10" W a distance of 30.98 feet; thence N 57°55'25" W a distance of 35.50 feet; thence N 80°47'38" W a distance of 48.08 feet; thence S 87°28'53" W a distance of 82.84 feet; thence S 72°07'06" W a distance of 131.85 feet; thence S 43°32'45" W a distance of 118.71 feet; thence S 02°37'48" E a distance of 59.34 feet; thence S 23°03'29" E a distance of 57.28 feet; thence S 28°30'39" E a distance of 54.75 feet; thence S 36°39'47" E a distance of 105.08 feet; thence S 24°55'07" West a distance of 394.78 feet; thence S 61°32'16" W a distance of 642.77 feet to the northwest corner of Lot 23; thence N 04°35'23" W a distance of 90.62 feet; thence S 85°24'37" W a distance of 26.00 feet; thence N 64°21'36" W a distance of 120.76

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feet; thence S 61°07'57" W a distance of 44.52 feet; thence S 39°55'58" W a distance of 80.59 feet; thence S 11°33'07" W a distance of 47.21 feet; thence S 19°53'19" E a distance of 27.06 feet; thence S 54°26'36" E a distance of 62.82 feet; thence S 24°56'25" W a distance of 23.92 feet; thence S 48°10'38" W a distance of 542.79 feet; thence S 17°13'48" W a distance of 427.83 feet to the northwest corner of Lot 130; thence S 29°10'58" W a distance of 104.45 feet to the southwest corner of Lot 130; thence southwesterly along a curve having a radius of 931.52 feet, and arc length of 417.52 feet to the southwest corner of Lot 134; thence S 15°04'25" W a distance of 91.10 feet; thence S 04°29'15" W a distance of 109.17 feet; thence S 01°41'24" W a distance of 60.45 feet; thence S 29°16'05" W a distance of 187.12 feet; thence S 14°44'00" W a distance of 252.94 feet; thence S 15°42'24" E a distance of 290.09 feet; thence S 89°13'25" E a distance of 162.59 feet; thence S 37°19'54" E a distance of 123.03 feet to the southeast corner of Lot 169; thence S 20°36'30" E a distance of 706.78 feet to the northwest corner of Lot 189; thence S 04°07'31" W a distance of 147.32 feet; thence S 29°11'19" E a distance of 445.64 feet; thence S 00°31'40" E a distance of 169.24 feet to the east-west midsection line of Section 17 and the southwest corner of Lot 194; thence S 89°28'20" W a distance of 891.84 feet along said east-west midsection line to the True Point of Beginning; all in G&SRB&M, Apache County, Arizona.

35. White Mountain Grasslands Wildlife Area: The White Mountain Grasslands Wildlife Area shall be those areas described as follows:

Parcel 1 (CL1): the S1/2 of Section 24; the N1/2NW1/4 of Section 25; the NE1/4 and N1/2SE1/4 of Section 26; all in T9N, R27E of G&SRB&M, Apache County, Arizona; except all coal and other minerals as reserved to the U.S. in the Patent of said land. Parcel 2 (CL2): the SE1/4 and the SE1/4SW1/4 of Section 31, T9N, R28E of G&SRB&M, Apache County, Arizona. Parcel 3 (CL3): the NW1/4SW1/4 of Section 28; and the SW1/4S1/2SE1/4 and NE1/4SE1/4 of T9N, R28E of G&SRB&M, Apache County, Arizona. Parcel 4 (CL4): the SW1/4SW1/4 of Section 5; the SE1/4SE1/4 of Section 6; the NE1/4NE1/4 of Section 7; the NW1/4NW1/4, E1/2SW1/4NW1/4, W1/2NE1/4, SE1/4NW1/4, and that portion of the S1/2 which lies North of Highway 260, except the W1/2SW1/4 of Section 8; all in T8N, R28E of G&SRB&M, Apache County, Arizona. Parcel 1 (O1): the S1/2N1/2 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona; except that Parcel of land lying within the S1/2NE1/4 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona, more particularly described as follows: From the N1/16 corner of Sections 10 and 11, monumented with a 5/8-inch rebar with a cap marked LS 13014, said point being the True Point of Beginning; thence N 89°44'54" W a distance of 1874.70 feet along the east-west 1/16 line to a point monumented with a 1/2-inch rebar with a tag marked LS 13014; thence S 02°26'17" W a distance of 932.00 feet to a point monumented with a 1/2-inch rebar with a tag marked LS 13014; thence S 89°44'54" E a distance of 1873.69 feet to a point monumented with a 1/2-inch rebar with a tag marked LS 13014, said point being on the east line of Section 10; thence N 02°30'00" E a distance of 932.00 feet along said Section line to the True Point of Beginning. Parcel 2 (O2): the N1/2S1/2 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona. Except

for that portion lying South of State Highway 260. Parcel 3 (O3): the SE1/4 of Section 25, T9N, R27E, of G&SRB&M, Apache County, Arizona. Parcel 4 (O4): lots 3 and 4; the E1/2SW1/4; W1/2SE1/4; and NE1/4SE1/4 of Section 30, T9N, R28E, of G&SRB&M, Apache County, Arizona. Parcel 5 (O5): lots 1, 2 and 3; the S1/2NE1/4; NW1/4NE1/4; E1/2NW1/4; and NE1/4SW1/4 of Section 31, T9N, R28E, of G&SRB&M, Apache County, Arizona. Parcel 6 (O6): beginning at the northwest corner of the SE1/4 of Section 27, T9N, R28E, of G&SRB&M, Apache County, Arizona; thence east a distance of 1320.00 feet; thence south a distance of 925.00 feet; thence west a distance of 320.00 feet to the center of a stock watering tub; thence N 83° W a distance of 1000.00 feet; thence north a distance of 740.00 feet to the point of beginning. State Land Special Use Permit: SE1/4SW1/4 of Section 5; E1/2NE1/4 of Section 08; NE1/4NW1/4 of Section 8; M&B in N1/2NW1/4 north of Hwy 260 of Section 17, all in T8N, R28E of the G&SRB&M, Apache County, Arizona. S1/2NW1/4 and SW1/4 of Section 26; all of Section 36, all in T9N, R27E of the G&SRB&M, Apache County, Arizona. SE1/4 lying easterly of Carnero Creek in Section 18; Lots 3 and 4, E1/2SW1/4, SE1/4, NE1/4, and SE1/4NW1/4, lying southeasterly of Carnero Creek in Section 19; NW1/4SE1/4 of Section 29, Lots 1 and 2 and NE1/4 and E1/2NW1/4 and SE1/4SE1/4 of Section 30; and Lot 4, and the NE1/4NE1/4 of Section 31; all in T9N, R28E of the G&SRB&M, Apache County, Arizona. State Grazing Lease: Legal Description of the White Mountain Grassland State Land Grazing Lease. Lots 1 thru 4, and S1/2N1/2, SW1/4, N1/2N1/2SE1/4, S SW1/4NW1/4SE1/4, and W1/2SW1/4SE1/4 of Section 3; Lots 1 thru 4, and the S1/2N1/2 and S1/2 of Section 4; SE1/4SW1/4 of Section 5; E1/2NE1/4, NE1/4NW1/4 of Section 8; SE1/4NE1/4 and N1/2N1/2 of Section 9; S1/2NE1/4NE1/4, SE1/4NW1/4NE1/4, W1/2NW1/4NE1/4, N1/2NW1/4, all in Section 10; NE1/4NW1/4 lying north of the centerline of State Highway 260, in Section 17, T8N, R28E of the G&SRB&M, Apache County; NE1/4, S1/2NW1/4, and the SW1/4 of Section 25, and all of Section 36; in T9N, R27E of the G&SRB&M, Apache County; a portion of the SE1/4 of Section 18 lying southeasterly of Carnero Creek, Lots 3 and 4, E1/2SW1/4, SE1/4, NE1/4, and SE1/4NW1/4 lying southeast of Carnero Creek in Section 19; all of Section 20 and Section 21; SW1/4NE1/4, S1/2NW1/4, and M&B in N1/2SW1/4, of Section 27; N1/2E1/2SW1/4, SW1/4SW1/4 and SE1/4 of Section 28; Lots 1 and 2, and NE1/4, E1/2NW1/4, and SE1/4SE1/4 of Section 30; Lot 4 and NE1/4NE1/4 of Section 31; all of Section 32 and Section 33, in T9N, R28E, in the G&SRB&M, Apache County. SE1/4NE1/4SE1/4 of Section 31; T09N, R28E, G&SRB&M, Apache County, Arizona.

36. White Water Draw Wildlife Area: The White Water Draw Wildlife Area shall be those areas described as follows: T21S, R26E; Section 19, S1/2 SE1/4; Section 29, W1/2 NE1/4, and E1/2 NE1/4; Section 30, N1/2 NE1/4; Section 32; T22S, R26E; Section 4, Lots 3 and 4; T22S, R26E; Section 5, Lots 1 to 4, except an undivided 1/2 interest in all minerals, oil, and/or gas as reserved in Deed recorded in Docket 209, page 117, records of Cochise County, Arizona.
37. Willcox Playa Wildlife Area: The Willcox Playa Wildlife Area shall be that area within the posted Arizona Game and Fish Department fences enclosing the following

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described area: beginning at the Section corner common to Sections 2, 3, 10 and 11, T15S, R25E, G&SRB&M, Cochise County, Arizona; thence S 0°15'57" W a distance of 2645.53 feet to the east 1/4 corner of Section 10; thence S 89°47'15" W a distance of 2578.59 feet to the center 1/4 corner of Section 10; thence N 1°45'24" E a distance of 2647.85 feet to the center 1/4 corner of Section 3; thence N 1°02'42" W a distance of 2647.58 feet to the center 1/4 corner of said Section 3; thence N 89°41'37" E to the common 1/4 corner of Section 2 and Section 3; thence S 0°00'03" W a distance of 1323.68 feet to the south 1/16 corner of said Sections 2 and 3; thence S 44°46'30" E a distance of 1867.80 feet to a point on the common Section line of Section 2 and Section 11; thence S 44°41'13" E a distance of 1862.94 feet; thence S 44°42'35" E a distance of 1863.13 feet; thence N 0°13'23" E a distance of 1322.06 feet; thence S 89°54'40" E a distance of 1276.24 feet to a point on the west right-of-way fence line of Kansas Settlement Rd.; thence S 0°12'32" W a distance of 2643.71 feet along said fence line; thence N 89°55'43" W a distance of 2591.30 feet; thence N 0°14'14" E a distance of 661.13 feet; thence N 89°55'27" W a distance of 658.20 feet; thence N 0°14'39" E a distance of 1322.36 feet; thence N 44°41'19" West a distance of 931.44 feet; thence N 44°40'31" W a distance of 1862.85 feet to the point of beginning. Said wildlife area contains 543.10 acres approximately.

- C. Department Controlled Properties are described as follows: Hirsch Conservation Education Area and Biscuit Tank: The Hirsch Conservation Education Area and Biscuit Tank shall be that area lying in Section 3 T5N R2E, beginning at the northeast corner of Section 3, T5N, R2E, G&SRB&M, Maricopa County, Arizona; thence S 35°33'23.43" W a distance of 2938.12 feet; to the point of true beginning; thence S 81°31'35.45" W a distance of 147.25 feet; thence S 45°46'21.90" W a distance of 552.25 feet; thence S 21°28'21.59" W a distance of 56.77 feet; thence S 16°19'49.19" E a distance of 384.44 feet; thence S 5°27'54.02" W a distance of 73.43 feet; thence S 89°50'44.45" E a distance of 431.99 feet; thence N 4°53'57.68" W a distance of 81.99 feet; thence N 46°49'53.27" W a distance of 47.22 feet; thence N 43°3'3.68" E a distance of 83.74 feet; thence S 47°30'40.79" E a distance of 47.71 feet; thence N 76°2'59.67" E a distance of 105.91 feet; thence N 15°45'0.24" W a distance of 95.87 feet; thence N 68°48'27.79" E a distance of 69.79 feet; thence N 8°31'53.39" W a distance of 69.79 feet; thence N 30°5'32.34" E a distance of 39.8 feet; thence N 46°17'32.32" E a distance of 63.77 feet; thence N 22°17'26.17" W a distance of 517.05 feet to the point of true beginning.

Historical Note

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 9 A.A.R. 3141, effective August 23, 2003 (Supp. 03-2). Amended by exempt rulemaking at 11 A.A.R. 1927, effective May 20, 2005 (Supp. 05-2). Amended by exempt rulemaking at 16 A.A.R. 397, effective March 5, 2010 (Supp. 10-1). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 931, effective June 17, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 841, effective June 17, 2014 (Supp. 14-1). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2).

Amended by exempt rulemaking at 22 A.A.R. 2209, effective October 4, 2016 (Supp. 16-4).

R12-4-804. Renumbered**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 1424, effective June 14, 2003 (Supp. 03-2). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Section R12-4-804 renumbered to R12-4-125, by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

ARTICLE 9. AQUATIC INVASIVE SPECIES**R12-4-901. Definitions**

In addition to the definitions provided under A.R.S. §§ 5-301 and 17-255, the following definitions apply to this Article, unless otherwise specified:

"Aquatic invasive species" means those species listed in Director's Order 1.

"Certified agent" means a person who meets Department standards to conduct inspections authorized under A.R.S. § 17-255.01(C)(1).

"Conveyance" means a device designed to carry or transport water. Conveyance includes, but is not limited to, dip buckets, water hauling tanks, and water bladders.

"Equipment" means an item used either in or on water; or to carry water. Equipment includes, but is not limited to, trailers used to launch or retrieve watercraft, rafts, inner tubes, kick boards, anchors and anchor lines, docks, dock cables and floats, buoys, beacons, wading boots, fishing tackle, bait buckets, skin diving and scuba diving equipment, submersibles, pumps, sea planes, and heavy construction equipment used in aquatic environments.

"Operator" means a person who operates or is in actual physical control of a watercraft, vehicle, conveyance or equipment.

"Owner" means a person who claims lawful possession of a watercraft, vehicle, conveyance, or equipment.

"Person" has the same meaning as defined under A.R.S. § 1-215.

"Release" means to place, plant, or cause to be placed or planted in waters.

"Transporter" means a person responsible for the overland movement of a watercraft, vehicle, conveyance, or equipment.

"Waters" means surface water of all sources, whether perennial or intermittent, in streams, canyons, ravines, drainage systems, canals, springs, lakes, marshes, reservoirs, ponds, and other bodies or accumulations of natural, artificial, public or private waters situated wholly or partly in or bordering this state.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-901 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2). New Section R12-4-901 renumbered from R12-4-1101 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-902. Aquatic Invasive Species; Prohibitions; Inspection, Decontamination Protocols

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- A.** A person shall not, unless authorized under Article 4:
1. Possess, import, ship, or transport into or within this state an aquatic invasive species, unless authorized by the Director.
 2. Sell, purchase, barter, or exchange in this state an aquatic invasive species.
 3. Release an aquatic invasive species into waters or into any water treatment facility, water supply or water transportation facility, device or mechanism in this state.
- B.** Upon removing a watercraft, vehicle, conveyance, or equipment from any waters listed in Director's Order 2 and prior to transport, a person shall:
1. Remove all clinging materials such as plants, animals, and mud.
 2. Remove all plugs and other valves or devices that prevent water drainage from all compartments that may retain water, such as ballast tanks, ballast bags, bilges, and ensure plugs or devices remain removed or open during transport.
 3. If no plugs or barriers exist, take reasonable measures to drain or dry all compartments or spaces that may retain water. Reasonable measures include, but are not limited to, emptying bilges, application of absorbents, or ventilation.
- C.** Before transporting a watercraft, vehicle, conveyance, or equipment to any waters located within or bordering this state from waters or locations listed in Director's Order 2, a person shall comply with the mandatory conditions and protocols identified in Director's Order 3 for decontamination of watercraft, vehicles, conveyances, and equipment.
- D.** Department employees, certified agents, and Arizona peace officers authorized under A.R.S. § 17-104 may inspect a watercraft, vehicle, conveyance, or equipment for the purposes of determining compliance with A.R.S. Title 17, Chapter 2, Article 3.1 and this Section.
- E.** If the presence of an aquatic invasive species is documented or suspected on or in a watercraft, vehicle, conveyance, or equipment, a Department employee or any Arizona peace officer may order a person to decontaminate or cause to be decontaminated such watercraft, vehicle, conveyance, or equipment using the mandatory protocols described in Director's Order 3.
- F.** The following Director's Orders are available at any Department office and online at azgfd.gov:
1. Director's Order 1 – Listing of Aquatic Invasive Species for Arizona,
 2. Director's Order 2 – Designation of Waters or Locations Where Listed Aquatic Invasive Species are Present, and
 3. Director's Order 3 – Mandatory Conditions on the Movement of Watercraft, Vehicles, Conveyances, or Other Equipment from Listed Waters Where Aquatic Invasive Species are Present.
- G.** This Section does not apply to owners and operators exempt under A.R.S. § 17-255.04.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-902 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2). New Section R12-4-902 renumbered from R12-4-1102 and amended by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-903. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). R12-4-903 renumbered to R12-4-904; new Section R12-4-903 renumbered from R12-4-904 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-903 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

R12-4-904. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). R12-4-904 renumbered to R12-4-903; new Section R12-4-904 renumbered from R12-4-903 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-904 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

R12-4-905. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-905 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

R12-4-906. Expired**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-906 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

ARTICLE 10. OFF-HIGHWAY VEHICLES**R12-4-1001. Minimum Standards for an Approved Off-highway Vehicle Educational Course**

The Department may approve an educational course of instruction in basic off-highway vehicle (OHV) safety and environmental ethics, provided the course meets the following minimum standards:

1. Course content. The course shall provide information regarding:
 - a. OHV safety;
 - b. Responsibilities of users of OHVs;
 - c. Use of an OHV in a manner that does not harm the natural terrain, plants, or animals;
 - d. Use of an OHV in a manner that minimizes air pollution; and
 - e. State statutes and rules regarding use of OHVs.
2. Course procedures. The course provider shall:
 - a. Use a written examination to measure the extent to which a participant learned the course content; and
 - b. Provide a certificate of completion to a participant who receives a score of 80% or above on the written examination or that demonstrates an equivalent proficiency.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

R12-4-1002. Course-approval Procedure

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- A. To obtain approval of an educational course of instruction in basic off-highway vehicle (OHV) safety and environmental ethics, the course provider shall submit an application to the Department's OHV Law Enforcement Program Manager using a form furnished by the Department. The provider shall include the following information on the application form:
1. Name of provider;
 2. If the provider is not an individual, the name of the person who will maintain contact with the Department;
 3. Business address;
 4. Business email address; and
 5. Business and contact telephone numbers.
- B. In addition to the application form required under subsection (A), a provider shall include a copy of all of the following:
1. The curriculum that will be used to provide the educational course;
 2. Any materials that will be provided to course participants;
 3. The written examination required under R12-4-1001(2)(a); and
 4. The certificate of completion required under R12-4-1001(2)(b).
- C. The Department shall either approve or deny a request to approve an educational course within 60 days of receiving the application. The Department shall not approve an educational course that fails to meet the requirements established under R12-4-1001 or this Section. The Department shall provide a written notice to the course provider stating the reason for the denial.
- D. The provider of an educational course of instruction that is not approved by the Department may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final rulemaking at 25 A.A.R.
1860, August 31, 2019 (Supp. 19-3).

R12-4-1003. Fee for an Approved Course

Under A.R.S. § 28-1175(B), the provider of an approved educational course of instruction in basic off-highway vehicle safety and environmental ethics may collect a fee from each participant that:

1. Is reasonable and commensurate for the course, and
2. Does not exceed \$300.

Historical Note

New Section made by final rulemaking at 25 A.A.R.
1860, August 31, 2019 (Supp. 19-3).

R12-4-1004. Off-highway Vehicle Sound-level Requirements

- A. A peace officer who has reason to believe that an off-highway vehicle (OHV) is being operated in violation of A.R.S. § 28-1179(A)(3) may direct the operator to submit the OHV to an onsite test to measure the OHV's sound level. In accordance with A.R.S. § 28-1179(A)(3), the sound level of an OHV shall be measured using the following procedures, which are incorporated by reference and are available for inspection at the Arizona Game and Fish Department, 5000 W. Carefree Highway, Phoenix, Arizona 85086:
1. All terrain vehicle or motorcycle. Society of Automotive Engineers, J1287, Measurement of Exhaust Sound Pressure Levels of Stationary Motorcycles, April 2017, available from SAE International, 400 Commonwealth Dr., Warrendale, PA 15096 or online at www.sae.org; and
 2. Other OHV. International Organization for Standardization, ISO 5130:2007, Acoustics-Measurements of Sound Pressure Level Emitted by Stationary Road Vehicles, 2007, May 31, 2007 Edition 2, available from American

National Standards Institute, Attention Customer Service Department, 25 W. 43rd St., 4th Floor, New York, NY 10056 or online at www.iso.org.

- B. If a peace officer directs the operator of an OHV to submit the OHV to an onsite test to measure the OHV's sound level, the operator shall allow the OHV and associated equipment to be tested. If the peace officer believes that more than one test of the OHV's sound level is necessary to ensure that an accurate measure is obtained, the operator shall allow multiple tests.
- C. If it is determined that an OHV is being operated in violation of A.R.S. § 28-1179(A)(3), the operator of the OHV shall:
1. Immediately stop operating the OHV; and
 2. Ensure the vehicle is not operated again until it can be operated in compliance with A.R.S. § 28-1179(A)(3), except:
 - a. During a period of emergency; or
 - b. When the operation is directed by a peace officer or other public authority.
- D. This Section does not include any later amendments or editions of the incorporated materials.

Historical Note

New Section made by final rulemaking at 25 A.A.R.
1860, August 31, 2019 (Supp. 19-3).

R12-4-1005. Nonresident Off-highway Vehicle User Indicia

- A. The owner or operator of an all-terrain vehicle (ATV) or off-highway vehicle (OHV) as defined under A.R.S. § 28-1171 shall not operate the ATV or OHV off-highway in this state without an Arizona off-highway vehicle user indicia. This requirement only applies to an ATV or OHV that:
1. Is designed by the manufacturer primarily for travel over unimproved terrain.
 2. Has an unladen weight of two thousand five hundred pounds or less.
- B. For lawful Arizona off-highway operation, the owner or operator of a qualifying nonresident ATV or OHV shall apply to the Department for an off-highway vehicle user indicia as prescribed under A.R.S. § 28-1177. The owner or operator shall submit to the Department:
1. The nonresident off-highway vehicle user indicia application furnished by the Department and available on the Department's website,
 2. The fee established under subsection (C)(1), and
 3. The convenience fee established under subsection (C)(2).
- C. As authorized under A.R.S. § 28-1177:
1. The fee for the nonresident off-highway vehicle user indicia is \$25.
 2. The Department may also collect and retain a reasonable and commensurate fee for its services.
- D. The owner or operator of the ATV or OHV titled or registered out-of-state shall display the nonresident off-highway user indicia in a manner that is clearly visible to outside inspection:
1. For vehicles with three or more wheels, on the left side rear quadrant of the vehicle.
 2. For two-wheeled vehicles, the indicia shall be displayed on the left fork leg.
- E. A printed receipt or an electronic copy of the receipt of payment for an annual decal that is purchased online shall serve as a temporary permit for a period of 30 days from the date of purchase.
- F. Under A.R.S. § 28-1178, a person may operate an ATV or OHV in this state without the nonresident off-highway user indicia required under A.R.S. § 28-1177 when any one of the following applies:
1. The person is loading or unloading an ATV or OHV from a vehicle.

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2. The person is participating in an off-highway special event.
3. The person is operating an ATV or OHV:
 - a. During an emergency or as directed by a peace officer or other public authority.
 - b. Exclusively for agriculture, ranching, construction, mining or building trade purposes.
 - c. Exclusively on private land.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

ARTICLE 11. RENUMBERED**R12-4-1101. Renumbered****Historical Note**

New Section made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Section R12-4-1101 renumbered to R12-4-901 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-1102. Renumbered**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Section R12-4-1102 renumbered to R12-4-902 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

R12-4-1103. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Section renewed by emergency rulemaking at 17 A.A.R. 2376, effective November 3, 2011 (Supp. 11-4). Emergency expired (Supp. 14-1).

R12-4-1104. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Section renewed by emergency rulemaking at 17 A.A.R. 2376, effective November 3, 2011 (Supp. 11-4). Emergency expired (Supp. 14-1).

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 15

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 15. REVENUE

CHAPTER 5. DEPARTMENT OF REVENUE - TRANSACTION PRIVILEGE AND USE TAX SECTION

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

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Questions about these rules? Contact:

Name: Lisa Querard
Address: Arizona Department of Revenue
1600 W. Monroe St., Mail Code 1300
Phoenix, AZ 85007
Telephone: (602) 716-6813
Fax: (602) 716-7996
E-mail: lquerard@azdor.gov
Web site: <http://www.azdor.gov>

The release of this Chapter in Supp. 19-3 replaces Supp. 19-1, 1-46 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 15. REVENUE

CHAPTER 5. DEPARTMENT OF REVENUE - TRANSACTION PRIVILEGE AND USE TAX SECTION

Authority: A.R.S. § 42-1005(A)(1)

Editor's Note: The provisions in these rules became effective August 1, 1976, unless otherwise noted in the Historical Note following the rule.

ARTICLE 1. RETAIL CLASSIFICATION

New Article 1, consisting of Section R15-5-151, adopted effective April 15, 1993 (Supp. 93-2).

Former Article 1, consisting of Sections R15-5-101 through R15-5-104, repealed effective April 13, 1987.

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ARTICLE 25. REPEALED

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Section	
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R15-5-2502.	Repealed
R15-5-2503.	Repealed
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ARTICLE 26. REPEALED

Article 26, consisting of Sections R15-5-2601 through R15-5-2603, R15-5-2614, and R15-5-2616, repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

Section	
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CHAPTER 5. DEPARTMENT OF REVENUE - TRANSACTION PRIVILEGE AND USE TAX SECTION

ARTICLE 1. RETAIL CLASSIFICATION

A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-101. Definitions

In this Chapter, unless the context requires otherwise or unless otherwise defined:

1. "AZTaxes.gov" has the same meaning as prescribed in R15-10-301.
2. "Casual activity or sale" means an occasional transaction of an isolated nature made by persons who neither represent themselves to be nor are engaged in a business that is subject to transaction privilege tax. Casual activity or sale includes, but is not limited to, sales of used capital assets, provided that the volume and frequency of such sales do not indicate that the seller regularly engages in selling such property.
3. "Department" has the same meaning as prescribed in A.R.S. § 42-1001.
4. "Gross income," "gross receipts," "marketplace facilitator," and "marketplace seller" have the same meanings as prescribed in A.R.S. § 42-5001.
5. "Real property" means land and anything permanently affixed to land.
6. "Remote seller" has the same meaning as prescribed in A.R.S. § 42-5001.
7. "Retailer" has the same meaning as prescribed in A.R.S. § 42-5001, and includes a wholesaler, manufacturer, or other seller of tangible personal property.
8. "Taxpayer" has the same meaning as prescribed in A.R.S. § 42-5001.
9. "Vendor" means any person engaged in a business activity that is subject to any tax levied under A.R.S. Title 42, Chapter 5 and 6, including a retailer.

Historical Note

Amended effective November 7, 1978 (Supp. 78-6).
Renumbered from R15-5-1811 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4). Section R15-5-101 renumbered to R15-5-107; new Section R15-5-101 renumbered from R15-5-2001 and amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-102. Casual Activities or Sales

- A. Gross receipts from a casual activity or sale are not taxable under the retail classification.
- B. Except as otherwise provided in R15-5-2002, a retailer, including as a marketplace facilitator or remote seller, cannot engage in a casual sale of tangible personal property of the same type or character as that which the person regularly sells at retail. A marketplace facilitator is deemed to regularly sell any tangible personal property sold on its marketplace.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).
Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-103. Sale of Business Enterprises

Gross receipts from the sale of a business as a going concern are not subject to tax if the sale is for the business as an operating enterprise.

Historical Note

Renumbered from R15-5-1817 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4). Amended by exempt rulemaking at 25

R15-5-104. Service Businesses

- A. Gross receipts from the sale of tangible personal property to a person engaged in a professional or personal service occupation or business are subject to tax if the tangible personal property is used or consumed in the performance of the service or is sold only as an inconsequential element of the nontaxable service provided.
- B. Gross receipts from the sale of tangible personal property, by a person engaged in a professional or personal service occupation or business, are not subject to tax if the property is sold only as an inconsequential element of the nontaxable service provided.
- C. Sales of tangible personal property are inconsequential elements of the service if:
 1. The purchase price of the tangible personal property to the person rendering the services represents less than 15% of the charge, billing, or statement rendered to the purchaser in connection with the transaction;
 2. At the time of the sale, the tangible personal property transferred is not in a form that is subject to retail sale; and
 3. The charge for the tangible personal property is not separately stated on the invoice.
- D. A person engaged in both a retail business and a service business shall keep records of purchases of tangible personal property sufficient to establish whether the property was resold as a taxable retail sale.

Historical Note

Renumbered from R15-5-1805 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

R15-5-105. Services in Connection with Retail Sales

Gross receipts from services rendered in addition to selling tangible personal property at retail are subject to tax unless the charge for service is shown separately on the sales invoice and records.

Historical Note

Renumbered from R15-5-1815 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

R15-5-106. Finance Charges in Connection with Retail Sales

Gross receipts from finance, carrying charges, or interest charges incurred in connection with a retail sale of tangible personal property are not subject to tax if:

1. The charges are separately stated as part of the sales transaction; and
2. The charges result from the sale of such property on credit or under an installment contract.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).
Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

R15-5-107. Sales for Resale or Lease

- A. Gross receipts from the sale of tangible personal property to be resold by the purchaser in the ordinary course of business are not subject to tax under the retail classification.
- B. Gross receipts from the sale of tangible personal property to be leased by a person in the business of leasing such personal property are not subject to tax under the retail classification.

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- C. Gross receipts from the sale of tangible personal property to a lessor of real property are subject to tax if:
 1. The tangible personal property is incorporated into, or leased in conjunction with, the real property; and
 2. The rental of the tangible personal property is not separately stated as part of the real property lease transaction.
- D. Gross receipts from the sale of repair or replacement parts for tangible personal property that is to be leased by a person engaged in the business of leasing such tangible personal property are not subject to tax under the retail classification.

Historical Note

New Section renumbered from R15-5-101 by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-108. Reserved**R15-5-109. Reserved****R15-5-110. Lease-purchase Agreements**

- A. Gross income derived from the leasing of tangible personal property under a lease-purchase agreement is subject to tax under the personal property rental classification.
- B. Payments received after the conversion from a lease to a purchase are subject to tax under the retail classification.
- C. Gross receipts from the sale of tangible personal property include conversion charges paid or incurred at the time the lease is converted to a purchase.

Historical Note

Renumbered from R15-5-1809 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

R15-5-111. Consignment Sales

- A. In this Section:
 1. "Consignee" means the party that is in the business of selling tangible personal property belonging to a consignor.
 2. "Consignor" means the party with the legal right to contract the services of the consignee to sell tangible personal property on behalf of the consignor.
- B. Gross receipts from consignment sales are subject to tax under the retail classification.
- C. Except as provided in subsection (D), a consignee shall obtain a transaction privilege tax license before making consignment sales.
- D. A consignee who is a marketplace facilitator without a physical presence in Arizona, as provided in R15-5-2002(B), is required to obtain a transaction privilege tax license upon meeting the threshold requirements in A.R.S. § 42-5044.

Historical Note

Renumbered from R15-5-1808 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-112. Sales by Auctioneers

- A. Gross receipts from the sales of tangible personal property by an auctioneer are subject to tax under the retail classification.
- B. Except as provided in subsection (C), an auctioneer shall obtain a transaction privilege tax license before conducting an auction.
- C. An auctioneer who is a marketplace facilitator without a physical presence in Arizona, as provided in R15-5-2002(B), is

required to obtain a transaction privilege tax license upon meeting the threshold requirements in A.R.S. § 42-5044.

Historical Note

Renumbered from R15-5-1834 and amended effective August 9, 1993 (Supp. 93-3). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-113. Sales by Trustees, Receivers, and Assignees

- A. Gross receipts from the sale of tangible personal property by a trustee, receiver, or assignee are subject to tax if the sale of the property in the hands of the owner would be subject to tax.
- B. Gross receipts from the sale of tangible personal property by a trustee, receiver, or assignee are not subject to tax if the sale of the property in the hands of the owner would not be subject to tax.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

R15-5-114. Reserved**R15-5-115. Reserved****R15-5-116. Reserved****R15-5-117. Reserved****R15-5-118. Reserved****R15-5-119. Reserved****R15-5-120. Exempt Sales of Machinery or Equipment**

- A. Machinery or equipment used in manufacturing or processing includes machinery or equipment that constitutes the entire primary manufacturing or processing operation from the initial stage where actual processing begins through the completion of the finished end product, processing, finishing, or packaging of articles of commerce. Manufacturing is the performance as a business of an integrated series of operations which place tangible personal property in a form, composition, or character different from that in which it was acquired and transforms it into a different product with a distinctive name, character, or use.
- B. Gross receipts from the sale of repair or replacement parts for exempt machinery or equipment are not subject to the tax under the retail classification. Repair or replacement parts are defined as those individual component and constituent items which, together, comprise exempt machinery or equipment.
- C. In establishing the exempt sale of machinery or equipment, the seller shall keep adequate documentation, pursuant to statutory requirements and as delineated in R15-5-2214, for the statutorily required period of time.

Historical Note

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended paragraphs (9) and (10) effective March 18, 1981 (Supp. 81-2). Renumbered from R15-5-1822 and amended effective August 9, 1993 (Supp. 93-3).

R15-5-121. Sales of Fuel Used in Manufacturing

The sale of fuel used or consumed in a manufacturing process is taxable. The fuel is not considered to be incorporated into the manufactured product.

Historical Note

Renumbered from R15-5-1830 effective August 9, 1993

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(Supp. 93-3).

R15-5-122. Articles Incorporated into a Manufactured Product

- A.** Sales of articles to be incorporated into a fabricated or manufactured product are considered to be sales for resale and, therefore, exempt. For example, the sale of wood to a furniture manufacturer is a sale for resale.
- B.** In order for the exemption to apply, the materials must actually become a part of the finished product. Supplies which are consumed in the manufacturing process do not qualify.

Historical Note

Renumbered from R15-5-1839 effective August 9, 1993 (Supp. 93-3).

R15-5-123. Sale of Tools and Supplies to Businesses

The sale of tools, supplies, and other articles to be used or consumed by persons in the operation of their businesses, and not for resale, are taxable as retail sales.

Historical Note

Renumbered from R15-5-1849 effective August 9, 1993 (Supp. 93-3).

R15-5-124. Reserved**R15-5-125. Reserved****R15-5-126. Manufacturing Labor**

The cost of labor employed in manufacturing, processing, or fabricating tangible personal property shall not be allowed as a deduction from the gross receipts derived from a sale of such property.

Historical Note

Renumbered from R15-5-1848 and amended effective August 9, 1993 (Supp. 93-3).

R15-5-127. Sales of Fuel

- A.** In this Section, "aviation fuel" and "dyed diesel fuel" have the same meanings as prescribed in A.R.S. §§ 28-101 and 28-5601.
- B.** Gross receipts from the sale of dyed diesel fuel are subject to transaction privilege tax.
- C.** Gross receipts from the sale of liquefied petroleum gas or natural gas used to propel a motor vehicle are exempt from transaction privilege tax.
- D.** Aviation fuel is subject to tax under A.R.S. § 28-8344 only.
- E.** Gross receipts from the retail sale of jet fuel are subject to the jet fuel excise and use tax under A.R.S. § 42-5352.

Historical Note

Renumbered from R15-5-3004 and amended effective August 9, 1993 (Supp. 93-3). Section amended by final rulemaking at 10 A.A.R. 4480, effective December 4, 2004 (Supp. 04-4).

R15-5-128. Electric Power Transmission and Distribution

- A.** Gross receipts from the sale of machinery, equipment, or transmission lines for direct use in a transmission system are deductible from the tax base. Gross receipts from the sale of machinery, equipment, or lines for use in a distribution system are taxable.
- B.** Machinery and equipment used to facilitate the production of voltage up to and including 34,500 volts shall be considered part of a distribution system.
- Gross receipts from the sale of such equipment are subject to transaction privilege tax.
 - If tangible personal property was purchased as exempt, subsequent nonexempt use shall subject the gross purchase price to use tax according to statutory provisions.

- C.** Machinery and equipment used to facilitate the production of voltage above 34,500 volts shall be categorized as part of a transmission or distribution system based on the following definitions.

- "Transmission system" means:

- All land, conversion structures, and equipment employed at a primary source of supply to change the voltage or frequency of electricity for the purpose of its more efficient or convenient transmission;
- All land, structures, lines, switching and conversion stations, high tension apparatus and their control and protective equipment between a generating or receiving point and the entrance to a distribution center or wholesale point; and
- All lines and equipment whose primary purpose is to augment, integrate, or tie together the sources of power supply.

- "Distribution system" means all land, structures, conversion equipment, lines, line transformers, and other facilities employed between the primary source of supply and of delivery to customers, which are not includible in a transmission system whether or not such land, structures, and facilities are operated as part of a transmission system or as part of a distribution system. Stations which change electricity from transmission to distribution voltage shall be classified as distribution stations.
- "Primary source of supply" means a generating station or point of receipt in the case of purchased power.

- Dual-use equipment shall be designated as follows:

- If poles or towers support both transmission and distribution conductors, the poles, towers, anchors, guys, and rights-of-way shall be classified as a transmission system. The conductors, crossarms, braces, grounds, tie wire, insulators, and other similar tangible personal property shall be classified as transmission or distribution facilities, according to the purpose for which they are used.
- If underground conduit contains both transmission and distribution conductors, the underground conduit and the right-of-way shall be classified as a distribution system. The conductors shall be classified as transmission or distribution facilities according to the purpose for which they are used.
- Based on statutory provisions, transformers and control equipment utilized operationally at transmission substation sites are considered to be a part of a transmission system and, therefore, are exempt from transaction privilege and use tax.

- D.** Machinery, equipment, or transmission lines for direct use in a transmission system are only those which are recorded as being part of a transmission system in accordance with the definitions in subsection (C).

- Gross receipts from the sale of such equipment are exempt from the tax.
- If such machinery and equipment is removed from inventory to be used as part of a distribution system, the purchase price is subject to use tax.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).

R15-5-129. Discounts, Refunds, and Coupon Redemption

- A.** Cash discounts allowed the purchaser for timely payment are permissible as deductions from the sale price.
- B.** Refunds in cash or credit given on returned merchandise are considered to be a reduction of sales.

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- C. When coupons issued by a manufacturer are redeemed by a retailer the amounts refunded to the purchaser are not permissible as deductions from the selling price of articles sold by the retailer. In these cases, the gross selling price is taxable.
- D. Coupons issued by a retailer and later redeemed by the retailer as a discount on the price of merchandise sold by him are considered a reduction of the selling price. In such cases the net selling price is subject to tax.

Historical Note

Renumbered from R15-5-1840 effective August 9, 1993 (Supp. 93-3).

R15-5-130. Reserved**R15-5-131. Lay-away Sales**

Gross receipts from lay-away agreements shall be taxable when title or possession transfers to the purchaser or at the time receipts from the transaction are determined to be nonrefundable, whichever occurs first.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).

R15-5-132. Retail Sales with Trade-ins

- A. When a retailer accepts tangible personal property as a trade-in for part or full payment on the sale of tangible personal property, the dollar amount of the payment represented by the trade-in is deductible from the retailer's gross receipts from that sale.
- B. A trade-in deduction shall be limited to the amount of the retailer's gross receipts on that sale.
- C. When the property traded in is subsequently sold at retail, the gross receipts from the transaction are taxable.

Historical Note

Renumbered from R15-5-1818 and amended effective August 9, 1993 (Supp. 93-3).

R15-5-133. Delivery Charges in Connection with Retail Sales

- A. A charge by a retailer for delivery from the retailer's location to the purchaser's location, if separately stated on the sales invoice, is not taxable.
- B. When the freight cost is incurred any time prior to the time of the retail sale, such cost is part of the gross sale and, therefore, subject to the tax.

Historical Note

Renumbered from R15-5-1820 and amended effective August 9, 1993 (Supp. 93-3).

R15-5-134. Sales of Containers, Bottles, and Labels

- A. The sale of containers and bottles is considered a sale for resale only when the purchaser is to transfer the containers with their contents in future sales.
- B. In cases where the containers are not subsequently sold as part of the merchandise, such sales are deemed to be taxable retail sales.
- C. The sale of labels to a purchaser who affixes them to nonreturnable containers to be resold is considered to be a sale for resale and is not taxable.
- D. In cases where the containers are returnable and a new label is to be affixed, each time the container is refilled, the sale of the labels is also considered to be a sale for resale.
- E. The sale of analysis tags or other labels to be attached to containers of feed and sold along as part of the article is a sale for resale.
- F. However, the sale of items such as price tags, shipping tags, and advertising matter used in connection with the subsequent sale is taxable as a retail sale.

Historical Note

Renumbered from R15-5-1829 and amended effective August 9, 1993 (Supp. 93-3).

R15-5-135. Sales of Restaurant Accessories

- A. Gross receipts from the sale of disposable containers, paper napkins, and other similar food accessories to a person engaged in the restaurant business, who, in the regular course of business, transfers these accessories to facilitate the consumption of the food, drink, or condiment provided, are considered gross receipts from sales for resale.
- B. Gross receipts from the sale of matchbooks, advertisement fliers, and other similar tangible personal property to a person engaged in the restaurant business, who transfers this property for the convenience, operation, or benefit of the restaurant business, are subject to tax.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).
Amended by final rulemaking at 13 A.A.R. 679, effective April 7, 2007 (Supp. 07-1).

R15-5-136. Returnable Containers

- A. Gross receipts from deposits on sales of returnable containers which contain taxable food shall be taxable.
- B. Deposit refunds paid to purchasers on the return of such containers shall be deductible from the retailer's tax base in the month refunded.
- C. Gross receipts from deposits received on returnable containers which contain non-taxable food shall not be taxable. Therefore refunds paid on such deposits shall not reduce the tax base.

Historical Note

Renumbered from R15-5-1833 and amended effective August 9, 1993 (Supp. 93-3).

R15-5-137. Warranty or Service Provisions and Tangible Personal Property Used in Conjunction with Warranty or Service Provisions

- A. For purposes of this rule, the following definitions apply:
 1. "Covered" means included in the warranty or service provision.
 2. "Warranty or service provision" means a manufacturer's or vendor's warranty that is sold automatically with tangible personal property and, for no extra charge, applies to any tangible personal property used in the servicing of the provision.
- B. An exclusion from gross receipts is not allowed for a warranty or service provision on the sale of tangible personal property if the property cannot be sold without the acceptance of the warranty or service provision.
- C. A warranty or service provision is not considered a warranty or service contract under A.R.S. § 42-5061(A).
- D. Tangible personal property sold in conjunction with the servicing of a warranty or service provision, but not covered by the provision, is a sale of tangible personal property that is subject to tax under the retail classification unless statutorily exempt.
- E. Tangible personal property that is covered under a warranty or service provision and used in the servicing of the provision is not subject to use tax as the transaction privilege tax was paid when the tangible personal property was acquired.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).
Amended by final rulemaking at 13 A.A.R. 679, effective April 7, 2007 (Supp. 07-1).

R15-5-138. Warranty or Service Contracts and Tangible Personal Property Used in Conjunction with Warranty or Service

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Contracts

- A. For purposes of this rule, the following definition applies:
“Covered” means included in the warranty or service contract for which the warranty or service contract holder does not pay a separate charge for any tangible personal property used in the servicing of the contract.
- B. Gross receipts from the sale of warranty or service contracts are not subject to tax when the contracts are sold as a distinct and separate item and the charge for the warranty or service contract is stated separately on a sales invoice.
- C. Tangible personal property sold in conjunction with the servicing of a warranty or service contract, but not covered by the contract, is a sale of tangible personal property that is subject to tax under the retail classification unless statutorily exempt.
- D. Tangible personal property that is covered under a warranty or service contract, and used in the servicing of the contract, is subject to use tax unless transaction privilege tax was paid when the tangible personal property was acquired or the tangible personal property is otherwise statutorily exempt.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).
Amended by final rulemaking at 13 A.A.R. 679, effective April 7, 2007 (Supp. 07-1).

R15-5-139. Reserved**R15-5-140. Reserved****R15-5-141. Reserved****R15-5-142. Reserved****R15-5-143. Reserved****R15-5-144. Reserved****R15-5-145. Reserved****R15-5-146. Reserved****R15-5-147. Reserved****R15-5-148. Reserved****R15-5-149. Reserved****R15-5-150. Sale of Photography**

- A. In this Section:
1. “Motion picture” has the same meaning as prescribed in A.R.S. § 41-1517.
 2. “Motion picture production company” has the same meaning as prescribed in A.R.S. § 41-1517.
 3. “Photography” means the process of taking and supplying images to customers, using film, video, or another data storage medium.
 4. “Qualified motion picture production company” means a motion picture production company that holds a valid certificate issued pursuant to A.R.S. § 42-5009(H), establishing the company’s qualification for the A.R.S. § 42-5061(B)(23) exemption.
- B. Gross income or gross proceeds derived from a sale of photography are subject to tax under this Article, unless, under A.A.C. R15-5-104(C), the sale of such photography is considered an inconsequential element of nontaxable activities that are associated with the sale. Examples of nontaxable activities that are associated with a sale of photography include research; script consulting; director, crew, and equipment charges; preproduction or postproduction charges; location scouting fees; and music charges. Activities that are associated with the sale of photography are nontaxable if one of the following applies:

1. The vendor is engaged in both a professional or personal service occupation or a service business under A.R.S. § 42-5061(A)(1) and the business of selling photography at retail; or
 2. The activities are not part of the manufacture, creation, or fabrication of photography and are not otherwise subject to tax under another Article of this Chapter.
- C. Gross income or gross proceeds derived from a sale of photography used directly in motion picture production by a qualified motion picture production company are exempt from tax under this Article pursuant to A.R.S. § 42-5061(B)(23).

Historical Note

Renumbered from R15-5-1836 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

R15-5-151. Artists and Sales of Artwork

- A. Gross receipts from the sale of paintings, drawings, etchings, sculptures, craftwork, other artwork or reproductions of such items to final consumers shall be taxable under the retail classification if the person is making regular sales of these items.
- B. Gross receipts from the sale of paints, canvasses, frames, sculpture ingredients, and other items which will become an integral part of the finished product shall not be taxable if sold to a creating artist who is regularly engaged in the business of creating and selling paintings, drawings, etchings, sculptures, craftwork, other artwork, or reproductions of such items. Sales of brushes, easels, tools, and similar items to be consumed by the creating artist shall be taxable.
- C. Except as otherwise provided in A.R.S. § 42-6017, gross receipts from the sale by the creating artist of a painting, drawing, etching, sculpture, or a piece of craftwork that is not a reproduction of an original work shall not be taxable if:
1. The sale is a casual activity or sale; or
 2. The sale is a work of fine art at an art auction or gallery in this state to a nonresident of this state for use outside the state, if the retailer ships or delivers the work to a destination outside this state and if exempt under A.R.S. § 42-5061(A). In this subsection, “work of fine art” has the same meaning as prescribed in A.R.S. § 44-1771.
 3. The sale is of commissioned artwork by an individual artist. In this subsection, “commissioned artwork” is a custom, one-of-a-kind art creation made by the individual artist pursuant to the particular requirements of a specific purchaser.

Historical Note

Adopted effective April 15, 1993 (Supp. 93-2). Section heading amended effective August 9, 1993 (Supp. 93-3).
Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

Editor’s Note: R15-5-1812, referenced in subsection (C)(1) above, was repealed. Please refer to R15-5-2001 for information about casual sales.

Editor’s Note: R15-5-2001 referenced in the editor’s note above was renumbered to Section R15-5-101 (Supp. 19-3).

R15-5-152. Tangible Personal Property Used in Soil Remediation Activities

The gross receipts from the sale of tangible personal property incorporated or fabricated into any real property, structure, project, development or improvement under a contract specified in A.R.S. § 42-1310.16 (B)(6) are exempt from tax. The gross receipts from the sale of tangible personal property used in soil remediation activities

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but not incorporated or fabricated into any real property, structure, project, development or improvement are taxable.

Historical Note

Adopted effective December 11, 1998 (Supp. 98-4).

R15-5-153. Four-inch Pipes or Valves

Gross receipts from the sale of pipes, valves, or fire hydrants with an inside diameter of four inches or more are deductible from the tax base if the pipes, valves, or fire hydrants are to be used to transport oil, natural gas, artificial gas, water, or coal slurry.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).

R15-5-154. Computer Hardware and Software

- A. Gross receipts derived from services rendered in whole or in part in connection with the sale of computer hardware are exempt, including gross receipts derived from charges imposed for professional and technological services such as analysis, design, support engineering services, classroom instruction, and data conversion services.
- B. Except as provided in subsection (C), gross receipts derived from the sale of computer software programs are taxable, regardless of the method that a retail business uses to transfer the programs to its customers.
- C. Gross receipts derived from charges imposed for the following business activities originate from nontaxable service activities and are therefore not taxable:
 - 1. The original creation of an electronic data processing program for the specific use of an individual customer, or
 - 2. The modification of a prewritten computer software program for the specific use of an individual customer, if the charge for the modification is shown separately on the sales invoice and records.

Historical Note

Renumbered from R15-5-1853 effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 11 A.A.R. 2950, effective September 10, 2005 (Supp. 05-3).

R15-5-155. Delivery Sales of Tobacco Products

- A. In this Section:
 - 1. "Delivery sale" means a sale made by using any of the following:
 - a. The mail or a delivery service.
 - b. The Internet or a computer network.
 - c. Any other electronic method.
 - 2. "Tobacco product" has the same meaning as prescribed in A.R.S. § 36-798.06.
- B. A retailer, including a remote seller or marketplace seller, or marketplace facilitator shall not make or facilitate a delivery sale of any tobacco product that violates A.R.S. § 36-798.06.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-156. Sales of Prescription Drugs and Prosthetic Appliances

- A. In this Section:
 - 1. "Drug" means an article that, according to federal or state law, is:
 - a. Recognized in the official United States Pharmacopeia, official Homeopathic Pharmacopeia of the United States, official National Formulary, or any supplement to these documents; or
 - b. Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals; or

- c. Not food and is intended to affect the structure or any function of the body of humans or animals; or
- d. Intended for use as a component of any article specified in subsections (a), (b), or (c).

- 2. "Drug on a prescription" means prescription drug.
- 3. "Food" means an article used for food or drink for humans or animals, chewing gum, or an article used as a component of such an article.
- 4. "Hearing aid" means any wearable device designed as a remedy or to compensate for defective human hearing, including parts, attachments, accessories, and earmolds.
- 5. "Legend drug" means a drug that 21 U.S.C. 353(b)(4)(A) requires to bear the symbol "Rx only" before dispensing.
- 6. "Nonprescription product" means a drug or other article that can be purchased by the final consumer of the drug or article without a prescription, regardless of whether purchased on the advice or recommendation of a member of the medical, dental, or veterinarian profession. Examples include over-the-counter drugs and those dietary supplements, vitamins, minerals, herbs, and other similar supplements that do not qualify as prescription drugs.
- 7. "Over-the-counter drug" means a drug that is subject to federal labeling requirements in 21 CFR 201.66.
- 8. "Prescriber" means a member of the medical, dental, or veterinary profession authorized by federal or state law to prescribe a drug.
- 9. "Prescription" means an order for a drug issued in any form.
- 10. "Prescription drug" means a legend drug or a drug that, according to federal or state law, can be dispensed only:
 - a. Upon a written prescription of a prescriber for the drug;
 - b. Upon an oral prescription by the prescriber for the drug that federal or state law requires be reduced promptly to a form of writing by the prescriber and then filed by a pharmacist or the prescriber; or
 - c. By refilling a written or oral prescription if refilling is authorized by the prescriber for the drug either in the original prescription or by oral order that is reduced promptly to writing and then filed by a pharmacist or the prescriber.
- 11. "Prescription eyeglasses" includes frames and other component parts of eyeglasses if purchased for use with prescription lenses.
- 12. "Prosthetic appliance" means an artificial device that fully or partially replaces a part or function of the human body or increases the acuity of a sense organ.
- B. Gross receipts from sales of the following kinds of tangible personal property are not subject to tax:
 - 1. Prescription drugs, including those used in the course of treating patients;
 - 2. Medical oxygen, pursuant to A.R.S. § 42-5061(A)(8);
 - 3. Insulin, insulin syringes, and glucose strips, whether or not prescribed;
 - 4. Prosthetic appliances, prescribed or recommended by a statutorily-authorized individual;
 - 5. Durable medical equipment, pursuant to A.R.S. § 42-5061(A)(13);
 - 6. Prescription eyeglasses and contact lenses; and
 - 7. Hearing aids. Batteries and cords are subject to tax.
- C. Gross receipts from the sale of component and repair parts for any tangible personal property that is exempt under either subsection (B) or (F) are not subject to tax.
- D. If a written prescription or recommendation is required to purchase tangible personal property, a vendor of the property shall maintain the prescription or recommendation as part of the

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vendor's records. The vendor's records for documenting sales shall provide reasonable detail to allow the Department, upon inspection, to identify property as exempt.

- E. Gross receipts from the sale to the final consumer of nonprescription products and those medical supplies or appliances not provided for under subsection (B) are subject to tax.
- F. Gross receipts from the sale of nonprescription products or other medical supplies or appliances to doctors, dentists, or veterinarians are subject to tax unless the sale qualifies as a sale for resale and the doctor, dentist, or veterinarian is a retailer in the business of reselling the property.

Historical Note

Renumbered from R15-5-1819 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 11 A.A.R. 2952, effective September 10, 2005 (Supp. 05-3).

R15-5-157. Membership Fees

- A. Membership, admission, or other fees charged by a limited-access retail business shall be considered part of the taxable gross income of the business activity.
- B. For purposes of this rule, "a limited-access retail business" means a business which does not sell to the general public but which charges a membership fee or a membership due in order to obtain access to the business or to obtain discounts or preferential treatment in the purchase or rental of tangible personal property from or through the business.
- C. Gross income shall not include separately billed amounts paid to secure ownership interests or rights in the business which can be transferred or assigned.

Historical Note

Renumbered from R15-5-3036 and amended effective August 9, 1993 (Supp. 93-3).

R15-5-158. Postage Stamps

- A. A retailer's gross receipts from the sale of postage stamps are not included in the tax base under the retail classification if the stamps are sold for the purpose of transporting mail.
- B. A retailer's gross receipts from the sale of postage stamps are included in the tax base under the retail classification if the stamps are sold for any purpose other than transporting mail.
- C. The Department shall presume that a postage stamp is sold for a purpose other than transporting mail if the postage stamp is sold for at least 50% more than its face value. A retailer may overcome the presumption; however, the burden of proof will remain on the retailer.
- D. A retailer's gross receipts from the sale of cancelled postage stamps are included in the tax base under the retail classification.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 4112, effective October 4, 2000 (Supp. 00-4).

R15-5-159. Reserved

R15-5-160. Reserved

R15-5-161. Reserved

R15-5-162. Reserved

R15-5-163. Reserved

R15-5-164. Reserved

R15-5-165. Reserved

R15-5-166. Reserved

R15-5-167. Reserved

R15-5-168. Reserved

R15-5-169. Reserved

R15-5-170. Interstate and Foreign Transactions

- A. Gross receipts from sales of tangible personal property made in interstate or foreign commerce are deductible from the tax base if all of the following apply:
 - 1. The order is received from a location outside of Arizona; and
 - 2. The retailer ships or delivers the tangible personal property to a location outside of Arizona for use outside of Arizona.
- B. In meeting the above requirements, if delivery is made by the retailer to a common carrier for transportation to a location outside Arizona, the common carrier is deemed to be the agent of the retailer for purposes of this rule regardless of who is responsible for payment of the freight charges.
- C. Suitable records shall be kept to substantiate the deduction for a sale made in interstate commerce. As such, records shall identify the tangible personal property sold and the delivery destination. The following records may be sufficient to substantiate the exemption:
 - 1. Suitable records for substantiating the receipt of an order from out-of-state may include purchase orders, letters, or written memoranda on the receipt of orders placed by telephone.
 - 2. Suitable records for substantiating out-of-state shipments include:
 - a. Internal delivery orders supported by receipts of expenses incurred in delivering the property and signed on the delivery date by the person who delivers the property;
 - b. Common carrier's receipt or bill of lading;
 - c. Parcel post receipt;
 - d. Export declaration;
 - e. Receipt from a licensed broker; or
 - f. Proof of export or import signed by a customs officer.

Historical Note

Renumbered from R15-5-1814 and amended effective August 9, 1993 (Supp. 93-3).

R15-5-171. Sales to a Common Carrier

Gross receipts from sales made to a common carrier, engaged in interstate business, for delivery by the common carrier to a location outside of Arizona and for use outside of Arizona shall not be taxable if the order is received from a location outside of Arizona and the Arizona retailer prepays the freight charge.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).

R15-5-172. Sales by Florists

- A. Gross receipts from sales made by florists are taxable. Delivery and relay or transmittal charges, when separately stated, are deductible from the tax base.
- B. Orders received by an Arizona florist from an out-of-state customer for delivery within Arizona are taxable. Orders received by an Arizona florist by an out-of-state customer for delivery out-of-state are not taxable.
- C. When the florist conducts transactions through a delivery association, the following shall apply:
 - 1. Gross receipts from sales made by an Arizona florist, where the order is subsequently transmitted to another florist for filling and delivery, whether inside or outside of Arizona, are taxable.

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2. Gross receipts from sales by Arizona florists who deliver from a transmitted order of another florist, whether the ordering florist is inside or outside of Arizona, are not taxable.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).

R15-5-173. Sales of Property Subsequently Taken Out-of-state

Gross receipts from sales of tangible personal property by Arizona vendors made to purchasers who subsequently take the property out-of-state do not qualify as exempt unless otherwise specifically exempted by statute.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).

R15-5-174. Sales to Non-U.S. Citizens

Gross receipts from sales to non-U.S. citizens are subject to the tax unless otherwise exempt.

Historical Note

Adopted effective August 9, 1993 (Supp. 93-3).

R15-5-175. Expired**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective March 31, 2016 (Supp. 16-3).

R15-5-176. Expired**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 2012, effective March 31, 2001 (Supp. 01-2).

R15-5-177. Reserved**R15-5-178. Reserved****R15-5-179. Reserved****R15-5-180. Sales by Businesses in Federal Areas**

Gross receipts from sales by businesses not operated by or as an agency of the Federal Government, located on military bases or other federal areas, are subject to tax.

Historical Note

Renumbered from R15-5-1825 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 682, effective April 7, 2007 (Supp. 07-1).

R15-5-181. Governmental Organizations

- A. Gross receipts from the sale of tangible personal property to the state or its political subdivisions are taxable unless otherwise exempt. Gross receipts from the sale of tangible personal property to the Federal Government or its departments and agencies are taxable at the rate prescribed by statute, unless otherwise exempt.
- B. Gross receipts from the sale of tangible personal property by the state or its political subdivisions, when acting in a proprietary capacity, are taxable unless otherwise exempt.
- C. Gross receipts from the sale of tangible personal property by the Federal Government are not taxable.

Historical Note

Renumbered from R15-5-1803 and amended effective August 9, 1993 (Supp. 93-3).

R15-5-182. Nonprofit Organizations

- A. Gross receipts from the sale of tangible personal property to nonprofit churches, schools, and other nonprofit organizations are subject to tax unless otherwise exempt.
- B. Gross receipts from the sale of tangible personal property by a charitable nonprofit organization, recognized as such for income tax purposes by the Internal Revenue Service, are not subject to tax.
- C. For purposes of the statutory exemption and this rule, the Internal Revenue Service recognition of a charitable nonprofit organization is defined in Internal Revenue Code § 501(c)(3).

Historical Note

Renumbered from R15-5-1804 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 682, effective April 7, 2007 (Supp. 07-1).

R15-5-183. Exempt Sales to Health Organizations

- A. Gross receipts from the sale of tangible personal property to qualifying hospitals, qualifying health care organizations, rehabilitation programs for mentally or physically handicapped persons, and qualifying community health centers are exempt from tax if such purchases are exempt from tax pursuant to statutory provisions.
- B. The Department may, upon review of the written request and any other information requested by the Department to make a proper determination, provide an Exemption Letter to organization meeting the statutory criteria. The Exemption Letter shall be valid for a period of 12 months from the first day of the month following the issue date of the Exemption Letter unless the organization's tax exempt status changes prior to the end of the 12-month period, or the organization misrepresented or omitted material information in its exemption request.
- C. Qualifying hospitals, qualifying health care organizations, rehabilitation programs for mentally or physically handicapped persons, and qualifying community health centers shall annually submit to the Department a written request for an Exemption Letter. The request shall be submitted at least 30 days prior to the first day of the exemption period. For purposes of this rule, "exemption period" means the 12-month period beginning on the first day of the month following the issue date of the Exemption Letter or the 12-month period requested by the organization.
 1. Qualifying hospitals shall attach to their annual exemption request a copy of their current license issued by the Department of Health Services.
 2. Qualifying health care organizations shall attach to their exemption request letter the statutorily required annual financial audit and a copy of their Internal Revenue Code 501(c) recognition unless the Department has previously received a copy of this recognition.
 3. Rehabilitation programs for mentally or physically handicapped persons shall attach to their exemption request a copy of their Internal Revenue Code 501(c)(3) recognition unless the Department has previously received a copy of this recognition.
 4. Qualifying community health centers shall attach to their exemption request documentation supporting the statutory criteria and a copy of their Internal Revenue Code 501(c)(3) recognition unless the Department has previously received a copy of this recognition.

Historical Note

Renumbered from R15-5-1821 and amended effective August 9, 1993 (Supp. 93-3). Amended effective April 21, 1995 (Supp. 95-2).

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ARTICLE 2. RENUMBERED AND REPEALED**R15-5-201. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-202. Renumbered**Historical Note**

Section R15-5-202 renumbered to R15-5-2001 effective October 14, 1993 (Supp. 93-4).

R15-5-203. Repealed**Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-204. Renumbered**Historical Note**

Section R15-5-204 renumbered to R15-5-2002 effective October 14, 1993 (Supp. 93-4).

R15-5-205. Repealed**Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-206. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-207. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-208. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-209. Repealed**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6).
Amended effective March 18, 1981 (Supp. 81-2).
Renumbered as Section R15-5-3023 effective August 26, 1987 (Supp. 87-3). Renumbered and amended in error; Section R15-5-209 is reprinted herewith as it was amended effective March 18, 1981 (Supp. 88-3).
Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-210. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-211. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-212. Renumbered**Historical Note**

Emergency rule adopted effective April 10, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days; emergency rule readopted with changes effective June 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency rule readopted with changes effective September 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Permanent rule adopted with changes effective December 14, 1990 (Supp. 90-4). Renumbered to Section R15-5-2215

effective October 14, 1993 (Supp. 93-4).

ARTICLE 3. REPEALED**R15-5-301. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-302. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-303. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-304. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-305. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-306. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-307. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

ARTICLE 4. AMUSEMENT CLASSIFICATION**R15-5-401. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-402. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-403. Amusement Devices

Gross proceeds of sales or gross income from the operation of coin-operated and other devices that provide amusement are included in the tax base under the amusement classification. Examples include: devices that play prerecorded music, electronic games, pinball games, and billiard tables.

1. The tax base from the business of operating amusement devices is the gross amount received from the amusement devices without deduction for commissions paid, rental cost for the equipment, or other expenses.
2. The individual having direct control of the funds generated by the amusement devices shall pay the tax to the Department.

Historical Note

Amended effective September 22, 1997 (Supp. 97-3).
Amended by final rulemaking at 13 A.A.R. 682, effective April 7, 2007 (Supp. 07-1).

R15-5-404. Other Income

Gross receipts from the sale of programs, souvenirs, or any other items of tangible personal property are included in the tax base under the retail classification.

Historical Note

Amended effective April 21, 1995 (Supp. 95-2).

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Amended effective September 22, 1997 (Supp. 97-3).

R15-5-405. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-406. Health or Fitness Establishments and Private Recreational Establishments

- A.** The operator of a "health or fitness establishment" or a "private recreational establishment," as defined in A.R.S. § 42-5073(C), shall exclude from the tax base under the amusement classification all gross proceeds of sales or gross income from membership fees and initiation fees charged for the use of the establishment, or any portion of the establishment, for 28 days or more, and fees charged for the use of the establishment by bona fide accompanied guests of members. Any other fees for the use of a health or fitness establishment or a private recreational establishment, or any portion of the establishment, are included in the tax base of the amusement classification.
- B.** Gross proceeds of sales or gross income derived from other businesses that are located on the premises of a health, fitness, or recreational business shall not be considered when determining whether a health, fitness, or recreational business is a "health or fitness establishment" or a "private recreational establishment" if the other businesses are separate and independent from the health, fitness, or recreational business. Whether the other businesses are separate and independent depends upon the facts in each case. The Department considers several factors in making this determination including but not limited to the following:
1. Whether the business is open to both members and non-members;
 2. Whether the primary purpose of the business is closely related to the primary purpose of the health, fitness, or recreational business;
 3. Whether the business could exist without the health, fitness, or recreational business; and
 4. Whether the business shares assets or employees with the health, fitness, or recreational business.

Historical Note

Amended effective September 22, 1997 (Supp. 97-3).
Amended by final rulemaking at 13 A.A.R. 682, effective April 7, 2007 (Supp. 07-1).

R15-5-407. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-408. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-409. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

ARTICLE 5. REPEALED**R15-5-501. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-502. Repealed**Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

R15-5-503. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-504. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-505. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-506. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

ARTICLE 6. PRIME CONTRACTING CLASSIFICATION**R15-5-601. Taxpayer Bonds for Contractors**

- A.** For the purpose of this rule:
1. The principal place of business shall be Arizona if the licensee has continuously operated a facility with at least one full-time employee in Arizona for 12 consecutive months preceding the determination.
 2. A surety bond shall include a bond issued by a company authorized to execute and write bonds in Arizona as a surety or composed of securities or cash which are deposited with the Department of Revenue.
- B.** The businesses subject to these bonds are grouped in accordance with the standard industry classifications by average business activity. The business classes and bond amounts are as follows:
1. Two thousand dollars for:
 - a. General contractors of residential buildings other than single family;
 - b. Operative builders;
 - c. Plumbing, air conditioning, and heating, except electric;
 - d. Painting, paper hanging;
 - e. Decorating;
 - f. Electrical work;
 - g. Masonry stonework and other stonework;
 - h. Plastering, drywall, acoustical and insulation work;
 - i. Terrazzo, tile, marble and mosaic work;
 - j. Carpentry;
 - k. Floor laying and other floor work;
 - l. Roofing and sheet metal work;
 - m. Concrete work;
 - n. Water well drilling;
 - o. Structural steel erection;
 - p. Glass and glazing work;
 - q. Excavating and foundation work;
 - r. Wrecking and demolition work;
 - s. Installation and erection of building equipment;
 - t. Special trade contractors; and
 - u. Manufacturers of mobile homes.
 2. Seven thousand dollars for:
 - a. General contractors of single family housing;
 - b. Water, sewer, pipeline, communication and power-line construction.
 3. Seventeen thousand dollars for:
 - a. General contractors of industrial buildings and warehouses;
 - b. General contractors nonresidential buildings other than single family;
 - c. Highways and street construction except elevated highways.
 4. Twenty-two thousand dollars for:

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- a. Heavy construction;
 - b. Bridge construction;
 - c. Tunnel construction; and
 - d. Elevated highway construction.
- C. Except as provided in subsection (D), any applicant whose principal place of business is outside Arizona or who has conducted business in Arizona for less than one year shall post a bond before the transaction privilege tax license shall be issued.
- D. Any taxpayer subject to bonding requirements may submit a written request to the Director of the Department of Revenue for an exemption from the bond. The exemption request shall provide at least one of the following:
 - 1. Any taxpayer who has been actively engaged in business for at least two years immediately preceding the exemption request may submit statements from an authorized state employee from each state in which the business has been licensed in the last two years verifying that the taxpayer has, for at least two years immediately preceding the date of the statement, made timely payment of all sales taxes and other transaction privilege taxes incurred.
 - 2. Two-year reporting history as described above in subsection (D)(1) and an explanation of good cause for late or insufficient payment of the tax;
 - 3. Documentation which verifies that no potential for Arizona tax liability exists;
 - 4. Bond for a previously issued Arizona transaction privilege license that adequately covers the licensee's expected transaction privilege tax liability for Arizona for both the previously issued license and for this license.
- E. The bond shall not expire prior to two years after the transaction privilege license is issued. Upon lapse or forfeiture of any bond by any licensee, the licensee shall deposit with the Department another bond within five business days of the licensee's receipt of written notification by the Department.
- F. Any licensee, who has had a bond posted for at least two years and fulfills any exception listed in subsection (D), or whose principal place of business becomes Arizona, may request a written waiver and that the bond be returned.

Historical Note

Former Section R15-5-601 repealed effective August 13, 1987 (Supp. 87-3). New Section R15-5-601 renumbered from R15-10-202 (Supp. 94-1). Amended by final rulemaking at 24 A.A.R. 742, effective May 13, 2018 (Supp. 18-1).

R15-5-602. Expired**Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Correction, subsection (C), paragraph (2) as filed effective November 7, 1978, unless otherwise noted (Supp. 82-1). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-603. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-604. Expired**Historical Note**

Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-605. Expired**Historical Note**

Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-606. Expired**Historical Note**

Amended effective December 11, 1998 (Supp. 98-4). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-607. Expired**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2). Amended effective December 11, 1998 (Supp. 98-4). Section expired under A.R.S. § 41-1056(E) at 12 A.A.R. 4742, effective September 30, 2006 (Supp. 06-4).

R15-5-608. Expired**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Amended by adding subsections (D) and (E) effective March 18, 1981 (Supp. 81-2). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-609. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-610. Repealed**Historical Note**

Former Section 15-5-610 repealed, new Section R15-5-610 adopted effective March 18, 1981 (Supp. 81-2). Repealed effective January 16, 1997 (Supp. 97-1).

R15-5-611. Repealed**Historical Note**

Repealed effective March 18, 1981 (Supp. 81-2).

R15-5-612. Expired**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-613. Expired**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-614. Expired**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-615. Expired**Historical Note**

Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-616. Expired

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Historical Note

Amended effective June 18, 1987 (Supp. 87-2). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-617. Repealed**Historical Note**

Section repealed by final rulemaking at 10 A.A.R. 5200, effective February 5, 2005 (Supp. 04-4).

R15-5-618. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-619. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-620. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-621. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-622. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-623. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-624. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-625. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-626. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-627. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-628. Expired**Historical Note**

Adopted effective November 7, 1978 (Supp. 78-6). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

R15-5-629. Expired**Historical Note**

Adopted effective November 7, 1978, unless otherwise noted (Supp. 78-6). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

ARTICLE 7. REPEALED**R15-5-701. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-702. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-703. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-704. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

ARTICLE 8. REPEALED**R15-5-801. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-802. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-803. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-804. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

ARTICLE 9. MINING CLASSIFICATION**R15-5-901. Definitions**

In addition to the definitions provided in A.R.S. § 42-5001, the following definitions apply to this Article:

1. "Mining" means operations involving the extraction of nonmetalliferous mineral products from beneath or at the surface of the earth for commercial use and includes underground, surface, and open-pit operations.
2. "Nonmetalliferous mineral product" has the same meaning as prescribed in A.R.S. § 42-5072.

Historical Note

Amended effective November 7, 1978 (Supp. 78-6). Repealed effective August 13, 1987 (Supp. 87-3). New Section R15-5-901 renumbered from R15-5-903 and amended by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

R15-5-902. General

- A. A person engaged in the business of mining is subject to tax under the mining classification on the gross proceeds of sales or gross income received from the sale of a nonmetalliferous mineral product to a purchaser that resells the product in the ordinary course of business.
- B. A person engaged in the business of mining is not subject to tax under the mining classification on the gross proceeds of sales or gross income received from the sale of a nonmetalliferous mineral product to a person engaged in business classified under the prime contracting classification if the nonmetalliferous mineral product is to be incorporated into a structure or project as part of the business.
- C. A person engaged in the business of mining is subject to tax under the retail classification on the gross income received

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from the sale of a nonmetalliferous mineral product to a final consumer.

- D. A person engaged in the business of mining shall not deduct from the tax base amounts paid as royalties.

Historical Note

Amended by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

R15-5-903. Renumbered**Historical Note**

Section R15-5-903 renumbered to R15-5-901 by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

R15-5-904. Manufacturing or Processing Service Charges

- A. A person engaged in the business of mining is subject to tax on the gross proceeds of sales or gross income from refining petroleum products, producing a combination of nonmetalliferous mineral products, as well as other manufacturing or processing service charges derived from contracts with the owner of the products.
- B. A person who mines and processes nonmetalliferous mineral products is subject to tax on the gross proceeds of sales or gross income from the sale of the first marketable product. For example, a person who mines clay and processes the material into bricks is taxable on the gross proceeds of sales or gross income from the sale of the bricks.

Historical Note

Amended by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

R15-5-905. Products Shipped Out of Arizona

- A. A person engaged in the business of mining that ships a nonmetalliferous mineral product out-of-state without making a sale in Arizona shall include in the tax base the market value of the nonmetalliferous mineral product before it enters interstate commerce.
- B. Unless otherwise provided in subsection (D), the taxpayer shall calculate the market value of a nonmetalliferous mineral product shipped out-of-state in the following manner:
1. Establish the total selling price of the product outside Arizona.
 2. Deduct, from the total selling price, costs incurred out-of-state that increase the value of the product. These costs include:
 - a. The cost of actual freight paid, as provided in R15-5-908, to the point of sale outside Arizona;
 - b. The refining or processing cost incurred before the first sale; and
 - c. The cost of sales commissions, paid or accrued, in connection with the sale.
- C. The market value of the product shipped out-of-state shall not include the cost of processing if the processor has paid the Arizona transaction privilege tax on the gross proceeds of sales or gross income derived from the processing. (See R15-5-904.)
- D. A taxpayer may compute the market value of a nonmetalliferous mineral product shipped out-of-state in any manner that accurately reflects the value of the nonmetalliferous mineral product at the point it enters interstate commerce if the taxpayer gives prior written notification to the Department and the Department approves the computation method.

Historical Note

Amended effective March 18, 1981 (Supp. 81-2).
Amended effective June 18, 1987 (Supp. 87-2). Amended by final rulemaking at 6 A.A.R. 2952, effective July 18,

2000 (Supp. 00-3).

R15-5-906. Repealed**Historical Note**

Section repealed by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

R15-5-907. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-908. Actual Freight Paid

- A. A person engaged in the business of mining may deduct from the tax base under the mining classification actual freight costs incurred in connection with the sale that are included in the sales price if the actual freight costs incurred are separately stated in the billing to its customer.
- B. A person engaged in the business of mining that does not separately state the actual freight costs incurred in the billing to the customer may still deduct the actual freight costs paid to a third party, provided the person keeps books and records to show separately the actual freight paid to the third party.
- C. A taxpayer shall not deduct the cost incurred by the taxpayer before a sale for freight from the mining or production location to the sales location.

Historical Note

Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

R15-5-909. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

ARTICLE 10. TRANSACTION PRIVILEGE TAX - TRANSIENT LODGING CLASSIFICATION**R15-5-1001. Application of the Definition of Transient for Purposes of Taxation under the Transient Lodging Classification**

- A. Effective January 1, 1979, the leasing or renting of dwelling units and lodging facilities to a person shall not be taxable under the transient lodging classification if the lodging is obtained for a continuous block of time for 30 or more consecutive days except as provided under A.R.S. § 42-1310.10(B). For purposes of this rule, "person" has the same meaning as under A.R.S. § 42-1301.
- B. Gross receipts from providing lodging obtained for a continuous block of time for 30 or more consecutive days shall not be taxable under the transient lodging classification from the first day of occupancy.
1. Lodging obtained for 30 or more consecutive days in increments of time for a period of less than 30 consecutive days rather than for a continuous block of time shall be taxable under the transient lodging classification except as provided under A.R.S. § 42-1310.10(B).
 2. A lodger may originally acquire lodging on an incremental basis for a period of less than 30 consecutive days and subsequently change to a continuous block of time for 30 or more consecutive days; however, the lodging originally obtained on an incremental basis of less than 30 consecutive days shall remain subject to tax regardless of any subsequent action on the part of the lodger.
- C. If lodging is obtained on a continuous basis for 30 or more consecutive days but the person obtaining the lodging leaves before the 30-day period ends and only pays for a period of 29 days or less, the exclusion shall not apply. The gross receipts

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from providing lodging for 29 days or less shall be subject to tax under the transient lodging classification.

D. The following situations are indicative of the application of the provisions in this rule:

1. A person rents a motel room on a weekly basis for 10 consecutive weeks. The total rental period is greater than 30 consecutive days; however, the method of renting by the week meets the definition of "transient." Gross receipts from renting lodging space on such a basis are subject to tax under the transient lodging classification.
2. A motion picture company contracts with a hotel to rent a block of 15 rooms for a three-month period during which filming will occur in the area. During that three-month period, a variety of crew members and actors will occupy the rooms. Any one room may have a different occupant during the three-month time period as filming progresses and different actors or crew members are involved in the production of the film. The rental by the motion picture company for the three-month period is not subject to tax under the transient lodging classification since the motion picture company contracted with the hotel to rent for a three-month period and, therefore, does not meet the definition of a transient.
3. An individual reserves a room in a rooming house for two weeks. The individual decides to stay another two weeks. The total number of days' stay is now at 28 days. Once again, the individual extends the stay by two weeks. Each time period is less than 30 days. Even though the total period of time is over 29 days, after the third extension of two weeks, the individual continues to be a transient for purposes of taxation under the transient lodging classification. If the individual had rented the room for 30 days or more after the first two weeks, gross receipts from the additional time would not be subject to tax. However, the first two-week block of time would remain taxable since that time period falls under the definition of transient.
4. An individual is not sure how long he will be staying at a hotel so, upon registration, gets the room for 35 days. After 21 days the individual decides to leave and pays only for the 21-day stay. Gross receipts are subject to tax under the transient lodging classification. If the individual had a contractual agreement in which, regardless of length of occupancy, he was required to pay for the entire 35 days, the gross receipts from such a transaction would not be taxable.

Historical Note

Repealed effective August 13, 1987 (Supp. 87-3). New Section R15-5-1001 renumbered from R15-5-1614 (Supp. 94-2). Amended effective April 21, 1995 (Supp. 95-2).

R15-5-1002. Activities in Addition to Providing Lodging

- A.** If a transient lodging facility is engaged in the business of providing lodging and engages in the business of providing meals, the gross receipts from lodging shall be separately stated and reported from the gross receipts from restaurant activities.
- B.** Gross receipts from the providing of meals or room service shall be subject to tax under the restaurant classification.
- C.** Gross receipts from the sale of tangible personal property by transient lodging facilities such as from magazine stands, gift shops, or in-room food or beverage bars shall be subject to tax under the retail classification.

Historical Note

Repealed effective April 13, 1987 (Supp. 87-2). New Section R15-5-1002 renumbered from R15-5-1615 (Supp. 94-2). Amended effective April 21, 1995 (Supp. 95-2).

95-2).

R15-5-1003. Providing Lodging to Government Agencies

Gross receipts from providing transient lodging to the United States Government, the state or its political subdivisions, or any other government agency or its employees shall be taxable under the transient lodging classification unless otherwise exempt.

Historical Note

Adopted effective April 21, 1995 (Supp. 95-2).

ARTICLE 11. TRANSACTION PRIVILEGE TAX – JOB PRINTING CLASSIFICATION

R15-5-1101. Definitions

For purposes of this Article, the following definitions apply:

1. "Image developing" means the copying or reproducing by a printer of an image by any means from film, paper, video, or another data storage medium to photographic print paper or another storage medium that can visually display the image.
2. "Job printing" means the copying or reproducing by a printer of documents or data directly or indirectly provided by the printer's customer, including by another person at the customer's direction, for the ultimate purpose of producing a physical or electronic copy of the document or data. The document or data can be textual or pictorial, and may be received by the printer in physical or electronic form. Examples of methods of job printing include dye sublimation, electrostatic printing, flexography, gravure, inkjet printing, laser printing, lithography, offset printing, optical scanning, photocopying, photofinishing, reprographic printing, screen printing, thermography, xerography, and similar means of duplication.
3. "Photography" means the process of taking and supplying images to customers, using film, video, or another data storage medium.
4. "Printer" means a person that copies or reproduces textual or pictorial material by any means, process, or method of job printing, engraving, embossing, or copying, but that does not distribute the copied or reproduced material on the person's own behalf.
5. "Printing" means a finished product in physical or electronic form produced by a printer through job printing, engraving, embossing, or copying and that is held for sale by the printer.
6. "Qualifying health care organization" has the same meaning as prescribed in A.R.S. § 42-5001(10).
7. "Qualifying hospital" has the same meaning as prescribed in A.R.S. § 42-5001(11).

Historical Note

Repealed effective August 13, 1987 (Supp. 87-3). New Section made by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

R15-5-1102. Printer's Sale of Printing

- A.** Except as otherwise provided in subsection (F) or other applicable A.R.S. § 42-5066(B) exemptions, gross income or gross proceeds derived from all of a printer's costs or expenses of filling a customer's printing order are subject to tax under this Article. Examples of costs or expenses include charges for set-up, die cutting, embossing, folding, and binding operations.
- B.** Gross income or gross proceeds derived from an Arizona printer's sale of printing within Arizona are subject to tax even when the printer conducts the job printing, engraving, embossing, or copying activity outside the state, unless the printing is shipped or delivered outside the state for use outside the state.

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- C. If a printer ships or delivers printing to be used outside the state to a common carrier for transportation to a location outside the state, the common carrier is deemed to be the agent of the printer for purposes of determining whether the printing has been shipped or delivered outside the state, regardless of who is responsible for payment of the freight charges.
- D. A printer may substantiate a shipment or delivery of printing outside the state by one of the following records:
1. An internal delivery order that is supported by receipts for expenses incurred in delivery of printing and signed on the delivery date by the person who delivers the printing;
 2. A common carrier's receipt or bill of lading;
 3. A parcel post receipt;
 4. An export declaration;
 5. A receipt from a licensed broker; or
 6. Proof of export or import, signed by a customs officer.
- E. Except as provided in subsection (F) or other applicable A.R.S. § 42-5066(B) exemptions, gross income or gross proceeds derived from an Arizona printer's charges for the distribution of printing are generally subject to tax under this Article. In the absence of documentation listed in subsection (D), it remains the taxpayer's burden to substantiate that the gross income or gross proceeds derived from a sale of printing are not taxable because the printing is shipped or delivered outside the state for use outside the state, pursuant to A.R.S. § 42-5066(B)(2). A printer substantiates that printing is shipped or delivered outside the state for use outside the state if the printer shows that the address or number to which the printer distributes the printing does not identify or is incapable of identifying an in-state location.
- F. Pursuant to A.R.S. § 42-5066(B)(4), a printer may deduct its gross income or gross proceeds derived from charges for postage and freight if the printer separately states the charges on a customer's invoice and in the printer's records, except that the amount deducted shall not exceed the amount paid by the printer to the United States Postal Service or a commercial delivery service. A printer may not deduct its gross income or gross proceeds derived from charges for delivery of the printing using the printer's own conveyance.

Historical Note

Repealed effective April 13, 1987 (Supp. 87-2). New Section made by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 470, effective February 6, 2007 (Supp. 07-1).

R15-5-1103. Repealed**Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

R15-5-1104. Repealed**Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

R15-5-1105. Repealed**Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

R15-5-1106. Sale of Materials to a Printer

Sales to a printer of materials that do not become an ingredient or component part of a printing fall under the retail classification (see Article 1 of this Chapter) and are subject to tax unless otherwise

exempt under A.R.S. § 42-5061. Examples of such materials include color process plates, electrotypes, film processing chemicals, printing plates, and wood mounts. In contrast, sales by the printer of any such materials that are job printed, engraved, embossed, or copied by the printer for the printer's customer constitute sales of printing and fall under this Article. An example is a printer's sale to a customer of a printing plate upon which the printer has performed job printing, engraving, embossing, or copying activity for the customer.

Historical Note

Amended by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

R15-5-1107. Repealed**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Section repealed by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

R15-5-1108. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1109. Repealed**Historical Note**

Former Section R15-5-1109 repealed, new Section R15-5-1109 adopted effective March 18, 1981 (Supp. 81-2). Amended effective June 25, 1993 (Supp. 93-2). Section repealed by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

R15-5-1110. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1111. Miscellaneous Costs of a Printer Are Not Deductions

- A. A printer shall not deduct the cost of subletting job printing, engraving, embossing, or copying activities.
- B. A printer shall not deduct the cost of labor or materials employed in the job printing, engraving, embossing, or copying activity of another person.

Historical Note

Amended by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

R15-5-1112. Sale of Image Developing

- A. Gross income or gross proceeds derived from a sale of image developing in which the image developing is not part of a sale of photography are subject to tax under this Article.
- B. Gross income or gross proceeds derived from a sale of image developing to a business that resells the image developing are nontaxable under this Article.
- C. Gross income or gross proceeds derived from a sale of image developing either to a qualifying health care organization that uses the image developing solely to provide health and medical related educational and charitable services or to a qualifying hospital are nontaxable under this Article. An example is image developing of x-ray film or photographs.

Historical Note

Section repealed; new Section made by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

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ARTICLE 12. REPEALED**R15-5-1201. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-1202. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

ARTICLE 13. SALES TAX - PUBLISHING CLASSIFICATION**R15-5-1301. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-1302. General

- A. The gross income derived from the business of publishing within the state is taxable under this classification. Gross income includes revenue from subscriptions, notices, and local advertising.
- B. Subscription income includes all circulation revenue. In determining the taxable base, however, there shall be excluded from such revenue those actual amounts retained by or credited to carriers and other vendors as compensation for delivery or sale of newspapers.
 - 1. Carriers are defined as those persons who deliver newspapers to individual subscribers. Such deliveries are confined to a specific area or route.
 - 2. Other vendors are defined as those persons who deliver newspapers to retailers such as news stands, convenience markets, drug stores and to coin-operated vending machines located in or near commercial establishments such as office buildings, hotels, motels, grocery and department stores.
- C. Income of publishers from sales of newspapers, whether directly or through other vendors, to news stands, convenience markets, drug stores or other retailers are taxable under this classification. The sales of newspapers by such retailers to consumers are taxable as retail sales. (See R15-5-1802(C))

Historical Note

Amended effective March 18, 1981 (Supp. 81-2).

R15-5-1303. Definitions

- A. A "publisher" is one who manufactures and distributes a publication from a point within this state.
- B. The term "publication" includes books, newspapers, magazines, music, periodicals, and any other literary work.
- C. Effective 9/12/75, the term "publication" shall specifically exclude books. Sales of books directly to a final consumer, however, are taxable under the retail classification (see Article 18).

R15-5-1304. Printing costs

The cost of printing a publication, including the subletting of printing to another person, is not deductible from the gross income.

R15-5-1305. Out-of-state distribution

Income from publications, other than books, mailed or distributed from a point within this state to a point outside the state is subject to the tax under this classification.

R15-5-1306. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

ARTICLE 14. TRANSPORTING CLASSIFICATION**R15-5-1401. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-1402. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1403. Repealed**Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

R15-5-1404. Excess Baggage Charges

- A. Gross proceeds of sales or gross income from charges for excess baggage shipped from one point to another point in this state is included in the tax base under the transporting classification except as provided in subsection (B).
- B. Gross proceeds of sales or gross income from charges for excess baggage shipped by motor vehicle from one point to another point in this state is not included in the tax base under the transporting classification if a light motor vehicle fee imposed under A.R.S. § 28-5492 or a motor carrier fee imposed under A.R.S. § 28-5852 is paid to the Department of Transportation on the vehicle used in the transporting.

Historical Note

Amended by final rulemaking at 6 A.A.R. 2594, effective June 12, 2000 (Supp. 00-2).

R15-5-1405. Demurrage Charges

Gross proceeds of sales or gross income from demurrage charges is included in the tax base under the transporting classification unless the transporting to which it relates is excluded from the transporting classification.

Historical Note

Amended by final rulemaking at 6 A.A.R. 2594, effective June 12, 2000 (Supp. 00-2).

R15-5-1406. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1407. Repealed**Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

R15-5-1408. Rental of Aircraft

- A. Gross proceeds of sales or gross income from transporting by aircraft freight or property from one point to another point in this state is included in the tax base under the transporting classification.
- B. A charge for the use of an aircraft when a pilot is not provided is rent. Gross proceeds of sales or gross income from the rental or leasing of aircraft is included in the tax base under the personal property rental classification unless a specific deduction or exclusion applies.

Historical Note

Amended by final rulemaking at 6 A.A.R. 2594, effective June 12, 2000 (Supp. 00-2).

ARTICLE 15. PERSONAL PROPERTY RENTAL CLASSIFICATION**R15-5-1501. Repealed**

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Historical Note

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-1502. General

- A. Gross income derived from the rental of tangible personal property is included in the tax base under the personal property rental classification unless a specific statutory exemption, exclusion, or deduction applies. Examples of tangible personal property include: televisions, cars, trucks, lawnmowers, floor polishers, tuxedos, uniforms, furniture, towels, and linens.
- B. In this Article, the terms "lease," "rental," and "leasing" are used synonymously.
- C. Gross income from the lease of tangible personal property to a lessee who subleases the property is not taxable under the personal property rental classification if the lessee is engaged in the business of leasing the property under the personal property rental classification.
- D. Gross income from the rental of tangible personal property includes charges for installation, labor, insurance, maintenance, repairs, pick-up, delivery, assembly, set-up, personal property taxes, and penalty fees even if these charges are billed as separate items, unless a specific statutory exemption, exclusion, or deduction applies.

Historical Note

Amended subsection (D) and added subsection (E) effective March 18, 1981 (Supp. 81-2). Amended by final rulemaking at 6 A.A.R. 3091, effective July 18, 2000 (Supp. 00-3).

R15-5-1503. Sourcing of Leased Tangible Personal Property

- A. In this Section:
 - 1. "Business location" means the business address that appears on a lessor's privilege license, but if the lessor does not have a business address in Arizona, business location means the lessee's residential or primary business street address.
 - 2. "Source" means to determine the location of leasing or renting activity for tax purposes.
- B. The personal property rental classification applies to a person who is engaging or continuing in the business of leasing or renting tangible personal property in Arizona for a consideration. Gross receipts from leasing or renting tangible personal property in Arizona are taxable under this classification.
- C. The Department shall source gross receipts from leasing or renting tangible personal property to the business location. Thus, gross receipts of a lessor without a business address in Arizona, derived from leasing or renting tangible personal property, are sourced to the lessee's residential or primary business street address and are taxable when the property is shipped, delivered, or otherwise brought into the state for use in Arizona.
- D. Gross receipts from leasing or renting tangible personal property are not taxable if the property is shipped or delivered outside of the state and intended, at the inception of the lease, for use exclusively outside of the state.
- E. Gross receipts from leasing or renting tangible personal property are not taxable if the property is removed from the state and used exclusively outside of the state. Intermittent use of tangible personal property outside of the state does not constitute removal of the property from the state for use exclusively outside of the state, and therefore does not change the business location of the property or liability for the tax. For example, use of a business's leased tangible personal property by its employees at different locations on business trips and service calls does not change liability for the tax.
- F. The burden of proof for establishing the applicability of subsection (D) or (E) is on the lessor.

- G. For leasing or renting activity related to a motor vehicle, the Department shall examine whether the motor vehicle is licensed, registered, or primarily used in Arizona.
- H. A taxpayer shall not take a deduction or credit for taxes paid in another state on a lease or rental of tangible personal property.

Historical Note

Amended by final rulemaking at 10 A.A.R. 3071, effective September 11, 2004 (Supp. 04-3).

R15-5-1504. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1505. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1506. Rental of Tangible Personal Property to Government Agencies

A lessor's gross income from the rental of tangible personal property to the United States Government, the state of Arizona, or other governmental subdivisions is taxable under the personal property rental classification unless a specific statutory exemption, exclusion, or deduction applies.

Historical Note

Amended by final rulemaking at 6 A.A.R. 3091, effective July 18, 2000 (Supp. 00-3).

R15-5-1507. Rental of Tangible Personal Property to Schools, Churches, and Other Nonprofit Organizations

A lessor's gross income from the rental of tangible personal property to a school, church, or other nonprofit organization is taxable under the personal property rental classification unless a specific statutory exemption, exclusion, or deduction applies.

Historical Note

Amended by final rulemaking at 6 A.A.R. 3091, effective July 18, 2000 (Supp. 00-3).

R15-5-1508. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1509. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1510. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1511. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1512. Lease - Purchase Agreements

- A. A lessor's gross income from the leasing of tangible personal property that includes an option to purchase the tangible personal property is taxable under the personal property rental classification until the lessee exercises the purchase option.
- B. Gross income received after the lessee exercises the purchase option is taxable under the retail classification.

Historical Note

Amended by final rulemaking at 6 A.A.R. 3091, effective

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July 18, 2000 (Supp. 00-3).

R15-5-1513. Repealed**Historical Note**

Adopted effective November 7, 1978 (Supp. 78-6). Section repealed by final rulemaking at 6 A.A.R. 3091, effective July 18, 2000 (Supp. 00-3).

ARTICLE 16. COMMERCIAL LEASE CLASSIFICATION**R15-5-1601. Definitions**

The following definitions apply for purposes of the rules in this Article, unless the context requires otherwise or unless otherwise defined.

1. "Agricultural property" means land or structures which are used for the purposes of growing crops or raising animals including agronomy, horticulture, viticulture, or animal husbandry.
2. "Economic unit of agricultural property" means agricultural property which is rented to the same lessee under one lease or rental agreement but may include more than one parcel or location which is functionally integrated.
3. "Real property used for commercial purposes" means land or structures, including parking lots but not including agricultural property or land or structures used for residential purposes.
4. "Rental" means renting or leasing
5. "Unit" means a single real property location rented or leased to a single tenant under one lease or rental agreement.

Historical Note

Repealed effective August 13, 1987 (Supp. 87-3). New Section R15-5-1601 renumbered from R15-5-1603 and amended effective April 21, 1995 (Supp. 95-2).

R15-5-1602. Casual Leasing Activity

- A. For purposes of taxation under the commercial lease classification, there shall be no general exclusion for a casual rental of real property unless delineated under A.R.S. § 42-5059 except as provided in subsection (B) of this rule.
- B. For periods ending on or before July 31, 1988, the rental of one unit or real property shall have been deemed to be a casual activity and not subject to transaction privilege tax if:
 1. A lessor had income from another source which was unrelated to the income from the rental of real property and such income was of a significant amount so as to indicate that the rental activity was not the sole or main support of the lessor and
 2. The scope and degree of the rental activity clearly indicated that the rental activity was an investment activity rather than income from a business.
- C. For periods beginning on or after August 1, 1988, gross income from the rental of one or more units of real property used for commercial purposes shall be deemed to be a business activity and shall be taxable under the commercial lease classification.
- D. For periods prior to July 17, 1993, gross income from the rental of one economic unit of agricultural property shall not be taxable if the following conditions exist:
 1. A lessor had income from another source which was unrelated to the income from the rental of one economic unit of agricultural property and such income was of a significant amount so as to indicate that the rental activity was not the sole or main support of the lessor and
 2. The scope and degree of the rental activity clearly indicated that the rental activity was an investment activity rather than income from a business.

- E. For periods from and after July 17, 1993, gross income from the rental of agricultural property shall not be subject to tax if the conditions of A.R.S. § 42-5069(C)(12) are met.
- F. The following situations are indicative of the application of the general provisions of the commercial lease classification:
 1. A three-story office building is lease in its entirety to a large law firm. The building is one unit of property. Prior to August 1, 1988, the lessor of the office building was not considered to be engaged in business under the commercial lease classification if the conditions of subsection (A) existed. Commencing on or after August 1, 1988, the single rental of commercial real property is subject to tax under the commercial lease classification.
 2. Individual spaces in a small medical building are rented to three different members of the medical profession on separate leases. The property consists of three units. Regardless of the time period in which the rental occurred, the lessor in this situation has always been engaged in business under the commercial lease classification.
 3. A partnership is formed to hold one unit of real property for purposes of leasing. Income received from this activity is taxable since the partnership was formed for business purposes.
 4. Two hundred acres of farmland are leased to one tenant. The acreage is one economic unit of agricultural property. The lessor is employed as an engineer and leases the property as an investment. Regardless of the time period in which the lease occurred, the lessor of the property is not engaged in business under the commercial lease classification.
 5. Two hundred acres of agricultural property are leased to five unrelated parties on separate leases. The property consists of five economic units of agricultural property. Regardless of the time period in which the leases occurred, the lessor is engaged in business under the commercial lease classification. Five separate lease agreements are not a casual activity and the lessor does not fall within any of the current exemptions under A.R.S. § 42-5069(C)(12).

Historical Note

Repealed effective April 13, 1987 (Supp. 87-2). New Section R15-5-1602 renumbered from R15-5-1607 and amended effective April 21, 1995 (Supp. 95-2). R15-5-1602(A), (E) and (F)(5) corrected to reflect updated citation references to Arizona Revised Statutes (Supp. 06-4).

R15-5-1603. Renumbered**Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Section R15-5-1603 renumbered to R15-5-1601 effective April 21, 1995 (Supp. 95-2).

R15-5-1604. Gross Income

- A. Gross income under the commercial lease classification shall include all amounts paid to or on behalf of the lessor including but not limited to the following items:
 1. Rent;
 2. Property tax paid by the lessee either as reimbursement to the lessor or paid directly to the county assessor on the lessor's behalf;
 3. Insurance paid by the lessee either as reimbursement to the lessor or directly on the lessor's behalf;
 4. Common area maintenance charges paid by the lessee;
 5. Payments by the lessee for the promotion of the facility or of the lessee;

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6. Flat fees paid by the lessee for telephone and reception services, clerical services, library services, reproduction services or facsimile services when such services are contracted for as part of the lease or are obligatory under the lease;
7. Utility connect/disconnect charges;
8. Improvements to the leased property made on behalf of the lessor; or
9. Reimbursement for utility service in excess of the actual amount charged by the utility company.

B. Refundable deposits shall not be subject to tax at the time of receipt if such deposits are separate from gross receipts from commercial leasing and are maintained on the books and records of the lessor as a liability and not as income.

1. Any portion of a refundable deposit which is retained by the lessor as a forfeited deposit shall be included in gross receipts subject to tax.
2. Any portion of a refundable deposit which is not claimed by the tenant at the time the tenant departs shall be presumed to be abandoned property if not claimed within five years from the date of departure pursuant to A.R.S. Title 44, Chapter 3 and shall be reported and delivered as unclaimed property to the Department after the five-year period of time has elapsed.
3. If amounts reported as income are claimed as refundable deposits, the burden of proof shall be on the taxpayer to show that the income reported is not gross receipts subject to tax.

C. Nonrefundable charges, such as cleaning charges, shall be included in gross income at the time of receipt.

Historical Note

Repealed effective April 13, 1987 (Supp. 87-2). Adopted effective April 21, 1995 (Supp. 95-2).

R15-5-1605. Rental to Government Agencies

- A.** Gross receipts from the rental of real property to the United States Government, state of Arizona, or any other government agency shall be taxable under the commercial lease classification unless otherwise exempt.
- B.** For periods beginning May 24, 1990, and ending on March 31, 1993, the gross receipts from the rental of a single unit of real property to the United States Government shall not be subject to tax if the lessor did not have any other commercial lease income and either of the following conditions existed;
 1. The real property was listed on the National Register of Historic Places; or
 2. The real property was leased to the United States Postal Service for use as a postal facility.

Historical Head

Amended effective April 21, 1995 (Supp. 95-2).

R15-5-1606. Nonprofit Organizations

- A.** Nonprofit organizations shall be subject to tax under the commercial lease classification for gross receipts from the rental of real property unless otherwise exempt.
- B.** Leases of real property to nonprofit organizations shall be subject to tax under the commercial lease classification unless otherwise exempt.

Historical Head

Amended effective April 21, 1995 (Supp. 95-2).

R15-5-1607. Renumbered

Historical Note

Amended effective November 1, 1976 (Supp. 76-5).
Amended effective November 7, 1978 (Supp. 78-6). Sec-

tion R15-5-1607 renumbered to R15-5-1602 effective April 21, 1995 (Supp. 95-2).

R15-5-1608. Commercial property - storage facilities

Income from the rental of storage facilities is taxable, provided the lessee retains the right of direct access to the stored goods. Conversely, the storage of property by a warehouse, when the warehouse proprietor maintains full control over the specific location of the stored goods within the building, is not taxable. Such storage is deemed to be a service rather than rental of real property.

R15-5-1609. Commercial property - licensee agreements

When a department store enters into an agreement with a licensee to provide space within the store which does not give the licensee exclusive right to any specific area within the store, the income from such an agreement is not subject to tax. The transaction is deemed to be a licensee agreement rather than the subleasing of real property.

R15-5-1610. Expired

Historical Note

Amended effective April 21, 1995 (Supp. 95-2). Section expired under A.R.S. § 41-1056(E) at 12 A.A.R. 4742, effective September 30, 2006 (Supp. 06-4).

R15-5-1611. Repealed

Historical Note

Repealed effective January 16, 1997 (Supp. 97-1).

R15-5-1612. Repealed

Historical Note

Repealed effective January 16, 1997 (Supp. 97-1).

R15-5-1613. Repealed

Historical Note

Amended effective November 1, 1976 (Supp. 76-5).
Repealed effective April 21, 1995 (Supp. 95-2).

R15-5-1614. Renumbered

Historical Note

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Renumbered to R15-5-1001 (Supp. 94-2).

R15-5-1615. Renumbered

Historical Note

Amended effective November 7, 1978 (Supp. 78-6).
Renumbered to R15-5-1002 (Supp. 94-2).

R15-5-1616. Repealed

Historical Note

Repealed effective April 21, 1995 (Supp. 95-2).

R15-5-1617. Repealed

Historical Note

Repealed effective April 21, 1995 (Supp. 95-2).

ARTICLE 17. RESTAURANT CLASSIFICATION

R15-5-1701. Repealed

Historical Note

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-1702. Repealed

Historical Note

Amended effective November 7, 1978 (Supp. 78-6).

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Repealed April 21, 1995 (Supp. 95-2).

Amended effective December 16, 1997 (Supp. 97-4).

R15-5-1703. Repealed**Historical Note**

Repealed effective March 18, 1981 (Supp. 81-2).

R15-5-1704. Providing Food or Drink to Government Agencies

A restaurant's gross proceeds of sales or gross income from sales of food or drink to the United States Government, the state or its political subdivisions, or any other government agency, or its employees is included in the tax base under the restaurant classification unless exempt as a sale to a qualifying hospital under A.R.S. § 42-5074(B)(7) or as a sale *for consumption within the premises of a prison, jail or other institution under the jurisdiction of the state department of corrections, the department of public safety, the department of juvenile corrections or a county sheriff* under A.R.S. § 42-5074(B)(9).

Historical Note

Amended effective December 16, 1997 (Supp. 97-4).

R15-5-1704 corrected to reflect updated citation references to Arizona Revised Statutes (Supp. 06-4).

R15-5-1705. Amusement Devices

A restaurant's gross proceeds of sales or gross income from the operation of amusement devices is included in the tax base under the amusement classification (see Article 4).

Historical Note

Amended effective December 16, 1997 (Supp. 97-4).

R15-5-1706. Cover Charges

A restaurant's gross proceeds of sales or gross income from a cover charge or other minimum charge is included in the tax base under the restaurant classification.

Historical Note

Amended effective December 16, 1997 (Supp. 97-4).

R15-5-1707. Repealed**Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

R15-5-1708. Gratuities (Tips)

A. A restaurant's gross receipts from gratuities that are separately stated on the check or bill are not included in the restaurant's tax base if:

1. The exact amount charged on a check for gratuities is segregated on the seller's records for the account of the employees actually providing the services; and
2. The amounts so segregated are distributed directly to the employees providing the services for which the charges were made.

B. If a restaurant cannot specifically segregate the charges for gratuities or if any portion of the amounts charged for gratuities is not distributed to the employees involved, the total gross receipts from the gratuities are included in the tax base under the restaurant classification.

Historical Note

Amended effective December 16, 1997 (Supp. 97-4).

R15-5-1709. Coupon Redemption

A restaurant that accepts coupons is subject to transaction privilege tax on the full sales price of the food or beverage before the coupon value is deducted if the restaurant receives advertising, services, or products in exchange for providing the discounts.

Historical Note

Adopted effective November 7, 1978 (Supp. 78-6).

ARTICLE 18. REPEALED**R15-5-1801. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-1802. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1803. Renumbered**Historical Note**

Renumbered to R15-5-181 effective August 9, 1993 (Supp. 93-3).

R15-5-1804. Renumbered**Historical Note**

Renumbered to R15-5-182 effective August 9, 1993 (Supp. 93-3).

R15-5-1805. Renumbered**Historical Note**

Renumbered to R15-5-104 effective August 9, 1993 (Supp. 93-3).

R15-5-1806. Repealed**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6).
Repealed effective August 9, 1993 (Supp. 93-3).

R15-5-1807. Repealed**Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

R15-5-1808. Renumbered**Historical Note**

Renumbered to R15-5-111 effective August 9, 1993 (Supp. 93-3).

R15-5-1809. Renumbered**Historical Note**

Renumbered to R15-5-110 effective August 9, 1993 (Supp. 93-3).

R15-5-1810. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1811. Renumbered**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6).
Renumbered to R15-5-101 effective August 9, 1993 (Supp. 93-3).

R15-5-1812. Repealed**Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

Editor's Note: The information about casual sales that formerly was contained in R15-5-1812, and which is referenced in subsection R15-5-151(C)(1), now appears in R15-5-2001.

R15-5-1813. Renumbered

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Historical Note

Renumbered to R15-5-2011 effective October 14, 1993 (Supp. 93-4).

R15-5-1814. Renumbered**Historical Note**

Amended subsections (A) and (B) effective March 18, 1981 (Supp. 81-2). Renumbered to R15-5-170 effective August 9, 1993 (Supp. 93-3).

R15-5-1815. Renumbered**Historical Note**

Renumbered to R15-5-105 effective August 9, 1993 (Supp. 93-3).

R15-5-1816. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1817. Renumbered**Historical Note**

Renumbered to R15-5-103 effective August 9, 1993 (Supp. 93-3).

R15-5-1818. Renumbered**Historical Note**

Renumbered to R15-5-132 effective August 9, 1993 (Supp. 93-3).

R15-5-1819. Renumbered**Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended subsection (B), paragraph (1) effective March 18, 1981 (Supp. 81-2). Renumbered to R15-5-156 effective August 9, 1993 (Supp. 93-3).

R15-5-1820. Renumbered**Historical Note**

Renumbered to R15-5-133 effective August 9, 1993 (Supp. 93-3).

R15-5-1821. Renumbered**Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended subsection (B) effective March 18, 1981 (Supp. 81-2). Renumbered to R15-5-183 effective August 9, 1993 (Supp. 93-3).

R15-5-1822. Renumbered**Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended paragraphs (9) and (10) effective March 18, 1981 (Supp. 81-2). Renumbered to R15-5-120 effective August 9, 1993 (Supp. 93-3).

R15-5-1823. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1824. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1825. Renumbered**Historical Note**

Renumbered to R15-5-180 effective August 9, 1993 (Supp. 93-3).

R15-5-1826. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1827. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1828. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1829. Renumbered**Historical Note**

Renumbered to R15-5-134 effective August 9, 1993 (Supp. 93-3).

R15-5-1830. Renumbered**Historical Note**

Renumbered to R15-5-121 effective August 9, 1993 (Supp. 93-3).

R15-5-1831. Repealed**Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

R15-5-1832. Repealed**Historical Note**

Former Section R15-5-1832 repealed, new Section R15-5-1832 adopted effective September 3, 1978 (Supp. 78-6). Repealed effective August 9, 1993 (Supp. 93-3).

R15-5-1833. Renumbered**Historical Note**

Former Section R15-5-1833 repealed, new Section R15-5-1833 adopted effective March 18, 1981 (Supp. 81-2). Renumbered to R15-5-136 effective August 9, 1993 (Supp. 93-3).

R15-5-1834. Renumbered**Historical Note**

Renumbered to R15-5-112 effective August 9, 1993 (Supp. 93-3).

R15-5-1835. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1836. Renumbered**Historical Note**

Renumbered to R15-5-150 effective August 9, 1993 (Supp. 93-3).

R15-5-1837. Repealed**Historical Note**

Repealed effective April 15, 1993 (Supp. 93-2).

R15-5-1838. Repealed

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Historical Note

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1839. Renumbered**Historical Note**

Renumbered to R15-5-129 effective August 9, 1993 (Supp. 93-3).

R15-5-1840. Renumbered**Historical Note**

Renumbered to R15-5-122 effective August 9, 1993 (Supp. 93-3).

R15-5-1841. Repealed**Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

R15-5-1842. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1843. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1844. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1845. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1846. Renumbered**Historical Note**

Renumbered to R15-5-3004 effective July 23, 1985 (Supp. 85-4).

R15-5-1847. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1848. Renumbered**Historical Note**

Renumbered to R15-5-126 effective August 9, 1993 (Supp. 93-3).

R15-5-1849. Renumbered**Historical Note**

Renumbered to R15-5-123 effective August 9, 1993 (Supp. 93-3).

R15-5-1850. Renumbered**Historical Note**

Former Section R15-5-1850 repealed, new Section R15-5-1850 adopted effective June 18, 1987 (Supp. 87-2).
Section R15-5-1850 renumbered to R15-5-2010 effective October 14, 1993 (Supp. 93-4).

R15-5-1851. Repealed**Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

R15-5-1852. Repealed**Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

R15-5-1853. Renumbered**Historical Note**

Adopted effective November 7, 1978 (Supp. 78-6).
Amended effective June 16, 1987 (Supp. 87-2). Renumbered to R15-5-154 effective August 9, 1993 (Supp. 93-3).

ARTICLE 18.1. SALES OF FOOD**R15-5-1860. Definitions**

For the purpose of these rules, unless the context requires otherwise, the following definitions will apply:

1. "Accessory food items" means coffee, tea, cocoa, carbonated and uncarbonated drinks, candy, condiments and spices, and other non-staple foods.
2. "Attendant" means a person, generally the employee of the retailer, who waits on the customers, or tends to their needs.
3. "Automatic retailer" means a coin operated mechanical device or system which sells tangible personal property. Such device or system must itself vend or sell the items, i.e., a device or system which delivers the subject of the sale, or by automatic action physically delivers the thing sold. Vending machines are considered automatic retailers.
4. "Caterer" means a person engaged in the business of serving meals, food and drinks on the premises used by his customer, but does not include employees hired by the hour of day.
5. "Delicatessen" means a business which sells specialty food items, such as prepared cold meats, perishable food and grocery items kept under refrigeration.
6. "Facilities for the consumption of food" means appropriate furniture, tableware, or parking areas for sitting both in or on the premises of the business, either in or out of a motor vehicle.
7. "Food"
 - a. Under A.R.S. § 42-1387, the Department is required to promulgate rules defining food as those items that may be purchased from an eligible grocery business with food coupons, but in no event may such definition of food include food for consumption on the premises, alcoholic beverages or tobacco. Even though alcoholic beverages and food for consumption on the premises may be intended for human consumption, such items are not considered food by the statutory provisions. In these rules, items that are considered food by the Statutes, and therefore tax exempt if sold by a qualified retailer, shall be referred to as "tax exempt foods." Other items that may be intended for human consumption but are excluded from the definition of food by the Statute, and are therefore subject to the Sales Tax, shall be referred to herein as "taxable foods."
 - b. "Food" means: Items intended for human consumption. Food is deemed to be intended for human consumption when its intended or ordinary use is as a food for human consumption or is an ingredient used in preparing food for human consumption. For example, even though animal food may be used by some humans, its ordinary or intended use is not for human consumption. Also, even though vitamins and other medication may be ingested, its intended or ordinary use is as a health aid or therapeutic agent

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- or a deficiency corrector and is not intended for use as food. Following is a numeration of items which the Department does not consider food for human consumption:
- i. Pet food and supplies
 - ii. Cosmetics and grooming items
 - iii. Tobacco products
 - iv. Soaps and paper products and household supplies
 - v. Dietary supplements such as vitamins or protein supplements
 - vi. Medicines
 - vii. Fertilizer
8. "Food for consumption on the premises"
- a. "Food for consumption on the premises" means the following:
 - i. Hot prepared food, including products, items or ingredients of food which are prepared and sold or are intended to be sold in a heated condition. This also includes a combination of hot and cold food items or ingredients if a single price is charged by the retailer.
 - ii. Hot or cold sandwiches including frozen sandwiches.
 - iii. Food served by an attendant to be eaten at tables, chairs, benches, booths, stools, counters and within parking areas (for in-car consumption).
 - iv. Food served with trays, glasses, dishes or other tableware. Food which is generally selected by the customer from available displays and then taken by the customer to a checkout stand for payment is not considered to be served by the retailer.
 - v. Beverages sold in cups, glasses or open containers. Beverages shall include items such as milk shakes and ice cream floats.
 - vi. Food sold by caterers.
 - vii. Food sold within the premises of theaters, exhibitions, fairs, amusement parks, bowling alleys, athletic events, and other shows or contests and any businesses which charge admission, entrance or cover fees for exhibition, amusement, entertainment or instruction. While food for consumption on the premises includes any food sold within the premises of certain businesses, including businesses that charge admission, entrance or cover fees for exhibition, amusement, entertainment or instruction, food for consumption on premises does not include sales of tax exempt food by a qualified retailer within the premises of a full time educational institution that charges tuition for a full course of studies.
 - b. Any item enumerated in subparagraph (a) which is sold on a take-out or to-go basis is still considered to be food for consumption on the premises and therefore taxable.
9. "Food intended for home consumption" means food, other than food for consumption on the premises, which is usually intended to be consumed at home. Unless the taxpayer can establish to the contrary, food delivered by a retailer to an office or other business establishment shall not be considered food intended for home consumption.
10. "Home" means a natural person's usual or habitual dwelling place, including rest homes, nursing homes, jails and other such institutions.
11. "Premises" means the total space and facilities, including buildings, grounds and parking lot that are made available for use by the retailer for the purpose of consuming food sold by such retailer.
12. "Qualified retailer"
- a. A qualified retailer or qualified retail business is one that may be eligible to sell tax exempt food without including the sale of tax exempt food items in its taxable base. A retailer other than a qualified retailer must pay a tax measured by the sale of otherwise exempt food even though the sale of such items would be exempt if sold by a qualified retailer.
 - b. Qualified retailers are:
 - i. An eligible grocery business, which includes retailers who are eligible to participate in the United States Department of Agriculture Food Stamp Program, whether such retailer actually participates in the food stamp program. If a retailer is eligible to participate in the food stamp program, but does not participate in such program, such retailer may only be an eligible grocery business if the retailer first makes application to the Department to sell food tax exempt. Examples of retailers that might be considered eligible grocery businesses include:
 - (1) Grocery stores;
 - (2) Convenience stores;
 - (3) Butcher shops;
 - (4) Bakeries;
 - (5) Dairy stores;
 - (6) Cheese stores;
 - (7) Farmer's markets.
 - ii. Retailers whose primary business is not the sale of food, but who sell food in a manner similar to grocery stores. This category includes stores such as department stores, drug stores, and gas stations.
 - iii. Retailers who sell food and who do not provide any facilities for consumption of food on the premises. This category may include certain health food stores, and certain outlets retailing soda and other similar beverages in bottles or cans, but not cups.
 - iv. Delicatessen business, if such retailer conducts his business so that the sale of tax exempt foods and other taxable items may be separately accounted for, through, for example, the use of two (2) cash registers, or a cash register with at least two (2) tax computing keys which are used to record taxable and tax exempt sales.
 - v. A retailer who is a street or sidewalk vendor who uses a pushcart.
 - vi. Vending machines and other automatic retailers.
13. "Staple food" means those food items intended for home preparation and consumption, which includes meat, poultry, fish, bread and bread stuffs, cereals, vegetables, fruits, fruit and vegetable juices, and dairy products.
14. "Taxable foods" are items which may be intended for human consumption, but are still subject to the Sales Tax when sold. Examples of taxable foods would be alcoholic beverages, and food for consumption on the premises.
15. Tax-exempt foods

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- a. "Tax exempt foods" are generally those items of food intended for home consumption which, if purchased from an eligible grocery business, would be eligible as of January 1, 1979, to be purchased with food coupons issued by the United States Department of Agriculture.
 - b. Tax-exempt food shall also include any new items of food intended for human consumption which would have been eligible for purchase with food coupons issued by the United States Department of Agriculture if such items would have existed for sale on January 1, 1979.
 - c. The following are examples of items which the Department will consider as tax exempt food:
 - bread and flour products;
 - vegetables and vegetable products
 - candy and confectionery
 - sugar, sugar products and substitutes
 - cereal and cereal products
 - butter, oleomargarine, shortening and cooking oils
 - cocoa and cocoa products
 - coffee and coffee substitutes
 - milk and milk products
 - eggs and egg products
 - tea
 - meat and meat products
 - spices, condiments, extracts and food colorings
 - fish and fish products
 - frozen foods
 - soft drinks and soda (including bottles on which a deposit is required to be paid)
 - fruit and fruit products
 - packaged ice cream products
 - dietary substitutes
 - ice cubes and bottled water including carbonated and mineral water
 - purchases of seed and plants for use in gardens to produce food items for personal consumption
16. "Two tax computing keys" shall mean the mechanical or electronic function in a cash register which can separately record and accumulate taxable and nontaxable items without having the items presorted.

Historical Note

Adopted as an emergency effective June 30, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-3). Former emergency adoption now amended and adopted effective October 15, 1980 (Supp. 80-5).
Amended by final expedited rulemaking at 25 A.A.R. 327, effective January 14, 2019 (Supp. 19-1).

R15-5-1861. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1862. Restaurant food sales

- A. Restaurants are generally not qualified retailers, and therefore cannot sell food tax free, but are taxable upon all of their gross income or gross proceeds of sale.
- B. If a qualified retailer also operates a restaurant, the gross income or gross receipts of a sale from the two (2) activities must be kept separate. The gross receipts or gross income from the operation of the restaurant shall always be taxable, as will the income from all sales of taxable food and nonfood items. Except for items which may be exempt under some other provision,

only tax-exempt foods sold by a qualified retailer not in connection with its restaurant operation shall be exempt.

- C. To the extent that a delicatessen may sell taxable food, such as hot or cold sandwiches, such delicatessen will be required to report under this classification. Since a delicatessen business may constitute a qualified retailer, such business may still be eligible to sell tax exempt food, if such sales are separately accounted for.

Historical Note

Adopted as an emergency effective June 30, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-3). Former emergency adoption now amended and adopted effective October 15, 1980 (Supp. 80-5).

R15-5-1863. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1864. Repealed**Historical Note**

Repealed effective October 17, 1986 (Supp. 86-5).

R15-5-1864.01. Repealed**Historical Note**

Repealed effective October 17, 1986 (Supp. 86-5).

R15-5-1864.02. Repealed**Historical Note**

Repealed effective October 17, 1986 (Supp. 86-5).

R15-5-1864.03. Repealed**Historical Note**

Repealed effective October 17, 1986 (Supp. 86-5).

R15-5-1864.04. Repealed**Historical Note**

Repealed effective October 17, 1986 (Supp. 86-5).

R15-5-1865. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1866. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1867. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

ARTICLE 19. REPEALED**R15-5-1901. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-1902. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1903. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1904. Repealed

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Historical Note

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1905. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-1906. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

ARTICLE 20. GENERAL ADMINISTRATION**R15-5-2001. Renumbered****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3). New Section R15-5-2001 renumbered from R15-5-202 and amended effective October 14, 1993 (Supp. 93-4). R15-5-2001(4) corrected to reflect an updated citation reference to Arizona Revised Statutes (Supp. 06-4). Section R15-5-2001 renumbered to R15-5-101 by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2002. Liability for Transaction Privilege Tax

- A.** The transaction privilege tax is imposed directly on the person engaged in a taxable business in or within Arizona, including a retailer located outside the state who is engaging or continuing in business in this state as a remote seller or marketplace facilitator and who meets the threshold requirements in A.R.S. § 42-5044. The vendor shall be liable for the tax, regardless of whether or not the vendor passes on the economic burden of the tax to the customer.
- B.** A retailer establishes its physical presence within Arizona by activities performed in this state on its behalf that are significantly associated with the retailer's ability to establish and maintain a market in this state for its sales. Activities and factors that, by themselves or in conjunction with others, establish a retailer's physical presence within Arizona include the following:
 - 1. The retailer maintains an office or other place of business in Arizona, regardless of whether such location performs a sales-related or other business function.
 - 2. The retailer owns or leases real or personal property in Arizona.
 - 3. The retailer maintains an inventory of products in Arizona at its own direction and control.
 - 4. The retailer's merchandise or goods are delivered into Arizona on vehicles owned or leased by the retailer and the retailer makes such deliveries into Arizona on an ongoing basis.
 - 5. Other local activities performed by the retailer's employees, agents, representatives, contractors, or affiliated persons in Arizona that enable the retailer to maintain and improve its name recognition, market share or sales volume, goodwill, and individual customer relations may establish physical presence if the activities are not of a transitory nature, as described in subsections (D) and (E). Such activities may include: soliciting sales through an ongoing local marketing contract; delivering, installing or repairing property sold to customers through an ongoing contract with either the customer or a local partner; or conducting training or similar support services for customers or for employees or representatives of the retailer on an ongoing basis.
- C.** A retailer having a physical presence within Arizona as described in subsection (B) of this Section shall be considered

liable for transaction privilege tax as a taxpayer located within Arizona.

- D.** A retailer's activities in Arizona are not of a transitory nature if such activities generate gross receipts, are ongoing, and are regularly conducted from within the state. Alternately, a retailer's activities in Arizona are not of a transitory nature if such activities generate gross receipts and the retailer regularly conducts the same business activities outside of Arizona.
 - 1. Example: Employees who travel to Arizona for a business meeting, conference, or similar event and who do not otherwise engage in a taxable business activity during their time within the state would not establish physical presence in Arizona, regardless of the duration of their stay. Such stays would not be considered ongoing, even though the events take place in Arizona.
 - 2. Example: A retailer that provides remote one-time assistance to a customer who has a specific problem installing or using a product purchased remotely would not establish physical presence. The retailer's assistance does not appear ongoing and the activity is conducted from outside the state.
 - 3. Example: A retailer that sells WiFi-enabled (IoT) appliances also offers a service contract that allows its technicians to remotely access its customers' appliances to regularly update, maintain, or troubleshoot firmware. The provision of services through such contracts with Arizona customers would not establish physical presence for the retailer. The retailer's services, while ongoing, are conducted from outside the state.
 - 4. Example: A retailer that has a salesperson who regularly travels to Arizona for the purposes of selling goods and services and supporting previously sold goods and services may have physical presence, even if the salesperson is a resident of California and only present in Arizona temporarily throughout the calendar year. The retailer's sales activities, as conducted through its salesperson, are ongoing and conducted from within the state.
 - 5. Example: A retailer's employee who is a Nevada resident but is working remotely from Arizona while on vacation, performing bookkeeping and other routine business functions, does not establish physical presence in Arizona for the business. The employee's in-state activities are not significantly associated with a retailer's ability to establish and maintain a market in Arizona for its sales.
 - 6. Example: A new Utah-based retailer that has never made any sales to Arizona purchasers brings an inventory of crystals to sell at a two-day mineral and fossil show in Arizona. Over the two-day period, the retailer makes \$3,000 in sales. As an out-of-state retailer making sales from within Arizona who has not met the threshold requirements in A.R.S. § 42-5044, the retailer will incur an Arizona transaction privilege tax liability on the sales it makes at the show. Such Arizona-based sales are not considered for purposes of meeting the threshold requirements for a remote seller, pursuant to A.R.S. § 42-5044. If the retailer does not anticipate conducting additional sales from within Arizona on an ongoing basis, it should apply for a seasonal license to participate in the show.
 - 7. Example: At the same mineral and fossil show described in subsection (D)(6), an new Arizona-based retailer of semi-precious gems also brings an inventory to sell at the show for the first time. As a retail business located in Arizona, the retailer must be licensed and must report and remit Arizona transaction privilege tax on its sales made at the show.

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- E. Effective October 1, 2019, a retailer that establishes physical presence in Arizona pursuant to this rule shall continue to be responsible for reporting and remitting transaction privilege tax for the duration of such physical presence. If the retailer terminates its physical presence in the state, it shall report and remit transaction privilege tax for all transactions occurring on or before the last day of the month in which the vendor terminates its physical presence.

Historical Note

Repealed effective April 13, 1987 (Supp. 87-2). New Section R15-5-2002 renumbered from R15-5-204 and amended effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2003. Applicability of Provisions to Marketplace Facilitators and Remote Sellers

Articles 1, 20, and 22 of this Chapter apply to any marketplace facilitator or remote seller who meets the threshold requirements in A.R.S. § 42-5044.

Historical Note

Repealed effective April 13, 1987 (Supp. 87-2). New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2004. Multi-Location and Multi-Business Taxpayers

- A. A taxpayer with multiple licenses for separate businesses shall maintain separate records for each licensed business, including details relating to the computation of taxes and exempt sales and digital or hard copies of applicable exemption certificates, as provided in subsection (B).
- B. The Department may request that records required to be maintained under this Section be made accessible for inspection or copying. To the extent reasonable or possible, the taxpayer shall make these records available to the Department in an electronic format, if requested.
- C. A tax is levied upon the privilege of engaging in specified businesses within Arizona. Class codes for reporting gross receipts subject to tax have been determined by the Department based on statutory provisions. Each business classification is independent of the others even when transacted under one license. A person who engages in more than one type of business under each license shall maintain books and records so that the gross proceeds of sales or gross income of each taxable business classification is shown separately.
- D. Except as provided in subsection (E), a marketplace facilitator shall maintain records that separately show sales made on its own behalf and sales made on behalf of marketplace sellers. Such records shall include details relating to the computation of taxes and exempt sales and also include digital or hard copies of applicable exemption certificates, as provided in subsection (B).
- E. If a marketplace facilitator reported through non-amended returns and remitted transaction privilege tax on sales made on its own behalf and sales made on behalf of marketplace sellers for tax periods on or before August 27, 2019, the marketplace facilitator shall maintain records that show details relating to the computation of taxes and exempt sales, and also include copies of applicable exemption certificates for both sales made on their own behalf and on behalf of a marketplace seller. A marketplace facilitator shall have an alternate method to demonstrate the portion of sales made on behalf of marketplace sellers if under audit or for the purposes of claiming liability relief under A.R.S. § 42-5043 and R15-5-2216.
- F. A remote seller shall maintain records that separately show sales made directly to its own customers and sales made on its

behalf through a marketplace facilitator. Such records shall include details relating to the computation of taxes and exempt sales and also include digital or hard copies of applicable exemption certificates, as provided in subsection (B).

- G. Failure to maintain appropriate books and records shall result in the imposition of the tax at the highest tax rate on gross proceeds of sales or gross income applicable to a classification under which the taxpayer is doing business.

Historical Note

Repealed effective April 13, 1987 (Supp. 87-2). New Section R15-5-2004 renumbered from R15-5-2215 and amended effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2005. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-2006. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-2007. Credit for Accounting and Reporting Expenses

- A. For purposes of this rule, the following definitions apply:
1. "Reporting period" means a calendar month unless another period is authorized pursuant to A.R.S. § 42-1322.
 2. "Statutory delinquency date" means the date by which a payment of tax is considered delinquent pursuant to A.R.S. § 42-1322.
 3. "Tax return" means the Transaction Privilege, Use, and Severance Tax Return (TPT-1).
 4. "Taxable business" means a business which is subject to either transaction privilege or severance tax.
 5. "Taxpayer" means taxpayer as defined in A.R.S. § 42-1322.04(C), including an entity which is exempt from state income tax. The following are considered a single taxpayer:
 - a. Members of an Arizona affiliated group filing a consolidated corporate income tax return under A.R.S. § 43-947;
 - b. Corporations in a unitary business filing a combined corporate income tax return under A.A.C. R15-2-1131(E);
 - c. Married taxpayers operating separate sole proprietorships and filing a joint income tax return under A.A.C. R15-2-1131(E); or
 - d. Partnerships, S Corporations, trusts, or estates conducting multiple businesses, filing a single income tax return.
- B. A taxpayer shall compute the credit, using the full amount of tax as required to be reported on the tax return, including any excess tax collected. The Department shall not allow a credit against taxes other than the state transaction privilege tax and the severance tax.
- C. Except as provided in subsection (D), the Department shall not allow a credit if the taxpayer fails to pay the tax due before the statutory delinquency date. Failure to pay the tax due includes the following circumstances:
1. The taxpayer makes an underpayment of tax due, including any estimated tax due, or,
 2. The taxpayer's check is dishonored.
- D. In the case of taxpayer computational error, the Department shall allow the credit based on the amounts originally filed, if

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the computational error resulted in the overpayment or underpayment of the tax actually due:

1. In the case of an overpayment, the Department shall allow the credit on the actual amount of tax due for the reporting period.
 2. In the case of an underpayment, the Department shall allow the credit on the amount of the tax paid prior to the statutory delinquency date.
- E. To receive the credit for each reporting period, the taxpayer shall claim the credit on the tax return. If the taxpayer understates the amount of the credit on the tax return, the Department shall allow the amount of credit which the taxpayer has claimed. The taxpayer may file an amended return to claim any unclaimed portion of the credit if the taxpayer timely paid the tax upon which the credit is based. If the taxpayer overstates the amount of the credit, the Department shall allow the amount of credit actually permitted for the reporting period.
- F. A taxpayer is entitled to one credit, regardless of the number of licenses, businesses, or locations the taxpayer may have. Taxpayers with multiple licenses for separate businesses or separate locations shall elect the manner in which to allocate the credit among their licenses within the \$10,000 annual limitation. The election shall be made on a form 51-T. The taxpayer shall file the election on or before January 15 of the first year for which an election is being made or within 30 days prior to beginning operations if the taxpayer is a new business entity. The taxpayer is required to file an election one time; however, a new election may be filed under the following circumstances:
1. If a taxpayer does not claim the entire \$10,000 credit during the calendar year, the taxpayer may amend the election at the end of the calendar year to reallocate the unclaimed portion of the credit for that particular year. This amended election shall be filed on or before January 31 of the following year. To claim the reallocated credit, the taxpayer shall file an amended tax return for each reporting period in which a sufficient tax was due and timely paid. For example: an individual owns three separate businesses with different transaction privilege tax licenses. At the beginning of the year, the individual allocates the \$10,000 credit as follows: \$3,000 to Company A; \$2,000 to Company B; and \$5,000 to Company C. At the end of the year, Companies A and B have claimed the credit up to their allocated amounts. However, Company C has only claimed \$1,000 of its allocated credit. Company A timely paid a sufficient amount of tax during the months of August and September to qualify for an additional \$4,000 credit. The individual may amend the election to reallocate the unclaimed credit to Company A. To claim the \$4,000 credit, the individual must file an amended tax return for Company A for the months of August and September.
 2. If a taxpayer acquires, sells, or terminates a taxable business during the calendar year, the taxpayer may amend the election at that time to reallocate the credit. The taxpayer shall only reallocate the portion of the credit which has not been claimed by the date on which the taxpayer acquires, sells, or terminates the business. The taxpayer shall ensure that the election relates to the acquired, sold, or terminated business and is made on a prospective basis only. The taxpayer shall notify the Department of the reallocation 30 days prior to the due date of the tax return for the reporting period to which the reallocation applies. For example: Corporation A is the common parent of Corporations B and C and elects to file a consolidated corporate state income tax return. Each of the three cor-

porations conducts a taxable business activity. Since the three corporations file state income tax as one entity, Corporation A is required to allocate the \$10,000 credit among the three corporations. At the beginning of the year, Corporation A elects to allocate the entire \$10,000 credit to Corporation B. On July 1, Corporation A acquires Corporation D which also conducts a taxable business activity. Corporation A may amend its election at this time to take into account Corporation D. Corporation A may reallocate the portion of the credit not already claimed by Corporation B to Corporation D.

- G. Where a taxpayer is allocating the \$10,000 credit, the following rules apply:

1. The Department shall allow a unitary business, filing a combined corporate state income tax return, or an Arizona affiliated group, filing a consolidated corporate state income tax return, one \$10,000 credit. The unitary business or affiliated group may allocate the credit among its members. If the unitary business or affiliated group fails to allocate the \$10,000 credit, the Department shall allocate the credit to the corporation in whose name the unitary business or affiliated group files its state income tax return regardless of whether the corporation conducts a taxable business.
 - a. If a corporation joins an Arizona affiliated group or unitary business during the calendar year, the Department shall classify the corporation as a separate taxpayer for the period before it joins the affiliated group or unitary business. The Department shall classify the corporation as the same taxpayer, an affiliated group, or unitary business for the period after it joins the affiliated group or unitary business. An affiliated group or unitary business may allocate the \$10,000 credit, even if a member corporation claimed the credit before it joined the affiliated group or unitary business.
 - b. If a corporation leaves an affiliated group or unitary business during the calendar year, the Department shall classify the corporation as the same taxpayer, an affiliated group, or unitary business for the period before it leaves the affiliated group or unitary business. The Department shall not classify the corporation as the same taxpayer for the period after it leaves the affiliated group or unitary business. The corporation, as a separate taxpayer or part of a separate taxpayer, may allocate the \$10,000 credit, even if the corporation claimed the credit before it left an affiliated group or unitary business.
2. If a partnership, S corporation, trust, or estate conducts multiple taxable businesses, the Department shall allow the partnership, S corporation, trust, or estate one \$10,000 credit. The partnership, S corporation, trust, or estate may allocate the credit among its businesses. The credit shall not be allocated to the partners of a partnership, shareholders of an S corporation, or beneficiaries of a trust or estate.
3. In cases where the taxpayers are married and each spouse conducts a taxable business, the Department shall allow one \$10,000 credit per income tax return. If the married taxpayers file separate individual income tax returns, the Department shall allow each spouse one \$10,000 credit. If the married taxpayers file a joint income tax return, the Department shall allow one \$10,000 credit for the couple.

Historical Note

Renumbered from R15-5-3025 (Supp. 94-2). Amended

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effective August 13, 1996 (Supp. 96-3).

R15-5-2008. Reserved**R15-5-2009. Transactions Between Affiliated Persons Who Are Marketplace Facilitators, Marketplace Sellers, or Remote Sellers**

- A. In this Section, “affiliated person” has the same meaning as prescribed in A.R.S. § 42-5043.
- B. For the purposes of determining whether a remote seller or marketplace facilitator meets the threshold requirements in A.R.S. § 42-5044, the sales of marketplace facilitators and remote sellers who are affiliated persons shall be aggregated. If the threshold is met after aggregation of such sales, then all affiliated marketplace facilitators and remote sellers shall register with the Department for the filing and remission of retail transaction privilege tax. Marketplace facilitators and remote sellers who are affiliated persons are required to register with the Department and obtain a transaction privilege tax license under this Section for each affiliated person even if some or none of the affiliated persons would meet the threshold on an individual basis.
- C. A marketplace facilitator or remote seller with affiliated persons who meets the threshold requirements in A.R.S. § 42-5044 are not required to file consolidated returns.
- D. For the purposes of determining whether a remote seller meets the threshold requirements in A.R.S. § 42-5044, only the remote seller’s sales that are not facilitated on a marketplace shall be counted towards its threshold.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2010. Transactions Between Affiliated Persons

- A. For purposes of this rule, the following definitions apply:
 - 1. “Actual ownership” means direct ownership and control but does not include ownership by or through affiliated persons.
 - 2. “Affiliated persons” means members of the individual’s family or persons who have ownership or control of a business entity.
 - 3. “Constructive purchase price” means the fair market value or, if the fair market value cannot be determined, the value established by expert appraisal that takes into consideration all factors relevant to the transaction.
 - 4. “Control of a business entity” means direct or indirect ownership or control of more than 50% of the business entity. The following guidelines, as to indirect ownership, shall apply for purposes of determining control of a business entity.
 - a. A corporation, partnership, estate, or trust shall be considered as being owned proportionately by or for its shareholders, partners, or beneficiaries.
 - b. An individual shall be considered as owning directly or indirectly that portion which is owned by or for members of the individual’s family.
 - c. The ownership of stock by a corporation, partnership, estate, or trust shall be considered actual ownership to its shareholders, partners, or beneficiaries for purposes of making another individual a constructive owner.
 - d. Ownership based on a family relationship shall not be treated as actual ownership by the related party for the purpose of making another individual a constructive owner.
 - 5. “Fair market value” means the gross receipts that the transaction would have brought in the open market at a

time and location similar to that of the affiliated party transaction and between a willing purchaser and a willing seller, who are not affiliated and have reasonable knowledge of the relevant facts.

- 6. “Members of the individual’s family” means the relationship of spouse, brothers, and sisters, whether by whole or half blood and including adopted persons, ancestors, and lineal descendants.
- B. The tax shall be computed upon the constructive purchase price when:
 - 1. The transaction is between affiliated persons, and
 - 2. The facts and circumstances indicate that the reported gross receipts from the transaction are not indicative of the fair market value of the transaction.

Historical Note

Renumbered from Section R15-5-1850 and amended effective October 14, 1993 (Supp. 93-4). Corrected typographical error to reflect what was filed with the Office of Secretary of State October 14, 1993; changed “owner” to “owned” in subsection (A)(4)(a) (Supp. 97-1).

R15-5-2011. Bad Debts

- A. The deduction of a bad debt shall be allowed from gross receipts if the following conditions apply:
 - 1. The gross receipts from the transaction on which the bad debt deduction is being taken have been reported as taxable;
 - 2. The debt arose from a debtor-creditor relationship based upon a valid and enforceable obligation to pay a fixed or determinable sum of money; and
 - 3. All or part of the debt is worthless.
- B. A debt shall be considered worthless if:
 - 1. The surrounding circumstances indicate that the debt is uncollectible; and
 - 2. Legal action to enforce payment has not or, in all probability, would not result in the satisfaction of the debt.
- C. The bad debt deduction shall be computed by subtracting the amounts received on the debt from the amount originally reported as taxable. The portion of the amounts received on the debt representing carrying charges, interest, and repossession expenses, which have not been reported as taxable, shall not be allowed as a bad debt deduction.
- D. A bad debt deduction shall be taken in the month in which the conditions of subsection (A) apply.
- E. A bad debt deduction shall be allowed, pursuant to the provisions in this rule, on conditional or installment sales if:
 - 1. The tax liability is paid on the full sales price of the tangible personal property at the time of the sale; or
 - 2. A contract or other financial obligation is sold to a third party as a sale with recourse and principal payments are made by the vendor to the third party, pursuant to the default of the original payor. Such principal payments may be taken as a bad debt deduction if the tax was paid by the vendor on the original sale of the tangible personal property or on the subsequent sale of the financing contract.
 - 3. For purposes of the bad debt deduction in situations of default on conditional or installment sales, a “sale with recourse” means that a vendor sells a contract or other financial obligation to a third party but retains liability for payment upon default of the original payor.
- F. Any recovery of a bad debt subsequent to a bad debt deduction shall be reported as taxable gross receipts when received.

Historical Note

Renumbered from Section R15-5-1813 and amended effective October 14, 1993 (Supp. 93-4). Corrected mis-

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spelling in subsection (E)(3) from “retails” to “retains”
(Supp. 94-2).

ARTICLE 21. UTILITIES CLASSIFICATION**R15-5-2101. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

R15-5-2102. Renumbered**Historical Note**

Renumbered to R15-5-3024 (Supp. 86-6).

R15-5-2103. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-2104. Interstate and Foreign Sales

A person engaged in business under the utilities classification may deduct from the tax base gross receipts from sales of electricity, gas, or water, delivered through transmission lines or pipelines to a point in another state or country, from a point in this state and used outside this state.

Historical Note

Amended effective October 17, 1997 (Supp. 97-4).

R15-5-2105. Locally Delivered Utilities

A person engaged in business under the utilities classification is subject to tax on the gross receipts from sales of electricity, gas, or water, produced outside this state that is delivered through transmission lines or pipelines to a point in this state, for use in this state unless an exemption applies.

Historical Note

Amended effective October 17, 1997 (Supp. 97-4).

R15-5-2106. Compressed and Bottled Liquids

The gross receipts from sales of bottled gases and bottled water are subject to tax under the retail classification unless otherwise exempt.

Historical Note

Amended effective March 18, 1981 (Supp. 81-2).
Amended effective October 17, 1997 (Supp. 97-4).

R15-5-2107. Sales to Irrigation Districts

A person engaged in business under the utilities classification is subject to tax on the gross receipts from producing and furnishing or furnishing electricity or gas to an irrigation district for the purpose of producing water for irrigation of farm lands or of lands subdivided for residential purposes which are entitled to irrigation water unless an exemption applies.

Historical Note

Amended effective October 17, 1997 (Supp. 97-4).

R15-5-2108. Repealed**Historical Note**

Repealed effective October 17, 1997 (Supp. 97-4).

R15-5-2109. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-2110. Security Deposits

Gross receipts from customer deposits that are held as security for payment of utility billings are not subject to tax until recognized as income. A deposit that is not applied to a customer's bill or refunded to a customer when utility services are discontinued shall

be presumed to be abandoned property if the customer does not claim it within the period established under A.R.S. Title 44, Chapter 3. Customer deposits that are presumed to be abandoned property under A.R.S. Title 44, Chapter 3, shall be reported and delivered to the Department as unclaimed property. Amounts delivered to the Department as unclaimed property are not included in the tax base. For example:

1. A utility company requires a new customer to deposit \$150 before it provides utility service. The customer moves and notifies the utility company to discontinue service. The customer's final bill is \$130. The utility applies the deposit to the final bill and refunds \$20 to the customer. The amount applied to the utility bill is recognized as income and subject to tax. The amount refunded to the customer is not recognized by the utility as income and is not subject to tax.
2. A utility company requires a new customer to deposit \$150 before it provides utility service. The customer notifies the utility company to discontinue service. The customer's final bill is \$130. The utility applies the deposit to the final bill. The customer does not provide a forwarding address to the utility. Therefore, the utility company is not able to refund the remaining \$20 to the customer. The amount applied to the utility bill is recognized as income and subject to tax. The remaining \$20 is presumed to be abandoned property if not claimed under A.R.S. Title 44, Chapter 3. The amount presumed to be abandoned property shall be reported and delivered to the Department as unclaimed property under A.R.S. Title 44, Chapter 3. The amount delivered to the Department as unclaimed property is not recognized as income by the utility and is not subject to tax.

Historical Note

Amended effective October 17, 1997 (Supp. 97-4).

ARTICLE 22. TRANSACTION PRIVILEGE TAX - ADMINISTRATION**R15-5-2201. Display and Issuance of License**

- A. A person maintaining a public place of business in Arizona shall display the transaction privilege tax license in a location conspicuous to the public. For the purposes of this subsection, a remote seller or marketplace facilitator who lacks an in-state physical presence as provided in R15-5-2002 is not considered to maintain a public place of business in Arizona.
- B. If a person maintains more than one place of business in Arizona, a transaction privilege tax license shall be displayed at each location.
- C. For lessors engaged in the business of commercial leasing, a transaction privilege tax license shall be displayed in each location from which the lessor engages in business transactions.
- D. The Department may issue a transaction privilege tax license to a licensee in either a hard copy format or digitally, including through AZTaxes.gov. Licensees shall maintain copies or equivalent documentation of their transaction privilege tax licenses for the record retention period prescribed in A.R.S. Title 42, Chapter 1.
- E. A transaction privilege tax license issued by the Department is for administering and collecting transaction privilege tax and is not issued for the purpose of authorizing a business to operate in this state, pursuant to A.R.S. § 41-1080 and except as otherwise required by law.

Historical Note

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended effective October 15, 1980

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(Supp. 80-5). Repealed effective February 22, 1989 (Supp. 89-1). Section R15-5-2201 renumbered from R15-5-2203 and amended effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2202. Change in Ownership

- A. A transaction privilege tax or use tax license is issued to a specific person. The license shall not be transferred to the new owner when selling a business. The new owner shall apply to the state for a new license before engaging in business transactions.
- B. Court-appointed trustees, receivers, and others in cases of liquidation or operational bankruptcies shall obtain a transaction privilege tax or use tax license.

Historical Note

Repealed effective February 22, 1989 (Supp. 89-1). Section R15-5-2202 renumbered from R15-5-2205 and amended effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2203. Change of Name or Trade Name

If a change is made in the name or trade name under which the business is operating and the ownership remains the same, the taxpayer shall apply for a new license.

Historical Note

Section R15-5-2203 renumbered to R15-5-2201, new Section R15-5-2203 renumbered from R15-5-2206 and amended effective October 14, 1993 (Supp. 93-4).

R15-5-2204. Change of Business Location or Mailing Address

- A. The taxpayer shall apply for a new transaction privilege tax or use tax license if the physical location of the business changes.
- B. The taxpayer shall notify the Department of a change in mailing address by submitting a form prescribed by the Department or through AZTaxes.gov.

Historical Note

Amended effective October 15, 1980 (Supp. 80-5). Section R15-5-2204 repealed, new Section R15-5-2204 renumbered from R15-5-2207 and amended effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2205. Surrender of License upon Sale or Termination of Business

- A. If a business is sold or terminated, the taxpayer shall notify the Department of the date of sale or termination by submitting a form prescribed by the Department or through AZTaxes.gov and shall surrender the transaction privilege tax or use tax license to the Department.
- B. For the purposes of A.R.S. § 42-5005 and this Section, the Department shall consider a license surrendered if the licensee submits a request to cancel its license by submitting a form prescribed by the Department or through AZTaxes.gov.

Historical Note

Amended effective November 7, 1978 (Supp. 78-6). Section R15-5-2205 renumbered to R15-5-2202, new Section R15-5-2205 renumbered from R15-5-2209 effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2206. Cancellation of License

- A. In this Section, “affiliated person” has the same meaning as prescribed in A.R.S. § 42-5043.
- B. The Department may cancel a license if:
 1. During any consecutive 12-month period, the licensee reports no taxable transaction; and
 2. The licensee is not a subcontractor or wholesaler.
- C. The Department shall notify a licensee in writing of its intention to cancel the license. The notice shall explain the action the licensee may take to contest cancellation of the license and when cancellation is final.
- D. The Department shall cancel a license 30 days after the notice of intention to cancel is mailed unless, within 30 days, the licensee objects to the cancellation in writing and produces documentation that the licensee is actively engaged in a taxable business. Suitable documentation includes, but is not limited to, the following:
 1. Evidence that the licensee holds an inventory of raw or finished tangible personal property for sale or resale;
 2. Evidence that the licensee maintains segregated bank accounts for the purpose of transacting business;
 3. Bona fide contracts for future sale or resale of tangible personal property;
 4. Profit and loss statements for federal or state income tax purposes; or
 5. Evidence that the licensee otherwise actually engages in bona fide business activities.
- E. Within 30 days of receipt of the licensee’s objections and documentation, the Department shall notify the licensee in writing of its decision to cancel or retain the license. If the decision is to cancel the license, the licensee may request an administrative hearing.
- F. Except as provided in subsection (G), a marketplace facilitator or remote seller may choose not to renew a license or cancel a license for the following calendar year if the sales of the marketplace facilitator or remote seller to Arizona purchasers fall below the current year threshold in A.R.S. § 42-5044 in the prior year.
- G. A marketplace facilitator or remote seller may choose not to renew a license or cancel a license for the following calendar year if the current year sales of the marketplace facilitator or remote seller, together with the aggregated sales of all affiliated persons of the marketplace facilitator or remote seller to Arizona purchasers, fall below the current year threshold in A.R.S. § 42-5044 in the prior year.

Historical Note

Section R15-5-2206 renumbered to R15-5-2203, new Section R15-5-2206 renumbered from R15-5-3018 effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2207. Taxpayer Bonds

- A. The amount of the bond required under A.R.S. § 42-1102 shall be the greater of five hundred dollars, or:
 1. For licensees reporting monthly, four times the average monthly liability;
 2. For licensees reporting quarterly, six times the average monthly tax liability; or
 3. For licensees reporting annually, fourteen times the average monthly tax liability.
- B. For purposes of determining the bond amount, the average monthly tax liability is equal to the average monthly tax due from the licensee for the preceding six consecutive months. If an applicant does not have a six-month payment history, the bond amount shall be a minimum of five hundred dollars.

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- C. If a licensee provides a surety bond and the bond lapses, the licensee must deposit with the Department cash or other security in an amount equal to the lapsed surety bond within five business days of the licensee's receipt of written notification by the Department.
- D. The bond amount may be increased or decreased as necessary based upon a change in the licensee's previous filing period, filing compliance record, or payment history. If the bond amount has been increased above the amount computed under subsection (B) of this rule, the licensee may request a hearing pursuant to A.R.S. § 42-1102 to show why the order increasing the bond amount is in error.
- E. Except as required under A.R.S. § 42-1102, this Section shall not be construed to require a bond under A.R.S. § 42-5006 for any license issued pursuant to the criteria established in A.R.S. § 42-5044.

Historical Note

Former Section R15-5-2207 renumbered to R15-5-2204 effective October 14, 1993 (Supp. 93-4). New Section R15-5-2207 renumbered from R15-10-201 (Supp. 94-1). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2208. Expired**Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4). New Section made by exempt rulemaking at 16 A.A.R. 1226, effective June 15, 2010; Section number corrected at request of Department, Office File No. M11-118, filed March 31, 2011 (Supp. 10-2). Section expired under A.R.S. § 41-1056(E) at 18 A.A.R. 1652, effective March 31, 2012 (Supp. 12-2).

R15-5-2209. Renumbered**Historical Note**

Section R15-5-2209 renumbered to R15-5-2205 effective October 14, 1993 (Supp. 93-4).

R15-5-2210. Collection of Tax by the Vendor

- A. The vendor may pass on the economic burden of the transaction privilege tax, either as an unspecified portion of the overall selling price or as a separate and distinct item of charge.
1. If a vendor elects to pass on the economic burden of the tax as a separate and distinct item of charge, the vendor's tax base shall not include any collected state, county, city, or town taxes.
 2. If the vendor does not pass on the tax as a separate and distinct item of charge, the vendor may factor out the tax. See R15-5-2210.01.
 3. The amount of tax on a transaction shall be the same whether the tax is stated as a separate and distinct item of charge or the tax is calculated using the factoring method.
 4. Calculation of the amount of the tax using the separate and distinct item of charge method shall be as follows:

Price of tangible personal property	\$100
Multiply the price by the applicable tax rate	
\$100 times 5% equals the tax as calculated	\$5
Total cost to the consumer	\$105
- B. All taxes collected shall be remitted to the Department and applicable taxing jurisdictions. If a vendor has collected tax in excess of the tax liability for the reporting period, the excess tax shall also be remitted.

Historical Note

Repealed effective April 13, 1987 (Supp. 87-2). New Section adopted effective October 14, 1993 (Supp. 93-4).

Reference correction (Supp. 95-2).

R15-5-2210.01. Factoring

"Factoring" means a method by which the taxpayer may determine the amount of the tax when the tax is collected as an unspecified part of the selling price.

1. The taxpayer may use any factoring method resulting in a tax amount equal to the tax as calculated using the separate and distinct item of charge method.
2. The following factoring method is approved and recommended by the Department.

To calculate the tax under the factoring method, the total cost to the consumer is divided by one plus the cumulative amount of the state and applicable county, city, and town tax rates, stated as a decimal. The result of this calculation is then multiplied by the cumulative tax rate to arrive at the amount of the tax on the sale. The gross receipts subject to tax, plus the cumulative tax on that amount, shall equal the total cost to the consumer.

To factor:

Total cost to the consumer	\$105
Divide the total cost to the consumer by 1 plus the tax rate (1.00 plus .05)	
\$105 divided by 1.05 equals the price of tangible personal property	\$100
Tax as calculated (\$100 times 5%)	\$5

Historical Note

New Section adopted effective October 14, 1993 (Supp. 93-4).

R15-5-2211. Election of Basis to Report and Pay Taxes

- A. For purposes of this Section, the following definitions apply:
1. "Accrual method" means that a sale is reported in the reporting period in which the sale occurs regardless of when payment is received.
 2. "Cash receipts method" means that a sale is reported in the reporting period in which payment is received.
 3. "Method of reporting" means a method to report and pay transaction privilege tax.
 4. "Payment" means all consideration received including cash, credit, property, and services.
 5. "Reporting period" means a calendar month or as prescribed by A.R.S. § 42-5014.
- B. A taxpayer shall elect a method of reporting based on either the accrual or the cash receipts method at the time of making the application for a transaction privilege tax license or use tax registration.
- C. A taxpayer shall report allowable exclusions, deductions, and exemptions in a manner consistent with the method of reporting elected under subsection (B).
- D. A taxpayer shall provide written notification to the Department prior to changing its method of reporting elected under subsection (B). The Department may audit the books of the taxpayer to adjust any tax liability resulting from the change in the method of reporting.

Historical Note

Repealed effective July 23, 1985 (Supp. 85-4). New Section renumbered from R15-5-2213 and amended effective October 14, 1993 (Supp. 93-4). Amended by final rulemaking at 14 A.A.R. 3616, effective November 8, 2008 (Supp. 08-3).

R15-5-2212. Reporting by Marketplace Facilitators and Remote Sellers

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Marketplace facilitators and remote sellers registered with the Department shall report and remit the applicable taxes payable pursuant to A.R.S. § 42-5044 in aggregate total amounts for each applicable jurisdiction designated by AZTaxes.gov. A marketplace facilitator shall not be required to list or otherwise identify any individual marketplace seller on any return or attachment to a return.

Historical Note

Repealed effective July 23, 1987 (Supp. 85-4). New Section R15-5-2212 renumbered from Section R15-5-3005 and amended effective October 14, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2207, effective March 30, 2017 (Supp. 17-3). New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2213. Repealed**Historical Note**

Former Section R15-5-2213 renumbered to R15-5-2211, new Section R15-5-2213 adopted effective October 14, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 5065, effective October 5, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2214. Establishing the Right to a Deduction by Use of a Certificate or Other Documentation

- A. The vendor is responsible for the payment of tax and therefore shall provide sufficient documentation in support of all deductions.
- B. The vendor may establish a deduction or exclusion from the tax base pursuant to A.R.S. § 42-1316 or 42-1328.
 1. If the purchaser does not have a valid license number, the purchaser shall indicate the reason on any certificate.
 2. Marking an invoice may be done either by recording the purchaser's transaction privilege tax license number on the invoice or by cross referencing the specific transaction to the specific exemption certificate of the specific purchaser.
 3. The Department has prescribed a certificate for establishing entitlement to statutory deductions. Reproductions of the blank prescribed original certificate shall be acceptable for use.
 4. The appropriate certificate shall be accurately and fully completed by the purchaser.
 5. If the vendor has reason to believe that the information contained in the certificate is not accurate, complete, or applicable to the transaction, the vendor may refuse to accept the certificate.
 6. If at any time the vendor has reason to believe that the certificate is not applicable to a transaction, the vendor may refuse to honor the certificate for that transaction.
 7. The Department may challenge the certificate as accepted by the vendor if the Department has reason to believe that the information in the certificate is incomplete, inaccurate, or if the exemption claimed is not based on statutory provisions. The burden of proof lies with the Department when a vendor accepts a completed departmental certificate and marks the applicable invoice pursuant to statute.
- C. A blanket certificate may be accepted if the vendor and purchaser agree. The blanket certificate may continue in force, for applicable transactions, for a period of time as set forth on the certificate. For purposes of this rule, a blanket certificate is one which covers the indicated type of transaction over a specified period of time.
 1. The vendor may refuse to honor a blanket certificate and shall cancel such a certificate if, at any time, the vendor

has reason to believe that the information contained in the certificate is no longer accurate or complete or no longer applies.

2. A new, accurate, and complete certificate may then be accepted.
- D. Documentation, including a certificate other than a departmental certificate, may be accepted by the vendor to establish the right to a deduction.
 1. If the vendor accepts a form of documentation other than a completed departmental certificate, the burden of proof remains with the vendor to establish the right to the deduction.
 2. Other documentation necessary to establish a deduction from the tax base shall contain the information required by A.R.S. § 42-1316(A).
- E. Documentation or a certificate to establish a deduction from the tax base shall be provided for each transaction or if a blanket certificate is used for each different exemption category.
- F. The vendor shall retain all documentation for the required statutory period pursuant to A.R.S. § 42-113.

Historical Note

Repealed effective April 13, 1987 (Supp. 87-2). New Section R15-5-2214 adopted effective October 14, 1993 (Supp. 93-4).

R15-5-2215. Return and Payment of Estimated Tax

- A. For purposes of this rule, the following definitions apply:
 1. "Annual estimated tax payment" means ½ of the total tax liability for the entire month of May or the total tax liability for the first 15 days of the month of June.
 2. "Annual tax liability" means a total tax liability of in the preceding calendar or a reasonable anticipation of a total tax liability in the current year as follows:
 - a. \$1,000,000 in 2019,
 - b. \$1,600,000 in 2020,
 - c. \$2,300,000 in 2021,
 - d. \$3,100,000 in 2022,
 - e. \$4,100,000 in 2023 and thereafter.
 3. "Taxpayer" has the meaning set forth in A.R.S. § 42-5014(S). The following are considered a single taxpayer:
 - a. Members of an Arizona-affiliated group filing a consolidated corporate income tax return under A.R.S. § 43-947;
 - b. Corporations in a unitary business filing a combined corporate income tax return under R15-2D-401;
 - c. Married taxpayers operating separate sole proprietorships and filing a joint income tax return; or
 - d. Partnerships, Limited Liability Companies, S Corporations, trusts, or estates conducting multiple businesses, filing a single income tax return.
 4. "Total tax liability" means the combined total of the transaction privilege tax, telecommunications services excise tax, and county excise tax liabilities.
- B. The requirement to make an annual estimated tax payment is based on the annual tax liability. Use tax and severance tax are not subject to the estimated tax provisions.
 1. A taxpayer shall make an annual estimated tax payment if during the current calendar year the taxpayer, through use of ordinary business care and prudence, can anticipate incurring the annual tax liability. For example:

ABC Company has been selling home electronics for several years. Its tax liability for previous calendar years has averaged between \$600,000 and \$700,000. In February of the current year, ABC Company begins selling computers and accessories as well. Early sales reports show an increase in total

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sales of approximately 50%. Based on these facts, ABC Company can reasonably anticipate incurring the annual tax liability.

2. Taxpayers with multiple locations shall make the annual estimated tax payment based on the combined actual or anticipated annual tax liability from all locations. Taxpayers with multiple locations, shall make a single estimated payment each June.
- C. A taxpayer shall not amend an annual estimated tax payment except to increase the amount of the payment.
- D. The annual estimated tax payment shall not be applied, credited, or refunded until a Transaction Privilege, Use, and Severance Tax Return for the month of June is filed.
- E. Late payment, underpayment, or non-payment of the annual estimated tax payment shall result in the following:
 1. Application of the penalty provisions under A.R.S. § 42-1125;
 2. Accrual of interest beginning from the due date of the annual estimated tax payment as prescribed in A.R.S. § 42-5014(D); and
 3. Loss of the accounting credit, as defined in A.R.S. § 42-5017 for the June reporting period.
- F. Taxpayers who are not required to make the annual estimated tax payment but make a voluntary annual estimated payment are not subject to subsection (E).

Historical Note

Former Section R15-5-2215 renumbered to R15-5-2004, new Section R15-5-2215 renumbered from R15-5-212 effective October 14, 1993 (Supp. 93-4). Amended effective April 8, 1997 (Supp. 97-2). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2216. Liability Relief for Marketplace Facilitators and Remote Sellers

- A. In this Section:
 1. "Affiliated person" has the same meaning as prescribed in A.R.S. § 42-5043.
 2. "Incorrect information" means any information that was given to the marketplace facilitator by the marketplace seller and that is not accurate. Incorrect information does not include any of the following:
 - a. Mistakes related to the process of filing a return, such as the frequency, non-filing, or manner of filing;
 - b. Mistakes related to the manner of remitting tax liability to the Department;
 - c. Failure to remit all amounts collected and represented as tax.
 3. "Errors other than sourcing" means errors related to the details of a sale and errors related to tax rates. "Errors other than sourcing" does not include any of the following:
 - a. Mistakes related to the process of filing a return, such as the frequency, non-filing, or manner of filing.
 - b. Mistakes related to the manner of remitting tax liability to the Department.
 - c. Failure to remit all amounts collected and represented as tax.
 4. "Taxable sales" means gross sales sourced to this state less any allowable deductions or exemptions.
- B. A marketplace facilitator or remote seller may apply for liability relief pursuant to A.R.S. § 42-5043 as outlined by Department-issued procedure.
 - C. A marketplace facilitator or remote seller may not obtain liability relief under A.R.S. § 42-5043 if the marketplace facilitator or remote seller does not act in good faith. "Good faith" means acting with honesty and with no knowledge of circumstances that would render the marketplace facilitator or remote seller ineligible for liability relief.
 - D. In processing an application for liability relief pursuant to A.R.S. § 42-5043, the Department will waive penalties and interest when reasonable cause exists. Whether reasonable cause exists is based on the facts and circumstances of the specific request for relief, which may include whether the marketplace facilitator should have known that the information provided by the marketplace seller was incorrect; whether the marketplace facilitator or remote seller applied for liability relief for the same errors other than the sourcing in the prior 12 months; and other relevant factors.
 - E. The liability relief limitations provided in A.R.S. § 42-5043 for a marketplace facilitator shall be applied in relation to the total tax liability of all the marketplace sellers selling on the marketplace facilitator's marketplace. Nothing in this rule shall be construed as allowing any liability relief for a marketplace facilitator in relation to its own sales or sales on behalf of any of its affiliates.
 1. Example: ABC, a marketplace facilitator, applies for liability relief based on a filing error in 2019 because it applied a lower tax rate to all of one of its marketplace seller's sales. The total tax due for all taxable Arizona sales for all marketplace sellers' sales in 2019 is \$63,000. Liability relief may be granted to ABC for up to \$3,150 ($5\% \times 63,000$).
 2. Example: Assume the same facts as in the example found in subsection (E)(1). Besides sales that ABC facilitated on behalf of third-party marketplace sellers, ABC also made its own sales through its marketplace. These direct sales by ABC resulted in an actual combined tax liability of \$10,000 that ABC erroneously reported to the Department as \$5,000. ABC will not be granted liability relief for errors resulting from these direct sales.
 3. Example: In 2020, ABC, a marketplace facilitator, files an amended return based on incorrect information provided to it by one of its marketplace sellers. ABC applies for liability relief as soon as possible after discovering the error. The evidence shows that ABC acted in good faith and could not have known that the information was incorrect. This constitutes an error under A.R.S. § 42-5043(A)(1). This statutory provision authorizes the Department to grant relief, and there is no limitation on the amount of relief that can be granted. The Department may grant relief that is reasonable under the circumstances.
 4. Example: In 2020, XYZ, a remote seller, deducted amounts for sales that it thought were exempt, but after further research, realized were in fact taxable. XYZ's total tax due from its gross sales for the period under consideration is \$31,500. Pursuant to A.R.S. § 42-5043(B)(2), liability relief for XYZ's non-sourcing related error may be granted in any amount up to \$945 ($3\% \times \$31,500$).
 5. Example: In 2022, ABC, a marketplace facilitator, files an amended return based on incorrect information provided to it by one of its marketplace sellers. In the same year, ABC also makes a filing error by using the incorrect tax rate on a sale. ABC applies for liability relief in both instances. The Department may grant liability relief under A.R.S. § 42-5043(A)(1) for errors resulting from the incorrect information provided to ABC by its seller.

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However, no liability relief is available for ABC's filing error, pursuant to A.R.S. § 42-5043(B).

6. Example: XYZ, a remote seller, files a paper tax return late and also pays late. Consequently, XYZ accrues penalties for late filing, late payment, and filing in an inappropriate manner (i.e., not electronically through AZTaxes.gov). The Department may grant penalty relief in all instances if XYZ shows reasonable cause.

Historical Note

Repealed effective February 22, 1989 (Supp. 89-1). New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2217. Reasonable Cause for Waiver of Civil Penalties

- A. Pursuant to A.R.S. 42-1125, the Department shall not apply specified civil penalties for failure to pay a required amount of transaction privilege tax or file a required transaction privilege return if reasonable cause exists and the failure to pay was not due to willful neglect or fraud. Generally, reasonable cause exists whenever a taxpayer uses prudent and timely business practices but nonetheless fails to fully comply with its tax remittance and reporting requirements due to circumstances beyond the taxpayer's control.
- B. The Department must consider a taxpayer requesting waiver of civil penalties to have reasonable cause if a failure to pay transaction privilege tax due or file a required transaction privilege tax return was due to a system outage or other system unavailability—whether scheduled or unscheduled—of AZTaxes.gov that prevents or substantially interferes with a taxpayer's ability to access, submit, or otherwise complete a required return or payment and submit the return or payment in the time required by law.
- C. The Department must consider a taxpayer requesting waiver of civil penalties to have reasonable cause if a failure to pay the full and correct amount of transaction privilege tax due or file a complete and correct transaction privilege tax return was due to a software- or application-based error by either AZTaxes.gov or a Department-approved vendor's software to calculate and file a transaction privilege tax return, if the error demonstrably results in the incorrect calculation or payment of any taxes due.
- D. Except as provided in subsection (E), a taxpayer requesting waiver of civil penalties for reasonable cause shall notify the Department of the issue or error in writing within a reasonable time after becoming aware of the issue or error.
- E. The Department may waive civil penalties without requiring a written taxpayer request for any system outage, system unavailability, or other event or anomaly as described in subsections (B) and (C) if it becomes aware of the event or anomaly before issuing a penalty assessment.

Historical Note

Repealed effective September 24, 1986 (Supp. 86-5). New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2218. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2219. Renumbered**Historical Note**

Renumbered to R15-5-3005 effective July 23, 1985 (Supp. 85-4).

R15-5-2220. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4). New Section R15-5-2220 renumbered from R15-5-2363 and amended effective October 14, 1993 (Supp. 93-4). Repealed by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2221. Remittal of Use Tax on Purchases from Unlicensed Retailers

- A. Arizona purchasers regularly making purchases from unlicensed vendors, where the purchases are subject to use tax, shall obtain a use tax license and remit payments directly to the Department.
- B. An Arizona purchaser who is licensed in Arizona shall remit the use tax to the Department on the purchaser's Sales, Use, and Severance Tax Return (ST-1) if tangible personal property is purchased from an out-of-state retailer who is not licensed to collect the use tax.
- C. An Arizona purchaser who is not licensed in Arizona shall remit the use tax to the Department under a cover letter if tangible personal property is purchased from an out-of-state retailer who is not licensed to collect the use tax.

Historical Note

Amended effective March 18, 1981 (Supp. 81-2). Repealed effective February 22, 1989 (Supp. 89-1). New Section adopted effective October 14, 1993 (Supp. 93-4).

R15-5-2222. Record Retention

A vendor collecting use tax from a purchaser shall keep and preserve suitable records and other books and accounts necessary to determine the tax collected for the statutorily prescribed limitation period. For purposes of this rule, the limitation period is the period of time for which the Department may assess tax, penalties, or interest pursuant to A.R.S. § 42-113. Records, books, and accounts shall be open for inspection at any reasonable time by the Department or its authorized agent.

Historical Note

Repealed effective February 22, 1989 (Supp. 89-1). New Section adopted effective October 14, 1993 (Supp. 93-4).

R15-5-2223. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2224. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2225. Repealed**Historical Note**

Repealed effective March 18, 1981 (Supp. 81-2).

R15-5-2226. Repealed**Historical Note**

Repealed effective March 18, 1981 (Supp. 81-2).

R15-5-2227. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-2228. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2229. Repealed

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Historical Note

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2230. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2231. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2232. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2233. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2234. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2235. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2236. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-2237. Repealed**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

R15-5-2238. Reserved**R15-5-2239. Reserved****R15-5-2240. Repealed****Historical Note**

Adopted effective April 21, 1994 (Supp. 94-2). Section repealed by final rulemaking at 9 A.A.R. 5042, effective January 3, 2004 (Supp. 03-4).

R15-5-2241. Repealed**Historical Note**

Adopted effective April 21, 1994 (Supp. 94-2). Section repealed by final rulemaking at 11 A.A.R. 5214, effective November 10, 2005 (Supp. 05-4).

R15-5-2242. Repealed**Historical Note**

Adopted effective April 21, 1994 (Supp. 94-2). Section repealed by final rulemaking at 11 A.A.R. 5214, effective November 10, 2005 (Supp. 05-4).

ARTICLE 23. USE TAX**R15-5-2301. Definitions**

In this Article:

1. "Purchases" means purchase for storage, use, or consumption in Arizona.
2. "Retailer" has the same meaning as prescribed in A.R.S. § 42-5151, but does not include a marketplace facilitator or remote seller who meets the threshold requirements in A.R.S. § 42-5044.

3. "Utility business" has the same meaning as prescribed in A.R.S. § 42-5151.

Historical Note

Repealed effective July 23, 1985 (Supp. 85-4). New Section R15-5-2301 adopted effective December 6, 1990 (Supp. 90-4). Amended effective September 29, 1993 (Supp. 93-3). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2302. General

- A. A.R.S. § 42-5155 imposes Arizona use tax upon a purchaser that purchases tangible personal property from an out-of-state retailer or utility business if the retailer or utility business's gross receipts from the sale have not already been included in the measure of Arizona transaction privilege tax. Because Arizona transaction privilege tax and Arizona use tax are complementary taxes, only one of the taxes is imposed on a given transaction.
- B. Arizona use tax generally applies to the use, storage, or consumption in this state of tangible personal property purchased from an out-of-state retailer or utility business.
- C. If a purchaser pays to an out-of-state retailer or utility business a tax of another state levied on the sale or use of tangible personal property that is subject to Arizona use tax, the purchaser may apply the amount of tax paid to the other state against the purchaser's use tax liability.
- D. A purchaser that purchases tangible personal property exempt from tax because the property is purchased for resale in the ordinary course of business but subsequently uses or consumes the tangible personal property shall pay Arizona use tax.

Historical Note

Amended by final rulemaking at 11 A.A.R. 2293, effective August 6, 2005 (Supp. 05-2). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2303. Repealed**Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

R15-5-2304. Presumption of Taxability of Property Brought into Arizona

- A. If tangible personal property is purchased outside Arizona and is subsequently brought into this state for use, storage, or consumption, the purchaser of such property shall be subject to the Arizona use tax unless the purchaser establishes to the satisfaction of the Department:
 1. That the property is not used in conducting a business in Arizona; and
 2. That the property was purchased for bona fide use or consumption outside Arizona. Unless shown otherwise, it shall be presumed that the property was purchased for bona fide use or consumption outside of Arizona if the property was purchased at least three months prior to its initial entry into Arizona; or
 3. If the property was purchased by a nonresident individual, that the first actual use or consumption of the property occurred outside Arizona.
- B. It shall be presumed that property brought into the state is subject to the use tax. The burden of proof that a purchase is not subject to use tax rests upon the purchaser.

Historical Note

Former Section R15-5-2311 repealed, new Section R15-5-2311 adopted effective August 7, 1985 (Supp. 85-4). Former Section R15-5-2304 repealed, new Section R15-

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5-2304 renumbered from R15-5-2311 and amended effective September 29, 1993 (Supp. 93-3).

R15-5-2305. Expired**Historical Note**

Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1744, effective March 31, 2007 (Supp. 07-2).

R15-5-2306. Repealed**Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 2293, effective August 6, 2005 (Supp. 05-2).

R15-5-2307. Repealed**Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 2293, effective August 6, 2005 (Supp. 05-2).

R15-5-2308. Repealed**Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 2293, effective August 6, 2005 (Supp. 05-2).

R15-5-2309. Exemptions - Purchases for Resale or Lease

- A. Purchases of tangible personal property from a retailer for resale in the ordinary course of the purchaser's business are not subject to use tax.
- B. Purchases of tangible personal property from a retailer for subsequent leasing or renting in the ordinary course of the purchaser's business are not subject to use tax.

Historical Note

Former Section R15-5-2309 renumbered to R15-5-2363, new Section R15-5-2309 renumbered from R15-5-2322 and amended effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

R15-5-2310. Payment of Use Tax by Purchaser

- A. Use tax must be paid to:
 - 1. An out-of-state vendor holding a certificate of authority for the collection of use tax, or
 - 2. The Department, in cases where the vendor is not a marketplace facilitator or remote seller liable for transaction privilege tax under A.R.S. § 42-5044 or is not registered for the collection of use tax.
- B. A one-time, nonrecurring payment of use tax may be remitted to the Department under a cover letter rather than on a standard report form.
- C. Arizona purchasers making recurring purchases from out of state may apply to the Department for a registration certificate and remit payment directly to the state on a monthly report form in lieu of making payment to the vendor.
- D. The purchaser will be relieved of his liability for the tax when payment is made directly to the out-of-state vendor registered and a receipt of the tax paid is obtained by him.

Historical Note

Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2311. Renumbered**Historical Note**

Former Section R15-5-2311 repealed, new Section R15-5-2311 adopted effective August 7, 1985 (Supp. 85-4).

Former Section R15-5-2311 renumbered to R15-5-2304 effective September 29, 1993 (Supp. 93-3).

R15-5-2312. Casual Sales

Tangible personal property purchased in a casual sale, as defined in R15-5-2001, is not taxable.

Historical Note

Former Section R15-5-2312 repealed, new Section R15-5-2312 adopted effective September 29, 1993 (Supp. 93-3).

R15-5-2313. Expired**Historical Note**

Former Section R15-5-2313 repealed, new Section R15-5-2313 adopted effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2207, effective March 30, 2017 (Supp. 17-3).

R15-5-2314. Purchases from Trustees, Receivers, and Assignees

- A. Tangible personal property purchased for storage, use, or consumption in Arizona from a trustee, receiver, or assignee is subject to use tax if the purchase of the tangible personal property in the hands of the owner would be subject to use tax.
- B. Tangible personal property purchased for storage, use, or consumption in Arizona from a trustee, receiver, or assignee is not subject to use tax if the purchase of the property from the owner would not be subject to use tax.

Historical Note

Former Section R15-5-2314 renumbered to R15-5-2321, new Section adopted effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

R15-5-2315. Renumbered**Historical Note**

Former Section R15-5-2315 renumbered to R15-5-3006 effective July 23, 1985 (Supp. 85-4).

R15-5-2316. Repealed**Historical Note**

Repealed effective September 29, 1993 (Supp. 93-3).

R15-5-2317. Renumbered**Historical Note**

Former Section R15-5-2317 renumbered to R15-5-2352 effective September 29, 1993 (Supp. 93-3).

R15-5-2318. Repealed**Historical Note**

Repealed effective September 29, 1993 (Supp. 93-3).

R15-5-2319. Renumbered**Historical Note**

Former Section R15-5-2319 renumbered to R15-5-2353 effective September 29, 1993 (Supp. 93-3).

R15-5-2320. Exemptions - Machinery or Equipment

- A. Machinery or equipment used in manufacturing or processing includes machinery or equipment that constitutes the entire primary manufacturing or processing operation from the initial stage where actual processing begins through the completion of the finished end product, and that is used in the production, manufacture, fabrication, processing, finishing, or packaging

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of articles of commerce. Manufacturing is the performance as a business of an integrated series of operations which place tangible personal property in a form, composition, or character different from that in which it was acquired, and transforms it into a different product with a distinctive name, character, or use.

- B.** Purchase of repair or replacement parts for exempt machinery or equipment is not subject to the use tax. Repair or replacement parts are defined as those individual component and constituent items which, together, comprise exempt machinery or equipment.

Historical Note

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended subsection (B) effective March 18, 1981 (Supp. 81-2). Former Section R15-5-2320 renumbered to R15-5-2362, new Section R15-5-2320 renumbered from R15-5-2321 and amended effective September 29, 1993 (Supp. 93-3).

R15-5-2321. Expired**Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended paragraphs (9) and (10) effective March 18, 1981 (Supp. 81-2). Former Section R15-5-2321 renumbered to R15-5-2320, new Section R15-5-2321 renumbered from R15-5-2314 effective September 29, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2207, effective March 30, 2017 (Supp. 17-3).

R15-5-2322. Renumbered**Historical Note**

Former Section R15-5-2322 renumbered to R15-5-2309 effective September 29, 1993 (Supp. 93-3).

R15-5-2323. Repealed**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Repealed effective September 29, 1993 (Supp. 93-3).

R15-5-2324. Repealed**Historical Note**

Repealed effective September 29, 1993 (Supp. 93-3).

R15-5-2325. Repealed**Historical Note**

Repealed effective September 29, 1993 (Supp. 93-3).

R15-5-2326. Manufacturing Labor

The cost of labor employed in the manufacturing, processing, or fabricating of tangible personal property shall not be allowed as a deduction from the sales price on a purchase of such property.

Historical Note

Former Section R15-5-2326 repealed, new Section R15-5-2326 adopted effective September 29, 1993 (Supp. 93-3).

R15-5-2327. Fuels

- A.** In this Section, “aviation fuel,” “dyed diesel fuel,” and “use fuel” have the same meanings as prescribed in A.R.S. §§ 28-101 and 28-5601.
- B.** Except as provided in subsection (D), a purchase of use fuel is subject to use tax under A.R.S. § 42-5155 on the date the consumer is issued a refund because the use fuel is not subject to the use fuel tax under A.R.S. § 28-5606.

- C.** Dyed diesel fuel is subject to use tax if transaction privilege tax is not imposed by the Department.
- D.** Liquefied petroleum gas or natural gas used to propel a motor vehicle is exempt from use tax.
- E.** Aviation fuel is subject to tax under A.R.S. § 28-8344 only.
- F.** A purchase of jet fuel is subject to the jet fuel excise and use tax under A.R.S. § 42-5352.

Historical Note

Former Section R15-5-2327 renumbered to R15-5-2360, new Section R15-5-2327 renumbered from R15-5-3006 and amended effective September 29, 1993 (Supp. 93-3). Section amended by final rulemaking at 10 A.A.R. 4480, effective December 4, 2004 (Supp. 04-4).

R15-5-2328. Electric Power Transmission and Distribution

Purchases of machinery, equipment, or transmission lines for direct use in producing or transmitting power but not including distribution are subject to use tax based on the same definitions as in R15-5-128.

Historical Note

Former Section R15-5-2328 renumbered to R15-5-2361, new Section R15-5-2328 adopted effective September 29, 1993 (Supp. 93-3).

R15-5-2329. Repealed**Historical Note**

Former Section R15-5-2329 repealed effective September 29, 1993 (Supp. 93-3).

R15-5-2330. Tangible Personal Property Used in Conjunction with Warranty or Service Contracts or Provisions

- A.** For purposes of this rule, the following definition applies: “Covered” means covered as defined in R15-5-138 for tangible personal property under a warranty or service contract, or covered as defined in R15-5-137 for tangible personal property under a warranty or service provision.
- B.** A warrantor or service person is subject to use tax on the cost of covered tangible personal property that is purchased for resale but subsequently taken out of inventory and used in the servicing of a warranty or service contract.
- C.** Tangible personal property that is covered under a warranty or service contract and used in the servicing of the contract is subject to use tax unless transaction privilege tax was paid when the tangible personal property was acquired or the tangible personal property is otherwise statutorily exempt.
- D.** Tangible personal property that is covered under a warranty or service provision and used in the servicing of the provision is not subject to use tax as the transaction privilege tax was paid when the tangible personal property was acquired.

Historical Note

Adopted effective September 3, 1978 (Supp. 78-6). Former Section R15-5-2330 renumbered to R15-5-2343, new Section R15-5-2330 adopted effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 679, effective April 7, 2007 (Supp. 07-1).

R15-5-2331. Repealed**Historical Note**

Adopted as an emergency effective July 1, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-3). Former emergency adoption now adopted effective October 15, 1980 (Supp. 80-5). Repealed effective September 29, 1993 (Supp. 93-3).

R15-5-2332. Delivery Charges

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A charge by a retailer for delivery from the retailer's location to the purchaser's location, if separately stated on the sales invoice, is not taxable.

Historical Note

Adopted effective December 6, 1990 (Supp. 90-4). Former Section R15-5-2332 renumbered to R15-5-2350, new Section R15-5-2332 adopted effective September 29, 1993 (Supp. 93-3).

R15-5-2333. Reserved**R15-5-2334. Purchases of Restaurant Accessories**

- A. If a person engaged in the restaurant business purchases disposable containers, paper napkins, and other similar food accessories and, transfers these accessories in the regular course of business to facilitate the consumption of the food, drink, or condiment provided, the purchases are considered purchases for resale.
- B. If a person engaged in the restaurant business purchases matchbooks, advertisement fliers, and other similar tangible personal property and transfers this property for the convenience, operation, or benefit of the restaurant business, the purchases are subject to tax.

Historical Note

Adopted effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 679, effective April 7, 2007 (Supp. 07-1).

R15-5-2335. Reserved**R15-5-2336. Reserved****R15-5-2337. Reserved****R15-5-2338. Reserved****R15-5-2339. Reserved****R15-5-2340. Tangible Personal Property Used in Soil Remediation Activities**

The purchase of tangible personal property for incorporation or fabrication into any real property, structure, project, development or improvement under a contract specified in A.R.S. § 42-5075(B)(6) is exempt from tax. The purchase of tangible personal property used in soil remediation activities but not incorporated or fabricated into any real property, structure, project, development or improvement is taxable.

Historical Note

Adopted effective December 11, 1998 (Supp. 98-4). R15-5-2340 corrected to reflect updated citation reference to Arizona Revised Statutes (Supp. 07-2).

R15-5-2341. Four-inch Pipes or Valves

Purchases of pipes, valves, or fire hydrants with an inside diameter of four inches or more are not taxable if the pipes, valves, or fire hydrants are to be used to transport oil, natural gas, artificial gas, water, or coal slurry.

Historical Note

Adopted effective September 29, 1993 (Supp. 93-3).

R15-5-2342. Computer Hardware and Software

Purchases of computer hardware and software are subject to the use tax based on the same provisions as delineated in R15-5-154.

Historical Note

Adopted effective September 29, 1993 (Supp. 93-3).

R15-5-2343. Purchases of Prescription Drugs and Prosthetic Appliances

- A. In this Section:

1. "Drug" means an article that, according to federal or state law, is:
 - a. Recognized in the official United States Pharmacopeia, official Homeopathic Pharmacopeia of the United States, official National Formulary, or any supplement to these documents; or
 - b. Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals; or
 - c. Not food and is intended to affect the structure or any function of the body of humans or animals; or
 - d. Intended for use as a component of any article specified in subsections (a), (b), or (c).
 2. "Drug on a prescription" means a prescription drug.
 3. "Food" means an article used for food or drink for humans or animals, chewing gum, or an article used as a component of such an article.
 4. "Hearing aid" means any wearable device designed as a remedy or to compensate for defective human hearing, including parts, attachments, accessories, and earmolds.
 5. "Legend drug" means a drug that 21 U.S.C. 353(b)(4)(A) requires to bear the symbol "Rx only" before dispensing.
 6. "Nonprescription product" means a drug or other article that can be purchased by the final consumer of the drug or article without a prescription, regardless of whether purchased on the advice or recommendation of a member of the medical, dental, or veterinarian profession. Examples include over-the-counter drugs and those dietary supplements, vitamins, minerals, herbs, and other similar supplements that do not qualify as prescription drugs.
 7. "Over-the-counter drug" means a drug that is subject to federal labeling requirements in 21 CFR 201.66.
 8. "Prescriber" means a member of the medical, dental, or veterinary profession authorized by federal or state law to prescribe a drug.
 9. "Prescription" means an order for a drug issued in any form.
 10. "Prescription drug" means a legend drug or a drug that, according to federal or state law, can be dispensed only:
 - a. Upon a written prescription of a prescriber for the drug;
 - b. Upon an oral prescription by the prescriber for the drug that federal or state law requires be reduced promptly to a form of writing by the prescriber and then filed by a pharmacist or the prescriber; or
 - c. By refilling a written or oral prescription if refilling is authorized by the prescriber for the drug either in the original prescription or by oral order that is first reduced promptly to writing and then filed by a pharmacist or the prescriber.
 11. "Prescription eyeglasses" includes frames and other component parts of eyeglasses if purchased for use with the prescription lenses.
 12. "Prosthetic appliance" means an artificial device that fully or partially replaces a part or function of the human body or increases the acuity of a sense organ.
- B. The storage, use, or consumption in this state of the following kinds of tangible personal property is not subject to tax:
1. Prescription drugs, including those used in the course of treating patients;
 2. Medical oxygen, pursuant to A.R.S. § 42-5159(A)(16);
 3. Insulin, insulin syringes, and glucose strips, whether or not prescribed;
 4. Prosthetic appliances, prescribed or recommended by a statutorily-authorized individual;

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- 5. Durable medical equipment, pursuant to A.R.S. § 42-5159(A)(21);
- 6. Prescription eyeglasses and contact lenses; and
- 7. Hearing aids. Batteries and cords are subject to tax.
- C. The purchase of component and repair parts for any tangible personal property that is exempt under either subsection (B) or (F) is not subject to tax.
- D. If a written prescription or recommendation is required to purchase tangible personal property, a taxpayer shall maintain the prescription or recommendation as part of the taxpayer's records. The taxpayer's records for documenting purchases shall provide reasonable detail to allow the Department, upon inspection, to identify property as exempt.
- E. Purchases by a final consumer of nonprescription products and those medical supplies or appliances not provided for under subsection (B) are subject to tax.
- F. Purchases of nonprescription products or other medical supplies or appliances by doctors, dentists, or veterinarians are subject to tax unless the purchase qualifies as a purchase for resale and the doctor, dentist, or veterinarian is a retailer in the business of reselling the property.

Historical Note

Renumbered from R15-5-2330 and amended effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 11 A.A.R. 2952, effective September 10, 2005 (Supp. 05-3).

R15-5-2344. Postage Stamps

- A. The purchase of postage stamps is not subject to use tax if the stamps are purchased for the purpose of transporting mail.
- B. The purchase of postage stamps is subject to use tax if the stamps are purchased for any purpose other than transporting mail.
- C. The Department shall presume that a postage stamp is purchased for a purpose other than transporting mail if the postage stamp is purchased for at least 50% more than its face value. A purchaser may overcome the presumption; however, the burden of proof will remain on the purchaser.
- D. The purchase of cancelled postage stamps is subject to use tax.

Historical Note

New Section adopted by final rulemaking at 6 A.A.R. 4112, effective October 4, 2000 (Supp. 00-4).

R15-5-2345. Reserved**R15-5-2346. Reserved****R15-5-2347. Reserved****R15-5-2348. Reserved****R15-5-2349. Reserved****R15-5-2350. Repealed****Historical Note**

Adopted effective December 6, 1990 (Supp. 90-4). Renumbered from R15-5-2332 effective September 29, 1993 (Supp. 93-3). Repealed by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

R15-5-2351. Purchases by Non-U.S. Citizens

Purchases of tangible personal property by non-U.S. citizens shall be subject to the use tax unless otherwise exempt.

Historical Note

Adopted effective September 29, 1993 (Supp. 93-3).

R15-5-2352. Expired**Historical Note**

Section R15-5-2352 renumbered from R15-5-2317 and amended effective September 29, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 18 A.A.R. 1652, effective March 31, 2012 (Supp. 12-2).

R15-5-2353. Property Purchased Outside of the United States

- A. Tangible personal property purchased outside of the United States is taxable when purchased for business use.
- B. In any one calendar month, tangible personal property purchases with a cumulative purchase price of \$200 or less are not taxable if purchased for nonbusiness use. Purchases in excess of the \$200 exemption are taxable on the excess amount.

Historical Note

Section R15-5-2353 renumbered from R15-5-2319 and amended effective September 29, 1993 (Supp. 93-3).

R15-5-2354. Reserved**R15-5-2355. Reserved****R15-5-2356. Reserved****R15-5-2357. Reserved****R15-5-2358. Reserved****R15-5-2359. Reserved****R15-5-2360. Government Purchases**

- A. Purchases of tangible personal property by any state or its political subdivisions are taxable.
- B. Purchases by the Federal Government are not taxable.

Historical Note

Section R15-5-2360 renumbered from R15-5-2327 and amended effective September 29, 1993 (Supp. 93-3).

R15-5-2361. Nonprofit Organizations

- A. Purchases of tangible personal property by nonprofit churches, schools, and other nonprofit organizations are taxable unless otherwise exempt.
- B. Purchases of tangible personal property from a charitable nonprofit organization recognized as having tax-exempt status for income tax purposes with the Internal Revenue Service and the Department are not taxable.
- C. If an organization wishes to obtain tax-exempt status by being recognized by the Department as a nonprofit charitable organization, it shall submit a letter to the Department requesting tax-exempt status and shall include a copy of its Internal Revenue Service recognition.
- D. For purposes of the statutory exemption and for this rule, the Internal Revenue Service recognition of a charitable nonprofit organization is as defined in Internal Revenue Code § 501(c)(3).

Historical Note

Section R15-5-2361 renumbered from R15-5-2328 and amended effective September 29, 1993 (Supp. 93-3).

R15-5-2362. Exempt Purchases by Health Organizations

- A. Purchases by qualifying hospitals, nursing care institutions, qualifying health care organizations, rehabilitation programs for mentally or physically handicapped persons, and qualifying community health centers are exempt from tax pursuant to statutory provisions.
- B. The Department may, upon review of the written request and any other information requested by the Department to make a proper determination, provide an Exemption Letter to organizations meeting the statutory criteria. The Exemption Letter shall be valid for a period of 12 months from the first day of

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the month following the issue date of the Exemption Letter unless the organization's tax exempt status changes prior to the end of the 12-month period, or the organization misrepresented or omitted material information in its exemption request.

- C. Qualifying hospitals, qualifying health care organizations, rehabilitation programs for mentally or physically handicapped persons, and qualifying community health centers shall annually submit to the Department a written request for an Exemption Letter. The request shall be submitted at least 30 days prior to the first day of the exemption period. For purposes of this rule, "exemption period" means the 12-month period beginning on the first day of the month following the issue date of the Exemption Letter or the 12-month period requested by the organization.
1. Qualifying hospitals shall attach to their annual exemption request a copy of their current license issued by the Department of Health Services.
 2. Qualifying health care organizations shall attach to their exemption request letter the statutorily required annual financial audit and a copy of their Internal Revenue Code 501(c) recognition unless the Department has previously received a copy of this recognition.
 3. Rehabilitation programs for mentally or physically handicapped persons shall attach to their exemption request a copy of their Internal Revenue Code 501(c)(3) recognition unless the Department has previously received a copy of this recognition.
 4. Qualifying community health centers shall attach to their exemption request documentation supporting the statutory criteria and a copy of their Internal Revenue Code 501(c)(3) recognition unless the Department has previously received a copy of this recognition.

Historical Note

Section R15-5-2362 renumbered from R15-5-2310 and amended effective September 29, 1993 (Supp. 93-3).
Amended effective April 21, 1995 (Supp. 95-2).

R15-5-2363. Renumbered**Historical Note**

Renumbered from R15-5-2309 effective September 29, 1993 (Supp. 93-3). Renumbered to R15-5-2220 effective October 14, 1993 (Supp. 93-4).

ARTICLE 24. REPEALED**R15-5-2401. Repealed****Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-2402. Repealed**Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-2403. Repealed**Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-2404. Repealed**Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-2405. Repealed**Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-2406. Repealed**Historical Note**

Amended effective March 18, 1981 (Supp. 81-2).

Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-2407. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2408. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2409. Repealed**Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-2410. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2411. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2412. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2413. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2414. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2415. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2416. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2417. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2418. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2419. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2420. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2421. Repealed

CHAPTER 5. DEPARTMENT OF REVENUE - TRANSACTION PRIVILEGE AND USE TAX SECTION

Historical Note

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2422. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2423. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2424. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2425. Repealed**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

R15-5-2426. Repealed**Historical Note**

Repealed effective April 21, 1995 (Supp. 95-2).

ARTICLE 25. REPEALED**R15-5-2501. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2502. Repealed**Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2503. Repealed**Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2504. Repealed**Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2505. Repealed**Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2506. Repealed**Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2507. Repealed**Historical Note**

Amended effective March 18, 1981 (Supp. 81-2). Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

ARTICLE 26. REPEALED**R15-5-2601. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2602. Repealed**Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2603. Repealed**Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2604. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2605. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2606. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2607. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2608. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2609. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2610. Repealed**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

R15-5-2611. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2612. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2613. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2614. Repealed**Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2615. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2616. Repealed

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Historical Note

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-2617. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2618. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2619. Repealed**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

R15-5-2620. Repealed**Historical Note**

Repealed effective April 21, 1995 (Supp. 95-2).

ARTICLE 27. RESERVED**ARTICLE 28. RESERVED****ARTICLE 29. RESERVED****ARTICLE 30. EXPIRED****R15-5-3001. Reserved****R15-5-3002. Reserved****R15-5-3003. Reserved****R15-5-3004. Renumbered****Historical Note**

(A.R.S. § 1321) Former Section R15-5-1846 renumbered as Section R15-5-3004 and amended effective July 23, 1985 (Supp. 85-4). Renumbered to R15-5-127 effective August 9, 1993 (Supp. 93-3).

R15-5-3005. Renumbered**Historical Note**

(A.R.S. § 42-1451) Former Section R15-5-2219 renumbered as Section R15-5-3005 and amended effective July 23, 1985 (Supp. 85-4). Former Section R15-5-3005 renumbered to R15-5-2212 effective October 14, 1993 (Supp. 93-4).

R15-5-3006. Renumbered**Historical Note**

(A.R.S. § 42-1409) Former Section R15-5-2315 renumbered as Section R15-5-3006 and amended effective July 23, 1985 (Supp. 85-4). Former Section R15-5-3006 renumbered to R15-5-2327 effective September 29, 1993

(Supp. 93-3).

R15-5-3007. Reserved**R15-5-3008. Reserved****R15-5-3009. Reserved****R15-5-3010. Reserved****R15-5-3011. Reserved****R15-5-3012. Reserved****R15-5-3013. Reserved****R15-5-3014. Reserved****R15-5-3015. Reserved****R15-5-3016. Repealed****Historical Note**

(A.R.S. §§ 42-1313, 42-1317) Adopted effective October 1, 1986 (Supp. 86-5). Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-3017. Reserved**R15-5-3018. Renumbered****Historical Note**

(A.R.S. § 42-1305) Adopted effective September 3, 1986 (Supp. 86-5). Renumbered to R15-5-2206 effective October 14, 1993 (Supp. 93-4).

R15-5-3019. Reserved**R15-5-3020. Reserved****R15-5-3021. Repealed****Historical Note**

Adopted effective August 13, 1987 (Supp. 87-3). Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-3022. Repealed**Historical Note**

Adopted effective August 13, 1987 (Supp. 87-3). Repealed effective October 14, 1993 (Supp. 93-4).

R15-5-3023. Renumbered**Historical Note**

(A.R.S. § 42-1302) Former Section R15-5-209 renumbered and amended as Section R15-5-3023 effective August 26, 1987 (Supp. 87-3). Section R15-5-209 renumbered as Section R15-5-3023 and amended in error, see Section R15-5-209 (Supp. 88-3).

R15-5-3024. Repealed**Historical Note**

(A.R.S. § 42-1307) Former Section R15-5-2102 renumbered and amended as Section R15-5-3024 (Supp. 86-6). Correction, effective date of last amendment to read: "effective December 31, 1986" (Supp. 87-3). Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-3025. Renumbered**Historical Note**

(A.R.S. § 42-1322.01) Adopted effective September 24, 1986 (Supp. 86-5). Renumbered to R15-5-2007 (Supp.

CHAPTER 5. DEPARTMENT OF REVENUE - TRANSACTION PRIVILEGE AND USE TAX SECTION

94-2).

A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

R15-5-3026. Reserved**R15-5-3033. Reserved****R15-5-3027. Reserved****R15-5-3034. Reserved****R15-5-3028. Reserved****R15-5-3035. Expired****R15-5-3029. Reserved****Historical Note****R15-5-3030. Reserved**

Adopted effective September 16, 1987 (Supp. 87-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2207, effective March 30, 2017 (Supp. 17-3).

R15-5-3031. Reserved**R15-5-3032. Repealed****R15-5-3036. Renumbered****Historical Note**

(A.R.S. § 42-1472) Adopted effective September 24, 1986 (Supp. 86-5). Repealed by final rulemaking at 6

Historical Note

Adopted effective August 7, 1987 (Supp. 87-3). Renumbered to R15-5-157 effective August 9, 1993 (Supp. 93-3).

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Arizona Administrative CODE

15 A.A.C. 10 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 15



TITLE 15. REVENUE

CHAPTER 10. DEPARTMENT OF REVENUE - GENERAL ADMINISTRATION

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

R15-10-301.	Definitions	6	R15-10-505.	Electronic Signatures for Transaction Privilege and Use Tax	11
R15-10-302.	General Requirements	6			
R15-10-501.	Definitions	9			

Questions about these rules? Contact:

Name: Lisa Querard, Research and Policy Administrator
Address: Department of Revenue
1600 W. Monroe St., Mail Code 1300
Phoenix, AZ 85007
Telephone: (602) 716-6813
Fax: (602) 716-7996
E-mail: lquerard@azdor.gov
Web site: www.azdor.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 17-4, 1-12 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

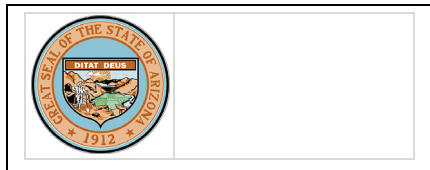
EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 15. REVENUE**CHAPTER 10. DEPARTMENT OF REVENUE - GENERAL ADMINISTRATION**

(Authority: A.R.S. § 42-105)

ARTICLE 1. APPEAL PROCEDURES

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Article 6, consisting of Sections R15-10-602 through R15-10-607, made by emergency rulemaking at 15 A.A.R. 825, effective April 30, 2009 for a period of 180 days (Supp. 09-2).

Article 6, consisting of Sections R15-10-602 through R15-10-607, emergency expired effective March 20, 2004 (Supp. 09-2).

Article 6, consisting of Sections R15-10-602 through R15-10-607, made by emergency rulemaking at 9 A.A.R. 4443, effective September 22, 2003 for a period of 180 days (Supp. 03-3).

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Article 7, consisting of Sections R15-10-702 through R15-10-705, made by emergency rulemaking at 21 A.A.R. 2621, effective August 29, 2016, for 180 days (Supp. 16-3). Emergency expired (Supp. 17-2).

Article 7, consisting of Sections R15-10-702 through R15-10-704, and R15-10-706 made by emergency rulemaking at 21 A.A.R. 1243, effective August 19, 2015, for 180 days (Supp. 15-3). Emergency expired (Supp. 16-1).

Article 7, consisting of Sections R15-10-702 through R15-10-706, made by emergency rulemaking at 17 A.A.R. 1864, effective August 31, 2011, for 180 days (Supp. 11-3). Emergency expired.

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ARTICLE 1. APPEAL PROCEDURES**R15-10-101. Definitions**

For purposes of this Article:

1. "ALJ" means an administrative law judge who issues decisions on behalf of the Office of Administrative Hearings established by A.R.S. § 41-1092.01.
2. "Day" means a calendar day. If the last day for filing a document under the provisions of this Article falls on a Saturday, Sunday, or legal holiday, the document is considered timely if filed on the following business day.
3. "Department" means the Arizona Department of Revenue as represented by personnel of the applicable section or area.
4. "Notice" means a written notification, issued by the Department, of a tax assessment, refund denial, or any other action taken or proposed to be taken that is subject to appeal as a contested case or an appealable agency action under A.R.S. Title 41, Chapter 6.
5. "Petition" means a written request for hearing, correction, or redetermination, including all applicable attachments.
6. "Petitioner" means the taxpayer or the representative of the taxpayer who files a petition.
7. "Refund denial" means a taxpayer's claim for a refund of tax, penalty, interest, or refundable credit that has been denied by the Department.
8. "Tax assessment" means any tax issue whether associated with a proposed amount due or the application of penalties and interest.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Section repealed, new Section adopted effective December 23, 1993 (Supp. 93-4). Amended effective January 20, 1998 (Supp. 98-1).

R15-10-102. Scope of Article 1

A Department hearing officer shall conduct all hearings regarding the taxes under A.R.S. § 42-1101, unless A.R.S. § 41-1092.02 requires that an ALJ hear the matter.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Section repealed, new Section adopted effective December 23, 1993 (Supp. 93-4). Section repealed, new Section adopted effective January 20, 1998 (Supp. 98-1). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2).

R15-10-103. Taxpayer Hearing Rights

With respect to a protest hearing, the taxpayer has the right, subject to confidentiality laws, to:

1. Review documents applicable to the protest, or
2. Obtain from the Department copies of documents relevant to the taxpayer at the discretion of the Hearing Officer.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-103 renumbered to R15-10-105, new Section R15-10-103 adopted effective December 23, 1993 (Supp. 93-4).

R15-10-104. Repealed**Historical Note**

Adopted effective June 22, 1981 (Supp. 81-3). Repealed effective December 23, 1993 (Supp. 93-4).

R15-10-105. Petition

- A. A taxpayer may protest a tax assessment or a refund denial by filing a petition that includes the following:
 1. The taxpayer's name, address, federal identification number, and all applicable state identification numbers;
 2. An explanation of the difference between the taxpayer's name in the notice and the taxpayer's name in the petition, if applicable;
 3. The last known name and address of both individuals if the petition concerns a married-filing-joint return;
 4. A copy of the notice or a statement that references the:
 - a. Tax type,
 - b. Tax period involved,
 - c. The amount of the tax assessment or refund claimed including tax, penalties, interest, and refundable credits, and
 - d. The jurisdiction or jurisdictions to which the tax assessment or refund denial relates.
 5. A statement of the amount of the tax assessment or refund denial being protested;
 6. A statement of any alleged error committed by the Department in determining the tax assessment or refund denial being protested;
 7. A statement of facts and legal arguments upon which the taxpayer relies to support the petition;
 8. The relief sought;
 9. The payment for all unprotested amounts of tax, interest, and penalties; and
 10. The petitioner's signature.
- B. A taxpayer may protest a matter other than a tax assessment or refund denial by filing a petition that includes the following:
 1. The taxpayer's name, address, federal identification number, and all applicable state identification numbers;
 2. An explanation of the difference between the taxpayer's name in the notice and the taxpayer's name in the petition, if applicable;
 3. A copy of the notice or a statement describing the Department's action, proposed action, or determination for which a hearing is sought;
 4. A statement of any alleged error committed by the Department in its action, including the jurisdiction or jurisdictions to which the alleged error relates;
 5. A statement of facts and legal arguments upon which the taxpayer relies to support the petition;
 6. The relief sought; and
 7. The petitioner's signature.
- C. The petitioner shall file the petition by:
 1. Mailing the petition to the applicable section at the Department of Revenue headquarters in Phoenix, Arizona; or
 2. Hand-delivering the petition to the applicable section at the Department of Revenue headquarters in Phoenix, Arizona. A petitioner who hand-delivers a petition shall clearly mark the envelope to indicate that it is a petition. The Department shall provide a receipt to a petitioner who hand-delivers a petition.
- D. The Department shall not charge a fee for filing a petition or any supporting documents.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-105 renumbered to R15-10-107, new Section R15-10-105 renumbered from R15-10-103 and amended effective December 23, 1993 (Supp. 93-4). Amended effective January 20, 1998 (Supp. 98-1). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2). Amended by exempt rulemaking under Laws 2014, Ch. 263, § 25 at 22 A.A.R.

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116, effective January 7, 2016 (Supp. 16-1).

R15-10-106. Incomplete Petition

- A. The Department hearing officer may dismiss a petition for a hearing that does not contain all of the information required by R15-10-105, unless the petitioner completes the petition within the time allowed to file the petition under R15-10-107, including any extension.
- B. The Department hearing officer may, on a showing of good cause by the petitioner, grant additional time to complete a timely-filed petition.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Section repealed, new Section adopted effective December 23, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2).

R15-10-107. Timeliness of Petition

- A. A petition regarding taxes other than individual income tax is timely filed with the Department if it is filed as prescribed by R15-10-105(A) within 45 days after the taxpayer receives the tax assessment or refund denial from the Department.
- B. A petition for an individual income tax assessment or refund denial is timely filed with the Department if it is filed as prescribed by R15-10-105(A) within 90 days after the Department mails a notice to the taxpayer.
- C. A petition or an extension request filed by mail is considered filed on the date shown by its U.S. Postal Service postmark.
- D. A taxpayer or the taxpayer's representative may request that the Hearing Office grant an extension of time to file a petition.
 - 1. The taxpayer or the taxpayer's representative shall submit an extension request before the expiration of the time allowed for filing the petition in subsection (A) or subsection (B). The request shall be in writing and shall show good cause for the extension. The Department may grant additional time not to exceed 60 days at the discretion of the Hearing Office or on stipulation of the parties.
 - 2. If the Hearing Office does not grant the request for an extension in writing, the petition is due on the date specified in subsection (A) or (B).
- E. The Hearing Office shall dismiss a petition which the Hearing Office determines is not timely filed.
- F. If the taxpayer does not file a petition protesting a deficiency assessment within the time prescribed, the taxpayer may, after paying the tax assessment in full, apply for a refund according to statutory provisions.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-107 renumbered to R15-10-109, new Section R15-10-107 renumbered from R15-10-105 and amended effective December 23, 1993 (Supp. 93-4). Amended effective January 20, 1998 (Supp. 98-1).

R15-10-108. Expired**Historical Note**

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-108 renumbered to R15-10-110, new Section R15-10-108 adopted effective December 23, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 1197, effective July 7, 2015 (Supp. 15-3).

R15-10-109. Expired**Historical Note**

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-109 renumbered to R15-10-115, new

Section R15-10-109 renumbered from R15-10-107 and amended effective December 23, 1993 (Supp. 93-4). Amended effective January 20, 1998 (Supp. 98-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 1197, effective July 7, 2015 (Supp. 15-3).

R15-10-110. Withdrawal of Petition

- A. The petitioner may submit a written request to withdraw a petition at any time before the Department hearing officer issues a written decision.
- B. If the Department and the petitioner resolve the matters protested before the hearing, the parties shall submit a written agreement or stipulation to the hearing officer, and the hearing officer shall deem the petition withdrawn.
- C. The hearing officer shall issue an order that the petition is withdrawn and that the matter is closed at the hearing office.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-110 repealed, new Section R15-10-110 renumbered from R15-10-108 and amended effective December 23, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2).

R15-10-111. Repealed**Historical Note**

Adopted effective June 22, 1981 (Supp. 81-3). Section repealed effective December 23, 1993 (Supp. 93-4).

R15-10-112. Renumbered**Historical Note**

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-112 renumbered to R15-10-116 effective December 23, 1993 (Supp. 93-4).

R15-10-113. Renumbered**Historical Note**

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-113 renumbered to R15-10-119 effective December 23, 1993 (Supp. 93-4).

R15-10-114. Renumbered**Historical Note**

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-114 renumbered to R15-10-117 effective December 23, 1993 (Supp. 93-4).

R15-10-115. Request for Hearings; Waiver

- A. The hearing officer shall schedule an oral hearing upon request of the petitioner or the Department. If neither the petitioner nor the Department requests an oral hearing, the hearing officer shall:
 - 1. Consider the petition submitted for decision based on the petition and any memoranda filed, or
 - 2. Schedule an oral hearing.
- B. The hearing officer may, for good cause shown by any party to the hearing, postpone, recess, or continue an oral hearing to a specified date, time, and place. The hearing officer shall notify all the parties regarding a rescheduled hearing.
- C. If any party to the hearing fails to appear at the oral hearing without good cause, the hearing officer may:
 - 1. Proceed with the hearing,
 - 2. Reschedule the hearing, or
 - 3. Issue a decision based on the petition and memoranda provided.

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Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-115 renumbered to R15-10-120, new Section R15-10-115 renumbered from R15-10-109 and amended effective December 23, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2).

R15-10-116. Hearing Procedure

- A. The hearing officer may hold hearings:
1. In person,
 2. By telephone,
 3. By the submission of memoranda, or
 4. By a combination of these methods.
- B. For hearings by memoranda, the hearing officer shall prescribe a schedule for the submission of the memoranda.
- C. The hearing officer may:
1. Conduct the hearing in an informal manner,
 2. Accept a stipulation of facts,
 3. Allow any party in the hearing to make an opening statement,
 4. Allow each party to state its position and present evidence,
 5. Allow each party to reply to any statements or arguments, and
 6. Allow any party to make closing statements or arguments.
- D. The hearing officer may remand any matter to the applicable section of the Department at the request of either party or at the hearing officer's discretion.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-116 renumbered to R15-10-121, new Section R15-10-116 renumbered from R15-10-112 and amended effective December 23, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2).

R15-10-117. Evidence

- A. Each party to a hearing may:
1. Call and examine witnesses,
 2. Introduce exhibits,
 3. Cross-examine opposing witnesses on any matter relevant to the issues even though the matter was not covered in the direct examination,
 4. Dispute the testimony of any witness regardless of which party first called the witness to testify, and
 5. Challenge the evidence presented.
- B. The Hearing Officer shall admit any relevant evidence, but shall consider objections to the admission of and comments on the weakness of evidence in assigning weight to the evidence. The Hearing Officer may deny admission of evidence that the Hearing Officer considers irrelevant, immaterial, or unduly repetitious.
- C. A party may substitute an exact copy of an original exhibit.
- D. The Hearing Officer may call anyone at the hearing to testify.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-117 renumbered to R15-10-118, new Section R15-10-117 renumbered from R15-10-114 and amended effective December 23, 1993 (Supp. 93-4). Amended effective January 20, 1998 (Supp. 98-1).

R15-10-118. Expired**Historical Note**

Adopted effective June 22, 1981 (Supp. 81-3). Former

Section R15-10-118 renumbered to R15-10-122, new Section R15-10-118 renumbered from R15-10-117 and amended effective December 23, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 1197, effective July 7, 2015 (Supp. 15-3).

R15-10-119. Stipulation of Facts

The petitioner and the Department may file a stipulation of facts stating:

1. The facts upon which they agree,
2. The facts that are in dispute, and
3. The reasons for the dispute.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Amended effective July 24, 1986 (Supp. 86-4). Former Section R15-10-119 renumbered to R15-10-130, new Section R15-10-119 renumbered from R15-10-113 and amended effective December 23, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2).

R15-10-120. Official Notice

The Department hearing officer may take official notice of the following:

1. The records that the Department maintains,
2. Tax returns filed with the Department for or on behalf of the taxpayer or any affiliated person together with related records on file with the Department, or
3. A fact that is generally known in this state or that is capable of accurate and ready determination by reference to a source whose accuracy cannot reasonably be questioned.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-120 repealed, new Section R15-10-120 adopted effective July 24, 1986 (Supp. 86-4). Former Section R15-10-120 renumbered to R15-10-131, new Section R15-10-120 renumbered from R15-10-115 and amended effective December 23, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2).

R15-10-121. Subpoena by Petitioner

- A. A petitioner requesting a subpoena shall apply, to the Hearing Officer submitting a proposed subpoena at least 10 days before the hearing.
- B. The Hearing Office shall not issue a subpoena for confidential or privileged information.

Historical Note

Adopted effective June 22, 1981 (Supp. 81-3). Former Section R15-10-121 repealed, new Section R15-10-121 adopted effective July 24, 1986 (Supp. 86-4). Former Section R15-10-121 renumbered to Section R15-10-132, new Section R15-10-121 renumbered from R15-10-116 and amended effective December 23, 1993 (Supp. 93-4). Amended effective January 20, 1998 (Supp. 98-1).

R15-10-122. Transcripts and Records

- A. The hearing officer shall record all oral hearings. Upon request of any party to the hearing, the hearing office shall provide a copy of the recording of the hearing, without charge, to the requesting party.
- B. A party to an oral hearing may:
1. Transcribe the hearing at the party's own expense; and
 2. Cite a transcript in any proceeding, if the party provides a full copy of the transcript to the opposing party and the hearing officer.

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- C. The petitioner shall not remove the records and files of the Department from the Department for use as evidence or other purposes. The Department shall, as permitted by law, provide a certified copy of Department records and files as requested by the petitioner for use in the proceedings. The Department shall provide the copy at a reasonable charge not to exceed the commercial rate for the service.

Historical Note

Renumbered from R15-10-118 and amended effective December 23, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2). Amended by final rulemaking at 15 A.A.R. 2140, effective January 30, 2010 (Supp. 09-4).

R15-10-123. Reserved**R15-10-124. Reserved****R15-10-125. Reserved****R15-10-126. Reserved****R15-10-127. Reserved****R15-10-128. Reserved****R15-10-129. Reserved****R15-10-130. Decisions and Orders**

- A. The Hearing Officer shall issue a written decision, which sets forth the reasons for the decision, after reviewing the evidence submitted by the petitioner and the Department.
- B. A decision dismissing a petition as incomplete or not timely filed shall be based on the Hearing Officer's review of the petition, documents available, and any information officially noticed.
- C. The Hearing Office shall mail the decision of the Hearing Officer, by certified mail, to the last known address of the taxpayer. The Hearing Office shall immediately forward a copy of the decision to the applicable section in the Department of Revenue and to the Director.

Historical Note

Renumbered from R15-10-119 and amended effective December 23, 1993 (Supp. 93-4). Amended effective January 20, 1998 (Supp. 98-1).

R15-10-131. Review of Decision of the Hearing Officer or ALJ

- A. The decision of the Hearing Officer or ALJ is the final order of the Department of Revenue 30 days after the taxpayer receives the decision unless prior to that time:
1. The petitioner or the Department petitions the Director to review the decision, or
 2. The Director independently determines that the decision requires review.
- B. The Director may grant an extension of time for filing a petition for review on a showing of good cause, if the request for an extension is in writing and is filed with the Director before the expiration of the 30-day period prescribed in subsection (A).
- C. A petition or an extension request filed by mail is considered filed on the date shown by the U.S. Postal Service postmark.
- D. The Director may grant a review of the decision of the Hearing Officer or ALJ if one of the parties asserts that any of the following causes has materially affected the party's rights:
1. The findings of fact, conclusions of law, order, or decision are not supported by the evidence or are contrary to law;

2. The party seeking review was deprived of a fair hearing due to irregularity in the proceedings, abuse of discretion, or misconduct of the prevailing party;
 3. Accident or surprise which could not have been prevented by ordinary prudence;
 4. Material evidence which has been newly discovered;
 5. Error in admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the action; or
 6. That the decision is the result of bias or prejudice.
- E. The Director may independently determine to review a decision of the Hearing Officer or ALJ if it appears that any of the causes listed in subsection (D) may have materially affected a party's rights.
- F. The petition for review of the Hearing Officer's or ALJ's decision shall be in writing, shall state the grounds upon which the petition is based, and the Director may grant leave to amend the petition at any time before it is ruled upon by the Director. At the time of filing, the petitioning party shall also serve a copy of the petition on the other party.
- G. If the Director has independently determined that the decision requires review, the Director shall send, by certified mail, notification of intent to review to the taxpayer, not more than 30 days after the taxpayer's receipt of the Hearing Officer's or ALJ's decision.
- H. On petition for review, or on the Director's independent review:
1. The Director may open the decision of the Hearing Officer or ALJ, take additional evidence, amend findings of fact and conclusions of law, or make new findings and conclusions, and issue a new decision;
 2. The Director may issue a decision that summarily affirms the decision of the Hearing Officer or ALJ; or
 3. The Director may remand any matter to the Hearing Office, the Office of Administrative Hearings, or the appropriate section or area of the Department at the request of either party or at the Director's discretion.
- I. The Director's decision shall be sent by certified mail to the taxpayer, at the taxpayer's last known address.
- J. The taxpayer may appeal a Director's decision or a decision that is final according to subsection (A) to the State Board of Tax Appeals or tax court under R15-10-132.

Historical Note

Renumbered from R15-10-120 and amended effective December 23, 1993 (Supp. 93-4). Amended effective October 11, 1995 (Supp. 95-4). Amended effective January 20, 1998 (Supp. 98-1).

R15-10-132. Appeal of the Final Order of the Department of Revenue

- A. Within 30 days of the date an order of the Department becomes final, a taxpayer disputing the final order of the Department of Revenue may:
1. File an appeal with the State Board of Tax Appeals, or
 2. Bring an action in tax court, unless the case involves an individual income tax dispute of less than \$5,000.
- B. If the Director is reviewing the Hearing Officer's or ALJ's decision under R15-10-131, such review by the Director shall be completed before an appeal can be taken to the State Board of Tax Appeals or an action can be brought in tax court.

Historical Note

Renumbered from R15-10-121 and amended effective December 23, 1993 (Supp. 93-4). Amended effective January 20, 1998 (Supp. 98-1).

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ARTICLE 2. ADMINISTRATION**R15-10-201. Closing Agreements Relating to Tax Liability**

- A. A closing agreement under A.R.S. § 42-1113 or A.R.S. § 42-2056 may relate to any taxable period.
- The Department and a taxpayer may enter into a closing agreement for:
 - A taxable period that ends before the date of the agreement that:
 - Relates to one or more separate items affecting the liability of the taxpayer, or
 - Relates to the total liability of the taxpayer.
 - A taxable period that ends after the date of the agreement only if the agreement relates to one or more separate items affecting the liability of the taxpayer.
 - The Department and the taxpayer may enter into a closing agreement even if under the agreement the taxpayer is not liable for any tax for the period to which the agreement relates.
 - The Department and a taxpayer may enter into more than one closing agreement for a taxable period relating to the liability of the taxpayer.
- B. A closing agreement shall be in writing and shall state the conditions of the agreement.
- C. A closing agreement is not effective until it is signed by the taxpayer or an authorized representative of the taxpayer and by an authorized representative of the Department.

Historical Note

Adopted effective September 16, 1987 (Supp. 87-3). Former Section R15-10-201 renumbered to R15-5-2207 (Supp. 94-1). New Section R15-10-201 renumbered from R15-2-231 (Supp. 94-1). Amended effective January 20, 1998 (Supp. 98-1). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2).

R15-10-202. Expired**Historical Note**

Adopted effective April 26, 1989 (Supp. 89-2). Section R15-10-202 renumbered to R15-5-601 (Supp. 94-1). New Section R15-10-202 renumbered from R15-2-326 at 5 A.A.R. 1619, May 28, 1999 (Supp. 99-2). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 1197, effective July 7, 2015 (Supp. 15-3).

ARTICLE 3. AUTHORIZED TRANSMISSION OF FUNDS**R15-10-301. Definitions**

In this Article:

- “ACH” means an automated clearing house that is a central distribution and settlement point for the electronic clearing of debits and credits between financial institutions.
- “ACH credit” means an electronic funds transfer generated by a payor, cleared through an ACH for deposit to the Department account.
- “ACH debit” means an electronic transfer of funds from a payor’s account, as indicated on a signed authorization agreement, that is generated at a payor’s instruction on AZTaxes.gov and cleared through an ACH for deposit to the Department account.
- “Addenda record” means the information required by the Department in an ACH credit transfer or wire transfer, in the approved electronic format prescribed in R15-10-306(B).
- “ALTO” is the Arizona Luxury Tax Online web site, luxury.aztaxes.gov or such other web site as the Department may determine from time to time, and means the Depart-

ment’s luxury taxpayer service center web site that provides luxury taxpayers with the ability to conduct transactions, make electronic funds transfer payments and review tax account information over the internet.

- “Authorized means of transmission” means the deposit of funds into the Department account by electronic funds transfer.
- “AZTaxes.gov” means the Department’s taxpayer service center web site, or such other web site as the Department may determine from time to time, that provides taxpayers with the ability to conduct transactions, make electronic funds transfer payments and review tax account information over the internet.
- “Cash Concentration or Disbursement plus” or “CCD plus” means the standardized data format approved by the National Automated Clearing House Association for remitting tax payments electronically.
- “Department” means the Arizona Department of Revenue.
- “EFT Program” means the payment of taxes by electronic funds transfer as specified by this Article.
- “Electronic Funds Transfer” or “EFT” means the electronic transfer of funds from one bank account to another via computer based systems, where the person initiating the transfer orders, instructs, or authorizes a financial institution to debit or credit an account using the methods specified in these rules.
- “Financial institution” means a state or national bank, a trust company, a state or federal savings and loan association, a mutual savings bank, or a state or federal credit union.
- “Marketplace facilitator” has the same meaning as prescribed in A.R.S. § 42-5001.
- “Payment information” means the data that the Department requires of a payor making an electronic funds transfer payment.
- “Payor” means a taxpayer or payroll service.
- “Payroll service” means a third party, under contract with a taxpayer to provide tax payment services on behalf of the taxpayer.
- “Remote seller” has the same meaning as prescribed in A.R.S. § 42-5001.
- “State Servicing Bank” means a bank designated under A.R.S. Title 35, Chapter 2, Article 2.
- “Tax type” means a tax that is subject to electronic funds transfer, each of which shall be considered a separate category of payment.
- “Wire transfer” or “Fedwire” means an instantaneous electronic funds transfer initiated by a payor.

Historical Note

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 23 A.A.R. 1899, effective July 1, 2017 (Supp. 17-2). Amended by exempt rulemaking at 25 A.A.R. 3023, effective October 1, 2019 (Supp. 19-3).

R15-10-302. General Requirements

- A. For tax periods beginning on or after January 1, 1997, corporations that had an Arizona income tax liability during the prior tax year of \$20,000 or more shall remit Arizona estimated income tax payments by an authorized means of transmission.
- B. For tax periods beginning on or after July 1, 2017, taxpayers who, under A.R.S. Title 43, Chapter 4, had an average Arizona quarterly withholding tax liability during the prior tax year of \$5,000 or more shall remit Arizona withholding tax payments by an authorized means of transmission.

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- C. The average Arizona quarterly withholding tax liability is determined by dividing the taxpayer's total Arizona withholding tax liability for the calendar year by 4.
- D. For tax periods beginning on and after July 1, 2017, any taxpayer who under A.R.S. Title 42 Chapter 5 and Chapter 6, Articles 1 and 3, had an annual tax liability during the prior calendar year of \$20,000 or more shall remit these tax payments by an authorized means of transmission.
- E. For tax periods after July 1, 2015, tobacco tax taxpayers are required to remit tobacco tax payments by an authorized means of transmission.
- F. Unless otherwise waived, according to A.R.S. § 42-1129, for tax periods beginning on or after the following tax years, any taxpayer, other than an individual income taxpayer, that had a tax liability equal to or more than the following amounts during the prior tax year or that can reasonably anticipate tax liability in the current tax year exceeding the following amounts, shall remit tax payments to the Department by an authorized means of transmission. For periods on or after:
 1. January 1, 2018, prior tax year or expected current year tax liability of \$20,000;
 2. January 1, 2019, prior tax year or expected current year tax liability of \$10,000;
 3. January 1, 2020, prior tax year or expected current year tax liability of \$5,000;
 4. January 1, 2021, prior tax year or expected current year tax liability of \$500.
- G. For tax periods beginning on and after October 1, 2019, marketplace facilitators and remote sellers who, at the time of registering for a transaction privilege tax license, can reasonably anticipate their tax liability will exceed the thresholds detailed in subsection (F) above are required to remit any applicable taxes to the Department by an authorized means of transmission, unless granted a waiver according to A.R.S. § 42-1129.

Historical Note

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective December 17, 1993 (Supp. 93-4). Amended effective October 4, 1996 (Supp. 96-4). Amended by final rulemaking at 23 A.A.R. 1899, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 23 A.A.R. 3308, effective January 1, 2018 (Supp. 17-4). Amended by exempt rulemaking at 25 A.A.R. 3023, effective October 1, 2019 (Supp. 19-3).

R15-10-303. Voluntary Participation

- A. For tax periods beginning on or after January 1, 1997, a taxpayer who, during the prior tax year, had a corporate income tax liability of less than \$20,000 may elect to participate in the EFT Program by submitting to the Department an electronic funds transfer authorization agreement that complies with R15-10-304.
- B. For tax periods beginning on or after July 1, 2017, a taxpayer who, during the prior tax year, had an average quarterly withholding tax liability of less than \$5,000 may elect to participate in the EFT Program by submitting to the Department an electronic funds transfer authorization agreement that complies with R15-10-304.
- C. For tax periods beginning on and after July 1, 2017, any taxpayer who has a liquor tax liability may elect to participate in the EFT Program by submitting to the Department an electronic funds transfer authorization agreement that complies with R15-10-304.
- D. For tax periods beginning on and after July 1, 2017, any taxpayer who, under Title 42 Chapter 5 and Chapter 6, Articles 1 and 3, had an annual tax liability of less than \$20,000 during the prior calendar year may elect to participate in the EFT Pro-

gram by submitting to the Department an electronic funds transfer authorization agreement that complies with R15-10-304.

- E. For tax periods beginning on or after January 1, 2018, any taxpayer, other than an individual income taxpayer, that does not meet the statutory requirements under A.R.S. § 42-1129 and A.A.C. R15-10-302(F) to remit tax payments to the Department electronically, may elect to participate in the EFT Program by submitting to the Department an electronic funds transfer authorization agreement that complies with R15-10-304.
- F. A taxpayer authorized to participate in the EFT Program shall provide at least 30 days prior written notice to the Department if the taxpayer elects to cease voluntary participation in the EFT Program.

Historical Note

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective December 17, 1993 (Supp. 93-4). Amended effective October 4, 1996 (Supp. 96-4). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 23 A.A.R. 1899, effective July 1, 2017 (Supp. 17-2). Amended by final rulemaking at 23 A.A.R. 3308, effective January 1, 2018 (Supp. 17-4).

R15-10-304. Authorization Agreement

- A. The payor shall register for an account and complete an electronic funds transfer authorization agreement on AZTaxes.gov, ALTO or ACH Credit Form prescribed by the Department, as applicable, or such other form prescribed by the Department at least 30 days prior to initiation of the first applicable transaction. The form shall include the following information:
 1. Name and address of the taxpayer;
 2. The taxpayer's tax identification number including a federal identification number, withholding tax identification number, transaction privilege tax identification number or other tax identification number, as appropriate;
 3. Name and phone number of taxpayer's EFT contact person;
 4. Name and address of any payroll service, if applicable;
 5. Name and phone number of the payroll service's EFT contact person, if applicable;
 6. For payments initiated on AZTaxes.gov or ALTO, the information must include the type of bank account, the bank account number and the bank routing transit number.
- B. A payor shall submit a revised authorization agreement to the Department at least 30 days prior to any change in the information required in subsection (A).

Historical Note

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 23 A.A.R. 1899, effective July 1, 2017 (Supp. 17-2).

R15-10-305. Methods of Electronic Funds Transfer

- A. Payors shall use the ACH debit transfer method available through registration on AZTaxes.gov or ALTO to remit payment by electronic funds transfer unless the Department grants permission to use the ACH credit method.
- B. The Department may authorize under a form prescribed by the Department in R15-10-304 the use of the ACH credit method for payors desiring to use this method. A payor that chooses to use the ACH credit method shall provide the payment information required in R15-10-306(B)(2).

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- C. The Department may withdraw permission to use the ACH credit method of payment if the payor shows disregard for the requirements and specifications of these rules by failing to:
1. Make timely electronic funds transfer payments,
 2. Provide timely payment information,
 3. Provide the required addenda record with the electronic funds transfer payment, or
 4. Make correct payment.
- D. Payors who are unable to use their established method of payment may request that the Department accept deposits to the Department account via wire transfer in accordance with the following:
1. The payor shall contact the Department, and obtain verbal approval to wire transfer the tax payment to the Department account prior to initiating the transmission.
 2. Approved wire transfers shall be accompanied by an addenda record, that includes the same information required for ACH credit transfers under R15-10-306(B)(2).

Historical Note

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 23 A.A.R. 1899, effective July 1, 2017 (Supp. 17-2).

R15-10-306. Procedures for Payment

- A. Payors using the ACH Debit Method shall log in to their account on AZTaxes.gov or ALTO as appropriate and, unless registering for the first time, shall arrange for electronic payment of the applicable taxes no later than the time prescribed by the AZTaxes.gov or ALTO on the last business day before the due date of the payment. Payment information shall be communicated automatically to the Department through AZTaxes.gov or ALTO, as applicable, once payment arrangements have been made by payors and accepted by AZTaxes.gov or ALTO.
- B. Payors authorized to use the ACH credit method shall initiate payment transactions directly with a financial institution in a timely manner to ensure that the payment is deposited to the Department account on or before the payment due date.
1. All ACH credit transfers shall be in the CCD-plus addenda format. Payments not in this format may be rejected.
 2. The addenda format, as specified in subsection (B)(1), shall include the following information:
 - a. Taxpayer identification number,
 - b. Tax type,
 - c. Payment amount,
 - d. Tax period,
 - e. Taxpayer verification number,
 - f. Department account number, and
 - g. American Bank Association 9-digit number of the receiving bank.

Historical Note

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 23 A.A.R. 1899, effective July 1, 2017 (Supp. 17-2).

R15-10-307. Timely Payment

- A. A taxpayer remitting a tax payment through an electronic funds transfer shall initiate the transfer so that the payment is deposited to the Department account on or before the payment due date.

- B. If a tax due date falls on a Saturday, Sunday, or legal holiday, the deposit by an electronic funds transfer shall be made no later than 5:00 p.m. on the next banking day.
- C. A taxpayer required to, or who voluntarily elects to, participate in the EFT Program is subject to the penalty prescribed by A.R.S. § 42-1125(D) if the payment is not deposited to the Department account on or before the payment due date.

Historical Note

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 7 A.A.R. 2900, effective June 13, 2001 (Supp. 01-2).

ARTICLE 4. REIMBURSEMENT OF FEES AND OTHER COSTS RELATED TO AN ADMINISTRATIVE PROCEEDING**R15-10-401. Application for Reimbursement of Fees and Other Costs Related to an Administrative Proceeding**

- A. To apply for reimbursement of reasonable fees and other costs, as provided in A.R.S. § 42-2064, a taxpayer shall file a written application with the Department's problem resolution officer.
- B. An application shall include the following:
1. Taxpayer's name, address, and identification number;
 2. Identification of the tax type and the administrative proceeding for which reimbursement is sought;
 3. An explanation of why the taxpayer alleges that the position of the Department in the administrative proceeding was not substantially justified;
 4. If multiple issues were presented in the administrative proceeding and the taxpayer did not prevail on all issues, an explanation of:
 - a. The issue or set of issues on which the taxpayer prevailed,
 - b. The issue or set of issues on which the taxpayer did not prevail, and
 - c. The issue or set of issues on which the taxpayer prevailed and why the issue or set of issues presented in the administrative proceeding is the most significant.
 5. A statement that the taxpayer did not unduly and unreasonably protract the administrative proceeding for which reimbursement is sought;
 6. A statement that the reason the taxpayer prevailed is not due to an intervening change in the applicable law; and
 7. A detailed explanation of the nature and amount of each specific item for which reimbursement is sought.
- C. An application may also include any other matters that the taxpayer wishes the Department's problem resolution officer to consider in determining whether and in what amount reimbursement should be made.
- D. The taxpayer shall sign the application and verify under penalty of perjury that the information provided in the application and any accompanying material is accurate and complete.
- E. If a paid representative of the taxpayer prepares the application, the representative shall also sign the application and verify under penalty of perjury that the information provided in the application and all accompanying material is accurate and complete.
- F. Fees and costs incurred in making application for reimbursement or regarding an appeal of a decision for reimbursement do not relate to an administrative proceeding in connection with an assessment, determination, collection, or refund of tax and are not reimbursable.

Historical Note

Adopted effective March 13, 1998 (Supp. 98-1).

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Amended by final rulemaking at 7 A.A.R. 2900, effective
June 13, 2001 (Supp. 01-2).

R15-10-402. Documentation of Payment of Fees and Other Costs

The taxpayer shall submit with the application documentation which shows payment of the fees and costs for which the taxpayer seeks reimbursement. The taxpayer shall submit a separate itemized statement for each firm or individual that provided services covered by the application. The itemized statement shall show the hours spent in connection with the administrative proceeding by each individual, a description of the specific services performed, and the rates used in computing each fee. Each statement shall reflect payment or the taxpayer shall attach proof of payment to the statement. Separate, itemized statements of any other costs incurred by the taxpayer, together with proof of payment, shall also accompany an application.

Historical Note

Adopted effective March 13, 1998 (Supp. 98-1).

R15-10-403. Filing an Application

- A. A taxpayer shall file an application for reimbursement of fees and other costs only after the conclusion of administrative proceedings, but not later than 30 days after the conclusion of administrative proceedings.
- B. For purposes of this rule, the conclusion of administrative proceedings is determined as follows:
 1. For a decision of a hearing officer or administrative law judge, the conclusion of administrative proceedings occurs 30 days after the taxpayer receives the decision unless, within the 30-day period, one of the following occurs:
 - a. The taxpayer appeals the decision, or any part of the decision, to the State Board of Tax Appeals;
 - b. The taxpayer or the Department petitions the Director to review the decision, or any part of the decision;
 - c. The Director independently determines that the decision, or any part of the decision, requires review.
 2. When a decision of a hearing officer or administrative law judge is subject to a review by the Director, the conclusion of administrative proceedings occurs 30 days after the taxpayer receives the Director's decision unless, within the 30-day period, the taxpayer appeals the decision, or any part of the decision to the State Board of Tax Appeals.
 3. When a taxpayer appeals a decision, or any part of a decision, to the State Board of Tax Appeals, the conclusion of administrative proceedings occurs 30 days after the taxpayer receives the decision of the State Board of Tax Appeals.

Historical Note

Adopted effective March 13, 1998 (Supp. 98-1).

R15-10-404. Decisions

- A. The Department's problem resolution officer shall issue a written decision on each application for reimbursement of fees and other costs. The problem resolution officer shall issue the decision within 30 days after receipt of the application and shall set forth the reason for the decision.
- B. The problem resolution officer's decision is issued when mailed to the taxpayer's address furnished in the application.

Historical Note

Adopted effective March 13, 1998 (Supp. 98-1).

ARTICLE 5. ELECTRONIC FILING PROGRAM**R15-10-501. Definitions**

In addition to the definitions provided in A.R.S. §§ 42-1101.01, 42-1103.01, 42-1103.02, 42-1103.03, and 42-1105.02, unless the context provides otherwise, the following definitions apply to this Article and to A.R.S. Title 42, Chapter 2:

1. "AZTaxes.gov" means the Department's taxpayer service center web site that provides taxpayers with the ability to conduct transactions and review tax account information over the internet.
2. "Authorized user" means an individual, primary user, or delegate user, including a return preparer or electronic return preparer, who has been granted authority by the taxpayer, an owner of the taxpayer or an authorized officer of the taxpayer to access taxpayer information available on AZTaxes.gov.
3. "Bulk Transmitter" is an electronic return transmitter that submits multiple electronic returns, statements or other documents to the Department for filing or processing at one time.
4. "Delegate user" means a registered customer of AZTaxes.gov, other than a primary user, who is authorized by a taxpayer, an owner of the taxpayer or an authorized officer of the taxpayer to access the taxpayer's account information on AZTaxes.gov. A Delegate user who uses a PIN to sign and file transaction privilege or use tax returns on behalf of a taxpayer shall be presumed to be authorized by that taxpayer to take such action on behalf of the taxpayer.
5. "Department" means the Arizona Department of Revenue.
6. "Electronic return preparer" has the same meaning as prescribed in A.R.S. § 42-1101.01.
7. "Electronic return, statement or other document" means all data entered into a return, statement, or other document that is prepared using computer software and transmitted electronically to the Department.
8. "Electronic return transmitter" includes a person who is part of the chain of transmission of an electronic return, statement, or other document from the taxpayer or from an electronic return preparer to the Department even though the person did not receive the transmitted return, statement, or other document directly from the taxpayer or electronic return preparer.
9. "Electronic signature" has the same meaning as prescribed in A.R.S. § 18-106.
10. "License" means one or more transaction privilege, use, or withholding tax licenses or registrations obtained from the Department by completing and submitting a mail-in paper application or by completing the AZTaxes.gov registration process and, where applicable, submitting an executed AZTaxes.gov Registration Signature Card.
11. "Marketplace facilitator" has the same meaning as prescribed in A.R.S. § 42-5001.
12. "PIN" means a user-created personal identification number made up of a prescribed number of characters and used as an electronic signature to sign returns, statements or other documents submitted to the Department through AZTaxes.gov or by any other electronic means.
13. "Primary user" means the taxpayer, an owner of the taxpayer or any authorized officer of the taxpayer who registers to use AZTaxes.gov. A primary user has the unlimited ability to access the taxpayer's online accounts, conduct online transactions for the taxpayer, designate delegate users, specify the level of access granted to a

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delegate user and modify or terminate the access of any delegate user.

14. "Registered customer" means any individual who has, by means of providing specific information requested by the Department through the AZTaxes.gov registration process, selected a username and password entitling that individual to conduct transactions and access information through AZTaxes.gov.
15. "Remote seller" has the same meaning as prescribed in A.R.S. § 42-5001.
16. "Return preparer" has the same meaning as prescribed in A.R.S. § 42-1101.01.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5383, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5044, effective November 4, 2003 (Supp. 03-4). Amended by exempt rulemaking under Laws 2014, Ch. 263, § 25 at 22 A.A.R. 116, effective January 7, 2016 (Supp. 16-1). Amended by exempt rulemaking under Laws 2014, Ch. 263, § 25 at 22 A.A.R. 1852, effective June 24, 2016 (Supp. 16-2). Amended by exempt rulemaking at 25 A.A.R. 3023, effective October 1, 2019 (Supp. 19-3).

R15-10-502. Recordkeeping Requirements

For each electronic return of individual income or withholding tax filed with the Department, the electronic return preparer shall keep the documents listed in A.R.S. § 42-1105(F) for four years following the later of the date on which the return was due to be filed with the Department or was presented to the taxpayer for signature.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5383, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5044, effective November 4, 2003 (Supp. 03-4). Amended by exempt rulemaking under Laws 2014, Ch. 263, § 25 at 22 A.A.R. 116, effective January 7, 2016 (Supp. 16-1).

R15-10-503. Electronic Signatures for Individual Income Tax

- A. If a taxpayer electronically signs the taxpayer's federal individual income tax return, the taxpayer may elect to use the electronic signature from the federal return to sign the taxpayer's Arizona individual income tax return. By electing to use the federal electronic signature for the Arizona electronic return, the taxpayer is declaring, under penalties of perjury, that the electronic return is, to the best of the taxpayer's knowledge and belief, true, correct, and complete.
- B. A taxpayer makes an election under subsection (A) by doing the following:
 1. If the taxpayer is preparing the taxpayer's Arizona electronic return, the taxpayer makes the election by signifying the election during the electronic filing process.
 2. If the taxpayer uses an electronic return preparer to prepare the taxpayer's Arizona electronic return, the taxpayer makes the election by:
 - a. Signifying the election during the electronic filing process, or
 - b. Authorizing, in writing on a form prescribed by the Department, the electronic return preparer to make the election on behalf of the taxpayer.
- C. A taxpayer that does not elect to electronically sign the taxpayer's federal income tax return shall not electronically sign the taxpayer's Arizona electronic return.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5383,

effective November 8, 2001 (Supp. 01-4).

R15-10-504. Electronic Signatures for Withholding Tax

- A. A taxpayer that has obtained a withholding tax license from the Department shall do the following to become a registered customer of the AZTaxes.gov web site:
 1. Provide the following information during the AZTaxes.gov web site registration process:
 - a. The legal name of the registrant and any one of the following numbers:
 - i. The registrant's federal employer identification number, and
 - ii. The registrant's social security number, if the registrant is a sole proprietor, or
 - iii. Any other identification number assigned to the registrant by the Department or the Internal Revenue Service for the purpose of electronic filing.
 - b. The registrant's e-mail address,
 - c. Agree to the Department's Terms of Service, and
 2. Submit to the Department an executed AZTaxes.gov Registration Signature Card as evidence of the following:
 - a. If submitted during web site registration, the information provided during the AZTaxes.gov registration process is true and correct,
 - b. If previously submitted, the information contained in the Arizona Joint Tax Application or submitted during the online business registration is true and correct, and
 - c. The signatory is duly authorized to act on behalf of the business, receive confidential information, and waive any rights of confidentiality.
- B. A taxpayer that has not obtained a withholding tax license from the Department shall do the following to become a registered customer of the AZTaxes.gov web site:
 1. Obtain a withholding tax license by completing either the mail-in Arizona Joint Tax Application or the online business registration,
 2. Provide the following information during the AZTaxes.gov web site registration process:
 - a. The legal name of the registrant and any one of the following numbers:
 - i. The registrant's federal employer identification number,
 - ii. The registrant's social security number, if the registrant is a sole proprietor, or
 - iii. Any other identification number assigned to the registrant by the Department or the Internal Revenue Service for the purposes of electronic filing, and
 3. Submit to the Department either the executed, mail-in Arizona Joint Tax Application or the AZTaxes.gov Registration Signature Card as evidence of the following:
 - a. If submitted during web site registration, the information provided during the AZTaxes.gov registration process is true and correct,
 - b. The information contained in the Arizona Joint Tax Application or submitted during the online business registration is true and correct, and
 - c. The signatory is duly authorized to act on behalf of the business, receive confidential information, and waive any rights of confidentiality.
- C. A taxpayer or authorized user shall use the taxpayer's signature on the document submitted under subsection (B)(3) to electronically sign a taxpayer's electronic withholding tax returns. Use of the taxpayer's signature is the taxpayer's declaration, under penalties of perjury that the electronic return is,

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to the best of the taxpayer's knowledge and belief, true, correct, and complete.

- D.** To file an electronic withholding tax return under subsection (C):
1. If the taxpayer is preparing the taxpayer's electronic return, the taxpayer, shall access the AZTaxes.gov web site and electronically file the return.
 2. If the taxpayer's authorized user is preparing the taxpayer's electronic return, the taxpayer shall:
 - a. Access the AZTaxes.gov web site and electronically file the return, or
 - b. Authorize, in writing on a form prescribed by the Department, the authorized user to access the taxpayer's account on the AZTaxes.gov web site and electronically file the return on behalf of the taxpayer.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5044, effective November 4, 2003 (Supp. 03-4). Amended by exempt rulemaking under Laws 2014, Ch. 263, § 25 at 22 A.A.R. 116, effective January 7, 2016 (Supp. 16-1).

R15-10-505. Electronic Signatures for Transaction Privilege and Use Tax

- A.** As a registrant for AZTaxes.gov, a taxpayer, primary user or delegate user shall do the following to become a registered customer of AZTaxes.gov for transaction privilege and use tax purposes:
1. Provide the registrant's legal name and e-mail address,
 2. Create a unique username and password entitling the registrant access to AZTaxes.gov,
 3. Select a prescribed number of security questions and submit their answers,
 4. Create a PIN, and
 5. Agree to the Department's Terms of Service.
- B.** By becoming a registered customer of AZTaxes.gov and continuing to use AZTaxes.gov, the registrant declares that:
1. The information provided during the AZTaxes.gov registration process is accurate and complete, and
 2. If a mail-in paper application was previously submitted, the information contained in the application is accurate and complete.
- C.** A taxpayer that has not obtained a transaction privilege or use tax license from the Department shall obtain a license by completing either the mail-in paper application or the AZTaxes.gov online application. From and after January 9, 2016, a taxpayer, primary user or delegate user may use the PIN created according to subsection (A)(4) to electronically sign the taxpayer's online application.
- D.** A delegate user shall do the following to become associated with a taxpayer on the AZTaxes.gov web site:
1. Provide answers to prescribed questions about the taxpayer if the taxpayer has a license, or
 2. Complete the online or mail-in paper application and provide answers to prescribed questions about the taxpayer.
- E.** If filing a taxpayer's transaction privilege or use tax return by electronic means, an authorized user shall, from and after July 5, 2016, use the authorized user's PIN to electronically sign a taxpayer's electronic transaction privilege tax or use tax returns. By using the PIN, the authorized user declares under penalties of perjury that the electronic return is, to the best of the authorized user's knowledge and belief, true, correct, and complete.
- F.** To file an electronic transaction privilege or use tax return under subsection (E) above, a taxpayer, primary user, or delegate user preparing the electronic return may access

AZTaxes.gov and electronically file the return after signing the return with the PIN created under subsection (A)(4).

- G.** From and after July 5, 2016, unless otherwise required by Article 3 of this Title and Chapter, an authorized user may pay its transaction privilege and use tax liability by electronic check.
- H.** For tax periods beginning on or after the following years, any taxpayer that, under A.R.S. Title 42 Chapters 5 and 6, had total annual tax liability of at least the following amounts during the prior tax year or can reasonably anticipate that its current year tax liability will exceed the following amounts, shall, unless otherwise waived according to A.R.S. § 42-5014, file the required return using an electronic filing program established by the Department. For periods on or after:
1. January 1, 2018, prior tax year or expected current year total tax liability of \$20,000;
 2. January 1, 2019, prior tax year or expected current year total tax liability of \$10,000;
 3. January 1, 2020, prior tax year or expected current year total tax liability of \$5,000;
 4. January 1, 2021, prior tax year or expected current year total tax liability of \$500.
- I.** For tax periods beginning on and after October 1, 2019, marketplace facilitators and remote sellers who, at the time of registering for a transaction privilege tax license, can reasonably anticipate their tax liability will exceed the thresholds detailed in subsection (G) above shall, unless granted a waiver or if instructed to file by paper by the Department according to A.R.S. § 42-5014, file the required return using an electronic program established by the Department.
- J.** Any taxpayer that, under A.R.S. Title 42 Chapters 5 and 6, was required to file a return using an electronic filing program according to subsection (H) or (I) of this rule and that fails to do so after notice and demand by the Department shall, unless reasonable cause exists, be subject to the penalty imposed under A.R.S. § 42-1125(X) and (Y).

Historical Note

New Section made by exempt rulemaking under Laws 2014, Ch. 263, § 25 at 22 A.A.R. 116, effective January 7, 2016 (Supp. 16-1). Amended by exempt rulemaking under Laws 2014, Ch. 263, § 25 at 22 A.A.R. 1852, effective June 24, 2016 (Supp. 16-2). Amended by final rulemaking at 23 A.A.R. 3308, effective January 1, 2018 (Supp. 17-4). Amended by exempt rulemaking at 25 A.A.R. 3023, effective October 1, 2019 (Supp. 19-3).

R15-10-506. Transaction Privilege and Use Tax Electronic File Bulk Transmitters

- A.** A transaction privilege and use tax Bulk Transmitter shall complete and submit to the Department an application to participate in the Department's bulk electronic filing program as a direct transmitter of transaction privilege or use tax returns. The application shall contain the following information:
1. The company name;
 2. The product name, software ID and specifications;
 3. The company's website address and IP address or addresses;
 4. Contact name and information; and
 5. Such other information as the Department may require to be completed from time to time in its application form.
- B.** As part of the application process the Bulk Transmitter shall sign a memorandum of understanding with the Department outlining the terms under which it will be allowed to transmit electronic returns directly to the Department.
- C.** After the application is reviewed by the Department, the Bulk Transmitter shall submit any software it created or will use for

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the transmittal process to the Department for testing and certification.

- D. Upon certification by the Department, the Department shall issue authorization codes to the Bulk Transmitter for the purpose of accessing its servers.

Historical Note

New Section made by exempt rulemaking under Laws 2014, Ch. 263, § 25 at 22 A.A.R. 1852, effective June 24, 2016 (Supp. 16-2).

ARTICLE 6. EMERGENCY EXPIRED**R15-10-601. Emergency Expired****Historical Note**

Section reserved by emergency rulemaking at 9 A.A.R. 4443, effective September 22, 2003 for a period of 180 days (Supp. 03-3). Emergency expired, effective March 20, 2004 (Supp. 09-2). New Section reserved by emergency rulemaking at 15 A.A.R. 825, effective April 30, 2009 for a period of 180 days (Supp. 09-2). Emergency expired, effective October 27, 2009 (Supp. 09-4).

R15-10-602. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 9 A.A.R. 4443, effective September 22, 2003 for a period of 180 days (Supp. 03-3). Emergency expired, effective March 20, 2004 (Supp. 09-2). New Section made by emergency rulemaking at 15 A.A.R. 825, effective April 30, 2009 for a period of 180 days (Supp. 09-2). Emergency expired, effective October 27, 2009 (Supp. 09-4).

R15-10-603. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 9 A.A.R. 4443, effective September 22, 2003 for a period of 180 days (Supp. 03-3). Emergency expired, effective March 20, 2004 (Supp. 09-2). New Section made by emergency rulemaking at 15 A.A.R. 825, effective April 30, 2009 for a period of 180 days (Supp. 09-2). Emergency expired, effective October 27, 2009 (Supp. 09-4).

R15-10-604. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 9 A.A.R. 4443, effective September 22, 2003 for a period of 180 days (Supp. 03-3). Emergency expired, effective March 20, 2004 (Supp. 09-2). New Section made by emergency rulemaking at 15 A.A.R. 825, effective April 30, 2009 for a period of 180 days (Supp. 09-2). Emergency expired, effective October 27, 2009 (Supp. 09-4).

R15-10-605. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 9 A.A.R. 4443, effective September 22, 2003 for a period of 180 days (Supp. 03-3). Emergency expired, effective March 20, 2004 (Supp. 09-2). New Section made by emergency rulemaking at 15 A.A.R. 825, effective April 30, 2009 for a period of 180 days (Supp. 09-2). Emergency expired, effective October 27, 2009 (Supp. 09-4).

R15-10-606. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 9 A.A.R. 4443, effective September 22, 2003 for a period of 180

days (Supp. 03-3). Emergency expired, effective March 20, 2004 (Supp. 09-2). New Section made by emergency rulemaking at 15 A.A.R. 825, effective April 30, 2009 for a period of 180 days (Supp. 09-2). Emergency expired, effective October 27, 2009 (Supp. 09-4).

R15-10-607. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 9 A.A.R. 4443, effective September 22, 2003 for a period of 180 days (Supp. 03-3). Emergency expired, effective March 20, 2004 (Supp. 09-2). New Section made by emergency rulemaking at 15 A.A.R. 825, effective April 30, 2009 for a period of 180 days (Supp. 09-2). Emergency expired, effective October 27, 2009 (Supp. 09-4).

ARTICLE 7. EMERGENCY EXPIRED**R15-10-701. Reserved****R15-10-702. Emergency Expired****Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1864, effective August 31, 2011 for 180 days (Supp. 11-3). Emergency expired February 27, 2012.

New Section made by emergency rulemaking at 21 A.A.R. 1830, effective August 19, 2015 for 180 days (Supp. 15-3). Emergency expired February 11, 2016 (Supp. 16-1). New Section made by emergency rulemaking at 21 A.A.R. 2621, effective August 29, 2016 for 180 days (Supp. 16-3). Emergency expired February 25, 2017 (Supp. 17-2).

R15-10-703. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1864, effective August 31, 2011 for 180 days (Supp. 11-3). Emergency expired February 27, 2012.

New Section made by emergency rulemaking at 21 A.A.R. 1830, effective August 19, 2015 for 180 days (Supp. 15-3). Emergency expired February 11, 2016 (Supp. 16-1). New Section made by emergency rulemaking at 21 A.A.R. 2621, effective August 29, 2016 for 180 days (Supp. 16-3). Emergency expired February 25, 2017 (Supp. 17-2).

R15-10-704. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1864, effective August 31, 2011 for 180 days (Supp. 11-3). Emergency expired February 27, 2012.

New Section made by emergency rulemaking at 21 A.A.R. 1830, effective August 19, 2015 for 180 days (Supp. 15-3). Emergency expired February 11, 2016 (Supp. 16-1). New Section made by emergency rulemaking at 21 A.A.R. 2621, effective August 29, 2016 for 180 days (Supp. 16-3). Emergency expired February 25, 2017 (Supp. 17-2).

R15-10-705. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1864, effective August 31, 2011 for 180 days (Supp. 11-3). Emergency expired February 27, 2012 (Supp. 15-3). New Section made by emergency rulemaking at 21 A.A.R. 2621, effective August 29, 2016 for 180 days (Supp. 16-3). Emergency expired February 25, 2017

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(Supp. 17-2).

R15-10-706. Emergency Expired**Historical Note**

New Section made by emergency rulemaking at 17
A.A.R. 1864, effective August 31, 2011 for 180 days

(Supp. 11-3). Emergency expired February 27, 2012.
New Section made by emergency rulemaking at 21
A.A.R. 1830, effective August 19, 2015 for 180 days
(Supp. 15-3). Emergency expired February 11, 2016
(Supp. 16-1).

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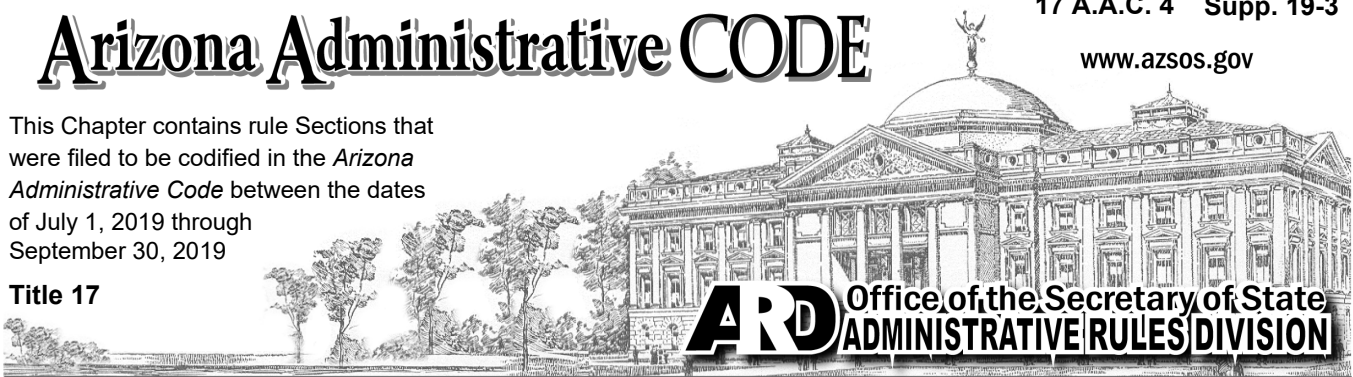
Arizona Administrative CODE

17 A.A.C. 4 Supp. 19-3

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 17



TITLE 17. TRANSPORTATION

CHAPTER 4. DEPARTMENT OF TRANSPORTATION - TITLE, REGISTRATION, AND DRIVER LICENSES

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

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Questions about these rules? Contact:

Department of Transportation
Office of the Director
Rules and Policy Development,
206 S. 17th Ave., Mail Drop 140A
Phoenix, AZ 85007

<http://azdot.gov/about/GovernmentRelations>

The release of this Chapter in Supp. 19-3 replaces Supp. 19-2, 1-38 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 17. TRANSPORTATION

CHAPTER 4. DEPARTMENT OF TRANSPORTATION - TITLE, REGISTRATION, AND DRIVER LICENSES

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Editor's Note: Sections R17-4-606, R17-4-607 and its Appendix A and Appendices A and B were repealed under a Notice of Proposed Summary Rulemaking in Supp. 96-1. R17-4-612 was amended under the same Notice of Proposed Summary Rulemaking at 2 A.A.R. 1486. The Office did not receive a Notice of Final Summary Rulemaking on these Sections (Editor's Note added Supp. 10-2).

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ARTICLE 1. GENERAL PROVISIONS**R17-4-101. Definitions**

In addition to the definitions prescribed under A.R.S. § 28-101, A.R.S. § 28-3001, and 6 CFR 37.3, the following terms apply to this Chapter, unless otherwise specified:

“Non-operating identification license” means a credential issued by the Department for identification purposes only, as prescribed under A.R.S. § 28-3165, which does not grant authority to operate a motor vehicle and is not intended to be accepted by federal agencies for an official purpose defined under 6 CFR 37.3.

“Travel-compliant driver license” has the same meaning as the term REAL ID Driver’s License defined under 6 CFR 37.3, which is a driver license issued by the Department as prescribed under A.R.S. § 28-3175 in compliance with A.R.S. Title 28, Chapter 8, and the federal standards provided under 6 CFR 37 for state issuance of secure credentials intended to be accepted by federal agencies for official purposes.

“Travel-compliant identification license” has the same meaning as the term REAL ID Identification Card as defined under 6 CFR 37.3, which is a non-operating identification license issued by the Department as prescribed under A.R.S. § 28-3175 in compliance with A.R.S. Title 28, Chapter 8, and the federal standards provided under 6 CFR 37 for state issuance of secure credentials acceptable by federal agencies for official purposes.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1885, with an immediate effective date of July 2, 2019 (Supp. 19-3).

ARTICLE 2. VEHICLE TITLE**R17-4-201. Definitions**

In addition to the definitions prescribed under A.R.S. §§ 28-101, 28-2001, and 28-3001, the following definitions apply to this Article, unless otherwise specified:

“Authorized ELT Participant” means a lending institution or finance company authorized by the Division to electronically release a lien or encumbrance.

“Date of lien” means the date identified by the lienholder as the date the loan was issued to the borrower.

“Division” means the Arizona Department of Transportation’s Motor Vehicle Division.

“Encumbrance” means a lien recorded, by the Division, on a vehicle or mobile home record and the Arizona Certificate of Title.

“ELT” means Electronic Lien and Title.

“EPA standards” means the emission standards of the Environmental Protection Agency, as prescribed under 40 CFR 86.

“FMVSS” means the Federal Motor Vehicle Safety Standards as prescribed under 49 CFR 571.

“Joint tenancy with right of survivorship” means vehicle ownership by two or more persons and the deceased joint owner’s interest in the vehicle is transferred to the surviving owners.

“Lienholder” means a person or entity retaining legal possession of a vehicle or mobile home until the debtor has satisfactorily repaid the loan for which the vehicle or mobile home is designated as collateral.

“Lienholder Number” means the computer-generated record number assigned by the Division to a lienholder.

“Low-speed vehicle” has the same meaning as prescribed under 49 CFR 571.3.

“MPV” means multipurpose passenger vehicle, which has the same meaning as prescribed under 49 CFR 571.3.

“MVD” means the Arizona Department of Transportation’s Motor Vehicle Division.

“NHTSA” means National Highway Traffic Safety Administration of the United States Department of Transportation.

“Operation of law lien” means a lien resulting from the application of a state or federal statute.

“Primary lien” means the first of any multiple liens recorded on a vehicle or mobile home record.

“Registered importer” means a person registered by the NHTSA Administrator to import vehicles, as prescribed under 49 CFR 30141.

“Tenancy in common” means vehicle ownership by two or more people without the right of survivorship.

“Valid titling document” means one of the following documents showing a vehicle’s compliance with FMVSS and EPA standards:

A NHTSA Declaration,

A manufacturer’s letter, or

A U.S. federal compliance label printed in English.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 1353, effective June 6, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 3281, effective November 10, 2007 (Supp. 07-3).

R17-4-202. Certificate of Title Form

- A. The Motor Vehicle Division (MVD) shall produce the Certificate of Title form on tamper-resistant and counterfeit-resistant paper.
- B. MVD shall provide space on the Certificate of Title form for the following information:
 1. Title information:
 - a. Title number;
 - b. Issue date;
 - c. Previous title number; and
 - d. State and date of previous title.
 2. Vehicle information:
 - a. Vehicle identification number (VIN);
 - b. Vehicle make, model, year, and body style;
 - c. Fuel type;
 - d. Odometer information; and
 - e. Vehicle mechanical or structural condition.
 3. Lienholder information:
 - a. Lienholder name and address;
 - b. Lienholder customer or federal identification number; and
 - c. Lien amount and lien date.
 4. Vehicle owner’s or owner’s legal designee information:
 - a. Name; and
 - b. Mailing address.
 5. Ownership change information:
 - a. Sale date;
 - b. Purchaser’s name and address;
 - c. Odometer mileage disclosure statement;

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- d. Seller's signature; and
- e. Seller's signature certification.
- 6. Dealer reassignment information.
- 7. Other information as required by the Division for internal processing and recordkeeping.

Historical Note

New Section recodified from R17-4-204 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-203. Certificate of Title and Registration Application

A. In addition to the requirements of A.R.S. §§ 28-2051 and 28-2157, a person applying for an Arizona motor vehicle title certificate and registration shall complete a form supplied by the Motor Vehicle Division that contains the following information:

1. Vehicle information:
 - a. Tab number;
 - b. Initial registration month and year;
 - c. Vehicle make, model, year, and body style;
 - d. Mechanical or structural status indicating whether the vehicle is:
 - i. Dismantled,
 - ii. Reconstructed,
 - iii. Salvaged, or
 - iv. Specially constructed;
 - e. Gross vehicle weight;
 - f. Fuel type;
 - g. Odometer information;
 - h. Current title number and titling state.
 2. An owner's or lessee's legal ownership status.
 3. Lienholder information:
 - a. Lienholder names and addresses, and
 - b. Lien amount and date incurred.
 4. If a mobile home, the physical site.
 5. Co-ownership information:
 - a. A statement of whether any survivorship rights in the vehicle exist; and
 - b. A statement providing co-ownership legal status prescribed in R17-4-205(B).
 6. Owner certification information verifying:
 - a. Ownership,
 - b. Inclusion of all liens and encumbrances, and
 - c. Seller-verified odometer reading.
 7. Applicant signatures.
 8. An acknowledgement that:
 - a. The applicant agrees or disagrees to the Division's release of the applicant's name on a commercial mailing list; and
 - b. The applicant has read a printed explanation of odometer reading codes.
 9. Other information required by the Division for internal processing and recordkeeping.
- B. An applicant may voluntarily provide the following information on the form:
1. Applicant's birth date;
 2. Applicant's driver license number; and
 3. Applicant's federal employer identification number, if the applicant is taking title as a sole proprietor, partnership, corporation, or other legal business entity.

Historical Note

New Section recodified from R17-4-205 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-204. Seller's Signature Acknowledgement

A seller shall ensure that a Notary Public or a Motor Vehicle Division (MVD) agent witnesses the seller sign the title transfer. The

Notary Public or MVD agent shall sign the title transfer acknowledging witnessing the seller's signature. "Motor Vehicle Division agent" has the meaning prescribed in A.R.S. § 28-370.

Historical Note

Adopted effective November 10, 1986 (Supp. 86-6). Former Section R17-4-75 renumbered without change as Section R17-4-204 (Supp. 87-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2468, effective June 8, 2000 (Supp. 00-2). Section recodified to R17-4-202 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-206 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-205. Co-ownership and Vehicle Title

- A. A title certificate application shall specify the form of co-ownership and names of a vehicle's co-owners as follows.
1. If co-ownership is a joint tenancy with right of survivorship in which all owners must sign to transfer or encumber the vehicle, the applicant shall provide the name of each owner separated by "and/or."
 2. If co-ownership is a joint tenancy that allows one owner to transfer or encumber the vehicle title, the applicant shall provide:
 - a. The name of each co-owner separated by "or"; and
 - b. A form, signed by each co-owner authorizing title transfer or encumbrance on the signature of any co-owner.
 3. If co-ownership is a tenancy in common, the applicant shall provide the name of each owner separated by "and."
- B. Before a surviving joint tenant under subsection (A)(1) obtains a title certificate as owner or transfers or encumbers the vehicle title, the surviving joint tenant shall present to the Division a death certificate for each deceased joint tenant.
- C. After the death of a tenant in common, the Division shall issue a new title certificate only as directed by:
1. A certified probate court order; or
 2. A successor's affidavit under A.R.S. § 14-3971(B).

Historical Note

Adopted effective November 13, 1986 (Supp. 86-6). Former Section R17-4-75 renumbered without change as Section R17-4-205 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 2752, effective June 8, 2001 (Supp. 01-2). Section recodified to R17-4-203 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-207 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 1353, effective June 6, 2003 (Supp. 03-2).

R17-4-206. Additional Titling Standards for Vehicles Not Manufactured in Compliance with United States Safety and Emission Standards; "Gray-market Vehicles"

- A. Titling standards.
1. The Division shall issue a title to a foreign-manufactured vehicle imported to the United States if an applicant presents the following:
 - a. A valid titling document,
 - b. A completed MVD title and registration application as prescribed under R17-4-203,
 - c. A completed Vehicle Verification Form certifying that the vehicle passed the Division's physical inspection,
 - d. A document stating that the vehicle passed an Arizona emissions inspection under A.R.S. § 49-542, and
 - e. A certificate that the vehicle was converted to meet:

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- i. EPA standards, and
 - ii. FMVSS.
- 2. A foreign-manufactured vehicle imported to the United States is exempt from this subsection if it is older than 25 years from its manufacture date.
- 3. A foreign-manufactured vehicle imported to the United States that is between 21 and 25 years from the manufacture date is exempt from subsection (A)(1)(e)(i).
- 4. Titling standards for vehicles manufactured according to Canadian specifications.
 - a. The Division shall issue a title to a vehicle manufactured according to Canadian specifications if it:
 - i. Is not for resale;
 - ii. Has a GVWR of less than 10,000 pounds; and
 - iii. Is a passenger vehicle, motorcycle, or MPV.
 - b. Before titling a vehicle manufactured according to Canadian specifications, the owner shall submit to the Division manufacturer documentation verifying that the vehicle complies with FMVSS and EPA standards.
 - i. The Division shall waive the FMVSS and EPA labeling location requirements as prescribed in 49 CFR 571 and 40 CFR 86.
 - ii. If manufacturer documentation indicates that a vehicle's speedometer or headlights do not comply with FMVSS and EPA standards, the owner shall file additional documentation with the Division to verify completion of a modification that brings the vehicle into compliance.
 - c. A registered importer shall certify a vehicle manufactured according to Canadian specifications if:
 - i. The vehicle meets FMVSS standards except for occupant crash protection provisions prescribed under 49 CFR 571.208, or
 - ii. The owner did not submit manufacturer documentation as prescribed under subsection (A)(4)(b).
- B. The Division shall require a registered importer's certification of a foreign-manufactured vehicle imported to the United States that:
 - 1. Is not exempt under subsections (A)(2) or (A)(3), or
 - 2. Does not qualify under subsection (A)(4).

Historical Note

Former Rule, General Order 55. Former Section R17-4-19 renumbered without change as Section R17-4-206 (Supp. 87-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2468, effective June 8, 2000 (Supp. 00-2). Section recodified to R17-4-204 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-209 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 1353, effective June 6, 2003 (Supp. 03-2).

R17-4-207. Lien Filing

- A. Lien filing. When filing a lien with the Division, a person shall submit a Title and Registration Application (available online at www.azdot.gov/mvd/FormsandPub/mvd.asp), the most recently issued certificate of title, the fee or fees to be paid as provided by law, and any other documentation required pursuant to A.R.S. Title 28.
 - 1. The Division shall record a statement of all liens and encumbrances on the vehicle or mobile home record upon receiving a lien filing that meets all requirements prescribed in this subsection.

- 2. The Division shall immediately return a lien filing, with a letter stating why the lien filing was returned, when the lien filing does not meet the requirements prescribed in this subsection.
- B. Multiple liens. The Division will record up to three liens on any one vehicle or mobile home record. Additional liens are recorded through the County Recorder's office. Liens are valued in the order that they are filed and recorded on the vehicle or mobile home record. However, the Division considers the primary lien recorded on the vehicle or mobile home record to be above all other subsequent liens or encumbrances. In the absence of an operation of law lien, only the lienholder in the primary position may repossess a vehicle or mobile home.
- C. Lien filing notice. The Division shall notify the lienholder of the recording of a lien.
 - 1. The Division shall issue an Arizona Certificate of Title or, when the lienholder is an Authorized ELT Participant, transmit an electronic lien notification to the primary lienholder.
 - 2. The Division shall issue a computer-generated Lienholder Record to each subsequent lienholder recorded on the vehicle or mobile home record. The Division shall not issue a duplicate Lienholder Record.

Historical Note

Former Rule, General Order 62. Former Section R17-4-24 renumbered without change as Section R17-4-207 (Supp. 87-2). Section repealed; new Section made by final rulemaking at 7 A.A.R. 2752, effective June 8, 2001 (Supp. 01-2). Section recodified to R17-4-205 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section recodified from R17-4-230 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3281, effective November 10, 2007 (Supp. 07-3).

R17-4-208. Lien Clearance

- A. Lien clearance. The Division shall remove the lien from the vehicle or mobile home record indicated on the lien clearance and issue a new Arizona Certificate of Title upon receiving proof that the lien is satisfied and an application furnished by the Division, the most recently issued certificate of title, the fee or fees to be paid as provided by law, and any other documentation required pursuant to A.R.S. Title 28. The Division considers the following instruments satisfactory proof that the lien or encumbrance recorded on a vehicle or mobile home record is satisfied:
 - 1. The transmission of an electronic lien release from an ELT Participant,
 - 2. A certificate of title acknowledged by the lienholder as prescribed under subsection (B)(1),
 - 3. An original lien filing receipt acknowledged by the lienholder as prescribed under subsection (B)(1),
 - 4. An original computer-generated Lienholder Record acknowledged by the lienholder as prescribed under subsection (B)(1),
 - 5. A lender copy of the original lien instrument indicating the lien is paid in full acknowledged by the lienholder as prescribed under subsection (B)(1); or
 - 6. Any document giving a complete description of the vehicle, as recorded on the Arizona Certificate of Title, indicating that the lien is either "paid in full" or "satisfied" acknowledged by the lienholder as prescribed under subsection (B)(1).
- B. Lienholder satisfaction of lien requirements.
 - 1. The Division shall not accept a satisfaction of lien when the authorized signature of the lienholder or authorized

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agent of the lienholder, appearing on the lien clearance instrument, is not acknowledged before a Notary Public or witnessed by an authorized Division employee.

2. The lienholder shall deliver the Arizona Certificate of Title to the next lienholder or, if there is not another lienholder, to the owner of the vehicle or mobile home within 15 business days after receiving payment in full satisfaction of the lien.
 3. A lienholder that fails to deliver the certificate of title within 15 business days may be assessed a civil penalty, as prescribed under A.R.S. § 28-2134.
- C. Lien release received in error. The Division will not reimburse any parties for any monetary damages that may occur when a lienholder issues a lien clearance to the Division in error.
- D. Administrative hearing. A lienholder who is assessed a civil penalty, as prescribed under A.R.S. § 28-2134, may request a hearing in accordance with the procedures prescribed under 17 A.A.C. 1, Article 5.

Historical Note

Former Rule, General Order 83. Former Section R17-4-35 renumbered without change as Section R17-4-208 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 2468, effective June 8, 2000 (Supp. 00-2). Section recodified from R17-4-231 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3281, effective November 10, 2007 (Supp. 07-3).

R17-4-209. Recodified**Historical Note**

Adopted as Section R17-4-81 and renumbered as Section R17-4-209 effective May 29, 1987 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 2755, effective June 8, 2001 (Supp. 01-2). Section recodified to R17-4-206 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-210. Repealed**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Section R17-4-210 repealed by summary action with an interim effective date of August 28, 1998; filed in the Office of the Secretary of State August 4, 1998 (Supp. 98-3). The Department failed to submit to the Governor's Regulatory Review Council an adopted summary rule pursuant to A.R.S. § 41-1027, and therefore the rule went back into effect November 26, 1998; Section repealed by summary rulemaking with an interim effective date of August 20, 1999, filed in the Office of the Secretary of State July 30, 1999 (Supp. 99-3). Interim effective date of August 20, 1999 now the permanent effective date (Supp. 99-4).

Appendix A. Repealed**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Appendix A repealed by summary action with an interim effective date of August 28, 1998; filed in the Office of the Secretary of State August 4, 1998 (Supp. 98-3). The Department failed to submit to the Governor's Regulatory Review Council an adopted summary rule pursuant to A.R.S. § 41-1027, and therefore Appendix A went back into effect November 26, 1998; Appendix A repealed by summary rulemaking with an interim effective date of August 20, 1999; filed in the Office of the Secretary of State July 30, 1999 (Supp. 99-3). Interim effective date of August 20, 1999 now the permanent effective date (Supp. 99-4).

99-4).

R17-4-211. Reserved

R17-4-212. Reserved

R17-4-213. Reserved

R17-4-214. Reserved

R17-4-215. Reserved

R17-4-216. Recodified

Historical Note

Adopted effective October 21, 1997 (Supp. 97-4). Section recodified to R17-4-302 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-217. Recodified

Historical Note

Adopted effective September 12, 1997 (Supp. 97-3). Section recodified to R17-4-303 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-218. Recodified

Historical Note

Amended effective April 21, 1980 (Supp. 80-2). Former Section R17-4-54 renumbered without change as Section R17-4-218 (Supp. 87-2). R17-4-218 and Appendix A repealed; new Section adopted effective December 8, 1998 (Supp. 98-4). Section recodified to R17-4-304 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-219. Recodified

Historical Note

Former Rule, General Order 101. Former Section R17-4-42 renumbered without change as Section R17-4-219 (Supp. 87-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 4602, effective November 14, 2000 (Supp. 00-4). Section recodified to R17-4-305 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-220. Repealed

Historical Note

Former Rule, General Order 103; Former Section R17-4-44 repealed, new Section R17-4-44 adopted effective April 21, 1980 (Supp. 80-2). Former Section R17-4-44 renumbered without change as Section R17-4-220 (Supp. 87-2). Repealed effective July 29, 1992 (Supp. 92-3).

R17-4-221. Repealed

Historical Note

Former Rule, General Order 75. Former Section R17-4-30 renumbered without change as Section R17-4-221 (Supp. 87-2). Repealed effective July 29, 1992 (Supp. 92-3).

R17-4-222. Recodified

Historical Note

Adopted effective December 3, 1986 (Supp. 86-6). Former Section R17-4-80 renumbered without change as Section R17-4-222 (Supp. 87-2). Section recodified to R17-4-306 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-223. Repealed

Historical Note

Emergency rule adopted effective August 8, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-

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- 3). Emergency expired. Former emergency rule permanently adopted with changes effective December 31, 1991 (Supp. 91-4). Repealed effective July 18, 1994 (Supp. 94-3).

R17-4-224. Recodified**Historical Note**

Adopted effective September 25, 1991 (Supp. 91-3). Section recodified to R17-4-307 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-225. Reserved**R17-4-226. Recodified****Historical Note**

Emergency rule adopted effective January 21, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency expired. Adopted with changes effective February 1, 1993 (Supp. 93-1). Amended effective January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 702, effective February 10, 1999 (Supp. 99-1). Section repealed effective August 1, 1999 pursuant to subsection (C); new Section adopted by final rulemaking at 6 A.A.R. 1906, effective May 3, 2000 (Supp. 00-2). Section recodified to R17-5-502 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

Appendix A. Repealed**Historical Note**

Emergency rule adopted effective January 21, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency expired. Adopted effective February 1, 1993 (Supp. 93-3). Amended by final rulemaking at 5 A.A.R. 702, effective February 10, 1999 (Supp. 99-1). Appendix repealed effective August 1, 1999 pursuant to R17-4-226(C) (Supp. 00-2).

R17-4-226.01. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1906, effective May 3, 2000 (Supp. 00-2). Section recodified to R17-5-503 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-227. Recodified**Historical Note**

Adopted effective June 16, 1992 (Supp. 92-2). Section recodified to R17-4-402 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-228. Reserved**R17-4-229. Reserved****R17-4-230. Recodified****Historical Note**

Former Rule, General Order 47. Former Section R17-4-15 renumbered without change as Section R17-4-230 (Supp. 87-2). Section recodified to R17-4-207 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-231. Recodified**Historical Note**

Former Rule, General Order 70. Former Section R17-4-28 renumbered without change as Section R17-4-231 (Supp. 87-2). Section recodified to R17-4-208 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-232. Reserved**R17-4-233. Reserved****R17-4-234. Reserved****R17-4-235. Reserved****R17-4-236. Reserved****R17-4-237. Repealed****Historical Note**

Former Rule, General Order 50. Former Section R17-4-16 renumbered without change as Section R17-4-237 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

R17-4-238. Repealed**Historical Note**

Former Rule, General Order 51. Former Section R17-4-17 renumbered without change as Section R17-4-238 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

R17-4-239. Repealed**Historical Note**

Former Rule, General Order 60. Former Section R17-4-22 renumbered without change as Section R17-4-239 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

R17-4-240. Recodified**Historical Note**

Former Rule, General Order 65; Amended effective January 11, 1982 (Supp. 82-1). Former Section R17-4-25 renumbered without change as Section R17-4-240 (Supp. 87-2). Section recodified to R17-5-402 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-241. Recodified**Historical Note**

Former Rule, General Order 76. Former Section R17-4-31 renumbered without change as Section R17-4-241 (Supp. 87-2). Section amended by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-404 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-242. Repealed**Historical Note**

Former Rule, General Order 77. Former Section R17-4-32 renumbered without change as Section R17-4-242 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 869, effective January 22, 2001 (Supp. 01-1).

R17-4-243. Repealed**Historical Note**

Former Rule, General Order 85. Former Section R17-4-36 renumbered without change as Section R17-4-243 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

R17-4-244. Reserved**R17-4-245. Recodified****Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section recodified to R17-5-405 at 7 A.A.R. 3483, effective

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July 20, 2001 (Supp. 01-3).

R17-4-246. Recodified**Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section recodified to R17-5-406 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-247. Reserved**R17-4-248. Reserved****R17-4-249. Reserved****R17-4-250. Repealed****Historical Note**

Former Rule, General Order 111. Former Section R17-4-47 renumbered without change as Section R17-4-250 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 3839, effective September 13, 2000 (Supp. 00-3).

R17-4-251. Repealed**Historical Note**

Former Rule, General Order 112. Former Section R17-4-48 renumbered without change as Section R17-4-251 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 3839, effective September 13, 2000 (Supp. 00-3).

R17-4-252. Recodified**Historical Note**

Former Rule, General Order 82. Former Section R17-4-34 renumbered without change as Section R17-4-252 (Supp. 87-2). Section recodified to R17-4-308 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-253. Reserved**R17-4-254. Reserved****R17-4-255. Reserved****R17-4-256. Reserved****R17-4-257. Reserved****R17-4-258. Reserved****R17-4-259. Reserved****R17-4-260. Recodified****Historical Note**

Former Rule, General Order 72. Former Section R17-4-29 renumbered without change as Section R17-4-260 (Supp. 87-2). Section recodified to R17-5-407 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-261. Reserved**R17-4-262. Reserved****R17-4-263. Reserved****R17-4-264. Reserved****R17-4-265. Repealed****Historical Note**

Adopted as an emergency effective June 29, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Emergency expired. Permanent rule adopted effective October 1, 1984 (Supp. 84-5). Former Section R17-4-72 renumbered without change as Section R17-4-265 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 2154, effective May 1, 2001 (Supp. 01-2).

ARTICLE 3. VEHICLE REGISTRATION**R17-4-301. Definitions**

Definitions. In addition to the definitions prescribed under A.R.S. §§ 28-101, 28-2231, and 28-5100, the following definitions apply to this Article, unless otherwise specified:

“Apportioned commercial vehicle” means a commercial vehicle that is subject to the proportional registration provisions prescribed under A.R.S. § 28-2233.

“Biennial” means once every two years.

“Business day” means a day other than a Sunday or holiday.

“Calendar quarter” means the following time periods established by the Division: January 1 to March 31, April 1 to June 30, July 1 to September 30, and October 1 to December 31.

“Day” means the 24-hour period from one midnight to the following midnight.

“Disabled person” means a recipient of public monies as a disabled individual under Title 16 of the Social Security Act.

“Division” means the Arizona Department of Transportation’s Motor Vehicle Division.

“Division Director” means the Assistant Director for the Arizona Department of Transportation’s Motor Vehicle Division or the Assistant Director’s designee.

“Drop box” means a receptacle designated by the Division into which a person places vehicle registration forms and fees, and from which the Division retrieves these items daily.

“Effective date of registration” means the date the vehicle first becomes subject to registration fees in Arizona.

“Electronic delivery” means the transmission of registration and credit card information to the Division, by computer, through an authorized third party electronic service provider.

“Emergency Vehicle Permit” means a document issued by the Division’s Enforcement Services Program to a private fire department for a single fire engine that authorizes the driver of a permitted vehicle to exercise the privileges prescribed under A.R.S. § 28-624.

“Expiration date” means the day, month, and year in which a vehicle registration expires.

“Fire Engine” means a motor vehicle containing fire-fighting equipment capable of extinguishing fires.

“IM147 Test” means the emissions test prescribed under A.R.S. § 49-542(F)(2)(a).

“Included vehicle” means a vehicle subject to annual or biennial Arizona registration unless otherwise excluded from the staggered registration prescribed under A.R.S. § 28-2159 and R17-4-304.

“Initial registration” means the first registration of an included vehicle in Arizona.

“OBD” means the On-Board Diagnostics emissions test prescribed under A.R.S. § 49-542(F)(2)(a).

“Off-highway vehicle” has the same meaning as prescribed under A.R.S. § 28-1171.

“Operator Requirements” means the requirements given in Chapter 2, Basic Driver/Operator Requirements, of the National Fire Protection Association Standard for Fire Apparatus Driver/Operator Professional Qualification (NFPA 1002), 1998 edition, which is incorporated by reference and on

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file with the Arizona Department of Transportation and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.

“Private fire department” means a fire fighting business equipped to provide emergency fire-fighting devices for a private purpose that is neither a public service corporation nor a municipal entity.

“Private Fire Emergency Vehicle” means a fire engine operated by a private fire department for which an Emergency Vehicle Permit is issued.

“Registration” means the authorization, issued by the Division that allows a vehicle to use state highways.

“Registration fees” means the fees due to the Division at the time of registration and consisting of the general registration fees imposed under A.R.S. § 28-2003, the vehicle license tax imposed under A.R.S. § 28-5801, and the commercial registration and gross weight fees imposed under A.R.S. § 28-5433.

“Registration period” means the time-frame during which a vehicle registration is valid.

“Renewal registration” means the second and subsequent registration of an included vehicle.

Historical Note

Transferred to R17-1-301 (Supp. 92-4). New Section made by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 16 A.A.R. 1132, effective August 7, 2010 (Supp. 10-2).

R17-4-302. Staggered Registration for Apportioned Commercial Vehicles

Apportioned commercial vehicle fleet registration periods. The Division shall assign a registration period to a newly registered apportioned commercial vehicle fleet. The fleet owner and the Director shall mutually agree to the registration period and expiration date.

1. The Division shall:
 - a. Establish a registration period that expires on the last day of the calendar quarter selected by the fleet owner, not to exceed 12 months from the initial registration date.
 - b. Apply the original fleet registration fees towards the registration fees required for a replaced vehicle when an owner replaces a vehicle within a fleet.
 - c. Apply the original fleet registration fees towards the registration fees required for a transferred vehicle when an owner transfers a vehicle between fleets.
 - d. Refund any excess credit of registration fees in accordance with the provisions prescribed under A.R.S. § 28-2356.
2. The owner of an apportioned commercial fleet vehicle shall:
 - a. Ensure that all vehicles within a fleet have the same registration period.
 - b. Ensure that the fleet vehicle is not operated with an expired vehicle registration.
 - c. Maintain the assigned or selected registration period for at least three consecutive registration periods.
3. The Division shall not provide a grace period for late registration or late payment of fees.

Historical Note

Adopted effective August 1, 1988 (Supp. 88-3). Transferred to R17-1-302 (Supp. 92-4). New Section recodified from R17-4-216 at 7 A.A.R. 3479, effective July 20,

2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4).

R17-4-303. Biennial Registration

- A. Biennial registration.
 1. The Division may register any vehicle biennially, unless excluded.
 2. The Division shall register a newly licensed or newly leased vehicle biennially, unless the owner chooses to register the vehicle on an annual basis.
- B. Excluded vehicles. The owner of a vehicle that meets any one of the following criteria is excluded from the biennial registration program:
 1. A vehicle required to have an IM147 or OBD test within 12 months after the date of registration.
 2. A vehicle that requires an annual emissions test.
 3. A vehicle subject to any one of the following types of registration:
 - a. Allocated registration under A.R.S. § 28-2261,
 - b. Apportioned registration under A.R.S. § 28-2261,
 - c. Fleet registration under A.R.S. § 28-2202, or
 - d. Interstate registration under A.R.S. § 28-2052.
 4. A vehicle with an undersized mobile home plate registration.
 5. A vehicle that requires the owner to certify eligibility for a registration fee exemption on an annual basis; such as the registration exemption available to an active duty military member, a widow, widower, or disabled person other than a 100% disabled veteran.

Historical Note

Transferred to R17-1-303 (Supp. 92-4). New Section recodified from R17-4-217 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4).

R17-4-304. Staggered Registration for Included Vehicles

- A. Included vehicles. The Division shall assign one of the following staggered expiration dates when issuing an initial registration to an included vehicle:
 1. If a vehicle has an effective date of registration from the first day through the 15th day of the month:
 - a. Annual registration expires on the 15th day of the month 12 months from the month the vehicle is subject to Arizona registration; or
 - b. Biennial registration expires on the 15th day of the month 24 months from the month the vehicle is subject to Arizona registration.
 2. If a vehicle has an effective date of registration from the 16th day through the last day of the month:
 - a. Annual registration expires on the last day of the month 12 months from the month the vehicle is subject to Arizona registration; or
 - b. Biennial registration expires on the last day of the month 24 months from the month the vehicle is subject to Arizona registration.
- B. Excluded vehicles. The staggered registration prescribed by this Section excludes the following vehicles:
 1. A vehicle exempt from registration;
 2. A vehicle subject to any one of the following types of registration:
 - a. Allocated registration under A.R.S. § 28-2261,
 - b. Apportioned registration under A.R.S. § 28-2261,
 - c. Fleet registration under A.R.S. § 28-2202,
 - d. Interstate registration under A.R.S. § 28-2052, or
 - e. Seasonal agricultural registration under A.R.S. § 28-5436;

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3. A vehicle subject to a one-time registration fee;
 4. A government vehicle, a vehicle owned by an official representative of a foreign government, or an emergency vehicle owned by a nonprofit organization as provided under A.R.S. § 28-2511(A);
 5. A noncommercial trailer that is not a travel trailer as defined by A.R.S. § 28-2003(B) and is less than 6000 pounds gross vehicle weight under A.R.S. §§ 28-2003(A)(7) and 28-5801(C);
 6. A moped;
 7. A motorized electric or gas powered bicycle or tricycle capable of reaching speeds of 20 to 25 miles per hour.
- C.** Proration of fees. The Division shall prorate registration fees under A.R.S. §§ 28-2159, 28-5807, and 28-5434.
- D.** Expiration dates. The Division shall utilize the following expiration dates, regardless of the effective date of the initial registration:
1. Annual registration: Expires 12 months from the expiration of the previous registration period; or
 2. Biennial registration: Expires 24 months from the expiration of the previous registration period.
- E.** Application for registration. A person applying for an initial registration or renewal registration for an included vehicle shall submit the requirements prescribed under subsection (1) or (2):
1. If a person submits the registration to the Division or an Authorized Third-party Provider of registration functions in person or by mail:
 - a. The application for registration or registration card, and
 - b. Payment of registration fees.
 2. If a person submits the registration to an Authorized Third-party Electronic Delivery Provider:
 - a. Required registration information, and
 - b. Credit card information.
- F.** Timely submission of registration. A person shall submit the renewal registration of an included vehicle not later than the day the prior registration period expires. If the prior registration period expires on a day other than an established business day, a person shall submit the renewal registration of an included vehicle not later than the first business day after the prior registration period expires.
- G.** Penalties. The penalties imposed under A.R.S. § 28-2162 for delinquent renewal registration of an included vehicle shall apply when either of the following occurs:
1. A person does not submit to the Division or an Authorized Third-party Provider of registration functions the items set forth in subsection (E)(1) so that the items are received by the due date; or
 2. A person does not electronically submit to an Authorized Third-party Electronic Delivery Provider the items required under subsection (E)(2) so that the items are received by the due date.
- H.** Date of receipt. The date of receipt for the items required under subsection (E)(1) or (E)(2) shall be the following:
1. The date a person presents the items required under subsection (E)(1) to a Division facility or the facility of an Authorized Third-party Provider of registration functions in person;
 2. The date an Authorized Third-party Electronic Delivery Provider receives by computer or telephone the items set forth in subsection (E)(2);
 3. The date a private express mail carrier receives the package containing the items set forth in subsection (E)(1), as indicated on the shipping package;
 4. The date of the last business day prior to the day the Division retrieves the items set forth at subsection (E)(1) from a designated Division drop box; or
 5. The date of the United States Postal Service postmark stamped on the envelope containing the items set forth in subsection (E)(1), unless the vehicle is not in compliance with the motor vehicle emissions testing requirements.
- I.** Evidence of registration. The Division or Authorized Third-party Provider of registration functions shall assign and issue a number plate or plates to an included vehicle as evidence of registration.
1. The assigned number plate shall be attached and displayed on the rear of the assigned vehicle. When two plates are issued, the second plate may be attached to the front of the assigned vehicle.
 2. Improper number plate display shall subject the owner and operator of the vehicle to the sanctions imposed under A.R.S. §§ 28-2531(B) and 28-2532.
 3. Any registration tabs or stickers issued by the Division or Authorized Third-party Provider of registration functions shall be displayed on the appropriate number plate of the assigned vehicle.

Historical Note

Transferred to R17-1-304 (Supp. 92-4). New Section recodified from R17-4-218 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4).

R17-4-305. Temporary Registration Plate “TRP” Procedure

- A.** Definitions.
1. “Charitable Event TRP” means a TRP issued to a motor vehicle dealership or manufacturer for a charitable event as prescribed by A.R.S. § 28-4548.
 2. “Deal Unwound” means the vehicle was returned to the dealership and the sale was not completed.
 3. “Voided TRP” means a TRP that the issuer records as voided after issuing the TRP.
- B.** Issuing.
1. New and used motor vehicle dealers and title service companies that issue TRPs shall send an electronic record of the TRP to the Division before placing the TRP on the vehicle.
 2. The TRP expiration date shall be 45 days from the issue date.
 3. TRPs issued for charitable events are valid for the duration of the event not to exceed 45 days.
 4. An issuer shall not issue more than one TRP per vehicle sale.
 5. An issuer shall attach the TRP to the vehicle rear in the same manner and position as a permanent license plate prescribed under A.R.S. § 28-2354.
- C.** Voiding. An issuer shall void a TRP when:
1. The TRP is lost,
 2. The TRP is damaged,
 3. The dealer reports a deal unwound,
 4. The issuer enters the wrong vehicle identification number, or
 5. The issuer enters the wrong customer identification number.

Historical Note

Transferred to R17-1-305 (Supp. 92-4). New Section R17-4-305 recodified from R17-4-219 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 5320, effective February 6, 2006

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(Supp. 05-4).

R17-4-306. Nonresident Daily Commuter Fee

A nonresident daily commuter shall pay a fee of \$8 for each motor vehicle exempt from registration under A.R.S. § 28-2294.

Historical Note

Former Rule, General Order 14. Former Section R17-4-05 renumbered without change as Section R17-4-306 (Supp. 87-2). Transferred to R17-1-306 (Supp. 92-4). New Section R17-4-306 recodified from R17-4-222 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 571, effective January 14, 2002 (Supp. 02-1).

R17-4-307. Motor Vehicle Registration and License Plate Reinstatement Fee

- A. Under A.R.S. § 28-4151(A), the Division shall assess a \$50 fee for reinstatement of a motor vehicle registration and license plate suspended under A.R.S. §§ 28-4148 and 28-4149.
- B. Subsection (A) does not apply to a motor carrier subject to the financial responsibility requirements prescribed under A.R.S. Title 28, Chapter 9, Article 2.

Historical Note

Former Rule, General Order 5. Former Section R17-4-03 renumbered without change as Section R17-4-307 (Supp. 87-2). Transferred to R17-1-307 (Supp. 92-4). New Section R17-4-307 recodified from R17-4-224 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 5439, effective November 14, 2001 (Supp. 01-4).

R17-4-308. Official Vehicle License Plates

- A. The Motor Vehicle Division shall issue license plates without charge for official vehicles owned by any entity listed in A.R.S. § 28-2511(A).
- B. A license plate issued under A.R.S. § 28-2511 has no expiration date.
- C. An entity listed in A.R.S. § 28-2511(A) may transfer a license plate to another vehicle the entity owns.
- D. A person who has custody of vehicles governed by A.R.S. § 28-2511 shall:
 1. Complete title and registration procedures as prescribed under A.R.S. Title 28, Chapter 7;
 2. Display each license plate as prescribed by A.R.S. § 28-2354; and
 3. Maintain a record of each license plate transfer that includes:
 - a. The date of the transfer;
 - b. The year, make, and model of the vehicle, and
 - c. The vehicle identification number (VIN) for each car involved in the transfer.

Historical Note

Former Rule, General Order 20. Former Section R17-4-06 renumbered without change as Section R17-4-308 (Supp. 87-2). Transferred to R17-1-308 (Supp. 92-4). New Section R17-4-308 recodified from R17-4-252 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 573, effective January 14, 2002 (Supp. 02-1).

R17-4-309. Private Fire Emergency Vehicle Permit

- A. Private Fire Emergency Vehicle Permit. A Private Fire Emergency Vehicle Permit may be issued to a private fire department if all requirements provided under subsections (B) and (C) are met.

1. The Private Fire Emergency Vehicle Permit is valid until revoked or surrendered.
 2. The Private Fire Emergency Vehicle Permit shall be carried at all times in the fire engine for which the permit is issued.
 3. The Private Fire Emergency Vehicle Permit is not transferable.
 4. The Private Fire Emergency Vehicle Permit shall remain the property of the Division and shall be surrendered to the Division when the fire engine is no longer being used to respond to an emergency.
- B. Private Fire Emergency Vehicle Permit application. A person applying for a Private Fire Emergency Vehicle Permit shall submit the required documentation to the Division's Enforcement Services Program, P.O. Box 2100, Mail Drop 513M, Phoenix, Arizona 85007. The following documentation is required at the time of initial application:
1. Private Fire Emergency Vehicle Permit Application. Multiple fire engines may be listed on one application. The Private Fire Emergency Vehicle Permit Application is furnished by the Division and is available upon request from the Division's Enforcement Services Program; and
 2. Proof of acceptable financial responsibility to cover any liability that may arise from the use of the Private Fire Emergency Vehicle Permit. Acceptable proof of financial responsibility is an insurance policy that:
 - a. Is issued by an insurance company licensed to conduct business in Arizona by the Arizona Department of Insurance;
 - b. Is written for a combined single-limit coverage of at least \$5 million;
 - c. Contains a provision stating that the state of Arizona shall be notified at least 30 days prior to any policy cancellation, nonrenewal, or change in provisions; and
 - d. Contains a provision stating that the state of Arizona shall be notified immediately if the insurance company becomes insolvent.
- C. Operational requirements.
1. A fire engine may be operated with the privileges prescribed under A.R.S. § 28-624, but shall be subject to all other applicable provisions prescribed under A.R.S. Title 28, A.A.C. Title 17, and any other applicable statutes or ordinances.
 2. A fire engine shall only be driven by an operator who meets the Operator Requirements as defined under R17-4-301.
 3. A fire engine with a Private Fire Emergency Vehicle Permit, shall meet the National Fire Protection Association's (NFPA) fire engine and fire apparatus standards in effect for the manufacture date of the emergency vehicle.
 4. The private fire department is responsible for ensuring that the fire engine is not operated using the privileges prescribed under A.R.S. § 28-624 with an invalid Private Fire Emergency Vehicle Permit.
- D. Denial. If an application for a Private Fire Emergency Vehicle Permit is denied, a notice of denial shall be sent to the applicant at the address of record. An applicant is allowed to reapply for a permit following denial, provided all requirements listed under this Section are met.
- E. Revocation. If a Private Fire Emergency Vehicle Permit is revoked, a notice of the revocation shall be sent to the address of the applicant. An applicant is allowed to reapply for a permit following revocation, provided all requirements listed under this Section are met.

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1. The emergency vehicle permit is immediately revoked upon a determination that:
 - a. The permitted vehicle or the private fire department no longer meets the requirements for the permit; or
 - b. The vehicle was operated in violation of the provisions of this rule, any other applicable rule, or statute.
 2. The revocation shall be preceded by a notice of intent to revoke.
 - a. The notice of intent to revoke shall be sent by first-class mail to the address of the applicant as shown on the permit application.
 - b. The notice of intent to revoke shall inform the applicant of the right to an administrative hearing and the procedure for requesting a hearing.
 3. The revocation shall become effective 25 days after the mailing date of the notice of intent to revoke unless a timely request for hearing is submitted.
- F. Administrative hearing.** The administrative hearing is held in accordance with the procedures prescribed under 17 A.A.C. 1, Article 5.

Historical Note

Former Rule, General Order 31. Former Section R17-4-11 renumbered without change as Section R17-4-309 (Supp. 87-2). Transferred to R17-1-309 (Supp. 92-4). New Section recodified from R17-4-701 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 2106, effective July 5, 2008 (Supp. 08-2).

Appendix A. Repealed**Historical Note**

Appendix A recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Appendix A repealed by final rulemaking at 14 A.A.R. 2106, effective July 5, 2008 (Supp. 08-2).

R17-4-310. Personalized License Plates

- A. Definitions.**
1. "Division" means the Motor Vehicle Division of the Arizona Department of Transportation.
 2. "Division Director" means the Assistant Division Director for the Motor Vehicle Division of the Arizona Department of Transportation.
 3. "Personalized plate" means a license plate with a registration number chosen by a person rather than assigned by the Division.
 4. "Plate number" means the combination of letters, numbers, and spaces on a vehicle license plate.
- B. A person who wants to receive a personalized plate shall file an application with the Division on a form provided by the Division.**
1. An applicant shall provide the following information on the form:
 - a. Name of the vehicle's owner or lessee;
 - b. Vehicle owner's or lessee's mailing address;
 - c. Vehicle's make and year;
 - d. Vehicle identification number;
 - e. Vehicle's current plate number;
 - f. Date the vehicle's current registration expires;
 - g. Plate number to appear on the personalized plate;
 - h. Meaning or message of the personalized plate; and
 - i. Other information required by the Division.
 2. If an applicant is purchasing the personalized plate as a gift for the vehicle's owner or lessee, the applicant shall also provide the applicant's name and mailing address.
- C. The Division shall reject the application if the requested plate number:**
1. Refers to or connotes breasts, genitalia, pubic area, buttocks, or relates to sexual or eliminatory functions;
 2. Refers to or connotes the substance, paraphernalia, sale, use, purveyor of, or physiological state produced by any illicit drug, narcotic, or intoxicant;
 3. Expresses contempt for or ridicule or superiority of a class of persons;
 4. Duplicates another registration number;
 5. Has connotations that are profane or obscene; or
 6. Uses linguistics, numbers, phonetics, translations from foreign languages or upside-down or reverse reading to achieve a reference or connotation prohibited in subsection (C)(1) through (C)(3) or (C)(5).
- D. Rejection of application.**
1. If the Division does not issue personalized plates to an applicant, the Division shall inform the applicant by mail.
 2. An applicant may make a written appeal by letter for a review of the rejection, within 10 days after the date of the Division's notice, to the following address:
Motor Vehicle Division
Special Plates Unit, Mail Drop 801Z
PO Box 2100
Phoenix, Arizona 85001-2100.
- E. Revocation of personalized plates; appeal.**
1. If the Division determines that a personalized plate should not have been issued because it contains a plate number prohibited under subsection (C), the Division shall require the plate holder to surrender the plates to the division within 30 days after the date of the Division's mailed notice, unless the plate holder requests an appeal under subsection (D)(2).
 2. A person who has been directed to surrender a personalized plate may submit a written appeal by letter as prescribed under subsection (D)(2).
 3. Refund of personalized plate fees on revocation.
 - a. The Division shall refund the amount of the personalized plate fee and the pro rated amount of the special annual renewal fee to the person holding the revoked personalized plate along with any credit or refund calculated by the Division.
 - b. A person whose plate is revoked may request that instead of a refund, the Division issue the person a different personalized plate. The person shall apply for the personalized plate as prescribed under subsection (B).
 4. The Division shall cancel the vehicle plate of a vehicle if the person who holds a revoked personalized plate does not surrender the plate within 30 days after the date of the Division's notice or, if the person timely requests an appeal, within 30 days after the Division issues a final decision.

Historical Note

Former Rule, General Order 25. Former Section R17-4-09 renumbered without change as Section R17-4-310 (Supp. 87-2). Transferred to R17-1-310 (Supp. 92-4). New Section recodified from R17-4-708 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 4227, effective November 15, 2002 (Supp. 02-3).

R17-4-311. Special Organization Plate List

As required under A.R.S. § 28-2404(D), the Division provides the following list of special organization license plates authorized by

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the state license plate commission and available for issue to qualified applicants:

1. Arizona Historical Society,
2. Firefighter,
3. Fraternal Order of Police,
4. Legion of Valor,
5. University of Phoenix, and
6. Wildlife Conservation.

Historical Note

Former Rule, General Order 24. Former Section R17-4-08 renumbered without change as Section R17-4-311 (Supp. 87-2). Transferred to R17-1-311 (Supp. 92-4). New Section made by exempt rulemaking at 7 A.A.R. 5251, effective November 2, 2001 (Supp. 01-4). Amended by exempt rulemaking at 8 A.A.R. 4007, effective November 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 13 A.A.R. 1894, effective June 1, 2007 (Supp. 07-2).

R17-4-312. Off-highway Vehicle User Indicia

- A. For lawful Arizona off-highway operation, the owner or operator of a qualifying all-terrain vehicle, off-highway vehicle, or off-road recreational motor vehicle shall apply to the Department for an off-highway vehicle user indicia as prescribed under A.R.S. § 28-1177. The owner or operator shall submit to the Division:
 1. The off-highway vehicle user indicia application provided by the Division, and
 2. The fee prescribed under subsection (C).
- B. The owner or operator shall indicate, on the application submitted to the Division under subsection (A), one of the following categories of intended vehicle usage:
 1. Exclusively off-highway;
 2. Primarily off-highway, occasionally on-highway; or
 3. Primarily on-highway, occasionally off-highway.
- C. The fee for each off-highway vehicle user indicia issued or renewed by the Department under A.R.S. § 28-1177 is \$25.
- D. The off-highway vehicle user indicia, issued by the Division under subsection (A), shall have the same basic design as the license plate tab issued by the Division for other types of vehicles and shall contain the letters OHV.
- E. The applicant shall display the off-highway vehicle user indicia in the upper left corner of the license plate issued by the Division under A.R.S. Title 28, Chapter 7, Articles 11 through 15.

Historical Note

Former Rule, General Order 39. Former Section R17-4-13 renumbered without change as Section R17-4-312 (Supp. 87-2). Transferred to R17-1-312 (Supp. 92-4). New Section made by final rulemaking at 16 A.A.R. 1132, effective August 7, 2010 (Supp. 10-2).

R17-4-313. Public Safety Fee

- A. Pursuant to A.R.S. § 28-2007 and until July 1, 2021, at the time of the initial or renewal registration of a vehicle, the owner or lessee shall pay a public safety fee as determined in subsection (B).
 1. An owner or lessee who registers a vehicle for more than one year shall be assessed a fee for each registration year except for any registration year that begins on or after July 1, 2021.
 2. The fee will be assessed for the initial registration and upon each transfer of ownership of a permanent trailer.
 3. The fee will be assessed for each vehicle in a fleet.
 4. The fee will be assessed on a vehicle that is a part of the International Registration Plan.

5. The fee will be assessed upon each transfer of any vehicle subject to registration by the new owner.

B. The Department determines the annual amount for the public safety fee based upon the following:

1. The following vehicle owner or lessee shall pay a fee of \$0:
 - a. An Arizona resident who is a member of the U.S. armed forces, including a National Guard or reserve unit, who is deployed in support of a worldwide contingency operation of the U.S. armed forces;
 - b. An educational, charitable, and religious association or institution not used or held for profit;
 - c. A government entity, which includes foreign government, a consul or any other official representative of a foreign government, the United States, a state or political subdivision of a state, or an Indian tribal government;
 - d. A nonresident military member;
 - e. A public health services officer;
 - f. A Supplemental Security Income recipient;
 - g. A survivor of a fallen first responder or a fallen military member;
 - h. A U.S. Department of Veterans Affairs grant recipient who qualifies for an exemption from the vehicle license tax pursuant to A.R.S. § 28-5802;
 - i. A veteran who is certified by the U.S. Department of Veterans Affairs to be 100% with a disability and drawing applicable compensation; or
 - j. A widow or widower who qualifies for an exemption of taxation of property pursuant to A.R.S. § 42-1111.
2. The owner or lessee of the following shall pay a reduced fee of \$5:
 - a. A registered street legal golf cart, or
 - b. A registered street legal off-highway vehicle that is eligible for the reduced vehicle license tax pursuant to A.R.S. § 28-5801.
3. The owner or lessee of a vehicle that is part of the International Registration Plan shall pay an apportioned fee based on the International Registration Plan.
4. All other vehicle owners or lessees shall pay a fee of \$32.
- C. If a vehicle is owned by more than one owner or lessee prescribed under subsections (B)(1)(d), (e), (f), (g), or (j), the fee of \$0 applies only to the qualified person and the fee as determined in subsection (B)(4) is applied proportionally to any additional owner or lessee.
- D. If an owner or lessee prescribed under subsections (B)(1)(f), (g), (h), (i), or (j) owns or leases more than one vehicle, the owner or lessee shall pay the fee as determined in subsection (B)(4) for each additional vehicle.
- E. If an owner or lessee prescribed under subsection (B)(1)(a) owns or leases more than two vehicles, the owner or lessee shall pay the fee as determined in subsection (B)(4) for each additional vehicle.
- F. The public safety fee shall be specified and available on the Department's website at www.azdot.gov and detailed on the registration renewal notice for the vehicle.
- G. The fee is non-transferable.
- H. The fee is nonrefundable, except the Department will issue a credit or refund for any public safety fee paid for any registration year that begins on or after July 1, 2021.

Historical Note

Former Rule, General Order 27. Former Section R17-4-10 renumbered without change as Section R17-4-313 (Supp. 87-2). Transferred to R17-1-313 (Supp. 92-4). Amended by exempt rulemaking at 24 A.A.R. 3512,

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effective December 1, 2018 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 104, effective December 21, 2018 (Supp. 19-2). Section repealed; new Section made by exempt rulemaking at 25 A.A.R. 2261, with an effective date of August 19, 2019 (Supp. 19-3).

R17-4-314. Transferred**Historical Note**

Former Rule, General Order 69. Former Section R17-4-27 renumbered without change as Section R17-4-314 (Supp. 87-2). Transferred to R17-1-314 (Supp. 92-4).

R17-4-315. Transferred**Historical Note**

Former Rule, General Order 61. Former Section R17-4-23 renumbered without change as Section R17-4-315 (Supp. 87-2). Transferred to R17-1-315 (Supp. 92-4).

R17-4-316. Transferred**Historical Note**

Former Rule, General Order 57. Former Section R17-4-20 renumbered without change as Section R17-4-316 (Supp. 87-2). Transferred to R17-1-316 (Supp. 92-4).

R17-4-317. Transferred**Historical Note**

Former Rule, General Order 36. Former Section R17-4-12 renumbered without change as Section R17-4-317 (Supp. 87-2). Transferred to R17-1-317 (Supp. 92-4).

R17-4-318. Transferred**Historical Note**

Former Rule, General Order 7. Former Section R17-4-04 renumbered without change as Section R17-4-318 (Supp. 87-2). Transferred to R17-1-318 (Supp. 92-4).

R17-4-319. Transferred**Historical Note**

Former Rule, General Order 44. Former Section R17-4-14 renumbered without change as Section R17-4-319 (Supp. 87-2). Transferred to R17-1-319 (Supp. 92-4).

R17-4-320. Transferred**Historical Note**

Former Rule, General Order 54 (Amended). Former Section R17-4-18 renumbered without change as Section R17-4-320 (Supp. 87-2). Transferred to R17-1-320 (Supp. 92-4).

R17-4-321. Transferred**Historical Note**

Former Rule, General Order 21. Former Section R17-4-07 renumbered without change as Section R17-4-321 (Supp. 87-2). Transferred to R17-1-321 (Supp. 92-4).

R17-4-322. Transferred**Historical Note**

Former Rule, General Order 3. Former Section R17-4-02 renumbered without change as Section R17-4-322 (Supp. 87-2). Transferred to R17-1-322 (Supp. 92-4).

R17-4-323. Transferred**Historical Note**

Former Rule, General Order 2A. Former Section R17-4-01 renumbered without change as Section R17-4-323 (Supp. 87-2). Transferred to R17-1-323 (Supp. 92-4).

R17-4-324. Transferred**Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

R17-4-325. Transferred**Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

R17-4-326. Transferred**Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

R17-4-327. Transferred**Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

R17-4-328. Transferred**Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

R17-4-329. Transferred**Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

R17-4-330. Transferred**Historical Note**

Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-67 renumbered without change as Section R17-4-330 (Supp. 87-2). Transferred to R17-1-330 (Supp. 92-4).

R17-4-331. Transferred**Historical Note**

Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-68 renumbered without change as Section R17-4-331 (Supp. 87-2). Transferred to R17-1-331 (Supp. 92-4).

R17-4-332. Transferred**Historical Note**

Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-69 renumbered without change as Section R17-4-332 (Supp. 87-2). Transferred to R17-1-332 (Supp. 92-4).

R17-4-333. Transferred**Historical Note**

Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-71 renumbered without change as Section R17-4-333 (Supp. 87-2). Amended effective December 30, 1987 (Supp. 87-4). Transferred to R17-1-333 (Supp. 92-4).

R17-4-334. Transferred**Historical Note**

Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-70 renumbered without change as Section R17-4-334 (Supp. 87-2). Transferred to R17-1-334 (Supp. 92-4).

R17-4-335. Transferred**Historical Note**

Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-401 adopted as an emergency now adopted and amended as a permanent rule effective Octo-

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ber 6, 1982 (Supp. 82-5). Amended effective November 13, 1986 (Supp. 86-6). Former Section R17-4-401 renumbered without change as Section R17-4-335 (Supp. 87-2). Transferred to R17-1-335 (Supp. 92-4).

R17-4-336. Transferred**Historical Note**

Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-402 adopted as an emergency now adopted and amended as a permanent rule effective October 6, 1982 (Supp. 82-5). Amended effective November 13, 1986 (Supp. 86-6). Former Section R17-4-402 renumbered without change as Section R17-4-336 (Supp. 87-2). Transferred to R17-1-336 (Supp. 92-4).

R17-4-337. Transferred**Historical Note**

Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-403 adopted as an emergency now adopted and amended as a permanent rule effective October 6, 1982 (Supp. 82-5). Amended effective November 13, 1986 (Supp. 86-6). Former Section R17-4-403 renumbered without change as Section R17-4-337 (Supp. 87-2). Transferred to R17-1-337 (Supp. 92-4).

R17-4-338. Transferred**Historical Note**

Transferred to R17-1-338 (Supp. 92-4).

R17-4-339. Transferred**Historical Note**

Transferred to R17-1-339 (Supp. 92-4).

R17-4-340. Transferred**Historical Note**

Transferred to R17-1-340 (Supp. 92-4).

R17-4-341. Transferred**Historical Note**

Transferred to R17-1-341 (Supp. 92-4).

R17-4-342. Transferred**Historical Note**

Transferred to R17-1-342 (Supp. 92-4).

R17-4-343. Transferred**Historical Note**

Transferred to R17-1-343 (Supp. 92-4).

R17-4-344. Transferred**Historical Note**

Transferred to R17-1-344 (Supp. 92-4).

R17-4-345. Transferred**Historical Note**

Transferred to R17-1-345 (Supp. 92-4).

R17-4-346. Transferred**Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-346 (Supp. 92-4).

R17-4-347. Transferred**Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-347 (Supp. 92-4).

R17-4-348. Transferred**Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-348 (Supp. 92-4).

R17-4-349. Transferred**Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-349 (Supp. 92-4).

R17-4-350. Rental Vehicle Surcharge Reimbursement

A. Definitions. In addition to the definitions prescribed under A.R.S. § 28-5810, the following terms apply to this Section, unless otherwise specified:

“Person” means an individual, a sole proprietorship, firm, partnership, joint venture, association, corporation, limited liability company, limited liability partnership, estate, trust, business trust, receiver or syndicate, this state, any county, city, town, district or other subdivision of this state, an Indian tribe, or any other group or combination acting as a unit.

“Previous year” means the prior calendar year, January 1 through December 31.

“Rental revenue” means the total contract amount stated in the retail contract less any taxes and fees imposed by A.R.S. Title 42, Chapter 5, Article 1, A.R.S. Title 48, Chapter 26, Article 2, and selected non-vehicle related charges, including boxes, packing blankets, straps, and tow bars.

“Surcharge” means the amount equal to five percent of the total contract amount stated in the rental contract less any taxes and fees imposed by A.R.S. Title 42, Chapter 5, Article 1, A.R.S. Title 48, Chapter 26, Article 2, and selected non-vehicle related items, including boxes, packing blankets, straps, and tow bars.

“Vehicle License Tax” means the tax imposed by A.R.S. § 28-5801, less any tax credited under A.R.S. § 28-2356.

B. Reports. Each person subject to A.R.S. § 28-5810, who has conducted a vehicle rental business for any time period during the previous year, shall file an annual report, for the previous year, with the Department. The annual report is due no later than February 15 of each year, unless the rental business is closed before December 31, in which case the annual report is due immediately. The report shall be made on a form furnished by the Department and shall contain all of the following:

1. Address where business records are secured;
2. Name, title, phone number, and signature of the person authorized to sign the form;
3. Business name;
4. Business type, including sole proprietorship, partnership, corporation, limited liability company, and limited liability partnership;
5. Name, title, phone number, mailing address, and e-mail address of the contact person;
6. Federal Employer Identification Number (FEIN);
7. Mailing address (if different from principal business address);
8. Principal business address;
9. Rental vehicle revenue collected, by county;

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10. Total Arizona Vehicle License Tax paid on rental vehicles;
 11. Total rental vehicle revenue collected;
 12. Total surcharge collected;
 13. Total surcharge due to the Department; and
 14. Type of rental business, including passenger vehicle, semitrailer, trailer, truck, motorcycle, moped, and recreational vehicle.
- C. Records. A person in the business of renting vehicles, as defined under A.R.S. § 28-5810, is required to maintain records in support of the required annual reports for a period of four years after the date of the filing of the required annual report or the due date of the report, whichever is longer. The records shall contain all information in support of:
1. The total amount of Vehicle License Tax paid during the previous year. Supporting Vehicle License Tax records for each rental vehicle shall include:
 - a. The Vehicle Identification Number,
 - b. The Arizona vehicle license plate number,
 - c. A copy of the Arizona registration,
 - d. The amount paid for Vehicle License Tax minus any Vehicle License Tax credited under A.R.S. § 28-2356,
 - e. The date on which the Vehicle License Tax was paid, and
 - f. The dates the rental vehicle was in and out of service.
 2. The total gross amount of Arizona vehicle rental revenues collected for the previous year. Supporting Arizona vehicle rental revenue records shall include:
 - a. The rental contract for each rental vehicle,
 - b. The amount of surcharge collected,
 - c. Chart of accounts,
 - d. General ledger,
 - e. Financial statements,
 - f. Federal tax returns, and
 - g. Monthly trial balance.
 3. The amount of the surcharge collected during the previous year. Supporting surcharge collection records shall include:
 - a. All applicable rental contracts; and
 - b. The total amount stated in each rental contract, supported by relevant documentation.
 4. Failure to keep and maintain proper records or failure to provide records for audit purposes may result in the Department making an assessment against the rental business for the total surcharge amount estimated to have been collected, as determined from the best information available to the Director.
- D. Audits. The Department shall conduct each audit of a person who collects the surcharge in accordance with generally accepted government auditing standards as set forth in *Government Auditing Standards: 2011 Revision* (commonly referred to as the Yellow Book,) issued by the U.S. Government Accountability Office. The Department incorporates by reference *Government Auditing Standards: 2011 Revision* and no later amendments or editions. The incorporated material is on file with the Department. The printed version is available from the U.S. Government Printing Office, P. O. Box 979050, St. Louis, MO 63197-9000. The incorporated material is available free of charge at <http://www.gao.gov/yellowbook> or can be ordered online by visiting the U.S. Government Online Bookstore at <http://bookstore.gpo.gov>.
1. The rental business shall have records made available for audit during normal business hours at the rental business location in Arizona. The Department may conduct audits at an out-of-state location, which are paid for by the rental business. The rental business shall pay the audit expenses, per diem, and travel in accordance with the Arizona Department of Transportation expense guidelines in effect at the time of the audit.
 2. The Director has appropriate subpoena powers to require records to be produced for examination and to take testimony. In accordance with A.R.S. § 28-5922, if a person fails to respond to the Director's or agent of the Director's request for records, the Director shall issue subpoenas for the production of records or allow seizure of records.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 2058, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 19 A.A.R. 888, effective, June 1, 2013 (Supp. 13-2).

R17-4-351. Special License Plate; Definition

For the purposes of R17-4-352, "special license plate" or "special plate" has the meaning prescribed in A.R.S. § 28-2401.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1890, effective October 1, 2019 (Supp. 19-3).

R17-4-352. Duplicate Special License Plate; Fee

- A. The Department shall charge and collect from a motor vehicle owner a one-time fee of \$10 for each duplicate special license plate requested.
- B. The Department shall charge and collect the current applicable U.S. Postal Service postage rate as provided in A.R.S. § 28-2151 and A.A.C. R17-1-204 to mail a duplicate special license plate to a motor vehicle owner.

Historical Note

New Section made by final rulemaking at 25 A.A.R. 1890, effective October 1, 2019 (Supp. 19-3).

ARTICLE 4. DRIVER LICENSES**R17-4-401. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-101, 28-1301, and 28-3001, the following definitions apply to this Article unless otherwise specified:

"Division" means the Arizona Department of Transportation, Motor Vehicle Division.

"Financial responsibility (accident) suspension" means a suspension, by the Department, of:

The Arizona driver license or driving privilege of an owner of a vehicle that:

Lacks the coverage required under A.R.S. § 28-4135, and

Is involved in an accident in Arizona; and

The Arizona registration of a vehicle, unless the Department receives proof the vehicle was sold.

"Gore area" is defined under A.R.S. § 28-644.

"Proof the vehicle was sold" means a written statement to the Department from an owner that includes the following:

The seller's name;

The VIN;

The sale date; and

The purchaser's name and address.

"Restricted permit" means written permission from the Department for:

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A person subject to a financial responsibility (accident) suspension to operate a motor vehicle only:

- Between the person's home and workplace,
- During the person's work-related activities, or
- Between the person's home and school; and

A vehicle with an Arizona registration subject to a financial responsibility (accident) suspension to be operated by a person specified under R17-4-402 only:

- Between the person's home and workplace;
- During the person's work-related activities; or
- Between the person's home and school.

"State" means a state, territory or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

"SR22" means a certificate of insurance that complies with requirements under A.R.S. § 28-4077(A).

"Thirty-six-month period" means the time measured from the date of the most recent violation with assigned points for which a driver has a conviction or judgment to that day and month three years before the date of the violation.

"Twelve-month period" means the time measured from the date of the most recent violation with assigned points for which a driver has a conviction or judgment to that day and month one year before the date of the violation.

"Twenty-four-month period" means the time measured from the date of the most recent violation with assigned points for which a driver has a conviction or judgment to that day and month two years before the date of the violation.

"VIN" or "vehicle identification number" is defined under A.R.S. § 13-4701(4).

"Withdrawal action" means a Department action that invalidates a person's Arizona driving privilege or a vehicle's Arizona registration, which includes:

- A cancellation;
- A suspension;
- A revocation;
- Any outstanding warrant; or
- Any unresolved citation.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 5220, effective February 3, 2003 (Supp. 02-4). Amended by final rulemaking at 12 A.A.R. 871, effective March 7, 2006 (Supp. 06-1). Amended by final rulemaking at 14 A.A.R. 839, effective March 4, 2008 (Supp. 08-1). Amended by exempt rulemaking at 21 A.A.R. 1092, effective September 1, 2015 (Supp. 15-2).

R17-4-402. Restricted Permit During a Financial Responsibility (Accident) Suspension

- A. An applicant for a restricted permit shall:
1. Have no withdrawal action other than the financial responsibility (accident) suspension;
 2. Provide an SR22 Certificate of Insurance as proof of future financial responsibility that must be kept in force for three consecutive years after the effective date of the financial responsibility (accident) suspension;
 3. Pay the \$10 driving privilege reinstatement fee under A.R.S. § 28-4144(C)(2)(b); and
 4. Pay the \$25 motor vehicle registration and license plate reinstatement fee under A.R.S. § 28-4144(C)(2)(b), or if

the vehicle was sold before the date of the accident, provide proof the vehicle was sold as defined under R17-4-401;

5. Pay the driving privilege reinstatement application fee under A.R.S. § 28-3002(A)(2); and
 6. Satisfy any applicable requirements of A.R.S. § 28-4033(A)(2)(c) or 28-4144(C).
- B. In addition to subsection (A) during a financial responsibility (accident) suspension, a restricted permit applicant may:
1. Apply for an original or renew an Arizona driver license by:
 - a. Complying with A.R.S. §§ 28-3153, 28-3158, or 28-3171; and
 - b. Paying the application fee under A.R.S. § 28-3002(A)(2) determined by the applicant's age on the application date; or
 2. Obtain a duplicate Arizona driver license by paying the \$12 duplicate driver license application fee under A.R.S. § 28-3002(A)(7).
- C. At the end of the financial responsibility (accident) suspension, the Division shall immediately remove the driving privilege restriction from the Arizona driving record when the person surrenders an expired restricted permit to the Division.

Historical Note

New Section recodified from R17-4-227 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 5220, effective February 3, 2003 (Supp. 02-4). Amended by final rulemaking at 16 A.A.R. 2448, effective February 5, 2011 (Supp. 10-4).

R17-4-403. Application for Duplicate Driver License or Duplicate Nonoperating Identification License; Fees

- A. An applicant shall apply to the Division, on a form provided by the Division, for a duplicate driver license or a duplicate nonoperating identification license.
- B. The fee for the duplicate driver license or duplicate nonoperating identification license issued by the Division is \$12 under A.R.S. §§ 28-3002(A) and 28-3165.

Historical Note

New Section made by final rulemaking at 16 A.A.R. 2448, effective February 5, 2011 (Supp. 10-4).

R17-4-404. Driver Point Assessment; Traffic Survival Schools

- A. Point assessment. The Department shall assign points to a driver, as prescribed under Table 1, Driver Point Valuation, for each violation resulting in a conviction or judgment.
- B. Actions after point assessment. Under A.R.S. § 28-3306(A)(3), if a driver accumulates eight or more points in a twelve-month period, the Department shall:
1. Order the driver to successfully complete the curriculum of a licensed traffic survival school; or
 2. Suspend the driver's Arizona driver license or driving privilege.
- C. Traffic survival school order of assignment. The Department or the private entity under contract with the Department shall send a dated order of assignment to traffic survival school, as prescribed under A.R.S. § 28-3318, to a driver who accumulates 8 to 12 points in a twelve-month period, and who did not complete a traffic survival school course in the previous twenty-four-month period.
1. The order of assignment shall:
 - a. Instruct the driver to submit any hearing request to the Department within 15 days after the date of the order of assignment; and

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- b. Instruct the driver that failure to successfully complete traffic survival school within 60 days after the date of the order of assignment will result in the Department issuing a six-month order of suspension.
- 2. The Department shall record that a driver completed traffic survival school if:
 - a. A licensed traffic survival school reports that the driver successfully completed the curriculum; or
 - b. The driver presents to the Department an original certificate of completion issued by a licensed traffic survival school, within 30 days of issuance of the certificate.
- D. Suspension for failure to complete traffic survival school. The Department or the private entity under contract with the Department shall mail a driver a six-month order of suspension, as prescribed under A.R.S. § 28-3318, if the driver failed to establish completion of traffic survival school in accordance with subsection (C). The order of suspension shall:
 - 1. Specify the period within which the driver may submit a hearing request to the Department, and
 - 2. Specify the effective date of the suspension.
- E. Suspension for accumulation of excessive points. The Department shall mail an order of suspension as prescribed under A.R.S. § 28-3318 to a driver who accumulates an excessive amount of points. The order of suspension shall:
 - 1. Specify the length of the suspension as follows:
 - a. A three-month suspension for accumulation of 8 to 12 points in a twelve-month period if a traffic survival school course was successfully completed in the previous twenty-four-month period;
 - b. A three-month suspension for accumulation of 13 to 17 points in a twelve-month period;
 - c. A six-month suspension for accumulation of 18 to 23 points in a twelve-month period; and
 - d. A twelve-month suspension for accumulation of 24 or more points in a thirty-six-month period;
 - 2. Specify the period within which the driver may submit a hearing request to the Department; and
 - 3. Specify the effective date of the suspension.

Historical Note

New Section recodified from R17-4-506 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 4446, effective November 7, 2006 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 839, effective March 4, 2008 (Supp. 08-1). Amended by final rulemaking at 19 A.A.R. 3897, effective January 4, 2014 (Supp. 13-4). Amended by exempt rulemaking at 21 A.A.R. 1092, effective September 1, 2015 (Supp. 15-2).

Table 1. Driver Point Valuation

Violation	Points
A.R.S. § 28-1381, driving or actual physical control of a vehicle while under the influence.	8
A.R.S. § 28-1382, driving or actual physical control of a vehicle while under the extreme influence of intoxicating liquor.	8
A.R.S. § 28-1383, aggravated driving or actual physical control while under the influence.	8
A.R.S. § 28-693, reckless driving.	8
A.R.S. § 28-708, racing on highways.	8
A.R.S. § 28-695, aggressive driving.	8
A.R.S. §§ 28-662, 28-663, 28-664, or 28-665, relating to a driver's duties after an accident.	6

A.R.S. § 28-672(A), failure to comply with a red traffic-control signal, failure to yield the right of way when turning left at an intersection, failure to yield the right of way to a pedestrian, failure to exercise due care, failure to stop for a school bus stop signal, or failure to comply with a stop sign, and the failure results in an accident causing death to another person.

A.R.S. § 28-672(A), failure to comply with a red traffic-control signal, failure to yield the right of way when turning left at an intersection, failure to yield the right of way to a pedestrian, failure to exercise due care, failure to stop for a school bus stop signal, or failure to comply with a stop sign, and the failure results in an accident causing serious physical injury to another person.

A.R.S. § 28-701, reasonable and prudent speed. 3

A.R.S. § 28-644(A)(2), driving over, across, or parking in any part of a gore area. 3

Any other traffic regulation that governs a vehicle moving under its own power. 2

Historical Note

New Table 1 made by final rulemaking at 14 A.A.R. 839, effective March 4, 2008 (Supp. 08-1).

R17-4-405. Emergency Expired**Historical Note**

Emergency rule adopted effective August 6, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired.

R17-4-406. Minor's Application for Permit or License

- A. For the purposes of administering the provisions of A.R.S. § 28-3160, the following definitions apply to this Section:
 - 1. "Application," means a form provided by the Division that includes the Legal Guardian Affidavit required by the Division to be submitted with each minor's driver license application.
 - 2. "Guardian" means one who has been appointed by a court of law to care for a minor child, but only if both parents of the child are deceased, or an agency as defined in A.R.S. § 8-513.
 - 3. "Parent" means the natural or adoptive father or mother of a child.
- B. Procedure when both parents sign: If both parents sign a child's application, no proof of custody need be furnished.
- C. Procedure when only one parent signs:
 - 1. If the signing parent is married to the child's other parent, that fact shall be stated and it shall be presumed the signing parent has custody of the child.
 - 2. If the signing parent is not married to the child's parent because the other parent is deceased, that fact shall be stated and it shall be presumed the signing parent has custody of the child.
 - 3. If the signing parent is not married to the child's other parent, the signing parent shall affirm, by sworn statement to the Division or a notary public, that the other parent does not have custody of the child, in which event the Division shall presume the signing parent has custody of the child.
- D. Procedure when both parents are deceased:
 - 1. If both parents are deceased, the minor or minor's guardian shall attach certified copies of certificates of death or other satisfactory proof of death, that includes a court judgment, affidavits of close relatives of the child, or school records.

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2. A person who is guardian of a child shall sign an application as defined by this rule or furnish a certified court order appointing guardianship.
 3. An employer signing the application shall certify the person employs the minor on the date of application.
 4. A person who has custody of a child shall sign a Legal Guardian Affidavit affirming custody or furnish a certified court order awaiting custody.
- E. Proof of custody. Proof of custody may be established by a certified copy of the court order awarding custody or a written affirmation by the person signing the application.

Historical Note

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-201 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, (C)(4) should read "... governed by R17-4-58" as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-201 renumbered without change as Section R17-4-406 Supp. (87-2). Former Section R17-4-406 repealed, new Section R17-4-406 adopted effective July 14, 1989 (Supp. 89-3). Section recodified to R17-4-450 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-510 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 4446, effective November 7, 2006 (Supp. 06-4).

R17-4-407. Travel-compliant Driver License or Travel-compliant Non-operating Identification License Application; Fee

- A. A person seeking a travel-compliant driver license or travel-compliant identification license shall meet and comply with all:
1. State laws and rules applicable to every applicant who seeks issuance of any other driver license class, type, endorsement or non-operating identification license issued by the Department; and
 2. Federal laws and regulations regarding the application and minimum documentation, verification, and card issuance requirements prescribed in the most recent edition of 6 CFR 37.11 for establishing satisfactory proof of a person's identity, date of birth, social security number, principal residence address of domicile in this state, and lawful status in the United States.
- B. A person seeking a travel-compliant driver license or travel-compliant identification license shall:
1. Apply to the Department using an application form provided by the Department; and
 2. Submit to the Department for authentication, satisfactory proof of the applicant's full legal name, date of birth, sex, social security number, principal residence address of domicile in this state, and that the applicant's presence in the United States is authorized under federal law. A list of all source documents the Department may accept as satisfactory proof under state and federal law is maintained by the Department on its website at www.azdot.gov.
- C. An applicant for a travel-compliant driver license or travel-compliant identification license shall submit to the Department a fee of \$25:
1. On original application, reinstatement, or renewal of any travel-compliant driver license class; or
 2. On original application or renewal of a travel-compliant identification license.

- D. A travel-compliant driver license or travel-compliant identification license issued by the Department, as prescribed under A.R.S. § 28-3175 and this Section, is:
1. Valid for a period of up to eight years;
 2. Renewable for successive periods of up to eight years; and
 3. Subject to all state and federal laws or restrictions requiring the issuance of a shorter expiration period (e.g., up to age 65, as provided under A.R.S. § 28-3171, or for a time period equal to the applicant's authorized stay in the United States, as provided under 6 CFR 37.21, etc.).

Historical Note

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-202 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, subsection (D) as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-202 renumbered without change as Section R17-4-407 (Supp. 87-2). Section recodified to R17-4-451 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-706 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 1158, effective May 12, 2003 (Supp. 03-1). New Section made by final exempt rulemaking under Laws 2015, Ch. 294, § 5 at 22 A.A.R. 819, effective March 28, 2016 (Supp. 16-1). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1885, with an immediate effective date of July 2, 2019 (Supp. 19-3).

R17-4-408. Mandatory Extension of a Certified Ignition Interlock Device Order

- A. For purposes of this Section, "conviction" has the meaning prescribed in A.R.S. § 28-101(12).
- B. For the duration of a certified ignition interlock device order, each conviction for violating A.R.S. §§ 28-1464(A), 28-1464(C), 28-1464(D), 28-1464(F), or 28-1464(H) of the person subject to the order will result in the Division's extension of the order.
- C. Each extension by the Division of a person's certified ignition interlock device order shall be for one year.

Historical Note

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-203 and Appendix D adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, added (C)(5) as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-203 renumbered without change as Section R17-4-408 (Supp. 87-2). Section recodified to R17-4-452 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-709.10 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-409. Non-operating Identification License Application; Applicability; Fee

- A. A person seeking a non-operating identification license, issued by the Department as prescribed under A.R.S. § 28-3165 and this Section, shall apply to the Department using a form provided by the Department.
- B. An applicant shall submit a \$12 fee to the Department, on application for a non-operating identification license, unless

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the applicant is provided a specific statutory exemption from payment of the fee.

- C. An applicant shall provide to the Department, on application for a non-operating identification license, satisfactory proof of the applicant's full legal name, date of birth, sex, principal residence address of domicile in this state, and evidence that the applicant's presence in the United States is authorized under federal law as listed by the Department on its website at www.azdot.gov.
- D. A person seeking a travel-compliant identification license issued by the Department under A.R.S. § 28-3175, which is recognized by federal agencies as proof of identity for use when accessing federal facilities, boarding federally-regulated commercial aircraft, or entering nuclear power plants, shall apply to the Department as provided under R17-4-407.

Historical Note

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-204 and Appendix B adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-204 renumbered without change as Section R17-4-409 (Supp. 87-2). Section recodified to R17-4-453 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-508 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 4446, effective November 7, 2006 (Supp. 06-4). Amended by final rulemaking at 16 A.A.R. 2448, effective February 5, 2011 (Supp. 10-4). Amended by final exempt rulemaking under Laws 2015, Ch. 294, § 5 at 22 A.A.R. 819, effective March 28, 2016 (Supp. 16-1). Amended by final rulemaking at 25 A.A.R. 1885, with an immediate effective date of July 2, 2019 (Supp. 19-3).

R17-4-410. Voter Registration Through the Motor Vehicle Division

- A. For purposes of this Section:
 1. "License" has the same meaning as "driver's license" under A.R.S. § 16-111(2).
 2. "MVD" means the Arizona Department of Transportation, Motor Vehicle Division.
- B. To register to vote in Arizona through the MVD as provided for in A.R.S. § 16-112, a person who completes a transaction listed in subsection (C) shall complete and return to MVD:
 1. A Secretary of State-approved hardcopy voter registration form for the county of the person's residence, or
 2. An electronic voter registration form through MVD's ServiceArizona web site or through MVD's driver license system along with an electronic verification that the person meets voter eligibility criteria under A.R.S. § 16-101.
- C. Subsection (B) applies to the following license transactions:
 1. Initial licensee application;
 2. License renewal;
 3. Duplicate driver license; or
 4. Licensee personal information update.
- D. MVD shall transfer the voter registration forms and the data collected under this Section by:
 1. Mailing the completed hardcopy forms to the appropriate county recorder; and
 2. Transmitting the data from completed electronic voter registration forms and licensee personal information updates to the Secretary of State as prescribed under A.A.C. R2-12-605 for further distribution to the appropriate county recorder.

- E. MVD shall maintain the confidentiality of applicant information as required under A.R.S. Title 16, Chapter 1.

Historical Note

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-205 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-205 renumbered without change as Section R17-4-410 (Supp. 87-2). Section recodified to R17-4-454 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 8 A.A.R. 2394, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 12 A.A.R. 1329, effective June 4, 2006 (Supp. 06-2).

R17-4-411. Special Ignition Interlock Restricted Driver License: Application, Restrictions, Reporting, Fee

- A. In addition to the requirements prescribed in A.R.S. § 28-3158, an person applying for a special ignition interlock restricted driver license shall:
 1. If the person is suspended for a first offense of A.R.S. § 28-1321:
 - a. Complete at least 90 consecutive days of the period of the suspension, and
 - b. Maintain a functioning certified ignition interlock device during the remaining period of the suspension.
 2. If the person is revoked for a first offense of A.R.S. § 28-1383(A)(3):
 - a. Complete at least 90 consecutive days of the suspension under A.R.S. § 28-1385,
 - b. Submit proof to the Division that the person has completed an approved alcohol or drug screening or treatment program, and
 - c. Maintain a functioning certified ignition interlock device during the remaining period of the revocation.
 3. If the person has a court-ordered restriction under A.R.S. § 28-3320 or 28-3322:
 - a. Comply with the restrictions in subsection (C), and
 - b. Maintain a functioning certified ignition interlock device during the remaining period of the court-ordered restriction.
- B. The Division shall not issue a special ignition interlock restricted driver license if the person's driver license or driving privilege is suspended or revoked for a reason not under subsections (A)(1), (2), or (3).
- C. A person applying for a special ignition interlock restricted driver license shall pay the following fees:
 1. Age 50 or older \$10.00
 2. Age 45 – 49 \$15.00
 3. Age 40 – 44 \$20.00
 4. Age 39 or younger \$25.00
- D. A special ignition interlock restricted driver license issued under subsection (A), permits a person to operate a motor vehicle equipped with a functioning certified ignition interlock device as prescribed in A.R.S. § 28-1402(A).
- E. Reporting. On the eleventh month after the initial date of installation and each eleventh month thereafter for as long as the person is required to maintain a functioning certified ignition interlock device, each installer shall electronically provide the Division all of the following information as recorded by the certified ignition interlock device:
 1. Date installed;
 2. Person's full name;

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3. Person's date of birth;
 4. Person's customer or driver license number;
 5. Installer and manufacturer name;
 6. Installer fax number;
 7. Date report interpreted;
 8. Report period;
 9. Any tampering of the device within the meaning of A.R.S. § 28-1301(9);
 10. Any failure of the person to provide proof of compliance or inspection as prescribed in A.R.S. § 28-1461;
 11. Any attempts to operate the vehicle with an alcohol concentration exceeding the presumptive limit prescribed in A.R.S. § 28-1381(G)(3), or if the person is younger than 21 years of age, attempts to operate the vehicle with any spirituous liquor in the person's body; and
 12. Any other information required by the Director.
- F. A person applying for a special ignition interlock restricted driver license shall provide proof of financial responsibility prescribed in Title 28, Arizona Revised Statutes, Chapter 9, Article 3.

Historical Note

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-206 and Appendices C and E adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-206 renumbered without change as Section R17-4-411 (Supp. 87-2). Section recodified to R17-4-455 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 12 A.A.R. 871, effective March 7, 2006 (Supp. 06-1).

R17-4-412. Extension of a Special Ignition Interlock Restricted Driver License: Hearing, Burden of Proof and Presumptions

- A. Extension. The Division shall extend a person's special ignition interlock restricted driver license for a period of one year if the Division has reasonable grounds to believe:
1. The person tampered with the certified ignition interlock device within the meaning of A.R.S. § 28-1301(9),
 2. The person fails to provide proof of compliance prescribed in A.R.S. § 28-1461, or
 3. The person attempted to operate the vehicle with an alcohol concentration exceeding the presumptive limit prescribed in A.R.S. § 28-1381(G)(3) three or more times during the period of license restriction or limitation, or if the person is younger than 21 years of age, attempted to operate the vehicle with any spirituous liquor in the person's body three or more times during the period of license restriction or limitation.
- B. Hearing. If a person's special ignition interlock restricted driver license is extended under subsection (A), the person may submit, within 15 days of the date of the order of extension of the restriction, a written request to the Division requesting a hearing. A request for hearing stays the extension of the restriction.
- C. Burden of proof and presumptions.
1. The hearing officer shall presume that the person's whose special ignition interlock restricted driver license is extended under subsection (A)(3), was the person in control of the vehicle and the person attempted to operate the vehicle with an alcohol concentration exceeding the presumptive limit in A.R.S. § 28-1381, or tampered with the device within the meaning of A.R.S. § 28-1301(9).

2. The person may rebut the presumption by a showing of clear and convincing evidence that the person whose special ignition interlock restricted driver license being extended, was not the person in control of the vehicle or attempted to operate the vehicle with an alcohol concentration exceeding the presumptive limit in A.R.S. § 28-1381, or tampered with the device within the meaning of A.R.S. § 28-1301(9).

- D. Except for subsection (A)(2), if the Division suspends, revokes, cancels, or otherwise rescinds a person's special ignition interlock restricted driver license for any reason, the Division shall not issue a new license or reinstate the special ignition interlock restricted driver license during the original period of suspension or revocation or while the person is otherwise ineligible to receive a license.

Historical Note

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-207 adopted as an emergency effective August 18, 1983, now adopted as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, (A)(3) as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-207 renumbered without change as Section R17-4-412. Correction: subsection (F), paragraph (6), "overweight" corrected to read: "overheight" (Supp. 87-2). Section recodified to R17-4-456 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 12 A.A.R. 871, effective March 7, 2006 (Supp. 06-1).

R17-4-413. Lifetime Disqualification Reinstatement

- A. Definitions. In addition to the definitions prescribed under A.R.S. §§ 28-101 and 28-3001, the following definitions apply to this Section, unless otherwise specified:
- "CDL" means Commercial Driver License.
- "Lifetime disqualification" means the individual is disqualified for life from operating a commercial motor vehicle as prescribed under 49 CFR 391.15.
- "Permanently disqualified" means the individual will never be able to obtain a commercial driver license.
- B. Eligibility. An individual with a lifetime disqualification may request reinstatement of the individual's commercial driving privilege if:
1. Ten years have passed since the date of the lifetime disqualification.
 2. The individual:
 - a. Is otherwise eligible for licensure.
 - b. Has continuously been eligible for a driver license during the most recent 10-year period.
 - c. Has not previously reinstated CDL privileges for another lifetime disqualification.
 - d. Has no record of a conviction for any of the following violations, in any state, within the previous 10-year period:
 - i. Driving while under the influence of alcohol or a controlled substance.
 - ii. Having a blood alcohol concentration of .04 or greater while driving a commercial motor vehicle.
 - iii. Refusal to submit to a blood alcohol concentration test.
 - iv. Leaving the scene of an accident.
 - v. Using a vehicle in the commission of a felony.
 - vi. Operating a commercial motor vehicle as defined under A.R.S. § 28-3001 while his or

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- her commercial driving privileges are canceled, disqualified, suspended, or revoked.
- vii. Causing a fatality through the negligent operation of a commercial motor vehicle.

- C. Application after lifetime disqualification. If the Division determines that the individual is eligible to reinstate his or her commercial driving privilege, the individual may obtain a new CDL by paying all required fees, submitting the medical examination form prescribed under Section R17-4-508(A)(1), and successfully completing all CDL written, vision, and demonstration-skill testing applicable to the type of CDL, including any endorsements, for which the individual is applying.
- D. Permanent disqualification.
1. An individual who reinstated his or her commercial driving privilege in accordance with this Section and who is subsequently given a lifetime disqualification under A.R.S. § 28-3312 is permanently disqualified.
 2. An individual convicted of using any vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance is permanently disqualified.
 3. An individual who more than once refuses a test in violation of A.R.S. § 28-1321 if the refusals involve more than one incident is permanently disqualified.
 4. An individual who more than once is convicted of violating A.R.S. § 28, Chapter 4, Article 3 is permanently disqualified.

Historical Note

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-208 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-208 renumbered without change as Section R17-4-413 (Supp. 87-2). Section recodified to R17-4-457 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 2155, effective August 4, 2007 (Supp. 07-2).

R17-4-414. Commercial Driver License Applicant Driver History Check; Required Action; Hearing

- A. Applicability. The provisions of this Section shall apply to all applicants requesting an original, renewal, reinstatement, transfer, or upgrade of a commercial driver license or commercial driver license instruction permit.
- B. Driver History Check. In compliance with 49 CFR 384.206, 384.210, 384.225, and 384.232:
1. The Department shall require each applicant for a commercial driver license to supply the names of all states where the applicant has previously been licensed to operate a motor vehicle.
 2. The Department shall request the complete driver history record from all states where the applicant was licensed to operate a motor vehicle within the previous 10 years. The Department shall make a driver history request no earlier than:
 - a. Twenty-four hours prior to the issuance of a commercial driver license or commercial driver license instruction permit for an applicant who does not currently possess a valid Arizona commercial driver license; or
 - b. Ten days prior to the issuance of a commercial driver license or commercial driver license instruction

tion permit for an applicant who currently possesses a valid Arizona commercial driver license.

3. The Department shall record and maintain as part of the driver history all convictions, disqualifications, and other licensing actions for violations of any state or local law relating to motor vehicle traffic control, other than a parking violation, committed in any type of vehicle by a commercial driver licensee or any driver operating a commercial motor vehicle.
- C. Required Action. In compliance with 49 CFR 384.210 and 384.231:
1. The Department shall, based on the findings of the driver history checks, issue a commercial driver license or commercial driver license instruction permit to a qualified applicant.
 2. In the case of a reported conviction, disqualification, or other licensing action, the Department shall promptly cancel, disqualify, suspend, or revoke the person's commercial driving privilege as prescribed under A.R.S. Title 28, Chapters 4, 6, 8, and 14 and A.A.C. Title 17.
 3. The Department shall send written notification of the action to the person describing the action taken by the Department.
- D. Hearing. A hearing may be allowed when the driver history information received by the Department is a result of a case of mistaken identity or identity theft.
1. The person shall submit a hearing request in writing and comply with A.A.C. R17-1-502.
 2. The hearing request shall be submitted within 20 days from the date the notice of action was mailed.
 3. The hearing request shall indicate whether the request for the hearing is based on a case of identity theft or mistaken identity.
 4. The hearing shall be held in accordance with the procedures prescribed under A.R.S. § 28-3317 and 17 A.A.C. 1, Article 5.
 5. It shall be presumed that the information received from the driver history check belongs to the person. The person may overcome this presumption if the person is able to present evidence that either:
 - a. The person is not the driver convicted of the reported violation as in a case of mistaken identity; or
 - b. The person's identity was stolen and the applicant or licensee was not the driver convicted of the violation.
 6. The scope of the hearing is limited to determining whether the person is the driver convicted of the reported driver history information, not the validity of the underlying conviction or licensing action that occurred in another licensing jurisdiction.

Historical Note

Adopted effective December 18, 1995 (Supp. 95-4). Section recodified to R17-4-458 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 14 A.A.R. 4100, effective October 7, 2008 (Supp. 08-4).

R17-4-415. Reserved**R17-4-416. Reserved****R17-4-417. Reserved****R17-4-418. Reserved****R17-4-419. Reserved****R17-4-420. Recodified**

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Historical Note

Former Rule, General Order 58. Former Section R17-4-21 renumbered without change as Section R17-4-420 (Supp. 87-2). Section recodified to R17-4-459 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-421. Recodified**Historical Note**

Former Rule, General Order 79. Former Section R17-4-33 renumbered without change as Section R17-4-421 (Supp. 87-2). Section recodified to R17-4-460 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-422. Recodified**Historical Note**

Adopted as an emergency effective July 29, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-4). Emergency expired. Permanent rule adopted effective February 12, 1986 (Supp. 86-1). Former Section R17-4-73 renumbered without change as Section R17-4-422 (Supp. 87-2). Section recodified to R17-4-461 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-423. Recodified**Historical Note**

Former Rule, General Order 94. Former Section R17-4-38 renumbered without change as Section R17-4-423 (Supp. 87-2). Section R17-4-423 repealed, new Section adopted effective February 21, 1990 (Supp. 90-1). Section recodified to R17-4-462 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-424. Recodified**Historical Note**

Former Rule, General Order 99. Former Section R17-4-40 renumbered without change as Section R17-4-424 (Supp. 87-2). Section recodified to R17-4-463 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-425. Recodified**Historical Note**

Former Section R17-4-53 renumbered without change as Section R17-4-425 (Supp. 87-2). Section recodified to R17-4-464 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-426. Recodified**Historical Note**

Adopted effective January 12, 1977 (Supp. 77-1). Amended subsections (A), (C), (D), and (H) effective January 23, 1981 (Supp. 81-1). Former Section R17-4-55 renumbered without change as Section R17-4-426 (Supp. 87-2). Section recodified to R17-4-465 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-427. Recodified**Historical Note**

Adopted effective March 31, 1978 (Supp. 78-2). Former Section R17-4-58 renumbered without change as Section R17-4-427 (Supp. 87-2). Section recodified to R17-4-466 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-428. Recodified**Historical Note**

New Section recodified from A.A.C. R17-3-403 at 7

A.A.R. 1260, effective February 20, 2001 (Supp. 01-1). Section recodified to R17-4-467 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-429. Reserved**R17-4-430. Reserved****R17-4-431. Reserved****R17-4-432. Reserved****R17-4-433. Reserved****R17-4-434. Reserved****R17-4-435. Recodified****Historical Note**

Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-63 adopted as an emergency now adopted and amended as a permanent rule effective October 8, 1982 (Supp. 82-5). Amended effective August 19, 1983 (Supp. 83-4). Correction to amendments shown effective August 19, 1983. The subsection "IT IS ORDERED: --" was also amended effective August 19, 1983, but not shown (Supp. 83-5). Amended effective February 18, 1986 (Supp. 86-1). Amended effective May 12, 1986 (Supp. 86-3). Adding Historical Note for Supp. 87-1, "Amended effective February 28, 1987." Former Section R17-4-63 renumbered as Section R17-4-435 and amended by adding a new subsection (C) effective April 7, 1987 (Supp. 87-2). Amended by adding paragraph (20) in subsection (B) and renumbering accordingly effective March 23, 1989 (Supp. 89-1). Amended as an emergency effective January 4, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Emergency amendments re-adopted effective April 25, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days; permanent amendments adopted effective May 18, 1990 (Supp. 90-2). Section R17-4-435 repealed, new Section R17-4-435 adopted effective October 24, 1990 (Supp. 90-4). Emergency amendments effective November 27, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments readopted effective May 6, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Amended and renumbered to R17-4-435 and R17-4-435.01 through R17-4-435.04 effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective October 16, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-202 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-435.01. Recodified**Historical Note**

Section R17-4-435.01 renumbered from R17-4-435(C) and amended effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective October 16, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective

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January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-203 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-435.02. Recodified**Historical Note**

Section R17-4-435.02 renumbered from R17-4-435(D) and amended effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective October 16, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-204 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-435.03. Recodified**Historical Note**

Section R17-4-435.03 adopted effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-205 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-435.04. Recodified**Historical Note**

Section R17-4-435.04 renumbered from R17-4-435(E), (F) and (G) and amended effective August 16, 1991 (Supp. 91-3). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Section recodified to R17-5-206 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-435.05. Recodified**Historical Note**

Section R17-4-435.02 renumbered from R17-4-435(D) and amended effective August 16, 1991 (Supp. 91-3). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Section recodified to R17-5-207 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-435.06. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Section recodified to R17-5-208 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-436. Recodified**Historical Note**

Adopted effective October 24, 1990 (Supp. 90-4). Amended effective July 3, 1991 (Supp. 91-3). Amended effective February 28, 1992 (Supp. 92-1). Amended effective October 21, 1993 (Supp. 93-4). Amended effective August 12, 1994 (Supp. 94-3). Amended effective November 21, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 3841, effective September 13,

2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-209 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-437. Emergency Expired**Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

R17-4-437.01. Emergency Expired**Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

R17-4-437.02. Emergency Expired**Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

R17-4-437.03. Emergency Expired**Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

Appendix A. Emergency Expired**Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

R17-4-437.04. Emergency Expired**Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

R17-4-438. Recodified**Historical Note**

Adopted effective March 21, 1994 (Supp. 94-1). Section recodified to R17-5-210 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-439. Recodified**Historical Note**

Adopted effective March 21, 1994 (Supp. 94-1). Section recodified to R17-5-211 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-440. Recodified**Historical Note**

Adopted effective March 21, 1994 (Supp. 94-1). Section recodified to R17-5-212 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-441. Reserved**R17-4-442. Reserved****R17-4-443. Reserved****R17-4-444. Repealed**

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Historical Note

Amended effective January 5, 1977 (Supp. 77-1). Repealed as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Repealed effective November 30, 1983 (Supp. 83-6). New Section R17-4-52 adopted as an emergency effective July 25, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-4). Emergency expired. Permanent rule adopted effective February 27, 1986 (Supp. 86-1). Amended subsections (A) and (B) effective February 18, 1987 (Supp. 87-1). Former Section R17-4-52 renumbered without change as Section R17-4-444 (Supp. 87-2). Repealed effective October 13, 1987 (Supp. 87-4).

R17-4-445. Recodified**Historical Note**

Section R17-4-421 adopted and renumbered as Section R17-4-445 effective October 13, 1987 (Supp. 87-4). Amended subsection (A) effective May 20, 1988 (Supp. 88-2). Amended effective January 2, 1996 (Supp. 96-3). Section recodified to R17-5-504 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-446. Recodified**Historical Note**

Section R17-4-422 adopted and renumbered as Section R17-4-446 effective October 13, 1987 (Supp. 87-4). Section recodified to R17-5-505 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-447. Recodified**Historical Note**

Section R17-4-423 adopted and renumbered as Section R17-4-447 effective October 13, 1987 (Supp. 87-4). Section recodified to R17-5-506 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-448. Recodified**Historical Note**

Section R17-4-424 adopted and renumbered as Section R17-4-448 effective October 13, 1987 (Supp. 87-4). Amended effective January 2, 1996 (Supp. 96-3). Section recodified to R17-5-507 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-449. Reserved**R17-4-450. Repealed****Historical Note**

New Section recodified from R17-4-406 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-451. Repealed**Historical Note**

New Section recodified from R17-4-407 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-452. Repealed**Historical Note**

New Section recodified from R17-4-408 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section

repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-453. Repealed**Historical Note**

New Section recodified from R17-4-409 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-454. Repealed**Historical Note**

New Section recodified from R17-4-410 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-455. Repealed**Historical Note**

New Section recodified from R17-4-411 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 4351, effective September 17, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 926, effective February 13, 2002 (Supp. 02-1). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-456. Repealed**Historical Note**

New Section recodified from R17-4-412 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-457. Repealed**Historical Note**

New Section recodified from R17-4-413 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-458. Repealed**Historical Note**

New Section recodified from R17-4-414 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-459. Repealed**Historical Note**

Former Rule, General Order 58. Former Section R17-4-21 renumbered without change as Section R17-4-420 (Supp. 87-2). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-460. Repealed**Historical Note**

New Section recodified from R17-4-421 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-461. Repealed**Historical Note**

New Section recodified from R17-4-422 at 7 A.A.R.

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3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-462. Repealed**Historical Note**

New Section recodified from R17-4-423 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-463. Repealed**Historical Note**

New Section recodified from R17-4-424 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-464. Repealed**Historical Note**

New Section recodified from R17-4-425 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-465. Repealed**Historical Note**

New Section recodified from R17-4-426 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-466. Repealed**Historical Note**

New Section recodified from R17-4-427 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

R17-4-467. Repealed**Historical Note**

New Section recodified from R17-4-428 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

ARTICLE 5. SAFETY**R17-4-501. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-101, 28-3001, 28-3005, and 32-1601, in this Article, unless otherwise specified:

“Adaptation” means a modification of or addition to the standard operating controls or equipment of a motor vehicle.

“Applicant” or “licensee” means a person:

Applying for an Arizona driver license or driver license renewal, or

Required by the Department to complete an examination successfully or to obtain an evaluation.

“Application” means the Department form required to be completed by or for an applicant for a driver license or driver license renewal.

“Aura” means a sensation experienced before the onset of a neurological disorder.

“Commercial driver license physical qualifications” means driver medical qualification standards for a person licensed in class A, B, or C to operate a commercial vehicle as prescribed under 49 CFR 391, incorporated by reference under R17-5-202 and R17-5-204.

“Disqualifying medical condition” means a visual, physical, or psychological condition, including substance abuse, that impairs functional ability.

“Division” means the Arizona Department of Transportation, Motor Vehicle Division.

“Evaluation” means a medical assessment of an applicant or licensee by a specialist to determine whether a disqualifying medical condition exists.

“Examination” means testing or evaluating an applicant’s or licensee’s:

Ability to read and understand official traffic control devices,

Knowledge of safe driving practices and the traffic laws of this state, and

Functional ability.

“Functional ability” means the ability to operate safely a motor vehicle of the type permitted by an Arizona driver license class or endorsement.

“Licensee” means a person issued a driver license by this state.

“Licensing action” means an action by the Department to:

Issue, deny, suspend, revoke, cancel, or restrict a driver license; or

Require an examination or evaluation of an applicant or licensee.

“Medical code” means a system of numerals or letters indicating the licensee suffers from some type of adverse medical condition.

“Medical screening questions and certification” means the questions and certification on the application.

“Neurological disorder” means a malfunction or disease of the nervous system.

“Seizure” means a neurological disorder characterized by a sudden alteration in consciousness, sensation, motor control, or behavior, due to an abnormal electrical discharge in the brain.

“Specialist” means:

A physician who is a surgeon or a psychiatrist;

A physician whose practice is limited to a particular anatomical or physiological area or function of the human body, patients with a specific age range; or

A psychologist.

“Substance abuse” means:

Use of alcohol in a manner that makes the user an alcoholic as defined in A.R.S. § 36-2021, or

Use of a controlled substance in a manner that makes the user a drug dependent person as defined in A.R.S. § 36-2501.

“Substance abuse counselor” is defined in A.R.S. § 28-3005.

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“Substance abuse evaluation” means an assessment by a physician, specialist, or certified substance abuse counselor to determine whether the use of alcohol or a drug impairs functional ability.

“Successful completion of an examination” means an applicant or licensee:

Establishes the visual, physical, and psychological ability to operate a motor vehicle safely, or

Achieves a score of at least 80% on any required tests.

Historical Note

Adopted effective December 14, 1995 (Supp. 95-4). Section recodified to R17-5-706 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 8 A.A.R. 3241, effective July 12, 2002 (Supp. 02-3). Amended by final rulemaking at 8 A.A.R. 5223, effective December 5, 2002 (Supp. 02-4).

Amended by final rulemaking at 10 A.A.R. 2829, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 227, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

R17-4-502. General Provisions for Visual, Physical, and Psychological Ability to Operate a Motor Vehicle Safely

A. Applicant’s or licensee’s responsibility. To comply with the Division’s screening process for safe operation of a motor vehicle, an applicant or licensee shall:

1. Provide the Division with all requested information about the applicant’s or licensee’s visual, physical, or psychological condition;
2. Successfully complete all required examinations;
3. Obtain all required evaluations;
4. Ensure timely submission of evaluation reports to the Division; and
5. Appear at all required interviews.

B. Screening process for safe operation of a motor vehicle. This subsection and subsections (C) through subsection (E) state the screening process for safe operation of a motor vehicle.

1. An applicant shall complete the application, including the medical screening questions and certification.
2. An applicant without a valid driver license, who successfully completes all required examinations, shall obtain an evaluation if:
 - a. The Division informs the applicant that the applicant’s responses to the medical screening questions indicate the existence of a disqualifying medical condition; or
 - b. The applicant comes under subsection (C)(1)(a), subsection (C)(1)(c), or subsection (C)(1)(d).
3. An applicant for license renewal shall successfully complete an examination if the applicant’s responses to the medical screening questions indicate that since the applicant’s last driver license renewal:
 - a. The applicant has developed a visual, physical, or psychological condition that may constitute a disqualifying medical condition; or
 - b. There has been a change in an existing visual, physical, or psychological condition that may constitute a disqualifying medical condition.
4. As soon as an applicant’s medical condition allows, the applicant shall notify the Division, in writing or by telephone, that the applicant has or may have a medical con-

dition not previously reported to the Division that affects the applicant’s functional ability.

5. Upon receipt of the notification required under subsection (B)(4), the Division shall require the applicant to:
 - a. Complete the medical screening questions and certification on the application, and
 - b. Continue with the screening process for safe operation of a motor vehicle.
- C.** Evaluation, interview, and additional evaluation. An applicant or licensee shall submit to an evaluation, attend an interview, or submit to an additional evaluation as required by the Division.
 1. The Division shall require an evaluation if the Director notifies the applicant or licensee in writing that:
 - a. The applicant or licensee comes under the provisions of R17-4-503 or R17-4-506;
 - b. The applicant or licensee reports a possible disqualifying medical condition or fails to successfully complete an examination;
 - c. The applicant or licensee shows unexplained confusion, loss of consciousness, or incoherence that is observed by Division personnel; or
 - d. A person with direct knowledge submits to the Division written information about specific events or conduct indicating the applicant or licensee may have a disqualifying medical condition.
 2. The applicant or licensee shall have the physician, appropriate specialist, or certified substance abuse counselor who performs an evaluation submit, to the Division’s Medical Review Program, an evaluation report on a form provided by the Division.
 3. If the evaluation report on the applicant or licensee is inconclusive regarding the existence of a disqualifying medical condition, the Division shall require the applicant or licensee to appear for an interview to explain information in the evaluation report.
 4. If the Division is unable to determine whether a disqualifying medical condition exists after an interview with the applicant or licensee, the Division shall require an additional evaluation, performed by an appropriate specialist and reported to the Division’s Medical Review Program, on a form provided by the Division.
 5. An applicant or licensee shall pay for any expense incurred by the applicant or licensee to show compliance with the visual, physical, and psychological standards for a driver license.
- D.** Licensing action. The Division shall take a licensing action after requiring an applicant or licensee to complete an examination successfully, obtain an evaluation and submit an evaluation report, or appear at an interview.
 1. The Division shall deny a driver license if an applicant:
 - a. Fails to complete successfully an examination; or
 - b. Fails to:
 - i. Obtain an evaluation;
 - ii. Have a physician, appropriate specialist, or certified substance abuse counselor submit an evaluation report to the Division within 30 days after the Division notifies the applicant that an evaluation is required; or
 - iii. Appear at an interview; or
 - c. Has an evaluation report submitted that indicates a disqualifying medical condition.
 2. The Division shall summarily suspend a licensee’s driver license under A.R.S. §§ 28-3306 and 41-1064 for a reason stated in subsection (D)(1).

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3. The Division shall issue a revocation notice with a notice of summary suspension. The revocation notice shall inform the licensee that:
 - a. Unless the Division receives the licensee's timely hearing request under subsection (F), the revocation becomes effective:
 - i. Fifteen days after the date the licensee is personally served with the notice; or
 - ii. Twenty days after the date the notice is mailed to the licensee.
 - b. A person who wishes to obtain a license after suspension or revocation shall reapply for a license as specified in A.R.S. § 28-3315.
4. The Division shall issue a driver license to an applicant or shall not suspend or revoke a licensee's driver license if:
 - a. The applicant or licensee successfully completes all required examinations and the Division does not require an evaluation, or
 - b. The applicant or licensee obtains all required evaluations and the most recent evaluation report submitted on behalf of the applicant or licensee conclusively indicates no disqualifying medical condition.
- E. Driver license restrictions. If an applicant or licensee uses an adaptation, including those listed below to demonstrate functional ability during an examination, the Division shall indicate the adaptation as a restriction on a driver license issued to the applicant or licensee and on the applicant's or licensee's driving record.
 1. Automatic transmission,
 2. Hand dimmer switch,
 3. Left-foot gas pedal,
 4. Parking-brake extension,
 5. Power steering,
 6. Power brakes,
 7. Six-way power seat,
 8. Right-side directional signal,
 9. A device that enables an operator to spin the steering wheel,
 10. A device that enables full foot control,
 11. Dual outside mirrors,
 12. Chest restraints,
 13. Shoulder restraints,
 14. A device that extends pedals,
 15. A device that enables full hand control, and
 16. Adapted seat.
- F. Hearings. This subsection states the hearing procedure for licensing actions taken by the Division after the screening process for safe operation of a motor vehicle.
 1. If the Division takes an adverse licensing action under this Section, an applicant or licensee may request a hearing with the Division's Executive Hearing Office. A hearing request is timely if received by the Division:
 - a. Within 15 days after the date the notice is delivered to the applicant or licensee, or
 - b. Within 20 days after the date the notice is mailed to the applicant or licensee.
 2. A.A.C. R17-1-501 through R17-1-511 and R17-1-513 govern a hearing conducted under this subsection.
 3. The administrative law judge shall sustain, modify, or void the Division's licensing action.
- G. The Division shall not release information required to be submitted to the Division under this Section by an applicant or licensee except to a person or entity qualified under A.R.S. § 28-455.

Historical Note

New Section recodified from R17-4-520 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3241, effective July 12, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1861, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1).

Exhibit A. Repealed**Historical Note**

New Exhibit made by final rulemaking at 8 A.A.R. 3241, effective July 12, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1).

R17-4-503. Vision standards

- A. Definitions.
 1. "Binocular vision" means the ability to see in both eyes.
 2. "Bioptic Telescopic Lens System" means a bioptic, spectacle-mounted corrective lens prescribed by a physician or optometrist for meeting vision acuity requirements for driving that uses magnification as the main method of obtaining minimal visual acuity.
 3. "Corrected visual acuity" means distance vision corrected by eyeglasses, contact lenses, or a bioptic telescopic lens system.
 4. "Corrective lens" means eyeglasses, contact lenses, or a bioptic telescopic lens system used to correct distance vision.
 5. "Diplopia" means double vision.
 6. "Field of vision" means the area in which objects may be seen when the eye is fixed.
 7. "Impaired night vision" means below normal ability to see in reduced light.
 8. "Monocular vision" means the ability to see in one eye only.
 9. "Optometrist" means a person licensed to practice optometry in any state, territory, or possession of the United States or the Commonwealth of Puerto Rico.
 10. "Retinitis pigmentosa" means a chronic progressive inflammation of the retina with atrophy and pigmentary infiltration of the inner layers of the retina.
 11. "Snellen Chart" means a chart imprinted with lines of black letters of decreasing size for testing visual acuity.
 12. "Visual acuity" means the clarity of a person's vision.
- B. Standard.
 1. Visual acuity. A person shall have binocular or monocular vision and visual acuity of 20/40 in at least one eye.
 2. Field of vision. Field of vision shall be 70 degrees temporally, and 35 degrees nasally, in at least one eye.
- C. Restrictions.
 1. A person with corrected vision shall wear corrective lenses at all times when driving if the corrective lens is required to achieve the vision standards in subsection (B).
 2. The Division shall restrict a person with diagnosed impaired night vision to daytime driving only.
 3. The Division shall restrict a person with binocular vision and corrected or uncorrected visual acuity of 20/50 or 20/60, when using both eyes, to daytime driving only.
 4. The Division shall not license a person with monocular vision and visual acuity of 20/50 or greater.
 5. The Division shall not license a person with binocular vision and visual acuity of 20/70 or greater.
- D. Screening process.
 1. The Division, a physician, or an optometrist may administer visual acuity and field of vision screening through

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the use of visual screening equipment to determine if a person's visual acuity and field of vision meets minimum standards.

2. A person may use a bioptic telescopic lens system during vision screening.
 - a. Beginning on the date of a initial application and every year thereafter, a person using a bioptic telescopic lens system shall submit to the Division an annual exam performed by a physician or optometrist to ascertain whether the person has a progressive eye disease.
 - b. The Division shall not license a person using a bioptic telescopic lens system unless the person submits to the Division a written statement from a physician or an optometrist that the individual meets the visual acuity standard as prescribed in subsection (B).
 - c. The Division shall not license a person using a bioptic telescopic lens system with magnification of the lens that is more than 4X.
3. The Division shall conduct visual acuity screening through the use of visual screening equipment or the Snellen Chart to determine whether a person's corrected vision is 20/40 in at least one eye.

E. Reporting requirements.

1. A person choosing to have initial visual acuity and visual field screening done by a physician or an optometrist shall submit the results to the Division.
2. If the Division does initial visual acuity and visual field screening and the person does not meet vision standards of subsection (B), the Division shall require the person to submit the results of the person's visual acuity and vision field screening by a physician or an optometrist.
3. The Division shall require a person diagnosed with any of the following conditions to file the results of the person's visual acuity and visual field screening completed by the physician or optometrist:
 - a. Any progressive eye disease,
 - b. Diplopia, or
 - c. Impaired night vision.

F. Results of visual acuity and visual field screening shall contain the following.

1. An examination date no more than three months before the submission date to the Division;
2. Visual acuity and field of vision;
3. If applicable, specification that the person is monocular;
4. If applicable, diagnosis of any condition described in subsection (E)(3);
5. Any recommendations on frequency of reporting requirements for the person, in addition to those required by the Division;
6. Suggested restrictions on driving, in addition to those required by the Division; and
7. Any recommendations on the person's ability to safely operate a motor vehicle.

G. The Division shall require a driving test if a person's eye disease is determined by a physician or optometrist to be progressive.

Historical Note

New Section recodified from R17-4-521 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 221, effective January 10, 2006 (Supp. 06-1).

R17-4-504. Medical Alert Conditions

- A. Definition.** In this Section, "license" means any class driver license, commercial driver license, non-operating identification license, or instruction permit.
- B. Medical alert condition displayed on license.** The Division will provide on each license a space to indicate a medical alert condition. A list of recognized medical alert conditions is available at all Motor Vehicle Division Customer Service offices and Authorized Third Party Driver License offices.
- C. Retention of medical alert condition authorization.** The Division will not maintain the medical alert code on the Division computer record unless written authorization is submitted.
- D. A person shall submit a signed statement, from a physician or registered nurse practitioner, stating that the person is diagnosed with a medical condition. The signed statement is required every time the person requests a license unless the person authorizes the Division to maintain the medical code in the Division computer.**

Historical Note

Adopted effective September 25, 1991 (Supp. 91-3). Section repealed by final rulemaking at 7 A.A.R. 3831, effective August 10, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 227, effective March 8, 2008 (Supp. 08-1).

R17-4-505. Repealed

Historical Note

Adopted effective May 2, 1990 (Supp. 90-2). Section repealed by final rulemaking at 7 A.A.R. 3831, effective August 10, 2001 (Supp. 01-3).

R17-4-506. Neurological Standards

- A. Driver license application.**
 1. A person who has a seizure in the three months before applying for a driver license shall undergo a medical examination as provided in R17-4-502.
 2. After the medical examination under R17-4-502, the person or the person's physician shall submit the medical examination report to the Division.
 3. The Division shall not issue a driver license to a person if the medical examination report shows that the person has a neurological disorder that affects the person's ability to operate a motor vehicle safely.
- B. Driver license revocation.**
 1. A person with a driver license or non-resident driving privileges who experiences a seizure shall cease driving and:
 - a. Undergo a medical examination as provided in R17-4-502;
 - b. Submit the medical examination report to the Division; and
 - c. Undergo a follow-up medical examination within one year after the seizure or within a shorter time, as recommended by a physician.
 2. After each medical examination, the person or the person's physician shall submit the applicable medical examination report to the Division.
 3. The Division shall revoke a person's driver license or nonresident driver privileges if any medical examination report shows the person has a neurological disorder that affects the person's ability to operate a motor vehicle safely.
- C. Medical examination report.** A medical examination report under this Section shall include the following information:
 1. Age at onset of seizures, diagnosis, and history;
 2. Aftereffects of seizures;

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3. EEG findings, if any;
 4. Description, cause, frequency, duration, and date of most recent seizure;
 5. Current medications, including dosage, side effects, and serum level; and
 6. A physician's medical opinion as to whether the neurological disorder will affect the person's ability to operate a motor vehicle safely.
- D. Physician's medical opinion.** A neurological disorder does not affect a person's ability to operate a motor vehicle safely if a physician concludes with reasonable medical certainty that:
1. Any seizure that occurred within the last three months was due to a change in anticonvulsant medication ordered by a physician and that seizures are under control after the change in medication;
 2. Any seizure that occurred within the last three months was a single event that will not recur in the future;
 3. Any seizure is likely to occur but has an established pattern of occurring only during sleep; or
 4. There is an established pattern of an aura of sufficient duration to allow the person to cease operating a motor vehicle immediately at the onset of the aura.
- Historical Note**
- Former Rule, General Order 107; Amended effective April 28, 1981 (Supp. 81-2). Amended effective July 1, 1985 (Supp. 85-4). Former Section R17-4-46 renumbered without change as Section R17-4-506 (Supp. 87-2). Emergency amendment adopted effective December 31, 1998, pursuant to A.R.S. § 28-366, for a maximum of 180 days (Supp. 98-4). Emergency amendment expired June 29, 1999 pursuant to A.R.S. § 41-1026(C) (Supp. 99-3). Emergency amendment adopted effective October 1, 1999, pursuant to A.R.S. § 28-366, for a maximum of 180 days (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 1172, effective March 9, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 3221, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-4-404 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-522 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 5440, effective November 14, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 5223, effective December 5, 2002 (Supp. 02-4).
- R17-4-507. Repealed**
- Historical Note**
- Adopted effective July 24, 1985 (Supp. 85-4). Amended effective March 13, 1986 (Supp. 86-2). Former Section R17-4-50 renumbered without change as Section R17-4-507 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 4355, effective September 14, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 5223, effective December 5, 2002 (Supp. 02-4). Section repealed by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).
- R17-4-508. Commercial Driver License Physical Qualifications**
- A. Requirements.**
1. A commercial driver license applicant shall submit a U.S. Department of Transportation medical examiner's certificate, available online from the Federal Motor Carrier Safety Administration at <https://www.fmcsa.dot.gov>, completed as prescribed under 49 CFR 391.43 to the Department.
 - a. Except as provided in subsection (A)(1)(c), the medical examiner's certificate must be completed by a medical examiner who is listed on the current National Registry of Certified Medical Examiners. A list of certified medical examiners is available on the National Registry website at <https://nationalregistry.fmcsa.dot.gov>.
 - b. The medical examiner's certificate must be completed upon the applicant's initial application and upon or prior to expiration of the applicant's current medical examiner's certificate.
 - c. An optometrist, licensed to practice by the federal government, any state, or U.S. territory, may perform the medical examination as it pertains to visual acuity, field of vision, and the ability to recognize colors as specified in 49 CFR 391.41(b)(10).
 2. As prescribed under 49 CFR 391.41(a)(2), a licensee who possesses a commercial driver license shall keep an original or photographic copy of the licensee's current medical examiner's certificate required under subsection (A)(1) available for law enforcement inspection upon request for no more than 15 days after the date it was issued as valid proof of medical certification.
 3. A licensee who possesses a commercial driver license shall notify the Department of a physical condition that develops or worsens causing noncompliance with the commercial driver license physical qualifications as soon as the licensee's medical condition allows.
- B. Commercial driver license suspension and revocation notification procedure.** To notify a licensee of any commercial driver license suspension and revocation under subsection (C), the Department shall simultaneously mail two notices within 15 days after a medical examiner's certificate's due date or actual submission date to the licensee's address of record that:
1. Suspends the licensee's commercial driver license beginning on the notice's date; and
 2. Revokes the licensee's commercial driver license 15 days after the date of the suspension notice issued under subsection (B)(1).
- C. Noncompliance actions.**
1. Initial application denial. If an applicant's initial medical examiner's certificate required under subsection (A)(1) shows that the applicant does not comply with the commercial driver license physical qualifications, the Department shall immediately mail the commercial driver license denial notification to the applicant's address of record.
 2. Medical examiner's certificate renewal suspension and revocation. If a renewing commercial driver licensee submits:
 - a. No medical examiner's certificate required under subsection (A)(1) or a form indicating noncompliance with commercial driver license physical qualifications, the Department shall follow the suspension and revocation notification procedure prescribed under subsection (B).
 - b. An incomplete medical examiner's certificate required under subsection (A)(1), the Department shall immediately return the incomplete form with a letter requesting that the licensee provide missing information to the Department within 45 days after the date of the Department's letter. The Department shall follow the suspension and revocation notification procedure prescribed under subsection (B) if the licensee fails to return the requested information in the time-frame prescribed in this subsection.

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- D.** A commercial driver license that remains revoked for longer than 12 months expires. The holder of an expired commercial driver license may obtain a new commercial driver license by successfully completing all commercial driver license original-application written, vision, and skills testing and by submitting the medical examiner's certificate prescribed under subsection (A)(1).
- E.** Administrative hearing. A person who is denied a commercial driver license or whose commercial driver license is suspended or revoked under this Section may request a hearing from the Department as prescribed under 17 A.A.C. 1, Article 5. The hearing is held in accordance with the procedures prescribed under A.R.S. Title 41, Chapter 6, Article 6 and 17 A.A.C. 1, Article 5.

Historical Note

Adopted effective October 31, 1975 (Supp. 75-1). Former Section R17-4-57 renumbered without change as Section

R17-4-508 (Supp. 87-2). Emergency amendments adopted effective July 30, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency amendments permanently adopted effective October 27, 1993 (Supp. 93-4). Section recodified to R17-4-409 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-802 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-1). Amended by final rulemaking at 10 A.A.R. 2829, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 395, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

R17-4-509. Repealed**Historical Note**

Adopted effective February 14, 1984 (Supp. 84-1). Former Section R17-4-56 renumbered without change as Section R17-4-509 (Supp. 87-2). Repealed effective December 17, 1993 (Supp. 93-4).

R17-4-510. Motorcycle noise level limits

- A.** No person shall operate any motorcycle on the streets or highways of the state of Arizona at any time or under any condition of grade, load, acceleration or deceleration in such a manner as to exceed the following noise limits. For the purpose of this Section, "dBA" shall mean "A" weighted decibel, a sound level measurement unit.

Model year of motorcycle	Speed limit of 35 m.p.h. or less	Speed limit of more than 35 m.p.h. and less than or equal to 45 m.p.h.	Speed limit of more than 45 m.p.h.
Before 1972	84 dBA	88 dBA	88 dBA
1972-1980	79 dBA	82 dBA	86 dBA
After 1980	76 dBA	80 dBA	83 dBA

- B.** The noise limits established by this Section shall be based on measurements taken at a distance of 50 feet from the center of the lane of travel within the specified speed limit. Noise measurements can be made at distances other than 50 feet from the center of the lane of travel. In such cases, the measurement shall be corrected to what it would be at the standard distance of 50 feet, for comparison with the standard.

- C.** For speed zones of 35 miles per hour or less, notwithstanding the provisions stated above, measurement shall not be made within 200 feet of any intersection controlled by an official traffic device or within 20 feet of the beginning or end of any grade in excess of plus or minus 1%. Measurements shall be made when it is reasonable to assume that the vehicle flow is at a constant rate of speed and measurement shall not be made under congested traffic conditions which require notice able acceleration or deceleration.

Historical Note

Adopted effective October 17, 1986 (Supp. 86-5). Former Section R17-4-76 renumbered without change as Section R17-4-510 (Supp. 87-2). Section recodified to R17-4-406 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

New Section recodified from R17-4-705 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-511. Repealed**Historical Note**

Adopted effective April 21, 1980 (Supp. 80-2). Former Section R17-4-62 renumbered without change as Section R17-4-511 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 3831, effective August 10, 2001 (Supp. 01-3).

R17-4-512. Child-restraint Systems in Motor Vehicles

The Motor Vehicle Division incorporates 49 CFR 571.213, Federal Motor Vehicle Safety Standard number 213 of the October 1, 2003, edition and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, Mail Stop: SSOP, Washington, D.C. 20402-0001, and is on file with the Division.

Historical Note

Former Rule, General Order 92. Former Section R17-4-37 renumbered without change as Section R17-4-512 (Supp. 87-2). Section recodified to R17-5-302 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section R17-4-512 recodified from R17-4-704 at 7 A.A.R. 4157, effective September 7, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 397, effective March 8, 2008 (Supp. 08-1).

R17-4-513. Emergency Expired**Historical Note**

Emergency rule adopted effective January 4, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Emergency rule re-adopted effective May 2, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired.

R17-4-514. Emergency Expired**Historical Note**

Emergency rule adopted effective January 4, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Emergency rule re-adopted effective April 25, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired.

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R17-4-515. Reserved**R17-4-516. Reserved****R17-4-517. Reserved****R17-4-518. Reserved****R17-4-519. Reserved****R17-4-520. Recodified****Historical Note**

Adopted as Section R17-4-301 and renumbered as Section R17-4-520 effective September 22, 1987 (Supp. 87-3). Section recodified to R17-4-502 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-521. Recodified**Historical Note**

Adopted as Section R17-4-310 and renumbered as Section R17-4-521 effective September 22, 1987 (Supp. 87-3). Section recodified to R17-4-503 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-522. Recodified**Historical Note**

Adopted as Section R17-4-320 and renumbered as Section R17-4-522 effective September 22, 1987 (Supp. 87-3). Amended effective April 12, 1994 (Supp. 94-2). Section recodified to R17-4-506 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

ARTICLE 6. EXPIRED**R17-4-601. Reserved****R17-4-602. Reserved****R17-4-603. Reserved****R17-4-604. Reserved****R17-4-605. Reserved****R17-4-606. Repealed****Historical Note**

Adopted effective February 6, 1984 (Supp. 84-1). Former Section R17-4-507 renumbered without change as Section R17-4-606 (Supp. 87-2). Repealed by summary rulemaking with an interim effective date of March 8, 1996; filed in the Office of the Secretary of State February 16, 1996 (Supp. 96-1).

R17-4-607. Repealed**Historical Note**

Adopted effective August 24, 1982 (Supp. 82-4). Former Section R17-4-501 renumbered without change as Section R17-4-607 (Supp. 87-2). Emergency amendments adopted and filed August 24, 1990, effective September 27, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency amendments repealed, new emergency amendments adopted effective October 1, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency amendments re-repealed, new emergency amendments re-adopted effective February 12, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Emergency amendments re-repealed, new emergency amendments re-adopted effective August 6, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired. Emergency

amendments re-adopted with changes effective November 14, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency expired. Repealed by summary rulemaking with an interim effective date of March 8, 1996; filed in the Office of the Secretary of State February 16, 1996 (Supp. 96-1).

R17-4-608. Expired**Historical Note**

Adopted effective August 18, 1983 (Supp. 83-4). Former Section R17-4-504 renumbered without change as Section R17-4-608 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R17-4-609. Expired**Historical Note**

Adopted effective March 7, 1983, to apply to chassis and bodies placed in production after May 1, 1983 (Supp. 83-2). Former Section R17-4-502 renumbered without change as Section R17-4-609 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R17-4-610. Expired**Historical Note**

Adopted effective February 11, 1983 (Supp. 83-1). Former Section R17-4-503 renumbered without change as Section R17-4-610 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R17-4-611. Expired**Historical Note**

Adopted effective August 24, 1983 (Supp. 83-4). Former Section R17-4-506 renumbered without change as Section R17-4-611 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

R17-4-612. Expired**Historical Note**

Adopted effective August 18, 1983 (Supp. 83-4). Former Section R17-4-505 renumbered without change as Section R17-4-612 (Supp. 87-2). R17-4-612 amended by summary action; Appendices A and B repealed by summary action with an interim effective date March 8, 1996; filed in the Office of the Secretary of State February 16, 1996 (Supp. 96-1). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

ARTICLE 7. HAZARDOUS MATERIALS ENDORSEMENT**R17-4-701. Definitions**

In addition to the definitions contained in 49 CFR 1572, the following words and phrases apply to this Article:

“Applicant” means an individual who applies to obtain an original or renewal HME.

“CDL” means commercial driver license.

“Department” has the same meaning as defined under A.R.S. § 28-101.

“HME” means Hazardous Materials Endorsement.

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“Security Threat Assessment” means a check by TSA that includes a fingerprint-based criminal history records check, an intelligence-related background check, and a final disposition.

“Transfer applicant” means an individual with an existing HME issued by another state, applying to the state of Arizona for an HME.

“TSA” means the U.S. Transportation Security Administration.

Historical Note

Adopted effective February 1, 1994 (Supp. 94-1). Section recodified to R17-4-309 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

Appendix A. Recodified**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Appendix recodified to 17 A.A.C. 4, Article 3 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

R17-4-702. Scope

This Article applies to commercial drivers who are applying for an original, renewal, or transfer of an HME, in accordance with 49 CFR 1572. The Department incorporates by reference 49 CFR 1572, revised as of October 1, 2016, and no later amendments or editions. The incorporated material is on file with the Department at 206 S. 17th Avenue, Phoenix, AZ 85007. The incorporated material is published by National Archives and Records Administration, Office of the Federal Register, 8601 Adelphi Road, College Park, MD 20740-6001, and is printed and distributed by the U.S. Government Publishing Office, P.O. Box 979050, St. Louis, MO 63197-9000. The incorporated material can be viewed online at <http://www.ofr.gov> or <https://www.gpo.gov/fdsys> and ordered online by visiting the U.S. Government Online Bookstore at <http://bookstore.gpo.gov>. The International Standard Book Number is 9780160935534.

Historical Note

Adopted effective November 15, 1989 (Supp. 89-4). Amended effective October 11, 1995 (Supp. 95-4). Section recodified to R17-1-202 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

R17-4-703. Expired**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2518, effective May 25, 2001 (Supp. 01-2). Section recodified to R17-1-204 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective June 30, 2016 (Supp. 16-4).

R17-4-704. Requirements for an HME

To receive an HME an applicant shall:

1. Possess a valid Arizona CDL,
2. Be at least 21 years of age,

3. Successfully complete all required testing under R17-4-705,
4. Pay all applicable fees under R17-4-706,
5. Make application to TSA for a Security Threat Assessment, and
6. Receive a Determination of No Security Threat from TSA.

Historical Note

Adopted effective October 6, 1983 (Supp. 83-5). Former Section R17-4-49 renumbered without change as Section R17-4-704 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 3834, effective August 10, 2001 (Supp. 01-3). Section recodified to R17-4-512 at 7 A.A.R. 4157, effective September 7, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1).

R17-4-705. Required Testing

- A. Original and renewal applicants shall successfully complete the testing requirements under A.R.S. § 28-3223.
- B. A transfer applicant shall be required to comply with HME knowledge test requirements under A.R.S. § 28-3223, and pay any applicable fee under R17-4-706.

Historical Note

Adopted effective August 2, 1978 (Supp. 78-4). Former Section R17-4-61 renumbered without change as Section R17-4-705 (Supp. 87-2). Section recodified to R17-4-510 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

R17-4-706. Fees

All applicants and transfer applicants shall pay all applicable fees as prescribed by:

1. TSA for a Security Threat Assessment, and
2. A.R.S. § 28-3002.

Historical Note

Former Rule, General Order 96. Former Section R17-4-39 renumbered without change as Section R17-4-706 (Supp. 87-2). Section recodified to R17-4-407 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

R17-4-707. 60-Day Notice to Apply

- A. The Department shall notify an existing HME holder that a new Security Threat Assessment shall be successfully passed in order to retain the HME 60 days prior to the expiration of the Security Threat Assessment and the corresponding HME.
- B. Upon expiration of the Department's 60 Day Notice to Apply, the Department shall cancel the Arizona driver license privileges of an applicant who fails to apply for a Security Threat Assessment and fails to remove the HME.

Historical Note

Adopted as an emergency effective April 24, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-2). Emergency expired. Former Section R17-4-66 renumbered and reserved as R17-4-707 (Supp. 87-2). New Section R17-4-66 adopted and renumbered as Section R17-4-707 effective August 11, 1987 (Supp. 87-3). Amended by

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final rulemaking at 6 A.A.R. 4668, November 14, 2000 (Supp. 00-4). Section recodified to R17-1-203 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

R17-4-708. Security Threat Assessment

- A. An applicant for an HME shall successfully pass a Security Threat Assessment every five years.
- B. An applicant subject to any of the following actions, as defined under A.R.S. § 28-3001, shall obtain a new Security Threat Assessment and HME:
 1. Cancellation,
 2. Suspension for a period of one year or more,
 3. Expiration for a period of one year or more, and
 4. Revocation for a period of one year or more.

Historical Note

Adopted effective January 13, 1993 (Supp. 93-1). Section recodified to R17-4-310 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1).

R17-4-709. Determination of Security Threat

Upon notification by TSA that an applicant has failed to successfully pass the Security Threat Assessment:

1. For an original applicant:
 - a. The Department will deny the request for an HME; and
 - b. If otherwise qualified, the applicant may apply for a CDL without an HME.
2. For a renewal applicant:
 - a. The Department shall immediately cancel the HME.
 - b. The Department will notify an HME applicant with a Notice of Action that the applicant has 15 days from the notice date to have the HME removed.
 - c. The applicant shall visit a CDL office for removal of the HME.
 - d. If the applicant fails to comply with the Department's Notice of Action, the Department shall cancel the applicant's Arizona driver license privilege.
 - e. Upon removal of an HME by the Department under this Section, an applicant, if otherwise qualified, may continue to hold a CDL.

Historical Note

Adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Section renewed and amended by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Section expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-601 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

R17-4-709.01. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R.

549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-602 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-709.02. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-603 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-709.03. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-604 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-709.04. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-605 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-709.05. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-606 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-709.06. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-607 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

Appendix A. Recodified**Historical Note**

Appendix A adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Appendix A renewed and amended by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Appendix A expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Appendix A adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Appendix recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

Appendix B. Recodified**Historical Note**

Appendix B adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Appendix B renewed and amended by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Appen-

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dix B expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Appendix B adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Appendix recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

Appendix C. Recodified**Historical Note**

Appendix C adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Appendix C renewed by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Appendix C expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Appendix C adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Appendix recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-709.07. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-608 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-709.08. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-609 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-709.09. Recodified**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 654, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-610 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

Exhibit A. Recodified**Historical Note**

New Form adopted by final rulemaking at 6 A.A.R. 654, effective January 11, 2000 (Supp. 00-1). Heading "Form A" changed to "Exhibit A" to conform with R1-1-412 (Supp. 00-3). Exhibit recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

Exhibit B. Recodified**Historical Note**

New Exhibit adopted by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Exhibit recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

R17-4-709.10. Recodified**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-4-408 at 7 A.A.R. 3479, effective July 20,

2001 (Supp. 01-3).

R17-4-710. Requests for Administrative Hearing

- A. In the event an applicant has failed to successfully complete the Security Threat Assessment or failed to receive a Determination of No Security Threat, the applicant may make an appeal directly through TSA, but cannot request an administrative hearing from the Department.
- B. An applicant whose Arizona driver license privileges have been canceled under R17-4-707 or R17-4-709 may request an administrative hearing from the Department as prescribed under 17 A.A.C. 1, Article 5. The hearing is held in accordance with the procedures prescribed under A.R.S. Title 41, Chapter 6, Article 6 and 17 A.A.C. 1, Article 5.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 2928, effective August 5, 1999 (Supp. 99-3). Section recodified to R17-1-101 at 7 A.A.R. 919, effective January 24, 2001 (Supp. 01-1). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

R17-4-711. Expired**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective June 30, 2016 (Supp. 16-4).

R17-4-712. Transfer Applicant

- A. Applicability. A transfer applicant shall comply with the provisions of this Article except as otherwise required by this Section.
- B. Existing TSA approval. Upon application by a transfer applicant who has successfully passed a Security Threat Assessment prior to application in Arizona, the Department shall:
 1. Verify the TSA approval of a Determination of No Security Threat;
 2. Issue an Arizona CDL with an HME; and
 3. Consider an applicant who has been subject to any action under R17-4-708(B) an original applicant and shall require the applicant to undergo a new Security Threat Assessment and testing requirements under R17-4-705.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

Table A. Recodified**Historical Note**

Table A adopted by final rulemaking at 5 A.A.R. 2928, effective August 5, 1999 (Supp. 99-3). Table recodified to 17 A.A.C. 1, Article 1 at 7 A.A.R. 919, effective January 24, 2001 (Supp. 01-1).

ARTICLE 8. MOTOR VEHICLE RECORDS**R17-4-801. Definitions**

"Batch" means a query-command method that initiates simultaneous production of an electronic file or series of requests that may have delayed results.

"Certified record" means a copy of a document designated as a true copy by the agency officer entrusted with custody of the

CHAPTER 4. DEPARTMENT OF TRANSPORTATION - TITLE, REGISTRATION, AND DRIVER LICENSES

original to be used for purposes prescribed under A.R.S. § 28-442.

“Commercial driver license record” has the same meaning as a CDLIS motor vehicle record as defined in 49 CFR 384.105.

“Customer number” means the system-generated, or other distinguishing number, assigned by the Department to each person with a record on the Department’s database, which includes the driver license number assigned to a person for a driver license, identification card, or instruction permit.

“Driver record” means a motor vehicle record more specifically defined to include any data that pertains to a driver license, identification card, instruction permit, or driver related activities.

“Interactive” means an electronic query-command method individually initiated by a person that produces immediate results.

“Reasonable costs” has the same meaning as defined in A.R.S. § 12-351.

“Requester” means the person, as defined in A.R.S. § 41-1001, requesting a motor vehicle record.

“Special MVR” means a motor vehicle record that is comprised of the least possible subset of information necessary to respond to the type of request received.

“Support document” means any customer record maintained by the Department in an electronic, hardcopy, or microfilm file storage format.

“Title and registration record” means a motor vehicle record more specifically defined to include any data that pertains to a vehicle title or registration record.

Historical Note

Adopted effective June 29, 1990 (Supp. 90-2). Section recodified to R17-5-701 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 4376, effective February 2, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

R17-4-802. Motor Vehicle Record Request

- A. Identification requirements. The requester of a motor vehicle record shall present valid identification as indicated on the motor vehicle record request form or at the request of the Department at the time a motor vehicle record request is made.
- B. Charges and exemptions. The requester of a motor vehicle record shall pay the appropriate motor vehicle record copy charge under R17-4-803, unless exempt under A.R.S. § 28-446.
- C. Motor vehicle record types. Under this Article, the Department may release any of the following motor vehicle record types:
 1. Title and Registration record, uncertified;
 2. Title and Registration record, certified;
 3. Driver 39-month record, uncertified;
 4. Driver five-year record, certified;
 5. Driver extended history record, certified;
 6. Special MVR, uncertified;
 7. Commercial driver license record, uncertified;
 8. Support documents, uncertified; and
 9. Support documents, certified.
- D. Search Criteria. A requester who has a permissible use under A.R.S. § 28-455, except as indicated under subsection (E) when using the permissible use under A.R.S. § 28-455(C)(11), shall provide at least one of the items of information listed in

this subsection when requesting a motor vehicle record. The requester may need to provide additional information as needed in order to locate the record.

1. For a title and registration motor vehicle record:
 - a. Vehicle identification number,
 - b. License plate number, or
 - c. Vehicle owner’s full name.
 2. For a driver motor vehicle record:
 - a. The full name of the person whose record is requested, or
 - b. Customer number.
- E. Consent to release motor vehicle record. A requester who uses the permissible use under A.R.S. § 28-455(C)(13) shall present a properly signed Consent To Release Motor Vehicle Record - One-Time form from the person whose motor vehicle record is requested. A requester who uses the permissible use under A.R.S. § 28-455(C)(11) shall present a properly signed Consent To Release Motor Vehicle Record - General form from the person whose motor vehicle record is requested if that person has not previously submitted this form to the Department. In addition, a requester who uses the permissible use under A.R.S. § 28-455(C)(11) shall provide the items of information listed in this subsection. The Consent To Release Motor Vehicle Record forms are available at all Customer Service and Authorized Third Party Provider offices and online at <https://www.azdot.gov>.
1. For a title and registration motor vehicle record:
 - a. Two items under subsection (D)(1), and
 - b. The vehicle owner’s residence address.
 2. For a driver motor vehicle record:
 - a. The name and customer number of the person whose record is requested, and
 - b. The person’s date of birth, or
 - c. The person’s address, or
 - d. The person’s Arizona driver license expiration date.
- F. General consent to release information. The Department shall record a person’s general consent to release information on the person’s driver and title and registration records.
1. The general consent to release information is valid until revoked, in writing, by the person.
 2. A person may submit the written notice of revocation:
 - a. In person, at a Customer Service office or Authorized Third Party Provider; or
 - b. By mail, to Motor Vehicle Division, P.O. Box 2100, Mail Drop 500M, Phoenix, AZ 85001-2100.
- G. Insurance companies requesting a driver record. The Department shall not release to an insurer, broker, managing general agent, authorized agent or insurance producer any information in a person’s driving record pertaining to a traffic violation that occurred 40 months or more before the date of a request for the release of the information.

Historical Note

Adopted effective August 16, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 19, 1994 (Supp. 94-2). Section recodified to R17-4-508 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 4376, effective February 2, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

R17-4-803. Record Copy Charges

In accordance with A.R.S. §§ 12-351 and 28-446, for each separate request, the Department shall assess a charge as provided in Table 1. Certified and Uncertified Motor Vehicle Record Fees. Therefore,

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a fee is collected if the request results in a motor vehicle record or
 “No Record Found.”

Historical Note

New Section made by final expedited rulemaking at 24
 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

Table 1. Certified and Uncertified Motor Vehicle Record Fees

Description	Method of Delivery	Amount
A certified record:	Over-the-counter immediate or drop-off service; Mail-in request; or Electronic interactive.	\$5
	Electronic batch.	\$3
A certified support document:	Over-the-counter immediate or drop-off service; or Mail-in request.	\$5
An uncertified record:	Over-the-counter immediate service; Mail-in request; or Electronic interactive.	\$3
	Electronic batch; or Over-the-counter drop-off service.	\$2
An uncertified support document:	Over-the-counter immediate or drop-off service; or Mail-in request.	\$3
An uncertified Special MVR:	Over-the-counter immediate or drop-off service; Mail-in request; or Electronic interactive.	\$1.50
Civil subpoena support documentation:	Served by a process server.	Reasonable costs
Any photocopied item: (Does not include... etc.)	Over-the-counter immediate or drop-off service; or Mail-in request.	25¢ per page

Historical Note

Table 1 made by final expedited rulemaking at 24 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

R17-4-804. Repealed**Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Repealed
 effective November 21, 1995 (Supp. 95-4).

repealed, new Section R17-4-901 adopted effective June
 15, 1988 (Supp. 88-2). Section recodified to R17-1-501 at
 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

R17-4-902. Recodified**Historical Note**

Adopted effective March 31, 1978 (Supp. 78-2).
 Amended subsections (A), (E) and (F) effective April 4,
 1984 (Supp. 84-2). Former Section R17-4-60 renumbered
 without change as Section R17-4-902 (Supp. 87-2). For-
 mer Section R17-4-902 repealed, new Section R17-4-902
 adopted effective June 15, 1988 (Supp. 88-2). Section
 recodified to R17-1-502 at 7 A.A.R. 3477, effective July
 20, 2001 (Supp. 01-3).

R17-4-805. Recodified**Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section
 recodified to R17-5-702 at 7 A.A.R. 3483, effective July
 20, 2001 (Supp. 01-3).

R17-4-806. Recodified**Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section
 recodified to R17-5-703 at 7 A.A.R. 3483, effective July
 20, 2001 (Supp. 01-3).

R17-4-903. Recodified**Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section
 recodified to R17-1-503 at 7 A.A.R. 3477, effective July
 20, 2001 (Supp. 01-3).

R17-4-807. Recodified**Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section
 recodified to R17-5-704 at 7 A.A.R. 3483, effective July
 20, 2001 (Supp. 01-3).

R17-4-904. Recodified**Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section
 recodified to R17-1-504 at 7 A.A.R. 3477, effective July
 20, 2001 (Supp. 01-3).

R17-4-808. Recodified**Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section
 recodified to R17-5-705 at 7 A.A.R. 3483, effective July
 20, 2001 (Supp. 01-3).

R17-4-905. Recodified**Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section
 recodified to R17-1-505 at 7 A.A.R. 3477, effective July
 20, 2001 (Supp. 01-3).

ARTICLE 9. RESERVED**R17-4-901. Recodified****Historical Note**

Adopted effective March 31, 1978 (Supp. 78-2). Former
 Section R17-4-59 renumbered without change as Section
 R17-4-901 (Supp. 87-2). Former Section R17-4-901

R17-4-906. Recodified**Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section

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recodified to R17-1-506 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

R17-4-907. Recodified**Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-507 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

R17-4-908. Recodified**Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-508 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

R17-4-909. Recodified**Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-509 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

R17-4-910. Recodified**Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-513 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

R17-4-911. Recodified**Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-511 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

R17-4-912. Recodified**Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-512 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

R17-4-913. Recodified**Historical Note**

Adopted as an emergency effective December 30, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-4). Readopted as an emergency with a correction in subsection (A), paragraph (A) effective March 29, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Adopted without change as a permanent rule effective June 15, 1988 (Supp. 88-2). Amended effective July 13, 1989 (Supp. 89-3). Section recodified to R17-1-510 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

R17-4-914. Repealed**Historical Note**

Former General Order 68. Former Section R17-4-26 renumbered without change as Section R17-4-914 (Supp. 87-2). Repealed effective July 29, 1992 (Supp. 92-3).

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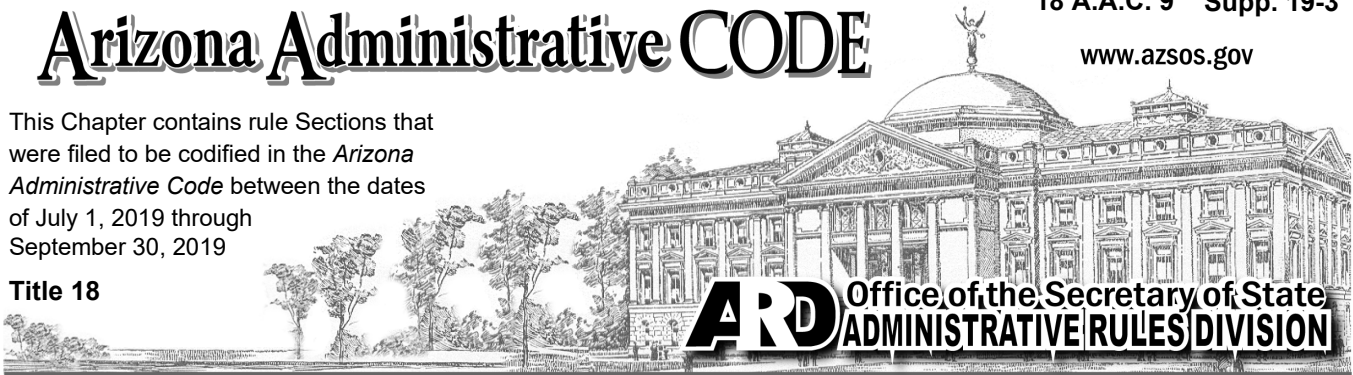
Arizona Administrative CODE

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 18



TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 9. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER POLLUTION CONTROL

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

[R18-9-101.](#) [Definitions 5](#) [R18-9-103.](#) [Class Exemptions 7](#)

Questions about these rules? Contact:

Name: David Dunaway
Address: Department of Environmental Quality
1110 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 771-6176
E-mail: dunaway.david@azdeq.gov
Website: <http://www.azdeq.gov/draft-and-proposed-rule-water-quality-division>

The release of this Chapter in Supp. 19-3 replaces Supp. 17-4, 1-132 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “Rule” means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

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Article 4 consisting of Sections R9-20-401 through R9-20-407 adopted effective May 24, 1985.

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ARTICLE 9. ARIZONA POLLUTANT DISCHARGE ELIMINATION SYSTEM

Editor's Note: The recodification at 7 A.A.R. 2522 described below erroneously moved Sections into 18 A.A.C. 9, Article 9. Those Sections were actually recodified to 18 A.A.C. 9, Article 10. See the Historical Notes for more information (Supp. 01-4).

Article 9, consisting of Sections R18-9-901 through R18-9-914 and Appendix A, recodified from 18 A.A.C. 13, Article 15 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2).

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ARTICLE 10. ARIZONA POLLUTANT DISCHARGE ELIMINATION SYSTEM - DISPOSAL, USE, AND TRANSPORTATION OF BIOSOLIDS

Article 10, consisting of Sections R18-9-1001 through R18-9-1014 and Appendix A, recodified from 18 A.A.C. 13, Article 15 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2).

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CHAPTER 9. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER POLLUTION CONTROL

ARTICLE 1. AQUIFER PROTECTION PERMITS - GENERAL PROVISIONS**R18-9-101. Definitions**

In addition to the definitions established in A.R.S. § 49-201, the following terms apply to Articles 1, 2, 3, and 4 of this Chapter:

1. "Aggregate" means a clean graded hard rock, volcanic rock, or gravel of uniform size, between 3/4 inch and 2 1/2 inches in diameter, offering 30 percent or more void space, washed or prepared to be free of fine materials that will impair absorption surface performance, and has a hardness value of three or greater on the Moh's Scale of Hardness (can scratch a copper penny).
2. "Alert level" means a value or criterion established in an individual permit that serves as an early warning indicating a potential violation of a permit condition related to BADCT or the discharge of a pollutant to groundwater.
3. "AQL" means an aquifer quality limit and is a permit limitation set for aquifer water quality measured at the point of compliance that either represents an Aquifer Water Quality Standard or, if an Aquifer Water Quality Standard for a pollutant is exceeded in an aquifer at the time of permit issuance, represents the ambient water quality for that pollutant.
4. "Aquifer Protection Permit" means an individual permit or a general permit issued under A.R.S. §§ 49203, 49241 through 49-252, and Articles 1, 2, and 3 of this Chapter.
5. "Aquifer Water Quality Standard" means a standard established under A.R.S. §§ 49221 and 49223.
6. "AZPDES" means the Arizona Pollutant Discharge Elimination System, which is the state program for issuing, modifying, revoking, reissuing, terminating, monitoring, and enforcing permits, and imposing and enforcing pretreatment and biosolids requirements under A.R.S. Title 49, Chapter 2, Article 3.1 and 18 A.A.C. 9, Articles 9 and 10.
7. "BADCT" means the best available demonstrated control technology, process, operating method, or other alternative to achieve the greatest degree of discharge reduction determined for a facility by the Director under A.R.S. § 49243.
8. "Bedroom" means, for the purpose of determining design flow for an on-site wastewater treatment facility for a dwelling, any room that has:
 - a. A floor space of at least 70 square feet in area, excluding closets;
 - b. A ceiling height of at least 7 feet;
 - c. Electrical service and ventilation;
 - d. A closet or an area where a closet could be constructed;
 - e. At least one window capable of being opened and used for emergency egress; and
 - f. A method of entry and exit to the room that allows the room to be considered distinct from other rooms in the dwelling and to afford a level of privacy customarily expected for such a room.
9. "Book net worth" means the net difference between total assets and total liabilities.
10. "Chamber technology" means a method for dispersing treated wastewater into soil from an on-site wastewater treatment facility by one or more manufactured leaching chambers with an open bottom and louvered, load-bearing sidewalls that substitute for an aggregate-filled trench described in R18-9-E302.
11. "CCR" means coal combustion residuals which include fly ash, bottom ash, boiler slag, and flue gas desulfurization materials generated from burning coal for the purpose of generating electricity by electric utilities and independent power producers.
12. "CCR landfill" means an area of land or an excavation that receives CCR and which is not a municipal solid waste landfill, a surface impoundment, an underground injection well, a salt dome formation, a salt bed formation, an underground or surface coal mine, or a cave. A CCR landfill also includes sand and gravel pits and quarries that receive CCR, CCR piles, and any practice that does not meet the definition of beneficial use of CCR.
13. "CCR surface impoundment" means a natural topographic depression, man-made excavation, or diked area, which is designed to hold an accumulation of CCR and liquids, and the unit treats, stores, or disposes of CCR.
14. "CCR unit" means any CCR landfill which receives CCR, any CCR surface impoundment designed to hold an accumulation of CCR and liquids, and the unit treats, stores or disposes of CCR. CCR unit includes a lateral expansion of a CCR unit, or a combination of more than one of these units that receives CCR.
15. "CMOM Plan" means a Capacity, Management, Operations, and Maintenance Plan, which is a written plan that describes the activities a permittee will engage in and actions a permittee will take to ensure that the capacity of the sewage collection system, when unobstructed, is sufficient to convey the peak wet weather flow through each reach of sewer, and provides for the management, operation, and maintenance of the permittee's sewage collection system.
16. "Design capacity" means the volume of a containment feature at a discharging facility that accommodates all permitted flows and meets all Aquifer Protection Permit conditions, including allowances for appropriate peaking and safety factors to ensure sustained, reliable operation.
17. "Design flow" means the daily flow rate a facility is designed to accommodate on a sustained basis while satisfying all Aquifer Protection Permit discharge limitations and treatment and operational requirements. The design flow either incorporates or is used with appropriate peaking and safety factors to ensure sustained, reliable operation.
18. "Direct reuse site" means an area where reclaimed water is applied or impounded.
19. "Disposal works" means the system for disposing treated wastewater generated by the treatment works of a sewage treatment facility or on-site wastewater treatment facility, by surface or subsurface methods. Disposal works do not include systems for activities regulated under 18 A.A.C. 9, Article 7.
20. "Drywell" means a well which is a bored, drilled or driven shaft or hole whose depth is greater than its width and is designed and constructed specifically for the disposal of storm water. Drywells do not include class 1, class 2, class 3 or class 4 injection wells as defined by the Federal Underground Injection Control Program (P.L. 93-523, part C), as amended. A.R.S. § 49-331(3)
21. "Dwelling" means any building, structure, or improvement intended for residential use or related activity, including a house, an apartment unit, a condominium unit, a townhouse, or a mobile or manufactured home that has been constructed or will be constructed on real property.
22. "Final permit determination" means a written notification to the applicant of the Director's final decision whether to issue or deny an Individual Aquifer Protection Permit.

CHAPTER 9. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER POLLUTION CONTROL

23. "Groundwater Quality Protection Permit" means a permit issued by the Arizona Department of Health Services or the Department before September 27, 1989 that regulates the discharge of pollutants that may affect groundwater.
24. "Homeowner's association" means a nonprofit corporation or unincorporated association of owners created pursuant to a declaration to own and operate portions of a planned community and which has the power under the declaration to assess association members to pay the costs and expenses incurred in the performance of the association's obligations under the declaration.
25. "Injection well" means a well that receives a discharge through pressure injection or gravity flow.
26. "Intermediate stockpile" means in-process material not intended for long-term storage that is in transit from one process to another at a mining site. Intermediate stockpile does not include metallic ore concentrate stockpiles or feedstocks not originating at the mining site.
27. "Land treatment facility" means an operation designed to treat and improve the quality of waste, wastewater, or both, by placement wholly or in part on the land surface to perform part or all of the treatment. A land treatment facility includes a facility that performs biosolids drying, processing, or composting, but not land application performed in compliance with 18 A.A.C. 9, Article 10.
28. "Mining site" means a site assigned one or more of the following primary Standard Industrial Classification Codes: 10, 12, 14, 32, and 33, and includes noncontiguous properties owned or operated by the same person and connected by a right-of-way controlled by that person to which the public is not allowed access.
29. "Nitrogen Management Area" means an area designated by the Director for which the Director prescribes measures on an area-wide basis to control sources of nitrogen, including cumulative discharges from on-site wastewater treatment facilities, that threaten to cause or have caused an exceedance of the Aquifer Water Quality Standard for nitrate.
30. "Notice of Disposal" means a document submitted to the Arizona Department of Health Services or the Department before September 27, 1989, giving notification of a pollutant discharge that may affect groundwater.
31. "On-site wastewater treatment facility" means a conventional septic tank system or alternative system installed at a site to treat and dispose of wastewater, predominantly of human origin, generated at that site. An on-site wastewater treatment facility does not include a pre-fabricated, manufactured treatment works that typically uses an activated sludge unit process and has a design flow of 3000 gallons per day or more.
32. "Operational life" means the designed or planned period during which a facility remains operational while being subject to permit conditions, including closure requirements. Operational life does not include post-closure activities.
33. "*Person*" means an individual, employee, officer, managing body, trust, firm, joint stock company, consortium, public or private corporation, including a government corporation, partnership, association or state, a political subdivision of this state, a commission, the United States government or any federal facility, interstate body or other entity. A.R.S. § 49-201(26). For the purposes of permitting a sewage treatment facility under Article 2 of this Chapter, person does not include a homeowner's association.
34. "Pilot project" means a short-term, limited-scale test designed to gain information regarding site conditions, project feasibility, or application of a new technology.
35. "Process solution" means a pregnant leach solution, barren solution, raffinate, or other solution uniquely associated with the mining or metals recovery process.
36. "Residential soil remediation level" means the applicable predetermined standard established in 18 A.A.C. 7, Article 2, Appendix A.
37. "Seasonal high water table" means the free surface representing the highest point of groundwater rise within an aquifer due to seasonal water table changes over the course of a year.
38. "Setback" means a minimum horizontal distance maintained between a feature of a discharging facility and a potential point of impact.
39. "Sewage" means untreated wastes from toilets, baths, sinks, lavatories, laundries, other plumbing fixtures, and waste pumped from septic tanks in places of human habitation, employment, or recreation. Sewage does not include gray water as defined in R18-9-701(4), if the gray water is reused according to 18 A.A.C. 9, Article 7.
40. "Sewage collection system" means a system of pipelines, conduits, manholes, pumping stations, force mains, and all other structures, devices, and appurtenances that collect, contain, and convey sewage from its sources to the entry of a sewage treatment facility or on-site wastewater treatment facility serving sources other than a single-family dwelling.
41. "Sewage treatment facility" means a plant or system for sewage treatment and disposal, except for an on-site wastewater treatment facility, that consists of treatment works, disposal works and appurtenant pipelines, conduits, pumping stations, and related subsystems and devices. A sewage treatment facility does not include components of the sewage collection system or the reclaimed water distribution system.
42. "Surface impoundment" means a pit, pond, or lagoon with a surface dimension equal to or greater than its depth, and used for the storage, holding, settling, treatment, or discharge of liquid pollutants or pollutants containing free liquids.
43. "Tracer" means a substance, such as a dye or other chemical, used to change the characteristic of water or some other fluid to detect movement.
44. "Tracer study" means a test conducted using a tracer to measure the flow velocity, hydraulic conductivity, flow direction, hydrodynamic dispersion, partitioning coefficient, or other property of a hydrologic system.
45. "Treatment works" means a plant, device, unit process, or other works, regardless of ownership, used for treating, stabilizing, or holding municipal or domestic sewage in a sewage treatment facility or on-site wastewater treatment facility.
46. "Typical sewage" means sewage conveyed to an on-site wastewater treatment facility in which the total suspended solids (TSS) content does not exceed 430 mg/l, the five-day biochemical oxygen demand (BOD₅) does not exceed 380 mg/l, the total nitrogen does not exceed 53 mg/l, and the content of oil and grease does not exceed 75 mg/l.
47. "*Underground storage facility*" means a constructed underground storage facility or a managed underground storage facility. A.R.S. § 45-802.01(21).
48. "Waters of the United States" means:

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- a. All waters that are currently used, were used in the past, or may be susceptible to use in interstate or foreign commerce, including all waters that are subject to the ebb and flow of the tide;
- b. All interstate waters, including interstate wetlands;
- c. All other waters such as intrastate lakes, rivers, streams (including intermittent streams), mudflats, sandflats, wetlands, sloughs, prairie potholes, wet meadows, playa lakes, or natural ponds the use, degradation, or destruction of which would affect or could affect interstate or foreign commerce including any waters:
 - i. That are or could be used by interstate or foreign travelers for recreational or other purposes;
 - ii. From which fish or shellfish are or could be taken and sold in interstate or foreign commerce; or
 - iii. That are used or could be used for industrial purposes by industries in interstate commerce;
- d. All impoundments of waters defined as waters of the United States under this definition;
- e. Tributaries of waters identified in subsections (a) through (d);
- f. The territorial sea; and
- g. Wetlands adjacent to waters (other than waters that are themselves wetlands) identified in subsections (a) through (f).

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Amended by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at 25 A.A.R. 3060, effective immediately September 23, 2019, pursuant to A.R.S. § 41-1027(H) (Supp. 19-3).

R18-9-102. Facilities to which Articles 1, 2, and 3 Do Not Apply

Articles 1, 2, and 3 do not apply to:

1. A drywell used solely to receive storm runoff and located so that no use, storage, loading, or treating of hazardous substances occurs in the drainage area;
2. A direct pesticide application in the commercial production of plants and animals subject to the Federal Insecticide, Fungicide, and Rodenticide Act (P.L. 92-516; 86 Stat. 975; 7 United States Code 135 et seq., as amended), or A.R.S. §§ 49-301 through 49-309 and applicable rules, or A.R.S. Title 3, Chapter 2, Article 6 and applicable rules.

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Amended by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-103. Class Exemptions

Class exemptions. In addition to the classes or categories of facilities listed in A.R.S. § 49250(B), the following classes or categories of facilities are exempt from the Aquifer Protection Permit requirements in Articles 1, 2, and 3 of this Chapter:

1. Facilities that treat, store, or dispose of hazardous waste and have been issued a permit or have interim status, under the Resource Conservation and Recovery Act (P.L. 94580; 90 Stat. 2796; 42 U.S.C. 6901 et seq., as amended), or have been issued a permit according to the

- hazardous waste management rules adopted under 18 A.A.C. 8, Article 2;
2. Underground storage tanks that contain a regulated substance as defined in A.R.S. § 49-1001;
3. Facilities for the disposal of solid waste, as defined in A.R.S. § 49-701.01, that are located in unincorporated areas and receive solid waste from four or fewer households;
4. Land application of biosolids in compliance with 18 A.A.C. 9, Articles 9 and 10; and
5. CCR Units that were in existence as of January 1, 2019, and which are governed by 40 C.F.R. Part 257, Subpart D. This exemption for CCR Units shall only extend until such time as both of the following are met, as applicable to a given CCR Unit:
 - a. Regulations are approved by the U.S. Environmental Protection Agency, in accordance with 42 U.S.C. § 6945(d)(1), for the issuance of permits governing CCR Units, and
 - b. The Director issues a permit to a given CCR Unit, which incorporates terms at least as protective as 40 C.F.R. Part 257, Subpart D.

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Subsection 4 citation corrected to reflect recodification at 7 A.A.R. 2522 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at 25 A.A.R. 3060, effective immediately September 23, 2019, pursuant to A.R.S. § 41-1027(H) (Supp. 19-3).

R18-9-104. Transition from Notices of Disposal and Groundwater Quality Protection Permitted Facilities

A person who owns, operates, or operated a facility on or after January 1, 1986 for which a Notice of Disposal was filed or a Groundwater Quality Protection Permit was issued shall, within 90 days from the date on the Director's notification, submit an application for an Aquifer Protection Permit or a closure plan as specified under A.R.S. § 49-252. The person shall obtain a permit for continued operation, closure of the facility, or clean closure approval. Failure to submit an application or closure plan as required terminates continuance of the Notice of Disposal or Groundwater Quality Protection Permit.

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Amended by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-105. Permit Continuance**A. Continuance.**

1. Groundwater Quality Protection Permits.
 - a. Subject to R18-9-104 and other provisions of this Section, a Groundwater Quality Protection Permit issued before September 27, 1989 is valid according to the terms of the permit until replaced by an Aquifer Protection Permit issued by the Department.
 - b. A person who owns or operates a facility to which a Groundwater Quality Protection Permit was issued is in compliance with Articles 1, 2, and 3 of this Chapter and A.R.S. Title 49, Chapter 2, Article 3, if the facility:

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- i. Meets the conditions of the Groundwater Quality Protection Permit; and
 - ii. Is not causing or contributing to the violation of any Aquifer Water Quality Standard at a point of compliance, determined by the criteria in A.R.S. § 49-244.
2. Notice of Disposal. A person who owns or operates a facility for which a Notice of Disposal was filed before September 27, 1989 complies with Articles 1, 2, and 3 of this Chapter and A.R.S. Title 49, Chapter 2, Article 3 if the facility is not causing or contributing to the violation of an Aquifer Water Quality Standard at a point of compliance, determined by the criteria in A.R.S. § 49-244.
3. Aquifer Protection Permit application submittal. A person who did not file a Notice of Disposal and does not possess a Groundwater Quality Protection Permit or an Aquifer Protection Permit for an existing facility, but submitted the information required in applicable rules before December 27, 1989, is in compliance with Articles 1, 2, and 3 of this Chapter only if the person submitted an Aquifer Protection Permit application to the Department before January 1, 2001.
- B. Applicability.** Subsection (A) applies until the Director:
- 1. Issues an Aquifer Protection Permit for the facility,
 - 2. Denies an Aquifer Protection Permit for the facility,
 - 3. Issues a letter of clean closure approval for the facility under A.R.S. § 49-252, or
 - 4. Determines that the person failed to submit an application under R18-9-104.

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3).
Amended effective November 12, 1996 (Supp. 96-4). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).
Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-106. Determination of Applicability

- A.** A person who engages or who intends to engage in an operation or an activity that may result in a discharge regulated under Articles 1, 2, and 3 of this Chapter may submit a request, on a form provided by the Department, that the Department determine the applicability of A.R.S. §§ 49-241 through 49-252 and Articles 1, 2, and 3 of this Chapter to the operation or activity.
- B.** A person requesting a determination of applicability shall provide the following information and the applicable fee under 18 A.A.C. 14:
- 1. The name and location of the operation or activity;
 - 2. The name of any person who is engaging or who proposes to engage in the operation or activity;
 - 3. A description of the operation or activity;
 - 4. A description of the volume, chemical composition, and characteristics of materials stored, handled, used, or disposed of in the operation or activity; and
 - 5. Any other information required by the Director to make the determination of applicability.
- C.** Within 45 days after receipt of a request for a determination of applicability, the Director shall notify in writing the person making the request that the operation or activity:
- 1. Is not subject to the requirements of A.R.S. §§ 49-241 through 49-252 and Articles 1, 2, and 3 of this Chapter because the operation or facility does not discharge as described under A.R.S. § 49-241;
 - 2. Is not subject to the requirements of A.R.S. §§ 49-241 through 49-252 and Articles 1, 2, and 3 of this Chapter

because the operation or activity is exempted by A.R.S. § 49-250 or R18-9-103;

- 3. Is eligible for a general permit under A.R.S. §§ 49-245.01, 49-245.02 or 49-247 or Article 3 of this Chapter, specifying the particular general permit that would apply if the person meets the conditions of the permit; or
 - 4. Is subject to the permit requirements of A.R.S. §§ 49-241 through 49-252 and Articles 1, 2, and 3 of this Chapter.
- D.** If, after issuing a determination of applicability under this Section, the Director concludes that the determination or the information relied upon for a determination is inaccurate, the Director may modify or withdraw its determination upon written notice to the person who requested the determination of applicability.
- E.** If the Director determines that an operation or activity is subject to the requirements of A.R.S. §§ 49-241 through 49-252, the person who owns or operates the discharging facility shall, within 90 days from receiving the Director's written notification, submit an application for an Aquifer Protection Permit or a closure plan.

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3).
Amended by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-107. Consolidation of Aquifer Protection Permits

- A.** The Director may consolidate any number of individual permits or the coverage for any facility authorized to discharge under a general permit into a single individual permit, if:
- 1. The facilities are part of the same project or operation and are located in a contiguous geographic area, or
 - 2. The facilities are part of an area under the jurisdiction of a single political subdivision.
- B.** All applicable individual permit requirements established in Articles 1 and 2 of this Chapter apply to the consolidation of Aquifer Protection Permits.

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).
Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-108. Public Notice

- A.** Individual permits.
- 1. The Department shall provide the entities specified in subsection (A)(2), with monthly written notification, by regular mail or electronically, of the following:
 - a. Individual permit applications,
 - b. Temporary permit applications,
 - c. Preliminary and final decisions by the Director whether to issue or deny an individual or temporary permit,
 - d. Closure plans received under R18-9-A209(B),
 - e. Significant permit amendments and "other" permit amendments,
 - f. Permit revocations, and
 - g. Clean closure approvals.
 - 2. Entities.
 - a. Each county department of health, environmental services department, or comparable department;
 - b. A federal, state, local agency, or council of government, that may be affected by the permit action; and

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- c. A person who requested, in writing, notification of the activities described in subsection (A).
- 3. The Department may post the information referenced in subsections (A)(1) and (2) on the Department web site: www.azdeq.gov.

B. General permits. Public notice requirements do not apply.

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-109. Public Participation

A. Notice of Preliminary Decision.

- 1. The Department shall publish a Notice of Preliminary Decision regarding the issuance or denial of a significant permit amendment or a final permit determination in one or more newspapers of general circulation where the facility is located.
- 2. The Department shall accept written comments from the public before a significant permit amendment or a final permit determination is made.
- 3. The written public comment period begins on the publication date of the Notice of Preliminary Decision and extends for 30 calendar days.

B. Public hearing.

- 1. The Department shall provide notice and conduct a public hearing to address a Notice of Preliminary Decision regarding a significant permit amendment or final permit determination if:
 - a. Significant public interest in a public hearing exists, or
 - b. Significant issues or information has been brought to the attention of the Department that has not been considered previously in the permitting process.
- 2. If, after publication of the Notice of Preliminary Decision, the Department determines that a public hearing is necessary, the Department shall schedule a public hearing and publish the Notice of Preliminary Decision at least once, in one or more newspapers of general circulation where the facility is located.
- 3. The Department shall accept written public comment until the close of the hearing record as specified by the person presiding at the public hearing.

C. The Department shall respond in writing to all comments submitted during the formal public comment period.

D. At the same time the Department notifies a permittee of a significant permit amendment or an applicant of the final permit determination, the Department shall send, through regular mail or electronically, a notice of the amendment or determination and the summary of response to comments to any person who submitted comments or attended a public hearing on the significant permit amendment or final permit determination.

E. General permits. Public participation requirements do not apply.

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-110. Inspections, Violations, and Enforcement

A. The Department shall conduct an inspection of a permitted facility as specified under A.R.S. § 41-1009.

B. Except as provided in R18-9-A308, a person who owns or operates a facility contrary to a provision of Articles 1, 2, and 3 of this Chapter, violates a condition of an Aquifer Protection Permit, or violates a condition of a Groundwater Quality Protection Permit continued under R18-9-105(A)(1) is subject to the enforcement actions established under A.R.S. Title 49, Chapter 2, Article 4.

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-111. Repealed

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-112. Repealed

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-113. Repealed

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-114. Repealed

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-115. Repealed

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-116. Repealed

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-117. Repealed

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-118. Repealed

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-119. Repealed

Historical Note

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

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tive January 1, 2001 (Supp. 00-4).

R18-9-120. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3).
Repealed effective July 14, 1998 (Supp. 98-3).

R18-9-121. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-122. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-123. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3).
Repealed effective November 15, 1996 (Supp. 96-4).

R18-9-124. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-125. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-126. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-127. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-128. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3).
Repealed effective November 12, 1996 (Supp. 96-4).

R18-9-129. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-130. Repealed**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

Appendix I. Repealed**Historical Note**

Appendix I repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

ARTICLE 2. AQUIFER PROTECTION PERMITS - INDIVIDUAL PERMITS**PART A. APPLICATION AND GENERAL PROVISIONS****R18-9-A201. Individual Permit Application**

- A.** An individual permit application covers one or more of the following categories:
 1. Drywell,
 2. Industrial,
 3. Mining,
 4. Wastewater,
 5. Solid waste disposal, or
 6. Land treatment facility.
- B.** An applicant for an individual permit shall provide the Department with:
 1. The following information on an application form:
 - a. The name and mailing address of the applicant;
 - b. The name and mailing address of the owner of the facility;
 - c. The name and mailing address of the operator of the facility;
 - d. The legal description, including latitude and longitude, of the location of the facility;
 - e. The expected operational life of the facility; and
 - f. The permit number for any other federal or state environmental permit issued to the applicant for that facility or site.
 2. A copy of the certificate of disclosure required by A.R.S. § 49-109;
 3. Evidence that the facility complies with applicable municipal or county zoning ordinances, codes, and regulations;
 4. Two copies of the technical information required in R18-9-A202(A);
 5. Cost estimates for facility construction, operation, maintenance, closure, and post-closure as follows.
 - a. The applicant shall ensure that the cost estimates are derived by an engineer, controller, or accountant using competitive bids, construction plan take-off's, specifications, operating history for similar facilities, or other appropriate sources, as applicable.
 - b. The following cost estimates that are representative of regional fair market costs:
 - i. The cost of closure estimate under R18-9-A209(B)(2), consistent with the closure plan or strategy submitted under R18-9-A202(A)(10);
 - ii. The estimated cost of post-closure monitoring and maintenance under R18-9-A209(C), consistent with the post-closure plan or strategy submitted under R18-9-A202(A)(10); and
 - iii. For a sewage treatment facility or utility subject to Title 40 of the Arizona Revised Statutes, the operation and maintenance costs of those elements of the facility used to make the demonstration under A.R.S. § 49-243(B);
 6. For a sewage treatment facility:
 - a. Documentation that the sewage treatment facility or expansion conforms with the Certified Areawide Water Quality Management Plan and the Facility Plan, and
 - b. The additional information required in R18-9-B202 and R18-9-B203;

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7. Certification in writing that the information submitted in the application is true and accurate to the best of the applicant's knowledge; and
 8. The applicable fee established in 18 A.A.C. 14.
- C.** Special provision for an underground storage facility as defined in A.R.S. § 45-802.01(21). A person applying for an individual permit for an underground storage facility shall submit the information described in R18-9-A201 through R18-9-A203, except for the BADCT information specified in R18-9-A202(A)(5).
1. Upon receipt of the application, the Department shall process the application in coordination with the underground storage facility permit process administered by the Department of Water Resources.
 2. The Department shall advise the Department of Water Resources of each permit application received.
- D.** Pre-application conference. Upon request of the applicant, the Department shall schedule and hold a pre-application conference with the applicant to discuss any requirements in Articles 1 and 2 of this Chapter.
- E.** Draft permit. The Department shall provide the applicant with a draft of the individual permit before publication of the Notice of Preliminary Decision specified in R18-9-109.
- F.** Permit duration. Except for a temporary permit, an individual permit is valid for the operational life of the facility and any period during which the facility is subject to a post-closure plan under R18-9-A209(C).
- G.** Permit issuance or denial.
1. The Director shall issue an individual permit, based upon the information obtained by or made available to the Department, if the Director determines that the applicant will comply with A.R.S. §§ 49-241 through 49-252 and Articles 1 and 2 of this Chapter.
 2. The Director shall provide the applicant with written notification of the final decision to issue or deny the permit within the overall licensing time-frame requirements under 18 A.A.C. 1, Article 5, Table 10 and the following:
 - a. The applicant's right to appeal the final permit determination, including the number of days the applicant has to file a protest and the name and telephone number of the Department contact person who can answer questions regarding the appeals process;
 - b. If the permit is denied under R18-9-A213(B), the reason for the denial with reference to the statute or rule on which the denial is based; and
 - c. The applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A202. Technical Requirements

- A.** Except as specified in R18-9-A201(C)(1), an applicant shall, as required under R18-9-A201(B)(4), submit the following technical information as attachments to the individual permit application:
1. A topographic map, or other appropriate map approved by the Department, of the facility location and contiguous land area showing the known use of adjacent properties, all known water well locations found within one-half mile of the facility, and a description of well construction details and well uses, if available;
 2. A facility site plan showing all known property lines, structures, water wells, injection wells, drywells and their uses, topography, and the location of points of discharge. The facility site plan shall include all known borings. If the Department determines that borings are numerous, the applicant shall satisfy this requirement with a narrative description of the number and location of the borings;
 3. The facility design documents indicating proposed or as-built design details and proposed or as-built configuration of basins, ponds, waste storage areas, drainage diversion features, or other engineered elements of the facility affecting discharge. When formal as-built plan submittals are not available, the applicant shall provide documentation sufficient to allow evaluation of those elements of the facility affecting discharge, following the demonstration requirements of A.R.S. § 49-243(B). An applicant seeking an Aquifer Protection Permit for a sewage treatment facility satisfies the requirements of this subsection by submitting the documents required in R18-9-B202 and R18-9-B203;
 4. A summary of the known past facility discharge activities and the proposed facility discharge activities indicating all of the following:
 - a. The chemical, biological, and physical characteristics of the discharge;
 - b. The rate, volume, and frequency of the discharge for each facility; and
 - c. The location of the discharge and a map outlining the pollutant management area described in A.R.S. § 49-244(1);
 5. A description of the BADCT employed in the facility, including:
 - a. A statement of the technology, processes, operating methods, or other alternatives proposed to meet the requirements of A.R.S. § 49-243(B), (G), or (P), as applicable. The statement shall describe:
 - i. The alternative discharge control measures considered,
 - ii. The technical and economic advantages and disadvantages of each alternative, and
 - iii. The justification for selection or rejection of each alternative;
 - b. An evaluation of each alternative discharge control technology relative to the amount of discharge reduction achievable, site-specific hydrologic and geologic characteristics, other environmental impacts, and water conservation or augmentation;
 - c. For a new facility, an industry-wide evaluation of the economic impact of implementation of each alternative discharge control technology;
 - d. For an existing facility, a statement reflecting the consideration of factors listed in A.R.S. § 49-243(B)(1)(a) through (h);
 - e. A sewage treatment facility meeting the BADCT requirements under Article 2, Part B of this Chapter satisfies the requirements under subsections (A)(5)(a) through (d).
 6. Proposed points of compliance for the facility based on A.R.S. § 49-244. An applicant shall demonstrate that:
 - a. The facility will not cause or contribute to a violation of an Aquifer Water Quality Standard at the proposed point of compliance; or
 - b. If an Aquifer Water Quality Standard for a pollutant is exceeded in an aquifer at the time of permit issuance, no additional degradation of the aquifer rela-

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tive to that pollutant and determined at the proposed point of compliance will occur as a result of the discharge from the proposed facility. In this case, the applicant shall submit an Ambient Groundwater Monitoring Report that includes:

- i. Data from eight or more rounds of ambient groundwater samples collected to represent groundwater quality at the proposed points of compliance, and
 - ii. An AQL proposal for each pollutant that exceeds an Aquifer Water Quality Standard;
7. A contingency plan that meets the requirements of R18-9-A204;
 8. A hydrogeologic study that defines the discharge impact area for the expected duration of the facility. The Department may allow the applicant to submit an abbreviated hydrogeologic study or, if warranted, no hydrogeologic study, based upon the quantity and characteristics of the pollutants discharged, the methods of disposal, and the site conditions. The applicant may include information from a previous study of the affected area to meet a requirement of the hydrogeologic study, if the previous study accurately represents current hydrogeologic conditions.
 - a. The hydrogeologic study shall demonstrate:
 - i. That the facility will not cause or contribute to a violation of an Aquifer Water Quality Standard at the applicable point of compliance; or
 - ii. If an Aquifer Water Quality Standard for a pollutant is exceeded in an aquifer at the time of permit issuance, that no additional degradation of the aquifer relative to that pollutant and determined at the applicable point of compliance will occur as a result of the discharge from the proposed facility;
 - b. Based on the quantity and characteristics of pollutants discharged, methods of disposal, and site conditions, the Department may require the applicant to provide:
 - i. A description of the surface and subsurface geology, including a description of all borings;
 - ii. The location of any perennial, intermittent, or ephemeral surface water bodies;
 - iii. The characteristics of the aquifer and geologic units with limited permeability, including depth, hydraulic conductivity, and transmissivity;
 - iv. The rate, volume, and direction of surface water and groundwater flow, including hydrographs, if available, and equipotential maps;
 - v. The precise location or estimate of the location of the 100-year flood plain and an assessment of the 100-year flood surface flow and potential impacts on the facility;
 - vi. Documentation of the existing quality of the water in the aquifers underlying the site, including, where available, the method of analysis, quality assurance, and quality control procedures associated with the documentation;
 - vii. Documentation of the extent and degree of any known soil contamination at the site;
 - viii. An assessment of the potential of the discharge to cause the leaching of pollutants from surface soils or vadose materials;
 - ix. For an underground water storage facility, an assessment of the potential of the discharge to

cause the leaching of pollutants from surface soils or vadose materials or cause the migration of contaminated groundwater;

- x. Any changes in the water quality expected because of the discharge;
 - xi. A description of any expected changes in the elevation or flow directions of the groundwater expected to be caused by the facility;
 - xii. A map of the facility's discharge impact area; or
 - xiii. The criteria and methodologies used to determine the discharge impact area.
9. A detailed proposal indicating the alert levels, discharge limitations, monitoring requirements, compliance schedules, and temporary cessation or plans that the applicant will use to satisfy the requirements of A.R.S. Title 49, Chapter 2, Article 3, and Articles 1 and 2 of this Chapter;
 10. Closure and post-closure strategies or plans; and
 11. Any other relevant information required by the Department to determine whether to issue a permit.
- B.** An applicant shall demonstrate the ability to maintain the technical capability necessary to carry out the terms of the individual permit, including a demonstration that a certified operator will operate the facility if a certified operator is required under 18 A.A.C. 5. The applicant shall make the demonstration by submitting the following information for each person principally responsible for designing, constructing, or operating the facility:
1. Pertinent licenses or certifications held by the person;
 2. Professional training relevant to the design, construction, or operation of the facility; and
 3. Work experience relevant to the design, construction, or operation of the facility.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A203. Financial Requirements

- A.** Definitions.
1. "Book net worth" means the net difference between total assets and total liabilities.
 2. "Face amount" means the total amount the insurer is obligated to pay under the policy.
 3. "Net working capital" means current assets minus current liabilities.
 4. "Substantial business relationship" means a pattern of recent or ongoing business transactions to the extent that a guaranty contract issued incident to that relationship is valid and enforceable.
 5. "Tangible net worth" means an owner or operator's book net worth, plus subordinated debts, less goodwill, patent rights, royalties, and assets and receivables due from affiliates or shareholders.
- B.** Financial demonstration. A person applying for an individual permit shall demonstrate financial capability to construct, operate, close, and ensure proper post-closure care of the facility in compliance with A.R.S. Title 49, Chapter 2, Article 3; Articles 1 and 2 of this Chapter; and the conditions of the individual permit. The applicant shall:
1. Submit a letter signed by the chief financial officer stating that the applicant is financially capable of meeting the costs described in R18-9-A201(B)(5);
 2. For a state or federal agency, county, city, town, or other local governmental entity, submit a statement specifying

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- the details of the financial arrangements used to meet the estimated closure and post-closure costs submitted under R18-9-A201(B)(5), including any other details that demonstrate how the applicant is financially capable of meeting the costs described in R18-9-A201(B)(5);
3. For other than a state or federal agency, county, city, town, or other local governmental entity, submit the information required for at least one of the financial assurance mechanisms listed in subsection (C) that covers the closure and post-closure costs submitted under R18-9-A201(B)(5), including:
 - a. The selected financial mechanism or mechanisms;
 - b. The amount covered by each financial mechanism;
 - c. The institution or company that is responsible for each financial mechanism used in the demonstration; and
 - d. Any other details that demonstrate how the applicant is financially capable of meeting the costs described in R18-9-A201(B)(5); and
 4. For a facility subject to R18-9-A201(B)(5)(b)(iii) and not owned by a state or federal agency, county, city, town, or other local governmental entity, submit evidence of financial arrangements to cover the operation and maintenance costs described in R18-9-A201(B)(5).
- C. Financial assurance mechanisms. The applicant may use any of the following mechanisms to cover the financial assurance obligation under R18-9-A201(B)(5):
1. Financial test for self-assurance. If an applicant uses a financial test for self-assurance, the applicant shall not consolidate the financial statement with a parent or sibling company. The applicant shall make the demonstration in either subsection (C)(1)(a) or (b) and submit the information required in subsection (C)(1)(c):
 - a. The applicant may demonstrate:
 - i. One of the following:
 - (1) A ratio of total liabilities to net worth less than 2.0 and a ratio of current assets to current liabilities greater than 1.5;
 - (2) A ratio of total liabilities to net worth less than 2.0 and a ratio of the sum of net annual income plus depreciation, depletion, and amortization to total liabilities greater than 0.1; or
 - (3) A ratio of the sum of net annual income plus depreciation, depletion, and amortization to total liabilities greater than 0.1 and a ratio of current assets to current liabilities greater than 1.5;
 - ii. The net working capital and tangible net worth of the applicant each are at least six times the closure cost estimate; and
 - iii. The applicant has assets in the U.S. of at least 90 percent of total assets or six times the closure and post-closure cost estimate; or
 - b. The applicant may demonstrate:
 - i. The applicant's senior unsecured debt has a current investment-grade rating as issued by Moody's Investor Service, Inc.; Standard and Poor's Corporation; or Fitch Ratings;
 - ii. The tangible net worth of the applicant is at least six times the closure cost estimate; and
 - iii. The applicant has assets in the U.S. of at least 90 percent of total assets or six times the closure and post-closure cost estimate; and
 - c. The applicant shall submit:
 - i. A letter signed by the applicant's chief financial officer that identifies the criterion specified in subsection (C)(1)(a) or (b) and used by the applicant to satisfy the financial assurance requirements of this Section, an explanation of how the applicant meets the criterion, and certification of the letter's accuracy; and
 - ii. A statement from an independent certified public accountant verifying that the demonstration submitted under subsection (C)(1)(c)(i) is accurate based on a review of the applicant's financial statements for the latest completed fiscal year or more recent financial data and no adjustment to the financial statement is necessary.
 2. Performance surety bond. The applicant may use a performance surety bond if the following conditions are met:
 - a. The company providing the performance bond is listed as an acceptable surety on federal bonds in Circular 570 of the U.S. Department of the Treasury;
 - b. The bond provides for performance of all the covered items listed in R18-9-A201(B)(5) by the surety, or by payment into a standby trust fund of an amount equal to the penal amount if the permittee fails to perform the required activities;
 - c. The penal amount of the bond is at least equal to the amount of the cost estimate developed in R18-9-A201(B)(5) if the bond is the only method used to satisfy the requirements of this Section or a pro-rata amount if used with another financial assurance mechanism;
 - d. The surety bond names the Arizona Department of Environmental Quality as beneficiary;
 - e. The original surety bond is submitted to the Director;
 - f. Under the terms of the bond, the surety is liable on the bond obligation when the permittee fails to perform as guaranteed by the bond; and
 - g. The surety payments under the terms of the bond are deposited directly into the Standby Trust Fund.
 3. Certificate of deposit. The applicant may use a certificate of deposit if the following conditions are met:
 - a. The applicant submits to the Director one or more certificates of deposit made payable to or assigned to the Department to cover the applicant's financial assurance obligation or a pro-rata amount if used with another financial assurance mechanism;
 - b. The certificate of deposit is insured by the Federal Deposit Insurance Corporation and is automatically renewable;
 - c. The bank assigns the certificate of deposit to the Arizona Department of Environmental Quality;
 - d. Only the Department has access to the certificate of deposit; and
 - e. Interest accrues to the permittee during the period the applicant gives the certificate as financial assurance, unless the interest is required to satisfy the requirements in R18-9-A201(B)(5).
 4. Trust fund. The applicant may use a trust fund if the following conditions are met:
 - a. The trust fund names the Arizona Department of Environmental Quality as beneficiary, and
 - b. The trust is initially funded in an amount at least equal to:
 - i. The cost estimate of the closure plan or strategy submitted under R18-9-A201(B)(5),

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- ii. The amount specified in a compliance schedule approved in the permit, or
 - iii. A pro-rata amount if used with another financial assurance mechanism.
- 5. Letter of credit. The applicant may use a letter of credit if the following conditions are met:
 - a. The financial institution issuing the letter is regulated and examined by a federal or state agency;
 - b. The letter of credit is irrevocable and issued for at least one year in an amount equal to the cost estimate submitted under R18-9-A201(B)(5) or a pro-rata amount if used with another financial assurance mechanism. The letter of credit provides that the expiration date is automatically extended for a period of at least one year unless the issuing institution has canceled the letter of credit by sending notice of cancellation by certified mail to the permittee and to the Director 90 days in advance of cancellation or expiration. The permittee shall provide alternate financial assurance within 60 days of receiving the notice of expiration or cancellation;
 - c. The financial institution names the Arizona Department of Environmental Quality as beneficiary for the letter of credit; and
 - d. The letter is prepared by the financial institution and identifies the letter of credit issue date, expiration date, dollar sum of the credit, the name and address of the Department as the beneficiary, and the name and address of the applicant as the permittee.
- 6. Insurance policy. The applicant may use an insurance policy if the following conditions are met:
 - a. The insurance is effective before signature of the permit or substitution of insurance for other extant financial assurance instruments posted with the Director;
 - b. The insurer is authorized to transact the business of insurance in the state and has an AM BEST Rating of at least a B+ or the equivalent;
 - c. The permittee submits a copy of the insurance policy to the Department;
 - d. The insurance policy guarantees that funds are available to pay costs as submitted under R18-9-A201(B)(5) without a deductible. The policy also guarantees that once cleanup steps begin that the insurer will pay out funds to the Director or other entity designated by the Director up to an amount equal to the face amount of the policy;
 - e. The policy guarantees that while closure and post-closure activities are conducted the insurer will pay out funds to the Director or other entity designated by the Director up to an amount equal to the face amount of the policy;
 - f. The insurance policy is issued for a face amount at least equal to the current cost estimate submitted to the Director for performance of all items listed in R18-9-A201(B)(5) or a pro-rata amount if used with another financial assurance mechanism. Actual payments by the insurer will not change the face amount, although the insurer's future liability is reduced by the amount of the payments, during the policy period;
 - g. The insurance policy names the Arizona Department of Environmental Quality as additional insured;
 - h. The policy contains a provision allowing assignment of the policy to a successor permittee. The transfer of the policy is conditional upon consent of the insurer and the Department; and
- i. The insurance policy provides that the insurer does not cancel, terminate, or fail to renew the policy except for failure to pay the premium. The automatic renewal of the policy, at a minimum, provides the insured with a renewal option at the face amount of the expiring policy. If the permittee fails to pay the premium, the insurer may cancel the policy by sending notice of cancellation by certified mail to the permittee and to the Director 90 days in advance of the cancellation. If the insurer cancels the policy, the permittee shall provide alternate financial assurance within 60 days of receiving the notice of cancellation.
- 7. Cash deposit. The applicant may use a cash deposit if the cash is deposited with the Department to cover the financial assurance obligation under R18-9-A201(B)(5).
- 8. Guarantees.
 - a. The applicant may use guarantees to cover the financial assurance obligation under R18-9-A201(B)(5) if the following conditions are met:
 - i. The applicant submits to the Department an affidavit certifying that the guarantee arrangement is valid under all applicable federal and state laws. If the applicant is a corporation, the applicant shall include a certified copy of the corporate resolution authorizing the corporation to enter into an agreement to guarantee the permittee's financial assurance obligation;
 - ii. The applicant submits to the Department documentation that explains the substantial business relationship between the guarantor and the permittee;
 - iii. The applicant demonstrates that the guarantor meets conditions of the financial mechanism listed in subsection (C)(1). For purposes of applying the criteria in subsection (C)(1) to a guarantor, substitute "guarantor" for the term "applicant" as used in subsection (C)(1);
 - iv. The guarantee is governed by and complies with state law;
 - v. The guarantee continues in full force until released by the Director or replaced by another financial assurance mechanism listed under subsection (C);
 - vi. The guarantee provides that, if the permittee fails to perform closure or post-closure care of a facility covered by the guarantee, the guarantor shall perform or pay a third party to perform closure or post-closure care, as required by the permit, or establish a fully funded trust fund as specified under subsection (C)(4) in the name of the owner or operator; and
 - vii. The guarantor names the Arizona Department of Environmental Quality as beneficiary of the guarantee.
 - b. Guarantee reporting. The guarantor shall notify or submit a report to the Department within 30 days of:
 - i. An increase in financial responsibility during the fiscal year that affects the guarantor's ability to meet the financial demonstration;
 - ii. Receiving an adverse auditor's notice, opinion, or qualification; or

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- iii. Receiving a Department notification requesting an update of the guarantor's financial condition.
 - 9. An applicant may use a financial assurance mechanism not listed in subsection (C)(1) through (8) if approved by the Director.
 - D. Loss of coverage. If the Director believes that a permittee will lose financial capability under subsection (C), the permittee shall, within 30 days from the date of receipt of the Director's request, submit evidence that the financial demonstration under subsection (B) is being met or provide an alternative financial assurance mechanism.
 - E. Financial assurance mechanism substitution. A permittee may substitute one financial assurance mechanism for another if the substitution is approved by the Director through an amendment under subsection (F).
 - F. Permit amendment. The permittee shall apply for an amendment to the individual permit if the permittee changes a financial assurance mechanism or if the permittee's revision of the closure strategy results in an increase in the estimated cost under R18-9-A201(B)(5). If a permittee seeks to amend a permit under R18-9-A211(B), the permittee shall submit a financial capability demonstration for all facilities covered by the amended individual permit with the permit amendment request.
 - G. Previous financial demonstration. If an applicant shows that the financial assurance demonstration required under this Section is covered within a financial demonstration already made to a governmental agency and the Department has access to that information, the applicant is not required to resubmit the information. The applicant shall certify that the current financial condition is equal to or better than the condition reflected in the financial demonstration provided to the other governmental agency. This provision does not apply to a demonstration required under subsection (F).
 - H. Recordkeeping. A permittee shall maintain the financial capability for the duration of the permit and report as specified in the permit.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-A204. Contingency Plan**
- A. An individual permit shall specify a contingency plan that defines the actions to be taken if a discharge results in any of the following:
 - 1. A violation of an Aquifer Water Quality Standard or an AQL,
 - 2. A violation of a discharge limitation,
 - 3. A violation of any other permit condition,
 - 4. An alert level is exceeded, or
 - 5. An imminent and substantial endangerment to the public health or the environment.
 - B. The contingency plan may include one or more of the following actions if a discharge results in any of the conditions described in subsection (A):
 - 1. Verification sampling;
 - 2. Notification to downstream or downgradient users who may be directly affected by the discharge;
 - 3. Further monitoring that may include increased frequency, additional constituents, or additional monitoring locations;
 - 4. Inspection, testing, operation, or maintenance of discharge control features at the facility;
 - 5. Evaluation of the effectiveness of discharge control technology at the facility that may include technology upgrades;
 - 6. Evaluation of pretreatment for sewage treatment facilities;
 - 7. Preparation of a hydrogeologic study to assess the extent of soil, surface water, or aquifer impact;
 - 8. Corrective action that includes any of the following measures:
 - a. Control of the source of an unauthorized discharge,
 - b. Soil cleanup,
 - c. Cleanup of affected surface waters,
 - d. Cleanup of affected parts of the aquifer, or
 - e. Mitigation measures to limit the impact of pollutants on existing uses of the aquifer.
 - C. A permittee shall not take a corrective action proposed under subsection (B)(8) unless the action is approved by the Department.
 - 1. Emergency response provisions and corrective actions specifically identified in the contingency plan submitted with a permit application are subject to approval by the Department during the application review process.
 - 2. The permittee may propose to the Department a corrective action other than those already identified in the contingency plan if a discharge results in any of the conditions identified in subsection (A).
 - 3. The Department shall approve the proposed corrective action if the corrective action provides a plan and expedient time-frame to return the facility to compliance with the facility's permit conditions, A.R.S. Title 49, Chapter 2, and Articles 1 and 2 of this Chapter.
 - 4. The Director may incorporate corrective actions into an Aquifer Protection Permit.
 - D. A contingency plan shall contain emergency response provisions to address an imminent and substantial endangerment to public health or the environment including:
 - 1. Twenty-four hour emergency response measures;
 - 2. The name of an emergency response coordinator responsible for implementing the contingency plan;
 - 3. Immediate notification to the Department regarding any emergency response measure taken;
 - 4. A list of people to contact, including names, addresses, and telephone numbers if an imminent and substantial endangerment to public health or the environment arises; and
 - 5. A general description of the procedures, personnel, and equipment proposed to mitigate unauthorized discharges.
 - E. A permittee may amend a contingency plan required by the Federal Water Pollution Control Act (P.L. 92-500; 86 Stat. 816; 33 U.S.C. 1251, et seq., as amended), or the Resource Conservation and Recovery Act of 1976 (P.L. 94-580; 90 Stat. 2796; 42 U.S.C. 6901 et seq., as amended), to meet the requirements of this Section and submit it to the Department for approval instead of a separate aquifer protection contingency plan.
 - F. A permittee shall maintain at least one copy of the contingency plan required by the individual permit at the location where day-to-day decisions regarding the operation of the facility are made. A permittee shall advise all employees responsible for the operation of the facility of the location of the contingency plan.
 - G. A permittee shall promptly revise the contingency plan upon any change to the information contained in the plan.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by

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final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A205. Alert Levels, Discharge Limitations, and AQLs**A. Alert levels.**

1. If the Department prescribes an alert level in an individual permit, the Department shall base the alert level on the site-specific conditions described by the applicant in the application submitted under R18-9-A201(A)(2) or other information available to the Department.
2. The Department may specify an alert level based on a pollutant that indicates the potential appearance of another pollutant.
3. The Department may specify the measurement of an alert level at a location appropriate for the discharge activity, considering the physical, chemical, and biological characteristics of the discharge, the particular treatment process, and the site-specific conditions.

B. Discharge limitations. If the Department prescribes discharge limitations in an individual permit, the Department shall base the discharge limitations on the considerations described in A.R.S. § 49-243.**C. AQLs.** The Department may prescribe an AQL in an individual permit to ensure that the facility continues to meet the criteria under A.R.S. § 49-243(B)(2) or (3).

1. If the concentration of a pollutant in the aquifer does not exceed the Aquifer Water Quality Standard, the Department shall set the AQL at the Aquifer Water Quality Standard.
2. If the concentration of a pollutant in the aquifer exceeds the Aquifer Water Quality Standard, the Department shall set the AQL higher than the Aquifer Water Quality Standard.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A206. Monitoring Requirements**A. Monitoring.**

1. The Department shall determine whether monitoring is required to assure compliance with Aquifer Protection Permit conditions and with the applicable Aquifer Water Quality Standards established under A.R.S. §§ 49-221, 49-223, 49-241 through 49-244, and 49-250 through 49-252.
2. If monitoring is required, the Director shall specify to the permittee:
 - a. The type and method of monitoring;
 - b. The frequency of monitoring;
 - c. Any requirements for the installation, use, or maintenance of monitoring equipment; and
 - d. The intervals at which the permittee reports the monitoring results to the Department.

B. Recordkeeping.

1. A permittee shall make a monitoring record for each sample taken as required by the individual permit consisting of all of the following:
 - a. The date, time, and exact place of a sampling and the name of each individual who performed the sampling;
 - b. The procedures used to collect the sample;
 - c. The date sample analysis was completed;
 - d. The name of each individual or laboratory performing the analysis;

- e. The analytical techniques or methods used to perform the sampling and analysis;
 - f. The chain of custody records; and
 - g. Any field notes relating to the information described in subsections (B)(1)(a) through (f).
2. A permittee shall make a monitoring record for each measurement made, as required by the individual permit, consisting of all of the following:
 - a. The date, time, and exact place of the measurement and the name of each individual who performed the measurement;
 - b. The procedures used to make the measurement; and
 - c. Any field notes relating to the information described in subsections (B)(2)(a) and (b).
 3. A permittee shall maintain monitoring records for at least 10 years after the date of the sample or measurement, unless the Department specifies a shorter time period in the permit.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A207. Reporting Requirements

- A.** A permittee shall notify the Department within five days after becoming aware of a violation of a permit condition or that an alert level was exceeded. The permittee shall inform the Department whether the contingency plan described in R18-9-A204 was implemented.
- B.** In addition to the requirements in subsection (A), a permittee shall submit a written report to the Department within 30 days after the permittee becomes aware of a violation of a permit condition. The report shall contain:
 1. A description of the violation and its cause;
 2. The period of violation, including exact date and time, if known, and the anticipated time period the violation is expected to continue;
 3. Any action taken or planned to mitigate the effects of the violation or to eliminate or prevent recurrence of the violation;
 4. Any monitoring activity or other information that indicates that a pollutant is expected to cause a violation of an Aquifer Water Quality Standard; and
 5. Any malfunction or failure of a pollution control device or other equipment or process.
- C.** A permittee shall notify the Department within five days after the occurrence of any of the following:
 1. The permittee's filing of bankruptcy, or
 2. The entry of any order or judgment not issued by the Director against the permittee for the enforcement of any federal or state environmental protection statute or rule.
- D.** The Director shall specify the format for submitting results from monitoring conducted under R18-9-A206.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A208. Compliance Schedule

- A.** A permittee shall follow the compliance schedule established in the individual permit.
 1. If a compliance schedule provides that an action is required more than one year after the date of permit issu-

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ance, the schedule shall establish interim requirements and dates for their achievement.

2. If the time necessary for completion of an interim requirement is more than one year and is not readily divisible into stages for completion, the permit shall contain interim dates for submission of reports on progress toward completion of the interim requirements and shall indicate a projected completion date.
 3. Unless otherwise specified in the permit, within 30 days after the applicable date specified in a compliance schedule, a permittee shall submit to the Department a report documenting that the required action was taken within the time specified.
 4. After reviewing the compliance schedule activity the Director may amend the Aquifer Protection Permit, based on changed circumstances relating to the required action.
- B.** The Department shall consider all of the following factors when setting the compliance schedule requirements:
1. The character and impact of the discharge,
 2. The nature of construction or activity required by the permit,
 3. The number of persons affected or potentially affected by the discharge,
 4. The current state of treatment technology, and
 5. The age of the facility.
- C.** For a new facility, the Department shall not defer to a compliance schedule any requirement necessary to satisfy the criteria under A.R.S. § 49-243(B).

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A209. Temporary Cessation, Closure, Post-closure

- A.** Temporary cessation.
1. A permittee shall notify the Department before a cessation of operations at the facility of at least 60 days duration.
 2. The permittee shall implement any condition specified in the individual permit for the temporary cessation.
 3. If the permit does not specify any temporary cessation condition, the permittee shall, prior to implementation, submit the proposed temporary cessation plan for Department approval.
- B.** Closure.
1. Before providing notice under subsection (B)(2), a person may request that the Director review a site investigation plan for a facility under subsection (B)(3)(a) or the results of a site investigation at a facility to determine compliance with this subsection and A.R.S. § 49-252.
 2. A person shall notify the Department of the person's intent to cease operations without resuming an activity for which the facility was designed or operated.
 3. The person shall submit a closure plan for Director approval within 90 days following the notification of intent to cease operations with the applicable fee established in 18 A.A.C. 14. A complete closure plan shall include:
 - a. A site investigation plan that includes a summary of relevant site studies already conducted and a proposed scope of work for any additional site investigation necessary to identify:
 - i. The lateral and vertical extent of contamination in soils and groundwater, using applicable standards;
 - ii. The approximate quantity and chemical, biological, and physical characteristics of each waste, contaminated water, or contaminated soil proposed for removal from the facility;
 - iii. The approximate quantity and chemical, biological, and physical characteristics of each waste, contaminated water, or contaminated soil that will remain at the facility; and
 - iv. Information regarding site conditions related to pollutant fate and transport that may influence the scope of sampling necessary to characterize the site for closure;
- C.** A summary describing the results of a site investigation and any other information used to identify:
- i. The lateral and vertical extent of soil and groundwater contamination, using applicable standards, and the analytical results that support the determination;
 - ii. The approximate quantity and chemical, biological, and physical characteristics of each material scheduled for removal;
 - iii. The destination of the materials and documentation that the destination is approved to accept the materials;
 - iv. The approximate quantity and chemical, biological, and physical characteristics of each material that remains at the facility; and
 - v. Any other relevant information the Department determines is necessary;
- D.** A closure design that identifies:
- i. The method used, if any, to treat any material remaining at the facility;
 - ii. The method used to control the discharge of pollutants from the facility;
 - iii. Any limitation on future land or water uses created as a result of the facility's operations or closure activities and a Declaration of Environmental Use Restriction according to A.R.S. § 49-152, if necessary; and
 - iv. The methods used to secure the facility;
- E.** An estimate of the cost of closure;
- F.** A schedule for implementation of the closure plan and submission of a post-closure plan if clean closure is not achieved; and
- G.** For an implemented closure plan, a summary report of the results of site investigation performed during closure activities, including confirmation and verification sampling.
4. Within 60 days of receipt of a complete closure plan, the Department shall determine whether the closure plan achieves clean closure.
 - a. If the implemented complete closure plan achieves clean closure, the Director shall:
 - i. If the facility is not covered by an Aquifer Protection Permit, send the person a letter of approval; or
 - ii. If the facility is covered by an Aquifer Protection Permit, send the person a Permit Release Notice issued under subsection (C)(2)(c).
 - b. If the implemented complete closure plan did not achieve clean closure, the person shall submit a post-closure plan under subsection (C) and the following documents within 90 days from the date on the Department's notice or as specified under A.R.S. § 49-252(E):
 - i. An application for an individual permit, or

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- ii. A request to amend a current individual permit to address closure activities and post-closure monitoring and maintenance at the facility.
- C. Post-closure. A person shall describe post-closure monitoring and maintenance activities in an application for a permit or an amendment to an individual permit and submit it to the Department for approval.
 - 1. The application shall include:
 - a. The duration of post-closure care;
 - b. The monitoring procedures proposed by the permittee, including monitoring frequency, type, and location;
 - c. A description of the operating and maintenance procedures proposed for maintaining aquifer quality protection devices, such as liners, treatment systems, pump-back systems, surface water and stormwater management systems, and monitoring wells;
 - d. A schedule and description of physical inspections proposed at the facility following closure;
 - e. An estimate of the cost of post-closure maintenance and monitoring;
 - f. A description of limitations on future land or water uses, or both, at the facility site as a result of facility operations; and
 - g. The applicable fee established in 18 A.A.C. 14.
 - 2. The Director shall include the post-closure plan submitted under subsection (C)(1) in the individual permit or permit amendment.
 - a. The permittee shall provide the Department written notice that a closure plan or a post-closure plan was fully implemented within 30 calendar days of implementation of the plan. The notice shall include a summary report confirming the closure design and describing the results of sampling performed during closure activities and post-closure activities, if any, to demonstrate the level of cleanup achieved.
 - b. The Director may, upon receipt of the notice, inspect the facility to ensure that the closure plan has been fully implemented.
 - c. The Director shall issue a Permit Release Notice if the permittee satisfies all closure and post-closure requirements.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A210. Temporary Individual Permit

- A. A person may apply for a temporary individual permit for either of the following:
 - 1. A pilot project to develop data for an Aquifer Protection Permit application for the full-scale project, or
 - 2. A facility with a discharge lasting no more than six months.
- B. The applicant shall submit a preliminary application containing the information required in R18-9-A201(B)(1).
- C. The Department shall, based on the preliminary application and in consultation with the applicant, determine and provide the applicant notice of any additional information in R18-9-A201(B) that is necessary to complete the application.
- D. Public participation.
 - 1. If the Director issues a temporary individual permit, the Director shall postpone the public participation requirements under R18-9-109.

- 2. The Director shall not postpone notification of the opportunity for public participation for more than 30 days from the date on the temporary individual permit.
- 3. The Director may amend or revoke the temporary individual permit after consideration of public comments.
- 4. The Director shall not issue a public notice or hold a public hearing if a temporary individual permit is renewed without change.
- 5. The Director shall follow the public participation requirements under R18-9-109 when making a significant amendment to a temporary individual permit.
- E. A temporary individual permit expires after one year unless it is renewed. The Director may renew a temporary individual permit no more than one time.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A211. Permit Amendments

- A. The Director may amend an individual permit based upon a request or upon the Director's initiative.
 - 1. A permittee shall submit a request for permit amendment in writing on a form provided by the Department with the applicable fee established in 18 A.A.C. 14, explaining the facts and reasons justifying the request.
 - 2. The Department shall process amendment requests following the licensing time-frames established under 18 A.A.C. 1, Article 5, Table 10.
 - 3. An amended permit supersedes the previous permit upon the effective date of the amendment.
- B. Significant permit amendment. The Director shall make a significant amendment to an individual permit if:
 - 1. Part or all of an existing facility becomes a new facility under A.R.S. § 49-201;
 - 2. A physical change in a permitted facility or a change in its method of operation results in:
 - a. An increase of 10 percent or more in the permitted volume of pollutants discharged, except a sewage treatment facility;
 - b. An increase in design flow of a sewage treatment facility as follows:

Permitted Design Flow	Increase in Design Flow
500,000 gallons per day or less	10%
Greater than 500,000 gallons per day but less than or equal to five million gallons per day	6%
Greater than five million gallons per day but less than or equal to 50 million gallons per day	4%
Greater than 50 million gallons per day	2%

- c. Discharge of an additional pollutant not allowed by a facility's original individual permit. The Director may consider the addition of a pollutant with a chemical composition substantially similar to a pollutant the permit currently allows by making an "other" amendment to the individual permit as prescribed in subsection (D);

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- d. For any pollutant not addressed in a facility's individual permit, any increase that brings the level of the pollutant to within 80 percent or more of a numeric Aquifer Water Quality Standard at the point of compliance; or
- e. An increase in the concentration in the discharge of a pollutant listed under A.R.S. § 49-243(I);
- 3. Based upon available information, the facility can no longer demonstrate that its discharge will comply with A.R.S. § 49-243(B)(2) or (3);
- 4. The permittee requests and the Department agrees to less stringent monitoring that reduces the frequency in monitoring or reporting or reduces the number of pollutants monitored, and the permittee demonstrates that the changes will not affect the permittee's ability to remain in compliance with Articles 1 and 2 of this Chapter;
- 5. It is necessary to change the designation of a point of compliance;
- 6. It is necessary to update BADCT for a facility that was issued an individual permit and was not constructed within five years of permit issuance;
- 7. The permittee requests and the Department agrees to less stringent discharge limitations when the permittee demonstrates that the changes will not affect the permittee's ability to remain in compliance with Articles 1 and 2 of this Chapter;
- 8. It is necessary to make an addition to or a substantial change in closure requirements or to provide for post-closure maintenance and monitoring; or
- 9. Material and substantial alterations or additions to a permitted facility, including a change in disposal method, justify a change in permit conditions.
- C. Minor permit amendment. The Director shall make a minor amendment to an individual permit to:
 - 1. Correct a typographical error;
 - 2. Change nontechnical administrative information, excluding a permit transfer;
 - 3. Correct minor technical errors, such as errors in calculation, locational information, citations of law, and citations of construction specifications;
 - 4. Increase the frequency of monitoring or reporting, or to revise a laboratory method;
 - 5. Make a discharge limitation more stringent;
 - 6. Make a change in a recordkeeping retention requirement; or
 - 7. Insert calculated alert levels, AQLs, or other permit limits into a permit based on monitoring subsequent to permit issuance, if a requirement to establish the levels or limits and the method for calculation of the levels or limits was established in the original permit.
- D. "Other" permit amendment.
 - 1. The Director may make an "other" amendment to an individual permit if the amendment is not a significant or minor permit amendment prescribed in this Section, based on an evaluation of the information relevant to the amendment.
 - 2. Examples of an "other" amendment to an individual permit include:
 - a. A change in a construction requirement, treatment method, or operational practice, if the alteration complies with the requirements of Articles 1 and 2 of this Chapter and provides equal or better performance;
 - b. A change in an interim or final compliance date in a compliance schedule, if the Director determines just cause exists for changing the date;
 - c. A change in the permittee's financial assurance mechanism under R18-9-A203(C);
 - d. A permit transfer under R18-9-A212;
 - e. The replacement of monitoring equipment, including a well, if the replacement results in equal or greater monitoring effectiveness;
 - f. Any increase in the volume of pollutants discharged that is less than that described in subsection (B)(2)(a) or (b);
 - g. An adjustment of the permit to conform to rule or statutory provisions;
 - h. A calculation of an alert level, AQL, or other permit limit based on monitoring subsequent to permit issuance;
 - i. An addition of a point of compliance monitor well;
 - j. A combination of two or more permits at the same site as specified under R18-9-107;
 - k. An adjustment or incorporation of monitoring requirements to ensure Reclaimed Water Quality Standards developed under 18 A.A.C. 11, Article 3 are met; or
 - l. A change in a contingency plan resulting in equal or more efficient responsiveness.
- E. The public notice and public participation requirements of R18-9-108 and R18-9-109 apply to a significant amendment. The public notice requirements apply to an "other" amendment. A minor amendment does not require a public notice or public participation.
- F. The Director shall not amend or reissue a permit to allow use of a discharge control technology that provides a lesser degree of pollutant discharge reduction than the BADCT established in the individual Aquifer Protection Permit previously issued for a facility, unless:
 - 1. The industrial classification of the facility has changed so that a new assessment of BADCT is appropriate,
 - 2. The pollutant load has decreased or the pollutant composition has changed significantly to warrant a new assessment of the BADCT,
 - 3. The Director approves a corrective or contingency action that necessitates a change in the treatment technology, or
 - 4. The approved discharge control technology is not operating properly due to circumstances beyond the control of the owner or operator.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A212. Permit Transfer

- A. The person subject to the continuance requirements under R18-9-105(A)(1), (2), or (3) shall notify the Department by certified mail within 15 days following a change of ownership. The notice shall include:
 - 1. The name of the person transferring the facility;
 - 2. The name of the new owner or operator;
 - 3. The name and location of the facility;
 - 4. The written agreement between the person transferring the facility and the new owner or operator indicating a specific date for transfer of all permit responsibility, coverage, and liability;
 - 5. A signed declaration by the new owner or operator that the new owner or operator has reviewed the permit and agrees to the terms of the permit, including fee obligations under A.R.S. § 49-242; and
 - 6. The applicable fee established in 18 A.A.C. 14.

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- B.** A permittee may request that the Department transfer an individual permit to a new owner or operator.
1. The new owner or operator shall:
 - a. Notify the Department by certified mail within 15 days after the change of ownership and include a written agreement between the previous and new owner indicating a specific date for transfer of all permit responsibility, coverage, and liability;
 - b. Submit the applicable fee established in 18 A.A.C. 14;
 - c. Demonstrate the technical and financial capability necessary to fully carry out the terms of the permit according to R18-9-A202 and R18-9-A203;
 - d. Submit a signed statement that the new owner or operator has reviewed the permit and agrees to the terms of the permit; and
 - e. Provide the Department with a copy of the Certificate of Disclosure if required by A.R.S. § 49-109.
 2. If the Director amends the individual permit for the transfer, the new permittee is responsible for all conditions of the permit.
- C.** A permittee shall comply with all permit conditions until the Director transfers the permit, regardless of whether the permittee has sold or disposed of the facility.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A213. Permit Suspension, Revocation, Denial, or Termination

- A.** The Director may, after notice and opportunity for hearing, suspend or revoke an individual permit or a continuance under R18-9-105(A)(1), (2), or (3) for any of the following:
1. A permittee failed to comply with any applicable provision of A.R.S. Title 49, Chapter 2, Article 3; Articles 1 and 2 of this Chapter; or any permit condition;
 2. A permittee misrepresented or omitted a fact, information, or data related to an Aquifer Protection Permit application or permit condition;
 3. The Director determines that a permitted activity is causing or will cause a violation of an Aquifer Water Quality Standard at a point of compliance;
 4. A permitted discharge is causing or will cause imminent and substantial endangerment to public health or the environment;
 5. A permittee failed to maintain the financial capability under R18-9-A203(B); or
 6. A permittee failed to construct a facility within five years of permit issuance and:
 - a. It is necessary to update BADCT for the facility, and
 - b. The Department has not issued an amended permit under R18-9-A211(B)(6).
- B.** The Director may deny an individual permit if the Director determines upon completion of the application process that the applicant has:
1. Failed or refused to correct a deficiency in the permit application;
 2. Failed to demonstrate that the facility and the operation will comply with the requirements of A.R.S. §§ 49-241 through 49-252 and Articles 1 and 2 of this Chapter. The Director shall base this determination on:
 - a. The information submitted in the Aquifer Protection Permit application,

- b. Any information submitted to the Department following a public hearing, or
 - c. Any relevant information that is developed or acquired by the Department; or
3. Provided false or misleading information.
- C.** The Director shall terminate an individual permit if each facility covered under the individual permit:
1. Has closed and the Director issued a Permit Release Notice under R18-9-A209(C)(2)(c) or R18-9-A209(B)(3)(a)(ii) for the closed facility, or
 2. Is covered under another Aquifer Protection Permit.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A214. Requested Coverage Under a General Permit

- A.** If a person who applied for or was issued an individual permit qualifies to operate a facility under a general permit established in Article 3 of this Chapter, the person may request that the individual permit be terminated and replaced by the general permit. The person shall submit the Notice of Intent to Discharge under R18-9-A301(B) with the appropriate fee established in 18 A.A.C. 14.
- B.** The individual permit is valid and enforceable with respect to a discharge from each facility until the Director determines that the discharge from each facility is covered under a general permit.
- C.** The owner or operator operating under a general permit shall comply with all applicable general permit requirements in Article 3 of this Chapter.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

PART B. BADCT FOR SEWAGE TREATMENT FACILITIES**R18-9-B201. General Considerations and Prohibitions**

- A.** Applicability. The requirements in this Article apply to all sewage treatment facilities, including expansions of existing sewage treatment facilities, that treat wastewater containing sewage, unless the discharge is authorized by a general permit under Article 3 of this Chapter.
- B.** The Director may specify alert levels, discharge limitations, design specifications, and operation and maintenance requirements in the permit that are based upon information provided by the applicant and that meet the requirements under A.R.S. § 49-243(B)(1).
- C.** The permittee shall ensure that a sewage treatment facility is operated by a person certified under 18 A.A.C. 5, Article 1, for the grade of the facility.
- D.** Operation and maintenance.
1. The owner or operator shall maintain, at the sewage treatment facility, an operation and maintenance manual for the facility and shall update the manual as needed.
 2. The owner or operator shall use the operation and maintenance manual to guide facility operations to ensure compliance with the terms of the Aquifer Protection Permit and to prevent any environmental nuisance described under A.R.S. § 49-141(A).
 3. The Director may specify adherence to any operation or maintenance requirement as an Aquifer Protection Permit condition to ensure that the terms of the Aquifer Protection Permit are met.

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4. The owner or operator shall make the operation and maintenance manual available to the Department upon request.
- E. A person shall not create or maintain a connection between any part of a sewage treatment facility and a potable water supply so that sewage or wastewater contaminates a potable or public water supply.
- F. A person shall not bypass or release sewage or partially treated sewage that has not completed the treatment process from a sewage treatment facility.
- G. Reclaimed water dispensed to a direct reuse site from a sewage treatment facility is regulated under Reclaimed Water Quality Standards in 18 A.A.C. 11, Article 3.
- H. The preparation, transport, or land application of any biosolids generated by a sewage treatment facility is regulated under 18 A.A.C. 9, Article 10.
- I. The owner or operator of a sewage treatment facility that is a new facility or undergoing a major modification shall provide setbacks established in the following table. Setbacks are measured from the treatment and disposal components within the sewage treatment facility to the nearest property line of an adjacent dwelling, workplace, or private property. If an owner or operator cannot meet a setback for a facility undergoing a major modification that incorporates full noise, odor, and aesthetic controls, the owner or operator shall not further encroach into setback distances existing before the major modification except as allowed in subsection (I)(2).

Sewage Treatment Facility Design Flow (gallons per day)	No Noise, Odor, or Aesthetic Controls (feet)	Full Noise, Odor, and Aesthetic Controls (feet)
3000 to less than 24,000	250	25
24,000 to less than 100,000	350	50
100,000 to less than 500,000	500	100
500,000 to less than 1,000,000	750	250
1,000,000 or greater	1000	350

1. Full noise, odor, and aesthetic controls means that:
- Noise due to the sewage treatment facility does not exceed 50 decibels at the facility property boundary on the A network of a sound level meter or a level established in a local noise ordinance,
 - All odor-producing components of the sewage treatment facility are fully enclosed,
 - Odor scrubbers or other odor-control devices are installed on all vents, and
 - Fencing aesthetically matched to the area surrounding the facility.
2. The owner or operator of a sewage treatment facility undergoing a major modification may decrease setbacks if:
- Allowed by local ordinance; or
 - Setback waivers are obtained from affected property owners in which the property owner acknowledges awareness of the established setbacks, basic design of the sewage treatment facility, and the potential for noise and odor.
- J. The owner or operator of a sewage treatment facility shall not operate the facility so that it emits an offensive odor on a persistent basis beyond the setback distances specified in subsection (I).

235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-B202. Design Report

- A. A person applying for an individual permit shall submit a design report signed, dated, and sealed by an Arizona-registered professional engineer. The design report shall include the following information:
- Wastewater characterization, including quantity, quality, seasonality, and impact of increased flows as the facility reaches design flow;
 - The proposed method of disposal, including solids management;
 - A description of the treatment unit processes and containment structures, including diagrams and calculations that demonstrate that the design meets BADCT requirements and will achieve treatment levels specified in R18-9-B204 through R18-9-B206, as applicable, for all flow conditions indicated in subsection (A)(9). If soil aquifer treatment or other aspects of site conditions are used to meet BADCT requirements, the applicant shall document performance of the site in the design report or the hydro-geologic report;
 - A description of planned normal operation;
 - A description of key maintenance activities and a description of contingency and emergency operation for the facility;
 - A description of construction management controls;
 - A description of the facility startup plan, including pre-operational testing, expected treated wastewater characteristics and monitoring requirements during startup, expected time-frame for meeting performance requirements specified in R18-9-B204, and any other special startup condition that may merit consideration in the individual permit;
 - A site diagram depicting compliance with the setback requirements established in R18-9-B201(I) for the facility at design flow, and for each phase if the applicant proposes expansion of the facility in phases;
 - The following flow information in gallons per day for the proposed sewage treatment facility. If the application proposes expansion of the facility in phases, the following flow information for each phase:
 - The design flow of the sewage treatment facility. The design flow is the average daily flow over a calendar year calculated as the sum of all influent flows to the facility based on Table 1, Unit Design Flows, unless a different basis for determining influent flows is approved by the Department;
 - The maximum day. The maximum day is the greatest daily total flow that occurs over a 24-hour period within an annual cycle of flow variations;
 - The maximum month. The maximum month is the average daily flow of the month with the greatest total flow within the annual cycle of flow variations;
 - The peak hour. The peak hour is the greatest total flow during one hour, expressed in gallons per day, within the annual cycle of flow variations;
 - The minimum day. The minimum day is the least daily total flow that occurs over a 24-hour period within the annual cycle of flow variations;
 - The minimum month. The minimum month is the average daily flow of the month with the least total flow within the annual cycle of flow variations; and

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- g. The minimum hour. The minimum hour is the least total flow during one hour, expressed in gallons per day, within the annual cycle of flow variations; and
- 10. Specifications for pipe, standby power source, and water and sewer line separation.
- B. The Department may inspect an applicant's facility without notice to ensure that construction conforms to the design report.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-B203. Engineering Plans and Specifications

- A. A person applying for an individual permit for a sewage treatment facility with a design flow under one million gallons per day, shall submit engineering plans and specifications to the Department. The Director may waive this requirement if the Director previously approved engineering plans and specifications submitted by the same owner or operator for a sewage treatment facility with a design flow of more than one million gallons per day.
- B. A person applying for an individual permit for a sewage treatment facility with a design flow of one million gallons per day or greater shall submit engineering plans and specifications if, upon review of the design report required in R18-9-B202, the Department finds that:
 - 1. The design report fails to provide sufficient detail to determine adequacy of the proposed sewage treatment facility design;
 - 2. The described design is innovative and does not reflect treatment technologies generally accepted within the industry;
 - 3. The Department's calculations of removal efficiencies based on the design report show that the treatment facility cannot achieve treatment performance requirements;
 - 4. The design report does not demonstrate:
 - a. Protection from physical damage due to a 100-year flood,
 - b. Ability to continuously operate during a 25-year flood, or
 - c. Provision for a standby power source;
 - 5. The design report shows inconsistency in sizing or compatibility between two or more unit process components of the sewage treatment facility;
 - 6. The designer of the facility has:
 - a. Designed a sewage treatment facility of at least a similar size on less than three previous occasions,
 - b. Designed a sewage treatment facility that has been the subject of a Director enforcement action due to the facility design, or
 - c. Been found by the Board of Technical Registration to have violated a provision in A.R.S. Title 32, Chapter 1;
 - 7. The permittee seeks to expand its sewage treatment facility and the Department believes that the facility will require upgrades to the design not described and evaluated in the design report to meet the treatment performance requirements; or
 - 8. The construction does not conform to the design report if the sewage treatment facility has already been constructed.
- C. The Department shall review engineering plans and specifications upon request by an applicant seeking a permit for a sewage treatment facility, regardless of its flow.

- D. The Department may inspect an applicant's facility without notice to ensure that construction generally conforms to engineering plans and specifications, as applicable.
- E. Before discharging under a permit, the permittee shall submit an Engineer's Certificate of Completion signed, dated, and sealed by an Arizona-registered professional engineer in a format approved by the Department, that confirms that the facility is constructed according to the Department-approved design report or plans and specifications, as applicable.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-B204. Treatment Performance Requirements for a New Facility

- A. Definition. "Week" means a seven-day period starting on Sunday and ending on the following Saturday.
- B. An owner or operator of a new sewage treatment facility shall ensure that the facility meets the following performance requirements upon release of the treated wastewater at the outfall:
 - 1. Secondary treatment levels.
 - a. Five-day biochemical oxygen demand (BOD₅) less than 30 mg/l (30-day average) and 45 mg/l (seven-day average), or carbonaceous biochemical oxygen demand (CBOD₅) less than 25 mg/l (30-day average) or 40 mg/l (seven-day average);
 - b. Total suspended solids (TSS) less than 30 mg/l (30-day average) and 45 mg/l (seven-day average);
 - c. pH maintained between 6.0 and 9.0 standard units; and
 - d. A removal efficiency of 85 percent for BOD₅, CBOD₅, and TSS;
 - 2. Secondary treatment by waste stabilization ponds is not considered BADCT unless an applicant demonstrates to the Department that site-specific hydrologic and geologic characteristics and other environmental factors are sufficient to justify secondary treatment by waste stabilization ponds;
 - 3. Total nitrogen in the treated wastewater is less than 10 mg/l (five-month rolling geometric mean). If an applicant demonstrates, using appropriate monitoring that soil aquifer treatment will produce a total nitrogen concentration less than 10 mg/l in wastewater that percolates to groundwater, the Department may approve soil aquifer treatment for removal of total nitrogen as an alternative to meeting the performance requirement of 10 mg/l at the outfall;
 - 4. Pathogen removal.
 - a. For a sewage treatment facility with a design flow of less than 250,000 gallons per day at a site where the depth to the seasonally high groundwater table is greater than 20 feet and there is no karstic or fractured bedrock at the surface:
 - i. The concentration of fecal coliform organisms in four of the wastewater samples collected during the week is less than 200 cfu/100 ml or the concentration of *E. coli* bacteria in four of the wastewater samples collected during the week is less than 126 cfu/100 ml, based on a sampling frequency of seven daily samples per week;
 - ii. The single sample maximum concentration of fecal coliform organisms in a wastewater sam-

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- ple is not greater than 800 cfu/100 ml or the single sample maximum concentration of *E. coli* bacteria in a wastewater sample is not greater than 504 cfu/100 ml; and
- iii. An owner or operator of a facility may request a reduction in the monitoring frequency required in subsection (B)(4)(a)(i) if equipment is installed to continuously monitor an alternative indicator parameter and the owner or operator demonstrates that the continuous monitoring will ensure reliable production of wastewater that meets the numeric concentration levels in subsections (B)(4)(a)(i) and (ii) at the discharge point;
- b. For any other sewage treatment facility:
 - i. No fecal coliform organisms or no *E. coli* bacteria are detected in four of the wastewater samples collected during the week, based on a sampling frequency of seven daily samples per week;
 - ii. The single sample maximum concentration of fecal coliform organisms in a wastewater sample is not greater than 23 cfu/100 ml or the single sample maximum concentration of *E. coli* is not greater than 15 cfu/100 ml;
 - iii. An owner or operator may request a reduction in the monitoring frequency required in subsection (B)(4)(b)(i) if equipment is installed to continuously monitor an alternative indicator parameter and the owner or operator demonstrates that the continuous monitoring will ensure reliable production of wastewater that meets the numeric concentration levels in subsections (B)(4)(b)(i) or (ii) at the discharge point;
 - c. An owner or operator may use unit treatment processes, such as chlorination-dechlorination, ultraviolet, and ozone to achieve the pathogen removal performance requirements specified in subsections (B)(4)(a) and (b);
 - d. The Department may approve soil aquifer treatment for the removal of fecal coliform or *E. coli* bacteria as an alternative to meeting the performance requirement in subsection (B)(4)(a) or (b), if the soil aquifer treatment process will produce a fecal coliform or *E. coli* bacteria concentration less than that required under subsection (B)(4)(a) or (b), in wastewater that percolates to groundwater;
5. Unless governed by A.R.S. § 49-243(I), the performance requirement for each constituent regulated under R18-11-406(B) through (E) is the numeric Aquifer Water Quality Standard;
 6. The performance requirement for a constituent regulated under A.R.S. § 49-243(I) is removal to the greatest extent practical regardless of cost.
 - a. An operator shall minimize trihalomethane compounds generated as disinfection byproducts using chlorination, dechlorination, ultraviolet, or ozone as the disinfection system or using a technology demonstrated to have equivalent or better performance for removing or preventing trihalomethane compounds.
 - b. For other pollutants regulated by A.R.S. § 49-243(I), an operator shall use one of the following methods to achieve industrial pretreatment:
 - i. Regulate industrial sources of influent to the sewage treatment facility by setting limits on pollutant concentrations, monitoring for pollutants, and enforcing the limits to reduce, eliminate, or alter the nature of a pollutant before release into a sewage collection system;
 - ii. Meet the pretreatment requirements of A.R.S. § 49-255.02; or
 - iii. For sewage treatment facilities without significant industrial input, conduct periodic monitoring to detect industrial discharge; and
 7. A maximum seepage rate less than 550 gallons per day per acre for all containment structures within the treatment works. A sewage treatment facility that consists solely of containment structures with no other form of discharge complies with Article 2 Part B by operating below the maximum 550 gallon per day per acre seepage rate.
- C. The Director shall incorporate treated wastewater discharge limitations and associated monitoring specified in this Section into the individual permit to ensure compliance with the BADCT requirements.
 - D. An applicant shall formally request in writing and justify an alternative that allows less stringent performance than that established in this Section, based on the criteria specified in A.R.S. § 49-243(B)(1).
 - E. If the request specified in subsection (D) involves treatment or disposal works that are a demonstration, experimental, or pilot project, the Director may issue an individual permit that places greater reliance on monitoring to ensure operational capability.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-B205. Treatment Performance Requirements for an Existing Facility

For a sewage treatment facility that is an existing facility defined in A.R.S. § 49-201(16), the BADCT shall conform with the following:

1. The designer shall identify one or more design improvements that brings the facility closer to or within the treatment performance requirements specified in R18-9-B204, considering the factors listed in A.R.S. § 49-243(B)(1)(a) and (B)(1)(c) through (h);
2. The designer may eliminate from consideration alternatives identified in subsection (1) that are more expensive than the number of gallons of design flow times \$1.00 per gallon; and
3. The designer shall select a design that incorporates one or more of the considered alternatives by giving preference to measures that will provide the greatest improvement toward meeting the treatment performance requirements specified in R18-9-B204.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-B206. Treatment Performance Requirements for Expansion of a Facility

For an expansion of a sewage treatment facility, the BADCT shall conform with the following:

1. New facility BADCT requirements in R18-9-B204 apply to the following expansions:

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- a. An increase in design flow by an amount equal to or greater than the increases specified in R18-9-A211(B)(2)(b); or
 - b. An addition of a physically separate process or major piece of production equipment, building, or structure that causes a separate discharge to the extent that the treatment performance requirements for the pollutants addressed in R18-9-B204 can practicably be achieved by the addition.
2. BADCT requirements for existing facilities established in R18-9-B205 apply to an expansion not covered under subsection (1).

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended to correct a manifest typographical error in subsection (1) (Supp. 01-1). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

ARTICLE 3. AQUIFER PROTECTION PERMITS - GENERAL PERMITS**PART A. GENERAL PROVISIONS****R18-9-A301. Discharging Under a General Permit****A. Discharging requirements.**

1. Type 1 General Permit. A person may discharge under a Type 1 General Permit without submitting a Notice of Intent to Discharge if the discharge is authorized by and meets:
 - a. The applicable requirements of Article 3, Part A of this Chapter; and
 - b. The specific terms of the Type 1 General Permit established in Article 3, Part B of this Chapter.
 2. Type 2 General Permit. A person may discharge under a Type 2 General Permit if:
 - a. The discharge is authorized by and meets the applicable requirements of Article 3, Part A of this Chapter and the specific terms of the Type 2 General Permit established in Article 3, Part C of this Chapter;
 - b. The person files a Notice of Intent to Discharge under subsection (B); and
 - c. The person submits the applicable fee established in 18 A.A.C. 14.
 3. Type 3 General Permit. A person may discharge under a Type 3 General Permit if:
 - a. The discharge is authorized by and meets the applicable requirements of Article 3, Part A of this Chapter and the specific terms of the Type 3 General Permit established in Article 3, Part D of this Chapter;
 - b. The person files a Notice of Intent to Discharge under subsection (B);
 - c. The person satisfies any deficiency requests from the Department regarding the administrative completeness review and substantive review and receives a written Discharge Authorization from the Director; and
 - d. The person submits the applicable fee established in 18 A.A.C. 14.
 4. Type 4 General Permit. A person may discharge under a Type 4 General Permit if:
 - a. The discharge is authorized by and meets the applicable requirements of Article 3, Part A of this Chapter and the specific terms of the Type 4 General Permit established in Article 3, Part E of this Chapter;
- b. The person files a Notice of Intent to Discharge under subsection (B);
 - c. The person satisfies any deficiency requests from the Department regarding the administrative completeness review and substantive review, including any deficiency relating to the construction of the facility;
 - d. The person receives a written Discharge Authorization from the Director before the facility discharges; and
 - e. The person submits the applicable fee established in 18 A.A.C. 14 or according to A.R.S. §§ 49-107 and 49-112.

B. Notice of Intent to Discharge.

1. A person seeking a Discharge Authorization under a general permit under subsections (A)(2), (3), or (4) shall submit, by certified mail, in person, or by another method approved by the Department, a Notice of Intent to Discharge on a form provided by the Department.
2. The Notice of Intent to Discharge shall include:
 - a. The name, address, and telephone number of the applicant;
 - b. The name, address, and telephone number of a contact person familiar with the operation of the facility;
 - c. The name, position, address, and telephone number of the owner or operator of the facility who has overall responsibility for compliance with the permit;
 - d. The legal description of the discharge areas, including the latitude and longitude coordinates;
 - e. A narrative description of the facility or project, including expected dates of operation, rate, and volume of discharge;
 - f. The additional requirements, if any, specified in the general permit for which the authorization is being sought;
 - g. A listing of any other federal or state environmental permits issued for or needed by the facility, including any individual permit, Groundwater Quality Protection Permit, or Notice of Disposal that may have previously authorized the discharge; and
 - h. A signature on the Notice of Intent to Discharge certifying that the applicant agrees to comply with all applicable requirements of this Article, including specific terms of the general permit.
3. Receipt of a completed Notice of Intent to Discharge by the Department begins the administrative completeness review for a Type 3 or Type 4 General Permit.

C. Type 3 General Permit authorization review.

1. Inspection. The Department may inspect the facility to determine that the applicable terms of the general permit have been met.
2. Discharge Authorization issuance.
 - a. If the Department determines, based on its review and an inspection, if conducted, that the facility conforms to the requirements of the general permit and the applicable requirements of this Article, the Director shall issue a Discharge Authorization.
 - b. The Discharge Authorization authorizes the person to discharge under terms of the general permit and applicable requirements of this Article.
3. Discharge Authorization denial. If the Department determines, based on its review and an inspection, if conducted, that the facility does not conform to the requirements of the general permit or other applicable requirements of this Article, the Director shall notify the person of the decision not to issue the Discharge Authorization.

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zation and the person shall not discharge under the general permit. The notification shall inform the person of:

- a. The reason for the denial with reference to the statute or rule on which the denial is based;
- b. The person's right to appeal the denial, including the number of days the applicant has to file a protest challenging the denial and the name and telephone number of the Department contact person who can answer questions regarding the appeals process; and
- c. The person's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.

D. Type 4 General Permit review.

1. Pre-construction phase and facility construction. A person shall not begin facility construction until the Director issues a Construction Authorization.
 - a. Inspection. The Department may inspect the facility site before construction to determine that the applicable terms of the general permit will be met.
 - b. Review. If the Department determines, based on an inspection or its review of design plans, specifications, or other required documents that the facility does not conform to the requirements of the general permit or other applicable requirements of this Article, the Department shall make a written request for additional information to determine whether the facility will meet the requirements of the general permit.
 - c. Construction Authorization. If the Department determines, based on the review described in subsection (D)(1)(b) and any additional information submitted in response to a written request, that the facility design conforms with the requirements of the general permit and other applicable requirements of this Article, the Director shall issue a Construction Authorization to the person seeking to discharge. A Construction Authorization for an on-site wastewater treatment facility shall contain:
 - i. The design flow of the facility,
 - ii. The characteristics of the wastewater sources contributing to the facility,
 - iii. The general permits that apply, and
 - iv. A list of the documents that are the basis for the authorization.
 - d. Construction Authorization denial. If the Department determines, based on the review described in subsection (D)(1)(b) and any additional information submitted in response to a written request, that the facility design does not conform to the requirements of the general permit or other applicable requirements of this Article, the Director shall notify the person of the decision not to issue a Construction Authorization. The notification shall include the information listed in subsections (D)(2)(d).
 - e. Construction.
 - i. A person shall complete construction within two years of receiving a Construction Authorization.
 - ii. Construction shall conform with the plans and documents approved by the Department in the Construction Authorization. A change in location, configuration, dimension, depth, material, or installation procedure does not require approval by the Department if the change continues to conform with the specific standard in

this Article used as the basis for the original design.

- iii. The person shall record all changes made during construction, including any changes approved under R18-9-A312(G) on the site plan as specified in R18-9-A309(C)(1) or on documents as specified in R18-9-A309(C)(2) or R18-9-E301(E), as applicable.
- f. Completion of construction.
 - i. After completing construction of the facility, the person seeking to discharge shall submit any applicable documents specified in R18-9-A309(C) with the Request for Discharge Authorization form for an on-site wastewater treatment facility and the Engineer's Certificate of Completion specified in R18-9-E301(E) for a sewage collection system. Receipt of the documents by the Department initiates the post-construction review phase.
 - ii. If the Department does not receive the documentation specified in subsection (D)(1)(f)(i) by the end of the two-year construction period, the Notice of Intent to Discharge expires, and the person shall not continue construction or discharge.
 - iii. If the Notice of Intent to Discharge expires, the person shall submit a new Notice of Intent to Discharge under subsection (B) and the applicable fee under subsection (A)(4)(e) to begin or continue construction.
2. Post-construction phase.
 - a. Inspection. The Department may inspect the facility before issuing a Discharge Authorization to determine whether:
 - i. The construction conforms with the design authorized by the Department under subsection (D)(1)(c) and any changes recorded on the site plan as specified in R18-9-A309(C)(1) or other documents as specified in R18-9-A309(C)(2), or R18-9-E301(E), as applicable; and
 - ii. Terms of the general permit and applicable terms of this Article are met.
 - b. Deficiencies. If the Department identifies deficiencies based on an inspection of the constructed facility or during the review of documents submitted with the request for the Discharge Authorization, the Director shall provide a written explanation of the deficiencies to the person.
 - c. Discharge Authorization issuance.
 - i. Upon satisfactory completion of construction and documents required under R18-9-A309(C)(1) R18-9-A309(C)(2), or R18-9-E301(E), as applicable, the Director shall issue a Discharge Authorization.
 - ii. The Discharge Authorization allows a person to discharge under terms of the general permit and applicable requirements of this Article and the stated terms of the Construction Authorization.
 - d. Discharge Authorization denial. If, after receiving evidence of correction submitted by the person seeking to discharge, the Department determines that the deficiencies are not satisfactorily corrected, the Director shall notify the person seeking to discharge of the Director's decision not to issue the Discharge Authorization and the person shall not discharge

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under the general permit. The notification shall inform the person of:

- i. The reason for the denial with reference to the statute or rule on which the denial is based;
- ii. The person's right to appeal the denial, including the number of days the applicant has to file a protest challenging the denial and the name and telephone number of the Department contact person who can answer questions regarding the appeals process; and
- iii. The person's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A302. Point of Compliance

The point of compliance is the point at which compliance with Aquifer Water Quality Standards is determined.

1. Except as provided in this Section or as stated in a specific general permit, the applicable point of compliance at a facility operating under a general permit is a vertical plane downgradient of the facility that extends through the uppermost aquifers underlying that facility.
2. The point of compliance is the limit of the pollutant management area.
 - a. The pollutant management area is the horizontal plane of the area on which pollutants are or will be placed.
 - b. If a facility operating under a general permit is located within a larger pollutant management area established under an individual permit issued to the same person, the point of compliance is the applicable point of compliance established in the individual permit.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-A303. Renewal of a Discharge Authorization

- A. Unless a Discharge Authorization under a general permit is transferred, revoked, or expired, a person may discharge under the general permit for the authorization period as specified by the permit type, including any closure activities required by a specific general permit.
- B. An authorization to discharge under a Type 1 or Type 4 General Permit is valid for the operational life of the facility.
- C. A permittee authorized under a Type 2 or Type 3 General Permit shall submit an application for renewal on a form provided by the Department with the applicable fee established in 18 A.A.C. 14 at least 30 days before the end of the renewal period.
 1. The following are the renewal periods for Type 2 and Type 3 General Permit Discharge Authorizations:
 - a. 2.01 General Permit, five years;
 - b. 2.02 General Permit, seven years;
 - c. 2.03 General Permit, two years;
 - d. 2.04 General Permit, five years;
 - e. 2.05 General Permit, five years;
 - f. 2.06 General Permit, five years; and
 - g. Type 3 General Permits, five years.

2. The renewal period for coverage under a Type 2 General Permit begins on the date the Department receives the Notice of Intent to Discharge.
3. The renewal period for coverage under a Type 3 General Permit begins on the date the Director issues the written Discharge Authorization.

- D. If the Discharge Authorization is not renewed within the renewal period specified in subsection (B)(1), the Discharge Authorization expires.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A304. Notice of Transfer

- A. Transfer of authorization under a Type 1 General Permit.
 1. A permittee transferring ownership of a facility covered by a Type 1.01 through 1.08, or 1.10 through 1.12 General Permit is not required to notify the Department of the transfer.
 2. A permittee transferring ownership of an on-site wastewater treatment facility operating under a Type 1.09 General Permit shall follow the requirements under R18-9-A316.
 3. A permittee transferring ownership of a sewage treatment facility operating under a Type 1.09 General Permit shall submit a Notice of Transfer to the Department by certified mail within 15 days after the date that ownership changes.
- B. Transfer of authorization under a Type 2, 3, or 4.01 General Permit.
 1. If a change of ownership occurs for a facility covered by a Type 2, 3, or 4.01 General Permit facility, the permittee shall provide a Notice of Transfer to the Department or to the health or environmental agency delegated by the Director to administer Type 4.01 General Permits, by certified mail within 15 days after the date that ownership changes. The Notice of Transfer, on a form approved by the Department, shall include:
 - a. Any information that has changed from the original Notice of Intent to Discharge,
 - b. Any other transfer requirements specified for the general permit, and
 - c. The applicable fee established in 18 A.A.C. 14.
 2. The Department may require a permittee covered by a Type 2, 3, or Type 4.01 General Permit to submit a new Notice of Intent to Discharge and to obtain a new authorization under R18-9-A301(A)(2), (3) and (4), as applicable, if the volume or characteristics of the discharge have changed from the original application.
- C. Transfer of a Type 4.02 through 4.23 General Permit. A permittee transferring ownership of an on-site wastewater treatment facility operating under one or more Type 4.02 through 4.23 General Permits shall follow the requirements under R18-9-A316.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A305. Facility Expansion

- A. A permittee may expand a facility covered by a Type 2 General Permit if, before the expansion, the permittee provides the Department with the following information by certified mail:

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1. An updated Notice of Intent to Discharge,
 2. A certification signed by the facility owner stating that the expansion continues to meet all the conditions of the applicable general permit, and
 3. The applicable fee established under 18 A.A.C. 14.
- B.** A permittee may expand a facility covered by a Type 3 or Type 4 General Permit if the permittee submits a new Notice of Intent to Discharge and the Department issues a new Discharge Authorization.
1. The person submitting the Notice of Intent to Discharge for the expansion may reference the previous Notice of Intent to Discharge if the previous information is identical, but shall provide full and detailed information for any changed items.
 2. The Notice of Intent to Discharge shall include:
 - a. Any applicable fee established under 18 A.A.C. 14, and
 - b. A certification signed by the facility owner stating that the expansion continues to meet all of the requirements relating to the applicable general permit.
 3. Upon receiving the Notice of Intent to Discharge, the Department shall follow the applicable review and authorization procedures described in R18-9-A301(A)(3) or (4).

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A306. Closure

- A.** To satisfy the requirements under A.R.S. § 49-252, a permittee shall close a facility authorized to discharge under a general permit as follows:
1. If the discharge is authorized under a Type 1.01 through 1.08, 1.10, 1.11, 2.05, 2.06, or 4.01 General Permit, closure notification is unnecessary and clean closure is met when:
 - a. The permittee removes material that may contribute to a continued discharge; and
 - b. The permittee eliminates, to the greatest degree practical, any reasonable probability of further discharge from the facility and of exceeding any Aquifer Water Quality Standard at the applicable point of compliance;
 2. For a discharge authorized under a Type 2.02, 3.02, 3.05 through 3.07, or 4.23 General Permit, the facility meets clean closure requirements if the permittee provides notice and submits sufficient information for the Department to determine that:
 - a. Any material that may contribute to a continued discharge is removed;
 - b. The permittee has eliminated to the greatest degree practicable any reasonable probability of further discharge from the facility and of exceeding any Aquifer Water Quality Standard at the applicable point of compliance; and
 - c. Closure requirements, if any, established in the general permit are met;
 3. If the discharge is authorized under a Type 1.12, 2.01, 2.03, 2.04, 3.01, 3.03, or 3.04 General Permit, the permittee shall comply with the closure requirements in the general permit;
 4. If the discharge is from an on-site wastewater treatment facility authorized under a Type 1.09 or 4.02 through 4.22 General Permit, the permittee shall comply with the closure requirements in R18-9-A309(D); and
 5. If the discharge is from a sewage treatment facility authorized under a Type 1.09 General Permit, the permittee shall comply with the closure requirements under subsection (A)(1).
- B.** For a facility operating under a general permit and located at a site where an individual area-wide permit has been issued, a permittee may defer some or all closure activities required by this subsection if the Director approves the deferral in writing. The permittee shall complete closure activities no later than the date that closure activities identified in the individual area-wide permit are performed.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A307. Revocation of Coverage Under a General Permit

- A.** After notice and opportunity for a hearing, the Director may revoke coverage under a general permit and require the permittee to obtain an individual permit for any of the following:
1. The permittee fails to comply with the terms of the general permit as described in this Article, or
 2. The discharge activity conducted under the terms of the general permit causes or contributes to the violation of an Aquifer Water Quality Standard at the applicable point of compliance.
- B.** The Director may revoke coverage under a general permit for any or all facilities within a specific geographic area, if, due to geologic or hydrologic conditions, the cumulative discharge of the facilities has violated or will violate an Aquifer Water Quality Standard established under A.R.S. §§ 49-221 and 49-223. Unless the public health or safety is jeopardized, the Director may allow continuation of a discharge until the Department:
1. Issues a single individual permit,
 2. Authorizes a discharge under another general permit, or
 3. Consolidates the discharges authorized under the general permits by following R18-9-107.
- C.** If an individual permit is issued to replace general permit coverage, the coverage under the general permit allowing the discharge is automatically revoked upon issuance of the individual permit and notification under subsection (E) is not required.
- D.** If the Director revokes coverage under a general permit, the facility shall not discharge unless allowed under subsection (B) or under an individual permit.
- E.** If coverage under the general permit is revoked under subsections (A) or (B), the Director shall notify the permittee by certified mail of the decision. The notification shall include:
1. A brief statement of the reason for the decision;
 2. The effective revocation date of the general permit coverage;
 3. A statement of whether the discharge shall cease or whether the discharge may continue under the terms of revocation in subsection (B);
 4. Whether the Director requires a person to obtain an individual permit, and if so:
 - a. An individual permit application form, and
 - b. Identification of a deadline between 90 and 180 days after receipt of the notification for filing the application;
 5. The applicant's right to appeal the revocation, the number of days the applicant has to file an appeal, and the name

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and telephone number of the Department contact person who can answer questions regarding the appeals process; and

6. The applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A308. Violations and Enforcement For On-site Wastewater Treatment Facilities

- A. A person who owns or operates an on-site wastewater treatment facility contrary to the provisions of a Type 4 General Permit is subject to the enforcement actions under A.R.S. § 49-261;
- B. A person who violates this Article or a specific term of a general permit for an on-site wastewater treatment facility is subject to enforcement actions under A.R.S. § 49-261.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

R18-9-A309. General Provisions for On-site Wastewater Treatment Facilities**A. General requirements and prohibitions.**

1. No person shall discharge sewage or wastewater that contains sewage from an on-site wastewater treatment facility except under an Aquifer Protection Permit issued by the Director.
2. A person shall not install, allow to be installed, or maintain a connection between any part of an on-site wastewater treatment facility and a drinking water system or supply so that sewage or wastewater contaminates the drinking water.
3. A person shall not bypass or release sewage or partially treated sewage that has not completed the treatment process from an on-site wastewater treatment facility.
4. A person shall not use a cesspool for sewage disposal.
5. A person constructing a new on-site wastewater treatment facility or replacing the treatment works or disposal works of an existing on-site wastewater treatment facility shall connect to a sewage collection system if:
 - a. One of the following applies:
 - i. A provision of a Nitrogen Management Area designation under R18-9-A317(C) requires connection;
 - ii. A county, municipal, or sanitary district ordinance requires connection; or
 - iii. The on-site wastewater treatment facility is located within an area identified for connection to a sewage collection system by a Certified Area-wide Water Quality Management Plan adopted under 18 A.A.C. 5 or a master plan adopted by a majority of the elected officials of a board or council for a county, municipality, or sanitary district; or
 - b. A sewer service line extension is available at the property boundary and both of the following apply:
 - i. The service connection fee is not more than \$6000 for a dwelling or \$10 times the daily design flow in gallons for a source other than a dwelling, and

- ii. The cost of constructing the building sewer from the wastewater source to the service connection is not more than \$3000 for a dwelling or \$5 times the daily design flow in gallons for a source other than a dwelling.

6. The Department shall prohibit installation of an on-site wastewater treatment facility if the installation will create an unsanitary condition or environmental nuisance or cause or contribute to a violation of an Aquifer Water Quality Standard.
7. A person shall operate the permitted on-site wastewater treatment facility so that:
 - a. Flows to the facility consist of typical sewage and do not include any motor oil, gasoline, paint, varnish, solvent, pesticide, fertilizer, or other material not generally associated with toilet flushing, food preparation, laundry, or personal hygiene;
 - b. Flows to the facility from commercial operations do not contain hazardous wastes as defined under A.R.S. § 49-921(5) or hazardous substances;
 - c. If the sewage contains a component of nonresidential flow such as food preparation, laundry service, or other source, the sewage is adequately pretreated by an interceptor that complies with R18-9-A315 or another device authorized by a general permit or approved by the Department under R18-9-A312(G);
 - d. Except as provided in subsection (A)(7)(c), a sewage flow that does not meet the numerical levels for typical sewage is adequately pretreated to meet the numerical levels before entry into an on-site wastewater treatment facility authorized by this Article;
 - e. Flow to the facility does not exceed the design flow specified in the Discharge Authorization;
 - f. The facility does not create an unsanitary condition or environmental nuisance, or cause or contribute to a violation of either a Aquifer Water Quality Standard or a Surface Water Quality Standard; and
 - g. Activities at the site do not adversely affect the operation of the facility.
8. A person shall control the discharge of total nitrogen from an on-site wastewater treatment facility as follows:
 - a. For an on-site wastewater treatment facility operating under the 1.09 General Permit or proposed for construction in a Notice of Intent to Discharge under a Type 4 General Permit and the facility is located within a Nitrogen Management Area, the provisions of R18-9-A317(D) apply;
 - b. For an on-site wastewater treatment facility proposed for construction in a Notice of Intent to Discharge under R18-9-E323, the provisions of R18-9-E323(A)(4) apply;
 - c. For a subdivision proposed under 18 A.A.C. 5, Article 4, for which on-site wastewater treatment facilities are used for sewage disposal, the permittee shall demonstrate in the geological report required in R18-5-408(E)(1) that total nitrogen loading from the on-site wastewater treatment facilities to groundwater is controlled by providing one of the following:
 - i. For a subdivision platted for a single family dwelling on each lot, calculations that demonstrate that the number of lots within the subdivision does not exceed the number of acres contained within the boundaries of the subdivision;
 - ii. For a subdivision platted for dwellings that do not meet the criteria specified in subsection

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- (A)(8)(c)(i), calculations that demonstrate that the nitrogen loading over the total area of the subdivision is not more than 0.088 pounds (39.9 grams) of total nitrogen per day per acre calculated at a horizontal plane immediately beneath the active treatment of the disposal fields, based on a total nitrogen contribution to raw sewage of 0.0333 pounds (15.0 grams) of total nitrogen per day per person; or
- iii. An analysis by another means of demonstration showing that the nitrogen loading to the aquifer due to on-site wastewater treatment facilities within the subdivision does not cause or contribute to a violation of the Aquifer Water Quality Standard for nitrate at the applicable point of compliance.
9. Repairs.
 - a. A Notice of Intent to Discharge is not required for routine work that maintains a facility.
 - b. The following work is not considered routine work and a Notice of Intent to Discharge is required:
 - i. Converting a facility from operation only under gravity to one requiring a pump or other powered equipment for treatment or disposal;
 - ii. Modifying or replacing a facility operating under the 1.09 General Permit with a different type of treatment or disposal technology;
 - iii. Changing the treatment works or disposal works of a facility authorized under one or more Type 4 General Permits to a technology covered by any other Type 4 General Permit;
 - iv. Extending the disposal works more than 10 feet beyond the footprint of the original disposal works;
 - v. Reconstructing any part of the disposal works in soil that is inadequate for the treated wastewater flow or strength;
 - vi. Expanding the footprint of the facility into or within setback buffers established in R18-9-A312(C);
 - vii. Reconstructing the disposal works so that it does not meet the vertical separation requirements specified in R18-9-A312(E);
 - viii. Modifying a treatment works or disposal works to accommodate a daily design flow or waste load greater than the daily design flow or waste load applicable to the original facility; or
 - ix. Replacing the treatment works.
 - c. Components used in a repair shall meet the design, installation, and operational requirements of this Article.
 - d. A permittee shall comply with any local ordinance that provides independent permitting requirements for repair work.
 - e. A person shall not modify the facility so as to create an unsanitary condition or environmental nuisance or cause or contribute to an exceedance of a water quality standard.
 10. Cumulative flows. When there is more than one on-site wastewater treatment facility on a property or on a site under common ownership or subject to a larger plan of sale or development, the Director shall determine whether an individual permit is required or whether the applicant qualifies for coverage to discharge under a general permit based on the sum of the design flows from the proposed installation and existing on-site wastewater treatment facilities on the property or site.
 - a. If the sum of the design flows is less than 3000 gallons per day, the Department will process the application under R18-9-E302 through R18-9-E322, as applicable.
 - b. If the sum of the design flows is equal to or more than 3000 gallons per day but less than 24,000 gallons per day, the Department will process the application under R18-9-E323.
 - c. If the sum of the design flows is equal to or more than 24,000 gallons per day, the project does not qualify for coverage under a Type 4 General Permit and the applicant shall submit an application for an individual permit under Article 2 of this Chapter.
 - B. Notice of Intent to Discharge under a Type 4 General Permit. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit the following information in a format approved by the Department:
 1. A site investigation report that summarizes the results of the site investigation conducted under R18-9-A310(B), including:
 - a. Results from any soil evaluation, percolation test, or seepage pit performance test;
 - b. Any surface limiting condition identified in R18-9-A310(C)(2); and
 - c. Any subsurface limiting condition identified in R18-9-A310(D)(2);
 2. A site plan that includes:
 - a. The parcel and lot number, if applicable, the property address or other appropriate legal description, the property size in acres, and the boundaries of the property;
 - b. A plan of the site drawn to scale, dimensioned, and with a north arrow that shows:
 - i. Proposed and existing on-site wastewater treatment facilities; dwellings and other buildings; driveways, swimming pools, tennis courts, wells, ponds, and any other paved, concrete, or water feature; down slopes and cut banks with a slope greater than 15 percent; retaining walls; and any other constructed feature that affects proper location, design, construction, or operation of the facility;
 - ii. Any feature less than 200 feet from the on-site wastewater treatment facility excavation and reserve area that constrains the location of the on-site wastewater treatment facility because of setback limitations specified in R18-9-A312(C);
 - iii. Topography, delineated with an appropriate contour interval, showing original and post-installation grades;
 - iv. Location and identification of the treatment and disposal works and wastewater pipelines, the reserve disposal area, and location and identification of all sites of percolation testing and soil evaluation performed under R18-9-A310; and
 - v. Location of any public sewer if 400 feet or less from the property line;
 3. The design flow of the on-site wastewater treatment facility expressed in gallons per day based on Table 1, Unit Design Flows, the expected strength of the wastewater if the strength exceeds the levels for typical sewage, and:
 - a. For a single family dwelling, a list of the number of bedrooms and plumbing fixtures and corresponding

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- unit flows used to calculate the design flow of the facility; and
- b. For a dwelling other than for a single family, a list of each wastewater source and corresponding unit flows used to calculate the design flow of the facility;
 4. A list of materials, components, and equipment for constructing the on-site wastewater treatment facility;
 5. Drawings, reports, and other information that are clear, reproducible, and in a size and format specified by the Department; and
 6. For a facility that includes treatment or disposal works permitted under R18-9-E303 through R18-9-E323:
 - a. Construction quality drawings that show the following:
 - i. Systems, subsystems, and key components, including manufacturer's name, model number, and associated construction notes and inspection milestones, as applicable;
 - ii. A title block, including facility owner, revision date, space for addition of the Department's application number, and page numbers;
 - iii. A plan and profile with the elevations of wastewater pipelines, and treatment and disposal components, including calculations justifying the absorption area, to allow Department verification of hydraulic and performance characteristics;
 - iv. Cross sections showing wastewater pipelines, construction details and elevations of treatment and disposal components, original and finished grades of the land surface, seasonal high water table if less than 10 feet below the bottom of a disposal works or 60 feet below the bottom of a seepage pit, and a soil elevation evaluation to allow Department verification of installation design and performance; and
 - v. Drainage pattern, drainage controls, and erosion protection, as applicable, for the facility; and
 - b. A draft operation and maintenance manual for the on-site wastewater treatment facility consisting of the tasks and schedules for operating and maintaining performance over a 20-year operational life;
- C. Additional requirements for a Discharge Authorization under a Type 4 General Permit.
1. If the entire on-site wastewater treatment facility, including treatment works and disposal works, will be permitted under R18-9-E302, the Director shall issue the Discharge Authorization if:
 - a. The site plan accurately reflects the final location and configuration of the components of the treatment and disposal works, and
 - b. The applicant certifies on the Request for Discharge Authorization form that the septic tank passed the watertightness test required by R18-9-A314(5)(d).
 2. If the on-site wastewater treatment facility is proposed under R18-9-E303 through R18-9-E323, either separately or in any combination with each other or with R18-9-E302, the Director shall issue the Discharge Authorization if the following documents are submitted to the Department:
 - a. As-built plans showing changes from construction quality drawings submitted under subsection (B)(6)(a);
 - b. A final list of equipment and materials showing changes from the list submitted under subsection (B)(4);
 - c. A final operation and maintenance manual for the on-site wastewater treatment facility consisting of the tasks and schedules for operating and maintaining performance over a 20-year operational life;
 - d. A certification that a service contract for ensuring that the facility is operated and maintained to meet the performance and other requirements of the applicable general permits exists for at least one year following the beginning of the operation of the on-site wastewater treatment facility, including the name of the service provider, if the on-site wastewater treatment facility is permitted under:
 - i. R18-9-E304;
 - ii. R18-9-E308 through R18-9-E315;
 - iii. R18-9-E316, if the facility includes a pump; or
 - iv. R18-9-E318 through R18-9-E322;
 - e. Other documents, if required by the separate general permits in 18 A.A.C. 9, Article 3, Part E;
 - f. A Certificate of Completion signed by the person responsible for assuring that installation of the facility conforms to the design approved under the Construction Authorization under R18-9-A301(D)(1)(c);
 - g. The name of the installation contractor and the Registrar of Contractor's license number issued to the installation contractor; and
 - h. A certification that any septic tank installed as a component of the on-site wastewater treatment facility passed the watertightness test required by R18-9-A314(5)(d).
3. The Director shall specify in the Discharge Authorization:
- a. The permitted design flow of the facility,
 - b. The characteristics of the wastewater sources contributing to the facility, and
 - c. A list of the documents submitted to and reviewed by the Department satisfying subsection (C)(2).

D. Closure requirements. A person who permanently discontinues use of an on-site wastewater treatment facility or a cesspool, or is ordered by the Director to close an abandoned facility shall:

 1. Remove all sewage from the facility and dispose of the sewage in a lawful manner;
 2. Disconnect and remove electrical and mechanical components;
 3. Remove or collapse the top of any tank or containment structure.
 - a. Punch a hole in the bottom of the tank or containment structure if the bottom is below the seasonal high groundwater table;
 - b. Fill the tank or containment structure or any cavity resulting from its removal with earth, sand, gravel, concrete, or other approved material; and
 - c. Regrade the surface to provide drainage away from the closed area;
 4. Cut and plug both ends of the abandoned sewer drain pipe between the building and the on-site wastewater treatment facility not more than 5 feet outside the building foundation if practical, or cut and plug as close to each end as possible; and
 5. Notify the Department within 30 days of closure.

E. Proprietary and other reviewed products.

 1. The Department shall maintain a list of proprietary and other reviewed products that may be used for on-site

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wastewater treatment facilities to comply with the requirements of this Article. The list shall include appropriate information on the applicability and limitations of each product.

2. The list of proprietary and other reviewed products may include manufactured systems, subsystems, or components within the treatment works and disposal works if the products significantly contribute to the treatment performance of the system or provide the means to overcome site limitations. The Department will not list septic tanks, effluent filters or components that do not significantly affect treatment performance or provide the means to overcome site limitations.
 3. A person may request that the Department add a product to the list of proprietary and other reviewed products. The request may include a proposed reference design for review. The Department shall ensure that performance values in the list reflect the treatment performance for defined wastewater characteristics. The Department shall assess fees under 18 A.A.C. 14 for product review.
- F. Recordkeeping. A permittee authorized to discharge under one or more Type 4 General Permits shall maintain the Discharge Authorization and associated documents for the life of the facility.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A310. Site Investigation for Type 4 On-site Wastewater Treatment Facilities

- A. Definition. For purposes of this Section, "clean water" means water free of colloidal material or additives that could affect chemical or physical properties if the water is used for percolation or seepage pit performance testing.
- B. Site investigation. An applicant shall ensure that an investigator qualified under subsection (H) conducts a site investigation consisting of a surface characterization under subsection (C) and a subsurface characterization under subsection (D). The applicant shall submit the results in a format prescribed by the Department. The site investigation shall provide sufficient data to:
1. Select appropriate primary and reserve disposal areas for an on-site wastewater treatment facility considering all surface and subsurface limiting conditions in subsections (C)(2) and (D)(2); and
 2. Effectively design and install the selected facility to serve the anticipated development at the site, whether or not limiting conditions exist.
- C. Surface characterization.
1. Surface characterization method. The investigator shall characterize the surface of the site where an on-site wastewater treatment facility is proposed for installation using one of the following methods:
 - a. The "Standard Practice for Surface Site Characterization for On-site Septic Systems, D5879-95 (2003)," published by the American Society for Testing and Materials. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959;
 - b. Another method of surface characterization that can, with accuracy and reliability, identify and delineate the surface limiting conditions specified in subsection (C)(2).
 2. Surface limiting conditions. The investigator shall determine whether, and if so, where any of the following surface limiting conditions exist:
 - a. The surface slope is greater than 15 percent at the intended location of the on-site wastewater treatment facility;
 - b. Minimum setback distances are not within the limits specified in R18-9-A312(C);
 - c. Surface drainage characteristics at the intended location of the on-site wastewater treatment facility will adversely affect the ability of the facility to function properly;
 - d. A 100-year flood hazard zone, as indicated on the applicable flood insurance rate map, is located within the property on which the on-site wastewater treatment facility will be installed;
 - e. An outcropping of rock that cannot be excavated exists in the intended location of the on-site wastewater treatment facility or will impair the function of soil receiving the discharge; and
 - f. Fill material deposits exist in the intended location of the on-site wastewater treatment facility.
- D. Subsurface characterization.
1. Subsurface characterization method. The investigator shall characterize the subsurface of the site where an on-site wastewater treatment facility is proposed for installation using one or more of the following methods:
 - a. The following ASTM standard practices, which are incorporated by reference and do not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959:
 - i. "Standard Practice for Subsurface Site Characterization of Test Pits for On-site Septic Systems, D5921-96(2003)e1 (2003)," published by the American Society for Testing and Materials; and
 - ii. "Standard Practice for Soil Investigation and Sampling by Auger Borings, D1452-80 (2000)," published by the American Society for Testing and Materials;
 - b. Percolation testing as specified in subsection (F);
 - c. Seepage pit performance testing as specified in subsection (G); or
 - d. Another method of subsurface characterization, approved by the Department, that ensures compliance with water quality standards through proper system location, selection, design, installation, and operation.
 2. Subsurface limiting conditions. The investigator shall determine whether any of the following limiting conditions exist in the primary and reserve areas of the on-site wastewater treatment facility within a minimum of 12 feet of the land surface or to an impervious soil or rock layer if encountered at a shallower depth:

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- a. The soil absorption rate determined under R18-9-A312(D)(2) is:
 - i. More than 1.20 gallons per day per square foot, or
 - ii. Less than 0.20 gallons per day per square foot;
 - b. The vertical separation distance from the bottom of the lowest point of the disposal works to the seasonal high water table is less than the minimum vertical separation specified in R18-9-A312(E)(1);
 - c. Seasonal saturation occurs within surface soils that could affect the performance of the on-site wastewater treatment facility;
 - d. One of the following subsurface conditions that may cause or contribute to the surfacing of wastewater:
 - i. An impervious soil or rock layer,
 - ii. A zone of saturation that substantially limits downward percolation from the disposal works,
 - iii. Soil with more than 50 percent rock fragments;
 - e. One of the following subsurface conditions that promotes accelerated downward movement of insufficiently treated wastewater:
 - i. Fractures or joints in rock that are open, continuous, or interconnected;
 - ii. Karst voids or channels; or
 - iii. Highly permeable materials such as deposits of cobbles or boulders; or
 - f. A subsurface condition that may convey wastewater to a water of the state and cause or contribute to an exceedance of a water quality standard established in 18 A.A.C. 11, Articles 1 and 4.
3. Applicability of subsurface characterization methods. The investigator shall:
- a. For a seepage pit constructed under R18-9-E302, test seepage pit performance using the procedure specified in subsection (G);
 - b. For an on-site wastewater treatment facility other than a seepage pit, characterize soil by using one or more of the ASTM methods specified in subsection (D)(1)(a) if any of the following site conditions exists:
 - i. The natural surface slope at the intended location of the on-site wastewater treatment facility is greater than 15 percent;
 - ii. Bedrock or similar consolidated rock formation that cannot be excavated with a shovel outcrops on the property or occurs less than 12 feet below the land surface;
 - iii. The native soil at the surface or encountered in a boring, trench, or hole consists of more than 35 percent rock fragments;
 - iv. The seasonal high water table occurs within 12 feet of the natural land surface as encountered in trenches or borings, or evidenced by well records or hydrologic reports;
 - v. Seasonal saturation at the natural land surface occurs as indicated by soil mottling, vegetation adapted to near-surface saturated soils, or springs, seeps, or surface water near enough to the intended location of the on-site wastewater treatment facility to have a connection with potential seasonal saturation at the land surface; or
 - vi. A percolation test yields results outside the limits specified in subsection (D)(2)(a) and (b).
 - c. Percolation testing. The investigator may perform percolation testing as specified in subsection (F):
 - i. To augment another method of subsurface characterization if useful to locate or design an on-site wastewater treatment facility, or
 - ii. As the sole method of subsurface characterization if a subsurface characterization by an ASTM method is not required under subsection (D)(3)(b).
- E. If an ASTM method is used for subsurface characterization, the investigator shall conduct subsurface characterization tests at the site to provide adequate, credible, and representative information to ensure proper location, selection, design, and installation of the on-site wastewater treatment facility. The investigator shall:
1. Select at least two test locations in the primary area and one test location in the reserve area to conduct the tests;
 2. Perform the characterization at each test location at appropriate depths to:
 - a. Establish the wastewater absorption capacity of the soil under R18-9-A312(D), and
 - b. Aid in determining that a sufficient zone of unsaturated flow is provided below the disposal works to achieve necessary wastewater treatment; and
 3. Submit with the site investigation report:
 - a. A log of soil formations for each test location with information on soil type, texture, and classification; percentage of rock; structure; consistence; and mot-tles;
 - b. A determination of depth to groundwater below the land surface by test trenches or borings, published groundwater data, subdivision reports, or relevant well data; and
 - c. A determination of the water absorption characteristics of the soil, under R18-9-A312(D)(2)(b), sufficient to allow location and design of the on-site wastewater treatment facility.
- F. Percolation testing method for subsurface characterization.
1. Planning and preparation. The investigator shall:
 - a. Select at least two locations in the primary area and at least one location in the reserve area for percolation testing, to provide adequate and credible information to ensure proper location, selection, design, and installation of a properly working on-site wastewater treatment facility;
 - b. Perform percolation testing at each location at intervals in the soil profile sufficient to:
 - i. Establish the wastewater absorption capability of the soil under R18-9-A312(D), and
 - ii. Aid in determining that a sufficient zone of unsaturated flow is provided below the disposal works to achieve necessary wastewater treatment. The investigator shall perform percolation tests at multiple depths if there is an indication of an obvious change in soil characteristics that affect the location, selection, design, installation, or disposal performance of the on-site wastewater treatment facility;
 - c. Excavate percolation test holes in undisturbed soil at least 12 inches deep with dimensions of 12 inches by 12 inches, if square, or a diameter of 15 inches, if round. The investigator shall not alter the structure of the soil during the excavation;
 - d. Place percolation test holes away from site or soil features that yield unrepresentative or misleading data pertaining to the location, selection, design, installation, or performance of the on-site wastewater treatment facility;

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- e. Scarify smeared soil surfaces within the percolation test holes and remove any loosened materials from the bottom of the hole; and
 - f. Use buckets with holes in the sides to support the sidewalls of the percolation test hole, if necessary. The investigator shall fill any voids between the walls of the hole and the bucket with pea gravel to reduce the impact of the enlarged hole.
2. Presoaking procedure. The investigator shall:
- a. Fill the percolation test hole with clean water to a depth of 12 inches above the bottom of the hole;
 - b. Observe the decline of the water level in the hole and record time in minutes for the water to completely drain away;
 - c. Repeat the steps specified in subsection (F)(2)(a) and (b) if the water drains away in less than 60 minutes.
 - i. If the water drains away the second time in less than 60 minutes, the investigator shall repeat the steps specified in subsections (F)(2)(a) and (b).
 - ii. If the water drains away a third time in less than 60 minutes, the investigator shall perform the percolation test by following subsection (F)(3); and
 - d. Add clean water to the hole after 60 minutes and maintain the water at a minimum depth of 9 inches for at least four more hours if it takes 60 minutes or longer for the water to drain away. The investigator shall protect the hole from precipitation and runoff, and perform the percolation test specified in subsection (F)(3) between 16 and 24 hours after presoaking.
3. Conducting the test. The investigator shall:
- a. Conduct the percolation test before soil hydraulic conditions established by the presoaking procedure substantially change. The investigator shall remove loose materials in the percolation test hole to ensure that the specified dimensions of the hole are maintained and the infiltration surfaces are undisturbed native soil;
 - b. Fill the test hole to a depth of six inches above the bottom with clean water;
 - c. Observe the decline of the water level in the test hole and record the time in minutes for the water level to fall exactly 1 inch from a fixed reference point. The investigator shall:
 - i. Immediately refill the hole with clean water to a depth of 6 inches above the bottom, and determine and record the time in minutes for the water level to fall exactly 1 inch,
 - ii. Refill the hole again with clean water to a depth of 6 inches above the bottom and determine and record the time in minutes for the water to fall exactly 1 inch, and
 - iii. Ensure that the method for measuring water level depth is accurate and does not significantly affect the percolation rate of the test hole;
 - d. If the percolation rate stabilizes for three consecutive measurements by varying no more than 10 percent, use the highest percolation rate value of the three measurements. If three consecutive measurements indicate that the percolation rate results are not stabilizing or the percolation rate is between 60 and 120 minutes per inch, the investigator shall use an alternate method based on a graphical solution of the test data to approximate the stabilized percolation rate;
- e. Record the percolation rate results in minutes per inch; and
 - f. Submit the following information with the site investigation report:
 - i. A log of the soil formations encountered for all percolation tests including information on texture, structure, consistence, percentage of rock fragments, and mottles, if present;
 - ii. Whether and which test hole was reinforced with a bucket;
 - iii. The locations, depths, and bottom elevations of the percolation test holes on the site investigation map;
 - iv. A determination of depth to groundwater below the land surface by test trenches or borings, published groundwater data, subdivision reports, or relevant well data; and
 - v. A determination of the water absorption characteristics of the soil, under R18-9-A312(D)(2)(a), sufficient to allow location and design of the on-site wastewater treatment facility.
- G. Seepage pit performance testing method for subsurface characterization. The investigator shall test seepage pits described in R18-9-E302 as follows:
- 1. Planning and Preparation. The investigator shall:
 - a. Identify the disposal areas at the site and drill a test hole at least 18 inches in diameter to the depth of the proposed seepage pit, at least 30 feet deep, and
 - b. Scarify soil surfaces within the test hole and remove loosened materials from the bottom of the hole.
 - 2. Presoaking procedure. The investigator shall:
 - a. Fill the bottom 6 inches of the test hole with gravel, if necessary, to prevent scouring;
 - b. Fill the test hole with clean water up to 3 feet below the land surface;
 - c. Observe the decline of the water level in the hole and determine the time in hours and minutes for the water to completely drain away;
 - d. Repeat the procedure if the water drains away in less than four hours; If the water drains away the second time in less than four hours, the investigator shall conduct the seepage pit performance test by following subsection (G)(3);
 - e. Add water to the hole and maintain the water at a depth that leaves at least the top 3 feet of hole exposed to air for at least four more hours if the water drains away in four or more hours; and
 - f. Not remove the water from the hole before the seepage pit performance test if there is standing water in the hole after at least 16 hours of presoaking.
 - 3. Conducting the test. The investigator shall:
 - a. Fill the test hole with clean water up to 3 feet below land surface;
 - b. Observe the decline of the water level in the hole and determine and record the vertical distance to the water level from a fixed reference point every 10 minutes. The investigator shall ensure that the method for measuring water level depth is accurate and does not significantly affect the rate of fall of the water level in the test hole;
 - c. Measure the decline of the water level continually until three consecutive 10-minute measurements

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indicate that the infiltration rates are within 10 percent. If measurements indicate that infiltration is not approaching a steady rate or if the rate is close to a numerical limit specified in R18-9-A312(E)(1), the investigator shall use, an alternate method based on a graphical solution of the test data to approximate the final stabilized infiltration rate;

- d. Percolation test rate. Calculate the stabilized infiltration rate for a seepage pit determined by the test hole procedure specified in subsection (G)(1)(a) using the formula $P = (15 / DS) \times IS$ to determine an equivalent percolation test rate. Once "P" is determined, the investigator shall use R18-9-A312(D)(2)(a) to establish the design SAR for wastewater treated under R18-9-E302 and to calculate the required minimum sidewall area for the seepage pit using the equation specified in R18-9-E302(C)(5)(k).
 - i. "P" is the percolation test rate (minutes per inch) tabulated in the first column of the table in R18-9-A312(D)(2)(a),
 - ii. "DS" is the diameter of the seepage pit test hole in inches, and
 - iii. "IS" is the seepage pit stabilized infiltration rate (minutes per inch) determined by the procedure specified in R18-9-A310(F)(3)(c);
- e. Submit the following information with the site investigation report:
 - i. The results of the seepage pit performance testing including data, calculations, and findings on a form provided by the Department;
 - ii. The log of the test hole indicating lithologic characteristics and points of change;
 - iii. The location of the test hole on the site investigation map;
 - iv. A determination of depth to groundwater below the land surface by borings, published groundwater data, subdivision reports, or relevant well data.
- f. Fill the test hole so that groundwater quality and public safety are not compromised if the seepage pit is drilled elsewhere or if a seepage pit cannot be sited at the location because of unfavorable test results.

H. Qualifications. An investigator shall not perform a site investigation under this Section unless the investigator has knowledge and competence in the subject area and is licensed in good standing or otherwise qualified in one of the following categories:

1. Arizona-registered professional engineer,
2. Arizona-registered geologist,
3. Arizona-registered sanitarian,
4. A certificate of training from a course recognized by the Department as sufficiently covering the information specified in this Section, or
5. Qualifies under another category designated in writing by the Department.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A311. Facility Selection for Type 4 On-site Wastewater Treatment Facilities

A. A person shall select, design, and install an on-site wastewater treatment facility that is appropriate for the site's geographic

location, setback limitations, slope, topography, drainage and soil characteristics, wastewater infiltration capability, depth to the seasonal high water table, and any surface or subsurface limiting condition.

1. A person may use on-site treatment and disposal technologies covered by a Type 4 General Permit alone or in combination with another Type 4 General Permit to overcome site limitations.
 2. An applicant may submit a single Notice of Intent to Discharge for an on-site wastewater treatment facility consisting of components or technologies covered by multiple general permits if the information submittal requirements of all the general permits are met.
 3. The Director shall issue a single Construction Authorization under R18-9-A301(D)(1) and a single Discharge Authorization under R18-9-A301(D)(2) for an on-site wastewater treatment facility that consists of components or technologies covered by multiple general permits.
- B.** A person may install a septic tank and disposal works system described in R18-9-E302 as the sole method of wastewater treatment and disposal at a site if the site investigation conducted under R18-9-A310 indicates that no limiting condition identified under R18-9-A310(C) or R18-9-A310(D) exists at the site.
1. A person may install a seepage pit only in valley-fill sediments in a basin-and-range alluvial basin and only if the seepage pit performance test results meet the criteria specified in R18-9-A312(E).
 2. The person shall specify in the Notice of Intent to Discharge that no limiting conditions described in R18-9-A310(C) and (D) were identified at the site.
- C.** If any surface or subsurface limiting condition is identified in the site investigation report, an applicant may propose installation of a septic tank and disposal works system described in R18-9-E302 only if:
1. The applicant submits information under R18-9-A312(G) that describes:
 - a. How the design of the septic tank and disposal works system specified in R18-9-E302 was modified to overcome limiting conditions;
 - b. How the modified design meets the criteria of R18-9-A312(G)(3); and
 - c. A site-specific SAR under R18-9-A312(D)(2)(a) or (b), as applicable; and
 2. None of the following surface or subsurface limiting conditions are identified at the site:
 - a. An outcropping of rock that cannot be excavated or will impair the function of soil receiving the discharge exists in the intended location of the on-site wastewater treatment facility, as described in R18-9-A310(C)(2)(e);
 - b. The vertical separation distance from the bottom of the lowest point of the disposal works to the seasonal high water table is less than the minimum vertical separation distance, as described in R18-9-A310(D)(2)(c); or
 - c. A subsurface condition that promotes accelerated downward movement of insufficiently treated wastewater as described in R18-9-A310(D)(2)(e).
- D.** If a site can accommodate a septic tank and disposal works system described in R18-9-E302, the applicant shall not install a treatment works or disposal works described in R18-9-E303 through R18-9-E322 unless the applicant submits a statement to the Department with the Notice of Intent to Discharge acknowledging the following:

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1. The applicant is aware that although a septic tank and disposal works system described in R18-9-E302 is appropriate for the site, the applicant desires to install a treatment works or disposal works authorized under R18-9-E303 through R18-9-E322; and
2. The applicant is aware that a treatment works or disposal works authorized under R18-9-E303 through R18-9-E322 may result in higher capital, operation, and maintenance costs than a septic tank and disposal works system described in R18-9-E302.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A312. Facility Design for Type 4 On-site Wastewater Treatment Facilities

- A.** General design requirements. An applicant shall ensure that the person designing an on-site wastewater treatment facility:
1. Signs the design documents submitted as part of the Notice of Intent to Discharge to obtain a Construction Authorization, including plans, specifications, drawings, reports, and calculations; and
 2. Locates and designs the on-site wastewater treatment facility project using good design judgment and relies on appropriate design methods and calculations.
- B.** Design considerations and flow determination. An applicant shall ensure that the person designing the on-site wastewater treatment facility shall:
1. Design the facility to satisfy a 20-year operational life;
 2. Design the facility based on the provisions of one or more of the general permits in R18-9-E302 through R18-9-E322 for facilities with a design flow of less than 3000 gallons per day, and R18-9-E323 for facilities with a design flow of 3000 gallons per day to less than 24,000 gallons per day;
 3. Design the facility based on the facility's design flow and wastewater characteristics as specified in R18-9-A309(B)(3);
 4. For on-site wastewater treatment facilities permitted under R18-9-E303 through R18-9-E323, apply the following design requirements, as applicable:
 - a. Include the power source and power components in construction drawings if electricity or another type of power is necessary for facility operation;

- b. If a hydraulic analysis is required under subsection (E), perform the analysis based on the location and dimensions of the bottom and sidewall surfaces of the disposal works that are identified in the design documentation;
- c. Design components, piping, ports, seals, and appurtenances to withstand installation loads, internal and external operational loads, and buoyant forces. Design ports for resistance against movement, and cap or cover openings for protection from damage and entry by rodents, mosquitoes, flies, or other organisms capable of transporting a disease-causing organism;
- d. Design tanks, liners, ports, seals, piping to and within the facility, and appurtenances for watertightness under all operational conditions;
- e. Provide adequate storage capacity above high operating level to:
 - i. Accommodate a 24-hour power or pump outage, and
 - ii. Contain wastewater that is incompletely treated or cannot be released by the disposal works to the native soil;
- f. If a fixed media process is used, provide in the construction drawings the media material, installation specification, media configuration, and wastewater loading rate of the media at the daily design flow;
- g. Provide a fail-safe wastewater control or operational process, if required by the general permit to prevent discharge of inadequately treated wastewater; and
- h. Reference design. If using a reference design on file with the Department, indicate the reference design within the information submitted with the Notice of Intent to Discharge.

- C.** Setbacks. The following setbacks apply unless the Department:
1. Specifies alternative setbacks under Article 3, Part E of this Chapter;
 2. Approves a different setback under the procedure specified in subsection (G); or
 3. Establishes a more stringent setback on a site- or area-specific basis to ensure compliance with water quality standards.

Features Requiring Setbacks	Setback For An On-Site Wastewater Treatment Facility, Including Reserve Area (In Feet)	Special Provisions
1. Building	10	Includes porches, decks, and steps (covered or uncovered), breezeways, roofed patios, carports, covered walks, and similar structures and appurtenances.
2. Property line shared with any adjoining lot or parcel not served by a common drinking water system* or an existing water well	50	A person may reduce the setback to a minimum of 5 feet from the property line if: <ol style="list-style-type: none"> a. The owners of any affected undeveloped adjacent properties agree, as evidenced by an appropriately recorded document, to limit the location of any new well on their property to at least 100 feet from the proposed treatment works and primary and reserve disposal works; and b. The arrangements and documentation are approved by the Department.

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3. All other property lines	5	None
4. Public or private water supply well	100	None
5. Perennial or intermittent stream	100	Measured horizontally from the high water line of the peak streamflow from a 10-year, 24-hour rainfall event.
6. Lake, reservoir, or canal	100	Measured horizontally from the high water line from a 10-year, 24-hour rainfall event at the lake or reservoir.
7. Drinking water intake from a surface water source (includes an open water body, downslope spring or a well tapping streamside saturated alluvium)	200	Measured horizontally from the on-site wastewater treatment facility to the structure or mechanism for withdrawing raw water such as a pipe inlet, grate, pump, intake or diversion box, spring box, well, or similar structure.
8. Wash or drainage easement with a drainage area of more than 20 acres	50	Measured horizontally from the nearest edge of the defined natural channel bank or drainage easement boundary. A person may reduce the setback to 25 feet if natural or constructed erosion protection is approved by the appropriate flood plain administrator.
9. Water main or branch water line	10	None
10. Domestic service water line	5	Measured horizontally between the water line and the wastewater pipe, except that the following are allowed: a. A water line may cross above a wastewater pipe if the crossing angle is between 45 and 90 degrees and the vertical separation distance is 1 foot or more. b. A water line may parallel a wastewater pipe with a horizontal separation distance of 1 foot to 5 feet if the bottom of the water line is 1 foot or more above the top of the wastewater pipe and is in a separate trench or on a bench in the same trench.
11. Downslopes or cut banks greater than 15 percent, culverts, and ditches from:		
a. Treatment works components	10	Measured horizontally from the bottom of the treatment works component to the closest point of daylighting on the surface.
b. Trench, bed, chamber technology, or gravel-less trench with:		Measured horizontally from the bottom of the lowest point of the disposal pipe or drip lines, as applicable, to the closest point of daylighting on the surface.
i. No limiting subsurface condition specified in R18-9-A310(D)(2),	20	
ii. A limiting subsurface condition.	50	
c. Subsurface drip lines.	3	Measured horizontally from the bottom of the lowest point of the disposal pipe or drip lines, as applicable, to the closest point of daylighting on the surface.
12. Driveway	5	Measured horizontally to the nearest edge of an on-site wastewater treatment facility excavation. A person may place a properly reinforced and protected wastewater treatment facility, except for disposal works, at any location relative to a driveway if access openings, risers, and covers carry the design load and are protected from inflow.

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13. Swimming pool excavation	5	Except if soil loading or stability concerns indicate the need for a greater separation distance.
14. Easement (except drainage easement)	5	None
15. Earth fissures	100	None

* A "common drinking water system" means a system that currently serves or is under legal obligation to serve the property and may include a drinking water utility, a well-sharing agreement, or other viable water supply agreement.

D. Soil absorption rate (SAR) and disposal works sizing.

1. An applicant shall determine the soil absorption area by dividing the design flow by the applicable soil absorption rate. If soil characterization and percolation test methods yield different SAR values or if multiple applications of the same approach yield different values, the designer of the disposal works shall use the lowest SAR value unless a higher SAR value is proposed and justified to the Department's satisfaction in the Notice of Intent to Discharge.
2. The SAR used to calculate disposal works size for systems described in R18-9-E302 is as follows:
 - a. The SAR by percolation testing as described in R18-9-A310(F) is determined as follows:

Percolation Rate from Percolation Test (minutes per inch)	SAR, Trench, Chamber, and Pit (gal/day/ft ²)	SAR, Bed (gal/day/ft ²)
Less than 1.00	A site-specific SAR is required	A site-specific SAR is required
1.00 to less than 3.00	1.20	0.93
3.00	1.10	0.73
4.00	1.00	0.67
5.00	0.90	0.60
7.00	0.75	0.50

10.0	0.63	0.42
15.0	0.50	0.33
20.0	0.44	0.29
25.0	0.40	0.27
30.0	0.36	0.24
35.0	0.33	0.22
40.0	0.31	0.21
45.0	0.29	0.20
50.0	0.28	0.19
55.0	0.27	0.18
55.0+ to 60.0	0.25	0.17
60.0+ to 120	0.20	0.13
Greater than 120	A site-specific SAR is required	A site-specific SAR is required

- b. The SAR using the soil evaluation method described in R18-9-A310(E) is determined by answering the questions in the following table. The questions are read in sequence starting with "A." The first "yes" answer determines the SAR.

Sequence of Soil Characteristics Questions	SAR, Trench, Chamber, and Pit gal/day/ft ²	SAR, Bed gal/day/ft ²
A. Is the horizon gravelly coarse sand or coarser?	A site-specific SAR is required	A site-specific SAR is required
B. Is the structure of the horizon moderate or strongly platy?	A site-specific SAR is required	A site-specific SAR is required
C. Is the texture of the horizon sandy clay loam, clay loam, silty clay loam, or finer and the soil structure weak platy?	A site-specific SAR is required	A site-specific SAR is required
D. Is the moist consistency stronger than firm or any cemented class?	A site-specific SAR is required	A site-specific SAR is required
E. Is the texture sandy clay, clay, or silty clay of high clay content and the structure massive or weak?	A site-specific SAR is required	A site-specific SAR is required
F. Is the texture sandy clay loam, clay loam, silty clay loam, or silty loam and the structure massive?	A site-specific SAR is required	A site-specific SAR is required
G. Is the texture of the horizon loam or sandy loam and the structure massive?	0.20	0.13
H. Is the texture sandy clay, clay, or silty clay of low clay content and the structure moderate or strong?	0.20	0.13
I. Is the texture sandy clay loam, clay loam, or silty clay loam and the structure weak?	0.20	0.13

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J. Is the texture sandy clay loam, clay loam, or silty clay loam and the structure moderate or strong?	0.40	0.27
K. Is the texture sandy loam, loam, or silty loam and the structure weak?	0.40	0.27
L. Is the texture sandy loam, loam, or silt loam and the structure moderate or strong?	0.60	0.40
M. Is the texture fine sand, very fine sand, loamy fine sand, or loamy very fine sand?	0.40	0.27
N. Is the texture loamy sand or sand?	0.80	0.53
O. Is the texture coarse sand?	1.20	A site-specific SAR is required

3. For an on-site wastewater treatment facility described in a general permit other than R18-9-E302, the SAR is dependent on the ability of the facility to reduce the level of TSS and BOD₅ and is calculated using the following formula:

$$SAR_a = \left[\left(\frac{11.39}{\sqrt[3]{TSS + BOD_5}} - 1.87 \right) SAR^{1.13} + 1 \right] SAR$$

- "SAR_a" is the adjusted soil absorption rate for disposal works design in gallons per day per square foot,
 - "TSS" is the total suspended solids in wastewater delivered to the disposal works in milligrams per liter,
 - "BOD₅" is the five-day biochemical oxygen demand of wastewater delivered to the disposal works in milligrams per liter, and
 - "SAR" is the soil absorption rate for septic tank effluent determined by the subsurface characterization method described in R18-9-A310.
4. An applicant shall ensure that the facility is designed so that the area of the intended installation is large enough to allow for construction of the facility and for future

replacement or repair and is at least as large as the following:

- For a dwelling, a primary area for the disposal works sized according to subsection (D)(1) and a reserve area of 100 percent of the primary area, excluding the footprint of the treatment works. A reserve area is not required for a lot in a subdivision approved before 1974 if the lot conforms to its original approved configuration;
 - For other than a dwelling, a primary area for the disposal works sized according to subsection (D)(1) and a reserve area of 100 percent of the primary area, excluding the footprint of the treatment works.
5. An applicant shall ensure that the subsurface disposal works is designed to achieve the design flow established in R18-9-A309(B)(3) through proper hydraulic function, including conditions of seasonally cold and wet weather.
- E. Vertical separation distances.
- Minimum vertical separation to the seasonal high water table for a disposal works described in R18-9-E302 receiving septic tank effluent. For a disposal works described in R18-9-E302 receiving septic tank effluent, the minimum vertical separation distance between the lowest point in the disposal works and the seasonal high water table is dependent on the soil absorption rate and is determined as follows:

Soil Absorption Rate (gallons per day per square foot)			Minimum Vertical Separation Between The Bottom Of The Disposal Works And The Seasonal High Water Table (feet)	
Trench and Chamber	Bed	Seepage Pit	Trench, Chamber, and Bed	Seepage Pit
1.20+	0.93+	1.20+	Not allowed for septic tank effluent	Not Allowed
0.63+ to 1.20	0.42 to 0.93	0.63+ to 1.20	10	60
0.20 to 0.63	0.13 to 0.42	0.36 to 0.63	5	60
Less than 0.20	Less than 0.13	Less than 0.36	Not allowed for septic tank effluent	Not Allowed

- Minimum vertical separation to the seasonal high water table for treatment and disposal works described in R18-9-E303 through R18-9-E322. If the minimum vertical separation distance to the seasonal high water table for a disposal works receiving septic tank effluent specified in subsection (E)(1) is not met, the applicant shall comply with the following:
 - Employ one or more technologies described in R18-9-E303 through R18-9-E322 to achieve a reduced concentration of harmful microorganisms, expressed as total coliform in colony forming units per 100 milliliters (cfu/100 ml) delivered to native soil at the bottom of the disposal works. The applicant shall use the following table to select works that achieve a reduced total coliform concentration corresponding

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to the available vertical separation distance between the bottom of the disposal works and the seasonal high water table:

Available Vertical Separation Distance Between the Bottom of The Disposal Works and the Seasonal High Water Table (feet)		Maximum Allowable Total Coliform Concentration, 95th Percentile, Delivered to Natural Soil by the Disposal Works (Log ₁₀ of coliform concentration in cfu per 100 milliliters)
For SAR*, 0.20 to 0.63	For SAR*, 0.63+ to 1.20	
5	10	8**
4	8	7
3.5	7	6
3	6	5
2.5	5	4
2	4	3
1.5	3	2
1	2	1
0	0	0***

* Soil absorption rate from percolation testing or soil characterization, in gallons per square foot per day.

** Nominal value for a standard septic tank and disposal field (10⁸ colony forming units per 100 ml).

*** Nominally free of coliform bacteria.

- b. Include a hydraulic analysis with the Notice Of Intent To Discharge, based on the dimensions of the absorption surfaces specified in R18-9-A312(B)(4)(b), showing that the soil is sufficiently permeable to conduct wastewater downward and laterally without surfacing for the site conditions at the disposal works.
3. Vertical separation from a subsurface limiting condition described in R18-9-A310(D)(2)(d) that may cause or contribute to surfacing of wastewater. If a subsurface limiting condition described in R18-9-A310(D)(2)(d) exists at the location of the disposal works, the applicant shall ensure that the design for the on-site wastewater treatment facility meets one of the following:
 - a. A zone of acceptable native soil with the following characteristics exists between the bottom of the disposal works and the top of the subsurface limiting condition:
 - i. The zone of soil is at least 4 feet thick, and
 - ii. The zone of soil is sufficiently permeable to conduct wastewater released from the disposal works vertically downward and laterally without causing surfacing of the wastewater as documented by a hydraulic analysis submitted with the Notice of Intent to Discharge that is based on the dimensions of the absorption surfaces specified in R18-9-A312(B)(4)(b);
 - b. The subsurface limiting condition is thin enough to allow placement of a disposal works into acceptable native soil beneath the subsurface limiting condition if the following criteria are met:
 - i. The bottom of the subsurface limiting condition is not deeper than 10 feet below the land surface, and

- ii. The vertical separation distance from the bottom of the disposal works to the seasonal high water table complies with subsection (E)(1) or (2), as applicable; or
- c. If the disposal works is placed above the subsurface limiting condition and the depth to the subsurface limiting condition is less than 4 feet below the bottom of the disposal works, the design for the on-site wastewater treatment facility shall comply with all of the following:
 - i. Employ one or more technologies described in R18-9-E303 through R18-9-E322 to achieve a reduced concentration of harmful microorganisms, expressed as total coliform in colony forming units per 100 milliliters (cfu/100 ml), delivered to acceptable native soil at the bottom of the disposal works, as follows:

Available Vertical Separation Distance from the Bottom of the Disposal Works to the Subsurface Limiting Condition (feet)	Maximum Allowable Total Coliform Concentration, 95th Percentile, Delivered to Acceptable Native Soil by the Disposal Works (Log ₁₀ of coliform concentration in cfu per 100 milliliters)
3.5	7
3	6
2.5	5
2	4
1.5	0*
1	0*
0.5	0*
0	0*

* Nominally free of coliform bacteria.

- ii. If the SAR of the native soil into which the disposal works is placed is not more than 0.63 gallons per day per square foot, include a hydraulic analysis with the Notice of Intent to Discharge, based on the location and dimensions of the absorption surfaces specified in R18-9-A312(B)(4)(b), showing that the soil is sufficiently permeable to conduct wastewater vertically downward and laterally without surfacing for the site conditions at the disposal works; and
- iii. If a disinfection device under R18-9-E320 is proposed but is not used with surface disposal of wastewater under R18-9-E321 or "Category A" drip irrigation disposal under R18-9-E322, provide a justification with the Notice of Intent to Discharge stating why the selected type of disposal works is favored over disposal under R18-9-E321 or R18-9-E322.

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4. Vertical separation from a subsurface limiting condition described in R18-9-A310(D)(2)(e) that promotes accelerated downward movement of insufficiently treated wastewater. If a subsurface limiting condition described in R18-9-A310(D)(2)(e) exists at the location of the proposed disposal works, the applicant shall ensure that the design for the on-site wastewater treatment facility meets one of the following:
 - a. A zone of naturally occurring soil with the following characteristics exists between the bottom of the disposal works and the top of the subsurface limiting condition:
 - i. The zone of soil is at least 2 feet thick, and
 - ii. The SAR of the soil is not less than 0.20 gallons per day per square foot nor more than 1.20 gallons per day per square foot; or
 - b. The on-site wastewater treatment facility employs one or more technologies described in R18-9-E303 through R18-9-E322 that produces treated wastewater that meets a total coliform concentration of 1,000,000 (Log_{10}) colony forming units per 100 milliliters, 95th percentile.
- F. Materials and manufactured system components.
 1. Materials. An applicant shall use aggregate if no specification for disposal works material is provided in this Article.
 2. Manufactured components. If manufactured components are used, an applicant shall design, install, and operate the on-site wastewater treatment facility following the manufacturer's specifications. The applicant shall ensure that:
 - a. Treatment and containment components, mechanical equipment, instrumentation, and controls have monitoring, inspection, access and cleanout ports or covers, as appropriate, for monitoring and service;
 - b. Treatment and containment components, pipe, fittings, pumps, and related components and controls are durable, watertight, structurally sound, and capable of withstanding stress from installation and operational service; and
 - c. Distribution lines for disposal works are constructed of clay tile laid with open joints, perforated clay pipe, perforated high density polyethylene pipe, perforated ABS pipe, or perforated PVC pipe if the pipe is suitable for wastewater disposal use and sufficient openings are available for distribution of the wastewater into the trench or bed area.
 3. Electronic components. When electronic components are used, the applicant shall ensure that:
 - a. Instructions and a wiring diagram are mounted on the inside of a control panel cover;
 - b. The control panel is equipped with a multimode operation switch, red alarm light, buzzer, and reset button;
 - c. The multimode operation switch operates in the automatic position for normal system operation; and
 - d. An anomalous condition is indicated by a glowing alarm light and sounding buzzer. The continued glowing of the alarm light after pressing the reset button shall signal the need for maintenance or repair of the system at the earliest practical opportunity.
 4. If a conflict exists between this Article and the manufacturer's specifications, the requirements of this Article apply. Except for the requirements in subsection (D) and (E), which always apply, if the conflict voids a manufacturer's warranty, the applicant may submit a request under subsection (G) justifying use of the manufacturer's specifications.
- G. Alternative design, setback, installation, or operational features. When an applicant submits a Notice of Intent to Discharge, the applicant may request that the Department review and approve a feature of improved or alternative technology, design, setback, installation, or operation that differs from a general permit requirement in this Article.
 1. The applicant shall make the request for an improved or alternative feature of technology, design, setback, installation, or operation on a form provided by the Department and include:
 - a. A description of the requested change;
 - b. A citation to the applicable feature or technology, design, setback, installation, or operational requirement for which the change is being requested; and
 - c. Justification for the requested change, including any necessary supporting documentation.
 2. The applicant shall submit the appropriate fee specified under 18 A.A.C. 14 for each requested change. For purposes of calculating the fee, a requested change that is applied multiple times in a similar manner throughout the facility is considered a single request if submitted for concurrent review.
 3. The applicant shall provide sufficient information for the Department to determine that the change achieves equal or better performance compared with the general permit requirement, or addresses site or system conditions more satisfactorily than the requirements of this Article.
 4. The Department shall review and may approve the request for change.
 5. The Department shall deny the request for the change if the change will adversely affect other permittees or cause or contribute to a violation of an Aquifer Water Quality Standard.
 6. The Department shall deny the request for the change if the change:
 - a. Fails to achieve equal or better performance compared to the general permit requirement;
 - b. Fails to address site or system conditions more satisfactorily than the general permit requirement;
 - c. Is insufficiently justified based on the information provided in the submittal;
 - d. Requires excessive review time, research, or specialized expertise by the Department to act on the request; or
 - e. For any other justifiable cause.
 7. The Department may approve a reduced setback for a facility authorized to discharge under one or more of the general permits in R18-9-E303 through R18-9-E322, either separately or in combination with a septic tank system authorized under R18-9-E302, if the applicant demonstrates that:
 - a. The treatment performance is significantly better than that provided under R18-9-E302(B),
 - b. The wastewater loading rate is reduced, or
 - c. Surface or subsurface characteristics ensure that reduced setbacks are protective of human health or water quality.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended to correct a manifest typographical error in subsection (E)(1) (Supp. 01-1). Amended by final rulemaking at 11

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A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A313. Facility Installation, Operation, and Maintenance for On-site Wastewater Treatment Facilities

A. Facility installation. In addition to installation requirements in the general permit, the applicant shall ensure that the following tasks are performed, as applicable:

1. The facility is installed as described in design documents submitted with the Notice of Intent to Discharge;
2. Components are installed on a firm foundation that supports the components and operating loads;
3. The site is prepared to protect native soil beneath the soil absorption area and in adjacent areas from compaction, prevent smeared absorption surfaces, minimize disturbances from grubbing, and otherwise preclude damage to the disposal area that would impair performance;
4. Components are protected from damage at the construction site and installed in conformance with the manufacturer's instructions if consistent with this Article;
5. Treatment media are placed to achieve uniform density, prevent differential settling, produce a level inlet surface unless otherwise specified by the manufacturer, and avoid introduction of construction contaminants;
6. Backfill is placed to prevent damage to geotextile, liners, tanks, and other components;
7. Soil cover is shaped to shed rainfall away from the backfill areas and prevent ponding of runoff; and
8. Anti-buoyancy measures are implemented during construction if temporary saturated backfill conditions are anticipated during construction.

B. Operation and maintenance. In addition to operation and maintenance requirements in the general permit or specified in the operation and maintenance manual, the permittee shall ensure that the following tasks are performed, as applicable:

1. Pump accumulated residues, inspect and clean wastewater treatment and distribution components, and manage residues to protect human health and the environment;
2. Clean, backwash, or replace effluent filters according to the manufacturer's instructions, and manage residues to protect human health and the environment;
3. Inspect and clean the effluent baffle screen and pump tank, and properly dispose of cleaning residue;
4. Clean the dosing tank effluent screen, pump switches, and floats, and properly dispose of cleaning residue;
5. Flush lateral lines and return flush water to the pretreatment headworks;
6. Inspect, remove and replace, if necessary, and properly dispose of filter media;
7. Rod pressurized wastewater delivery lines and secondary distribution lines (for dosing systems), and return cleaning water to the pretreatment headworks;
8. Inspect and clean pump inlets and controls and return cleaning water to the pretreatment headworks;
9. Implement corrective measures if anomalous ponding, dryness, noise, odor, or differential settling is observed;
10. Inspect and monitor inspection and access ports, as applicable, to verify that operation is within expected limits for:
 - a. Influent wastewater quality;
 - b. The pressurized dosing system;
 - c. The aggregate infiltration bed and mound system;
 - d. Wastewater delivery and the engineered pad;
 - e. The pressurized delivery system, filter, underdrain, and native soil absorption system;
 - f. Saturation condition status in peat and other media; and
 - g. Treatment system components;

11. Inspect tanks, liners, ports, seals, piping, and appurtenances for watertightness under all operational conditions;
12. Manage vegetation in areas that contain components subject to physical impairment or damage due to root invasion or animals;
13. Maintain drainage, berms, protective barriers, cover materials, and other features; and
14. Maintain the usefulness of the reserve area to allow for repair or replacement of the on-site wastewater treatment facility.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A314. Septic Tank Design, Manufacturing, and Installation for On-site Wastewater Treatment Facilities

A person shall not install a septic tank in an on-site wastewater treatment facility unless the tank meets the following requirements:

1. The tank is:
 - a. Designed to produce a clarified effluent and provide adequate space for sludge and scum accumulations;
 - b. Watertight and constructed of solid durable materials not subject to excessive corrosion or decay;
 - c. Manufactured with at least two compartments unless two separate structures are placed in series. The tank is designed so that:
 - i. The inlet compartment of any septic tank not placed in series is nominally 67 percent to 75 percent of the total required capacity of the tank,
 - ii. Septic tanks placed in series are considered a unit and meet the same criteria as a single tank,
 - iii. The liquid depth of the septic tank is at least 42 inches, and
 - iv. A septic tank of 1000 gallon capacity is at least 8 feet long and the tank length of septic tanks of greater capacity is at least 2 times but not more than 3 times the width;
 - d. Manufactured with at least two access openings to the tank interior, each at least 20 inches in diameter. The tank is designed so that:
 - i. One access opening is located over the inlet end of the tank and one access opening is located over the outlet end;
 - ii. Whenever a first compartment exceeds 12 feet in length, another access opening is provided over the baffle wall; and
 - iii. Access openings and risers are constructed to ensure accessibility within 6 inches below finished grade;
 - e. Manufactured so that the sewage inlet and wastewater outlet openings are not smaller than the connecting sewer pipe. The tank is designed so that:
 - i. The vertical leg of round inlet and outlet fittings is at least 4 inches but not smaller than the connecting sewer pipe, and
 - ii. A baffle fitting has the equivalent cross-sectional area of the connecting sewer pipe and not less than a 4 inch horizontal dimension if measured at the inlet and outlet pipe inverts;
 - f. Manufactured so that the inlet and outlet pipe or baffle extends 4 inches above and at least 12 inches below the water surface when the tank is installed

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- according to the manufacturer's instructions consistent with this Chapter. The invert of the inlet pipe is at least 2 inches above the invert of the outlet pipe;
- g. Manufactured so that the inlet and outlet fittings or baffles and compartment partitions have a free vent area equal to the required cross-sectional area of the connected sewer pipe to provide free ventilation above the water surface from the disposal works or seepage pit through the septic tank, house sewer, and stack to the outer air;
 - h. Manufactured so that the open space extends at least 9 inches above the liquid level and the cover of the septic tank is at least 2 inches above the top of the inlet fitting vent opening;
 - i. Manufactured so that partitions or baffles between compartments are of solid durable material (wooden baffles are prohibited) and extend at least 4 inches above the liquid level. The open area of the baffle shall be between one and 2 times the open area of the inlet pipe or horizontal slot and located at the midpoint of the liquid level of the baffle. If a horizontal slot is used, the slot shall be no more than 6 inches in height;
 - j. Structurally designed to withstand all anticipated earth or other loads. The tank is designed so that:
 - i. All septic tank covers are capable of supporting an earth load of 300 pounds per square foot; and
 - ii. If the top of the tank is greater than 2 feet below finish grade, the septic tank and cover are capable of supporting an additional load of 150 pounds per square foot for each additional foot of cover;
 - k. Manufactured or installed so that the influent and effluent ends of the tank are clearly and permanently marked on the outside of the tank with the words "INLET" or "IN," and "OUTLET" or "OUT," above or to the right or left of the corresponding openings; and
 - l. Clearly and permanently marked with the manufacturer's name or registered trademark, or both, the month and year of manufacture, the maximum recommended depth of earth cover in feet, and the design liquid capacity of the tank. The tank is manufactured to protect the markings from corrosion so that they remain permanent and readable for the operational life of the tank.
2. Materials used to construct or manufacture septic tanks.
 - a. A septic tank cast-in-place at the site of use shall be protected from corrosion by coating the tank with a bituminous coating, by constructing the tank using a concrete mix that incorporates 15 percent to 18 percent fly ash, or by any other Department-approved means. The tank is designed so that:
 - i. The coating extends at least 4 inches below the wastewater line and covers all of the internal area above that point; and
 - ii. A septic tank cast-in-place complies with the "Building Code Requirements for Structural Concrete and Commentary ACI 318-02/318R-02 (2002)," and the "Code Requirements for Environmental Engineering Concrete Structures and Commentary, ACI 350/350R-01 (2001)," published by the American Concrete Institute. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington Street, Phoenix, AZ 85007 or may be obtained from American Concrete Institute, P.O. Box 9094, Farmington Hills, MI 48333-9094.
 - b. A steel septic tank shall have a minimum wall thickness of No. 12 U.S. gauge steel and be protected from corrosion, internally and externally, by a bituminous coating or other Department-approved means.
 - c. A prefabricated concrete septic tank shall meet the "Standard Specification for Precast Concrete Septic Tanks, C1227-03," published by the American Society for Testing and Materials. This information is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington Street, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International West.
 - d. A septic tank manufactured using fiberglass or polyethylene shall meet the "Material and Property Standards for Prefabricated Septic Tanks, IAPMO PS 1-2004," published by the International Association of Plumbing and Mechanical Officials. This information is incorporated by reference, does not include any later amendments or editions of the incorporated material, and may be viewed at the Arizona Department of Environmental Quality, 1110 W. Washington Street, Phoenix, AZ 85007 or obtained from International Association of Plumbing & Mechanical Officials, 20001 E. Walnut Drive, South Walnut, CA 91789-2825.
 3. Conformance with design, materials, and manufacturing requirements.
 - a. If any conflict exists between this Article and the information incorporated by reference in subsection (2), the requirements of this Article apply.
 - b. The Department may approve use of alternative construction materials under R18-9-A312(G). Tanks constructed of wood, block, or bare steel are prohibited.
 - c. The Department may inspect septic tanks at the site of manufacturing to verify compliance with subsections (1) and (2).
 - d. The septic tank sale documentation includes:
 - i. A certificate attesting that the septic tank conforms with the design, materials, and manufacturing requirements in subsections (1) and (2); and
 - ii. Instructions for handling and installing the septic tank.
 4. The septic tank's daily design flow is determined as follows:
 - a. For a single family dwelling:
 - i. The design liquid capacity of the septic tank and the septic tank's daily design flow are determined based on the number of bedrooms and fixture count as follows:

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Criteria for Septic Tank Size and Design Flow			
Number of Bedrooms	Fixture Count	Minimum Design Liquid Capacity (gallons)	Design Flow (gal/day)
1	7 or less	1000	150
	More than 7	1000	300
2	14 or less	1000	300
	More than 14	1000	450
3	21 or less	1000	450
	More than 21	1250	600
4	28 or less	1250	600
	More than 28	1500	750
5	35 or less	1500	750
	More than 35	2000	900
6	42 or less	2000	900
	More than 42	2500	1050
7	49 or less	2500	1050
	More than 49	3000	1200
8	56 or less	3000	1200
	More than 56	3000	1350

ii. Fixture count is determined as follows:

Residential Fixture Type	Fixture Units	Residential Fixture Type	Fixture Units
Bathtub	2	Sink, bar	1
Bidet	2	Sink, kitchen (including dishwasher)	2
Clothes washer	2	Sink, service	3
Dishwasher (Separate from kitchen)	2	Utility tub or sink	2
Lavatory, single	1	Water closet, 1.6 gallons per flush (gpf)	3
Lavatory, double in master bedroom	1	Water closet, >1.6 to 3.2 gpf	4
Shower, single stall	2	Water closet, greater than 3.2 gpf	6

- b. For other than a single family dwelling, the design liquid capacity of a septic tank in gallons is 2.1 times the daily design flow into the tank as determined from Table 1, Unit Design Flows. If the wastewater strength exceeds that of typical sewage, additional tank volume is required.
- c. A person may place two septic tanks in series to meet the septic tank design liquid capacity require-

ments if the capacity of the first tank is at least 67 percent of the total required tank capacity and the capacity of the second tank is at least 33 percent of the total required tank capacity.

5. The following requirements regarding new or replacement septic tank installation apply:
- Permanent surface markers for locating the septic tank access openings are provided for maintenance;
 - A septic tank installed under concrete or pavement has the required access openings extended to grade;
 - A septic tank effluent filter is installed on the septic tank. The filter shall:
 - Prevent the passage of solids larger than 1/8 inch in diameter while under two feet of hydrostatic head; and
 - Be constructed of materials that are resistant to corrosion and erosion, sized to accommodate hydraulic and organic loading, and removable for cleaning and maintenance; and
 - The septic tank is tested for watertightness after installation by the water test described in subsections (5)(d)(i) and (5)(d)(ii) and repaired or replaced, if necessary.
 - The septic tank is filled with clean water, as specified in R18-9-A310(A), to the invert of the outlet and the water left standing in the tank for 24 hours and:
 - After 24 hours, the tank is refilled to the invert, if necessary;
 - The initial water level and time is recorded; and
 - After one hour, water level and time is recorded.
 - The tank passes the water test if the water level does not drop over the one-hour period. Any visible leak of flowing water is considered a failure. A damp or wet spot that is not flowing is not considered a failure.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A315. Interceptor Design, Manufacturing, and Installation for On-site Wastewater Treatment Facilities

- A. Interceptor requirement. An applicant shall ensure that an interceptor as required by R18-9-A309(A)(7)(c) or necessary due to excessive amounts of grease, garbage, sand, or other wastes in the sewage is installed between the sewage source and the on-site wastewater treatment facility.
- B. Interceptor design. An applicant shall ensure that:
- An interceptor has not less than two compartments with fittings designed for grease retention and capable of removing excessive amounts of grease, garbage, sand, or other wastes. Applicable structural and materials requirements prescribed in R18-9-A314 apply;
 - Interceptors are located as close to the source as possible and are accessible for servicing. The applicant shall ensure that access openings for servicing are at grade level and gas-tight;
 - The interceptor size for grease and garbage from non-residential kitchens is calculated using by the following equation: Interceptor Size (in gallons) = $M \times F \times T \times S$.
 - "M" is the number of meals per peak hour;

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- b. "F" is the waste flow rate from Table 1, Unit Design Flows.
 - c. "T" is the estimated retention time:
 - i. Commercial kitchen waste, dishwasher or disposal: 2.5 hours; or
 - ii. Single service kitchen with utensil wash disposal: 1.5 hours;
 - d. "S" is the estimated storage factor:
 - i. Fully equipped commercial kitchen, 8-hour operation: 1.0;
 - ii. Fully equipped commercial kitchen, 16-hour operation: 2.0;
 - iii. Fully equipped commercial kitchen, 24-hour operation: 3.0; or
 - iv. Single service kitchen, 1.5;
 - 4. The interceptor size for silt and grease from laundries and laundromats is calculated using the following equation: Interceptor Size (in gallons) = $M \times C \times F \times T \times S$.
 - a. "M" is the number of machines;
 - b. "C" is the machine cycles per hour (assume 2);
 - c. "F" is the waste flow rate from Table 1, Unit Design Flows;
 - d. "T" is the estimated retention time (assume 2); and
 - e. "S" is the estimated storage factor (assume 1.5 that allows for rock filter).
 - C. The applicant may calculate the size of an interceptor using different factor values than those given in subsections (B)(3) and (4) based on the values justified by the applicant in the Notice of Intent to Discharge submitted to the Department for the on-site wastewater treatment facility.
 - D. The Department may require installation of a sampling box if the volume or characteristics of the waste will impair the performance of the on-site wastewater treatment facility.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A316. Transfer of Ownership Inspection for On-site Wastewater Treatment Facilities

- A. Conforming with this Section satisfies the Notice of Transfer requirements under R18-9-A304.
- B. Within six months before the date of property transfer, the person who is transferring a property served by an on-site wastewater treatment facility shall retain an inspector to perform a transfer of ownership inspection of the on-site wastewater treatment facility who meets the following qualifications:
 - 1. Possesses working knowledge of the type of facility and the inspection process;
 - 2. Holds a certificate of training from a course recognized by the Department as sufficiently covering the information specified in this Section by July 1, 2006; and
 - 3. Holds a license in one of the following categories:
 - a. An Arizona-registered engineer;
 - b. An Arizona-registered sanitarian;
 - c. An owner of a vehicle with a human excreta collection and transport license issued under 18 A.A.C. 13, Article 11 or an employee of the owner of the vehicle;
 - d. A contractor licensed by the Registrar of Contractors in one of the following categories:
 - i. Residential license B-4 or C-41;
 - ii. Commercial license A, A-12, or L-41; or
 - iii. Dual license KA or K-41;

- e. A wastewater treatment plant operator certified under 18 A.A.C. 5, Article 1; or
- f. A person qualifying under another category designated by the Department.
- C. The inspector shall complete a Report of Inspection on a form approved by the Department, sign it, and provide it to the person transferring the property. The Report of Inspection shall:
 - 1. Address the physical and operational condition of the on-site wastewater treatment facility and describe observed deficiencies and repairs completed, if any;
 - 2. Indicate that each septic tank or other wastewater treatment container on the property was pumped or otherwise serviced to remove, to the maximum extent possible, solid, floating, and liquid waste accumulations, or that pumping or servicing was not performed for one of the following reasons:
 - a. A Discharge Authorization for the on-site wastewater treatment facility was issued and the facility was put into service within 12 months before the transfer of ownership inspection,
 - b. Pumping or servicing was not necessary at the time of the inspection based on the manufacturer's written operation and maintenance instructions, or
 - c. No accumulation of floating or settled waste was present in the septic tank or wastewater treatment container; and
 - 3. Indicate the date the inspection was performed.
- D. Before the property is transferred, the person transferring the property shall provide to the person to whom the property is transferred:
 - 1. The completed Report of Inspection; and
 - 2. Documents in the person's possession relating to permitting, operation, and maintenance of the on-site wastewater treatment facility.
- E. The person to whom the property is transferred shall complete a Notice of Transfer on a form approved by the Department and send the form with the applicable fee specified in 18 A.A.C. 14 within 15 calendar days after the property transfer to:
 - 1. The Department for transfer of a property with an on-site wastewater treatment facility for which construction was completed before January 1, 2001; or
 - 2. The health or environmental agency delegated by the Director to administer the on-site wastewater treatment facility program for transfer of a property with an on-site wastewater treatment facility constructed on or after January 1, 2001.
- F. If the Department issued a Discharge Authorization for the on-site wastewater treatment facility but the facility was not put into service before the property transfer, an inspection of the facility is not required and the transferee shall complete the Notice of Transfer form as specified in subsection (E).
- G. Effective date.
 - 1. The owner of an on-site wastewater treatment facility operating under a Type 4 General Permit shall comply with this Section by November 12, 2005.
 - 2. The owner of any on-site wastewater treatment facility other than a facility identified in subsection (G)(1) shall comply with this Section by July 1, 2006.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2002 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-A317. Nitrogen Management Area

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- A.** The Director may designate a new Nitrogen Management Area to control groundwater pollution by sources of nitrogen regulated by Title 49, Chapter 2, Article 3 of the Arizona Revised Statutes and not covered under an individual permit, modify the boundaries or requirements of a Nitrogen Management Area, or rescind designation of a Nitrogen Management Area.
1. If existing conditions or trends in nitrogen loading to an aquifer will cause or contribute to an exceedance of the Aquifer Water Quality Standard for nitrate at a point or points of current or reasonably foreseeable use of the aquifer, the Director shall use the following criteria to determine whether to designate the area as a Nitrogen Management Area:
 - a. Population of the area;
 - b. The degree to which the area is unsewered;
 - c. Gross areal nitrogen loading, calculated as the amount of nitrogen discharged into the subsurface by use of on-site wastewater treatment facilities, divided by the land area under consideration for designation as a Nitrogen Management Area;
 - d. Population growth rate of area;
 - e. Existing contamination of groundwater by nitrogen species;
 - f. Existing and potential impact to groundwater by sources of nitrogen other than on-site wastewater treatment facilities;
 - g. Characteristics of the vadose zone and aquifer;
 - h. Location, number, and areal extent of existing and potential sources of nitrogen;
 - i. Location and characteristics of existing and potential drinking water supplies; and
 - j. Any other information relevant to determining the severity of actual or potential nitrogen impact on the aquifer.
 2. The Director may modify the boundaries or requirements of a Nitrogen Management Area or rescind designation of a Nitrogen Management Area based on:
 - a. A material change to one or more criterion specified in subsection (A)(1); or
 - b. The adoption by a local agency of a master plan to substantially sewer the area as soon as possible, but with a completion deadline within 10 years, unless a completion deadline of more than 10 years is approved by the Director.
- B.** Preliminary designation, modification, or rescission.
1. The Director shall provide a report to the mayors and members of the Board of Supervisors of all towns, cities, and counties and the directors of all sanitary districts affected by the Department's proposed action to designate, modify, or rescind a Nitrogen Management Area as follows:
 - a. If the Department proposes to designate a Nitrogen Management Area, the Department shall provide a report discussing each criterion specified in subsection (A)(1).
 - b. If the Department proposes to modify the boundaries or requirements of a Nitrogen Management Area or rescind the designation of a Nitrogen Management Area, the Department shall provide a report discussing applicable criteria in subsections (A)(1) and (2).
 2. The town, city, county, or sanitary district receiving the Director's report may provide written comments to the Department within 120 days to dispute the factual information presented in the report and supply any information supporting the comments.
 3. The Director shall evaluate the comments and supporting information obtained under subsection (B)(2) and either designate, modify, or rescind the Nitrogen Management Area or withdraw the proposal.
- C.** Final designation.
1. If the Director designates or modifies the Nitrogen Management Area, the Department shall:
 - a. Issue or modify the Nitrogen Management Area designation and any special provisions established for the area to control groundwater pollution by sources of nitrogen regulated by Title 49, Chapter 2, Article 3 of the Arizona Revised Statutes but not covered under an individual permit. The Department shall provide notice to the mayors and members of the Board of Supervisors of all towns, cities, and counties and the directors of all sanitary districts affected by the determination;
 - b. Maintain the designation and a map showing the boundaries of the Nitrogen Management Area at the Arizona Department of Environmental Quality, 1110 West Washington, Phoenix, Arizona 85007 and on the Department's web site at www.azdeq.gov; and
 - c. Provide, upon request, a copy of the Nitrogen Management Area designation and a map of the area.
 2. If the Director withdraws the preliminary Nitrogen Management Area designation or rescinds the Nitrogen Management Area designation, the Director shall issue a determination stating the decision and post it on the Department's web site at www.azdeq.gov.
- D.** Nitrogen Management Area requirements. Within a Nitrogen Management Area:
1. The Department shall issue a Construction Authorization, under R18-9-A301(D)(1)(c), for an on-site wastewater treatment facility only if the applicant proposes, in the Notice of Intent to Discharge, to employ one or more of the technologies allowed under R18-9-E302 through R18-9-E322 that achieves a discharge level containing not more than 15 mg/l of total nitrogen.
 2. An agricultural operation shall use the best control measure necessary to reduce nitrogen discharge when implementing the best management practices developed under 18 A.A.C. 9, Article 4. The Director may require the owner or operator to reassess the performance of the impoundment liner systems constructed under R18-9-403 before November 12, 2005.
 3. A person shall comply with any special provision established for the Nitrogen Management Area, as applicable, for the person's facility.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

PART B. TYPE 1 GENERAL PERMITS**R18-9-B301. Type 1 General Permit**

- A.** A 1.01 General Permit allows any discharge of wash water from a sand and gravel operation, placer mining operation, or other similar activity, including construction, foundation, and underground dewatering, if only physical processes are employed and only hazardous substances at naturally occurring concentrations in the sand, gravel, or other rock material are present in the discharge.
- B.** A 1.02 General Permit allows any discharge from hydrostatic tests of a drinking water distribution system and pipelines not previously used, if all the following conditions are met:
1. The quality of the water used for the test does not exceed an Aquifer Water Quality Standard or for non-drinking

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- water pipelines, if reclaimed water is used, the reclaimed water meets Class A+ Reclaimed Water Quality Standards under A.A.C. R18-11-303 or Class B+ Reclaimed Water Quality Standards under A.A.C. R18-11-305;
2. The discharge is not to a water of the United States, unless the discharge is under an AZPDES permit; and
 3. The test site is restored to its natural grade.
- C.** A 1.03 General Permit allows any discharge from hydrostatic tests of a pipeline, tank, or appurtenance previously used for transmission of fluid, other than those previously used for drinking water distribution systems, if all the following conditions are met:
1. All liquid discharge is contained in an impoundment lined with flexible geomembrane. The liquid is evaporated or removed from the impoundment and taken to a treatment works or landfill authorized to accept the material within:
 - a. 60 days of the hydrostatic test if the liner is 10 mils, or
 - b. 180 days of the hydrostatic test if the liner is 30 mils or greater;
 2. The liner is placed over a layer, at least 3 inches thick, of well-sorted sand or finer grained material, or over an underliner that provides protection equal to or better than sand or finer grained material and the calculated seepage is less than 550 gallons per acre per day;
 3. The liner is removed and disposed of at an approved landfill unless the liner can be reused at another test location without a reduction in integrity;
 4. The test site is restored to its natural grade; and
 5. If the test waters are removed using a method not specified in subsection (C)(1), including a discharge under an AZPDES permit, the test waters meet Aquifer Water Quality Standards and the specific method is approved by the Department before the discharge.
- D.** A 1.04 General Permit allows any discharge from a facility that, for water quality sampling, hydrologic parameter testing, well development, redevelopment, or potable water system maintenance and repair purposes, receives water, drilling fluids, or drill cuttings from a well if the discharge is to the same aquifer in approximately the same location from which the water supply was originally withdrawn, or the discharge is under an AZPDES permit.
- E.** A 1.05 General Permit allows a discharge to an injection well, surface impoundment, and leach line only if the discharge is filter backwash from a potable water treatment system, condensate from a refrigeration unit, overflows from an evaporative cooler, heat exchange system return water, or swimming pool filter backwash and the discharge is less than 1000 gallons per day. The 1.05 General Permit allows a discharge of those sources to a navigable water if the discharge is authorized by an AZPDES permit.
- F.** A 1.06 General Permit allows the burial of mining industry off-road motor vehicle waste tires at the mine site in a manner consistent with the cover requirements in R18-13-1203.
- G.** A 1.07 General Permit allows the operation of dockside facilities and watercraft if the following conditions are met:
1. Docks that service watercraft equipped with toilets provide sanitary facilities at dockside for the disposal of sewage from watercraft toilets. No wastewater from sinks, showers, laundries, baths, or other plumbing fixtures at a dockside facility is discharged into waters of the state;
 2. Docks that service watercraft have conveniently located toilet facilities for men and women;
 3. No boat, houseboat, or other type of watercraft is equipped with a marine toilet constructed and operated to discharge sewage directly or indirectly into a water of the state, nor is any container of sewage placed, left, discharged, or caused to be placed, left, or discharged in or near any waters of the state by a person;
- 4.** Watercraft with marine toilets constructed to allow sewage to be discharged directly into waters of the state are locked and sealed to prevent usage. Chemical or other type marine toilets with approved storage containers are permitted if dockside disposal facilities are provided; and
- 5.** No bilge water or wastewater from sinks, showers, laundries, baths, or other plumbing fixtures on houseboats or other watercraft is discharged into waters of the state.
- H.** A 1.08 General Permit allows for any earth pit privy, fixed or transportable chemical toilet, incinerator toilet or privy, or pail or can-type privy if allowed by a county health or environmental department under A.R.S. Title 36 or a delegation agreement under A.R.S. § 49-107.
- I.** A 1.09 General Permit allows:
1. The operation of:
 - a. A sewage treatment facility with flows less than 20,000 gallons per day and approved by the Department before January 1, 2001, and
 - b. An on-site wastewater treatment facility with flows less than 20,000 gallons per day operating before January 1, 2001;
 2. The person who owns or operates a facility under subsections (I)(1)(a) or (b) to operate the facility if the following conditions are met:
 - a. The discharge from the facility does not cause or contribute to a violation of a water quality standard;
 - b. The owner or operator does not expand the facility to accommodate flows above the design flow or 20,000 gallons per day, whichever is less;
 - c. The facility only treats typical sewage;
 - d. The facility does not treat flows from commercial operations using hazardous substances or creating hazardous wastes, as defined in A.R.S. § 49-921(5);
 - e. The discharge from the facility does not create any environmental nuisance condition listed in A.R.S. § 49-141; or
 - f. The owner or operator does not alter the treatment or disposal characteristics of the original facility, except as allowed under R18-9-A309(A)(9)(a).
- J.** A 1.10 General Permit allows the operation of a sewage collection system installed before January 1, 2001 that serves downstream from the point where the daily design flow is 3000 gallons per day or that includes a manhole, force main, or lift station serving more than one dwelling regardless of flow, if:
1. The system complies with the performance standards in R18-9-E301(B),
 2. No sewage is released from the sewage collection system to the land surface, and
 3. The system is not operating under the 2.05 General Permit.
- K.** A 1.11 General Permit allows the operation of a sewage collection system that serves upstream from the point where the daily design flow is 3000 gallons per day to the building drains, or a single gravity sewer line conveying sewage from a building drain directly to an interceptor, lateral, or manhole, regardless of daily design flow, if all of the following are met:
1. The system does not cause or contribute to an exceedance of a water quality standard established in 18 A.A.C. 11, Articles 1 and 4;
 2. No sewage is released from the sewage collection system to the land surface;

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3. No environmental nuisance condition listed in A.R.S. § 49-141 is created;
 4. The system does not include a manhole, force main, or lift station serving more than one dwelling;
 5. Applicable local administrative requirements for review and approval of design and construction are followed;
 6. The performance standards specified in R18-9-E301(B) are met using:
 - a. Local building and construction codes,
 - b. Relevant design and construction standards specified in R18-9-E301, and
 - c. Appropriate operation and maintenance;
 7. The system flows directly into one of the following downstream facilities:
 - a. An on-site wastewater treatment facility;
 - b. A sewage treatment facility operating under an individual permit; or
 - c. A sewage collection system operating under a 1.10, 2.05, or 4.01 General Permit; and
 8. The system is not operating under a 2.05 General Permit.
- L.** A 1.12 General Permit allows the discharge of wastewater resulting from washing concrete from trucks, pumps, and ancillary equipment to an impoundment if the following conditions are met:
1. The person holds an AZPDES Construction General Permit authorizing the concrete washout activities;
 2. The Stormwater Pollution Prevention Plan required by the Construction General Permit issued according to 18 A.A.C. 9, Article 9, Part C, for the construction activity addresses the concrete washout activities;
 3. The vegetation at the soil base of the impoundment is cleared, grubbed, and compacted to uniform density not less than 95 percent. If the impoundment is located above grade, the berms or dikes are compacted to a uniform density not less than 95 percent;
 4. If groundwater is less than 20 feet below land surface, the impoundment is lined with a synthetic liner at least 30 mils thick;
 5. The impoundment is located at least 50 feet from any storm drain inlet, open drainage facility, or watercourse and 100 feet from any water supply well;
 6. The impoundment is designed and operated to maintain adequate freeboard to prevent overflow or discharge of wastewater;
 7. The concrete washout wastewater from any wash pad is routed to the impoundment;
 8. The impoundment receives only concrete washout wastewater;
 9. The annual average daily flow of wastewater to the impoundment is less than 3000 gallons per day; and
 10. The following closure requirements are met.
 - a. The facility is closed by removing and appropriately disposing of any liquids remaining in the impoundment,
 - b. The area is graded to prevent ponding of water, and
 - c. Closure activities are completed before filing of the Notice of Termination under the AZPDES Construction General Permit.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

PART C. TYPE 2 GENERAL PERMITS**R18-9-C301. 2.01 General Permit: Drywells That Drain Areas****Where Hazardous Substances Are Used, Stored, Loaded, or Treated**

- A.** A 2.01 General Permit allows for a drywell that drains an area where hazardous substances are used, stored, loaded, or treated.
- B.** Notice of Intent to Discharge. In addition to the requirements in R18-9-A301(B), an applicant shall submit:
 1. The Department registration number for the drywell or documentation that a drywell registration form was submitted to the Department;
 2. For a drywell constructed more than 90 days before submitting the Notice of Intent to Discharge to the Department, a certification signed, dated, and sealed by an Arizona-registered professional engineer or geologist that a site investigation has concluded that:
 - a. Analytical results from sampling the drywell settling chamber sediment for pollutants reasonably expected to be present do not exceed either the residential soil remediation levels or the groundwater protection levels;
 - b. The settling chamber does not contain sediments that could be used to characterize and compare results to soil remediation levels and the chamber has not been cleaned out within the last six months;
 - c. Neither a soil remediation level nor groundwater protection level is exceeded in soil samples collected from a boring drilled within 5 feet of the drywell and sampled in 5-foot increments starting from 5 feet below ground surface and extending to 10 feet below the base of the drywell injection pipe; or
 - d. If coarse grained lithology prevents the collection of representative soil samples in a soil boring, a groundwater investigation demonstrates compliance with Aquifer Water Quality Standards in groundwater at the applicable point of compliance;
 3. Design information to demonstrate that the requirements in subsection (C) are satisfied; and
 4. A copy of the Best Management Practices Plan described in subsection (D)(5).
- C.** Design requirements. An applicant shall:
 1. Locate the drywell no closer than 100 feet from a water supply well and 20 feet from an underground storage tank;
 2. Clearly mark the drywell "Stormwater Only" on the surface grate or manhole cover;
 3. Locate the bottom of the drywell hole at least 10 feet above groundwater. If during drilling and well installation the drywell borehole encounters saturated conditions, the applicant shall backfill the borehole with cement grout to at least 10 feet above the elevation of saturated conditions before constructing the drywell in the borehole;
 4. Ensure that the drywell design or drainage area design includes a method to remove, intercept, or collect pollutants that may be present at the operation with the potential to reach the drywell. The applicant may include a flow control or pretreatment device, such as an interceptor, sump, or another device or structure designed to remove, intercept, or collect pollutants. The applicant may use flow control or pretreatment devices listed under R18-9-C304(D)(1) or (2) to satisfy the design requirements of this subsection;
 5. Record the accurate latitude and longitude of the drywell using a Global Positioning System device or site survey; and

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6. Develop and maintain a current site plan showing the location of the drywell, the latitude and longitude coordinates of the drywell, surface drainage patterns, the location of floor drains and French drains plumbed to the drywell, water supply wells, monitor wells, underground storage tanks, and chemical and waste usage, storage, loading, and treatment areas.
- D. Operational and maintenance requirements.**
1. A permittee shall operate the drywell only for the disposal of stormwater. The permittee shall not release industrial process waters or wastes in the drywell or drywell retention basin drainage area.
 2. The permittee shall implement a Best Management Practices Plan for operation of the drywell and control of pollutants in the drywell drainage area.
 3. The permittee shall keep the Best Management Practices Plan on-site or at the closest practical place of work and provide the plan to the Department upon request.
 4. The permittee may substitute any Spill Prevention Containment and Control Plan, facility response plan, or an AZPDES Stormwater Pollution Prevention Plan that meets the requirements of this subsection for a Best Management Practices Plan. If the permittee submits a substitute for the Best Management Practices Plan, the permittee shall identify the conditions within the substitute plan that satisfy the requirements of subsection (D).
 5. The Best Management Practices Plan shall include:
 - a. A site plan showing surface drainage patterns and the location of floor drains, water supply, monitor wells, underground storage tanks, and chemical and waste usage, storage, loading, and treatment areas. The site plan shall show surface grading details designed to prevent drainage and spills of hazardous substances from leaving the drainage area and entering the drywell;
 - b. A design plan showing details of drywell design and drainage design, including flow control or pretreatment devices, such as interceptors, sumps, and other devices and structures designed to remove, intercept, and collect any pollutant that may be present at the operation with the potential to reach the drywell;
 - c. Procedures to prevent and contain spills and minimize discharges to the drywell;
 - d. Operational practices that include routine inspection and maintenance of the drywell and associated pretreatment and flow-control devices, periodic inspection of waste storage facilities, and proper handling of hazardous substances to prevent discharges to the drywell. Routine inspection and maintenance shall include:
 - i. Replacing the adsorbent material in the skimmers, if installed, when the adsorbent capacity is reached;
 - ii. Maintaining valves and associated piping for a drywell injection and treatment system;
 - iii. Maintaining magnetic caps and mats, if installed;
 - iv. Removing sludge from the oil/water separator, if installed, and replacing the filtration or adsorption material to maintain treatment capacity;
 - v. Removing sediment from the catch basin inlet filters and retention basin to maintain required storage capacity;
 - e. Procedures for periodic employee training on practices required by the Best Management Practices Plan specific to the drywell and prevention of unauthorized discharges.
6. The permittee shall implement waste management practices to prohibit and prevent discharges, other than those exempted in A.R.S. § 49-250(B)(23), in the drywell drainage area, including:
- a. Maintaining an up-to-date inventory of generated wastes and waste products;
 - b. Disposing or recycling all wastes or solvents through a company licensed to handle the material;
 - c. Where possible, collecting and storing waste in waste receptacles located outside the drywell drainage area. If the permittee collects and stores the waste within the drywell drainage area, the permittee shall collect and store the waste in properly designed receptacles; and
 - d. Using a licensed waste hauler to transport waste off-site to a permitted waste disposal facility.
- E. Inspection.** A permittee shall:
1. Conduct an annual inspection of the drywell for sediment accumulation in the chambers and the flow-control and treatment systems, and remove sediment annually or when 25 percent of the effective capacity is filled, whichever comes first, to restore capacity and ensure that the drywell functions properly. The permittee shall characterize the sediments that are removed from the drywell after inspection and dispose of the sediments according to local, state, and federal requirements; and
 2. If the stormwater fails to drain through the drywell within 36 hours, inspect the treatment system and piping to ensure that the treatment system is functioning properly, make repairs, and perform maintenance as needed to restore proper function.
- F. Recordkeeping.** A permittee shall maintain for at least 10 years, the following documents on-site or at the closest place of work and make the documents available to the Department upon request:
1. Documentation of drywell maintenance, inspections, employee training, and sampling activities;
 2. A site plan showing the location of the drywell, the latitude and longitude coordinates of the drywell, surface drainage patterns and the location of floor drains or French drains that are plumbed to the drywell or are used to alter drainage patterns, the location of water supply wells, monitor wells, underground storage tanks, and places where hazardous substances are used, stored, or loaded;
 3. A design plan showing details of drywell design and drainage design, including any flow control and pretreatment technologies;
 4. An operations and maintenance manual that includes:
 - a. Procedures to prevent and contain spills and minimize any discharge to the drywell and a list of actions and methods proposed to prevent and contain hazardous substance spills or leaks;
 - b. Methods and procedures for inspection, operation, and maintenance activities;
 - c. Procedures for spill response; and
 - d. A description of the employee training program for drywell inspections, operations, maintenance, and waste management practices;
 5. Drywell sediment waste characteristics and disposal manifest records for sediments removed during routine inspections and maintenance activities; and

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6. Sampling plans, certified laboratory reports, and chain of custody forms for soil, sediment, and groundwater sampling associated with drywell site investigations.

G. Spills.

1. In the event of a spill, the permittee shall:
 - a. Notify the Department within 24 hours of any spill of hazardous or toxic substance that enters the drywell inlet;
 - b. Contain, clean up, and dispose of, according to local, state, and federal requirements, any spill or leak of a hazardous substance in the drywell drainage area and basin drainage area;
 - c. If a pretreatment system is present, verify that treatment capacity has not been exceeded; and
 - d. If the spill reaches the drywell injection pipe, drill a soil boring within 5 feet of the drywell inlet chamber and sample the soil in 5-foot increments from 5 feet below ground surface to a depth extending at least 10 feet below the base of the injection pipe to determine whether a soil remediation level or groundwater protection level has been exceeded in the subsurface. The permittee shall:
 - i. Submit the results to the Department within 60 days of the date of the spill; and
 - ii. Notify the Department if soil contamination at the facility, not related to the spill, is being addressed by an existing approved remedial action plan.
2. Based on the results of subsection (G)(1)(d), the Director may require the permittee to submit an application for clean closure or an individual Aquifer Protection Permit.

H. Closure and decommissioning requirements.

1. A permittee shall:
 - a. Retain a drywell drilling contractor, licensed under 4 A.A.C. 9, to close the drywell;
 - b. Remove sediments and any drainage component, such as standpipes and screens from the drywell's settling chamber and backfill the injection pipe with cement grout;
 - c. Remove the settling chamber;
 - d. Backfill the settling chamber excavation to the land surface with clean silt, clay, or engineered material. Materials containing hazardous substances are prohibited from use in backfilling the drywell; and
 - e. Mechanically compact the backfill.
2. Within 30 days of closure and decommissioning, the permittee shall submit a written verification to the Department that all material that contributed to a discharge has been removed and any reasonable probability of further discharge from the facility and of exceeding any Aquifer Water Quality Standard at the applicable point of compliance has been eliminated to the greatest degree practical. The written verification shall specify:
 - a. The reason for the closure;
 - b. The drywell registration number;
 - c. The general permit reference number;
 - d. The materials and methods used to close the drywell;
 - e. The name of the contractor who performed the closure;
 - f. The completion date;
 - g. Any sampling data;
 - h. Sump construction details, if a sump was constructed to replace the abandoned drywell; and
 - i. Any other information necessary to verify that closure has been achieved.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-C302. 2.02 General Permit: Intermediate Stockpiles at Mining Sites

- A.** A 2.02 General Permit allows for intermediate stockpiles not qualifying as inert material under A.R.S. § 49-201(19) at a mining site.
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge under R18-9-A301(B), an applicant shall submit the construction and operation specifications used to satisfy the requirements in subsection (C)(1).
- C.** Design and operational requirements.
 1. An applicant shall design, construct, and operate the stockpile so that it does not impound water. An applicant may rely on stormwater run-on controls or facility design features, such as drains, or both.
 2. An applicant shall direct storm runoff contacting the stockpile to a mine pit or a facility covered by an individual or general permit.
 3. A permittee shall maintain any engineered feature of the facility in good working condition.
 4. A permittee shall visually inspect the facility at least quarterly and repair any defect as soon as practical.
 5. A permittee shall not add hazardous substances to the stockpiled material.
- D.** Closure requirements. In addition to the closure requirements in R18-9-A306, the following apply:
 1. If an intermediate stockpile covered under a 2.02 General Permit is permanently closed, a permittee shall remove any remaining material, to the greatest extent practical, and regrade the area to prevent impoundment of water.
 2. The permittee shall submit a narrative description of closure measures to the Department within 30 days after closure.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-C303. 2.03 General Permit: Hydrologic Tracer Studies

- A.** A 2.03 General Permit allows for a discharge caused by the performance of tracer studies.
 1. The 2.03 General Permit does not authorize the use of any hazardous substance, radioactive material, or any substance identified in A.R.S. § 49-243(I) in a tracer study.
 2. A permittee shall complete a single tracer test within two years of the Notice of Intent to Discharge.
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:
 1. A narrative description of the tracer test including the type and amount of tracer used;
 2. A Material Safety Data Sheet for the tracer; and
 3. Unless the injection or distribution is within the capture zone of an established passive containment system meeting the requirements of A.R.S. § 49-243(G), the following information:
 - a. A narrative description of the impacts that may occur if a solution migrates outside the test area, including a list of downgradient users, if any;

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- b. The anticipated effects and expected concentrations, if possible to calculate; and
 - c. A description of the monitoring, including types of tests and frequency.
 - C. Design and operational requirements. A permittee shall:
 - 1. Ensure that injection into a well inside the capture zone of an established passive containment system that meets the requirements of A.R.S. § 49-243(G) does not exceed the total depth of the influence of the hydrologic sink;
 - 2. Ensure that injection into a well outside the capture zone of an established passive containment system that meets the requirements of A.R.S. § 49-243(G) does not exceed rock fracture pressures during injection of the tracer;
 - 3. Not add a substance to a well that is not compatible with the well's construction;
 - 4. Ensure that a tracer is compatible with the construction materials at the impoundment if a tracer is placed or collected in an existing impoundment;
 - 5. For at least two years, monitor quarterly a well that is hydraulically downgradient of the test site for the tracer if a tracer is used outside the capture zone of an established passive containment system that meets the requirements of A.R.S. § 49-243(G) and less than 85 percent of the tracer is recovered. The permittee may adjust this period with the consent of the Department if the permittee shows that the hydraulic gradient causes the tracer to reach the monitoring point in a shorter or longer period of time;
 - 6. Ensure that a tracer does not leave the site in concentrations distinguishable from background water quality; and
 - 7. Monitor the amount of tracer used and recovered and submit a report summarizing the test and results to the Department within 30 calendar days of test completion.
 - D. Recordkeeping. A permittee shall retain the following information at the site where the facility is located for at least three years after test completion and make it available to the Department upon request.
 - 1. Test protocols,
 - 2. Material Safety Data Sheet information,
 - 3. Recovery records, and
 - 4. A copy of the report submitted to the Department under subsection (C)(7).
 - E. Closure requirements.
 - 1. If a tracer was used outside the capture zone of an established passive containment system that meets the requirements of A.R.S. § 49-243(G), a permittee shall account for any tracer not recovered through attenuation, modeling, or monitoring.
 - 2. The permittee shall achieve closure immediately following the test, or if the test area is within a pollutant management area defined in an individual permit, at the conclusion of operations.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-C304. 2.04 General Permit: Drywells that Drain Areas at Motor Fuel Dispensing Facilities Where Motor Fuels are Used, Stored, or Loaded**
- A. A 2.04 General Permit allows for a drywell that drains an area at a facility for dispensing motor fuel, as defined in A.A.C. R20-2-701(19), including a commercial gasoline station with an underground storage tank.
 - 1. A drywell at a motor fuel dispensing facility using hazardous substances is eligible for coverage under the 2.04 General Permit.
 - 2. A drywell at a vehicle maintenance facility owned or operated by a commercial enterprise or by a federal, state, county, or local government is not eligible for coverage under this general permit, unless the facility design ensures that only motor fuel dispensing areas will drain to the drywell. Areas where hazardous substances other than motor fuels are used, stored, or loaded, including service bays, are not covered under the 2.04 General Permit.
 - 3. Definition. For purposes of this Section, "hazardous substances" means substances that are components of commercially packaged automotive supplies, such as motor oil, antifreeze, and routine cleaning supplies such as those used for cleaning windshields, but not degreasers, engine cleaners, or similar products.
 - B. Notice of Intent to Discharge. In addition to the requirements in R18-9-A301(B), an applicant shall submit:
 - 1. The Department registration number for the drywell or documentation that a drywell registration form was submitted to the Department;
 - 2. For a drywell constructed more than 90 days before submitting the Notice of Intent to Discharge to the Department, a certification signed, dated, and sealed by an Arizona-registered professional engineer or geologist that a site investigation concluded that:
 - a. Analytical results from sampling sediment from the drywell settling chamber sediment for pollutants reasonably expected to be present do not exceed either the residential soil remediation levels or the groundwater protection levels;
 - b. The settling chamber does not contain sediment that could be used to characterize and compare results to soil remediation levels and the chamber has not been cleaned out within the last six months;
 - c. Neither a soil remediation level nor groundwater protection level is exceeded in soil samples collected from a boring drilled within 5 feet of the drywell and sampled in 5 foot increments starting at a depth of 5 feet below ground surface and extending to a depth of 10 feet below the base of the drywell injection pipe; or
 - d. If coarse grained lithology prevents the collection of soil samples in a soil boring, a groundwater investigation demonstrates compliance with Aquifer Water Quality Standards in groundwater at the applicable point of compliance.
 - 3. Design information to demonstrate that the requirements in subsection (C) are satisfied.
 - C. Design requirements.
 - 1. An applicant shall:
 - a. Include a flow control or pretreatment device identified in subsections (D)(1) or (2), or both, that removes, intercepts, or collects spilled motor fuel or hazardous substances before stormwater enters the drywell injection pipe;
 - b. Calculate the volume of runoff generated in the design storm event and anticipate the maximum potential contaminant release quantity to design the treatment and holding capacity of the drywell;
 - c. Follow local codes and regulations to meet retention periods for removing standing water;
 - d. Locate the drywell at least 100 feet from a water supply well and 20 feet from an underground storage tank;

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- e. Locate the bottom of the drywell injection pipe at least 10 feet above groundwater. If during drilling and well installation the drywell borehole encounters saturated conditions, the applicant shall backfill the borehole with cement grout to a level at least 10 feet above the elevation at which saturated conditions were encountered in the borehole before constructing the drywell in the borehole;
 - f. Record the accurate latitude and longitude of the drywell using a Global Positioning System device or site survey and record the location on the site plans;
 - g. Clearly mark the drywell "Stormwater Only" on the surface grate or manhole cover;
 - h. Develop and maintain a current site plan showing the location of the drywell, the latitude and longitude coordinates of the drywell, surface drainage patterns and the location of floor drains and French drains that are plumbed to the drywell or are used to alter drainage patterns, water supply wells, monitor wells, underground storage tanks, and chemical and waste usage, storage, loading, and treatment areas; and
 - i. Prepare design plans showing details of drywell design and drainage design, including one or a combination of pre-approved technologies described in subsections (D)(1) and (2) designed to remove, intercept, and collect any pollutant that may be present at the operation with the potential to reach the drywell.
2. For an existing drywell, an applicant that cannot meet the design requirements in subsections (C)(1)(d) and (e) shall provide the Department with the date of drywell construction, the depth of the drywell borehole and injection pipe, the distance from the drywell to the nearest water supply well and from the drywell to the underground storage tank, and the depth to the groundwater from the bottom of the drywell injection pipe.
- D. Flow control and pretreatment.** A permittee shall ensure that motor fuels and other hazardous substances are not discharged to the subsurface. A permittee may use any of the following flow control or pretreatment technologies:
- 1. Flow control. The permittee shall ensure that motor fuel and hazardous substance spills are removed before allowing stormwater to enter the drywell.
 - a. Normally closed manual or automatic valve. The permittee shall leave a normally closed valve in a closed position except when stormwater is allowed to enter the drywell;
 - b. Raised drywell inlet. The permittee shall:
 - i. Raise the drywell inlet at least six inches above the bottom of the retention basin or other storage structure, or install a six-inch asphalt or concrete raised barrier encircling the drywell inlet to provide a non-draining storage capacity within the retention basin or storage structure for complete containment of a spill; and
 - ii. Ensure that the storage capacity is at least 110 percent of the volume of the design storm event required by the local jurisdiction and the estimated volume of a potential motor fuel spill based on the facility's past incident reports or incident reports for other facilities that are similar in design;
 - c. Magnetic mat or cap. The permittee shall ensure that the drywell inlet is sealed with a mat or cap at all times, except after rainfall or a storm event when the mat or cap is temporarily removed to allow stormwater to enter the drywell; and that the mat or cap is always used with a retention basin or other type of storage;
 - d. Primary sump, interceptor, or settling chamber. The permittee may use a primary sump, interceptor, or settling chamber only in combination with another flow control or pre-treatment technology.
 - i. The permittee shall remove motor fuel or hazardous substances from the sump, interceptor, or chamber before allowing stormwater to enter the drywell.
 - ii. The permittee shall install a settling chamber or sump and allow the suspended solids to settle before stormwater flows into a drywell; install the drywell injection pipe in a separate chamber and connect the sump, interceptor, or chamber to the drywell inlet by piping and valving to allow the stormwater to enter the drywell.
 - iii. The permittee may install fuel hydrocarbon detection sensors in the sump, interceptor, or settling chamber that use flow control to prevent fuel from discharging into the drywell;
2. Pretreatment. The permittee shall prevent the bypass of motor fuels and hazardous substances from the pretreatment system to the drywell during periods of high flow.
- a. Catch basin inlet filter. The permittee shall:
 - i. Install a catch basin inlet filter to fit inside a catchment drain to prevent motor fuels and hazardous substances from entering the drywell,
 - ii. Ensure that a motor fuel spill or a spill during a high rainfall does not bypass the system and directly release to the drywell injection pipe, and
 - iii. Combine the catch basin inlet filter with a flow control technology to prevent contaminated stormwater from entering the drywell injection pipe;
 - b. Combined settling chamber and an oil/water separator.
 - i. The permittee shall install a system that incorporates a catch basin inlet, a settling chamber, and an oil/water separator.
 - ii. The permittee may incorporate a self-sealing mechanism, such as fuel hydrocarbon detection sensors that activate a valve to cut off flow to the drywell inlet.
 - c. Combined settling chamber and oil/water separator, and filter/adsorption. The permittee shall:
 - i. Allow for adequate collection and treatment capacity for solid and liquid separation; and
 - ii. Allow a minimum treated outflow from the system to the drywell inlet of 20 gallons per minute. If a higher outflow rate is anticipated, the applicant shall design a larger collection system with storage capacity.
 - d. Passive skimmer.
 - i. If a passive skimmer is used, the permittee shall install sufficient hydrocarbon adsorbent materials, such as pads and socks, or suspend the materials on top of the static water level in a sump or other catchment to absorb the entire volume of expected or potential spill.
 - ii. The permittee may use a passive skimmer only in combination with another flow control or pre-treatment technology.

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- E. Operation and maintenance.** A permittee shall:
1. Operate the drywell only for the subsurface disposal of stormwater;
 2. Remove or treat any motor fuel or hazardous substance spills;
 3. Replace the adsorbent material in skimmers, if installed; when the adsorbent capacity is reached;
 4. Maintain valves and associated piping;
 5. Maintain magnetic caps and mats, if installed;
 6. Remove sludge from the oil/water separator and replace the filtration or adsorption materials to maintain treatment capacity;
 7. Remove sediment from the catch basin inlet filters and retention basins to maintain required storage capacity;
 8. Remove accumulated sediment from the settling chamber annually or when 25 percent of the effective settling capacity is filled, whichever occurs first; and
 9. Provide new employee training within one month of hire and annual employee training on how to maintain and operate flow control and pretreatment technology used in the drywell.
- F. Inspection.** A permittee shall:
1. Conduct an annual inspection of the drywell for sediment accumulation in the chambers and in the flow control and treatment systems to ensure that the drywell is functioning properly; and
 2. If the stormwater fails to drain through the drywell within 36 hours, inspect the treatment system and piping to ensure that it is functioning properly, make repairs, and perform maintenance as needed to restore proper function.
- G. Recordkeeping.** A permittee shall maintain, for at least 10 years, the following documents on-site or at the closest place of work and make the documents available to the Department upon request:
1. Documentation of drywell maintenance, inspections, employee training, and sampling activities;
 2. A site plan showing the location of the drywell, the latitude and longitude coordinates of the drywell, surface drainage patterns and the location of floor drains or French drains that are plumbed to the drywell or are used to alter drainage patterns, water supply wells, monitor wells, underground storage tanks, and places where motor fuel and hazardous substances are used, stored, or loaded;
 3. A design plan showing details of drywell design and drainage design, including one or a combination of the pre-approved flow control and pretreatment technologies;
 4. An operations and maintenance manual that includes:
 - a. Procedures to prevent and contain spills and minimize any discharge to the drywell and a list of actions and specific methods proposed for motor fuel and hazardous substance spills or leaks;
 - b. Methods and procedures for inspection, operation, and maintenance activities;
 - c. Procedures for spill response; and
 - d. A description of the employee training program for drywell inspections, operations, and maintenance;
 5. Drywell sediment waste characterization and disposal manifest records for sediments removed during routine inspections and maintenance activities; and
 6. Sampling plans, certified laboratory reports, and chain of custody forms for soil, sediment, and groundwater sampling associated with drywell site investigations.
- H. Spills.**
1. In the event of a spill, a permittee shall:
 - a. Notify the Department within 24 hours of any spill of motor fuel or hazardous or toxic substances that enters into the drywell inlet;
 - b. Contain, clean up, and dispose of, according to local, state, and federal requirements, any spill or leak of motor fuel or hazardous substance in the drywell drainage area and basin drainage area;
 - c. If a pretreatment system is present, verify that treatment capacity has not been exceeded; and
 - d. If the spill reaches the injection pipe, drill a soil boring within 5 feet of the drywell inlet chamber and sample in 5-foot increments from 5 feet below ground surface to a depth extending at least 10 feet below the base of the injection pipe to determine whether a soil remediation level or groundwater protection level has been exceeded in the subsurface. The permittee shall:
 - i. Submit the results to the Department within 60 days of the date of the spill; and
 - ii. Notify the Department if soil contamination at the facility, not related to the spill, is being addressed by an existing approved remedial action plan.
 2. The Director may, based on the results of subsection (H)(1)(d), require the permittee to submit an application for clean closure or an individual Aquifer Protection Permit.
- I. Closure and decommissioning requirements.**
1. A permittee shall:
 - a. Retain a drywell drilling contractor, licensed under 4 A.A.C. 9, to close the drywell;
 - b. Remove sediments and any drainage component, such as standpipes and screens from the drywell's settling chamber and backfill the injection pipe with cement grout;
 - c. Remove the settling chamber;
 - d. Backfill the settling chamber excavation to the land surface with clean silt, clay, or engineered material. A permittee shall not use materials containing hazardous substances in backfilling the drywell; and
 - e. Mechanically compact the backfill.
 2. Within 30 days of closure and decommissioning, the permittee shall submit a written verification to the Department that all material that contributed to a discharge has been removed and any reasonable probability of further discharge from the facility and of exceeding any Aquifer Water Quality Standard at the applicable point of compliance has been eliminated to the greatest degree practical. The written verification shall specify:
 - a. The reason for the closure;
 - b. The drywell registration number;
 - c. The general permit reference number;
 - d. The materials and methods used to close the drywell;
 - e. The name of the contractor who performed the closure;
 - f. The completion date;
 - g. Any sampling data;
 - h. Sump construction details, if a sump was constructed to replace the abandoned drywell; and
 - i. Any other information necessary to verify that closure has been achieved.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 4096, effective September 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 4544, effective November

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12, 2005 (05-3).

R18-9-C305. 2.05 General Permit: Capacity, Management, Operation, and Maintenance of a Sewage Collection System

- A.** Definition. For purposes of this Section, "imminent and substantial threat to public health or the environment" means when:
1. The volume of a release is more than 2000 gallons; or
 2. The volume of a release is more than 50 gallons but less than 2000 gallons and any one of the following apply:
 - a. The release entered onto a recognized public area and members of the public were present during the release or before the release was mitigated;
 - b. The release occurred on a public or private street and pedestrians were at risk of being splashed by vehicles during the release or before the release was mitigated;
 - c. The release entered a perennial stream, an intermittent stream during a time of flow, a waterbody other than an ephemeral stream, a normally dry detention or sedimentation basin, or a drywell;
 - d. The release occurred within an occupied building due to a condition in the permitted sewage collection system; or
 - e. The release occurred within 100 feet of a school or a public or private drinking water supply well.
- B.** A 2.05 General Permit allows a permittee to manage, operate, and maintain a sewage collection system under the terms of a CMOM Plan that complies with subsection (D). The Department considers a sewage collection system operating in compliance with an AZPDES permit that incorporates provisions for capacity, management, operation, and maintenance of the system to comply with the provisions of the 2.05 General Permit regardless of whether a Notice of Intent to Discharge for the system was submitted to the Department.
- C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:
1. The name and ownership of any downstream sewage collection system and sewage treatment facility that receives sewage from the applicant's sewage collection system;
 2. A map of the service area for which general permit coverage is sought, showing streets and sewage service boundaries for the sewage collection system;
 3. A statement indicating that the CMOM Plan is in effect and the principal officer or ranking elected official of the sewage collection system has approved the plan; and
 4. A statement indicating whether a local ordinance requires an on-site wastewater treatment facility to hookup to the sewage collection system.
- D.** CMOM Plan.
1. A permittee shall continuously implement a CMOM Plan for the sewage collection system under the permittee's ownership, management, or operational control. The CMOM Plan shall include information to comply with subsection (E)(1) and instructions on:
 - a. How to properly manage, operate, and maintain all parts of the sewage collection system that are owned or managed by the permittee or under the permittee's operational control, to meet the performance requirements in R18-9-E301(B);
 - b. How to maintain sufficient capacity to convey the base flows and peak wet weather flow of a 10-year, 24-hour storm event for all parts of the collection system owned or managed by the permittee or under the permittee's operational control;
 - c. All reasonable and prudent steps to minimize infiltration to the sewage collection system;
 - d. All reasonable and prudent steps to stop all releases from the collection system owned or managed by the permittee or under the permittee's operational control; and
 - e. The procedure for reporting releases described in subsection (F).
 2. The permittee shall maintain and update the CMOM Plan for the duration of this general permit and make it available for Department and public review.
 3. If the Department requests the CMOM Plan and upon review finds that the CMOM Plan is deficient, the Department shall:
 - a. Notify the permittee in writing of the specific deficiency and the reason for the deficiency, and
 - b. Establish a deadline of at least 60 days to allow the permittee to correct the deficiency and submit the amended provision to the Department for approval.
- E.** Sewage release response determination. If the sewage collection system releases sewage, the Director shall consider any of the following factors in determining compliance:
1. Sufficiency of the CMOM Plan.
 - a. The level of detail provided by the CMOM Plan is appropriate for the size, complexity, and age of the system;
 - b. The level of detail provided by the CMOM Plan is appropriate considering geographic, climatic, and hydrological factors that may influence the sewage collection system;
 - c. The CMOM Plan provides schedules for the periodic preventative maintenance of the sewage collection system, including cleaning of all reaches of the sewage collection system below a specified pipe diameter.
 - i. The CMOM Plan may allow inspection of sewer lines by Closed Circuit Television (CCTV) and postponement of cleaning to the next scheduled cleaning cycle if the CCTV inspection indicated that cleaning of a reach of the sewer is not needed.
 - ii. The CMOM Plan may specify inspection and cleaning schedules that differ according to pipe diameter or other characteristics of the sewer;
 - d. The CMOM Plan identifies components of the sewage collection system that have insufficient capacity to convey, when properly maintained, the peak wet weather flow of a 10-year, 24-hour storm event. For those identified components, a capital improvement plan exists for achieving sufficient wet weather flow capacity within ten years of the effective date of permit coverage;
 - e. The CMOM Plan includes an overflow emergency response plan appropriate to the size, complexity, and age of the sewage collection system considering geographic, climatic, and hydrological factors that may influence the system;
 - f. The CMOM Plan establishes a procedure to investigate and enforce against any commercial or industrial entity whose flows to the sewage collection system have caused or contributed to a release;
 - g. The CMOM Plan adequately addresses management of flows from upstream sewage collection systems not under the ownership, management, or operational control of the permittee; or

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- h. Any other factor necessary to determine if the CMOM Plan is sufficient;
 - 2. Compliance with the CMOM Plan.
 - a. The permittee's response to releases as established in the overflow emergency response plan, including whether:
 - i. Maintenance staff responds to and arrive at the release within the time period specified in the plan;
 - ii. Maintenance staff follow all written procedures to remove the cause of the release;
 - iii. Maintenance staff contain, recover, clean up, disinfect, and otherwise mitigate the release of sewage; and
 - iv. Required notifications to the Department, public health agencies, drinking water suppliers, and the public are provided;
 - b. The permittee's activities and timeliness in:
 - i. Implementing specified periodic preventative maintenance measures;
 - ii. Implementing the capital improvement plan; and
 - iii. Investigating and enforcing against an upstream sewage collection system, not under the ownership and operational control of the permittee, if those systems are impediments to the proper management of flows in the permittee's sewage collection system; or
 - c. Any other factor necessary to determine CMOM Plan compliance;
 - 3. Compliance with the reporting requirements in subsection (F) and the public notice requirements in subsection (G); or
 - 4. The release substantially endangers public health or the environment.
- F. Reporting requirements.**
- 1. Sewage releases.
 - a. A permittee shall report to the Department, by telephone, facsimile, or on the applicable notification form on the Department's Internet web site, any release that is an imminent and substantial threat to public health or the environment as soon as practical, but no later than 24 hours of becoming aware of the release.
 - b. A permittee shall submit a report to the Department within five business days after becoming aware of a release that is an imminent and substantial threat to public health or the environment. The report shall include:
 - i. The location of the release;
 - ii. The sewage collection system component from which the release occurred;
 - iii. The date and time the release began, was stopped, and when mitigation efforts were completed;
 - iv. The estimated number of persons exposed to the release, the estimated volume of sewage released, the reason the release is considered an imminent and substantial threat to public health or the environment if the volume is 2000 gallons or less, and where the release flowed;
 - v. The efforts made by the permittee to stop, contain, and clean up the released material;
 - vi. The amount and type of disinfectant applied to mitigate any associated public health or environmental risk; and
 - vii. The cause of the release or effort made to determine the cause and any effort made to help prevent a future reoccurrence.
 - 2. Annual report. The permittee shall:
 - a. Submit an annual report to the Department postmarked no later than March 1. The report shall:
 - i. Tabulate all releases of more than 50 gallons from the permitted sewage collection system;
 - ii. Provide the date of any release that is an imminent and substantial threat to public health or the environment; and
 - iii. For other reportable releases under subsection (F)(2)(a)(i), provide the information in subsection (F)(1)(b);
 - b. Provide an amended map of the service area boundaries if, during the calendar year, any area was removed from the service area or if any area was added to the service area that the permittee wishes to include under the 2.05 General Permit and associated CMOM Plan.
- G. Public notice.** The permittee shall:
- 1. Post a notice, in a format approved by the Department, at any location where there were more than three reportable releases under subsection (F)(2)(a) from the sewage collection system during any 12-month period,
 - 2. Include within the notice a warning that identified the releases or potential releases at the location and potential health hazards from any release,
 - 3. Post the notice at a place where the public is likely to come in contact with the release, and
 - 4. Maintain the postings until no releases from the location are reported for at least 12 months from the last release and the permittee followed all actions specified in the CMOM Plan to prevent releases at that location during the period.
- Historical Note**
New Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-C306. 2.06 General Permit: Fish Hatchery Discharge to a Perennial Surface Water**
- A.** A 2.06 General Permit allows a fish hatchery to discharge to a perennial surface water if Aquifer Water Quality Standards are met at the point of discharge and the fish hatchery is operating under a valid AZPDES permit.
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall provide:
- 1. The applicable AZPDES permit number;
 - 2. A description of the facility; and
 - 3. A laboratory report characterizing the wastewater discharge, including the analytical results for all numeric Aquifer Water Quality Standards under R18-11-406.
- C.** Design and operational requirements. An applicant shall:
- 1. Collect a representative sample of the discharge to demonstrate compliance with all numeric Aquifer Water Quality Standards and make the results available to the Department upon request, and
 - 2. Maintain a record of the average and daily flow rates and make it available to the Department upon request.
- Historical Note**
New Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- PART D. TYPE 3 GENERAL PERMITS**
- R18-9-D301. 3.01 General Permit: Lined Impoundments**

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- A.** A 3.01 General Permit allows a lined surface impoundment and a lined secondary containment structure. A permittee shall:
1. Ensure that inflow to the lined surface impoundment or lined secondary containment structure does not contain organic pollutants identified in A.R.S. § 49-243(I);
 2. Ensure that inflow to the lined surface impoundment or lined secondary containment structure is from one or more of the following sources:
 - a. Evaporative cooler overflow, condensate from a refrigeration unit, or swimming pool filter backwash;
 - b. Wastewater that does not contain sewage, temporarily stored for short periods of time due to process upsets or rainfall events, provided the wastewater is promptly removed from the facility as required under subsection (D)(5). Facilities that continually contain wastewater as a normal function of facility operations are not covered under this general permit;
 - c. Stormwater runoff that is not permitted under A.R.S. § 49-245.01 because the facility does not receive solely stormwater or because the runoff is regulated but not considered stormwater under the Clean Water Act;
 - d. Emergency fire event water;
 - e. Wastewater from air pollution control devices at asphalt plants if the wastewater is routed through a sedimentation trap or sump and an oil/water separator before discharge;
 - f. Non-contact cooling tower blowdown and non-contact cooling water, except discharges from electric generating stations with more than 100 megawatts generating capacity;
 - g. Boiler blowdown;
 - h. Wastewater derived from a potable water treatment system, including clarification sludge, filtration backwash, lime and lime-softening sludge, ion exchange backwash, and reverse osmosis spent waste;
 - i. Wastewater from food washing;
 - j. Heat exchanger return water;
 - k. Wastewater from industrial laundries;
 - l. Hydrostatic test water from a pipeline, tank, or appurtenance previously used for transmission of fluid;
 - m. Wastewater treated through an oil/water separator before discharge; and
 - n. Cooling water or wastewater from food processing.
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:
1. A listing and description of all sources of inflow;
 2. A representative chemical analysis of each expected source of inflow. If a sample is not available before facility construction, a permittee shall provide the chemical analysis of each inflow to the Department within 60 days of each inflow to the facility;
 3. A narrative description of how the conditions of this general permit are satisfied. The narrative shall include a Quality Assurance/Quality Control program for liner installation, impoundment maintenance and repair, and impoundment operational procedures; and
 4. A contingency plan that specifies actions proposed in case of an accidental release from the facility, overtopping of the impoundment, breach of the berm, or unauthorized inflows into the impoundment or containment structure.
- C.** Design and installation requirements. An applicant shall:
1. Design and construct surface water controls to:
 - a. Ensure that the impoundment or secondary containment structure maintains, using design volume or mechanical systems, normal operating volumes, if any, and any inflow from the 100-year, 24-hour storm event. The facility shall maintain at least 2 feet of freeboard or an alternative level of freeboard that the applicant demonstrates is reasonable, considering the size of the impoundment and meteorologic and other site-specific factors; and
 - b. Direct any surface water run-on from the 100-year 24-hour storm event around the facility if not intended for capture by facility;
 2. Ensure that the facility design accommodates any significant geologic hazard, addressing static and seismic stability. The applicant shall document any design adjustments made for this reason in the Notice of Intent to Discharge;
 3. Ensure that site preparation includes, as appropriate, clearing the area of vegetation, grubbing, grading, and embankment and subgrade preparation. The applicant shall ensure that supporting surface slopes and foundation are stable and structurally sound; and
 4. Comply with the following impoundment lining requirements:
 - a. If a synthetic liner is used, ensure that the liner is at least a 30-mil geomembrane liner or a 60-mil liner if High Density Polyethylene, or an alternative, that the liner's calculated seepage rate is less than 550 gallons per acre per day, and:
 - i. Anchor the liner by securing it in an engineered anchor trench;
 - ii. Ensure that the liner is ultraviolet resistant if it is regularly exposed to sunlight; and
 - iii. Ensure that the liner is constructed of a material that is chemically compatible with the wastewater or impounded solution and is not affected by corrosion or degradation;
 - b. If a soil liner is used:
 - i. Ensure that it resists swelling, shrinkage, and cracking and that the liner's calculated seepage rate is less than 550 gallons per acre per day;
 - ii. Ensure that the soil is at least 1-foot thick and compacted to a uniform density of 95 percent to meet the "Standard Test Method for Laboratory Compaction Characteristics of Soil Using Standard Effect (12,400 ft-lbf/ft³), D698-00a¹," (2000) published by the American Society for Testing and Materials. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959; and
 - iii. Upon installation, protect the soil liner to prevent desiccation; and
 - c. For new facilities, develop and implement a construction Quality Assurance/Quality Control program that addresses site and subgrade preparation,

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inspection procedures, field testing, laboratory testing, and final inspection after construction of the liner to ensure functional integrity.

D. Operational requirements. A permittee shall:

1. Maintain sufficient freeboard to manage the 100-year, 24-hour storm event including at least 2 feet of freeboard under normal operating conditions. Management of the 100-year, 24-hour storm event may be through design, pumping, or a combination of both;
2. Remove accumulated residues, sediments, debris, and vegetation to maintain the integrity of the liner and the design capacity of the impoundment;
3. Perform and document a visual inspection for damage to the liner and for accumulation of residual material at least monthly. The operator shall conduct an inspection within 72 hours after the facility receives a significant volume of stormwater inflow;
4. Repair damage to the liner by following the Quality Assurance/Quality Control Plan required under subsection (B)(3); and
5. Remove all inflow from the impoundment as soon as practical, but no later than 60 days after a temporary event, for facilities designed to contain inflow only for temporary events, such as process upsets.

E. Recordkeeping. A permittee shall maintain at the site, the following information for at least 10 years and make it available to the Department upon request:

1. Construction drawings and as-built plans, if available;
2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure;
3. Capacity design criteria;
4. A list of standard operating procedures;
5. The construction Quality Assurance/Quality Control program documentation; and
6. Records of any inflow into the impoundment other than those permitted by this Section.

F. Reporting requirements.

1. If the liner leaks, as evidenced by a drop in water level not attributable to evaporation, or if the berm breaches or an impoundment is overtopped due to a catastrophic or other significant event, the permittee shall report the circumstance to the Department within five days of discovery and implement the contingency plan required in subsection (B)(4). The permittee shall submit a final report to the Department within 60 days of the event summarizing the circumstances of the problem and corrective actions taken.
2. The permittee shall report unauthorized flows into the impoundment to the Department within five days of discovery and implement the contingency plan required in subsection (B)(4).

G. Closure requirements. The permittee shall notify the Department of the intent to close the facility permanently. Within 90 days following closure notification the permittee shall comply with the following requirements, as applicable:

1. Remove liquids and any solid residue on the liner and dispose appropriately;
2. Inspect the liner for evidence of holes, tears, or defective seams that could have leaked;
3. If evidence of leakage is discovered, remove the liner in the area of suspected leakage and sample potentially impacted soil. If soil remediation levels are exceeded, the permittee shall define the lateral and vertical extent of contamination and, within 60 days of the exceedance, notify the Department and submit an action plan for

achieving clean closure for the Department's approval before implementing the plan;

4. If there is no evidence of holes, tears, or defective seams that could have leaked:
 - a. Cover the liner in place or remove it for disposal or reuse if the impoundment is an excavated impoundment,
 - b. Remove and dispose of the liner elsewhere if the impoundment is bermed, and
 - c. Grade the facility to prevent the impoundment of water; and
5. Notify the Department within 60 days following closure that the action plan was implemented and the closure is complete.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-D302. 3.02 General Permit: Process Water Discharges from Water Treatment Facilities

A. A 3.02 General Permit allows filtration backwash and discharges obtained from sedimentation and coagulation in the water treatment process from facilities that treat water for industrial process or potable uses. The permittee shall ensure that:

1. Liquid fraction. The discharge meets:
 - a. All numeric Aquifer Water Quality Standards for inorganic chemicals, organic chemicals, and pesticides established in R18-11-406(B) through (D);
 - b. The discharge meets one of the following criteria for microbiological contaminants:
 - i. Either the concentration of fecal coliform organisms is not more than 2/100 ml or the concentration of *E. coli* bacteria is not more than 1/100 ml, or
 - ii. Either the concentration of fecal coliform organisms is less than 200/100 ml or the concentration of *E. coli* bacteria is less than 126/100 ml if the average daily flow processed by the water treatment facility is less than 250,000 gallons; and
2. Solid Fraction. The solid material in the discharge qualifies as inert material, as defined in A.R.S. § 49-201(19).

B. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:

1. A characterization of the discharge, including a representative chemical and biological analysis of expected discharges and all source waters; and
2. The design capacity of any impoundment covered by this general permit.

C. Impoundment design and siting requirements. An applicant shall:

1. Ensure that the depth to the static groundwater table is greater than 20 feet;
2. Not locate the area of discharge immediately above karstic or fractured bedrock, unless the discharge meets the microbial limits specified in subsection (A)(1)(b)(i);
3. Maintain a minimum horizontal setback of 100 feet between the facility and any water supply well;
4. Design and construct an impoundment to maintain, using design volume or mechanical systems, normal operating volumes and any inflow from the 100-year, 24-hour storm event. The applicant shall:

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- a. Divert any surface water run-on from the 100-year, 24-hour storm event around the facility if not intended for capture by facility design; and
 - b. Design the facility to maintain 2 feet of freeboard or an alternative level of freeboard that the applicant demonstrates is reasonable, considering meteorological factors, the size of the impoundment, and other site-specific factors; or
 - c. Discharge to surface water under the conditions of an AZPDES permit; and
 - 5. Manage off-site disposal of sludge according to A.R.S. Title 49, Chapter 4.
 - D. Operational requirements.**
 - 1. Inorganic chemical, organic chemical, and pesticide monitoring.
 - a. The permittee shall monitor any discharge annually to determine compliance with the requirements of subsection (A).
 - b. If the concentration of any pollutant exceeds the numeric Aquifer Water Quality Standard, the permittee shall submit a report to the Department with a proposal for mitigation and shall increase monitoring frequency for that pollutant to quarterly.
 - c. If, in the quarterly sampling, the condition in subsection (D)(1)(b) continues for two consecutive quarters, the permittee shall submit an application for an individual permit.
 - 2. Microbiological contaminant monitoring.
 - a. The permittee shall monitor any discharge annually to determine compliance with the requirements of subsection (A)(1)(b).
 - b. If the concentration of any pollutant exceeds the limits established in subsection (A)(1)(b), the permittee shall submit a report to the Department with a proposal for mitigation and increase monitoring frequency for that pollutant to monthly.
 - c. If, in the monthly sampling, the condition in subsection (D)(2)(b) continues for three consecutive months, the permittee shall submit an application for an individual permit.
 - E. Recordkeeping.** A permittee shall maintain at the site, the following information, if applicable for the disposal method, for at least 10 years, and make it available to the Department upon request:
 - 1. Construction drawings and as-built plans, if available;
 - 2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure;
 - 3. Water quality data collected under subsection (D);
 - 4. Standard operating procedures; and
 - 5. Records of any discharge other than those identified under subsection (B).
 - F. Reporting requirements.** The permittee shall:
 - 1. Report unauthorized flows into the impoundment to the Department within five days of discovery, and
 - 2. Submit the report required in subsections (D)(1)(b) or (2)(b) within 30 days of receiving the analytical results.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-D303. 3.03 General Permit: Vehicle and Equipment Washes**
- A.** A 3.03 General Permit allows a facility to discharge water from washing vehicle exteriors and vehicle equipment. The 3.03 General Permit does not authorize:
 - 1. Discharge water that typically results from the washing of vehicle engines unless the discharge is to a lined surface impoundment;
 - 2. Direct discharges of sanitary sewage, vehicle lubricating oils, antifreeze, gasoline, paints, varnishes, solvents, pesticides, or fertilizers;
 - 3. Discharges resulting from washing the interior of vessels used to transport fuel products or chemicals, or washing equipment contaminated with fuel products or chemicals; or
 - 4. Discharges resulting from washing the interior of vehicles used to transport mining concentrates that originate from the same mine site, unless the discharge is to a lined surface impoundment.
 - B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit a narrative description of the facility and a design of the disposal system and wash operations.
 - C.** Design, installation, and testing requirements. An applicant shall:
 - 1. Design and construct the wash pad:
 - a. To drain and route wash water to a sump or similar sediment-settling structure and an oil/water separator or a comparable pretreatment technology;
 - b. Of concrete or material chemically compatible with the wash water and its constituents; and
 - c. To support the maximum weight of the vehicle or equipment being washed with an appropriate safety factor;
 - 2. Not use unlined ditches or natural channels to convey wash water;
 - 3. Ensure that a surface impoundment meets the requirements in R18-9-D301(C)(1) through (3). The applicant shall ensure that berms or dikes at the impoundment can withstand wave action erosion and are compacted to a uniform density not less than 95 percent;
 - 4. Ensure that a surface impoundment required for wash water described in subsection (A)(1) meets the design and installation requirements in R18-9-D301(C);
 - 5. If wash water is received by an unlined surface impoundment or engineered subsurface disposal system, the applicant shall:
 - a. Ensure that the annual daily average flow is less than 3000 gallons per day;
 - b. Maintain a minimum horizontal setback of 100 feet between the impoundment or subsurface disposal system and any water supply well;
 - c. Ensure that the bottom of the surface impoundment or subsurface disposal system is at least 50 feet above the static groundwater level and the intervening material does not consist of karstic or fractured bedrock;
 - d. Ensure that the wash water receives primary treatment before discharge through, at a minimum, a sump or similar structure for settling sediments or solids and an oil/water separator or a comparable pretreatment technology designed to reduce oil and grease in the wastewater to 15 mg/l or less;
 - e. Withdraw the separated oil from the oil/water separator using equipment such as adjustable skimmers, automatic pump-out systems, or level sensing systems to signal manual pump-out; and

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- f. If a subsurface disposal system is used, design the system to prevent surfacing of the wash water.
- D. Operational requirements.** The permittee shall:
1. Inspect the oil/water separator before operation to ensure that there are no leaks and that the oil/water separator is in operable condition;
 2. Inspect the entire facility at least quarterly. The inspection shall, at a minimum, consist of a visual examination of the wash pad, the sump or similar structure, the oil/water separator, and all surface impoundments;
 3. Visually inspect each surface impoundment at least monthly, to ensure the volume of wash water is maintained within the design capacity and freeboard limitation;
 4. Repair damage to the integrity of the wash pad or impoundment liner as soon as practical;
 5. Maintain the oil/water separator to achieve the operational performance of the separator;
 6. Remove accumulated sediments in all surface impoundments to maintain design capacity; and
 7. Use best management practices to minimize the introduction of chemicals not typically associated with the wash operations. Only biodegradable surfactant or soaps are allowed. The permittee shall not use products that contain chemicals in concentrations likely to cause a violation of an Aquifer Water Quality Standard at the applicable point of compliance.
- E. Monitoring requirements.**
1. If wash water is discharged to an unlined surface impoundment or other area for subsurface disposal, the permittee shall monitor the wash water quarterly at the point of discharge for pH and for the presence of C₁₀ through C₃₂ hydrocarbons using a Department of Health Services certified method.
 2. If pH is not between 6.0 and 9.0 or the concentration of C₁₀ through C₃₂ hydrocarbons exceeds 50 mg/l, the permittee shall, within 30 days of the monitorings, submit a report to the Department with a proposal for mitigation and shall increase monitoring frequency to monthly.
 3. If the condition in subsection (E)(2) persists for three consecutive months, the permittee shall submit, within 90 days, an application for an individual permit.
- F. Recordkeeping.** A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:
1. Construction drawings and as-built plans, if available;
 2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure; and
 3. The Material Safety Data Sheets for the chemicals used in the wash operations and any required monitoring results.
- G. Closure requirements.** A permittee shall comply with the closure requirements specified in R18-9-D301(G) if a liner has been used. If no liner is used the permittee shall remove and appropriately dispose of any liquids and grade the facility to prevent impoundment of water.
- A. A 3.04 General Permit allows discharges to lined surface impoundments, lined secondary containment structures, and associated lined conveyance systems at mining sites.**
1. The following discharges are allowed under the 3.04 General Permit:
 - a. Seepage from tailing impoundments, unleached rock piles, or process areas;
 - b. Process solution temporarily stored for short periods of time due to process upsets or rainfall, provided the solution is promptly removed from the facility as required under subsection (D);
 - c. Stormwater runoff not permitted under A.R.S. § 49-245.01 because the facility does not receive solely stormwater or because the runoff is regulated but not considered stormwater under the Clean Water Act; and
 - d. Wash water specific to sand and gravel operations not covered by R18-9-B301(A).
 2. Facilities that continually contain process solution as a normal function of facility operations are not eligible for coverage under the 3.04 General Permit. If a normal process solution contains a pollutant regulated under A.R.S. § 49-243(I) the 3.04 General Permit does not apply if the pollutant will compromise the integrity of the liner.
- B. Notice of Intent to Discharge.** In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:
1. A description of the sources of inflow to the facility. An applicant shall include a representative chemical analysis of expected sources of inflow to the facility unless a sample is not available, before facility construction, in which case the applicant shall provide a chemical analysis of solution present in the facility to the Department within 90 days after the solution first enters the facility;
 2. Documentation demonstrating that the facility design and operation under subsections (C) and (D) have been reviewed by a mining engineer or an Arizona-registered professional engineer before submission to the Department; and
 3. A contingency plan that specifies actions proposed in case of an accidental release from the facility, overtopping of the impoundment, breach of the berm, or unauthorized inflows into the impoundment or containment structure.
- C. Design, construction, and installation requirements.** An applicant shall:
1. Design and construct the impoundment or secondary containment structure as specified under R18-9-D301(C)(1);
 2. Ensure that conveyance systems are capable of handling the peak flow from the 100-year storm;
 3. Construct the liner as specified in R18-9-D301(C)(4)(a);
 4. Develop and implement a Quality Assurance/Quality Control program that meets or exceeds the liner manufacturer's guidelines. The program shall address site and subgrade preparation, inspection procedures, field testing, laboratory testing, repair of seams during installation, and final inspection of the completed liner for functional integrity;
 5. If the facility is located in the 100-year flood plain, design the facility so it is protected from damage or flooding as a result of a 100-year, 24-hour storm event;
 6. Design and manage the facility so groundwater does not come into contact with the liner;
 7. Ensure that the facility design addresses any significant geologic hazard relating to static and seismic stability.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-D304. 3.04 General Permit: Non-Stormwater Impoundments at Mining Sites

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The applicant shall document any design adjustments made for this reason in the Notice of Intent to Discharge;

8. Ensure that the site preparation includes, as appropriate, clearing the area of vegetation, grubbing, grading, and embankment and subgrade preparation. The applicant shall ensure that supporting surface slopes and foundation are stable and structurally sound;
 9. Ensure that the liner is anchored by being secured in an engineered anchor trench. If regularly exposed to sunlight, the applicant shall ensure that the liner is ultraviolet resistant; and
 10. Use compacted clay subgrade in areas with shallow groundwater conditions.
- D. Operational requirements.** The permittee shall:
1. Maintain the freeboard required in subsection (C)(1) through design, pumping, or both;
 2. Remove accumulated residues, sediments, debris, and vegetation to maintain the integrity of the liner and the design capacity of the impoundment;
 3. Perform and document a visual inspection for cracks, tears, perforations and residual build-up at least monthly. The operator shall conduct and document an inspection after the facility receives significant volumes of stormwater inflow;
 4. Report cracks, tears, and perforations in the liner to the Department, and repair them as soon as practical, but no later than 60 days under normal operating conditions, after discovery of the crack, tear, or perforation;
 5. For facilities that temporarily contain a process solution due to process upsets, remove the process solution from the facility as soon as practical, but no later than 60 days after cessation of the upset; and
 6. For facilities that temporarily contain a process solution due to rainfall, remove the process solution from the facility as soon as practical.
- E. Recordkeeping.** A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:
1. Construction drawings and as-built plans, if available;
 2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results and facility closure;
 3. Capacity design criteria;
 4. A list of standard operating procedures;
 5. The Quality Assurance/Quality Control program required under subsection (C)(4); and
 6. Records of any unauthorized flows into the impoundment.
- F. Reporting requirements.**
1. If the liner is breached, as evidenced by a drop in water level not attributable to evaporation, or if the impoundment breaches or is overtopped due to a catastrophic or other significant event, the permittee shall report the circumstance to the Department within five days of discovery and implement the contingency plan required in subsection (B)(3). The permittee shall submit a final report to the Department within 60 days of the event summarizing the circumstances of the problem and corrective actions taken.
 2. The permittee shall report unauthorized flows into the impoundment to the Department within five days of discovery and implement the contingency plan required in subsection (B)(3).
- G. Closure requirements.**
1. The permittee shall notify the Department of the intent to close the facility permanently.
2. Within 90 days following closure notification the permittee shall comply with the following requirements, as applicable:
 - a. Remove liquids and any solid residue on the liner and dispose appropriately;
 - b. Inspect the liner for evidence of holes, tears, or defective seams that could have leaked;
 - c. If evidence of leakage is discovered, remove the liner in the area of suspected leakage and sample potentially impacted soil. If soil remediation levels are exceeded, the permittee shall, within 60 days notify the Department and submit an action plan for the Department's approval before implementing the plan;
 - d. If there is no evidence of holes, tears, or defective seams that could have leaked:
 - i. Cover the liner in place or remove it for disposal or reuse if the impoundment is an excavated impoundment,
 - ii. Remove and dispose of the liner elsewhere if the impoundment is bermed, and
 - iii. Grade the facility to prevent the impoundment of water; and
 3. Notify the Department within 60 days following closure that the action plan has been implemented and the closure is complete.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-D305. 3.05 General Permit: Disposal Wetlands

- A.** A 3.05 General Permit allows discharges of reclaimed water into constructed or natural wetlands, including waters of the United States, waters of the state, and riparian areas, for disposal. This general permit does not apply if the purpose of the wetlands is to provide treatment.
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit the name and individual permit number of the facility providing the reclaimed water.
- C.** Design requirements. An applicant shall:
1. Ensure that the reclaimed water released into the wetland meets numeric and narrative Aquifer Water Quality Standards for all parameters except for coliform bacteria and is Class A+ reclaimed water. A+ reclaimed water is wastewater that has undergone secondary treatment established under R18-9-B204(B)(1), filtration, and meets a total nitrogen concentration under R18-9-B204(B)(3) and fecal coliform limits under R18-9-B204(B)(4);
 2. Maintain a minimum horizontal separation of 100 feet between any water supply well and the maximum wetted area of the wetland;
 3. Post signs at points of access and every 250 feet along the perimeter of the wetland stating, "CAUTION. THESE WETLANDS CONTAIN RECLAIMED WATER. DO NOT DRINK." The applicant shall ensure that the signs are in English and Spanish, or in English with inclusion of the international "do not drink" symbol; and
 4. Ensure that wetland siting is consistent with local zoning and land use requirements.
- D.** Operational requirements.
1. A permittee shall manage the wetland to minimize vector problems.

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2. The permittee shall submit to the Department and implement a Best Management Practices Plan for operation of the wetland. The Best Management Practices Plan shall include:
 - a. A site plan showing the wetland footprint, point of inflow, stormwater drainage, and placement of vegetation;
 - b. Management of flows into and through the wetland to minimize erosion and damage to vegetation;
 - c. Management of visitation and use of the wetlands by the public;
 - d. A management plan for vector control;
 - e. A plan or criteria for enhancing or supplementing of wetland vegetation; and
 - f. Management of shallow groundwater conditions on existing on-site wastewater treatment facilities.
 3. The permittee shall perform quarterly inspections to review bank integrity, erosion evidence, the condition of signage and vegetation, and correct any problem noted.
 - E. Recordkeeping. A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:
 1. Construction drawings and as-built plans, if available; and
 2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure.
 - F. Reporting requirements. The permittee shall, by January 30, provide the Department in writing with an annual assessment of the biological condition of the wetland, including the volume of inflow to the wetland in the past year.
5. Ensure that, if a synthetic liner is used, such as geomembrane, the liner is underlain by at least 6 inches of prepared and compacted subgrade;
 6. Anchor the liner along the perimeter of the treatment wetland; and
 7. Manage the plants in the treatment wetland to prevent species with root penetration that impairs liner performance;
 8. Design the treatment wetland for optimum:
 - a. Sizing appropriate for the anticipated treatment,
 - b. Cell configuration,
 - c. Vegetative species composition, and
 - d. Berm configuration;
 9. Construct and locate the treatment wetland so that it:
 - a. Maintains physical integrity during a 100-year, 24-hour storm event; and
 - b. Operates properly during a 25-year, 24-hour storm event;
 10. Ensure that the bottom of the treatment wetland is at least 20 feet above the seasonal high groundwater table; and
 11. If public access to the treatment wetland is anticipated or encouraged, post signs at points of access and every 250 feet along the perimeter of the treatment wetland stating, "CAUTION. THESE WETLANDS CONTAIN MINE DRAINAGE WATER. DO NOT DRINK." The permittee shall ensure that the signs are in English and Spanish, or in English with inclusion of the international "do not drink" symbol.
- D. Operational requirements.
1. The permittee shall monitor the water leaving the treatment wetlands at least quarterly for the standards specified in subsection (C)(1)(b). Monitoring shall include nutrients or other constituents used as indicators of treatment wetland performance.
 2. The permittee shall submit to the Department and implement a Best Management Practices Plan for operation of the treatment wetland. The Best Management Practices Plan shall include:
 - a. A site plan showing the treatment wetland footprint, point of inflow, stormwater drainage, and placement of vegetation;
 - b. A contingency plan to address problems, including treatment performance, wash-out and vegetation die-off, and a plan to apply for an individual permit if the treatment wetland is unable to achieve the treatment standards in subsection (C)(1)(b) on a continued basis;
 - c. Management of flows into and through the treatment wetland to minimize erosion and damage to vegetation;
 - d. A description of the measures for restricting access to the treatment wetlands by the public;
 - e. A management plan for vector control; and
 - f. A plan or criteria for enhancing or supplementing treatment wetland vegetation.
 3. The permittee shall perform quarterly inspections to review the bank and liner integrity, erosion evidence, and the condition of signage and vegetation, and correct any problems noted.
- E. Recordkeeping. A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:
1. Construction drawings and as-built plans, if available; and

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-D306. 3.06 General Permit: Constructed Wetlands to Treat Acid Rock Drainage at Mining Sites

- A. A 3.06 General Permit allows the operation of constructed wetlands that receive, with the intent to treat, acid rock drainage from a closed facility.
- B. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit a design, including information on the quality of the influent, the treatment process to be used, the expected quality of the wastewater, and the nutrients and other constituents that will indicate wetland performance.
- C. Design, construction, and installation. An applicant shall:
 1. Ensure that:
 - a. Water released into the treatment wetland is compatible with construction materials and vegetation;
 - b. Water released from the treatment wetland:
 - i. Meets numeric Aquifer Water Quality Standards,
 - ii. Has a pH between 6.0 and 9.0, and
 - iii. Has a sulfate concentration less than 1000 mg/l; and
 - c. Water released from the treatment wetland complies with and is released under an individual permit and an AZPDES Permit, if required;
 2. Construct the treatment wetland with a liner, using a low-hydraulic conductivity synthetic liner, site-specific liner, or both, to achieve a calculated seepage rate of less than 550 gallons per acre per day. The applicant shall:

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2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure.
- F. Reporting requirements.**
1. If preliminary laboratory results indicate that the quality of the water leaving the treatment wetlands does not meet the standards specified in subsection (C)(1)(b), the permittee may request that the laboratory re-analyze the sample before reporting the results to the Department. The permittee shall:
 - a. Conduct verification sampling within 15 days of receiving final laboratory results,
 - b. Conduct verification sampling only for parameters that are present in concentrations greater than the standards specified in subsection (C)(1)(b), and
 - c. Notify the Department in writing within five days of receiving final laboratory results.
 2. If the final laboratory result confirms that the quality of the water leaving the treatment wetlands does not meet the standards in subsection (C)(1)(b), the permittee shall implement the contingency plan required by subsection (D)(2)(b) and notify the Department that the plan is being implemented.
 3. The permittee shall, by January 30, provide the Department in writing with an annual assessment of the biological condition of the treatment wetland, including the volume of inflow to the treatment wetland in the past year.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-D307. 3.07 General Permit: Tertiary Treatment Wetlands**
- A.** A 3.07 General Permit allows constructed wetlands that receive with the intent to treat, discharges of reclaimed water that meet the secondary treatment level requirements specified in R18-9-B204(B)(1).
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:
1. The name and individual permit number of any facility that provides the reclaimed water to the treatment wetland;
 2. The name and individual permit number of any facility that receives water released from the treatment wetland;
 3. The design of the treatment wetland construction and management project, including information on the quality of the influent, the treatment process, and the expected quality of the wastewater;
 4. A Best Management Practices Plan that includes:
 - a. A site plan showing the treatment wetland footprint, point of inflow, stormwater drainage, and placement of vegetation;
 - b. A contingency plan to address any problem, including treatment performance, wash-out, and vegetation die-off;
 - c. A management plan for flows into and through the treatment wetland to minimize erosion and damage to vegetation;
 - d. A description of the measures for restricting access to the treatment wetlands by the public;
 - e. A management plan for vector control; and
 - f. A plan or criteria for enhancing or supplementing treatment wetland vegetation.
- C. Design requirements.** An applicant shall:
1. Release water from the treatment wetland under an individual permit and an AZPDES permit, if required. The applicant shall release water from the treatment wetland only to a direct reuse site if the site is permitted to receive reclaimed water of the quality generated under the individual permit specified in subsection (B)(1);
 2. Construct and locate the treatment wetland so that it:
 - a. Maintains physical integrity during a 100-year, 24-hour storm event; and
 - b. Operates properly during a 25-year, 24-hour storm event;
 3. Ensure that the bottom of the treatment wetland is at least 20 feet above the seasonal high groundwater table;
 4. Maintain a minimum horizontal separation of 100 feet between a water supply well and the maximum wetted area of the treatment wetland;
 5. Maintain the setbacks specified in R18-9-B201(I) for no noise, odor, or aesthetic controls between the property boundary at the site and the maximum wetted area of the treatment wetland;
 6. Fence the treatment wetland area to prevent unauthorized access;
 7. Post signs at points of access stating "CAUTION. THESE WETLANDS CONTAIN RECLAIMED WATER, DO NOT DRINK." The applicant shall ensure that the signs are in English and Spanish, or in English with inclusion of the international "do not drink" symbol;
 8. Construct the treatment wetland with a liner using low hydraulic conductivity liner, site-specific liner, or both, to achieve a calculated seepage rate of less than 550 gallons per acre per day. The applicant shall:
 - a. Ensure that if a synthetic liner is used, such as geomembrane, the liner is underlain by at least 6 inches of prepared and compacted subgrade;
 - b. Anchor the liner along the perimeter of the treatment wetland; and
 - c. Manage the plants in the treatment wetland to prevent species with root penetration that impairs liner performance;
 9. Calculate the size and depth of the treatment wetland so that the rate of flow allows adequate treatment detention time. The applicant shall design the treatment wetland with at least two parallel treatment cells to allow for efficient system operation and maintenance;
 10. Ensure that the treatment wetland vegetation includes cat-tails, bulrush, common reed, or other species of plants with high pollutant treatment potential to achieve the intended water quality identified in subsection (B)(3); and
 11. Ensure that construction and operation of the treatment wetlands is consistent with local zoning and land use requirements.
- D. Operational requirements.** The permittee shall:
1. Implement the Best Management Practices Plan approved under subsection (B);
 2. Monitor wastewater leaving the treatment wetland to ensure that discharge water quality meets the expected wastewater quality specified in subsection (B)(3). The permittee shall ensure that analyses of wastewater samples are conducted by a laboratory certified by the Department of Health Services, following the Department's Quality Assurance/Quality Control requirements;

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3. Follow the prescribed measures as required in the contingency plan under subsection (B)(4)(b) and submit a written report to the Department within five days if verification sampling demonstrates that an alert level or discharge limit is exceeded;
 4. Inspect the treatment wetlands at least quarterly for bank and liner integrity, erosion evidence, and condition of signage and vegetation, and correct any problem discovered; and
 5. Ensure that the treatment wetland is operated by a certified operator under 18 A.A.C. 5, Article 1.
- E. Recordkeeping.** A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:
1. Construction drawings and as-built plans, if available; and
 2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure.
- F. Reporting requirements.** The permittee shall, by January 30, provide the Department in writing with an annual assessment of the biological condition of the treatment wetland including the volume of inflow to the treatment wetland in the past year.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

PART E. TYPE 4 GENERAL PERMITS**R18-9-E301. 4.01 General Permit: Sewage Collection Systems**

- A.** A 4.01 General Permit allows for construction and operation of a new sewage collection system or expansion of an existing sewage collection system involving new construction as follows:
1. A sewage collection system or portion of a sewage collection system that serves downstream from the point where the daily design flow is 3000 gallons per day based on Table 1, Unit Design Flows, except a gravity sewer line conveying sewage from a single building drain directly to an interceptor, collector sewer, lateral, or manhole regardless of daily design flow;
 2. A sewage collection system that includes a manhole; or
 3. A sewage collection system that includes a force main or lift station serving more than one dwelling.
- B. Performance.** An applicant shall design, construct, and operate a sewage collection system so that the sewage collection system:
1. Provides adequate wastewater flow capacity for the planned service area;
 2. Minimizes sedimentation, blockage, and erosion through maintenance of proper flow velocities throughout the system;
 3. Prevents releases of sewage to the land surface through appropriate sizing, capacities, and inflow and infiltration prevention measures throughout the system;
 4. Protects water quality through minimization of exfiltration losses from the system;
 5. Provides for adequate inspection, maintenance, testing, visibility, and accessibility;
 6. Maintains system structural integrity; and
 7. Minimizes septic conditions in the sewage collection system.
- C. Notice of Intent to Discharge.** In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit the following information:
1. A statement on a form approved by the Director, signed by the owner or operator of the sewage treatment facility that treats or processes the sewage from the proposed sewage collection system.
 - a. The statement shall affirm that the additional volume of wastewater delivered to the facility by the proposed sewage collection system will not cause any flow or effluent quality limits of the individual permit for the facility to be exceeded.
 - b. If the facility is classified as a groundwater protection permit facility under A.R.S. § 49-241.01(C), or if no flow or effluent limits are applicable, the statement shall affirm that the design flow of the facility will not be exceeded;
 2. If the proposed sewage collection system delivers wastewater to a downstream sewage collection system under different ownership or control, a statement on a form approved by the Director, signed by the owner or operator of the downstream sewage collection system, affirming that the downstream system can maintain the performance required by subsection (B) when receiving the increased flows;
 3. A general site plan showing the boundaries and key aspects of the project;
 4. Construction quality drawings that provide overall details of the site and the engineered works comprising the project including:
 - a. The plans and profiles for all sewer lines, manholes, force mains, depressed sewers, and lift stations with sufficient detail to allow Department verification of design and performance characteristics;
 - b. Relevant cross sections showing construction details and elevations of key components of the sewage collection system to allow Department verification of design and performance characteristics, including the slope of each gravity sewer segment stated as a percentage; and
 - c. Drainage features and controls, and erosion protection as applicable, for the components of the project; and
 - d. Horizontal and vertical location of utilities within the area affected by the sewer line construction;
 5. Documentation of design flows for significant components of the sewage collection system and the basis for calculating the design flows;
 6. Drawings, reports, and other information that are clear, reproducible, and in a size and format specified by the Department. The applicant may submit the drawings in a Department-approved electronic format; and
 7. Design documents, including plans, specifications, drawings, reports, and calculations that are signed, dated, and sealed by an Arizona-registered professional engineer. The designer shall use good engineering judgment by following engineering standards of practice, and rely on appropriate engineering methods, calculations, and guidance.
- D. Design requirements.**
1. General Provisions. An applicant shall design and construct a new sewage collection system or an expansion of an existing sewage collection system involving new construction, according to the requirements of this general permit. An applicant shall:
 - a. Base design flows for components of the system on unit flows specified in Table 1, Unit Design Flows.
 - b. Design gravity sewer lines and all other sewage collection system components, including, manholes,

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force mains, lift stations, depressed sewers, and appurtenant devices and structures to accommodate maximum sewage flows as follows:

- i. Any point in a sewer main when flowing full can accommodate a peak wet weather flow calculated by multiplying the sum of the upstream sources of flow from Table 1, Unit Design Flows by a dry weather peaking factor based on upstream population, as tabulated below, and adding a wet weather infiltration and inflow rate based on either a percentage of peak dry weather flow or a gallons per acre rate of flow;

Upstream Population	Dry Weather Peaking Factor
100	3.62
200	3.14
300	2.90
400	2.74
500	2.64
600	2.56
700	2.50
800	2.46
900	2.42
1000	2.38
1001 to 10,000	$PF = (6.330 \times p^{-0.231}) + 1.094$
10,001 to 100,000	$PF = (6.177 \times p^{-0.233}) + 1.128$
More than 100,000	$PF = (4.500 \times p^{-0.174}) + 0.945$
PF = Dry Weather Peaking Factor p = Upstream Population	

- ii. For a lift station serving less than 600 single family dwelling units (d.u.), use either of the following methods to size the pumps for peak dry weather flow in gallons per minute and add an allowance for wet weather flow and infiltration:
 - (1) Peak dry weather flow = $17 \text{ d.u.}^{0.42}$, or
 - (2) Peak dry weather flow = $11.2 (\text{population})^{0.42}$
- iii. If justified by the applicant, the Department may accept lower unit flow values in the served area due to significant use of low-flow fixtures, hydrographs of actual flows, or other factors;
- c. Use the "Uniform Standard Specifications for Public Works Construction" (revisions through 2004) and the "Uniform Standard Details for Public Works Construction" (revisions through 2004) published by the Maricopa Association of Governments, and the "Standard Specifications for Public Improvements," (2003 Edition), and "Standard Details for Public Improvements," (2003 Edition), published jointly by Pima County Wastewater Management and the City of Tucson, as the applicable design and construction criteria, unless the Department approves alternative design standards or specifications. An applicant in a county other than Maricopa and Pima shall use design and construction criteria from either the Maricopa Association of Governments or the Pima County Wastewater Management and the City of

Tucson for the facility unless alternative criteria are designated by the Department.

- i. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material.
- ii. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the Maricopa Association of Governments, 302 N. 1st Avenue, Suite 300, Phoenix, Arizona 85003, or on the web at <http://www.mag.maricopa.gov/archive/Newpages/on-line.htm>; or from Pima County Wastewater Management, 201 N. Stone Avenue, Tucson, Arizona 85701-1207, or on the web at <http://www.pima.gov/www/stdtdet>;
- d. Ensure that sewage collection system components are separated from drinking water distribution system components as specified in 18 A.A.C. 5, Article 5;
- e. Ensure that sewage collection system components are separated from reclaimed water system components as specified in 18 A.A.C. 9, Article 6; and
- f. Request review and approval of an alternative to a design feature specified in this Section by following the requirements in R18-9-A312(G).
2. Gravity sewer lines. An applicant shall:
 - a. Ensure that any sewer line that runs between manholes, if not straight, is of constant horizontal curvature with a radius of curvature not less than 200 feet;
 - b. Cover each sewer line with at least 3 feet of earth cover meeting the requirements of subsection (D)(2)(h). The applicant shall:
 - i. Include at least one note specifying this requirement in construction plans;
 - ii. If site-specific limitations prevent 3 feet of earth cover, provide the maximum cover attainable, construct the sewer line of ductile iron pipe or other design of equivalent or greater tensile and compressive strength, and note the change on the construction plans; and
 - iii. Ensure that the design of the pipe and joints can withstand crushing or shearing from any expected static and live load to protect the structural integrity of the pipe. Construction plans shall note locations requiring these measures;
 - c. If sewer lines cross or are constructed in floodways;
 - i. Place the lines at least 2 feet below the level of the 100-year storm scour depth and calculated 100-year bed degradation and construct the lines using ductile iron pipe or pipe with equivalent tensile strength, compressive strength, shear resistance, and scour protection.
 - ii. If it is not possible to maintain the 2 feet of clearance specified in subsection (D)(2)(c)(i), using the process described in R18-9-A312(G), provide a design that ensures that the sewer line will withstand any lateral and vertical load for the scour and bed degradation conditions specified in subsection (D)(2)(c)(i);
 - iii. Ensure that sewer lines constructed in a floodway extend at least 10 feet beyond the boundary of the 100-year storm scouring;

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- iv. If a sewer line is constructed in a floodway and is longer than the applicable maximum manhole spacing distance in subsection (D)(3)(a), using the process described in R18-9-A312(G), provide a design that ensures the performance standards in subsection (B) are met; and
- v. Note locations requiring these measures on the construction plans;
- d. Ensure that each sewer line is 8 inches in diameter or larger except the first 400 feet of a dead end sewer line with no potential for extension may be 6 inches in diameter if the design flow criteria specified in subsections (D)(1)(a) and (D)(1)(b) are met and the sewer line is installed with a slope sufficient to achieve a velocity of at least 3 feet per second when flowing full. If the line is extended, the applicant seeking the extension shall replace the entire length with larger pipe to accommodate the new design flow unless the applicant demonstrates with engineering calculations that using the existing 6-inch pipe will accommodate the design flow;
- e. Design sewer lines with at least the minimum slope calculated from Manning's Formula using a coefficient of roughness of 0.013 and a sewage velocity of 2 feet per second when flowing full.
 - i. An applicant may request a smaller minimum slope under R18-9-A312(G) if the smaller slope is justified by a quarterly program of inspections, flushings, and cleanings.
 - ii. If a smaller minimum slope is requested, the applicant shall not specify a slope that is less than 50 percent of that calculated from Manning's formula using a coefficient of roughness of 0.013 and a sewage velocity of 2 feet per second.
 - iii. The ratio of flow depth in the pipe to the diameter of the pipe shall not exceed 0.75 in peak dry weather flow conditions;
- f. Design sewer lines to avoid a slope that creates a sewage velocity greater than 10 feet per second. The applicant shall construct any sewer line carrying a flow with a normal velocity of greater than 10 feet per second using ductile iron pipe or pipe with equivalent erosion resistance, and structurally reinforce the receiving manhole or sewer main;
- g. Design and install sewer lines, connections, and fittings with materials that meet or exceed manufacturer's specifications consistent with this Chapter to:
 - i. Limit inflows, infiltration, and exfiltration;
 - ii. Resist corrosion in the ambient electrochemical environment;
 - iii. Withstand anticipated static and live loads; and
 - iv. Provide internal erosion protection;
- h. Indicate trenching and bedding details applicable for each pipe material and size in the design plans. Unless the Department approved alternative design standards or specifications under subsection (D)(1)(c), the applicant shall place and bed the sewer lines in trenches following the specifications in "Trench Excavation, Backfilling, and Compaction" (Section 601) revised 2004, published by the Maricopa Association of Governments; and "Rigid Pipe Bedding for Sanitary Sewers" (WWM 104) revised July 2002, and "Flexible Pipe Bedding for Sanitary Sewers" (WWM 105) revised July 2002, published by Pima County Wastewater Management. This material is part of the material incorporated by reference in subsection (D)(1)(b).
- i. Perform a deflection test of the total length of all sewer lines made of flexible materials to ensure that the installation meets or exceeds the manufacturer's recommendations and record the results;
- j. Test each segment of the sewer line for leakage using the applicable method below and record the results:
 - i. "Standard Test Method for Installation of Acceptance of Plastic Gravity Sewer Lines Using Low-Pressure Air, F1417-92(1998)," published by the American Society for Testing and Materials;
 - ii. "Standard Practice for Testing Concrete Pipe Sewer Lines by Low-Pressure Air Test Method, C924-02 (2002)," published by the American Society for Testing and Materials;
 - iii. "Standard Test Method for Low-Pressure Air Test of Vitrified Clay Pipe Lines, C828-03 (2003)," published by the American Society for Testing and Materials;
 - iv. "Standard Test Method for Hydrostatic Infiltration Testing of Vitrified Clay Pipe Lines, C1091-03a (2003)," published by the American Society for Testing Materials;
 - v. "Standard Practice for Infiltration and Exfiltration Acceptance Testing of Installed Precast Concrete Pipe Sewer Lines, C969-02 (2002)," published by the American Society for Testing Material; or
 - vi. "Standard Practice for Underground Installation of Thermoplastic Pipe for Sewers and Other Gravity-Flow Applications, D2321-00 (2000)," published by the American Society for Testing Materials; or
 - vii. The material listed in subsections (D)(2)(j)(i) through (vi) is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959;
- k. Test the total length of the sewer line for uniform slope by lamp lighting, remote camera or similar method approved by the Department, and record the results; and
- l. Minimize the planting within the disturbed area of new sewage collection system construction of plant species having roots that are likely to reach and damage the sewer or impair the operation of the sewer or visual and vehicular access to any manhole.
- 3. Manholes.
 - a. An applicant shall install manholes at all grade changes, size changes, alignment changes, sewer intersections, and at any location necessary to comply with the following spacing requirements:

Sewer Pipe Diameter (inches)	Maximum Manhole Spacing (feet)
Less than 8	400
8 to less than 18	500

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| <p>18 to less than 36 600</p> <p>36 to less than 60 800</p> <p>60 or greater 1300</p> | <p>(2) Where the words “pipe” or “pipeline” are used, use the word “manhole” instead.</p> |
|--|---|
- b. The Department shall allow greater manhole spacing if the applicant follows the procedure provided in R18-9-A312(G) and provides documentation showing the operator possesses or has available specialized sewer cleaning equipment suitable for the increased spacing.
 - c. The applicant shall ensure that manhole design is consistent with “Pre-cast Concrete Sewer Manhole” #420-1, revised January 1, 2004 and #420-2, revised January 1, 2001, “Offset Manhole for 8” – 30” Pipe” #421 (1998), and “Sewer Manhole and Cover Frame Adjustment” #422, revised January 1, 2001, published by the Maricopa Association of Governments; and “Manholes and Appurtenant Items” (WWM 201 through WWM 211, except WWM 204, 205, and 206), revised July 2002, published by Pima County Wastewater Management. This material is part of the material incorporated by reference in subsection (D)(1)(b).
 - d. The applicant shall not locate manholes in areas subject to more than incidental runoff from rain falling in the immediate vicinity unless the manhole cover assembly is designed to restrict or eliminate storm-water inflow.
 - e. The applicant shall test each manhole using one of the following test protocols:
 - i. Watertightness testing by filling the manhole with water. The applicant shall ensure that the drop in water level following presoaking does not exceed 0.0034 of total manhole volume per hour;
 - ii. Negative air pressure testing using the “Standard Test Method for Concrete Sewer Manholes by Negative Air Pressure (Vacuum) Test, C1244-02e1 (2002),” published by the American Society for Testing and Materials. This material is incorporated by reference, does not include any later amendments or editions of the incorporated material and may be viewed at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007, or obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959; or
 - iii. Holiday testing of a lined manhole constructed with uncoated rebar using the “High-Voltage Electrical Inspection of Pipeline Coatings, RP0274-2004 (2004),” published by the National Association of Corrosion Engineers (NACE International). This material is incorporated by reference as modified below, does not include any later amendments or editions of the incorporated material and may be viewed at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or obtained from NACE International, 1440 South Creek Drive, Houston, Texas 77084-4906. The following substitutions apply:
 - (1) Where the word “metal” is used in the standard, use the word “surface” instead; and
- f. The applicant shall perform manhole testing under subsection (D)(3)(e) after installation of the manhole cone or top riser to verify watertightness integrity of the manhole from the top of the cone or riser down.
 - i. Upon satisfactory test results, the applicant shall install the manhole ring and any spacers, complete the joints, and seal the manhole to a watertight condition.
 - ii. If the applicant can install the manhole cone or top riser, spacers, and ring to final grade without disturbance or adjustment by later construction, the applicant may perform the testing from the top of the manhole ring on down.
 - g. The applicant shall locate a manhole to provide adequate visibility and vehicular maintenance accessibility following construction.
4. Force mains. An applicant may install a force main if it meets the following design, installation, and testing requirements. The applicant shall:
 - a. Design force mains to maintain a minimum flow velocity of 3 feet per second and a maximum flow velocity of 7 feet per second. The applicant may design for sustained periods of flow above 7 feet per second, if the applicant justifies the design using the process specified in R18-9-A312(G);
 - b. Ensure that force mains have the appropriate valves and controls required to prevent drainback to the lift station. If drainback is necessary during cold weather to prevent freezing, the control system may allow manual or automatic drainback;
 - c. Incorporate air release valves or other appropriate components in force mains at all high points along the line to eliminate air accumulation. If engineering calculations provided by the applicant demonstrate that air will not accumulate in a given high point under typical flow conditions, the Department shall waive the requirement for an air release valve;
 - d. Design restrained joints or thrust blocks on force mains to accommodate water hammer, surge control, and to prevent excessive movement of the force main. Submitted construction plans shall show restrained joint or thrust block locations and details;
 - e. If a force main is proposed to discharge directly to a sewage treatment facility without entering a flow equalization basin, include in the Notice of Intent to Discharge a statement from the owner or operator of the sewage treatment facility that the design is acceptable;
 - f. Design a force main to withstand a pressure of 50 pounds per square inch or more above the design working pressure for two hours and test upon completion to ensure no leakage;
 - g. Supply flow to a force main using a lift station that meets the requirements of subsection (D)(5); and
 - h. Ensure that force mains are designed to control odor.
 5. Lift stations. An applicant shall:
 - a. Secure a lift station to prevent tampering and affix on its exterior, or on the nearest vertical object if the lift station is entirely below grade, at least one warning sign that includes the 24-hour emergency phone number of the owner or operator of the collection system;

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- b. Protect lift stations from physical damage from a 100-year flood event. An applicant shall not construct a lift station in a floodway;
 - c. Lift station wet well design.
 - i. Ensure that the minimum wet well volume in gallons is 1/4 of the product of the minimum pump cycle time, in minutes, and the total pump capacity, in gallons per minute;
 - ii. Protect the wet well against corrosion to provide at least a 20-year operational life;
 - iii. Ensure that wet well volume does not allow the sewage retention time to exceed 30 minutes unless the sewage is aerated, chemicals are added to prevent or eliminate hydrogen sulfide formation, or adequate ventilation is provided. Notwithstanding these measures, the applicant shall not allow the septic condition of the sewage to adversely affect downstream collection systems or sewage treatment facility performance;
 - iv. Ensure that excessively high or low levels of sewage in the wet well trigger an audible or visible alarm at the wet well site and at the system control center;
 - v. Ensure that a wet well designed to accommodate more than 5000 gallons per day has a horizontal cross-sectional area of at least 20 square feet; and
 - vi. Ensure that lift stations are designed to prevent odor from emanating beyond the lift station site;
 - d. Equip a lift station wet well with at least two pumps. The applicant shall ensure that:
 - i. The pumps are capable of passing a 2.5-inch sphere or are grinder pumps;
 - ii. The lift station is capable of operating at design flow with any one pump out of service; and
 - iii. Piping, valves, and controls are arranged to allow independent operation of each pump;
 - e. Not use suction pumps if the sewage lift is more than 15 feet. The applicant shall ensure that other types of pumps are self-priming and that pump water brake horsepower is at least 0.00025 times the product of the required discharge, in gallons per minute, and the required total dynamic head, in feet; and
 - f. For lift stations receiving an average flow of more than 10,000 gallons per day, include a standby power source and redundant wastewater level controls in the lift station design that will provide immediate service and remain available for 24 hours per day if the main power source or controls fail.
6. Depressed sewers. An applicant shall:
- a. Size the depressed sewer to attain a minimum velocity of 3 feet per second through all barrels of the depressed sewer when the flow equals or exceeds the design daily peak dry weather flow,
 - b. Design the depressed sewer to convey the sewage flow through at least two parallel pipes at least 6 inches in diameter,
 - c. Include an inlet and outlet structure at each end of the inverted sewer,
 - d. Design the depressed sewer so that the barrels are brought progressively into service as flow increases to its design value, and
 - e. Design the depressed sewer to minimize release of odors to the atmosphere.
- E. Additional Discharge Authorization requirements. An applicant shall:
- 1. Supply a signed, dated, and sealed Engineer's Certificate of Completion in a format approved by the Department that provides the following:
 - a. Confirmation that the project was completed in compliance with the requirements of this Chapter, as described in the plans and specifications corresponding to the Construction Authorization issued by the Director, or with changes that are reflected in as-built plans submitted with the Engineer's Certificate of Completion;
 - b. As-built plans, if required, that are properly identified and numbered; and
 - c. Satisfactory field test results from deflection, leakage, and uniform slope testing;
 - 2. Provide any other relevant information required by the Department to determine that the facility conforms to the terms of the 4.01 General Permit; and
 - 3. Provide a signed certification on a form approved by the Department that:
 - a. Confirms that an operation and maintenance manual exists for the sewage collection system;
 - b. Confirms that the operation and maintenance manual addresses components of operation and maintenance specified on the certification form;
 - c. Provides the 24-hour emergency number of the owner or operator of the sewage collection system; and
 - d. Provides an address where the operation and maintenance manual is maintained and confirms that the manual is available for inspection at that address by the Department on request.
- F. Operation and maintenance requirements. The permittee shall:
- 1. Operate the new sewage collection system or expansion of an existing sewage collection system involving new construction using the operation and maintenance manual certified by the owner or operator in subsection (E)(3), to meet the performance standards specified in subsection (B), unless the permittee is operating the sewage collection system under a CMOM Plan under the general permit established in R18-9-C305;
 - 2. Ensure that the sewage collection system is operated according to the operator certification requirements in 18 A.A.C. 5, Article 1; and
 - 3. For safety during operation and maintenance of lift station and other confined space components of the sewage collection system, follow all applicable state and federal confined space entry requirements.
- G. Recordkeeping. A person owning or operating a facility permitted under this Section shall maintain the documents listed in subsection (E) for the life of the facility and make them available to the Department upon request.
- H. Repairs.
- 1. A Notice of Intent to Discharge is not required for sewage collection system repairs. Repairs include work performed in response to deterioration or damage of existing structures, devices, and appurtenances with the intent to maintain or restore the system to its original design flow and operational characteristics. Repairs do not include changes in vertical or horizontal alignment.
 - 2. Components used in the repair shall meet the design, installation, and operational requirements of this Section.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by

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final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E302. 4.02 General Permit: Septic Tank with Disposal by Trench, Bed, Chamber Technology, or Seepage Pit, Less Than 3000 Gallons Per Day Design Flow

- A.** A 4.02 General Permit allows for the construction and operation of a system with less than 3000 gallons per day design flow consisting of a septic tank dispensing wastewater to an approved means of disposal described in this Section. Only gravity flow of wastewater from the septic tank to the disposal works is authorized by this general permit.
1. The standard septic tank and disposal works design specified in the 4.02 General Permit serves sites where no site limitations are identified by the site investigation conducted under R18-9-A310.
 2. If site conditions allow, this general permit authorizes the discharge of wastewater from a septic tank meeting the requirements of R18-9-A314 to one of the following disposal works:
 - a. Trench,
 - b. Bed,
 - c. Chamber technology, or
 - d. Seepage pit.
- B.** Performance. An applicant shall design a system consisting of a septic tank and one of the disposal works listed in subsection (A)(2) so that treated wastewater released to the native soil meets the following criteria:
1. TSS of 75 milligrams per liter, 30-day arithmetic mean;
 2. BOD₅ of 150 milligrams per liter, 30-day arithmetic mean;
 3. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
 4. Total coliform level of 100,000,000 (Log₁₀ 8) colony forming units per 100 milliliters, 95th percentile.
- C.** Design and installation requirements.
1. General provisions. In addition to the applicable requirements in R18-9-A312, the applicant shall:
 - a. Ensure that the septic tank meets the requirements specified in R18-9-A314;
 - b. Before placing aggregate or disposal pipe in a prepared excavation, remove all smeared or compacted surfaces from trenches by raking to a depth of 1 inch and removing loose material. The applicant shall:
 - i. Place aggregate in the trench to the depth and grade specified in subsection (C)(2);
 - ii. Place the drain pipe on aggregate and cover it with aggregate to the minimum depth specified in subsection (C)(2); and
 - iii. Cover the aggregate with landscape filter material, geotextile, or similar porous material to prevent filling of voids with earth backfill;
 - c. Use a grade board stake placed in the trench to the depth of the aggregate if the disposal pipe is constructed of drain tile or flexible pipe that will not maintain alignment without continuous support;
 - d. Disposal pipe. If two or more disposal pipes are installed, install a distribution box approved by the Department of sufficient size to receive all lateral lines and flows at the head of each disposal works and:
 - i. Ensure that the inverts of all outlets are level and the invert of the inlet is at least 1 inch above the outlets;
 - ii. Design distribution boxes to ensure equal flow and install the boxes on a stable level surface

such as a concrete slab or native or compacted soil; and

- iii. Protect concrete distribution boxes from corrosion by coating them with an appropriate bituminous coating, constructing the boxes with concrete that has a 15 to 18 percent fly ash content, or by using other equivalent means;
 - e. Construct all lateral pipes running from a distribution box to the disposal works with watertight joints and ensure that multiple disposal laterals, wherever practical, are of uniform length;
 - f. Lay pipe connections between the septic tank and a distribution box on natural ground or compact fill and construct the pipe connections with watertight joints;
 - g. Construct steps within distribution line trenches or beds, if necessary, to maintain a level disposal pipe on sloping ground. The applicant shall construct the lines between each horizontal section with watertight joints and install them on natural or unfilled ground; and
 - h. Ensure that a disposal works consisting of trenches, beds, chamber technology, or seepage pits is not paved over or covered by concrete or any material that can reduce or inhibit possible evaporation of wastewater through the soil to the land surface or oxygen transport to the soil absorption surfaces.
2. Trenches.
- a. The applicant shall calculate the trench absorption area as the total of the trench bottom area and the sum of both trench sidewall areas to a maximum depth of 48 inches below the bottom of the disposal pipe.
 - b. The applicant shall ensure that trench bottoms and disposal pipe are level. The applicant shall calculate trench sizing from the soil absorption rate specified under R18-9-A312(D) and the design flow established in R18-9-A312(B).
 - c. The following design criteria for trenches apply:

Trenches	Minimum	Maximum
1. Number of trenches	1 (2 are recommended)	No Maximum
2. Length of trench ¹	----	100 feet
3. Bottom width of trench	12 inches	36 inches
4. Trench absorption area (sq. ft. of absorption area per linear foot of trench)	No Minimum	11 sq. ft.
5. Depth of cover over aggregate surrounding disposal pipe	9 inches	24 inches ²

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6. Thickness of aggregate material over disposal pipe	2 inches	2 inches
7. Thickness of aggregate material under disposal pipe	12 inches	No Maximum
8. Slope of disposal pipe	Level	Level
9. Disposal pipe diameter	3 inches	4 inches
10. Spacing of trenches (measured between nearest side-walls)	2 times effective depth ³ or five feet, whichever is greater	No Maximum
Notes:		
1. If unequal trench lengths are used, proportional distribution of wastewater is required.		
2. For more than 24 inches, Standard Dimensional Ratio 35 or equivalent strength pipe is required.		
3. The effective depth is the distance between the bottom of the disposal pipe and the bottom of the trench bed.		

- d. The applicant may substitute clean, durable, crushed, and washed recycled concrete for aggregate if noted in design documents and the trench absorption area calculation excludes the trench bottom.

3. Beds. An applicant shall:

- a. If a bed is installed, use the soil absorption rate specified in R18-9-A312(D) for "SAR, Bed. The applicant may, in computing the bed bottom absorption area, include the bed bottom and the perimeter sidewall area not more than 36 inches below the disposal pipe;
- b. Comply with the following design criteria for beds:

Gravity Beds	Minimum	Maximum
1. Number of disposal pipes	2	No Maximum
2. Length of bed	No Minimum	100 feet
3. Distance between disposal pipes	4 feet	6 feet
4. Spacing of beds measured between nearest sidewalls	2 times effective depth ¹ or 5 feet, whichever is greater	No Maximum
5. Width of bed	10 feet	12 feet
6. Distance from disposal pipe to sidewall	3 feet	3 feet
7. Depth of cover over disposal pipe	9 inches	14 inches
8. Thickness of aggregate material under disposal pipe	12 inches	No Maximum
9. Thickness of aggregate material over disposal pipe	2 inches	2 inches
10. Slope of disposal pipe	Level	Level
11. Disposal pipe diameter	3 inches	4 inches
Note:		
1. The effective depth is the distance between the bottom of the disposal pipe and the bottom of the bed.		

4. Chamber technology. An applicant shall:

- a. Calculate an effective chamber absorption area to size the disposal works area and determine the number of chambers needed. The effective absorption area of each chamber is calculated as follows:

$$A = (1.8 \times B \times L) + (2 \times V \times L)$$
i. "A" is the effective absorption area of each chamber,

- ii. "B" is the exterior width of the bottom of the chamber,
- iii. "V" is the vertical height of the louvered sidewall of the chamber, and
- iv. "L" is the length of the chamber;
- b. Calculate the disposal works size and number of chambers from the effective absorption area of each chamber and the soil absorption rates specified in R18-9-A312(D);
- c. Ensure that the sidewall of the chamber provides at least 35 percent open area for sidewall credit and that the design and construction minimizes the movement of fines into the chamber area. The applicant shall not use filter fabric or geotextile against the sidewall openings.
5. Seepage pits. If allowed by R18-9-A311(B)(1), the applicant shall:
- a. Design a seepage pit to comply with R18-9-A312(E)(1) for minimum vertical separation distance;
- b. Ensure that multiple seepage pit installations are served through a distribution box approved by the Department or connected in series with a watertight connection laid on undisturbed or compacted soil. The applicant shall ensure that the outlet from the pit has a sanitary tee with the vertical leg extending at least 12 inches below the inlet;
- c. Ensure that each seepage pit is circular and has an excavated diameter of 4 to 6 feet. If multiple seepage pits are installed, ensure that the minimum spacing between seepage pit sidewalls is 12 feet or three times the diameter of the seepage pit, whichever is greater. The applicant may use the alternative design procedure specified in R18-9-A312(G) for a proposed seepage pit more than 6 feet in diameter;
- d. For a gravel filled seepage pit, backfill the entire pit with aggregate. The applicant shall ensure that each pit has a breather conductor pipe that consists of a perforated pipe at least 4 inches in diameter, placed vertically within the backfill of the pit. The pipe shall extend from the bottom of the pit to within 12 inches below ground level;
- e. For a lined, hollow seepage pit, lay a concrete liner or a liner of a different protective material in the pit on a firm foundation and fill excavation voids behind the liner with at least 9 inches of aggregate;
- f. For the cover of a lined seepage pit, use an approved one or two piece reinforced concrete slab with a minimum compressive strength of 2500 pounds per square inch. The applicant shall ensure that the cover:
- i. Is at least 5 inches thick and designed to support an earth load of at least 400 pounds per square foot;
- ii. Has a 12-inch square or diameter minimum access hole with a plug or cap that is coated on the underside with a protective bituminous seal, constructed of concrete with 15 percent to 18 percent fly ash content, or made of other nonpermeable protective material; and
- iii. Has a 4 inch or larger inspection pipe placed vertically not more than 6 inches below ground level;
- g. Ensure that the top of the seepage pit cover is 4 to 18 inches below the surface of the ground;

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- h. Install a vented inlet fitting in every seepage pit to prevent flows into the seepage pit from damaging the sidewall. An applicant may use a 1/4 bend fitting placed through an opening in the top of the slab cover if a one or two piece concrete slab cover inlet is used;
 - i. Bore seepage pits five feet deeper than the proposed pit depth to verify underlying soil characteristics and backfill the five feet of overdrill with low permeability drill cuttings or other suitable material;
 - j. Backfill seepage pits that terminate in gravelly, coarse sand zones five feet above the beginning of the zone with low permeability drill cuttings or other suitable material;
 - k. Determine the minimum sidewall area for a seepage pit from the design flow and the soil absorption rate derived from the testing procedure described in R18-9-A310(G). The effective absorption surface for a seepage pit is the sidewall area only. The sidewall area is calculated using the following formula:

$$A = 3.14 \times D \times H$$
 - i. "A" is the minimum sidewall area in square feet needed for the design flow and soil absorption rate for the installation,
 - ii. "D" is the diameter of the proposed seepage pit in feet,
 - iii. "H" is the vertical height in feet in the seepage pit through which wastewater infiltrates native soil. The applicant shall ensure that H is at least 10 feet for any seepage pit.
- D. Operation and maintenance.** The permittee shall follow the applicable operation and maintenance requirements in R18-9-A313.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-E303. 4.03 General Permit: Composting Toilet, Less Than 3000 Gallons Per Day Design Flow**
- A.** A 4.03 General Permit allows for the use of a composting toilet with less than 3000 gallons per day design flow.
- 1. **Definition.** For purposes of this Section, "composting toilet" means a manufactured turnkey or kit form treatment technology that receives human waste from a waterless toilet directly into an aerobic composting chamber where dehydration and biological activity reduce the waste volume and the content of nutrients and harmful microorganisms to an appropriate level for later disposal at the site or by other means.
 - 2. An applicant may use a composting toilet if:
 - a. Limited water availability prevents use of other types of on-site wastewater treatment facilities,
 - b. Environmental constraints prevent the discharge of wastewater or nutrients to a sensitive area,
 - c. Inadequate space prevents use of other systems,
 - d. Severe site limitations exist that make other forms of treatment or disposal unacceptable, or
 - e. The applicant desires maximum water conservation.
 - 3. A permittee may use a composting toilet only if:
 - a. Wastewater is managed as provided in this Section and, if gray water is separated and reused, the gray water reuse complies with 18 A.A.C. 9, Article 7; and
 - b. Soil conditions support subsurface disposal of all wastewater sources.
- B. Restrictions.**
- 1. A permittee shall ensure that no more than 50 persons per day use the composting toilet.
 - 2. A composting toilet shall only receive human excrement unless the manufacturer's specifications allow the deposit of kitchen or other wastes into the toilet.
- C. Performance.** An applicant shall ensure that:
- 1. The composting toilet provides containment to prevent the discharge of toilet contents to the native soil except leachate, which may drain to the wastewater disposal works described in subsection (F);
 - 2. The composting toilet limits access by vectors to the contained waste; and
 - 3. Wastewater is disposed into the subsurface to prevent any wastewater from surfacing.
- D. Notice of Intent to Discharge.** In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), the applicant shall submit the following information:
- 1. **Composting toilet.**
 - a. The name and address of the composting toilet system manufacturer;
 - b. A copy of the manufacturer's warranty, and the specifications for installation operation, and maintenance;
 - c. The product model number;
 - d. Composting rate, capacity, and waste accumulation volume calculations;
 - e. Documentation of listing by a national listing organization indicating that the composting toilet meets the stated manufacturer's specifications for loading, treatment performance, and operation, unless the composting toilet is listed under R18-9-A309(E) or is a component of a reference design approved by the Department;
 - f. The method of vector control;
 - g. The planned method and frequency for disposing the composted human excrement residue; and
 - h. The planned method for disposing of the drainage from the composting unit; and
 - 2. **Wastewater.**
 - a. The number of bedrooms in the dwelling or persons served on a daily basis, as applicable, and the corresponding design flow of the disposal works for the wastewater;
 - b. The results from soil evaluation or percolation testing that adequately characterize the soils into which the wastewater will be dispersed and the locations of soil evaluation and percolation testing on the site plan; and
 - c. The design for the disposal works in subsection (F), including the location of the interceptor, the location and configuration of the trench or bed used for wastewater dispersal, the location of connecting wastewater pipelines, and the location of the reserve area.
- E. Design requirements for a composting toilet.** An applicant shall ensure that:
- 1. The composting chamber is watertight, constructed of solid durable materials not subject to excessive corrosion or decay, and is constructed to exclude access by vectors;
 - 2. The composting chamber has airtight seals to prevent odor or toxic gas from escaping into the building. The system may be vented to the outside;

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3. The capacity of the chamber and rate of composting are calculated based on:
- The lowest monthly average chamber temperature; or
 - The yearly average chamber temperature, if the composting toilet is designed to compost on a yearly cycle or longer; and
4. The composting system provides adequate storage of all waste produced during the months when the average temperature is below 55°F, unless a temperature control device is installed to increase the composting rate and reduce waste volume.
- F. Design requirements for the disposal works.**
- Interceptor. An applicant shall ensure that the design complies with the following:
 - Wastewater passes into an interceptor before it is conducted to the subsurface for dispersal;
 - The interceptor is designed to remove grease, oil, fibers, and solids to ensure long-term performance of the trench or bed used for subsurface dispersal;
 - The interceptor is covered to restrict access and eliminate habitat for mosquitoes and other vectors; and
 - Minimum interceptor size is based on design flow.
 - For a dwelling, the following apply:

No. of Bedrooms	Design Flow (gallons per day)	Minimum Interceptor Size (gallons)	
		Kitchen Wastewater Only (All gray water sources are collected and reused)	Combined Non-Toilet Wastewater (Gray water is not separated and reused)
1 (7 fixture units or less)	90	42	200
1-2 (greater than 7 fixture units)	180	84	400
3	270	125	600
4	330	150	700
5	380	175	800
6	420	200	900
7	460	225	1000
 - For other than a dwelling, minimum interceptor size in gallons is 2.1 times the design flow from Table 1, Unit Design Flows.
 - Dispersal of wastewater. An applicant shall ensure that the design complies with the following:
 - A trench or bed is used to disperse the wastewater into the subsurface;
 - Sizing of the trench or bed is based on the design flow of wastewater as determined in subsection (F)(1)(d) and an SAR determined under R18-9-A312(D);
 - The minimum vertical separation from the bottom of the trench or bed to a limiting subsurface condition is at least 5 feet; and
 - Other aspects of trench or bed design follow R18-9-E302, as applicable.
3. Setback distances. Setback distances are no less than 1/4 of the setback distances specified in R18-9-A312(C), but not less than 5 feet, except the setback distance from wells is 100 feet.
- G. Operation and maintenance requirements. A permittee shall:**
- Composting toilet.
 - Provide adequate mixing, ventilation, temperature control, moisture, and bulk to reduce fire hazard and prevent anaerobic conditions;
 - Follow manufacturer's specifications for addition of any organic bulking agent to control liquid drainage, promote aeration, or provide additional carbon;
 - Follow the manufacturer's specifications for operation and maintenance regarding movement of material within the composting chamber;
 - If batch system containers are mounted on a carousel, place a new container in the toilet area if the previous one is full;
 - Ensure that only human waste, paper approved for septic tank use, and the amount of bulking material required for proper maintenance is introduced to the composting chamber. The permittee shall remove all other materials or trash. If allowed by the manufacturer's specifications the permittee may add, other nonliquid compostable food preparation residues to the toilet;
 - Ensure that any liquid end product is:
 - Sprayed back onto the composting waste material;
 - Removed by a person who licensed a vehicle under 18 A.A.C. 13, Article 11; or
 - Is drained to the interceptor described in subsection (F);
 - Remove and dispose of composted waste as necessary, using a person who licensed a vehicle under 18 A.A.C. 13, Article 11 if the waste is not placed in a disposal area for burial or used on-site as mulch;
 - Before ending use for an extended period take measures to ensure that moisture is maintained to sustain bacterial activity and free liquids in the chamber do not freeze; and
 - After an extended period of non-use, empty the composting chamber of solid end product and inspect all mechanical components to verify that the mechanical components are operating as designed;
 - Wastewater Disposal Works.
 - Ensure that the interceptor is maintained regularly according to manufacturer's instructions to prevent grease and solid wastes from impairing performance of the trench or bed used for dispersal of wastewater, and
 - Protect the area of the trench or bed from soil compaction or other activity that will impair dispersal performance.
- H. Reference design.**
- An applicant may use a composting toilet that achieves the performance requirements in subsection (C) by following a reference design on file with the Department.
 - The applicant shall file a form provided by the Department for supplemental information about the proposed

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system with the applicant's submittal of the Notice of Intent to Discharge.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E304. 4.04 General Permit: Pressure Distribution System, Less Than 3000 Gallons Per Day Design Flow

- A.** A 4.04 General Permit allows for the use of a pressurized distribution of wastewater system with a design flow less than 3000 gallons per day that treats wastewater to a level equal to or better than that specified in R18-9-E302(B).
1. Definition. For purposes of this Section, a "pressure distribution system" means a tank, pump, controls, and piping that conducts wastewater under pressure in controlled amounts and intervals to a bed or trench or other means of distribution authorized by a general permit for an on-site wastewater treatment facility.
 2. An applicant may use a pressure distribution system if a gravity flow system is unsuitable, inadequate, unfeasible, or cost prohibitive because of site limitations or other conditions, or if needed to optimally distribute wastewater.
- B.** Performance. An applicant shall ensure that a pressure distribution system:
1. Disperses wastewater so that:
 - a. Loading rates are optimized for the intended purpose, and
 - b. The wastewater is delivered under pressure and evenly distributed within the disposal works, and
 2. Prevents ponding on the land surface.
- C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), the applicant shall submit:
1. A copy of operation, maintenance, and warranty materials for the principal components; and
 2. A copy of dosing specifications, including pump curves, dispersing component details, and float control settings.
- D.** Design requirements.
1. Pumps. An applicant shall ensure that pumps used in the on-site wastewater treatment facility:
 - a. Are rated for wastewater service by the manufacturer and certified by Underwriters Laboratories;
 - b. Achieve the minimum design flow rate and total dynamic head requirements for the particular site; and
 - c. Incorporate a quick disconnect using compression-type unions for pressure connections. The applicant shall ensure that:
 - i. Quick-disconnects are accessible in the pressure piping, and
 - ii. A pump has adequate lift attachments for removal and replacement of the pump and switch assembly without entering the dosing tank or process chamber.
 2. Switches, controls, alarms, timers, and electrical components. An applicant shall ensure that:
 - a. Switches and controls accommodate the minimum and maximum dose capacities of the distribution network design. The applicant shall not use pressure diaphragm level control switches;
 - b. Fail-safe controls that can be tested in the field are used to prevent discharge of inadequately treated wastewater. The applicant shall include counters or flow meters if critical to control functions, such as timed dosing;
- c.** Control panels and alarms:
- i. Are mounted in an exterior location visible from the dwelling,
 - ii. Provide manual pump switch and alarm test features, and
 - iii. Include written instructions covering standard operation and alarm events;
- d.** Audible and visible alarms are used for all critical control functions, such as pump failures, treatment failures, and excess flows. The applicant shall ensure that:
- i. The visual portion of the signal is conspicuous from a distance 50 feet from the system and its appurtenances;
 - ii. The audible portion of the signal is between 70 and 75 db at 5 feet and is discernible from a distance of 50 feet from the system and its appurtenances; and
 - iii. Alarms, test features, and controls are on a non-dedicated electrical circuit associated with a frequently used household lighting fixture and separate from the dedicated circuit for the pump;
- e.** All electrical wiring complies with the National Electrical Code, 2005 Edition, published by the National Fire Protection Association. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101. The applicant shall ensure that:
- i. Connections are made using National Electrical Manufacturers Association (NEMA) 4x junction boxes certified by Underwriters Laboratories; and
 - ii. All controls are in NEMA 3r, 4, or 4x enclosures for outdoor use.
- 3.** Dosing tanks and wastewater distribution components.
- a.** An applicant shall:
- i. Design dosing tanks to withstand anticipated internal and external loads under full and empty conditions, and design concrete tanks to meet the "Standard Specification for Precast Concrete Water and Wastewater Structures, C913-02 (2002)," published by the American Society for Testing and Materials. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959;
 - ii. Design dosing tanks to be easily accessible and have secured covers;

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- iii. Install risers to provide access to the inlet and outlet of the tank and to service internal components;
 - iv. Ensure that the volume of the dosing tank accommodates bottom depth below maximum drawdown, maximum design dose, including any drainback, volume to high water alarm, and a reserve volume above the high water alarm level that is not less than the daily design flow volume. If the tank is time dosed, the applicant shall ensure that the combined surge capacity and reserve volume above the high water alarm is not less than the daily design flow volume;
 - v. Ensure that dosing tanks are watertight and anti-buoyant;
 - vi. Design the wastewater distribution components to withstand system pumping pressures;
 - vii. Design the wastewater distribution system to allow air to purge from the system;
 - viii. Design pressure piping to minimize freezing during cold weather;
 - ix. Ensure that the end of each wastewater distribution line is accessible for maintenance;
 - x. Ensure that orifices emit the design discharge rate uniformly throughout the wastewater distribution system; and
 - xi. Design orifices using orifice shields to provide proper distribution of wastewater to the receiving medium.
- b. An applicant may use a septic tank second compartment or a second septic tank in series as a dosing tank if all dosing tank requirements of this Section are met and a screened vault is used instead of the septic tank effluent filter.
4. Design SAR. If the site conditions of the property for the on-site wastewater treatment facility do not require pressure distribution, but an applicant chooses to use pressure distribution, the applicant shall use a design SAR for the absorption surfaces in the disposal works that is not more than 1.10 times the adjusted SAR determined in R18-9-A312(D).
- E. Additional Discharge Authorization requirements.** An applicant shall obtain copies of instructions for the critical controls of the system from the person who installed the pressure distribution system. The applicant shall submit one copy of the instructions with the information required in subsection (C).
- F. Operation and maintenance requirements.** In addition to the applicable requirements specified in R18-9-A313(B), a permittee shall ensure that:
- 1. The operation and maintenance manual for the on-site wastewater treatment facility that supplies the wastewater to the pressure distribution system specifies inspection and maintenance needed for the following items:
 - a. Sludge level in the bottom of the treatment and dosing tanks,
 - b. Watertightness,
 - c. Condition of electrical and mechanical components, and
 - d. Piping and other components functioning within design limits;
 - 2. All critical control functions are specified in the operation and maintenance manual for testing to demonstrate compliance with design specifications, including:
 - a. Alarms, test features, and controls;
 - b. Float switch level settings;
 - c. Dose rate, volume, and frequency, if applicable;
 - d. Distal pressure or squirt height, if applicable; and
 - e. Voltage test on pumps, motors, and controls, as applicable;
 - 3. The finished grade is observed and maintained for proper surface drainage. The applicant shall observe the levelness of the tank for differential settling. If there is settling, the applicant shall grade the facility to maintain surface drainage.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E305. 4.05 General Permit: Gravelless Trench, Less Than 3000 Gallons Per Day Design Flow

- A.** A 4.05 General Permit allows for the use of a gravelless trench with less than 3000 gallons per day design flow receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
- 1. Definition. For purposes of this Section, a “gravelless trench” means a disposal technology characterized by installation of a proprietary pipe and geocomposite or other substitute media into native soil instead of the distribution pipe and aggregate fill used in a trench allowed in R18-9-E302.
 - 2. A permittee may use a gravelless trench if suitable gravel or volcanic rock aggregate is unavailable, excessively expensive, or if adverse site conditions make movement of gravel difficult, damaging, or time consuming.
- B.** Performance. An applicant shall design a gravelless trench so that treated wastewater released to the native soil meets the following criteria:
- 1. TSS of 75 milligrams per liter, 30-day arithmetic mean;
 - 2. BOD₅ of 150 milligrams per liter, 30-day arithmetic mean;
 - 3. Total nitrogen (as nitrogen) of 53 milligrams per liter, 5-month arithmetic mean; and
 - 4. Total coliform level of 100,000,000 (Log₁₀ 8) colony forming units per 100 milliliters, 95th percentile.
- C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit the following:
- 1. The soil absorption area that would be required if a conventional disposal trench filled with aggregate was used at the site,
 - 2. The configuration and size of the proposed gravelless disposal works, and
 - 3. The manufacturer’s installation instructions and warranty of performance for absorbing wastewater into the native soil.
- D.** Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall:
- 1. Ensure that the top of the gravelless disposal pipe or similar disposal mechanism is at least 6 inches below the surface of the native soil and 12 to 36 inches below finished grade if approved fill is placed on top of the installation;
 - 2. Calculate the infiltration surface as follows:
 - a. For 8-inch diameter pipe, 2 square feet of absorption area is allowed per linear foot;
 - b. For 10-inch diameter pipe, 3 square feet of absorption area is allowed per linear foot;
 - c. For bundles of two pipes of the same diameter, the absorption area is calculated as 1.67 times the absorption area of one pipe; and

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- d. For bundles of three pipes of the same diameter, the absorption area is calculated as 2.00 times the absorption area of one pipe;
- 3. Use a pressure distribution system meeting the requirements of R18-9-E304 in medium sand, coarse sand, and coarser soils; and
- 4. Construct the drainfield of material that will not decay, deteriorate, or leach chemicals or byproducts if exposed to sewage or the subsurface soil environment.
- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall:
 - 1. Install the gravelless pipe material according to manufacturer's instructions if the instructions are consistent with this Chapter,
 - 2. Ensure that the installed disposal system can withstand the physical disturbance of backfilling and the load of any soil cover above natural grade placed over the installation, and
 - 3. Shape any backfill and soil cover in the area of installation to prevent settlement and ponding of rainfall for the life of the disposal works.
- F. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), the permittee shall inspect the finished grade in the vicinity of the gravelless disposal works for maintenance of proper drainage and protection from damaging loads.
- D. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
 - 1. Capillary rise potential test results for the media used to fill the evapotranspiration bed, unless sand meeting a D_{50} of 0.1 millimeter (50 percent by weight of grains equal to or smaller than 0.1 millimeter) is used; and
 - 2. Water mass balance calculations used to size the evapotranspiration bed.
- E. Design requirements. An applicant shall:
 - 1. Ensure that the evapotranspiration bed is from 18 to 36 inches deep and shall calculate the bed design based on the capillary rise of the bed media, following the "Standard Test Method for Capillary-Moisture Relationships for Coarse- and Medium-Textured Soils by Porous-Plate Apparatus, D2325-68 (2000)," incorporated by reference in R18-9-E307(E), and the anticipated maximum frost depth;
 - 2. Ensure the media is sand or other durable material;
 - 3. Base design area calculations on a water mass balance for the winter months and the design seepage rate;
 - 4. Ensure that the natural seal liner is a durable, low-hydraulic conductivity liner and is accompanied by the liner performance specification and calculations for bottom and sidewall seepage rate;
 - 5. If a surfacing layer is used, use topsoil, dark cinders, decomposed granite, or similar landscaping material placed to a maximum depth of 2 inches and ensure that:
 - a. If topsoil is used as a surfacing layer for growth of landscape plants:
 - i. The topsoil is a fertile, friable soil obtained from well-drained arable land;
 - ii. The topsoil is free of nut grass, refuse, roots, heavy clay, clods, noxious weeds, or any other material toxic to plant growth;
 - iii. The pH of the topsoil is between 5.5 and 8.0;
 - iv. The plasticity index of the topsoil is between 3 and 15; and
 - v. The topsoil contains approximately 1-1/2 percent organic matter, by dry weight, either natural or added;
 - b. If landscaping material other than topsoil is used as a surfacing layer, the material meets the following gradation:

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E306. 4.06 General Permit: Natural Seal Evapotranspiration Bed, Less Than 3000 Gallons Per Day Design Flow

- A. A 4.06 General Permit allows for the use of a natural seal evapotranspiration bed with less than 3000 gallons per day design flow receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
 - 1. Definition. For purposes of this Section, a "natural seal evapotranspiration bed" means a disposal technology characterized by a bed of sand or other media with an internal wastewater distribution system, contained on the bottom and sidewalls by an engineered liner consisting of natural soil and clay materials.
 - 2. An applicant may use a natural seal evapotranspiration bed if site conditions restrict soil infiltration or require reduction of the volume of wastewater discharged to the native soil underlying the natural seal liner.
- B. Restrictions. Unless a person provides design documentation to show that a natural seal evapotranspiration bed will properly function, the person shall not install this technology if:
 - 1. Average minimum temperature in any month is 20° F or less,
 - 2. Over 1/3 of the average annual precipitation falls in a 30-day period, or
 - 3. Design flow exceeds net evaporation.
- C. Performance. An applicant shall ensure that a natural seal evapotranspiration bed:
 - 1. Minimizes discharge to the native soil through the natural seal liner,
 - 2. Maximizes wastewater disposed to the atmosphere by evapotranspiration, and
 - 3. Prevents ponding of wastewater on the bed surface and maintains an interval of unsaturated media directly beneath the bed surface.
- 6. Use shallow-rooted, non-invasive, salt- and drought-tolerant evergreens if vegetation is planted on the evapotranspiration bed;
- 7. Install at least two observation ports to determine the level of the liquid surface of wastewater within the evapotranspiration bed;
- 8. Design the bed to pump out the saturated zone if accumulated salts or a similar condition impairs bed performance; and
- 9. Instead of the minimum vertical separation required under R18-9-A312(E), ensure that the minimum vertical

Sieve Size	Percent Passing
1"	100
1/2"	95-100
No. 4	90-100
No. 10	70-100
No. 200	15-70

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separation from the bottom of the natural seal evapotranspiration bed liner to the seasonal high water table is at least 12 inches.

- F.** Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall ensure that:
1. The liner covers the bottom and all sidewalls of the bed and is installed on a stable base according to the manufacturer's installation specifications;
 2. If the inlet pipe passes through the liner, the joint is tightly sealed to minimize leakage during the operational life of the facility;
 3. The liner is leak tested under the supervision of an Arizona-registered professional engineer to confirm the design leakage rate; and
 4. A 2- to 4-inch layer of 1/2- to 1-inch gravel or crushed stone is placed around the distribution pipes within the bed. The applicant shall ensure that the filter cloth is placed on top of the gravel or crushed stone to prevent sand from settling into the gravel or crushed stone.
- G.** Additional Discharge Authorization requirements. An applicant shall submit the satisfactory results of the leakage test required under subsection (F)(3) to the Department before the Department issues the Discharge Authorization.
- H.** Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), the permittee shall:
1. Not allow irrigation of an evapotranspiration bed, and
 2. Protect the bed from vehicle loads and other damaging activities.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E307. 4.07 General Permit: Lined Evapotranspiration Bed, Less Than 3000 Gallons Per Day Design Flow

- A.** A 4.07 General Permit allows for the use of a lined evapotranspiration bed receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
1. Definition. For purposes of this Section, a "lined evapotranspiration bed" means a disposal technology characterized by a bed of sand or other media with an internal wastewater distribution system contained on the bottom and sidewalls by an impervious synthetic liner.
 2. An applicant may use a lined evapotranspiration bed if site conditions restrict soil infiltration or require reduction or elimination of the volume of wastewater or nitrogen load discharged to the native soil.
 3. Provision of a reserve area is not required for a lined evapotranspiration bed.
- B.** Restrictions. Unless a person provides design documentation to show that a lined evapotranspiration bed will properly function, the person shall not install this technology if:
1. Average minimum temperature in any month is 20° F or less,
 2. Over 1/3 of average annual precipitation falls in a 30-day period, or
 3. Design flow exceeds net evaporation.
- C.** Performance. An applicant shall ensure that a lined evapotranspiration bed:
1. Prevents discharge to the native soil by a synthetic liner,
 2. Attains full disposal of wastewater to the atmosphere by evapotranspiration, and

3. Prevents ponding of wastewater on the bed surface and maintains an interval of unsaturated media directly beneath the bed surface.
- D.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
1. Capillary rise potential test results for the media used to fill the evapotranspiration bed, unless sand meeting a D_{50} of 0.1 millimeter (50 percent by weight of grains equal to or smaller than 0.1 millimeter in size) is used; and
 2. Water mass balance calculations used to size the evapotranspiration bed.
- E.** Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall:
1. Ensure that the evapotranspiration bed is from 18 to 36 inches deep and calculate the bed design on the basis of the capillary rise of the bed media, according to the "Standard Test Method for Capillary-Moisture Relationships for Coarse- and Medium-Textured Soils by Porous-Plate Apparatus, D2325-68 (2003)," published by the American Society for Testing and Materials and the anticipated maximum frost depth. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959;
 2. Ensure the media is sand or other durable material;
 3. Base design area calculations on a water mass balance for the winter months;
 4. Ensure that the evapotranspiration bed liner is a durable, low hydraulic conductivity synthetic liner that has a calculated bottom area and sidewall seepage rate of less than 550 gallons per acre per day;
 5. If a surfacing layer is used, use topsoil, dark cinders, decomposed granite, or similar landscaping material placed to a maximum depth of 2 inches. The applicant shall ensure that:
 - a. If topsoil is used as a surfacing layer for growth of landscape plants:
 - i. The topsoil is a fertile, friable soil obtained from well-drained arable land;
 - ii. The topsoil is free of nut grass, refuse, roots, heavy clay, clods, noxious weeds, or any other material toxic to plant growth;
 - iii. The pH of the topsoil is between 5.5 and 8.0;
 - iv. The plasticity index of the topsoil is between 3 and 15; and
 - v. The topsoil contains approximately 1 1/2 percent organic matter, by dry weight, either natural or added;
 - b. If another landscaping material is used as a surfacing layer, the material meets the following gradation:

Sieve Size	Percent Passing
1"	100
1/2"	95-100
No. 4	90-100
No. 10	70-100
No. 200	15-70

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6. Use shallow-rooted, non-invasive, salt and drought tolerant evergreens if vegetation is planted on the evapotranspiration bed;
 7. Install at least two observation ports to allow determination of the depth to the liquid surface of wastewater within the evapotranspiration bed;
 8. Design the bed to pump out the saturated zone if accumulated salts or a similar condition impairs bed performance; and
 9. Instead of the minimum vertical separation required under R18-9-A312(E), ensure that the minimum vertical separation from the bottom of the evapotranspiration bed liner to the surface of the seasonal high water table or impervious layer or formation is at least 12 inches.
- F.** Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall ensure that:
1. All liner seams are factory fabricated or field welded according to manufacturer's specifications. The applicant shall ensure that:
 2. The liner covers the bottom and all sidewalls of the bed and is cushioned on the top and bottom with layers of sand at least 2 inches thick or other puncture-protective material;
 3. If the inlet pipe passes through the liner, the joint is tightly sealed to minimize leakage during the operational life of the facility;
 4. The liner is leak tested under the supervision of an Arizona-registered professional engineer; and
 5. A 2- to 4-inch layer of one-half to 1-inch gravel or crushed stone is placed around the distribution pipes within the bed. The applicant shall place filter cloth on top of the gravel or crushed stone to prevent sand from settling into the crushed stone or gravel.
- G.** Additional Discharge Authorization requirements. An applicant shall submit the liner test results sealed by an Arizona-registered professional engineer to the Department for issuance of the Discharge Authorization.
- H.** Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), the permittee shall:
1. Not allow irrigation of an evapotranspiration bed; and
 2. Protect the bed from vehicle loads and other damaging activities.
- c. Wastewater treated by passage through the mound before percolation into the native soil below the mound.
2. An applicant may use a Wisconsin mound if:
- a. The native soil has excessively high or low permeability,
 - b. There is little native soil overlying fractured or excessively permeable rock, or
 - c. A reduction in minimum vertical separation is desired.
- B.** Performance. An applicant shall design a Wisconsin mound so that treated wastewater released to the native soil meets the following criteria:
1. Performance Category A.
 - a. TSS of 20 milligrams per liter, 30-day arithmetic mean;
 - b. BOD₅ of 20 milligrams per liter, 30-day arithmetic mean;
 - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, 5-month arithmetic mean; and
 - d. Total coliform level of 1000 (Log₁₀ 3.0) colony forming units per 100 milliliters, 95th percentile; or
 2. Performance Category B.
 - a. TSS of 30 milligrams per liter, 30-day arithmetic mean;
 - b. BOD₅ of 30 milligrams per liter, 30-day arithmetic mean;
 - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, 5-month arithmetic mean; and
 - d. Total coliform level of 300,000 (Log₁₀ 5.5) colony forming units per 100 milliliters, 95th percentile.
- C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
1. Specifications for the internal wastewater distribution system media proposed for use in the Wisconsin mound;
 2. Two scaled or dimensioned cross sections of the mound (one of the shortest basal area footprint dimension and one of the lengthwise dimension); and
 3. Design calculations following the "Wisconsin Mound Soil Absorption System: Siting, Design, and Construction Manual," published by the University of Wisconsin – Madison, January 1990 Edition (the Wisconsin Mound Manual). This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the University of Wisconsin – Madison, SSWMP, 1525 Observatory Drive, Room 345, Madison, WI 53706.
- D.** Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
1. Pressure dosed wastewater is delivered into the Wisconsin mound through a pressurized line and secondary distribution lines into an engineered aggregate infiltration bed, or equivalent system, in conformance with R18-9-E304 and the Wisconsin Mound Manual. The applicant shall ensure that the aggregate is washed;
 2. Wastewater is applied to the inlet surface of the mound media at not more than 1.0 gallon per day per square foot of mound bed inlet surface if the mound bed media conforms with the "Standard Specification for Concrete Aggregates, C33-03 (2003)," published by the American Society for Testing and Materials and the Wisconsin Mound Manual, except if cinder sand is used that is the

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E308. 4.08 General Permit: Wisconsin Mound, Less Than 3000 Gallons Per Day Design Flow

- A.** A 4.08 General Permit allows for the use of a Wisconsin mound with a design flow of less than 3000 gallons per day receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
1. Definition. For purposes of this Section, a "Wisconsin mound" means a disposal technology characterized by:
 - a. An above-grade bed system that blends with the land surface into which is dispensed pressure dosed wastewater from a septic tank or other upstream treatment device,
 - b. Dispersal of wastewater under unsaturated flow conditions through the engineered media system contained in the mound, and

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appropriate grade with not more than 5 percent passing a #200 screen. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959. The applicant shall:

- a. For cinder sand, ensure that the rate is not more than 0.8 gallons per day per square foot of mound bed inlet surface; and
 - b. Wash the media used for the mound bed;
 3. The aggregate infiltration bed and mound bed is capped by coarser textured soil, such as sand, sandy loam, or silt loam. An applicant shall not use silty clay, clay loam, or clays;
 4. The cap material is covered by topsoil, following the procedure in the Wisconsin Mound Manual, and the topsoil is capable of supporting vegetation, is not clay, and is graded to drain;
 5. The top and bottom surfaces of the aggregate infiltration bed are level and do not exceed 10 feet in width and that:
 - a. The minimum depth of the aggregate infiltration bed is 9 inches, or
 - b. Synthetic filter fabric permeable to water and air and capable of supporting the cap and topsoil load is placed on the top surface of the aggregate infiltration bed;
 6. The minimum depth of mound bed media is:
 - a. Performance Category A, 24 inches; or
 - b. Performance Category B, 12 inches;
 7. The maximum allowable side slope of the mound bed, cap material, and topsoil is not more than one vertical to three horizontal;
 8. Ports for inspection and monitoring are provided to verify performance, including verification of unsaturated flow within the aggregate infiltration bed. The applicant shall:
 - a. Install a vertical PVC pipe and cap with a minimum diameter of 4 inches as an inspection port at the end of the disposal line, and
 - b. Install the pipe with a physical restraint to maintain pipe position;
 9. The main pressurized line and secondary distribution lines for the aggregate infiltration bed are equipped at appropriate locations with cleanouts to grade;
 10. The following requirements and the setbacks specified in R18-9-A312(C) are observed:
 - a. Increase setbacks for the following downslope features at least 30 feet from the toe of the mound system:
 - i. Property line,
 - ii. Driveway,
 - iii. Building,
 - iv. Ditch or interceptor drain, or
 - v. Any other feature that impedes water movement away from the mound; and
 - b. Ensure that no upslope natural feature or improvement channels surface water or groundwater to the mound area;
 11. The portion of the basal area of native soil below the mound conforms to the Wisconsin Mound Manual. The applicant shall:
 - a. Calculate the absorption of wastewater into the native soil for only the effective basal area;
 - b. Apply the soil absorption rate specified in R18-9-A312(D). The applicant may increase allowable loading rate to the mound bed inlet surface up to 1.6 times if the wastewater dispersed to the mound is pretreated to reduce the sum of TSS and BOD₅ to 60 mg/l or less. The applicant may increase the soil absorption rate to not more than 0.20 gallons per day per square foot of basal area if the following slowly permeable soils underlie the mound:
 - i. Sandy clay loam, clay loam, silty clay loam, or finer with weak platy structure; or
 - ii. Sandy clay loam, clay loam, silty clay loam, or silt loam with massive structure;
 12. The slope of the native soil at the basal area does not exceed 25 percent, and a slope stability analysis is performed whenever the basal area or site slope within 50 horizontal feet from the mound system footprint exceeds 15 percent.
- E. Installation. An applicant shall:
1. Prepare native soil for construction of a Wisconsin mound system. The applicant shall:
 - a. Mow vegetation and cut down trees in the vicinity of the basal area site to within 2 inches of the surface;
 - b. Leave in place boulders and tree stumps and other herbaceous material that would excessively alter the soil structure if removed after mowing and cutting;
 - c. Plow native soil serving as the basal area footprint along the contours to 7- to 8- inch depth;
 - d. Not substitute rototilling for plowing; and
 - e. Begin mound construction immediately after plowing;
 2. Place each layer of the bed system to prevent differential settling and promote uniform density; and
 3. Use the Wisconsin Mound Manual to guide any other detail of installation. The applicant may vary installation procedures and criteria depending on mound design but shall use installation procedures and criteria that are at least equivalent to those in the Wisconsin Mound Manual.
- F. Operation and maintenance requirements. In addition to the applicable requirements specified in R18-9-A313(B), the permittee shall:
1. If an existing mound system shows evidence of overload or hydraulic failure, conduct the following sequence of evaluations:
 - a. Verify the actual loading and performance of the pretreatment system.
 - b. Verify the watertightness of the pretreatment and dosing tanks;
 - c. Determine the dosing rates and dosing intervals to the aggregate infiltration bed and compare it with the original design to evaluate the presence or absence of saturated conditions in the aggregate infiltration bed;
 - d. If the above steps in subsections (F)(1)(a) through (c) do not indicate an anomalous condition, evaluate the site and recalculation of the disposal capability to determine if mound lengthening is feasible;
 - e. Determine if site modifications are possible including changing surface drainage patterns at upgrade locations and lowering the groundwater level by installing interceptor drains to reduce native soil saturation at shallow levels; and
 - f. Determine if the basal area can be increased, consistent with R18-9-A309(A)(9)(b)(iv);

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2. Prepare servicing and waste disposal procedures and task schedules necessary for clearing the main pressurized wastewater line and secondary distribution lines, septic tank effluent filter, pump intake, and controls.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E309. 4.09 General Permit: Engineered Pad System, Less Than 3000 Gallons Per Day Design Flow

- A. A 4.09 General Permit allows for the use of an engineered pad system receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
 1. Definition. For purposes of this Section, an "engineered pad system" means a treatment and disposal technology characterized by:
 - a. The delivery of pretreated wastewater by gravity or pressure distribution to the engineered pad and sand bed assembly, followed by dispersal of the wastewater into the native soil; and
 - b. Wastewater movement through the engineered pad and sand bed assembly by gravity under unsaturated flow conditions to provide additional passive biological treatment.
 2. The applicant may use an engineered pad system if:
 - a. The native soil is excessively permeable,
 - b. There is little native soil overlying fractured or excessively permeable rock, or
 - c. The available area is limited for installing a disposal works authorized by R18-9-E302.
- B. Performance. An applicant shall ensure that:
 1. The engineered pad system is designed so that the treated wastewater released to the native soil meets the following criteria:
 - a. TSS of 50 milligrams per liter, 30-day arithmetic mean;
 - b. BOD₅ of 50 milligrams per liter, 30-day arithmetic mean;
 - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, 5-month arithmetic mean; and
 - d. Total coliform level of 1,000,000 (Log₁₀ 6) colony forming units per 100 milliliters, 95th percentile; or
 2. The engineered pad system is designed to meet any other performance, loading rate, and configuration criteria specified in the reviewed product list maintained by the Department as required under R18-9-A309(E).
- C. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit design materials and construction specifications for the engineered pad system.
- D. Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
 1. Gravity and pressurized wastewater delivery is from a septic tank or intermediate watertight chamber equipped with a pump and controls. The applicant shall ensure that:
 - a. Delivered wastewater is distributed onto the top of the engineered pad system and achieves even distribution by good engineering practice, and
 - b. The dosing rate for pressurized wastewater delivery is at least four doses per day and no more than 24 doses per day;
 2. The sand bed consists of mineral sand washed to conform to the "Standard Specification for Concrete Aggregates,

C33-03 (2003)," which is incorporated by reference in R18-9-E308(D)(2), unless the performance testing and design specifications of the engineered pad manufacturer justify a substitute specification. The applicant shall ensure that:

- a. The sand bed design provides for the placement of at least 6 inches of sand bed material below and along the perimeter of each pad, and
 - b. The contact surface between the bottom of the sand bed and the native soil is level;
3. The spacing between adjacent two-pad-wide rows is at least two times the distance between the bottom of the distribution pipe and the bottom of the sand bed or 5 feet, whichever is greater;
 4. The wastewater distribution system installed on the top of the engineered pad system is covered with a breathable geotextile material and the breathable geotextile material is covered with at least 10 inches of backfill.
 - a. The applicant shall ensure that rocks and cobbles are removed from backfill cover and grade the backfill for drainage.
 - b. The applicant may place the engineered pad system above grade, partially bury it, or fully bury it depending on site and service circumstances;
 5. The engineered pad system is constructed with durable materials and capable of withstanding stress from installation and operational service; and
 6. At least two inspection ports are installed in the engineered pad system to confirm unsaturated wastewater treatment conditions at diagnostic locations.
- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall place sand media to obtain a uniform density of 1.3 to 1.4 grams per cubic centimeter.
 - F. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), an applicant shall inspect the backfill cover for physical damage or erosion and promptly repair the cover, if necessary.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended to correct a manifest typographical error in subsection (B)(2) (Supp. 01-1). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E310. 4.10 General Permit: Intermittent Sand Filter, Less Than 3000 Gallons Per Day Design Flow

- A. A 4.10 General Permit allows for the use of an intermittent sand filter receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
 1. Definition. For purposes of this Section, an "intermittent sand filter" means a treatment technology characterized by:
 - a. The pressurized delivery of pretreated wastewater to an engineered sand bed in a containment vessel equipped with an underdrain system or designed as a bottomless filter;
 - b. Delivered wastewater dispersed throughout the sand media by periodic doses from the delivery pump to maintain unsaturated flow conditions in the bed; and
 - c. Wastewater that is treated during passage through the media, collected by a bed underdrain chamber, and removed by pump or gravity to the disposal works, or wastewater that percolates downward directly into the native soil as part of a bottomless filter design.

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2. An applicant may use an intermittent sand filter if:
 - a. The native soil is excessively permeable,
 - b. There is little native soil overlying fractured or excessively permeable rock, or
 - c. The applicant desires a reduction in setback distances or minimum vertical separation.
- B. Performance. An applicant shall ensure that:
 1. An intermittent sand filter with underdrain system is designed so that it produces treated wastewater that meets the following criteria:
 - a. TSS of 10 milligrams per liter, 30-day arithmetic mean;
 - b. BOD₅ of 10 milligrams per liter, 30-day arithmetic mean;
 - c. Total nitrogen (as nitrogen) of 40 milligrams per liter, 5-month arithmetic mean; and
 - d. Total coliform level of 1000 (Log₁₀ 3) colony forming units per 100 milliliters, 95th percentile; or
 2. An intermittent sand filter with a bottomless filter is designed so that it produces treated wastewater released to the native soil that meets the following criteria:
 - a. TSS of 20 milligrams per liter, 30-day arithmetic mean;
 - b. BOD₅ of 20 milligrams per liter, 30-day arithmetic mean;
 - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
 - d. Total coliform level of 100,000 (Log₁₀ 5 colony forming units per 100 milliliters, 95th percentile.
- C. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit specifications for the media proposed for use in the intermittent sand filter.
- D. Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
 1. Pressurized wastewater delivery is from the septic tank or separate watertight chamber with a pump sized and controlled to deliver the pretreated wastewater to the top of the intermittent sand filter. The applicant shall ensure that the dosing rate is at least 4 doses per day and not more than 24 doses per day;
 2. The pressurized wastewater delivery system provides even distribution in the sand filter through good engineering practice. The applicant shall:
 - a. Specify all necessary controls, pipes, valves, orifices, filter cover materials, gravel, or other distribution media, and monitoring and servicing components in the design documents; and
 - b. Ensure that the cover and topsoil is 6 to 12 inches in depth and graded to drain;
 3. The sand filter containment vessel is watertight, structurally sound, durable, and capable of withstanding stress from installation and operational service. The applicant may place the intermittent sand filter above grade, partially buried, or fully buried depending on site and service circumstances;
 4. Media used in the intermittent sand filter is mineral sand and that the media is washed and conforms to "Standard Specification for Concrete Aggregates, C33-03," which is incorporated by reference in R18-9-E308(D)(2);
 5. The sand media depth is a minimum of 24 inches with the top and bottom surfaces level and the maximum wastewater loading rate is 1.0 gallons per day per square foot of inlet surface at the rated daily design flow;
 6. The underdrain system:
 - a. Is within the containment vessel;
 7. Supports the filter media and all overlying loads from the unsupported construction above the top surface of the sand media;
 8. Has sufficient void volume above the normal high level of the intermittent sand filter effluent to prevent saturation of the bottom of the sand media by a 24-hour power outage or pump malfunction; and
 9. Includes necessary monitoring, inspection, and servicing features;
 10. Inspection ports are installed in the distribution media and in the underdrain;
 11. The bottomless filter is designed similar to the underdrain system, except that the sand media is positioned on top of the native soil absorption surface. The applicant shall ensure that companion modifications are made that eliminate the containment vessel bottom and underdrain and relocate the underdrain inspection port to ensure reliable indication of the presence or absence of water saturation in the sand media;
 12. The native soil absorption system is designed to ensure that the linear loading rate does not exceed site disposal capability; and
 13. The bottomless sand filter discharge rate per unit area to the native soil does not exceed the adjusted soil absorption rate for the quality of wastewater specified in subsection (B)(2).
- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall place the containment vessel, underdrain system, filter media, and pressurized wastewater distribution system in an excavation with adequate foundation and each layer installed to prevent differential settling and promote a uniform density throughout of 1.3 to 1.4 grams per cubic centimeter within the sand media.
- F. Operation and maintenance requirements. The applicant shall follow the applicable requirements in R18-9-A313(B).

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E311. 4.11 General Permit: Peat Filter, Less Than 3000 Gallons Per Day Design Flow

- A. A 4.11 General Permit allows for the use of a peat filter receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
 1. Definition. For purposes of this Section, a "peat filter" means a disposal technology characterized by:
 - a. The dosed delivery of treated wastewater to the peat bed, which can be a manufactured module or a disposal bed excavated in native soil and filled with compacted peat;
 - b. Wastewater passing through the peat that is further treated by removal of positively charged molecules, filtering, and biological activity before entry into native soil; and
 - c. If the peat filter system is constructed as a disposal bed filled with compacted peat, wastewater that is absorbed into native soil at the bottom and sides of the bed.
 2. An applicant may configure a modular system if a portion of the wastewater that has passed through the peat filter is recirculated back to the pump chamber.
 3. An applicant may use a peat filter system if:
 - a. The native soil is excessively permeable,

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- b. There is little native soil overlying fractured or excessively permeable rock,
 - c. A reduction in setback distances or minimum vertical separation is desired, or
 - d. Cold weather inhibits performance of other treatment or disposal technologies.
- B. Performance.** An applicant shall ensure that a peat filter is designed so that it produces treated wastewater that meets the following criteria:
 - 1. TSS of 15 milligrams per liter, 30-day arithmetic mean;
 - 2. BOD₅ of 15 milligrams per liter, 30-day arithmetic mean;
 - 3. Total nitrogen (as nitrogen) of 53 milligrams per liter, 5-month arithmetic mean; and
 - 4. Total coliform level of 100,000 (Log₁₀ 5) colony forming units per 100 milliliters, 95th percentile.
- C. Notice of Intent to Discharge.** In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
 - 1. Specifications for the peat media proposed for use in the peat filter or provided in the peat module, including:
 - a. Porosity;
 - b. Degree of humification;
 - c. pH;
 - d. Particle size distribution;
 - e. Moisture content;
 - f. A statement of whether the peat is air dried, and whether the peat is from sphagnum moss or bog cotton; and
 - g. A description of the degree of decomposition;
 - 2. Specifications for installing the peat media; and
 - 3. If a peat module is used:
 - a. The name and address of the manufacturer,
 - b. The model number, and
 - c. A copy of the manufacturer's warranty.
- D. Design requirements.**
 - 1. If a pump tank is used to dose the peat module or bed, an applicant shall:
 - a. Ensure that the pump tank is sized to contain the dose volume and a reserve volume above the high water alarm that will contain the volume of daily design flow; and
 - b. Use a control panel with a programmable timer to dose at the applicable loading rate.
 - 2. Peat module system. In addition to the applicable requirements in R18-9-A312, the applicant shall:
 - a. Size the gravel bed supporting the peat filter modules to allow it to act as a disposal works and ensure that the bed is level, long, and narrow, and installed on contour to optimize lateral movement away from the disposal area;
 - b. For modules designed to allow wastewater flow through the peat filter and base material into underlying native soil, size the base on which the modules rest to accommodate the soil absorption rate of the native soil;
 - c. Place fill over the module so that it conforms to the manufacturer's specification. If the fill is planted, the applicant shall use only grass or shallow rooted plants; and
 - d. Ensure that the peat media depth is at least 24 inches, the peat is installed with the top and bottom surfaces level, and the maximum wastewater loading rate is 5.5 gallons per day per square foot of inlet surface at the rated daily design flow, unless the Department approves a different wastewater loading rate under R18-9-A309(E).
- 3. Peat filter bed system. In addition to the applicable requirements in R18-9-A312, the applicant shall ensure that:
 - a. The bed is filled with peat derived from sphagnum moss and compacted according to the installation specification;
 - b. The maximum wastewater loading rate is 1 gallon per day per square foot of inlet surface at the rated daily design flow;
 - c. At least 24 inches of installed peat underlies the distribution piping and 10 to 14 inches of installed peat overlies the piping;
 - d. The cover material over the peat filter bed is slightly mounded to promote runoff of rainfall. The applicant shall not place additional fill over the peat; and
 - e. The peat is air dried, with a porosity greater than 90 percent, and a particle size distribution of 92 to 100 percent passing a No. 4 sieve and less than 8 percent passing a No. 30 sieve.
- E. Installation requirements.** In addition to the applicable requirements in R18-9-A313(A), the applicant shall:
 - 1. Peat module system.
 - a. Compact the bottom of all excavations for the filter modules, pump, aerator, and other components to provide adequate foundation, slope the bottom toward the discharge to minimize ponding, and ensure that the bottom is flat, and free of debris, rocks, and sharp objects. If the excavation is uneven or rocky, the applicant shall use a bed of sand or pea gravel to create an even, smooth surface;
 - b. Place the peat filter modules on a level, 6-inch deep gravel bed;
 - c. Place backfill around the modules and grade the backfill to divert surface water away from the modules;
 - d. Not place objects on or move objects over the system area that might damage the module containers or restrict airflow to the modules;
 - e. Cover gaps between modules to prevent damage to the system;
 - f. Fit each system with at least one sampling port that allows collection of wastewater at the exit from the final treatment module;
 - g. Provide the modules and other components with anti-buoyancy devices to ensure stability in the event of flooding or high water table conditions; and
 - h. Provide a mechanism for draining the filter module inlet line; or
 - 2. Peat filter bed system.
 - a. Scarify the bottom and sides of the leaching bed excavation to remove any smeared surfaces, and:
 - i. Unless directed by an installation specification consistent with this Chapter, place peat media in the excavation in 6-inch lifts; and
 - ii. Compact each lift before the next lift is added. The applicant shall take care to avoid compaction of the underlying native soil;
 - b. Lay distribution pipe in trenches cut in the compacted peat, and
 - i. Ensure that at least 3 inches of aggregate underlie the pipe to reduce clogging of holes or scouring of the peat surrounding the pipe, and
 - ii. Place peat on top of and around the sides of the pipes.
- F. Operation and maintenance requirements.** In addition to the applicable requirements in R18-9-A313(B), the permittee shall

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inspect the finished grade over the peat filter for proper drainage, protection from damaging loads, and root invasion of the wastewater distribution system and perform maintenance as needed.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E312. 4.12 General Permit: Textile Filter, Less Than 3000 Gallons Per Day Design Flow

A. A 4.12 General Permit allows for the use of a textile filter receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).

1. Definition. For purposes of this Section, a "textile filter" means a disposal technology characterized by:
 - a. The flow of wastewater into a packed bed filter in a containment structure or structures. The packed bed filter uses a textile filter medium with high porosity and surface area; and
 - b. The textile filter medium provides further treatment by removing suspended material from the wastewater by physical straining, and reducing nutrients by microbial action.
2. An applicant may use a textile filter in conjunction with a two-compartment septic tank or a two-tank system if the second compartment or tank is used as a recirculation and blending tank. The applicant shall divert a portion of the wastewater flow from the textile filter back into the second tank for further treatment.
3. An applicant may use a textile filter if:
 - a. Nitrogen reduction is desired,
 - b. The native soil is excessively permeable,
 - c. There is little native soil overlying fractured or excessively permeable rock, or
 - d. A reduction in setback distances or minimum vertical separation is desired.

B. Performance. An applicant shall ensure that a textile filter is designed so that it produces treated wastewater that meets the following criteria:

1. TSS of 15 milligrams per liter, 30-day arithmetic mean;
2. BOD₅ of 15 milligrams per liter, 30-day arithmetic mean;
3. Total nitrogen (as nitrogen) of 30 milligrams per liter, five-month arithmetic mean, or 15 milligrams, five-month arithmetic mean per liter if documented under subsection (C)(4); and
4. Total coliform level of 100,000 (Log₁₀ 5) colony forming units per 100 milliliters, 95th percentile.

C. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:

1. The name and address of the filter manufacturer;
2. The filter model number;
3. A copy of the manufacturer's filter warranty;
4. If the system is for nitrogen reduction to 15 milligrams per liter, five-month arithmetic mean, specifications on the nitrogen reduction performance of the filter system and corroborating third-party test data;
5. The manufacturer's operation and maintenance recommendations to achieve a 20-year operational life; and
6. If a pump or aerator is required for proper operation, the pump or aerator model number and a copy of the manufacturer's warranty.

D. Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:

1. The textile medium has a porosity of greater than 80 percent;
2. The wastewater is delivered to the textile filter by gravity flow or a pump;
3. If a pump is used to dose the textile filter, the pump and appurtenances meet following criteria:
 - a. The textile media loading rate and wastewater recirculation rate are based on calculations that conform with performance data listed in the reviewed product list maintained by the Department as required under R18-9-A309(E),
 - b. The tank and recirculation components are sized to contain the dose volume and a reserve volume above the high water level alarm that will contain the volume of daily design flow, and
 - c. A control panel with a programmable timer is used to dose the textile media at the applicable loading rate and wastewater recirculation rate.
- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall:
 1. Before placing the filter modules, slope the bottom of the excavation for the modules toward the discharge point to minimize ponding;
 2. Ensure that the bottom of all excavations for the filter modules, pump, aerator, or other components is level and free of debris, rocks, and sharp objects. If the excavation is uneven or rocky, the applicant shall use a bed of sand or pea gravel to create an even, smooth surface;
 3. Provide the modules and other components with anti-buoyancy devices to ensure they remain in place in the event of high water table conditions; and
 4. Provide a mechanism for draining the filter module inlet line.
- F. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313, the permittee shall not flush corrosives or other materials known to damage the textile material into any drain that transmits wastewater to the on-site wastewater treatment facility.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E313. 4.13 General Permit: Denitrifying System Using Separated Wastewater Streams, Less Than 3000 Gallons Per Day Design Flow

A. A 4.13 General Permit allows for the use of a separated wastewater streams, denitrifying system for a dwelling.

1. Definition. For purposes of this Section a "denitrifying system using wastewater streams" means a gravity flow treatment and disposal system for a dwelling that requires separate plumbing drains for conducting dishwasher, kitchen sink, and toilet flush water to wastewater treatment tank "A" and all other wastewater to a wastewater treatment tank "B."
 - a. Treated wastewater from tanks "A" and "B" is delivered to an engineered composite disposal bed system that includes an upper distribution pipe to deliver treated wastewater from tank "A" to a columnar celled, sand-filled bed.
 - b. The wastewater drains downward into a sand bed, then into a pea gravel bed with an internal distribution pipe system that delivers the treated wastewater from tank "B."

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- c. The entire composite bed is constructed within an excavation about 6 feet deep.
 - d. The system operates under gravity flow from tanks "A" and "B."
 - e. An engineered sampling assembly is installed at the midpoint of the disposal line run and at the base of the composite bed during construction to monitor system performance.
2. An applicant may use a separated wastewater streams, denitrifying system where total nitrogen reduction is required under this Article before release to the native soil.
- B. Performance.** An applicant shall ensure that a separated wastewater streams, denitrifying system is designed so that the treated wastewater released to the native soil meets the following criteria:
- 1. TSS of 30 milligrams per liter, 30-day arithmetic mean;
 - 2. BOD₅ of 30 milligrams per liter, 30-day arithmetic mean;
 - 3. Total nitrogen (as nitrogen) of 30 milligrams per liter, five-month arithmetic mean; and
 - 4. Total coliform level of 1,000,000 (Log₁₀ 6) colony forming units per 100 milliliters, 95th percentile.
- C. Notice of Intent to Discharge.** The applicant shall comply with the Notice of Intent to Discharge requirements in R18-9-A301(B) and R18-9-A309(B).
- D. Design, installation, operation, and maintenance requirements.** The applicant shall comply with the applicable design, installation, operation, and maintenance requirements in R18-9-A312, R18-9-A313(A), and R18-9-A313(B).
- E. Reference design.**
- 1. An applicant may use a separated wastewater streams, denitrifying system achieving the performance requirements specified in subsection (B) by following a reference design on file with the Department.
 - 2. The applicant shall file a form provided by the Department for supplemental information about the proposed system with the applicant's submittal of the Notice of Intent to Discharge.
- Historical Note**
New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-E314. 4.14 General Permit: Sewage Vault, Less Than 3000 Gallons Per Day Design Flow**
- A.** A 4.14 General Permit allows for the use of a sewage vault that receives sewage.
- 1. An applicant may use a sewage vault if a severe site or operational constraint prevents installation of a conventional septic tank and disposal works or any other on-site wastewater treatment facility allowed under this Article.
 - 2. An applicant may install a sewage vault as a temporary measure if connection to a sewer or installation of another on-site wastewater treatment facility occurs within two years of the connection or installation.
- B. Performance.** An applicant shall:
- 1. Not allow a discharge from a sewage vault to the native soil or land surface, and
 - 2. Pump and dispose of vault contents at a sewage treatment facility or other sewage disposal mechanism allowed by law.
- C. Notice of Intent to Discharge.** The applicant shall comply with the Notice of Intent to Discharge requirements in R18-9-A301(B) and R18-9-A309(B).
- D. Design requirements.** In addition to the requirements in R18-9-A312, an applicant shall:
- 1. Install a sewage vault with a capacity that is at least 10 times the daily design flow determined by R18-9-A314(4)(a)(i),
 - 2. Use design elements to prevent the buoyancy of the vault if installed in an area where a high groundwater table may impinge on the vault,
 - 3. Test the sewage vault for leakage using the procedure under R18-9-A314(5)(d). The tank passes the water test if the water level does not drop over a 24-hour period,
 - 4. Install an alarm or signal on the vault to indicate when 85 percent of the vault capacity is reached, and
 - 5. Contract with a person who licensed a vehicle under 18 A.A.C. 13, Article 11 to pump out the vault on a schedule specified within the contract to ensure that the vault is pumped before full.
- E. Installation, operation, and maintenance requirements.** The applicant shall comply with the applicable installation, operation, and maintenance requirements in R18-9-A313(A) and (B).
- F. Reference design.**
- 1. An applicant may use a sewage vault that achieves the performance requirements in subsection (B) by following a reference design on file with the Department.
 - 2. The applicant shall file a form provided by the Department for supplemental information about the proposed storage vault with the applicant's submittal of the Notice of Intent to Discharge.
- Historical Note**
New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-E315. 4.15 General Permit: Aerobic System Less Than 3000 Gallons Per Day Design Flow**
- A.** A 4.15 General Permit allows for the construction and use of an aerobic system that uses aeration for treatment.
- 1. **Definition.** For purposes of this Section, an "aerobic system" means a treatment unit consisting of components that:
 - a. Mechanically introduce oxygen to wastewater,
 - b. Typically provide clarification of the wastewater after aeration, and
 - c. Convey the treated wastewater by pressure or gravity distribution to the disposal works.
 - 2. An applicant may use an aerobic system if:
 - a. Enhanced biological processing is needed to treat wastewater with high organic content,
 - b. A soil or site condition is not adequate for installation of a standard septic tank and disposal works under R18-9-E302,
 - c. A highly treated wastewater amenable to disinfection is needed, or
 - d. Nitrogen removal from the wastewater is needed and removal performance of the system is documented according to subsection (C)(6).
- B. Performance.**
- 1. An applicant shall ensure that the aerobic system is designed so that the treated wastewater released to the native soil meets the following criteria:
 - a. TSS of 30 milligrams per liter, 30-day arithmetic mean;
 - b. BOD₅ of 30 milligrams per liter, 30-day arithmetic mean;

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- c. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean, or as low as 15 milligrams, five-month arithmetic mean per liter if documented under subsection (C)(6); and
 - d. Total coliform level of 300,000 (Log_{10} 5.5) colony forming units per 100 milliliters, 95th percentile.
 - 2. An applicant may use an aerobic system that meets the following less stringent performance criteria if the aerobic technology is listed by the Department under R18-9-A309(E) and the Department bases its review and listing on the technology being less costly and simpler to operate when compared to other aerobic technologies:
 - a. TSS of 60 milligrams per liter, 30-day arithmetic mean;
 - b. BOD_5 of 60 milligrams per liter, 30-day arithmetic mean;
 - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean, or as low as 15 milligrams, five month arithmetic mean per liter, if documented under subsection (C)(6); and
 - d. Total coliform level of 1,000,000 (Log_{10} 7) colony forming units per 100 milliliters, 95th percentile.
 - C. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
 - 1. The name and address of the aerobic system manufacturer;
 - 2. The model number of the aerobic system;
 - 3. Evidence of performance specified in subsection (B)(1) or (B)(2), as applicable;
 - 4. A list of pretreatment components needed to meet performance requirements;
 - 5. A copy of the manufacturer's warranty and operation and maintenance recommendations to achieve performance over a 20-year operational life; and
 - 6. If the aerobic system will be used for nitrogen removal from the wastewater, either:
 - a. Evidence of a valid product listing under R18-9-E309(E) indicating nitrogen removal performance, or
 - b. Specifications and third party test data corroborating nitrogen reduction to the intended level.
 - D. Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
 - 1. The wastewater is delivered to the aerobic treatment unit by gravity flow either directly or by a lift pump;
 - 2. An interceptor or other pretreatment device is incorporated if necessary to meet the performance criteria specified in subsection (B)(1) or (2), or if recommended by the manufacturer for pretreatment if a garbage disposal appliance is used;
 - 3. A clarifier is provided after aeration for any treatment technology that achieves performance that is equal to or better than the performance criteria specified in subsection (B)(1); and
 - 4. Ports for inspection and monitoring are provided to verify performance.
 - E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall ensure that:
 - 1. The installation of the aerobic treatment components conforms to manufacturer's specifications that do not conflict with Articles 1 and 3 of this Chapter and to the design documents specified in the Construction Authorization issued under R18-9-A301(D)(1)(c); and
 - 2. Excavation and foundation work, and backfill placement is performed to prevent differential settling and adverse drainage conditions.
 - F. Operation and maintenance requirements. The permittee shall:
 - 1. Follow the applicable requirements in R18-9-A313(B), and
 - 2. Ensure that filters are cleaned and replaced as necessary.
 - G. Reference design.
 - 1. An applicant may use an aerobic system that achieves the applicable performance requirements by following a reference design on file with the Department.
 - 2. An applicant using a reference design shall submit, with the Notice of Intent to Discharge, supplemental information specific to the proposed installation on a form approved by the Department.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-E316. 4.16 General Permit: Nitrate-Reactive Media Filter, Less Than 3000 Gallons Per Day Design Flow**
- A. A 4.16 General Permit allows for the construction and use of a nitrate-reactive media filter receiving pretreated wastewater.
 - 1. Definition. "Nitrate-reactive media filter" means a treatment technology characterized by:
 - a. The application of pretreated, nitrified wastewater to a packed bed filter in a containment structure. A packed bed filter consists of nitrate-reactive media that receives pretreated wastewater under appropriate design and operational conditions, and
 - b. The ability of the nitrate-reactive filter to further treat the nitrified wastewater by removing total nitrogen by chemical and physical processes.
 - 2. An applicant shall use a nitrate-reactive media filter with a treatment or disposal works to pretreat and dispose of the wastewater.
 - 3. An applicant may use a nitrate-reactive media filter if nitrogen reduction is required under this Article.
 - B. Restrictions. The applicant shall not use any product to supply pretreated wastewater to the nitrate-reactive media filter unless:
 - 1. The product meets the pretreatment requirements for the filter based on product performance information in the product listing, and
 - 2. The product is listed by the Department as a reviewed product under R18-9-A309(E).
 - C. Performance. An applicant shall ensure that a nitrate-reactive media filter is designed so that it produces treated wastewater that does not exceed the following criteria:
 - 1. TSS of 30 milligrams per liter, 30-day arithmetic mean;
 - 2. BOD_5 of 30 milligrams per liter, 30-day arithmetic mean;
 - 3. Total nitrogen (as nitrogen) of 10 milligrams per liter, five-month arithmetic mean; and
 - 4. Total coliform level of 1,000,000 (Log_{10} 6) colony forming units per 100 milliliters, 95th percentile.
 - D. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
 - 1. The name and address of the filter manufacturer;
 - 2. The filter model number;
 - 3. The manufacturer's requirements for pretreated wastewater supplied to the nitrate-reactive media filter;

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4. The manufacturer's specifications for design, installation, and operation for the nitrate-reactive media filter system and appurtenances;
 5. The manufacturer's warranty for the nitrate-reactive media filter system and appurtenances;
 6. The manufacturer's operation and maintenance recommendations to achieve a 20-year operational life for the nitrate-reactive media filter system and appurtenances; and
 7. The manufacturer name and model number for all appurtenances that significantly contribute to achieving the performance required in subsection (C).
- E.** Design requirements. In addition to the applicable design requirements specified in R18-9-A312, an applicant shall ensure that:
1. The nitrate-reactive media filter and appurtenances conform with manufacturer's specifications,
 2. The loading rate of pretreated wastewater to the nitrate-reactive media inlet surface meets the manufacturer's specification and does not exceed 5.00 gallons per day per square foot of media inlet surface area, and
 3. The bed packed with nitrate reactive media is at least 24 inches thick.
- F.** Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall ensure that:
1. The nitrate-reactive media filter and appurtenances are installed according to manufacturer's specifications to achieve proper wastewater treatment, hydraulic performance, and operational life; and
 2. Anti-buoyancy devices are installed when high water table or extreme soil saturation conditions are likely during operational life of the facility.
- G.** Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B) and the manufacturer's specifications for the nitrite-reactive media filter, the permittee shall not dispose of corrosives or other materials that are known to damage the nitrate-reactive media filter system into the on-site wastewater treatment facility.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (Supp. 05-3).
- R18-9-E317. 4.17 General Permit: Cap System, Less Than 3000 Gallons Per Day Design Flow**
- A.** A 4.17 General Permit allows for the use of a cap fill cover over a conventional trench disposal works receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
1. Definition. For purposes of this Section, a "cap system" means a disposal technology characterized by:
 - a. A soil cap, consisting of engineered fill placed over a trench that is not as deep as a trench allowed by R18-9-E302; and
 - b. A design that compensates for reduced trench depth by maintaining and enhancing the infiltration of wastewater into native soil through the trench side-walls.
 2. An applicant may use a cap system if:
 - a. There is little native soil overlying fractured or excessively permeable rock, or
 - b. A high water table does not allow the minimum vertical separation to be met by a system authorized by R18-9-E302.
- B.** Performance. An applicant shall ensure that the design soil absorption rate and vertical separation complies with this Chapter for a trench, based on the following performance, unless additional pretreatment is provided:
1. TSS of 75 milligrams per liter, 30-day arithmetic mean;
 2. BOD₅ of 150 milligrams per liter, 30-day arithmetic mean;
 3. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
 4. Total coliform level of 100,000,000 (Log₁₀ 8) colony forming units per 100 milliliters, 95th percentile.
- C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit specifications for the proposed cap fill material.
- D.** Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
1. The soil texture from the natural grade to the depth of the layer or the water table that limits the soil for unsaturated wastewater flow is no finer than silty clay loam;
 2. Cap fill material used is free of debris, stones, frozen clods, or ice, and is the same as or one soil group finer than that of the disposal site material, except that the applicant shall not use fill material finer than clay loam as an additive;
 3. Trench construction.
 - a. The trench bottom is at least 12 inches below the bottom of the disposal pipe and not more than 24 inches below the natural grade, and the trench bottom and disposal pipe are level;
 - b. The aggregate cover over the disposal pipe is 2 inches thick and the top of the aggregate cover is level and not more than 9 inches above the natural grade;
 - c. The cap fill cover above the top of the aggregate cover is at least 9 inches but not more than 18 inches thick. The applicant shall ensure that:
 - i. The cap surface is protected to prevent erosion and sloped to route surface drainage around the ends of the trench; and
 - ii. If the top of the aggregate is at or below the original ground surface, the cap surface has side slopes not more than one vertical to three horizontal; or
 - iii. If the top of the aggregate is above the original ground surface, the horizontal extent of the finished fill edges is at least 10 feet beyond the nearest trench sidewall or endwall;
 - d. The criteria for trench length, bottom width and spacing, and disposal pipe size is the same as that for the trench system prescribed in R18-9-E302;
 - e. Permeable geotextile fabric is placed on the aggregate top, trench end, and sidewalls extending above natural grade;
 - f. The native soil within the disposal site and the adjacent downgradient area to a 50-foot horizontal distance does not exceed a 12 percent slope if the top of the aggregate cover extends above the natural grade at any location along the trench length. The applicant shall ensure that the slope within the disposal site and the adjacent downgradient area to a 50-foot horizontal distance does not exceed 20 percent if the top of the aggregate cover does not extend above the natural grade;
 - g. The fill material is compacted to a density of 90 percent of the native soil if the invert elevation of the

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disposal pipe is at or above the natural grade at any location along the trench length;

- h. At least one observation port is installed to the bottom of each cap fill trench;
 - i. The effective absorption area for each trench is the sum of the trench bottom area and the sidewall area. The height of the sidewall used for calculating the sidewall area is the vertical distance between the trench bottom and the lowest point of the natural land surface along the trench length; and
 - j. If the applicant uses correction factors for soil absorption rate under R18-9-A312(D)(3) and minimum vertical separation under R18-9-A312(E), additional wastewater pretreatment is provided.
- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall prepare the disposal site when high soil moisture is not present and equipment operations do not create platy soil conditions. The applicant shall:
- 1. Plow or scarify the fill area to disrupt the vegetative mat while avoiding smearing,
 - 2. Construct trenches as specified in subsection (D)(3),
 - 3. Scarify the site and apply part of the cap fill to the fill area and blend the fill with the scarified native soil within the contact layers, and
 - 4. Follow the construction design specified in the Construction Authorization issued under R18-9-A301(D)(1)(c).
- F. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), the permittee shall inspect and repair the cap fill and other surface features as needed to ensure proper disposal function, proper drainage of surface water, and prevention of damaging loads on the cap.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E318. 4.18 General Permit: Constructed Wetland, Less Than 3000 Gallons Per Day Design Flow

- A. A 4.18 General Permit allows for the use of a constructed wetland receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
- 1. Definition. "Constructed wetland" means a treatment technology characterized by a lined excavation, filled with a medium for growing plants and planted with marsh vegetation. The treated wastewater flows horizontally through the medium in contact with the aquatic plants.
 - a. As the wastewater flows through the wetland system, additional treatment is provided by filtering, settling, volatilization, and evapotranspiration.
 - b. The wetland system allows microorganisms to break down organic material and plants to take up nutrients and other pollutants.
 - c. The wastewater treated by a wetland system is discharged to a subsurface soil disposal system.
 - 2. An applicant may use a constructed wetland if further wastewater treatment is needed before disposal.
- B. Performance. An applicant shall ensure that a constructed wetland is designed so that it produces treated wastewater that meets the following criteria:
- 1. TSS of 20 milligrams per liter, 30-day arithmetic mean;
 - 2. BOD₅ of 20 milligrams per liter, 30-day arithmetic mean;
 - 3. Total nitrogen (as nitrogen) of 45 milligrams per liter, five-month arithmetic mean; and

- 4. Total coliform level of 100,000 (Log₁₀ 5) colony forming units per 100 milliliters, 95th percentile.

- C. Notice of Intent to Discharge. The applicant shall comply with the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B).
- D. Design, installation, operation, and maintenance requirements. The permittee shall comply with the applicable design, installation, operation, and maintenance requirements in R18-9-A312, R18-9-A313(A), and R18-9-A313(B).
- E. Reference design.
 - 1. An applicant may use a constructed wetland that achieves the performance requirements in subsection (B) by following a reference design on file with the Department.
 - 2. The applicant shall file a form provided by the Department for supplemental information about the proposed constructed wetland with the applicant's submittal of the Notice of Intent to Discharge.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E319. 4.19 General Permit: Sand-Lined Trench, Less Than 3000 Gallons Per Day Design Flow

- A. A 4.19 General Permit allows for the use of a sand-lined trench receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
- 1. Definition. For purposes of this Section, a "sand-lined trench" means a disposal technology characterized by:
 - a. Engineered placement of sand or equivalently graded glass in trenches excavated in native soil,
 - b. Wastewater dispersed throughout the media by pressure distribution technology as specified in R18-9-E304 using a timer-controlled pump in periodic uniform doses that maintain unsaturated flow conditions, and
 - c. Wastewater treated during travel through the media and absorbed into the native soil at the bottom of the trench.
 - 2. An applicant may use a sand-lined trench if:
 - a. The native soil is excessively permeable,
 - b. There is little native soil overlying fractured or excessively permeable rock, or
 - c. Reduction in setback distances, or minimum vertical separation is desired.
- B. Performance. An applicant shall ensure that a sand-lined trench is designed so that treated wastewater released to the native soil meets the following criteria:
- 1. TSS of 20 milligrams per liter, 30-day arithmetic mean;
 - 2. BOD₅ of 20 milligrams per liter, 30-day arithmetic mean;
 - 3. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
 - 4. Total coliform level of 100,000 (Log₁₀ 5) colony forming units per 100 milliliters, 95th percentile.
- C. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit specifications for the proposed media in the trench.
- D. Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
- 1. The media used in the trench is mineral sand, crushed glass, or cinder sand and that:
 - a. The media conforms to "Standard Specifications for Concrete Aggregates, C33-03," which is incorporated by reference in R18-9-E308(D)(2), "Standard

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Test Method for Materials Finer than 75- μ m (No. 200) Sieve in Mineral Aggregates by Washing, C117-04 (2004),” published by the American Society for Testing and Materials, or an equivalent method approved by the Department. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959; and

- b. Sieve analysis complies with the “Standard Test Method for Materials Finer than 75- μ m (No. 200) Sieve in Mineral Aggregates by Washing, C11704,” which is incorporated by reference in subsection (D)(1)(a), or an equivalent method approved by the Department;
2. Trenches.
 - a. Distribution pipes are capped on the end;
 - b. The spacing between trenches is at least two times the distance between the bottom of the distribution pipe and the bottom of the trench or 5 feet, whichever is greater;
 - c. The inlet filter media surface, wastewater distribution pipe, and bottom of the trench are level and the maximum effluent loading rate is not more than 1.0 gallon per day per square foot of sand media inlet surface;
 - d. The depth of sand below the gravel layer containing the distribution system is at least 24 inches;
 - e. The gravel layer containing the distribution system is 5 to 12 inches thick, at least 36 inches wide, and level;
 - f. Permeable geotextile fabric is placed at the base of and along the sides of the gravel layer, as necessary. The applicant shall ensure that:
 - i. Geotextile fabric is placed on top of the gravel layer, and
 - ii. Any cover soil placed on top of the geotextile fabric is capable of maintaining vegetative growth while allowing passage of air;
 - g. At least one observation port is installed to the bottom of each sand lined trench;
 - h. If the trench is installed in excessively permeable soil or rock, at least 1 foot of loamy sand is placed in the trench below the filter media. The minimum vertical separation distance is measured from the bottom of the loamy sand; and
 - i. The trench design is based on the design flow, native soil absorption area at the trench bottom, minimum vertical separation below the trench bottom, design effluent infiltration rate at the top of the sand fill, and the adjusted soil absorption rate for the final effluent quality; and
3. The dosing system consists of a timer-controlled pump, electrical components, and distribution network and that:
 - a. Orifice spacing on the distribution piping does not exceed 4 square feet of media infiltrative surface area per orifice, and
 - b. The dosing rate is at least four doses per day and not more than 24 doses per day.
- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall ensure that the fil-

ter media is placed in the trench to prevent differential settling and promote a uniform density throughout of 1.3 to 1.4 grams per cubic centimeter.

- F. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), the permittee shall ensure that:
 1. The septic tank filter and pump tank are inspected and cleaned;
 2. The dosing tank pump screen, pump switches, and floats are cleaned yearly and any residue is disposed of lawfully; and
 3. Lateral lines are flushed and the liquid waste discharged into the treatment system headworks.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E320. 4.20 General Permit: Disinfection Devices, Less Than 3000 Gallons Per Day Design Flow

- A. A 4.20 General Permit allows for the use of a disinfection device to reduce the level of harmful organisms in wastewater, provided the wastewater is pretreated to equal or better than the performance criteria in R18-9-E315(B)(1)(a). An applicant may use a disinfection device if:
 1. The disinfection device kills the microorganisms by exposing the wastewater to heat, radiation, or a chemical disinfectant.
 2. Some means of disinfection is required before discharge.
 3. A reduction in harmful microorganisms, as represented by the total coliform level, is needed for surface or near surface disposal of the wastewater or reduction of the minimum vertical separation distance specified in R18-9-A312(E) is desired.
- B. Restrictions.
 1. Unless the disinfection device is designed to operate without electricity, an applicant shall not install the device if electricity is not permanently available at the site.
 2. The 4.20 General Permit does not authorize a disinfection device that releases chemical disinfectants or disinfection byproducts harmful to plants or wildlife in the discharge area or causes a violation of an Aquifer Water Quality Standard.
- C. Performance. An applicant shall ensure that:
 1. A fail-safe wastewater control or operational process is incorporated to prevent a release of inadequately treated wastewater;
 2. The performance of a disinfection device meets the level of disinfection needed for the type of disposal and produces effluent that:
 - a. Is nominally free of coliform bacteria;
 - b. Is clear and odorless, and
 - c. Has a dissolved oxygen content of at least 6 milligrams per liter;
- D. Design requirements. An applicant shall ensure that an on-site wastewater treatment facility with a disposal works designed to discharge to the land surface includes disinfection technology that conforms with the following requirements:
 1. Chlorine disinfection.
 - a. Available chlorine is maintained as indicated in the following table:

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pH of Waste-water (s.u.)	Required Concentration of Available Chlorine in Wastewater (mg/L)	
	Wastewater to the Disinfection Device Meets a TSS of 30 mg/L and BOD ₅ of 30 mg/L	Wastewater to the Disinfection Device Meets a TSS of 20 mg/L and BOD ₅ of 20 mg/L
6	15 – 30	6 – 10
7	20 – 35	10 – 20
8	30 – 45	20 – 35

b. The minimum chlorine contact time is 15 minutes for wastewater at 70°F and 30 minutes for wastewater at 50°F, based on a flow equal to four times the daily design flow;

2. Contact chambers are watertight and made of plastic, fiberglass, or other durable material and are configured to prevent short-circuiting; and
3. For a device that disinfects by another method other than chlorine disinfection, dose and contact time are determined to reliably produce treated wastewater that is nominally free of coliform bacteria, based on a flow equal to four times the daily design flow.

E. Operation and maintenance. A permittee shall ensure that:

1. If the disinfection device relies on the addition of chemicals for disinfection, the device is operated to minimize the discharge of disinfection chemicals while achieving the required level of disinfection; and
2. The disinfection device is inspected and maintained at least once every three months by a qualified person.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E321. 4.21 General Permit: Surface Disposal, Less Than 3000 Gallons Per Day Design Flow

- A.** A 4.21 General Permit allows for surface application of treated wastewater that is nominally free of coliform bacteria produced by the treatment works of an on-site wastewater treatment facility.
- B.** Performance. An applicant shall ensure that the treated wastewater distributed for surface application meets the following criteria:
 1. TSS of 30 milligrams per liter, 30-day arithmetic mean;
 2. BOD₅ of 30 milligrams per liter, 30-day arithmetic mean;
 3. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean;
 4. Is nominally free of total coliform bacteria as indicated by a total coliform level of Log₁₀ 0 colony forming units per 100 milliliters, 95th percentile.
- C.** Restrictions. The applicant shall not install the disposal works if weather records indicate that:
 1. Average minimum temperature in any month is 20°F or less, or
 2. Over 1/3 of the average annual precipitation falls in a 30-day period.
- D.** Design requirements. An applicant shall ensure that:
 1. The land surface application rate does not exceed the lowest application rate as determined under R18-9-

A312(D) minus no greater than 50 percent of the evapotranspiration that may occur during the month with the least evapotranspiration in any soil zone within the top 5 feet of soil;

2. The design incorporates sprinklers, bubbler heads, or other dispersal components that optimize wastewater loading rates and prevent ponding on the land surface;
 3. The design specifies containment berms:
 - a. Compacted to a minimum of 95 percent Proctor;
 - b. Designed to contain the runoff of the 10-year, 24-hour storm event in addition to the daily design flow; and
 - c. Designed to remain intact in the event of a more severe rainfall event; and
 4. The design incorporates placement of signage on hose bibs, human ingress points to the surface disposal area, and at intervals around the perimeter of the surface disposal area to provide notification of use of treated wastewater and a warning against ingestion.
- E.** Installation requirements. An applicant shall ensure that installation of the wastewater dispersal components conforms to manufacturer's specifications that do not conflict with this Article and to the design documents specified in the Construction Authorization issued under R18-9-A301(D)(1)(c).
- F.** Operation and maintenance. In addition to the requirements specified in R18-9-A313(B), the permittee shall operate and maintain the surface disposal works to:
1. Prevent treated wastewater from coming into contact with drinking fountains, water coolers, or eating areas;
 2. Contain all treated wastewater within the bermed area; and
 3. Ensure that hose bibs discharging treated wastewater are secured to prevent use by the public.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (Supp. 05-3).

R18-9-E322. 4.22 General Permit: Subsurface Drip Irrigation Disposal, Less Than 3000 Gallons Per Day Design Flow

- A.** A 4.22 General Permit allows for the construction and use of a subsurface drip irrigation disposal works that receives high quality wastewater from an on-site wastewater treatment facility to dispense the wastewater to an irrigation system that is buried at a shallow depth in native soil. A 4.22 General Permit includes a pressure distribution system under R18-9-E304.
 1. The subsurface drip irrigation disposal works is designed to disperse the treated wastewater into the soil under unsaturated conditions by pressure distribution and timed dosing. The applicant shall ensure that the pressure distribution system meets the requirements specified in R18-9-E304, and the Department shall consider whether the requirements of R18-9-E304 are met when processing the application under R18-9-A301(B).
 2. A subsurface drip irrigation disposal works reduces the downward percolation of wastewater by enhancing evapotranspiration to the atmosphere.
 3. An applicant may use a subsurface drip irrigation disposal works to overcome site constraints, such as high groundwater, shallow soils, slowly permeable soils, or highly permeable soils, or if water conservation is needed.
 4. The subsurface drip irrigation disposal works includes pipe, pressurization and dosing components, controls,

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and appurtenances to reliably deliver treated wastewater to driplines using supply and return manifold lines.

B. Performance. An applicant shall ensure that:

1. Treated wastewater that meets the following criteria is delivered to a subsurface drip irrigation disposal works:
 - a. Performance Category A.
 - i. TSS of 20 milligrams per liter, 30-day arithmetic mean;
 - ii. BOD₅ of 20 milligrams per liter, 30-day arithmetic mean;
 - iii. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
 - iv. Total coliform level of one colony forming unit per 100 milliliters, 95th percentile; or
 - b. Performance Category B.
 - i. TSS of 30 milligrams per liter, 30-day arithmetic mean;
 - ii. BOD₅ of 30 milligrams per liter, 30-day arithmetic mean;
 - iii. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
 - iv. Total coliform level of 300,000 (Log₁₀ 5.5) colony forming units per 100 milliliters, 95th percentile; and
2. The subsurface drip irrigation works is designed to meet the following performance criteria:
 - a. Prevention of ponding on the land surface, and
 - b. Incorporation of a fail-safe wastewater control or operational process to prevent inadequately treated wastewater from being discharged.

C. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements in R18-9-A301(B), R18-9-A309(B), and R18-9-E304, the applicant shall submit:

1. Documentation of the pretreatment method proposed to achieve the wastewater criteria specified in subsection (B)(1), such as the type of pretreatment system and the manufacturer's warranty;
2. Initial filter and drip irrigation flushing settings;
3. Site evapotranspiration calculations if used to reduce the size of the disposal works; and
4. If supplemental irrigation water is introduced to the subsurface drip irrigation disposal works, an identification of the cross-connection controls, backflow controls, and supplemental water sources.

D. Design requirements. In addition to the applicable design requirements specified in R18-9-A312, an applicant shall ensure that:

1. The design requirements of R18-9-E304 are followed, except that:
 - a. The requirement for quick disconnects in R18-9-E304(D)(1)(c) is not applicable, and
 - b. The applicant may provide the reserve volume specified in R18-9-E304(D)(3)(a)(iv) in an oversized treatment tank or a supplemental storage tank;
2. Drip irrigation components and appurtenances are properly placed.
 - a. Performance category A subsurface drip irrigation disposal works. The applicant shall ensure that:
 - i. Driplines and emitters are placed to prevent ponding on the land surface, and
 - ii. Cover material and placement depth follow manufacturer's requirements to prevent physical damage or ultraviolet degradation of components and appurtenances; or
 - b. Performance category B subsurface drip irrigation disposal works. The applicant shall ensure that:

- i. Driplines and emitters are placed at least 6 inches below the surface of the native soil;
 - ii. A cover of soil or engineered fill is placed on the surface of the native soil to achieve a total emitter burial depth of at least 12 inches;
 - iii. Cover material and placement depth follow manufacturer's requirements to prevent physical damage or ultraviolet degradation of components and appurtenances; and
 - iv. The drip irrigation disposal works is not used for irrigating food crops;
3. Wastewater is filtered upstream of the dripline emitters to remove particles 100 microns in size and larger;
4. A pressure regulator is provided to limit the pressure of wastewater in the drip irrigation disposal works;
5. Wastewater pipe meets the approved pressure rating in "Standard Specification for Poly (Vinyl Chloride) (PVC) Plastic Pipe, Schedules 40, 80, and 120, D1785-04a (2004)," or "Standard Specification for Chlorinated Poly (Vinyl Chloride) (CPVC) Plastic Pipe, Schedules 40 and 80, F441/F441M-02 (2002)," published by the American Society for Testing and Materials. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959;
6. The system design flushes the subsurface drip irrigation disposal works components with wastewater at a minimum velocity of 2 feet per second, unless the manufacturer's manual and warranty specify another flushing practice. The applicant shall ensure that piping and appurtenances allow the wastewater to be pumped in a line flushing mode of operation with discharge returned to the treatment system headworks;
7. Air vacuum release valves are installed to prevent water and soil drawback into the emitters;
8. Driplines.
 - a. Driplines are placed from 12 to 24 inches apart unless other configurations are allowed by the manufacturer's specifications;
 - b. Dripline installation and design requirements, including the allowable deflection, follow manufacturer's requirements;
 - c. The maximum length of a single dripline follows manufacturer's specifications to provide even distribution;
 - d. The dripline incorporates a herbicide to prevent root intrusion for at least 10 years;
 - e. The dripline incorporates a bactericide to reduce bacterial slime buildup;
 - f. Disinfection does not reduce the life of the bactericide or herbicide in the dripline;
 - g. Any return flow from a drip irrigation disposal works to the treatment works does not impair the treatment performance; and
 - h. When dripline installation is under subsection (E)(1)(b) or (c), backfill consists of the excavated soil or similar soil obtained from the site that is screened for removal of debris and rock larger than 1/2-inch;
9. Emitters.
 - a. Emitters are spaced no more than 2 feet apart, and

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- b. Emitters are designed to discharge from 0.5 to 1.5 gallons per hour;
10. A suitable backflow prevention system is installed if supplemental water for irrigation is introduced to the pumping system. The applicant shall not introduce supplemental water to the treatment works;
11. The drip irrigation disposal works is installed in soils classified as:
 - a. Sandy clay loam, clay loam, silty clay loam, or finer with weak platy structure or in soil with a percolation rate from 45 to 120 minutes per inch;
 - b. Sandy clay loam, clay loam, silty clay loam, or silt loam with massive structure or in soil with a percolation rate from 31 to 120 minutes per inch; and
 - c. Other soils if an appropriate site-specific SAR is determined;
12. The minimum vertical separation distances are 1/2 of those specified in R18-9-A312(E)(2) if the design evapotranspiration rate during the wettest 30-day period of the year is 50 percent or more of design flow, except that the applicant shall not use a minimum vertical separation distance less than 1 foot;
13. In areas where freezing occurs, the irrigation system is protected as recommended by the manufacturer;
14. If drip irrigation components are used for a disposal works using a shaded trench constructed in native soil, the following requirements are met:
 - a. The trench is between 12 and 24 inches wide;
 - b. The trench bottom is between 12 and 30 inches below the original grade of native soil and level to within 2 inches per 100 feet of length;
 - c. Two driplines are positioned in the bottom of the trench, not more than 4 inches from each sidewall;
 - d. The trench with the positioned driplines is filled to a depth of 6 to 10 inches with decomposed granite or C-33 sand or a mixture of both, with mixture composition, if applicable, and placement specified on the construction drawing;
 - e. A minimum of 8 inches of backfill is placed over the decomposed granite or C-33 sand fill to an elevation of 1 to 3 inches above the native soil finished grade;
 - f. Observation ports are placed at both ends of each shaded trench to confirm the saturated wastewater level during operation; and
 - g. A separation distance of 24 inches or more is maintained between the nearest sidewall of an adjacent trench; and
15. The soil absorption area used for design of a drip irrigation works is calculated using:
 - a. For a design that uses the shaded trench method described in subsection (D)(14), the bottom and sidewall area of the shaded trench not more than 4 square feet per linear foot of trench; or
 - b. For all other designs, the number of emitters times an area for each emitter where the emitter area is a square centered on each emitter with the side dimension equal to the emitter separation distance selected by the designer in accordance with R18-9-E322(D)(9)(a), excluding all areas of overlap of adjacent squares.
- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A) and R18-9-E304, the applicant shall ensure that:
 1. The dripline is installed by:
 - a. A plow mechanism that cuts a furrow, dispenses pipe, and covers the dripline in one operation;
 - b. A trencher that digs a trench 4 inches wide or less;
 - c. Digging the trench with hand tools to minimize trench width and disruption to the native soil; or
 - d. Without trenching, removing surface vegetation, scarifying the soil parallel with the contours of the land surface, placing the pipe grid, and covering with fill material, unless prohibited in subsection (D)(2)(b)(ii);
 2. Drip irrigation pipe is stored to preserve the herbicidal and bactericidal characteristics of the pipe;
 3. Pipe deflection conforms to the manufacturer's requirements and installation is completed without kinking to prevent flow restriction;
 4. A shaded trench drip irrigation disposal works is installed as specified in the design documents used for the Construction Authorization; and
 5. The pressure piping and electrical equipment are installed according to the Construction Authorization in R18-9-A301(D)(1)(c) and any local building codes.
- F. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B) and R18-9-E304, the permittee shall:
 1. Test any fail-safe wastewater control or operational process quarterly to ensure proper operation to prevent discharge of inadequately treated wastewater, and
 2. Maintain the herbicidal and bacteriological capability of the drip irrigation disposal works.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-E323. 4.23 General Permit: 3000 to less than 24,000 Gallons Per Day Design Flow

- A. A 4.23 General Permit allows for the construction and use of an on-site wastewater treatment facility with a design flow from 3000 gallons per day to less than 24,000 gallons per day or more than one on-site wastewater treatment facility on a property or on adjacent properties under common ownership with an combined design flow from 3000 to less than 24,000 gallons per day if all of the following apply:
 1. Except as specified in subsection (A)(3), the treatment and disposal works consists of technologies or designs that are covered under other general permits, but are sized larger to accommodate increased flows;
 2. The on-site wastewater treatment facility complies with all applicable requirements of Articles 1, 2, and 3 of this Chapter;
 3. The facility is not a system or a technology covered by one of the following general permits available for a design flow of less than 3000 gallons per day:
 - a. An aerobic system with subsurface or surface disposal described in R18-9-E315;
 - b. A disinfection device described in R18-9-E320; or
 - c. A seepage pit or pits described in R18-9-E302; and
 4. The discharge of total nitrogen to groundwater is controlled.
 - a. An applicant shall:
 - i. Demonstrate that the nitrogen loading calculated over the property served by the on-site wastewater treatment facility, including streets, common areas, and other non-contributing areas, is not more than 0.088 pounds (39.9 grams) of total nitrogen per day per acre calculated at a horizontal plane immediately beneath

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- the zone of active treatment of the on-site wastewater treatment facility including its disposal field; or
- ii. Justify a nitrogen loading that is equally protective of aquifer water quality as the nitrogen loading specified in subsection (A)(4)(a)(i) based on site-specific hydrogeological or other factors.
- b. For purposes of the demonstration in subsection (A)(4)(a)(i), the applicant may assume that 0.0333 pounds (15.0 grams) of total nitrogen per day per person is contributed to raw sewage and may determine the nitrogen concentration in the treated wastewater at a horizontal plane immediately beneath the zone of active treatment of the on-site wastewater treatment facility including its disposal field.
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
1. A performance assurance plan consisting of tasks, schedules, and estimated annual costs for operating, maintaining, and monitoring performance over a 20-year operational life;
 2. Design documents and the performance assurance plan, signed, dated, and sealed by an Arizona-registered professional engineer;
 3. Any documentation submitted under the alternative design procedure in R18-9-A312(G) that pertains to achievement of better performance levels than those specified in the general permit for the corresponding facility with a design flow of less than 3000 gallons per day, or for any other alternative design, construction, or operational change proposed by the applicant; and
 4. A demonstration of total nitrogen discharge control specified in subsection (A)(4).
- C.** Design requirements. The applicant shall comply with the applicable requirements in R18-9-A312 and the applicable general permits for the treatment works and disposal works used in the design of the on-site wastewater treatment facility.
- D.** Installation requirements. The applicant shall comply with the applicable requirements in R18-9-A313(A) and the applicable general permits for the treatment works and disposal works used in the design of the on-site wastewater treatment facility.
- E.** Operation and maintenance requirements. The applicant shall comply with the applicable requirements in R18-9-A313(B) and the applicable general permits for the treatment works and disposal works used in the design of the on-site wastewater treatment facility.
- F.** Additional Discharge Authorization requirements. In addition to any other requirements, the applicant shall submit the following information before the Discharge Authorization is issued.
1. A signed, dated, and sealed Engineer's Certificate of Completion in a format approved by the Department affirming that:
 - a. The project was completed in compliance with the requirements of this Section and as described in the plans and specifications, or
 - b. Any changes are reflected in as-built plans submitted with the Engineer's Certificate of Completion.
 2. The name of the service provider or certified operator that is responsible for implementing the performance assurance plan.
- G.** Reporting requirement. The permittee shall provide the Department with the following information on the anniversary date of the Discharge Authorization:
1. A form signed by the certified operator or service provider that:
 - a. Provides any data or documentation required by the performance assurance plan,
 - b. Certifies compliance with the requirements of the performance assurance plan, and
 - c. Describes any additions to the facility during the year that increased flows and certifies that the flow did not exceed 24,000 gallons per day during any day; and
 2. Any applicable fee required by 18 A.A.C. 14.
- H.** Facility expansion. If an expansion of an on-site wastewater treatment facility operating under this Section involves the installation of a separate on-site wastewater treatment facility on the property with a design flow of less than 3000 gallons per day, the applicant shall submit the applicable Notice of Intent to Discharge and fee required under 18 A.A.C. 14 for the separate on-site wastewater treatment facility.
1. The applicant shall indicate in the Notice of Intent to Discharge the Department's file number and the issuance date of the Discharge Authorization previously issued by the Director under this Section for the property.
 2. Upon satisfactory review, the Director shall reissue the Discharge Authorization for this Section, with the new issuance date and updated information reflecting the expansion.
 3. If the expansion causes the accumulative design flow from on-site wastewater treatment facilities on the property to equal or exceed 24,000 gallons per day, the Director shall not reissue the Discharge Authorization, but shall require the applicant to submit an application for an individual permit addressing all proposed and operating facilities on the property.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

Table 1. Unit Design Flows

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Wastewater Source	Applicable Unit	Sewage Design Flow per Applicable Unit, Gallons Per Day
Airport	Passenger (average daily number) Employee	4 15
Auto Wash	Facility	Per manufacturer, if consistent with this Chapter
Bar/Lounge	Seat	30
Barber Shop	Chair	35
Beauty Parlor	Chair	100
Bowling Alley (snack bar only)	Lane	75
Camp		
Day camp, no cooking facilities	Camping unit	30
Campground, overnight, flush toilets	Camping unit	75
Campground, overnight, flush toilets and shower	Camping unit	150
Campground, luxury	Person	100-150
Camp, youth, summer, or seasonal	Person	50
Church		
Without kitchen	Person (maximum attendance)	5
With kitchen	Person (maximum attendance)	7
Country Club	Resident Member Nonresident Member	100 10
Dance Hall	Patron	5
Dental Office	Chair	500
Dog Kennel	Animal, maximum occupancy	15
Dwelling For determining design flow for sewage treatment facilities under R18-9-B202(A)(9)(a) and sewage collection systems under R18-9-E301(D) and R18-9-B301(K), excluding peaking factor.	Person	80
Dwelling For on-site wastewater treatment facilities per R18-9-E302 through R18-9-E323:		
Apartment Building		
1 bedroom	Apartment	200
2 bedroom	Apartment	300
3 bedroom	Apartment	400
4 bedroom	Apartment	500
Seasonal or Summer Dwelling (with recorded seasonal occupancy restriction)	Resident	100
Single Family Dwellings	see R18-9-A314(D)(1)	see R18-9-A314(D)(1)
Other than Single Family Dwelling, the greater flow value based on:		
Bedroom count		
1-2 bedrooms	Bedroom	300
Each bedroom over 2	Bedroom	150
Fixture count	Fixture unit	25
Fire Station	Employee	45
Hospital		
All flows	Bed	250
Kitchen waste only	Bed	25
Laundry waste only	Bed	40
Hotel/motel		
Without kitchen	Bed (2 person)	50
With kitchen	Bed (2 person)	60

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Industrial facility		
Without showers	Employee	25
With showers	Employee	35
Cafeteria, add	Employee	5
Institutions		
Resident	Person	75
Nursing home	Person	125
Rest home	Person	125
Laundry		
Self service	Wash cycle	50
Commercial	Washing machine	Per manufacturer, if consistent with this Chapter
Office Building	Employee	20
Park (temporary use)		
Picnic, with showers, flush toilets	Parking space	40
Picnic, with flush toilets only	Parking space	20
Recreational vehicle, no water or sewer connections	Vehicle space	75
Recreational vehicle, with water and sewer connections	Vehicle space	100
Mobile home/Trailer	Space	250
Restaurant/Cafeteria	Employee	20
With toilet, add	Customer	7
Kitchen waste, add	Meal	6
Garbage disposal, add	Meal	1
Cocktail lounge, add	Customer	2
Kitchen waste disposal service, add	Meal	2
Restroom, public	Toilet	200
School		
Staff and office	Person	20
Elementary, add	Student	15
Middle and High, add	Student	20
with gym & showers, add	Student	5
with cafeteria, add	Student	3
Boarding, total flow	Person	100
Service Station with toilets	First bay	1000
	Each additional bay	500
Shopping Center, no food or laundry	Square foot of retail space	0.1
Store	Employee	20
Public restroom, add	Square foot of retail space	0.1
Swimming Pool, Public	Person	10
Theater		
Indoor	Seat	5
Drive-in	Car space	10

Note: Unit flow rates published in standard texts, literature sources, or relevant area or regional studies are considered by the Department, if appropriate to the project.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

ARTICLE 4. NITROGEN MANAGEMENT GENERAL PERMITS**R18-9-401. Definitions**

In addition to the definitions established in A.R.S. §§ 49-101 and 49-201 and A.A.C. R18-9-101, the following terms apply to this Article:

1. "Application of nitrogen fertilizer" means any use of a substance containing nitrogen for the commercial production of a crop or plant. The commercial production of a crop or plant includes commercial sod farms and nurseries.
2. "Contact stormwater" means stormwater that comes in contact with animals or animal wastes within a concentrated animal feeding operation.
3. "Crop or plant needs" means the amount of water and nitrogen required to meet the physiological demands of a crop or plant to achieve a defined yield.
4. "Crop or plant uptake" means the amount of water and nitrogen that can be physiologically absorbed by the roots and vegetative parts of a crop or plant following the application of water.
5. "Impoundment" means any structure, other than a tank or a sump, designed and maintained to contain liquids. A structure that stores or impounds only non-contact stormwater is not an impoundment under this Article.
6. "Liner" or "lining system" means any natural, amendment, or synthetic material used to reduce seepage of impounded liquids into a vadose zone or aquifer.

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7. "NRCS guidelines" means the United States Department of Agriculture, Natural Resources Conservation Service, National Engineering Handbook, Part 651 Agricultural Waste Management Field Handbook, Chapter 10, 651.1080, Appendix 10D – Geotechnical, Design, and Construction Guideline (November 1997). This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the United States Department of Agriculture, Natural Resources Conservation Service at <ftp://ftp.wcc.nrcs.usda.gov/downloads/wastemgmt/AWMFH/awmfh-chap10-app10d.pdf>.

Historical Note

Adopted effective January 4, 1991 (Supp. 91-1). Section R18-9-401 renumbered from R18-9-201 and amended by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-402. Nitrogen Management General Permits: Nitrogen Fertilizers

An owner or operator may apply a nitrogen fertilizer under this general permit without submitting a notice to the Director, if the owner or operator complies with the following best management practices:

1. Limit application of the fertilizer so that it meets projected crop or plant needs;
2. Time application of the fertilizer to coincide to maximum crop or plant uptake;
3. Apply the fertilizer by a method designed to deliver nitrogen to the area of maximum crop or plant uptake;
4. Manage and time application of irrigation water to minimize nitrogen loss by leaching and runoff; and
5. Use tillage practices that maximize water and nitrogen uptake by a crop or plant.

Historical Note

Adopted effective January 4, 1991 (Supp. 91-1). Section R18-9-402 renumbered from R18-9-202 and amended by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-403. Nitrogen Management General Permits: Concentrated Animal Feeding Operations

A. An owner or operator may discharge from a concentrated animal feeding operation without submitting a notice to the Director, if the owner or operator complies with the following best management practices:

1. Harvest, stockpile, and dispose of animal manure from a concentrated animal feeding operation to minimize discharge of any nitrogen pollutant by leaching and runoff;
2. Control and dispose of nitrogen-contaminated water resulting from an activity associated with a concentrated animal feeding operation, up to a 25-year, 24-hour storm event equivalent, to minimize the discharge of any nitrogen pollutant;
3. Following the requirements in subsection (B), construct and maintain a lining for an impoundment, used to contain process wastewater or contact stormwater from a concentrated animal feeding operation to minimize the discharge of any nitrogen pollutant; and

4. Close a facility in a manner that will minimize the discharge of any nitrogen pollutant. If a liner was used in an impoundment:
 - a. Remove liquids and any solid residue on the liner and dispose appropriately;
 - b. Inspect any synthetic liner for evidence of holes, tears, or defective seams that could have leaked. If evidence of leakage is discovered:
 - i. Remove the liner in the area of suspected leakage;
 - ii. Sample potentially impacted soil, and
 - iii. Properly dispose of impacted soil or restore to background nitrogen levels;
 - c. Cover the liner in place or remove it for disposal or reuse if the impoundment is an excavated impoundment;
 - d. Remove and dispose of the liner elsewhere if the impoundment is bermed;
 - e. Grade the facility to prevent the impoundment of water; and
 - f. Notify the Department within 60 days following closure.

B. Lining requirements for concentrated animal feeding operation impoundments.

1. New impoundments. The owner or operator shall:
 - a. Follow the NRCS guidelines for any newly constructed impoundment or an impoundment first used after November 12, 2005, and
 - b. Use a coefficient of permeability of 1×10^{-7} centimeters per second or less as acceptable liner performance. The owner or operator may include up to 1 order of magnitude reduction in permeability from manure sealing in impoundments that hold wastes having manure as a significant component.
2. Impoundments already in use.
 - a. The owner or operator shall maintain the existing seal for any impoundment first used before November 12, 2005.
 - b. If any of the following conditions exist at a concentrated animal feeding operation, the Director shall send a notice requiring the owner or operator to reassess the performance of the lining system:
 - i. The concentrated animal feeding operation is located within a Nitrogen Management Area designated under R18-9-A317; or
 - ii. Existing conditions or trends in nitrogen loading to an aquifer will cause or contribute to an exceedance of an Aquifer Water Quality Standard for a nitrogen pollutant at the point of compliance determined under A.R.S. § 49-244, based on the following information:
 - (1) Existing contamination of groundwater by nitrogen species;
 - (2) Existing and potential impact to groundwater by sources of nitrogen other than the concentrated animal feeding operation;
 - (3) Characteristics of the soil surface, vadose zone, and aquifer;
 - (4) Depth to groundwater;
 - (5) The estimated operational life of the impoundment;
 - (6) Location and characteristics of existing and potential drinking water supplies;
 - (7) Construction material and design of existing impoundment structure; and
 - (8) Any other information relevant to deter-

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- mining the severity of actual or potential nitrogen impact on the aquifer.
- c. The owner or operator shall, within 90 days of the Director's notice, submit either:
 - i. A report to the Department demonstrating consistency with NRCS guidelines and the acceptable liner performance criteria established in subsection (B)(1)(b); or
 - ii. Plans and a schedule to upgrade the liner for the impoundment to meet the NRCS guidelines and the acceptable liner performance criteria in subsection (B)(1)(b). The Director may provide additional time for the submittal of the plans and a schedule for upgrade, if the owner or operator demonstrates that technical or financial assistance to develop the plans is needed.
 - d. Preliminary decision.
 - i. Within 90 days from the date of receipt, the Director shall review the report or the plans submitted under subsection (B)(2)(c) and provide to the owner or operator a preliminary decision on the submittal.
 - ii. The owner or operator may, within 30 days of the preliminary decision, submit written comments and supporting information to the Director on the preliminary decision.
 - iii. The Director shall evaluate any comments on the preliminary decision and supporting information and, within 90 days of receipt of the comments and information, make a final decision.
 - e. Final decision.
 - i. If the Director determines that the owner or operator has demonstrated that the lining system meets NRCS guidelines and the acceptable performance criteria in subsection (B)(1)(b), no additional action is necessary.
 - ii. If the Director approves the plans and schedules under subsection (B)(2)(c)(ii), the owner or operator shall implement the plans within the time-frame specified in the approved schedule.
 - iii. If the Director determines that the owner or operator failed to demonstrate that the lining system meets NRCS guidelines and the acceptable performance criteria in subsection (B)(1)(b) or that the schedule to upgrade the lining is not acceptable, the owner or operator shall upgrade the lining system within a time-frame specified by the Director.
 - iv. The owner or operator may appeal the Director's decision under A.R.S. Title 41, Chapter 6, Article 10.
3. Notification requirement. The owner or operator of any lined impoundment shall either:
 - a. Notify the Department of the type of liner that was used to line each impoundment by February 19 of each year following either:
 - i. The first use of an impoundment not used before November 12, 2005; or
 - ii. Completion of a liner upgrade required under this Section for an impoundment used before November 12, 2005; or
 - b. Include the information required in subsections (B)(3)(a)(i) and (ii) in the next annual report submitted for the AZPDES Concentrated Animal Feeding

Operation General Permit, issued under 18 A.A.C. 9, Article 9, Part C.

Historical Note

Adopted effective January 4, 1991 (Supp. 91-1). Section R18-9-403 renumbered from R18-9-203 and amended by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

R18-9-404. Revocation of Coverage under a Nitrogen Management General Permit

- A. The Director may revoke coverage under a nitrogen management general permit and require the permittee to obtain an individual permit under 18 A.A.C. 9, Article 2, if the Director determines that the permittee failed to comply with the best management practices under R18-9-403.
- B. Notification.
 1. If coverage under the nitrogen management general permit is revoked under subsection (A), the Director shall notify the permittee by certified mail of the decision according to the notification and hearing procedures in A.R.S. Title 41, Chapter 6, Article 10. The notification shall include:
 - a. A brief statement of the reason for the decision,
 - b. The effective revocation date of the general permit coverage, and
 - c. A statement of whether the discharge shall cease immediately or whether the discharge may continue until the individual permit is issued, and
 2. If the Director requires a person to obtain an individual permit, the notification shall include:
 - a. An individual permit application form, and
 - b. A deadline between 90 and 180 days after receipt of the notification for filing the application.
- C. When the Director issues an individual permit to an owner or operator of a facility covered under a nitrogen management general permit, the coverage under the nitrogen management general permit is superseded by the individual permit allowing the discharge.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

ARTICLE 5. GRAZING BEST MANAGEMENT PRACTICES**R18-9-501. Surface Water Quality General Grazing Permit**

- A. A person who engages in livestock grazing and applies any of the following voluntary best management practices to maintain soil cover and prevent accelerated erosion, nitrogen discharges, and bacterial impacts to surface water greater than the natural background amount is issued a Surface Water Quality General Grazing Permit:
 1. Manages the location, timing, and intensity of grazing activities to help achieve Surface Water Quality Standards;
 2. Installs rangeland improvements, such as fences, water developments, trails, and corrals to help achieve Surface Water Quality Standards;
 3. Implements land treatments to help achieve Surface Water Quality Standards;
 4. Implements supplemental feeding, salting, and parasite control measures to help achieve Surface Water Quality Standards.
- B. The person to whom a permit is issued shall make the following information available to the Department, at the person's place of business, within 10 business days of Department notice:

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1. The name and address of the person grazing livestock, and
2. The best management practices selected for livestock grazing.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 1768, effective April 5, 2001 (Supp. 01-2).

ARTICLE 6. REPEALED**R18-9-601. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section repealed by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-602. Repealed**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section repealed by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-603. Repealed**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section repealed by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

ARTICLE 7. USE OF RECYCLED WATER**R18-9-701. Renumbered****Historical Note**

Former Section R9-20-401 repealed, new Section R9-20-401 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-401 renumbered without change as Section R18-9-701 (Supp. 87-3). Amended by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-701 renumbered to R18-9-A701 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-702. Renumbered**Historical Note**

Former Section R9-20-402 repealed, new Section R9-20-402 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-402 renumbered without change as Section R18-9-702 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-702 renumbered to R18-9-A702 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-703. Renumbered**Historical Note**

Former Section R9-20-403 repealed, new Section R9-20-403 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-403 renumbered without change as Section R18-9-703 (Supp. 87-3). Editorial change to labels in subsection (c)(8) (Supp. 89-4). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-703 renumbered to R18-9-B701 by final rulemaking at 23

A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-704. Renumbered**Historical Note**

Former Section R9-20-404 repealed, new Section R9-20-404 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-404 renumbered without change as Section R18-9-704 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-704 amended by final rulemaking at 22 A.A.R. 1696, effective August 12, 2016 (Supp. 16-2). Section R18-9-704 and Table 1 renumbered to R18-9-B702 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-705. Renumbered**Historical Note**

Former Section R9-20-405 repealed, new Section R9-20-405 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-405 renumbered without change as Section R18-9-705 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-705 renumbered to R18-9-A703 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-706. Renumbered**Historical Note**

Former Section R9-20-406 repealed, new Section R9-20-406 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-406 renumbered without change as Section R18-9-706 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-706 renumbered to R18-9-B703 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-707. Renumbered**Historical Note**

Former Section R9-20-407 repealed, new Section R9-30-407 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-407 renumbered without change as Section R18-9-707 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-707 renumbered to R18-9-C701 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-708. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-708 renumbered to R18-9-A704 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-709. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-709 renumbered to R18-9-A705 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

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R18-9-710. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-710 renumbered to R18-9-A706 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-711. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-711 renumbered to R18-9-D701 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-712. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-712 renumbered to R18-9-B704 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-713. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-713 renumbered to R18-9-B705 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-714. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-714 renumbered to R18-9-B706 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-715. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-715 renumbered to R18-9-B707 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-716. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-716 renumbered to R18-9-B708 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-717. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-717 renumbered to R18-9-B709 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

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R18-9-718. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-718 renumbered to R18-9-B710 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-719. Renumbered**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-719 renumbered to R18-9-D702 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-720. Repealed**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section repealed by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

PART A. GENERAL PROVISIONS

R18-9-A701. Definitions

Unless provided otherwise, the definitions provided in A.R.S. § 49-201, A.A.C. R18-9-101, R18-9-601, R18-11-301, and the following terms apply to this Article:

1. "Advanced reclaimed water treatment facility" means a facility that treats and purifies Class A+ or Class B+ reclaimed water to produce potable water suitable for distribution for human consumption. R18-9-B702(B) does not apply to an advanced reclaimed water treatment facility. Potable water produced by an advanced reclaimed water treatment facility is not reclaimed water.
2. "Direct reuse" means the beneficial use of reclaimed water for a purpose allowed by this Article. The following is not a direct reuse of reclaimed water:
 - a. The use of water subsequent to its discharge under the conditions of a National or Arizona Pollutant Discharge Elimination System permit;
 - b. The use of water subsequent to discharge under the conditions of an Aquifer Protection Permit issued under 18 A.A.C. 9, Articles 1 through 3;
 - c. The use of industrial wastewater, reclaimed water, or both, in a workplace subject to a federal program that protects workers from workplace exposures; or
 - d. The use of potable water produced by an advanced reclaimed water treatment facility.
3. "Direct reuse site" means an area permitted for the application or impoundment of reclaimed water. An impoundment operated for disposal under an Aquifer Protection Permit is not a direct reuse site.
4. "End user" means a person who directly reuses reclaimed water meeting the standards for Classes A+, A, B+, B, and C, established under 18 A.A.C. 11, Article 3.
5. "Gray water" means wastewater that has been collected separately from a sewage flow and that originates from a clothes washer or a bathroom tub, shower or sink but that does not include wastewater from a kitchen sink, dishwasher or toilet. A.R.S. § 49-201(18).
6. "Industrial wastewater" means wastewater generated from an industrial process.

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7. "Irrigation" means the beneficial use of water or reclaimed water, or both, for growing crops, turf, or silviculture, or for landscaping.
8. "Open access" means access to reclaimed water by the general public is uncontrolled.
9. "Open water conveyance" means any constructed open waterway, including canals and laterals, that transports reclaimed water from a sewage treatment facility to a reclaimed water blending facility or from a sewage treatment facility or reclaimed water blending facility to the point of land application or end use. An open water conveyance does not include waters of the United States.
10. "Pipeline conveyance" means any system of pipelines that transports reclaimed water from a sewage treatment facility to a reclaimed water blending facility or from a sewage treatment facility or reclaimed water blending facility to the point of land application or end use.
11. "Reclaimed water" means water that has been treated or processed by a wastewater treatment plant or an on-site wastewater treatment facility. A.R.S. § 49-201(32).
12. "Reclaimed water agent" means a person who holds a permit to distribute reclaimed water to more than one end user.
13. "Reclaimed water blending facility" means an installation or method of operation that receives reclaimed water from a sewage treatment facility or other reclaimed water blending facility classified to produce Class C or better reclaimed water and blends it with other water so that the produced water may be used for a higher-class purpose listed in 18 A.A.C. 11, Article 3, Table A.
14. "Recycled water" means a processed water that originated as a waste or discarded water, including reclaimed water and gray water, for which the Department has designated water quality specifications to allow the water to be used as a supply.
15. "Restricted access" means that access to reclaimed water by the general public is controlled.
16. "Sewage Treatment Facility" means a sewage treatment facility as defined in 18 A.A.C. 9, Article 1.

Historical Note

New Section R18-9-A701 renumbered from R18-9-701 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-A702. Applicability and Standards for Recycled Water

- A. This Article applies to:
 1. An owner or operator of a sewage treatment facility that generates reclaimed water for direct reuse,
 2. An owner or operator of a reclaimed water blending facility,
 3. A reclaimed water agent,
 4. An end user of reclaimed water,
 5. A person who uses recycled water regulated under this Article,
 6. A person who directly reuses reclaimed water from a sewage treatment facility combined with industrial wastewater or combined with water from an industrial wastewater treatment facility, and
 7. A person who directly reuses reclaimed water from an industrial wastewater treatment facility in the production or processing of a crop or substance that may be used as human or animal food.
- B. Reclaimed water classes A+, A, B+, B, and C specified in this Article shall meet the standards established in 18 A.A.C. 11, Article 3.
- C. Nothing in this Article exempts the disposal of reclaimed water from the Aquifer Protection Permit requirements under A.R.S. Title 49, Chapter 2, Articles 1, 2, and 3.

Historical Note

New Section R18-9-A702 renumbered from R18-9-702 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-A703. Recycled Water Individual Permit Application

- A. To apply for a Recycled Water Individual Permit, a person shall provide the Department with:
 1. The applicable permit fee specified under 18 A.A.C. 14; and
 2. The following information on a form provided by the Department:
 - a. The name, e-mail address, telephone number, and mailing address of the owner or operator of the facility or, if applicable, the reclaimed water agent;
 - b. The latitude and longitude coordinates; township range, and section; site address, if applicable; and a map showing the facility or site location;
 - c. Any other federal or state environmental permits issued to the applicant;
 - d. Source of recycled water to be used;
 - e. The applicant may propose for approval, and the Department may issue, a single permit that includes more than one type of recycled water allowed by this article, including for multiple classes of reclaimed water, if the applicant demonstrates the waters will be treated appropriately for the end use;
 - f. The applicant may propose, and the Department may permit, the inclusion of kitchen sink and dishwasher wastewater with gray water under a Recycled Water Individual Permit, if the applicant demonstrates such waters will be treated appropriately for the end use;
 - g. Estimated volume of recycled water to be used on an annual basis;
 - h. Class of reclaimed water to be directly reused, if applicable;
 - i. Description of the use activity;
 - j. Any treatment measures utilized to meet or maintain reclaimed water quality standards or otherwise ensure the quality of the recycled water is fit for the intended use; and
 - k. The applicant's certification that the information submitted in the application is true and accurate to the best of the applicant's knowledge.
- B. Public participation.
 1. Notice of Preliminary Decision.
 - a. The Department shall publish the Notice of Preliminary Decision regarding the issuance or denial of a final permit determination on the Department's website.
 - b. The Department shall accept written comments from the public before a Recycled Water Individual Permit is issued or denied.
 - c. The written public comment period begins on the publication date of the Notice of Preliminary Decision and extends for 30 calendar days.
 2. After publishing the notice specified in subsection (B)(1)(a), the Department shall hold a public hearing to address the Notice of Preliminary Decision if the Department determines that:
 - a. Significant public interest in a public hearing exists, or

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- b. Significant issues or information have been brought to the attention of the Department that are relevant to the permitting decision and have not been considered previously in the permitting process.
 - 3. If the Department determines a public hearing is necessary and a public hearing has not already been noticed under subsection (B)(1)(a), the Department shall schedule a public hearing and republish the Notice of Preliminary Decision and notice of the public hearing on the Department's website.
 - 4. The Department shall accept written public comment until the close of the hearing record as specified by the person presiding at the public hearing.
- C. Final permit issuance or denial.
 - 1. The Department may deny a Recycled Water Individual Permit if the Department determines upon completion of the application process the applicant has:
 - a. Failed or refused to correct a deficiency in the permit application;
 - b. Failed to demonstrate the facility and the operation will protect public health and water quality. This determination shall be based on:
 - i. The information submitted in the permit application,
 - ii. Any information submitted to the Department as written public comment or following a public hearing; or
 - iii. Any information relevant to the demonstration developed or acquired by the Department, or
 - c. Provided false or misleading information.
 - 2. If the Department denies a Recycled Water Individual Permit the Department shall provide the applicant with written notification explaining the following:
 - a. The reasons for the denial with references to the statutes or rules on which the denial is based.
 - b. The applicant's right to appeal the denial, including the number of days the applicant has to file a notice of appeal, and the name and telephone number of the Department contact person who can answer questions regarding the appeals process.
 - c. The applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.

Historical Note

New Section R18-9-A703 renumbered from R18-9-705 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-A704. Recycled Water General Permit

- A. Type 1 Recycled Water General Permit for Gray Water. A person may use recycled water without notice to the Department if the use:
 - 1. Is specifically authorized by and meets the requirements of this Article, and
 - 2. Complies with the requirements of the Type 1 Recycled Water General Permit under this Article.
- B. Type 2 Recycled Water General Permit for Reclaimed Water.
 - 1. A person may use recycled water under a Type 2 Recycled Water General Permit if:
 - a. The use is authorized by and meets the requirements of this Article;
 - b. The use meets all the conditions of the applicable Type 2 Recycled Water General Permit under this Article;
 - c. The person files a Notice of Intent to Use Recycled Water under subsection (B)(2); and
 - d. The person submits the applicable fee established in 18 A.A.C. 14.
- 2. Notice of Intent to Use Recycled Water.
 - a. A person shall submit, by mail, in person, or by another method approved by the Department, the Notice of Intent to Use Recycled Water on a form provided by the Department.
 - b. The Notice of Intent to Use Recycled Water shall include:
 - i. The name, address, e-mail address, and telephone number of the applicant;
 - ii. The name, address, and telephone number of the contact person;
 - iii. The source, estimated volume, and, if applicable, class of recycled water to be used;
 - iv. The latitude and longitude coordinates of the approximate center point of the use site;
 - v. The description of the use activity; and
 - vi. The applicant's certification that the applicant agrees to comply with all requirements of this Article, including specific terms of the applicable Recycled Water General Permit.
 - c. For a Type 2 Recycled Water General Permit for Direct Reuse of Reclaimed Water, the Notice of Intent to Use Recycled Water must include the description of the direct reuse activity, including a description of acreage and the type of vegetation to be irrigated, if applicable to the type of direct reuse activity.
- 3. The Department shall notify the applicant that the Department received the Notice of Intent to Use Recycled Water and that the applicant is authorized to use the recycled water according to Type 2 permit conditions.
- C. Type 3 Recycled Water General Permit for Reclaimed Water and Type 3 Recycled Water General Permit for Gray Water. A person shall not operate under a Type 3 Recycled Water General Permit until the Department issues a written Recycled Water Authorization.
 - 1. Application submittal. The applicant shall submit, either by mail, in person at the Department, or by another method approved by the Department:
 - a. The Notice of Intent to Use Recycled Water on a form provided by the Department containing the information specified in the applicable Type 3 Recycled Water General Permit under this Article, and
 - b. The applicable fee established in 18 A.A.C. 14.
 - 2. Issuance of Recycled Water Authorization. If, after reviewing the Notice of Intent to Use Recycled Water, the Department determines the direct reuse conforms with the conditions of a Type 3 Recycled Water General Permit and all other applicable requirements of this Article, the Department shall issue the Recycled Water Authorization.
 - 3. Denial of Recycled Water Authorization.
 - a. If the Department determines on the basis of its review or an inspection the use does not conform to the conditions of the applicable Type 3 Recycled Water General Permit or other applicable requirements of this Article, the Department shall notify the applicant of its decision not to issue the Recycled Water Authorization.
 - b. The applicant may appeal the decision not to issue a Recycled Water Authorization under A.R.S. §§ 41-1092 through 41-1092.12.

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Historical Note

New Section R18-9-A704 renumbered from R18-9-708 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-A705. Recycled Water Permit Term, Information Changes, and Renewal

- A.** A recycled water general permit is valid as follows:
1. A Type 1 Recycled Water General Permit is valid as long as the conditions of the general permit and the requirements of this Article are met. No renewal is required.
 2. A Type 2 Recycled Water General Permit is valid for five years from the date the Department receives the Notice of Intent to Use Recycled Water;
 3. A Type 3 Recycled Water General Permit is valid for five years from the date the Recycled Water Authorization is issued.
- B.** If any change in the following information occurs, a permittee operating under any individual, or Type 2 or Type 3 recycled water general permit shall update the Department with such changes at least once annually by January 31:
1. Permittee,
 2. Ownership,
 3. Contact person,
 4. Phone number, address, email address, or telephone number, or any combination of any of the above, for permittee or contact person,
 5. Name of the use site,
 6. For a Type 2 Recycled Water General Permit for Direct Reuse of Class A + or B + Reclaimed Water remaining under the same ownership:
 - a. Expansion of the reuse area,
 - b. Addition of another allowable use if it is located within the same property boundary as the boundary identified in the Notice of Intent to Use Recycled Water submitted to the Department.
 7. An increase in Class A, B, or C reclaimed water use of more than ten percent but less than twenty percent above the volume of reclaimed water currently permitted for use at the reuse site, if applicable.
- C.** To renew any Type 2 or Type 3 Recycled Water General Permit, a permittee must submit a Notice of Renewal at least 30 days before the permit expires and include the applicable fee established in 18 A.A.C. 14. A permittee may update or change any information as described in subsection (B) in a Notice of Renewal.
- D.** For changes not described in subsections (B) or (C), the permittee must submit a new Notice of Intent to Use Recycled Water or a Recycled Water Individual Permit application, as applicable.

Historical Note

New Section R18-9-A705 renumbered from R18-9-709 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-A706. Recycled Water Permit Revocation

- A.** After notice and opportunity for a hearing, the Director may revoke coverage under a Recycled Water General Permit and require the permittee to obtain an individual permit in order to operate for any of the following:
1. The permittee failed to comply with any applicable provision of A.R.S. Title 49, Chapter 2; Article 7 of this Chapter; or any permit condition;
 2. The permittee misrepresented or omitted a fact, information, or data related to an application or permit condition;

3. The Director determines a permitted activity is causing or will cause a violation of a water quality standard established under A.R.S. § 49-221;
 4. A permitted activity is causing or will cause imminent and substantial endangerment to public health or the environment.
- B.** The Director may revoke coverage under a general permit for any or all facilities within a specific geographic area, if, due to geologic or hydrologic conditions, the cumulative effect of the facilities subject to the Recycled Water General Permit has violated or will violate a water quality standard established under A.R.S. § 49-221.
- C.** If an individual permit is issued to replace general permit coverage, the coverage under the general permit is automatically revoked upon issuance of the individual permit.
- D.** The Director may, after notice and opportunity for hearing, suspend or revoke a Recycled Water Individual Permit for any of the reasons listed in subsections (A)(1) through (A)(4) of this section.

Historical Note

New Section R18-9-A706 renumbered from R18-9-710 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-A707. Recycled Water Permit Transition

The terms and conditions of Type 2, Type 3, and individual reclaimed water permits issued before January 1, 2018, including permits issued for gray water, shall remain in effect according to the language of this Article effective as of the date the permit was issued.

Historical Note

New Section R18-9-A707 made by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

PART B. RECLAIMED WATER**R18-9-B701. Transition of Aquifer Protection Permits and Permits for the Reuse of Reclaimed Wastewater**

- A.** A person may directly reuse reclaimed water under an individual Aquifer Protection Permit or a Permit for the Reuse of Reclaimed Wastewater issued by the Department before January 1, 2001 if the person meets the conditions of the permit and the permit does not expire.
- B.** A person meeting the requirements of subsection (A) may apply for a new reclaimed water permit under this Article.
1. To obtain a reclaimed water permit, a person shall submit a Recycled Water Individual Permit application, required under R18-9-A703(A), or a Notice of Intent to Use Recycled Water, required under R18-9-A704(B)(2) or R18-9-A704(B)(3), to the Department at least 120 days before the current permit expires.
 2. The Department shall continue the terms of the individual Aquifer Protection Permit or the Permit for the Reuse of Reclaimed Wastewater beyond the stated date of expiration if:
 - a. The permitted direct reuse is of a continuing nature; and
 - b. The permittee submits a timely and complete application for a new permit.
- C.** Sewage treatment facility generating reclaimed water.
1. At the request of a permittee holding an individual Aquifer Protection Permit, the Department shall amend an individual Aquifer Protection Permit if the permittee adequately demonstrates that the applicable quality of reclaimed water produced for direct reuse is achieved. The Department shall review:

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- a. The information in the individual Aquifer Protection Permit, any applicable supporting documentation, and the water quality test results from the previous two years to determine the classification of reclaimed water generated by the sewage treatment facility; and
- b. The available water quality data if the sewage treatment facility has operated for less than two years.
2. The Department shall issue an amended individual Aquifer Protection Permit under procedures specified under 18 A.A.C. 9, Article 2 containing:
 - a. Identification of the class of reclaimed water generated by the facility;
 - b. Requirements for monitoring reclaimed water quality and flow at a frequency appropriate to demonstrate compliance with this Article and 18 A.A.C. 11, Article 3;
 - c. Requirements for quarterly reporting of the following data to the Department, any reclaimed water agent who has contracted for delivery of reclaimed water from the facility, and any end user who has not waived interest in receiving this information:
 - i. Water quality test results demonstrating reclaimed water produced by the facility meets the applicable standards for the class of water identified in subsection (C)(2)(a), and
 - ii. The total volume of reclaimed water generated for direct reuse.
 - d. Provision for cessation of delivery, if necessary, and storage or disposal if reclaimed water cannot be delivered for direct reuse.
- G. Hose bibbs. A permittee directly reusing reclaimed water shall secure hose bibbs discharging reclaimed water to prevent use by the public.
- H. Prohibited activities.
 1. Irrigating with untreated sewage;
 2. Providing water for human consumption from a reclaimed water source except as allowed in Part E of this Article.
 3. Providing or using reclaimed water for any of the following activities:
 - a. Direct reuse for swimming, wind surfing, water skiing, or other full-immersion water activity with a potential of ingestion; or
 - b. Direct reuse for evaporative cooling or misting.
 4. Misapplying reclaimed water for any of the following reasons:
 - a. Application of a stated class of reclaimed water of lesser quality than allowed by this Article for the type of direct reuse application;
 - b. Application of reclaimed water to any area other than a direct reuse site; or
 - c. Allowing runoff of reclaimed water or reclaimed water mixed with stormwater from a direct reuse site, except for:
 - i. agricultural return flow directed onto an adjacent field or returned to an open water conveyance; or
 - ii. a discharge authorized by an individual or general NPDES or AZPDES permit.
- I. Signage and Notification. A permittee shall place and maintain signage at locations and provide applicable notification as specified in Table 1 so the public is informed reclaimed water is in use and no one should drink from the system.
- J. Pipeline Conveyances of Reclaimed Water.
 1. Applicability. Any person constructing a pipeline conveyance, whether new or a replacement of an existing pipeline, shall meet the requirements of this subsection.
 2. A person shall design and construct a pipeline conveyance system using good engineering judgment following standards of practice.
 3. A person shall construct a pipeline conveyance so that:
 - a. Reclaimed water does not find its way into, or otherwise contaminate, a potable water system;
 - b. System structural integrity is maintained; and
 - c. The capability for inspection, maintenance, and testing is maintained.
 4. A person shall construct a pipeline conveyance and all appurtenances conducting reclaimed water to withstand a static pressure of at least 50 pounds per square inch greater than the design working pressure without leakage as determined in R18-9-E301(D)(2)(j).
 5. A person shall provide a pipeline conveyance with thrust blocks or restrained joints where needed to prevent excessive movement of the pipeline.
 6. The following requirements for minimum separation distance apply. A person shall:
 - a. Locate a pipeline conveyance no closer than 50 feet from a drinking water well unless the pipeline conveyance is constructed as specified under subsection (J)(6)(c);
 - b. Locate a pipeline conveyance no closer than two feet vertically nor six feet horizontally from a potable water pipeline unless the pipeline conveyance is constructed as specified under subsection (J)(6)(c);
 - c. Construct a pipeline conveyance that does not meet the minimum separation distances specified in sub-

Historical Note

New Section R18-9-B701 renumbered from R18-9-703 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-B702. General Requirements for Reclaimed Water

- A. Sewage treatment facility. A sewage treatment facility owner or operator shall provide reclaimed water for direct reuse only as authorized under an individual Aquifer Protection Permit.
- B. Additional treatment. If an owner or operator of a facility accepts reclaimed water and provides additional treatment for a higher quality direct reuse, the facility is considered a sewage treatment facility and shall provide reclaimed water for direct reuse only as authorized under an individual Aquifer Protection Permit.
- C. Reclaimed water blending facility. An owner or operator of a reclaimed water blending facility shall conduct blending operations only as authorized under a Recycled Water Individual Permit or a Type 3 Recycled Water General Permit for a Reclaimed Water Blending Facility.
- D. Reclaimed water agent. A person shall operate as a reclaimed water agent only as authorized under a Recycled Water Individual Permit or a Type 3 Recycled Water General Permit for a Reclaimed Water Agent.
- E. End user. A person shall not directly reuse reclaimed water unless permitted under this Article.
- F. Irrigating with reclaimed water. A permittee applying reclaimed water for an irrigation use allowed in 18 A.A.C. 11, Article 3, Table A shall:
 1. Use application methods that reasonably preclude human contact with reclaimed water;
 2. Prevent reclaimed water from standing on open access areas during normal periods of use; and
 3. Prevent reclaimed water from coming into contact with drinking fountains, water coolers, or eating areas.

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sections (J)(6)(a) and (J)(6)(b) by encasing the pipeline conveyance in at least six inches of concrete or using mechanical joint ductile iron pipe or other materials of equivalent or greater tensile and compressive strength at least 10 feet beyond any point on the pipeline conveyance within the specified minimum separation distance; and

- d. If a reclaimed water system is supplemented with water from a potable water system, separate the potable water system from the pipeline conveyance by an air gap.

7. A person shall:

- a. For a pipeline conveyance, eight inches in diameter or less, use pipe marked on opposite sides in English: "CAUTION: RECLAIMED WATER, DO NOT DRINK" in intervals of three feet or less and colored purple or wrapped with durable purple tape.
- b. For a mechanical appurtenance to a pipeline conveyance, ensure the mechanical appurtenance is colored purple or legibly marked to identify it as part of the reclaimed water distribution system and distinguish it from systems for potable water distribution and sewage collection.

K. Open Water Conveyances of Reclaimed Water.

1. This subsection applies to an open water conveyance, regardless of the date of construction.

2. A person shall maintain an open water conveyance to prevent release of reclaimed water except as allowed under federal and state regulations. The maintenance program shall include periodic inspections and follow-up corrective measures to ensure the integrity of conveyance banks and capacity of the conveyance to safely carry operational flows.

3. Signage for Class B+, B, and C Reclaimed Water. A person shall:

- a. Ensure signs state: "CAUTION: RECLAIMED WATER, DO NOT DRINK," and display the international "do not drink" symbol;
- b. Place signs at all points of ingress and, if the open water conveyance is operated with open access, at least every 1/4-mile along the length of the open water conveyance or other interval as approved in writing by the Department; and
- c. Ensure signs are visible and legible from both sides of the open water conveyance.

Historical Note

New Section R18-9-B702 renumbered from R18-9-704 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018; clerical error to subsections corrected at (J)(6)(a), (b), and (c) as published at 23 A.A.R. 3091 (Supp. 17-4).

Table 1. Signage and Notification Requirements for Direct Reuse Sites

Reclaimed Water Class	Hose Bibbs	Residential Irrigation	Schoolground Irrigation	Other Open Access Irrigation	Restricted Access Irrigation	Mobile Reclaimed Water Dispersal
A+, A	Each bibb at valve	Front yard, or all entrances to a subdivision if the signage is supplemented by written yearly notification to individual homeowners by the homeowner's association.	On premises visible to staff and students	None	None	On dispersal equipment and visible to the public
B+, B	Each bibb at valve	Direct Reuse Not Allowed	Direct Reuse Not Allowed	Direct Reuse Not Allowed	1. Ingress points; 2. At reasonably spaced intervals of not more than 1/4 mile at the reuse site or along the open water conveyance, unless access to vehicular and pedestrian traffic is secured; and 3. If applicable, notice on golf score cards	On dispersal equipment and visible to the public
C	Each bibb at valve	Direct Reuse Not Allowed	Direct Reuse Not Allowed	Direct Reuse Not Allowed	1. Ingress points; 2. At reasonably spaced intervals of not more than 1/4 mile at the reuse site or along the open water conveyance, unless access to vehicular and pedestrian traffic is secured; and 3. If applicable, notice on golf score cards	On dispersal equipment and visible to the public

Note: All impoundments with open access including lakes, ponds, ornamental fountains, waterfalls, and other water features shall be posted with signs regardless of the class of reclaimed water.

Historical Note

New Section R18-9-B702, Table 1 renumbered from R18-9-704, Table 1 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-B703. General Provisions for Recycled Water Individual Permit for Reclaimed Water

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- A. A Recycled Water Individual Permit for Reclaimed Water is obtained under R18-9-A703. A Recycled Water Individual Permit for Reclaimed Water:
 - 1. Is valid for five years;
 - 2. Must be updated as prescribed by R18-9-A705; and
 - 3. Continues, pending the issuance of a new permit, with the same terms following its expiration if the following are met:
 - a. The permittee submits an application for a new permit at least 60 days before the expiration of the existing permit; and
 - b. The permitted activity is of a continuing nature.
- B. A Recycled Water Individual Permit for Reclaimed Water shall contain, if applicable:
 - 1. The class of reclaimed water to be applied for direct reuse or the alternative water quality criteria appropriate for a direct reuse type not listed in 18 A.A.C. 11, Article 3, Table A that ADEQ may allow under R18-11-309;
 - 2. Specific types of direct reuse and any limitations on reuse;
 - 3. Requirements for monitoring reclaimed water quality and flow to demonstrate compliance with this Article and 18 A.A.C. 11, Article 3;
 - 4. Requirements for reporting the following data to demonstrate compliance with this Article and 18 A.A.C. 11, Article 3:
 - a. Water quality test results demonstrating the reclaimed water meets the applicable standards for the class of water or the alternative water quality criteria identified in subsection (B)(1), and
 - b. The total volume of reclaimed water generated for direct reuse.
 - 5. Requirements for maintaining records of all monitoring information and monitoring activities include:
 - a. The date, description of sampling location, and time of sampling or measurement;
 - b. The name of the person who performed the sampling or measurement;
 - c. The date the analyses were performed;
 - d. The name of the person who performed the analyses;
 - e. The analytical techniques or methods used;
 - f. The results of the analyses; and
 - g. Documentation of sampling technique, sample preservation, and transportation, including chain-of-custody forms.
 - 6. Requirements to retain all monitoring activity records and results, including all data for continuous monitoring instrumentation, and calibration and maintenance records for five years from the date of sampling or analysis. The Director shall extend the five-year retention period:
 - a. During the course of an unresolved litigation regarding compliance with the permit conditions, or
 - b. For any other justifiable cause.
 - 7. A requirement to allow all end users access to the records of physical, chemical, and biological quality of the reclaimed water.
 - 8. Signage or other notification requirements appropriate to the use; and
 - 9. Closure requirements, if applicable.

Historical Note

New Section R18-9-B703 renumbered from R18-9-706 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-B704. Type 2 Recycled Water General Permit for Direct Reuse of Class A+ Reclaimed Water

- A. A Type 2 Recycled Water General Permit for Direct Reuse of Class A+ Reclaimed Water allows any direct reuse application of reclaimed water listed in 18 A.A.C. 11, Article 3, Table A, if the conditions in this Article are met.
- B. Record maintenance. A permittee shall maintain records for five years describing the direct reuse site and the total amount of reclaimed water used annually for the permitted direct reuse activity. The records shall be made available to the Department upon request.
- C. A permittee shall post signs or provide notification or both as specified in R18-9-B702(I).
- D. No lining is required for an impoundment storing Class A+ reclaimed water.

Historical Note

New Section R18-9-B704 renumbered from R18-9-712 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-B705. Type 2 Recycled Water General Permit for Direct Reuse of Class A Reclaimed Water

- A. A Type 2 Recycled Water General Permit for the Direct Reuse of Class A Reclaimed Water allows any direct reuse application of reclaimed water listed in 18 A.A.C. 11, Article 3, Table A, if the conditions in this Article are met.
- B. Records and reporting. A permittee shall:
 - 1. Maintain records containing the following information for five years, and make them available to the Department upon request:
 - a. The direct reuse site,
 - b. The volume of reclaimed water applied monthly for each category of direct reuse activity listed in 18 A.A.C. 11, Article 3, Table A,
 - c. The total nitrogen concentration of the reclaimed water applied, and
 - d. The acreage and type of vegetation to which the reclaimed water is applied.
 - 2. Report annually to the Department on or before the anniversary date of the Notice of Intent to Use Recycled Water:
 - a. The volume of reclaimed water received,
 - b. The type of reclaimed water application, and
 - c. If used for irrigation, the vegetation and acreage irrigated.
- C. Nitrogen management. A permittee shall ensure:
 - 1. Impoundments storing reclaimed water allowed by the general permit are lined using a low-hydraulic conductivity artificial or site-specific liner material achieving a calculated discharge rate less than 550 gallons per acre per day; and
 - 2. The application rates of the reclaimed water are based on one of the following:
 - a. If assigned, the water allotment specified by the Arizona Department of Water Resources;
 - b. A water balance that considers consumptive use of water by the crop, turf, or landscape vegetation; or
 - c. An alternative method approved by the Department.
- D. In addition to the Notice of Intent to Use Recycled Water specified in R18-9-A704(B)(2), the applicant shall provide a list of impoundments, water depth, freeboard, and the liner characteristics and the method chosen from the list in subsection (C)(2).
- E. The permittee shall post signs or provide notification, or both, as specified in R18-9-B702(I).

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Historical Note

New Section R18-9-B705 renumbered from R18-9-713 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-B706. Type 2 Recycled Water General Permit for Direct Reuse of Class B+ Reclaimed Water

- A. A Type 2 Recycled Water General Permit for Direct Reuse of Class B+ Reclaimed Water allows any direct reuse application of Class B and Class C reclaimed water listed in 18 A.A.C. 11, Article 3, Table A, if the conditions in this Article are met.
- B. A permittee shall comply with the record maintenance and posting requirements established under R18-9-B704 and make records available to the Department upon request.
- C. No lining is required for an impoundment storing Class B+ reclaimed water.

Historical Note

New Section R18-9-B706 renumbered from R18-9-714 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-B707. Type 2 Recycled Water General Permit for Direct Reuse of Class B Reclaimed Water

- A. A Type 2 Recycled Water General Permit for the Direct Reuse of Class B Reclaimed Water allows the direct reuse application of Class B and Class C reclaimed water listed in 18 A.A.C. 11, Article 3, Table A, if conditions in this Article are met.
- B. A permittee shall comply with the requirements established under R18-9-B705(B), (C), (D), and (E).

Historical Note

New Section R18-9-B707 renumbered from R18-9-715 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-B708. Type 2 Recycled Water General Permit for Direct Reuse of Class C Reclaimed Water

- A. A Type 2 Recycled Water General Permit for the Direct Reuse of Class C Reclaimed Water allows the direct reuse application of Class C reclaimed water listed in 18 A.A.C. 11, Article 3, Table A, if conditions in this Article are met.
- B. A permittee shall comply with the requirements established under R18-9-B705(B), (C), (D), and (E).

Historical Note

New Section R18-9-B708 renumbered from R18-9-716 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-B709. Type 3 Recycled Water General Permit for a Reclaimed Water Blending Facility**A. Permit conditions.**

- 1. A Type 3 Recycled Water General Permit for a Reclaimed Water Blending Facility allows the blending of reclaimed water with other water, if the conditions in this Article are met.
- 2. Blending reclaimed water with industrial wastewater or with reclaimed water from an industrial wastewater treatment plant is not authorized by this general permit.

B. A person shall file with the Department a Notice of Intent to Operate a reclaimed water blending facility on a form provided by the Department. The Notice of Intent to Operate shall include:

- 1. The name, address, e-mail address, and telephone number of the applicant;
- 2. The name, address, e-mail address, and telephone number of a contact person;
- 3. The source and volume of reclaimed water to be blended;
- 4. The class of reclaimed water to be blended;
- 5. The source, volume, and quality of other water to be blended;
- 6. The latitude and longitude coordinates of the blending facility;
- 7. A description of the reclaimed water blending facility, including a demonstration the proposed blending methodology will meet the standards established in 18 A.A.C. 11, Article 3 for the class of reclaimed water the facility will produce;
- 8. The applicant's certification that the applicant agrees to comply with the requirements of this Article, 18 A.A.C. 11, Article 3, and the terms of this recycled water general permit; and
- 9. The applicable permit fee specified under 18 A.A.C. 14.

C. A person shall not operate a reclaimed water blending facility until the Department issues a written Recycled Water Authorization under R18-9-A704(C).**D. A permittee shall monitor:**

- 1. The blended water quality for total nitrogen and fecal coliform at frequencies specified by the class of reclaimed water in 18 A.A.C. 11, Article 3.
 - a. If the concentration in the blended water of either total nitrogen or fecal coliform, as applicable, exceeds the limits for the applicable reclaimed water class established in 18 A.A.C. 11, Article 3, within 30 days of the exceedance, the permittee shall submit a plan to the Department to change the blending process or to otherwise correct the deficiency. The permittee shall also double the monitoring frequency for the next four months.
 - b. If another exceedance occurs within the interval of increased monitoring, the permittee shall submit an application within 45 days for a Recycled Water Individual Permit for Reclaimed Water.
- 2. The volume of reclaimed water, the volume of the other water, and the total volume of blended water delivered for direct reuse on a monthly basis.

E. The permittee shall report the results of the monitoring under subsection (D) to the Department by January 31, for the immediately preceding calendar year, and shall make this information available to the end users.

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Historical Note

New Section R18-9-B709 renumbered from R18-9-717 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-B710. Type 3 Recycled Water General Permit for a Reclaimed Water Agent

- A.** A Type 3 Recycled Water General Permit for a Reclaimed Water Agent allows a person to operate as a Reclaimed Water Agent if the conditions of this Article are met, and the following conditions are met for the class of reclaimed water delivered by the Reclaimed Water Agent:
1. Signage and notification requirements specified under R18-9-B702(I), as applicable;
 2. Impoundment liner requirements specified under R18-9-B704(D), R18-9-B705(C), R18-9-B706(C), R18-9-B707(B) or R18-9-B708(B), as applicable; and
 3. Nitrogen management requirements specified under R18-9-B705(C), R18-9-B707(B), and R18-9-B708(B), as applicable.
- B.** A person holding a Type 3 Recycled Water Permit for a Reclaimed Water Agent:
1. Is responsible for the direct reuse of reclaimed water by more than one end user instead of direct reuse by the end users under separate Type 2 Recycled Water General Permits, and
 2. Shall maintain a contractual agreement with each end user stipulating any end user responsibilities for the requirements specified under subsection (A).
- C.** A person shall file with the Department a Notice of Intent to Operate as a reclaimed water agent. The Notice of Intent to Operate shall include:
1. The name, address, e-mail address, and telephone number of the applicant;
 2. The name, address, e-mail address, and telephone number of a contact person;
 3. The following information for each end user to be supplied reclaimed water by the applicant:
 - a. The name, address, e-mail address, and telephone number of the end user;
 - b. A system map showing the locations of the direct reuse sites and the latitude and longitude coordinates of each site; and
 - c. A description of each direct reuse activity, including the type of vegetation, acreage, and annual volume of reclaimed water to be used, unless Class A+ or Class B+ reclaimed water is delivered.
 4. The source, class, and annual volume of reclaimed water to be delivered by the applicant;
 5. A description of the contractual arrangement between the applicant and each end user, including any end user responsibilities for the requirements specified under subsection (A); and
 6. The applicable permit fee specified under 18 A.A.C. 14.
- D.** A proposed reclaimed water agent shall not distribute reclaimed water to end users until the Department issues a written Recycled Water Authorization under R18-9-A704(C).
- E.** A reclaimed water agent shall record and annually report the following information to the Department by January 31, for the immediately preceding year:
1. The total volume of reclaimed water delivered by the reclaimed water agent;
 2. The volume of reclaimed water delivered to each end user for Class A, Class B, and Class C reclaimed water; and
 3. Any change in the information submitted under subsection (C).

Historical Note

New Section R18-9-B710 renumbered from R18-9-718 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

PART C. RECYCLED INDUSTRIAL WASTEWATER**R18-9-C701. Recycled Water Individual Permit for Industrial Wastewater That Is Reused**

- A.** The following activities are prohibited unless a Recycled Water Individual Permit is obtained under R18-9-A703:
1. Use of reclaimed water from a sewage treatment facility that is combined with industrial wastewater or water from an industrial wastewater treatment facility.
 2. Use of reclaimed water from an industrial wastewater treatment facility for production or processing of a crop or substance that may be used as human or animal food.
- B.** In addition to the requirements in R18-9-A703(A), an application for a Recycled Water Individual Permit shall include:
1. Each source of the industrial wastewater with Standard Industrial Code or North American Industry Classification System Code, and the projected rates and volumes from each source;
 2. The chemical, biological, and physical characteristics of the industrial wastewater from each source; and
 3. If reclaimed water will be used in the processing of any crop or substance that may be used as human or animal food, the information regarding food safety and any potential adverse health effects of this direct reuse.

Historical Note

New Section R18-9-C701 renumbered from R18-9-707 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

PART D. GRAY WATER**R18-9-D701. Type 1 Recycled Water General Permit for Gray Water**

- A.** A Type 1 Recycled Water General Permit for Gray Water allows private residential use of gray water for a flow of less than 400 gallons per day if all the following conditions are met:
1. Gray water originating from the residence is used and contained within the property boundary for household gardening, composting, or landscape watering;
 2. Human contact with gray water and soil watered by gray water is avoided;
 3. Surface application of gray water is not used for watering of food plants, except for trees and shrubs which have an edible portion that does not come into contact with the gray water;
 4. The gray water does not contain hazardous chemicals derived from activities such as cleaning car parts, washing greasy or oily rags, or disposing of waste solutions from hobbyist or home occupational activities;
 5. The gray water does not contain water used to wash diapers or similarly soiled or infectious garments;
 6. The application of gray water is managed to minimize standing water on the surface by using measures such as avoiding overwatering, distributing the gray water beneath a mulch or other cover, and using best practices to improve soil condition and increase filtration;
 7. If blockage, backup, or overload of the system occurs, gray water distribution shall cease until the deficiency is corrected. The gray water system may include components to reduce blockage and backup and be operated using best practices to extend system lifetime;

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8. Gray water surge tanks, if any, are covered to restrict access and to eliminate habitat for mosquitoes or other vectors, and holding time is minimized to avoid development of anaerobic conditions and odors;
 9. The gray water system is sited outside of a floodway;
 10. The gray water system is operated to maintain a minimum vertical separation distance of at least five feet from the point of gray water application to the top of the seasonally high groundwater table;
 11. For a residence using an on-site wastewater treatment facility for black water treatment and disposal, the use of a gray water system does not change the design, capacity, or reserve area requirements for the on-site wastewater treatment facility at the residence, and ensures the facility can handle the combined black water and gray water flow;
 12. Any pressure piping used in a gray water system that may be susceptible to cross connection with a potable water system clearly indicates the piping does not carry potable water; and
 13. Surface application of gray water is only by flood or drip distribution methods. Flood distribution methods may include containment by horticultural mulch basins and swales.
- B. Prohibitions.** The following are prohibited:
1. Gray water use for purposes other than watering and composting, and
 2. Application of gray water by a spray method.

Historical Note

New Section R18-9-D701 renumbered from R18-9-711 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

R18-9-D702. Type 3 Recycled Water General Permit for Gray Water

- A.** A Type 3 Recycled Water General Permit for Gray Water allows for the use of gray water for landscape irrigation and composting if:
1. The general permit described in R18-9-D701 does not apply,
 2. The flow is not more than 3000 gallons per day, and
 3. The gray water system satisfies the notification, design, and installation requirements specified in subsections (B) and (C).
- B.** A person shall file a Notice of Intent to Operate a Gray Water System with the Department on a form provided by the Department. The Notice of Intent to Operate shall include:
1. The name, address, e-mail address, and telephone number of the applicant;
 2. The latitude and longitude coordinates;
 3. A description of the sources of gray water and calculations demonstrating the flow is not more than 3000 gallons per day;
 4. Design plans for the gray water system;
 5. The applicant's certification that the applicant agrees to comply with the requirements of this Article and the terms of this Recycled Water General Permit for Gray Water; and
 6. The applicable permit fee specified under 18 A.A.C. 14.
- C.** The following requirements apply to the design, installation, and operation of a gray water system allowed under this Recycled Water General Permit for Gray Water:
1. Human contact with gray water and soil irrigated by gray water is avoided;
 2. Gray water is not applied to an exposed surface but into a bed or trench of permeable material, through piping

installed below the soil surface, or by similar means. Spray irrigation of gray water is not allowed. The application of gray water shall not result in standing water on the surface.

3. The design shall ensure gray water is used and contained within the property boundary for landscape irrigation or composting;
 4. Gray water is not used for irrigation of food plants, except for trees and shrubs which have an edible portion that does not come into contact with the gray water;
 5. The gray water may contain water from drinking fountains but does not contain hazardous chemicals derived from industrial, hobbyist, or similar activities at the site;
 6. Gray water does not contain water used to wash diapers or similarly soiled or infectious garments;
 7. The gray water system is constructed so if blockage, plugging, or backup of the system occurs, gray water can be directed into the sewage collection system or on-site wastewater treatment and disposal system, as applicable;
 8. Gray water surge tanks, if any, are covered to restrict access and to eliminate habitat for mosquitoes or other vectors, and holding time is minimized to avoid development of anaerobic conditions and odors;
 9. The gray water system is sited outside of a floodway;
 10. The gray water system is operated to maintain a minimum vertical separation distance of at least five feet from the point of gray water application to the top of the seasonally high groundwater table;
 11. If an on-site wastewater treatment facility is used for black water treatment and disposal, the use of a gray water system does not change the design, capacity, or reserve area requirements for the on-site wastewater treatment facility so the facility may handle the combined black water and gray water flow; and
 12. Any piping used in a gray water system susceptible to cross connection with a potable water system clearly indicates the piping does not carry potable water.
- D.** The applicant shall not operate the gray water system until the Department issues a written Recycled Water Authorization under R18-9-A704(C).
- E.** The Department may issue a Recycled Water Authorization that differs from the requirements specified in subsection (C) if the system provides equivalent performance and protection of human health and water quality.
- F.** In the Recycled Water Authorization, the Department may require a permittee to report data or information for any of the conditions in this section if the Department deems the reporting necessary to protect human health or water quality or both.

Historical Note

New Section R18-9-D702 renumbered from R18-9-719 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

PART E. PURIFIED WATER FOR POTABLE USE**R18-9-E701. Recycled Water Individual Permit for an Advanced Reclaimed Water Treatment Facility**

- A.** An application for a Recycled Water Individual Permit for an Advanced Reclaimed Water Treatment Facility must be submitted to the Department according to the requirements in R18-9-A703, as applicable.
- B.** Safe Drinking Water Act. For purposes of Safe Drinking Water Act requirements, water produced by an Advanced Reclaimed Water Treatment Facility shall be considered surface water for purposes of compliance with Title 18, Chapter 4 of the Arizona Administrative Code. Nothing in this section exempts an

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applicable facility from Safe Drinking Water Act requirements.

- C. Design Report. In addition to the information required by subsection (A), the applicant shall submit a design report for the Advanced Reclaimed Water Treatment Facility according to a form prescribed by the Department and certified by an Arizona-registered professional engineer. The design report must include the following information:

1. Characterization of source water quantity and quality, including:
 - a. Average and anticipated minimum and maximum source water flows to the facility;
 - b. Concentrations of the source water's physical, microbiological, and chemical constituents regulated for drinking water Maximum Contaminant Levels under the Safe Drinking Water Act and which the Department determines are appropriate for the particular facility and source water;
 - c. Description and concentrations of constituents in the source water used for unit treatment process monitoring and assessment of unit treatment process efficacy, and
 - d. A list of unregulated microbial and chemical constituents and corresponding concentrations in the source water a facility proposes to monitor in order to assess the treatment effectiveness of the overall treatment train. The particular constituents will depend on consideration of factors, such as:
 - i. Occurrence of the constituent in source and local waters,
 - ii. Availability of standardized laboratory methods for quantification of the constituent,
 - iii. Usefulness as representatives of or surrogates for larger classes of constituents, and
 - iv. Availability of toxicity data for the constituent.
2. Description of, and results from, the pilot water treatment system for the facility or of analogous systems where comparable treatment components are demonstrated as appropriate for treating the particular characteristics of the applicant's proposed source water;
3. Identification and description of the technologies, processes, methodologies, and process control monitoring to be employed for microbial control;
4. Logarithmic reduction targets for microbial control, to ensure the product water is free of pathogens and suitable for potable use;
5. Identification and description of technologies, processes, methodologies and process control monitoring for chemical control;
6. Plan for monitoring the product water for public health protection;
7. Commissioning and startup plan, including preoperational and startup testing and monitoring, expected timeframe for meeting full operational performance, and any other special startup condition meriting consideration in the individual permit;
8. Operation and maintenance plan including corrective actions for out-of-range monitoring results and contingencies for non-compliant water;
9. Operator training plan; and
10. Documentation of technical, financial, and management capability.

Historical Note

New Section made by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

ARTICLE 8. REPEALED**R18-9-801. Repealed****Historical Note**

Corrected A.R.S. reference (Supp. 77-3). Former Section R9-8-311 renumbered without change as Section R18-9-801 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-802. Repealed**Historical Note**

Amended by adding subsections (N) through (R) effective June 8, 1981 (Supp. 81-3). Former Section R9-8-312 renumbered without change as Section R18-9-802 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-803. Repealed**Historical Note**

Amended effective April 18, 1979 (Supp. 79-2). Amended by adding subsection (E) effective October 2, 1986 (Supp. 86-5). Former Section R9-8-313 renumbered without change as Section R18-9-803 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-804. Repealed**Historical Note**

Amended effective April 18, 1979 (Supp. 79-2). Amended effective February 20, 1980 (Supp. 80-1). Amended by adding subsections (I) and (J) effective June 8, 1981 (Supp. 81-3). Amended subsections (A), (F) and (H) effective October 2, 1986 (Supp. 86-5). Former Section R9-8-314 renumbered without change as Section R18-9-804 (Supp. 87-3). Amended effective July 25, 1990 (Supp. 90-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-805. Repealed**Historical Note**

Adopted effective April 18, 1979 (Supp. 79-2). Amended effective October 2, 1986 (Supp. 86-5). Former Section R9-8-315 renumbered without change as Section R18-9-805 (Supp. 87-3). Amended effective July 25, 1990 (Supp. 90-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-806. Repealed**Historical Note**

Adopted effective October 2, 1986 (Supp. 86-5). Former Section R9-8-317 renumbered without change as Section R18-9-806 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-807. Repealed**Historical Note**

Former Section R9-8-321 renumbered without change as Section R18-9-807 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-808. Repealed**Historical Note**

Former Section R9-8-323 renumbered without change as

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Section R18-9-808 (Supp. 87-3). Amended effective July 25, 1990 (Supp. 90-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-809. Repealed**Historical Note**

Former Section R9-8-324 renumbered without change as Section R18-9-809 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-810. Repealed**Historical Note**

Former Section R9-8-325 renumbered without change as Section R18-9-810 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-811. Repealed**Historical Note**

Former Section R9-8-326 repealed, new Section R9-8-326 adopted effective October 2, 1986 (Supp. 86-5). Former Section R9-8-326 renumbered without change as Section R18-9-811 (Supp. 87-3). First entry in Historical Note corrected to reflect Section numbers at time of rule repeal and adoption by changing R18-9-326 to R9-8-326 (Supp. 96-4). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-812. Repealed**Historical Note**

Former Section R9-8-327 renumbered without change as Section R18-9-812 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-813. Repealed**Historical Note**

Amended effective April 18, 1979 (Supp. 79-2). Former Section R9-8-329 renumbered without change as Section R18-9-813 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-814. Repealed**Historical Note**

Former Section R9-8-331 renumbered without change as Section R18-9-814 (Supp. 87-3). Amended effective October 19, 1989 (Supp. 89-4). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-815. Repealed**Historical Note**

Former Section R9-8-332 renumbered without change as Section R18-9-815 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-816. Repealed**Historical Note**

Former Section R9-8-351 renumbered without change as Section R18-9-816 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8,

2000 (Supp. 00-4).

R18-9-817. Repealed**Historical Note**

Former Section R9-8-352 renumbered without change as Section R18-9-817 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-818. Repealed**Historical Note**

Former Section R9-8-353 renumbered without change as Section R18-9-818 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

R18-9-819. Repealed**Historical Note**

Former Section R9-8-361 renumbered without change as Section R18-9-819 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

ARTICLE 9. ARIZONA POLLUTANT DISCHARGE ELIMINATION SYSTEM

Editor's Note: The recodification at 7 A.A.R. 2522 described below erroneously moved Sections into 18 A.A.C. 9, Article 9. Those Sections were actually recodified to 18 A.A.C. 9, Article 10. See the Historical Notes for more information (Supp. 01-4).

Article 9, consisting of Sections R18-9-901 through R18-9-914 and Appendix A, recodified from 18 A.A.C. 13, Article 15 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2).

PART A. GENERAL REQUIREMENTS**R18-9-A901. Definitions**

In addition to the definitions in A.R.S. § 49-201 and 49-255, the following terms apply to this Article:

1. "Animal confinement area" means any part of an animal feeding operation where animals are restricted or confined including open lots, housed lots, feedlots, confinement houses, stall barns, free stall barns, milkrooms, milking centers, cowyards, barnyards, medication pens, walkers, animal walkways, and stables.
2. "Animal feeding operation" means a lot or facility (other than an aquatic animal production facility) where the following conditions are met:
 - a. Animals (other than aquatic animals) have been, are, or will be stabled or confined and fed or maintained for a total of 45 days or more in any 12-month period, and
 - b. Crops, vegetation, forage growth, or post-harvest residues are not sustained in the normal growing season over any portion of the lot or facility.
3. "Aquaculture project" means a defined managed water area that uses discharges of pollutants into that designated project area for the maintenance or production of harvestable freshwater plants or animals. For purposes of this definition, "designated project area" means the portion or portions of the navigable waters within which the permittee or permit applicant plans to confine the cultivated species using a method or plan of operation, including physical confinement, that on the basis of reliable scientific evidence, is expected to ensure that specific individual organisms comprising an aquaculture crop will enjoy

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- increased growth attributable to the discharge of pollutants, and be harvested within a defined geographic area.
4. "Border area" means 100 kilometers north and south of the Arizona-Sonora, Mexico border.
 5. "Bypass" means the intentional diversion of waste streams from any portion of a treatment facility.
 6. "CAFO" means any large concentrated animal feeding operation, medium concentrated animal feeding operation, or animal feeding operation designated under R18-9-D901.
 7. "Concentrated aquatic animal production facility" means a hatchery, fish farm, or other facility that contains, grows, or holds aquatic animals in either of the following categories:
 - a. Cold-water aquatic animals. Cold-water fish species or other cold-water aquatic animals (including the Salmonidae family of fish) in a pond, raceway, or other similar structure that discharges at least 30 days per year, but does not include:
 - i. A facility that produces less than 9,090 harvest weight kilograms (approximately 20,000 pounds) of aquatic animals per year; and
 - ii. A facility that feeds the aquatic animals less than 2,272 kilograms (approximately 5,000 pounds) of food during the calendar month of maximum feeding.
 - b. Warm-water aquatic animals. Warm-water fish species or other warm-water aquatic animals (including the Ameiuridae, Centrarchidae, and Cyprinidae families of fish) in a pond, raceway, or other similar structure that discharges at least 30 days per year, but does not include:
 - i. A closed pond that discharges only during periods of excess runoff; or
 - ii. A facility that produces less than 45,454 harvest weight kilograms (approximately 100,000 pounds) of aquatic animals per year.
 8. "Daily discharge" means the discharge of a pollutant measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the daily discharge is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurement, the daily discharge is calculated as the average measurement of the pollutant over the day.
 9. "Discharge of a pollutant" means any addition of any pollutant or combination of pollutants to a navigable water from any point source.
 - a. The term includes the addition of any pollutant into a navigable water from:
 - i. A treatment works treating domestic sewage;
 - ii. Surface runoff that is collected or channeled by man;
 - iii. A discharge through a pipe, sewer, or other conveyance owned by a state, municipality, or other person that does not lead to a treatment works; and
 - iv. A discharge through a pipe, sewer, or other conveyance, leading into a privately owned treatment works.
 - b. The term does not include an addition of a pollutant by any industrial user as defined in A.R.S. § 49-255(4).
 10. "Draft permit" means a document indicating the Director's tentative decision to issue, deny, modify, revoke and reissue, terminate, or reissue a permit.
 - a. A notice of intent to terminate a permit is a type of draft permit unless the entire discharge is permanently terminated by elimination of the flow or by connection to a POTW, but not by land application or disposal into a well.
 - b. A notice of intent to deny a permit is a type of draft permit.
 - c. A proposed permit or a denial of a request for modification, revocation and reissuance, or termination of a permit, are not draft permits.
 11. "EPA" means the U.S. Environmental Protection Agency.
 12. "General permit" means an AZPDES permit issued under 18 A.A.C. 9, Article 9, authorizing a category of discharges within a geographical area.
 13. "Individual permit" means an AZPDES permit for a single point source, a single facility, or a municipal separate storm sewer system.
 14. "Land application area," for purposes of Article 9, Part D, means land under the control of an animal feeding operation owner or operator, whether it is owned, rented, or leased, to which manure, litter, or process wastewater from the production area is or may be applied.
 15. "Large concentrated animal feeding operation" means an animal feeding operation that stables or confines at least the number of animals specified in any of the following categories:
 - a. 700 mature dairy cows, whether milked or dry;
 - b. 1,000 veal calves;
 - c. 1,000 cattle other than mature dairy cows or veal calves. Cattle includes heifers, steers, bulls, and cow and calf pairs;
 - d. 2,500 swine each weighing 55 pounds or more;
 - e. 10,000 swine each weighing less than 55 pounds;
 - f. 500 horses;
 - g. 10,000 sheep or lambs;
 - h. 55,000 turkeys;
 - i. 30,000 laying hens or broilers, if the animal feeding operation uses a liquid manure handling system;
 - j. 125,000 chickens (other than laying hens), if the animal feeding operation uses other than a liquid manure handling system;
 - k. 82,000 laying hens, if the animal feeding operation uses other than a liquid manure handling system;
 - l. 30,000 ducks, if the animal feeding operation uses other than a liquid manure handling system; or
 - m. 5,000 ducks, if the animal feeding operation uses a liquid manure handling system.
 16. "Large municipal separate storm sewer system" means a municipal separate storm sewer that is either:
 - a. Located in an incorporated area with a population of 250,000 or more as determined by the 1990 Decennial Census by the Bureau of the Census;
 - b. Located in a county with an unincorporated urbanized area with a population of 250,000 or more, according to the 1990 Decennial Census by the Bureau of Census, but not a municipal separate storm sewer that is located in an incorporated place, township, or town within the county; or
 - c. Owned or operated by a municipality other than those described in subsections (16)(a) and (16)(b) and that are designated by the Director under R18-9-A902(D)(2) as part of the large municipal separate storm sewer system.

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17. "Manure" means any waste or material mixed with waste from an animal including manure, bedding, compost and raw materials, or other materials commingled with manure or set aside for disposal.
18. "Manure storage area" means any part of an animal feeding operation where manure is stored or retained including lagoons, run-off ponds, storage sheds, stockpiles, under-house or pit storages, liquid impoundments, static piles, and composting piles.
19. "Medium concentrated animal feeding operation" means an animal feeding operation in which:
 - a. The type and number of animals that it stables or confines falls within any of the following ranges:
 - i. 200 to 699 mature dairy cows, whether milked or dry;
 - ii. 300 to 999 veal calves;
 - iii. 300 to 999 cattle other than mature dairy cows or veal calves. Cattle includes heifers, steers, bulls, and cow and calf pairs;
 - iv. 750 to 2,499 swine each weighing 55 pounds or more;
 - v. 3,000 to 9,999 swine each weighing less than 55 pounds;
 - vi. 150 to 499 horses;
 - vii. 3,000 to 9,999 sheep or lambs;
 - viii. 16,500 to 54,999 turkeys;
 - ix. 9,000 to 29,999 laying hens or broilers, if the animal feeding operation uses a liquid manure handling system;
 - x. 37,500 to 124,999 chickens (other than laying hens), if the animal feeding operation uses other than a liquid manure handling system;
 - xi. 25,000 to 81,999 laying hens, if the animal feeding operation uses other than a liquid manure handling system;
 - xii. 10,000 to 29,999 ducks, if the animal feeding operation uses other than a liquid manure handling system; or
 - xiii. 1,500 to 4,999 ducks, if the animal feeding operation uses a liquid manure handling system; and
 - b. Either one of the following conditions are met:
 - i. Pollutants are discharged into a navigable water through a man-made ditch, flushing system, or other similar man-made device; or
 - ii. Pollutants are discharged directly into a navigable water that originates outside of and passes over, across, or through the animal feeding operation or otherwise comes into direct contact with the animals confined in the operation.
20. "Medium municipal separate storm sewer system" means a municipal separate storm sewer that is either:
 - a. Located in an incorporated area with a population of 100,000 or more but less than 250,000, as determined by the 1990 Decennial Census by the Bureau of the Census; or
 - b. Located in a county with an unincorporated urbanized area with a population of 100,000 or more but less than 250,000 as determined by the 1990 Decennial Census by the Bureau of the Census; or
 - c. Owned or operated by a municipality other than those described in subsections (20)(a) and (20)(b) and that are designated by the Director under R18-9-A902(D)(2) as part of the medium municipal separate storm sewer system.
21. "MS4" means municipal separate storm sewer system.
22. "Municipal separate storm sewer" means a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, manmade channels, and storm drains):
 - a. Owned or operated by a state, city, town county, district, association, or other public body (created by or pursuant to state law) having jurisdiction over disposal of sewage, industrial wastes, stormwater, or other wastes, including special districts under state law such as a sewer district, flood control district or drainage district, or similar entity, or a designated and approved management agency under section 208 of the Clean Water Act (33 U.S.C. 1288) that discharges to waters of the United States;
 - b. Designed or used for collecting or conveying stormwater;
 - c. That is not a combined sewer; and
 - d. That is not part of a POTW.
23. "Municipal separate storm sewer system" means all separate storm sewers defined as "large," "medium," or "small" municipal separate storm sewer systems or any municipal separate storm sewers on a system-wide or jurisdiction-wide basis as determined by the Director under R18-9-C902(A)(1)(g)(i) through (iv).
24. "New discharger" includes an industrial user and means any building, structure, facility, or installation:
 - a. From which there is or may be a discharge of pollutants;
 - b. That did not commence the discharge of pollutants at a particular site before August 13, 1979;
 - c. That is not a new source; and
 - d. That has never received a finally effective NPDES or AZPDES permit for discharges at that site.
25. "New source" means any building, structure, facility, or installation from which there is or may be a discharge of pollutants, the construction of which commenced:
 - a. After the promulgation of standards of performance under section 306 of the Clean Water Act (33 U.S.C. 1316) that are applicable to the source, or
 - b. After the proposal of standards of performance in accordance with section 306 of the Clean Water Act (33 U.S.C. 1316) that are applicable to the source, but only if the standards are promulgated under section 306 (33 U.S.C. 1316) within 120 days of their proposal.
26. "NPDES" means the National Pollutant Discharge Elimination System, which is the national program for issuing, modifying, revoking, reissuing, terminating, monitoring, and enforcing permits, and imposing and enforcing pretreatment and biosolids requirements under sections 307 (33 U.S.C. 1317), 318 (33 U.S.C. 1328), 402 (33 U.S.C. 1342), and 405 (33 U.S.C. 1345) of the Clean Water Act.
27. "Pollutant" means dredged spoil, solid waste, incinerator residue, filter backwash, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials (except those regulated under the Atomic Energy Act of 1954, as amended (42 U.S.C. 2014 et seq.)), heat, wrecked or discarded equipment, rock, sand, cellar dirt, and industrial, municipal, and agricultural waste discharged into water. It does not mean:
 - a. Sewage from vessels; or
 - b. Water, gas, or other material that is injected into a well to facilitate production of oil or gas, or water derived in association with oil and gas production and disposed of in a well, if the well used either to facilitate production or for disposal purposes is

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- approved by authority of this state, and if the state determines that the injection or disposal will not result in the degradation of ground or surface water resources. (40 CFR 122.2)
28. "POTW" means a publicly owned treatment works.
 29. "Process wastewater," for purposes of Article 9, Part D, means any water that comes into contact with a raw material, product, or byproduct including manure, litter, feed, milk, eggs, or bedding and water directly or indirectly used in the operation of an animal feeding operation for any or all of the following:
 - a. Spillage or overflow from animal or poultry watering systems;
 - b. Washing, cleaning, or flushing pens, barns, manure pits, or other animal feeding operation facilities;
 - c. Direct contact swimming, washing, or spray cooling of animals; or
 - d. Dust control.
 30. "Proposed permit" means an AZPDES permit prepared after the close of the public comment period (including EPA review), and any applicable public hearing and administrative appeal, but before final issuance by the Director. A proposed permit is not a draft permit.
 31. "Pretreatment" means the reduction of the amount of pollutants, the elimination of pollutants, or the alteration of the nature of pollutant properties in wastewater before or instead of discharging or otherwise introducing the pollutants into a POTW.
 32. "Production area," for purposes of Article 9, Part D, means the animal confinement area, manure storage area, raw materials storage area, and waste containment areas. Production area includes any egg washing or egg processing facility and any area used in the storage, handling, treatment, or disposal of animal mortalities.
 33. "Raw materials storage area" means the part of an animal feeding operation where raw materials are stored including feed silos, silage bunkers, and bedding materials.
 34. "Silviculture point source" means any discernible, confined, and discrete conveyance related to rock crushing, gravel washing, log sorting, or log storage facilities that are operated in connection with silvicultural activities and from which pollutants are discharged into navigable waters. The term does not include nonpoint source silvicultural activities such as nursery operations, site preparation, reforestation and subsequent cultural treatment, thinning, prescribed burning, pest and fire control, harvesting operations, surface drainage, or road construction and maintenance from which there is natural runoff. For purposes of this definition:
 - a. "Log sorting and log storage facilities" means facilities whose discharge results from the holding of unprocessed wood, for example, logs or round wood with or without bark held in self-contained bodies of water or stored on land if water is applied intentionally on the logs.
 - b. "Rock crushing and gravel washing facilities" mean facilities that process crushed and broken stone, gravel, and riprap.
 35. "Small municipal separate storm sewer system" means a separate storm sewer that is:
 - a. Owned or operated by the United States, a state, city, town, county, district, association, or other public body (created by or pursuant to state law) having jurisdiction over disposal of sewage, industrial wastes, storm water, or other wastes, including special districts under state law such as a sewer district, flood control district or drainage district, or similar entity, an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the Clean Water Act (33 U.S.C. 1288) that discharge to navigable waters.
 - b. Not defined as a "large" or "medium" municipal separate storm sewer system or designated under R18-9-A902(D)(2).
 - c. Similar to municipal separate storm sewer systems such as systems at military bases, large hospital or prison complexes, universities, and highways and other thoroughfares. The term does not include a separate storm sewer in a very discrete area such as an individual building.
 36. "Stormwater" means stormwater runoff, snow melt runoff, and surface runoff and drainage.
 37. "Treatment works treating domestic sewage" means a POTW or any other sewage sludge or waste water treatment device or system, regardless of ownership (including federal facilities), used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated for the disposal of sewage sludge. This definition does not include septic tanks or similar devices. For purposes of this definition, "domestic sewage" includes waste and wastewater from humans or household operations that are discharged to or otherwise enter a treatment works.
 38. "Waste containment area" means any part of an animal feeding operation where waste is stored or contained including settling basins and areas within berms and diversions that separate uncontaminated stormwater.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

R18-9-A902. AZPDES Permit Transition, Applicability, and Exclusions

- A. Upon the effective date of EPA approval of the AZPDES program, the Department shall, under A.R.S. Title 49, Chapter 2, Article 3.1 and Articles 9 and 10 of this Chapter, administer any permit authorized or issued under the NPDES program, including an expired permit that EPA has continued in effect under 40 CFR 122.6.
 1. The Director shall give a notice to all Arizona NPDES permittees, except NPDES permittees located on and discharging in Indian Country, and shall publish a notice in one or more newspapers of general circulation in the state. The notice shall contain:
 - a. The effective date of EPA approval of the AZPDES program;
 - b. The name and address of the Department;
 - c. The name of each individual permitted facility and its permit number;
 - d. The title of each general permit administered by the Department;
 - e. The name and address of the contact person, to which the permittee will submit notification and monitoring reports;
 - f. Information specifying the state laws equivalent to the federal laws or regulations referenced in a NPDES permit; and

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- g. The name, address, and telephone number of a person from whom an interested person may obtain further information about the transition.
- 2. The Department shall provide the following entities with a copy of the notice:
 - a. Each county department of health, environmental services, or comparable department;
 - b. Each Arizona council of government, tribal government, the states of Utah, Nevada, New Mexico, and California, and EPA Region 9;
 - c. Any person who requested, in writing, notification of the activity;
 - d. The Mexican Secretaria de Medio Ambiente y Recursos Naturales, and
 - e. The United States Section of the International Boundary and Water Commission.
- 3. If a timely application for a NPDES permit is submitted to EPA before approval of the AZPDES program, the applicant may continue the process with EPA or request the Department to act on the application. In either case, the Department shall issue the permit.
- 4. The terms and conditions under which the permit was issued remain the same until the permit is modified.
- B.** Article 9 of this Chapter applies to any "discharge of a pollutant." Examples of categories that result in a "discharge of a pollutant" and may require an AZPDES permit include:
 - 1. CAFOs;
 - 2. Concentrated aquatic animal production facilities;
 - 3. Case-by-case designation of concentrated aquatic animal production facilities;
 - a. The Director may designate any warm- or cold-water aquatic animal production facility as a concentrated aquatic animal production facility upon determining that it is a significant contributor of pollution to navigable waters. The Director shall consider the following factors when making this determination:
 - i. The location and quality of the receiving waters of the United States;
 - ii. The holding, feeding, and production capacities of the facility;
 - iii. The quantity and nature of the pollutants reaching navigable waters; and
 - iv. Any other relevant factor;
 - b. A permit application is not required from a concentrated aquatic animal production facility designated under subsection (B)(3)(a) until the Director conducts an onsite inspection of the facility and determines that the facility should and could be regulated under the AZPDES permit program;
 - 4. Aquaculture projects;
 - 5. Manufacturing, commercial, mining, and silviculture point sources;
 - 6. POTWs;
 - 7. New sources and new dischargers;
 - 8. Stormwater discharges:
 - a. Associated with industrial activity as defined under 40 CFR 122.26(b)(14), incorporated by reference in R18-9-A905(A)(1)(d). The Department shall not consider a discharge to be a discharge associated with industrial activity if the discharge is composed entirely of stormwater and meets the conditions of no exposure as defined under 40 CFR 122.26(g), incorporated by reference in R18-9-A905(A)(1)(d);
 - b. From a large, medium, or small MS4;
- c. From a construction activity, including clearing, grading, and excavation, that results in the disturbance of:
 - i. Equal to or greater than one acre or;
 - ii. Less than one acre of total land area that is part of a larger common plan of development or sale if the larger common plan will ultimately disturb equal to or greater than one acre; but
 - iii. Not including routine maintenance that is performed to maintain the original line and grade, hydraulic capacity, or original purpose of the facility;
- d. Any discharge that the Director determines contributes to a violation of a water quality standard or is a significant contributor of pollutants to a navigable water, which may include a discharge from a conveyance or system of conveyances (including roads with drainage systems and municipal streets) used for collecting and conveying stormwater runoff or a system of discharges from municipal separate storm sewers.
- C.** Articles 9 and 10 of this Chapter apply to the following biosolids categories and may require an AZPDES permit:
 - 1. Treatment works treating domestic sewage that would not otherwise require an AZPDES permit; and
 - 2. Using, applying, generating, marketing, transporting, and disposing of biosolids.
- D.** Director designation of MS4s.
 - 1. The Director may designate and require any small MS4 located outside of an urbanized area to obtain an AZPDES stormwater permit. The Director shall base this designation on whether a stormwater discharge results in or has the potential to result in an exceedance of a water quality standard, including impairment of a designated use, or another significant water quality impact, including a habitat or biological impact.
 - a. When deciding whether to designate a small MS4, the Director shall consider the following criteria:
 - i. Discharges to sensitive waters,
 - ii. Areas with high growth or growth potential,
 - iii. Areas with a high population density,
 - iv. Areas that are contiguous to an urbanized area,
 - v. Small MS4s that cause a significant contribution of pollutants to a navigable water,
 - vi. Small MS4s that do not have effective programs to protect water quality, and
 - vii. Any other relevant criteria.
 - b. The same requirements for small MS4s designated under 40 CFR 122.32(a)(1) apply to permits for designated MS4s not waived under R18-9-B901(A)(3).
 - 2. The Director may designate an MS4 as part of a large or medium system due to the interrelationship between the discharges from a designated storm sewer and the discharges from a municipal separate storm sewer described under R18-9-A901(16)(a) and (b), or R18-9-A901(20)(a) or (b), as applicable. In making this determination, the Director shall consider the following factors:
 - a. Physical interconnections between the municipal separate storm sewers;
 - b. The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in R18-9-A901(16)(a) and R18-9-A901(20)(a);
 - c. The quantity and nature of pollutants discharged to a navigable water;

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- d. The nature of the receiving waters; and
 - e. Any other relevant factor.
3. The Director shall designate a small MS4 that is physically interconnected with a MS4 that is regulated by the AZPDES program if the small MS4 substantially contributes to the pollutant loading of the regulated MS4.
- E. Petitions.** The Director may, upon a petition, designate as a large, medium or small MS4, a municipal separate storm sewer located within the boundaries of a region defined by a stormwater management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in R18-9-A901(16), R18-9-A901(20) or R18-9-A901(35), as applicable.
- F. Phase-ins.**
- 1. The Director may phase-in permit coverage for a small MS4 serving a jurisdiction with a population of less than 10,000 if a phasing schedule is developed and implemented for approximately 20 percent annually of all small MS4s that qualify for the phased-in coverage.
 - a. If the phasing schedule is not yet approved for permit coverage, the Director shall, by December 9, 2002, determine whether to issue an AZPDES permit or allow a waiver under R18-9-B901(A)(3) for each eligible MS4.
 - b. All regulated MS4s shall have coverage under an AZPDES permit no later than March 8, 2007.
 - 2. The Director may provide a waiver under R18-9-B901(A)(3) for any municipal separate storm sewage system operating under a phase-in plan.
- G. Exclusions.** The following discharges do not require an AZPDES permit:
- 1. Discharge of dredged or fill material into a navigable water that is regulated under section 404 of the Clean Water Act (33 U.S.C. 1344);
 - 2. The introduction of sewage, industrial wastes, or other pollutants into POTWs by indirect dischargers. Plans or agreements to switch to this method of disposal in the future do not relieve dischargers of the obligation to have and comply with a permit until all discharges of pollutants to a navigable water are eliminated. This exclusion does not apply to the introduction of pollutants to privately owned treatment works or to other discharges through a pipe, sewer, or other conveyance owned by the state, a municipality, or other party not leading to treatment works;
 - 3. Any discharge in compliance with the instructions of an on-scene coordinator under 40 CFR 300, The National Oil and Hazardous Substances Pollution Contingency Plan; or 33 CFR 153.10(e), Control of Pollution by Oil and Hazardous Substances, Discharge Removal;
 - 4. Any introduction of pollutants from a nonpoint source agricultural or silvicultural activity, including stormwater runoff from an orchard, cultivated crop, pasture, rangeland, and forest land, but not discharges from a concentrated animal feeding operation, concentrated aquatic animal production facility, silvicultural point source, or to an aquaculture project;
 - 5. Return flows from irrigated agriculture;
 - 6. Discharges into a privately owned treatment works, except as the Director requires under 40 CFR 122.44(m), which is incorporated by reference in R18-9-A905(A)(3)(d);
 - 7. Discharges from conveyances for stormwater runoff from mining operations or oil and gas exploration, production, processing or treatment operations, or transmission facilities, composed entirely of flows from conveyances or systems of conveyances, including pipes, conduits, ditches, and channels, used for collecting and conveying precipitation runoff and that are not contaminated by contact with or that has not come into contact with, any overburden, raw material, intermediate products, finished product, byproduct, or waste product located on the site of the operations.
- H. Conditional no exposure exclusion.**
- 1. Discharges composed entirely of stormwater are not considered stormwater discharges associated with an industrial activity if there is no exposure, and the discharger satisfies the conditions under 40 CFR 122.26(g), which is incorporated by reference in R18-9-A905(A)(1)(d).
 - 2. For purposes of this subsection:
 - a. "No exposure" means that all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and runoff.
 - b. "Industrial materials or activities" include material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products.
 - c. "Material-handling activities" include storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product, or waste product.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2704, effective June 5, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

R18-9-A903. Prohibitions

The Director shall not issue a permit:

- 1. If the conditions of the permit do not provide for compliance with the applicable requirements of A.R.S. Title 49, Chapter 2, Article 3.1; 18 A.A.C. 9, Articles 9 and 10; and the Clean Water Act;
- 2. Before resolution of an EPA objection to a draft or proposed permit under R18-9-A908(C);
- 3. If the imposition of conditions cannot ensure compliance with the applicable water quality requirements from Arizona or an affected state or tribe, or a federally promulgated water quality standard under 40 CFR 131.31;
- 4. If in the judgment of the Secretary of the U.S. Army, acting through the Chief of Engineers, the discharge will substantially impair anchorage and navigation in or on any navigable water;
- 5. For the discharge of any radiological, chemical, or biological warfare agent, or high-level radioactive waste;
- 6. For any discharge inconsistent with a plan or plan amendment approved under section 208(b) of the Clean Water Act (33 U.S.C. 1288); and
- 7. To a new source or a new discharger if the discharge from its construction or operation will cause or contribute to the violation of a water quality standard. The owner or operator of a new source or new discharger proposing to discharge into a water segment that does not meet water quality standards or is not expected to meet those standards even after the application of the effluent limitations required under R18-9-A905(A)(8), and for which the Department has performed a wasteload allocation for the proposed discharge, shall demonstrate before the close of the public comment period that:

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- a. There are sufficient remaining wasteload allocations to allow for the discharge, and
- b. The existing dischargers into the segment are subject to schedules of compliance designed to bring the segment into compliance with water quality standards.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2704, effective June 5, 2002 (Supp. 02-2).

R18-9-A904. Effect of a Permit

- A. Except for a standard or prohibition imposed under section 307 of the Clean Water Act (33 U.S.C. 1317) for a toxic pollutant that is injurious to human health and standards for sewage sludge use or disposal under Article 10 of this Chapter, compliance with an AZPDES permit during its term constitutes compliance, for purposes of enforcement, with Article 9 of this Chapter. However, the Director may modify, revoke and reissue, suspend, or terminate a permit during its term for cause under R18-9-B906.
- B. The issuance of a permit does not convey any property rights of any sort, or any exclusive privilege.
- C. The issuance of a permit does not authorize any injury to a person or property or invasion of other private rights, or any infringement of federal, state, or local law, or regulations.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-A905. AZPDES Program Standards

- A. Except for subsection (A)(11), the following 40 CFR sections and appendices, July 1, 2003 edition, as they apply to the NPDES program, are incorporated by reference, do not include any later amendments or editions of the incorporated matter, and are on file with the Department:
 1. General program requirements.
 - a. 40 CFR 122.7;
 - b. 40 CFR 122.21, except 40 CFR 122.21(a) through (e) and (l);
 - c. 40 CFR 122.22;
 - d. 40 CFR 122.26, except 40 CFR 122.26(c)(2), and 40 CFR 122.26(e)(2);
 - e. 40 CFR 122.29;
 - f. 40 CFR 122.32;
 - g. 40 CFR 122.33;
 - h. 40 CFR 122.34;
 - i. 40 CFR 122.35;
 - j. 40 CFR 122.62(a) and (b).
 2. Procedures for Decision making.
 - a. 40 CFR 124.8, except 40 CFR 124.8(b)(3); and
 - b. 40 CFR 124.56.
 3. Permit requirements and conditions.
 - a. 40 CFR 122.41, except 40 CFR 122.41(a)(2) and (a)(3);
 - b. 40 CFR 122.42;
 - c. 40 CFR 122.43;
 - d. 40 CFR 122.44;
 - e. 40 CFR 122.45;
 - f. 40 CFR 122.47;
 - g. 40 CFR 122.48; and
 - h. 40 CFR 122.50.
 4. Criteria and standards for the national pollutant discharge elimination system. 40 CFR 125, subparts A, B, D, H, and I.

5. Toxic pollutant effluent standards. 40 CFR 129.
6. Secondary treatment regulation. 40 CFR 133.
7. Guidelines for establishing test procedures for the analysis of pollutants, 40 CFR 136.
8. Effluent guidelines and standards.
 - a. General provisions, 40 CFR 401; and
 - b. General pretreatment regulations for existing and new sources of pollution, 40 CFR 403 and Appendices A, D, E, and G.
9. Effluent limitations guidelines. 40 CFR 405 through 40 CFR 471.
10. Standards for the use or disposal of sewage sludge. 40 CFR 503, Subpart C.
11. The following substitutions apply to the material in subsections (A)(1) through (A)(10):
 - a. Substitute the term AZPDES for any reference to NPDES;
 - b. Except for 40 CFR 122.21(f) through (q), substitute R18-9-B901 (individual permit), and R18-9-C901 (general permit), for any reference to 40 CFR 122.21;
 - c. Substitute Articles 9 and 10 of this Chapter for any reference to 40 CFR 122;
 - d. Substitute R18-9-C901 for any reference to 40 CFR 122.28;
 - e. Substitute R18-9-B901 (individual permit), and R18-9-C901 (general permit), for any reference to 40 CFR 122 subpart B;
 - f. Substitute Articles 9 and 10 of this Chapter for any reference to 40 CFR 123;
 - g. Substitute Articles 9 and 10 of this Chapter for any reference to 40 CFR 124;
 - h. Substitute R18-9-1006 for any reference to 40 CFR 503.32; and
 - i. Substitute R18-9-1010 for any reference to 40 CFR 503.33.

- B. A person shall analyze a pollutant using a test procedure for the pollutant specified by the Director in an AZPDES permit. If the Director does not specify a test procedure for a pollutant in an AZPDES permit, a person shall analyze the pollutant using:
 1. A test procedure listed in 40 CFR 136, which is incorporated by reference in subsection (A)(7);
 2. An alternate test procedure approved by the EPA as provided in 40 CFR 136;
 3. A test procedure listed in 40 CFR 136, with modifications allowed by the EPA and approved as a method alteration by the Arizona Department of Health Services under A.A.C. R9-14-610(B); or
 4. If a test procedure for a pollutant is not available under subsection (B)(1) through (B)(3), a test procedure listed in A.A.C. R9-14-612 or approved under A.A.C. R9-14-610(B).

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2704, effective June 5, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

R18-9-A906. General Pretreatment Regulations for Existing and New Sources of Pollution

- A. The reduction or alteration of a pollutant may be obtained by physical, chemical, or biological processes, process changes, or by other means, except as prohibited under 40 CFR 403.6(d), which is incorporated by reference in R18-9-

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A905(A)(8)(b). Appropriate pretreatment technology includes control equipment, such as equalization tanks or facilities, for protection against surges or slug loading that might interfere with or otherwise be incompatible with the POTW. However, if wastewater from a regulated process is mixed in an equalization facility with unregulated wastewater or with wastewater from another regulated process, the effluent from the equalization facility shall meet an adjusted pretreatment limit calculated under 40 CFR 403.6(e), which is incorporated by reference in R18-9-A905(A)(8)(b).

B. Pretreatment applies to:

1. Pollutants from non-domestic sources covered by pretreatment standards that are indirectly discharged, transported by truck or rail, or otherwise introduced into POTWs;
2. POTWs that receive wastewater from sources subject to national pretreatment standards; and
3. Any new or existing source subject to national pretreatment standards.

C. National pretreatment standards do not apply to sources that discharge to a sewer that is not connected to a POTW.

D. For purposes of this Section the terms "National Pretreatment Standard" and "Pretreatment Standard" mean any regulation containing pollutant discharge limits promulgated by EPA under section 307(b) and (c) of the Clean Water Act (33 U.S.C. 1317), which applies to Industrial Users. This term includes prohibitive discharge limits established under 40 CFR 403.5.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-A907. Public Notice

A. Individual permits.

1. The Director shall publish a notice that a draft individual permit has been prepared, or a permit application has been tentatively denied, in one or more newspapers of general circulation where the facility is located. The notice shall contain:
 - a. The name and address of the Department;
 - b. The name and address of the permittee or permit applicant and if different, the name of the facility or activity regulated by the permit;
 - c. A brief description of the business conducted at the facility or activity described in the permit application;
 - d. The name, address, and telephone number of a person from whom an interested person may obtain further information, including copies of the draft permit, fact sheet, and application;
 - e. A brief description of the comment procedures, the time and place of any hearing, including a statement of procedures to request a hearing (unless a hearing has already been scheduled), and any other procedure by which the public may participate in the final permit decision;
 - f. A general description of the location of each existing or proposed discharge point and the name of the receiving water;
 - g. For sources subject to section 316(a) of the Clean Water Act, a statement that the thermal component of the discharge is subject to effluent limitations under the Clean Water Act, section 301 (33 U.S.C. 1311) or 306 (33 U.S.C. 1316) and a brief description, including a quantitative statement, of the thermal effluent limitations proposed under section 301 (33 U.S.C. 1311) or 306 (33 U.S.C. 1316);

- h. Requirements applicable to cooling water intake structures at new facilities subject to 40 CFR 125, subpart I; and
 - i. Any additional information considered necessary to the permit decision.
2. The Department shall provide the applicant with a copy of the draft individual permit.
 3. Copy of the notice. The Department shall provide the following entities with a copy of the notice:
 - a. The applicant or permittee;
 - b. Any user identified in the permit application of a privately owned treatment works;
 - c. Any affected federal, state, tribal, or local agency, or council of government;
 - d. Federal and state agencies with jurisdiction over fish, shellfish, and wildlife resources, the Arizona Historic Preservation Office, and the U.S. Army Corps of Engineers;
 - e. Each applicable county department of health, environmental services, or comparable department;
 - f. Any person who requested, in writing, notification of the activity; and
 - g. The Secretaria de Medio Ambiente y Recursos Naturales and the United States Section of the International Boundary and Water Commission, if the Department is aware the effluent discharge is expected to reach Sonora, Mexico, either through surface water or groundwater.

B. General permits. If the Director considers issuing a general permit applicable to a category of discharge under R18-9-C901, the Director shall publish a general notice of the draft permit in the *Arizona Administrative Register*. The notice shall contain:

1. The name and address of the Department,
2. The name of the person to contact regarding the permit,
3. The general permit category,
4. A brief description of the proposed general permit,
5. A map or description of the permit area,
6. The web site or any other location where the proposed general permit may be obtained, and
7. The ending date for public comment.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

R18-9-A908. Public Participation, EPA Review, EPA Hearing

A. Public comment period.

1. The Director shall accept written comments from any interested person before a decision is made on any notice published under R18-9-A907(A) or (B).
2. The public comment period begins on the publication date of the notice and extends for 30 calendar days.
3. The Director may extend the comment period to provide commenters a reasonable opportunity to participate in the decision-making process.
4. If any data, information, or arguments submitted during the public comment period appear to raise substantial new questions concerning a permit, the Director may reopen or extend the comment period to provide interested persons an opportunity to comment on the information or arguments submitted. Comments filed during a reopened comment period are limited to the substantial new questions that caused its reopening.
 - a. Corps of Engineers.

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- i. If the District Engineer advises the Director that denying the permit or imposing specified conditions upon a permit is necessary to avoid any substantial impairment of anchorage or navigation, then the Director shall deny the permit or include the specified conditions in the permit.
 - ii. A person shall use the applicable procedures of the Corps of Engineers Review and not the procedures under this Article to appeal the denial of a permit or conditions specified by the District Engineer.
 - iii. If the conditions are stayed by a court of competent jurisdiction or by applicable procedures of the Corps of Engineers, those conditions are considered stayed in the AZPDES permit for the duration of that stay.
 - b. If an agency with jurisdiction over fish, wildlife, or public health advises the Director in writing that the imposition of specified conditions upon the permit is necessary to avoid substantial impairment of fish, shellfish, or wildlife resource, the Director may include the specified conditions in the permit to the extent they are determined necessary to carry out the provisions of the Clean Water Act.
- B. Public hearing.**
 1. The Director shall provide notice and conduct a public hearing to address a draft permit or denial regarding a final decision if:
 - a. Significant public interest in a public hearing exists, or
 - b. Significant issues or information have been brought to the attention of the Director during the comment period that was not considered previously in the permitting process.
 2. If, after publication of the notice under R18-9-A907, the Director determines that a public hearing is necessary, the Director shall schedule a public hearing and publish notice of the public hearing at least once, in one or more newspapers of general circulation where the facility is located. The notice for public hearing shall contain:
 - a. The date, time, and place of the hearing;
 - b. Reference to the date of a previous public notice relating to the proposed decision, if any; and
 - c. A brief description of the nature and purpose of the hearing, including reference to the applicable laws and rules.
 3. The Department shall accept written public comment until the close of the hearing or until a later date specified by the person presiding at the public hearing.
- C. EPA review of draft and proposed permits.**
 1. Individual permits.
 - a. The Department shall send a copy of the draft permit to EPA.
 - b. If EPA objects to the draft permit within 30 days from the date of receipt of the draft permit, the EPA comment period is extended to 90 days from the date of receipt of the draft permit and the substantive review time-frame is suspended until EPA makes a final determination.
 - c. If, based on public comments, the Department revises the draft permit, the Department shall send EPA a copy of the proposed permit. If EPA objects to the proposed permit within 30 days from the date of receipt of the proposed permit, the EPA comment period is extended to 90 days from the date of receipt of the proposed permit and the substantive review time-frame is suspended until EPA makes a final determination.
 2. General permits. The Director shall send a copy of the draft permit to EPA and comply with the following review procedure for EPA comments:
 - a. If EPA objects to the draft permit within 90 days from receipt of the draft permit, the Department shall not issue the permit until the objection is resolved;
 - b. If, based on public comments, the Department revises the draft permit, the Department shall send EPA a copy of the proposed permit. If EPA objects to the proposed permit within 90 days from receipt of the proposed permit, the Department shall not issue the permit until the objection is resolved;
 - c. If EPA withdraws its objection to the draft or proposed permit or does not submit specific objections within 90 days, the Director shall issue the permit.
- D. EPA hearing.** Within 90 days of receipt by the Director of a specific objection by EPA, the Director or any interested person may request that EPA hold a public hearing on the objection.
 1. If following the public hearing EPA withdraws the objection, the Director shall issue the permit.
 2. If a public hearing is not held, and EPA reaffirms the original objection, or modifies the terms of the objection, and the Director does not resubmit a permit revised to meet the EPA objection within 90 days of receipt of the objection, EPA may issue the permit for one term. Following the completion of the permit term, authority to issue the permit reverts to the Department.
 3. If a public hearing is held and EPA does not withdraw an objection or modify the terms of the objection, and the Director does not resubmit a permit revised to meet the EPA objection within 30 days of notification of the EPA objection, EPA may issue the permit for one permit term. Following the completion of the permit term, authority to issue the permit reverts to the Department.
 4. If EPA issues the permit instead of the Director, the Department shall close the application file.
- E. Final permit determination.**
 1. Individual permits. At the same time the Department notifies a permittee or an applicant of the final individual permit determination, the Department shall send, through regular mail, a notice of the determination to any person who submitted comments or attended a public hearing on the final individual permit determination. The Department shall:
 - a. Specify the provisions, if any, of the draft individual permit that have been changed in the final individual permit determination, and the reasons for the change; and
 - b. Briefly describe and respond to all significant comments on the draft individual permit or the permit application raised during the public comment period, or during any hearing.
 2. General permits. The Director shall publish a general notice of the final permit determination in the *Arizona Administrative Register*. The notice shall:
 - a. Specify the provisions, if any, of the draft general permit that have been changed in the final general

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- permit determination, and the reasons for the change;
- b. Briefly describe and respond to all significant comments on the draft general permit raised during the public comment period, or during any hearing; and
 - c. Specify where a copy of the final general permit may be obtained.
3. The Department shall make the response to comments available to the public.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-A909. Petitions

- A. Any person may submit a petition to the Director requesting:
 1. The issuance of a general permit;
 2. An individual permit covering any discharge into an MS4 under 40 CFR 122.26(f), which is incorporated by reference in R18-9-A905(A)(1)(d); or
 3. An individual permit under R18-9-C902(B)(1).
- B. The petition shall contain:
 1. The name, address, and telephone number of the petitioner;
 2. The location of the facility;
 3. The exact nature of the petition, and
 4. Evidence of the validity of the petition.
- C. The Department shall provide the permittee with a copy of the petition.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

PART B. INDIVIDUAL PERMITS

R18-9-B901. Individual Permit Application

- A. Time to apply.
 1. Any person who owns or operates a facility covered by R18-9-A902(B) or R18-9-A902(C), shall apply for an AZPDES individual permit at least 180 days before the date of the discharge or a later date if granted by the Director, unless the person:
 - a. Is exempt under R18-9-A902(G);
 - b. Is covered by a general permit under Article 9, Part C of this Chapter; or
 - c. Is a user of a privately owned treatment works, unless the Director requires a permit under 40 CFR 122.44(m).
 2. Construction. Any person who proposes a construction activity under R18-9-A902(B)(9)(c) or R18-9-A902(B)(9)(d) and wishes coverage under an individual permit, shall apply for the individual permit at least 90 days before the date on which construction is to commence.
 3. Waivers.
 - a. Unless the Director grants a waiver under 40 CFR 122.32, a person operating a small MS4 is regulated under the AZPDES program.
 - b. The Director shall review any waiver granted under subsection (A)(3)(a) at least every five years to determine whether any of the information required for granting the waiver has changed.
- B. Application. An individual permit applicant shall submit the following information on an application obtained from the Department. The Director may require more than one application from a facility depending on the number and types of discharges or outfalls.
 1. Discharges, other than stormwater.

- a. The information required under 40 CFR 122.21(f) through (l);
 - b. The signature of the certifying official required under 40 CFR 122.22;
 - c. The name and telephone number of the operator, if the operator is not the applicant; and
 - d. Whether the facility is located in the border area, and, if so:
 - i. A description of the area into which the effluent discharges from the facility may flow, and
 - ii. A statement explaining whether the effluent discharged is expected to cross the Arizona-Sonora, Mexico border.
2. Stormwater. In addition to the information required in subsection (B)(1)(c) and (B)(1)(d):
 - a. For stormwater discharges associated with industrial activity, the application requirements under 40 CFR 122.26(c)(1);
 - b. For large and medium MS4s, the application requirements under 40 CFR 122.26(d);
 - c. For small MS4s:
 - i. A stormwater management program under 40 CFR 122.34, and
 - ii. The application requirements under 40 CFR 122.33.
 - C. Consolidation of permit applications.
 1. The Director may consolidate two or more permit applications for any facility or activity that requires a permit under Articles 9 and 10 of this Chapter.
 2. Whenever a facility or activity requires an additional permit under Articles 9 and 10 of this Chapter, the Director may coordinate the expiration date of the new permit with the expiration date of an existing permit so that all permits expire simultaneously. The Department may then consolidate the processing of the subsequent applications for renewal permits.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-B902. Requested Coverage Under a General Permit

An owner or operator may request that an individual permit be revoked, if a source is excluded from a general permit solely because it already has an individual permit.

1. The Director shall grant the request for revocation of an individual permit upon determining that the permittee otherwise qualifies for coverage under a general permit.
2. Upon revocation of the individual permit, the general permit applies to the source.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-B903. Individual Permit Issuance or Denial

- A. Once the application is complete, the Director shall tentatively decide whether to prepare a draft permit or to deny the application.
- B. Permit issuance. If, based upon the information obtained by or available to the Department under R18-9-A907, R18-9-A908, and R18-9-B901, the Director determines that an applicant complies with A.R.S. Title 49, Chapter 2, Article 3.1 and Articles 9 and 10 of this Chapter, the Director shall issue a permit that is effective as prescribed in A.R.S. 49-255.01(H).
- C. Permit denial.
 1. If the Director decides to deny the permit application, the Director shall provide the applicant with a written notice

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of intent to deny the permit application. The written notification shall include:

- a. The reason for the denial with reference to the statute or rule on which the denial is based;
 - b. The applicant's right to appeal the denial with the Water Quality Appeals Board under A.R.S. § 49-323, the number of days the applicant has to file a protest challenging the denial, and the name and telephone number of the Department contact person who can answer questions regarding the appeals process; and
 - c. The applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
2. The Director shall provide an opportunity for public comment under R18-9-A907 and R18-9-A908 on a denial.
 3. The decision of the Director to deny the permit application takes effect 30 days after the decision is served on the applicant, unless the applicant files an appeal under A.R.S. 49-255.01(H)(1).

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-B904. Individual Permit Duration, Reissuance, and Continuation**A. Permit duration.**

1. An AZPDES individual permit is effective for a fixed term of not more than five years. The Director may issue a permit for a duration that is less than the full allowable term.
2. If the Director does not reissue a permit within the period specified in the permit, the permit expires, unless it is continued under subsection (C).
3. If a permittee of a large or medium MS4 allows a permit to expire by failing to reapply within the time period specified in subsection (B), the permittee shall submit a new application under R18-9-B901 and follow the application requirements under 40 CFR 122.26(d), which is incorporated by reference in R18-9-A905(A)(1)(d).

B. Permit reissuance.

1. A permittee shall reapply for an individual permit at least 180 days before the permit expiration date.
2. Unless otherwise specified in the permit, an annual report submitted 180 days before the permit expiration date satisfies the reapplication requirement for an MS4 permit. The annual report shall contain:
 - a. The name, address, and telephone number of the MS4;
 - b. The name, address, and telephone number of the contact person;
 - c. The status of compliance with permit conditions, including an assessment of the appropriateness of the selected best management practices and progress toward achieving the selected measurable goals for each minimum measure;
 - d. The results of any information collected and analyzed, including monitoring data, if any;
 - e. A summary of the stormwater activities planned for the next reporting cycle;
 - f. A change in any identified best management practices or measurable goals for any minimum measure; and
 - g. Notice of relying on another governmental entity to satisfy some of the permit obligations.

C. Continuation. A NPDES or AZPDES individual permit may continue beyond its expiration date if:

1. The permittee has submitted a complete application for an AZPDES individual permit at least 180 days before the expiration date of the existing permit and the permitted activity is of a continuing nature; and
2. The Department is unable, through no fault of the permittee, to issue an AZPDES individual permit on or before the expiration date of the existing permit.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-B905. Individual Permit Transfer

- A.** A permittee may request the Director to transfer an individual permit to a new permittee. The Director may modify, or revoke and reissue the permit to identify the new permittee, or make a minor modification to identify the new permittee.
- B.** Automatic transfer. The Director may automatically transfer an individual permit to a new permittee if:
 1. The current permittee notifies the Director by certified mail at least 30 days in advance of the proposed transfer date and includes a written agreement between the existing and new permittee containing a specific date for transfer of permit responsibility, coverage, and liability between them; and
 2. The Director does not notify the existing permittee and the proposed new permittee of the Director's intent to modify, or revoke and reissue the permit. A modification under this subsection may include a minor modification specified in R18-9-B906(B).

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-B906. Modification, Revocation and Reissuance, and Termination of Individual Permits**A. Permit modification, revocation and reissuance.**

1. The Director may modify, or revoke and reissue an individual permit for any of the following reasons:
 - a. The Director receives a written request from an interested person;
 - b. The Director receives information, such as when inspecting a facility;
 - c. The Director receives a written request to modify, or revoke and reissue a permit from a permittee as required in the individual permit; or
 - d. After review of a permit file, the Director determines one or more of the causes listed under 40 CFR 122.62(a) or (b) exists.
 - i. If the Director decides a written request is not justified under 40 CFR 122.62 or subsection (B), the Director shall send the requester a brief written response giving a reason for the decision.
 - ii. The denial of a request for modification, or revocation and reissuance is not subject to public notice, comment, or hearing under R18-9-A907 and R18-9-A908(A) and (B).
2. If the Director tentatively decides to modify, or revoke and reissue an individual permit, the Director shall prepare a draft permit incorporating the proposed changes. The Director may request additional information and, in the case of a modified permit, may require the submission of an updated application.

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- a. Modified individual permit. The Director shall reopen only the modified conditions when preparing a new draft permit and process the modifications.
 - b. Revoked and reissued individual permit.
 - i. The permittee shall submit a new application.
 - ii. The Director shall reopen the entire permit just as if the permit had expired and was being reissued.
 3. During any modification, or revocation and reissuance proceeding, the permittee shall comply with all conditions of the existing permit until a new final permit is issued.
- B. Minor modifications.**
1. Upon consent of the permittee, the Director may make any of the following modifications to an individual permit:
 - a. Correct typographical errors;
 - b. Update a permit condition that changed as a result of updating an Arizona water quality standard;
 - c. Require more frequent monitoring or reporting by the permittee;
 - d. Change an interim compliance date in a schedule of compliance, provided the new date is not more than 120 days after the date specified in the existing permit and does not interfere with attainment of the final compliance date requirement;
 - e. Allow for a change in ownership or operational control of a facility, if no other change in the permit is necessary, provided that a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittees has been submitted to the Director;
 - f. Change the construction schedule for a new source discharger. The change shall not affect a discharger's obligation to have all pollution control equipment installed and in operation before the discharge;
 - g. Delete a point source outfall if the discharge from that outfall is terminated and does not result in a discharge of pollutants from other outfalls except under permit limits;
 - h. Incorporate conditions of a POTW pretreatment program approved under 40 CFR 403.11 and 40 CFR 403.18, which is incorporated by reference in R18-9-A905(A)(7)(b) as enforceable conditions of the permit, and
 - i. Annex an area by a municipality.
 2. Any modification processed under subsection (B)(1) is not subject to the public notice provision under R18-9-A907 or public participation procedures under R18-9-A908.
- C. Permit termination.**
1. The Director may terminate an individual permit during its term or deny reissuance of a permit for any of the following causes:
 - a. The permittee's failure to comply with any condition of the permit;
 - b. The permittee's failure in the application or during the permit issuance process to disclose fully all relevant facts, or the permittee's misrepresentation of any relevant fact;
 - c. The Director determined that the permitted activity endangers human health or the environment and can only be regulated to acceptable levels by permit modification or termination; or
 - d. A change occurs in any condition that requires either a temporary or permanent reduction or elimination of any discharge, sludge use, or disposal practice controlled by the permit, for example, a plant closure or termination of discharge by connection to a POTW.
 2. If the Director terminates a permit during its term or denies a permit renewal application for any cause listed in subsection (C)(1), the Director shall issue a Notice of Intent to Terminate, except when the entire discharge is terminated.
 - a. Unless the permittee objects to the termination notice within 30 days after the notice is sent, the termination is final at the end of the 30 days.
 - b. If the permittee objects to the termination notice, the permittee shall respond in writing to the Director within 30 days after the notice is sent.
 - c. Expedited permit termination. If a permittee requests an expedited permit termination procedure, the permittee shall certify that the permittee is not subject to any pending state or federal enforcement actions, including citizen suits brought under state or federal law.
 - d. The denial of a request for termination is not subject to public notice, comment, or hearing under R18-9-A907 and R18-9-A908(A) and (B).

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-B907. Individual Permit Variances

- A.** The Director may grant or deny a request for any of the following variances:
1. An extension under section 301(i) of the Clean Water Act (33 U.S.C. 1311) based on a delay in completion of a POTW;
 2. After consultation with EPA, an extension under section 301(k) of the Clean Water Act (33 U.S.C. 1311) based on the use of innovative technology;
 3. A variance under section 316(a) of the Clean Water Act (33 U.S.C. 1326) for thermal pollution, or
 4. A variance under R18-11-122 for a water quality standard.
- B.** The Director may deny, forward to EPA with a written concurrence, or submit to EPA without recommendation a completed request for:
1. A variance based on the economic capability of the applicant under section 301(c) of the Clean Water Act (33 U.S.C. 1311); or
 2. A variance based on water quality related effluent limitations under 302(b)(2) (33 U.S.C. 1312) of the Clean Water Act.
- C.** The Director may deny or forward to EPA with a written concurrence a completed request for:
1. A variance based on the presence of fundamentally different factors from those on which an effluent limitations guideline is based; and
 2. A variance based upon water quality factors under section 301(g) of the Clean Water Act (33 U.S.C. 1311).
- D.** If the Department approves a variance under subsection (A) or if EPA approves a variance under subsection (B) or (C), the Director shall prepare a draft permit incorporating the variance. Any public notice of a draft permit for which a variance or modification has been approved or denied shall identify the applicable procedures for appealing the decision.

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Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

PART C. GENERAL PERMITS**R18-9-C901. General Permit Issuance**

- A.** The Director may issue a general permit to cover one or more categories of discharges, sludge use, or disposal practices, or facilities within a geographic area corresponding to existing geographic or political boundaries, if the sources within a covered category of discharges are either:
1. Stormwater point sources; or
 2. One or more categories of point sources other than stormwater point sources, or one or more categories of treatment works treating domestic sewage, if the sources, or treatment works treating domestic sewage, within each category all:
 - a. Involve the same or substantially similar types of operations;
 - b. Discharge the same types of wastes or engage in the same types of sludge use or disposal practices;
 - c. Require the same effluent limitations, operating conditions, or standards for sludge use or disposal;
 - d. Require the same or similar monitoring; and
 - e. Are more appropriately controlled under a general permit than under an individual permit.
- B.** Any person seeking coverage under a general permit issued under subsection (A) shall submit a Notice of Intent on a form provided by the Department within the time-frame specified in the general permit unless exempted under the general permit as provided in subsection (C)(2). The person shall not discharge before the time specified in the general permit unless the discharge is authorized by another permit.
- C.** Exemption from filing a Notice of Intent.
1. The following dischargers are not exempt from submitting a Notice of Intent:
 - a. A discharge from a POTW;
 - b. A combined sewer overflow;
 - c. A MS4;
 - d. A primary industrial facility;
 - e. A stormwater discharge associated with industrial activity;
 - f. A CAFO;
 - g. A treatment works treating domestic sewage; and
 - h. A stormwater discharge associated with construction activity.
 2. For dischargers not listed in subsection (C)(1), the Director may consider a Notice of Intent inappropriate for the discharge and authorize the discharge under a general permit without a Notice of Intent. In making this finding, the Director shall consider:
 - a. The type of discharge,
 - b. The expected nature of the discharge,
 - c. The potential for toxic and conventional pollutants in the discharge,
 - d. The expected volume of the discharge,
 - e. Other means of identifying the discharges covered by the permit, and
 - f. The estimated number of discharges covered by the permit.
 3. The Director shall provide reasons for not requiring a Notice of Intent for a general permit in the public notice.
- D.** Notice of Intent. The Director shall specify the contents of the Notice of Intent in the general permit and the applicant shall submit information sufficient to establish coverage under the general permit, including, at a minimum:

1. The name, position, address, and telephone number of the owner of the facility;
 2. The name, position, address, and telephone number of the operator of the facility, if different from subsection (D)(1);
 3. The name and address of the facility;
 4. The type and location of the discharge;
 5. The receiving streams;
 6. The latitude and longitude of the facility;
 7. For a CAFO, the information specified in 40 CFR 122.21(i)(1) and a topographic map;
 8. The signature of the certifying official required under 40 CFR 122.22; and
 9. Any other information necessary to determine eligibility for the AZPDES general permit.
- E.** The general permit shall contain:
1. The expiration date; and
 2. The appropriate permit requirements, permit conditions, and best management practices, and measurable goals for MS4 general permits, under R18-9-A905(A)(1), R18-9-A905(A)(2), and R18-9-A905(A)(3) and determined by the Director as necessary and appropriate for the protection of navigable waters.
- F.** The Department shall inform a permittee if EPA requests the permittee's Notice of Intent, unless EPA requests that the permittee not be notified.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

R18-9-C902. Required and Requested Coverage Under an Individual Permit

- A.** Individual permit requirements.
1. The Director may require a person authorized by a general permit to apply for and obtain an individual permit for any of the following cases:
 - a. A discharger or treatment works treating domestic sewage is not in compliance with the conditions of the general permit;
 - b. A change occurs in the availability of demonstrated technology or practices for the control or abatement of pollutants applicable to the point source or treatment works treating domestic sewage;
 - c. Effluent limitation guidelines are promulgated for point sources covered by the general permit;
 - d. An Arizona Water Quality Management Plan containing requirements applicable to the point sources is approved;
 - e. Circumstances change after the time of the request to be covered so that the discharger is no longer appropriately controlled under the general permit, or either a temporary or permanent reduction or elimination of the authorized discharge is necessary;
 - f. Standards for sewage sludge use or disposal are promulgated for the sludge use and disposal practices covered by the general permit; or
 - g. If the Director determines that the discharge is a significant contributor of pollutants. When making this determination, the Director shall consider:
 - i. The location of the discharge with respect to navigable waters,
 - ii. The size of the discharge,
 - iii. The quantity and nature of the pollutants discharged to navigable waters, and

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- iv. Any other relevant factor.
- 2. If an individual permit is required, the Director shall notify the discharger in writing of the decision. The notice shall include:
 - a. A brief statement of the reasons for the decision,
 - b. An application form,
 - c. A statement setting a deadline to file the application,
 - d. A statement that on the effective date of issuance or denial of the individual permit, coverage under the general permit will automatically terminate,
 - e. The applicant's right to appeal the individual permit requirement with the Water Quality Appeals Board under A.R.S. § 49-323, the number of days the applicant has to file a protest challenging the individual permit requirement, and the name and telephone number of the Department contact person who can answer questions regarding the appeals process; and
 - f. The applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
- 3. The discharger shall apply for a permit within 90 days of receipt of the notice, unless the Director grants a later date. In no case shall the deadline be more than 180 days after the date of the notice.
- 4. If the permittee fails to submit the individual permit application within the time period established in subsection (A)(3), the applicability of the general permit to the permittee is automatically terminated at the end of the day specified by the Director for application submittal.
- 5. Coverage under the general permit shall continue until an individual permit is issued unless the permit coverage is terminated under subsection (A)(4).
- B. Individual permit request.**
 - 1. An owner or operator authorized by a general permit may request an exclusion from coverage of a general permit by applying for an individual permit.
 - a. The owner or operator shall submit an individual permit application under R18-9-B901(B) and include the reasons supporting the request no later than 90 days after publication of the general permit.
 - b. The Director shall grant the request if the reasons cited by the owner or operator are adequate to support the request.
 - 2. If an individual permit is issued to an owner or operator otherwise subject to a general permit, the applicability of the general permit to the discharge is automatically terminated on the effective date of the individual permit.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-C903. General Permit Duration, Reissuance, and Continuation

- A. General permit duration.**
 - 1. An AZPDES general permit is effective for a fixed term of not more than five years. The Director may issue a permit for a duration that is less than the full allowable term.
 - 2. If the Director does not reissue a general permit before the expiration date, the current general permit will be administratively continued and remain in force and effect until the general permit is reissued.
- B. Continued coverage.** Any permittee granted permit coverage before the expiration date automatically remains covered by the continued permit until the earlier of:

- 1. Reissuance or replacement of the permit, at which time the permittee shall comply with the Notice of Intent conditions of the new permit to maintain authorization to discharge; or
- 2. The date the permittee has submitted a Notice of Termination; or
- 3. The date the Director has issued an individual permit for the discharge; or
- 4. The date the Director has issued a formal permit decision not to reissue the general permit, at which time the permittee shall seek coverage under an alternative general permit or an individual permit.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-C904. Change of Ownership or Operator Under a General Permit

If a change of ownership or operator occurs for a facility operating under a general permit:

- 1. Permitted owner or operator. The permittee shall provide the Department with a Notice of Termination by certified mail within 30 days after the new owner or operator assumes responsibility for the facility.
 - a. The Notice of Termination shall include all requirements for termination specified in the general permit for which the Notice of Termination is submitted.
 - b. A permittee shall comply with the permit conditions specified in the general permit for which the Notice of Termination is submitted until the Notice of Termination is received by the Department.
- 2. New owner or operator.
 - a. The new owner or operator shall complete and file a Notice of Intent with the Department within the time period specified in the general permit before taking over operational control of, or initiation of activities at, the facility.
 - b. If the previous permittee was required to implement a stormwater pollution prevention plan, the new owner shall develop a new stormwater pollution prevention plan, or may modify, certify, and implement the old stormwater pollution prevention plan if the old stormwater pollution prevention plan complies with the requirements of the current general permit.
 - c. The permittee shall provide the Department with a Notice of Termination if a permitted facility ceases operation, ceases to discharge, or changes operator status. In the case of a construction site, the permittee shall submit a Notice of Termination to the Department when:
 - i. The facility ceases construction operations and the discharge is no longer associated with construction or construction-related activities,
 - ii. The construction is complete and final site stabilization is achieved, or
 - iii. The operator's status changes.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-C905. General Permit Modification and Revocation and Reissuance

- A.** The Director may modify or revoke a general permit issued under R18-9-A907(B), R18-9-A908, and R18-9-C901 if one or more of the causes listed under 40 CFR 122.62(a) or (b) exists.

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- B. The Director shall follow the procedures specified in R18-9-A907(B) and R18-9-A908 to modify or revoke and reissue a general permit.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

PART D. ANIMAL FEEDING OPERATIONS AND CONCENTRATED ANIMAL FEEDING OPERATIONS**R18-9-D901. CAFO Designations**

- A. Two or more animal feeding operations under common ownership are considered a single animal feeding operation if they adjoin each other or if they use a common area or system for the disposal of wastes.
- B. The Director shall designate an animal feeding operation as a CAFO if the animal feeding operation significantly contributes a pollutant to a navigable water. The Director shall consider the following factors when making this determination:
1. The size of the animal feeding operation and the amount of wastes reaching a navigable water;
 2. The location of the animal feeding operation relative to a navigable water;
 3. The means of conveyance of animal wastes and process wastewaters into a navigable water;
 4. The slope, vegetation, rainfall, and any other factor affecting the likelihood or frequency of discharge of animal wastes and process wastewaters into a navigable water; and
 5. Any other relevant factor.
- C. The Director shall conduct an onsite inspection of the animal feeding operation before the making a designation under subsection (B).
- D. The Director shall not designate an animal feeding operation having less than the number of animals established in R18-9-A901(19)(a) as a CAFO unless a pollutant is discharged:
1. Into a navigable water through a manmade ditch, flushing system, or other similar manmade device; or
 2. Directly into a navigable water that originates outside of and passes over, across, or through the animal feeding operation or otherwise comes into direct contact with the animals confined in the operation.
- E. If the Director makes a designation under subsection (B), the Director shall notify the owner or operator of the operation, in writing, of the designation.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

R18-9-D902. AZPDES Permit Coverage Requirements

- A. Any person who owns or operates a CAFO, except as provided in subsections (B) and (C), shall submit an application for an individual permit under R18-9-B901(B) or seek coverage under a general permit under R18-9-C901(B) within the applicable deadline specified in R18-9-D904(A).
- B. If a person who owns or operates a large CAFO receives a no potential to discharge determination under R18-9-D903, coverage under an AZPDES permit described in this Part is not required.
- C. The discharge of manure, litter, or process wastewater to a navigable water from a CAFO as a result of the application of manure, litter, or process wastewater by the CAFO to land areas under its control is subject to AZPDES permit requirements, except where it is an agricultural stormwater discharge as provided in section 502(14) of the Clean Water Act (33 U.S.C. 1362(14)). For purposes of this Section, an "agricultural stormwater discharge" means a precipitation-related dis-

charge of manure, litter, or process wastewater from land areas under the control of a CAFO when the person who owns or operates the CAFO has applied the manure, litter, or process wastewater according to site-specific nutrient management practices to ensure appropriate agricultural use of the nutrients in the manure, litter, or process wastewater, as specified under 40 CFR 122.42(e)(1)(vi) through (ix).

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

R18-9-D903. No Potential To Discharge Determinations for Large CAFOs

- A. For purposes of this Section, "no potential to discharge" means that there is no potential for any CAFO manure, litter, or process wastewater to enter into a navigable water under any circumstance or climatic condition.
- B. Any person who owns or operates a large CAFO and has not had a discharge within the previous five years may request a no potential to discharge determination by submitting to the Department:
1. The information specified in 40 CFR 122.21(f) and 40 CFR 122.21(i)(1)(i) through (ix) on a form obtained from the Department, by the applicable date specified in R18-9-D904(A); and
 2. Any additional information requested by the Director to supplement the request or requested through an onsite inspection of the CAFO.
- C. Process for making a no potential to discharge determination.
1. Upon receiving a request under subsection (B), the Director shall consider:
 - a. The potential for discharges from both the production area and any land application area, and
 - b. Any record of prior discharges by the CAFO.
 2. The Director shall issue a public notice that includes:
 - a. A statement that a no potential to discharge request has been received;
 - b. A fact sheet, when applicable;
 - c. A brief description of the type of facility or activity that is the subject of the no potential to discharge determination;
 - d. A brief summary of the factual basis, upon which the request is based, for granting the no potential to discharge determination; and
 - e. A description of the procedures for reaching a final decision on the no potential to discharge determination.
 3. The Director shall base the decision to grant a no potential to discharge determination on the administrative record, which includes all information submitted in support of a no potential to discharge determination and any other supporting data gathered by the Director.
 4. The Director shall notify the owner or operator of the large CAFO of the final determination within 90 days of receiving the request.
- D. If the Director determines that the operation has the potential to discharge, the person who owns or operates the CAFO shall seek coverage under an AZPDES permit within 30 days after the determination of potential to discharge.
- E. A no potential to discharge determination does not relieve the CAFO from the consequences of a discharge. An unpermitted CAFO discharging a pollutant into a navigable water is in violation of the Clean Water Act even if the Director issues a no potential to discharge determination for the facility. If the Director issues a determination of no potential to discharge to a CAFO facility but the owner or operator anticipates a change

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in circumstances that could create the potential for a discharge, the owner or operator shall contact the Director and apply for and obtain permit authorization before the change of circumstances.

- F. When the Director issues a determination of no potential to discharge, the Director retains the authority to subsequently require AZPDES permit coverage if:
1. Circumstances at the facility change;
 2. New information becomes available; or
 3. The Director determines, through other means, that the CAFO has a potential to discharge.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

R18-9-D904. AZPDES Permit Coverage Deadlines

- A. Any person who owns or operates a CAFO shall apply for or seek coverage under an AZPDES permit and shall comply with all applicable AZPDES requirements, including the duty to maintain permit coverage under subsection (C).
1. Permit coverage deadline for an animal feeding operation operating before April 14, 2003.
 - a. An owner or operator of an animal feeding operation that operated before April 14, 2003 and was defined as a CAFO before February 2, 2004 shall apply for or seek permit coverage or maintain permit coverage and comply with the conditions of the applicable AZPDES permit;
 - b. An owner or operator of an animal feeding operation that operated before April 14, 2003 and was not defined as a CAFO until February 2, 2004 shall apply for or seek permit coverage by a date specified by the Director, but no later than February 13, 2006;
 - c. An owner or operator of an animal feeding operation that operated before April 14, 2003 who changes the operation on or after February 2, 2004, resulting in the operation being defined as a CAFO, shall apply for or seek permit coverage as soon as possible, but no later than 90 days after the operational change. If the operational change will not make the operation a CAFO as defined before February 2, 2004, the owner or operator may take until April 13, 2006 or 90 days after the operation is defined as a CAFO, whichever is later, to apply for or seek permit coverage;
 - d. An owner or operator of an animal feeding operation that operated before April 14, 2003 who constructs additional facilities on or after February 2, 2004, resulting in the operation being defined as a CAFO that is a new source, shall apply for or seek permit coverage at least 180 days before the new source portion of the CAFO commences operation. If the calculated 180-day deadline occurs before February 2, 2004 and the operation is not subject to this Article before February 2, 2004, the owner or operator shall apply for or seek permit coverage no later than March 3, 2004.
 2. Permit coverage deadline for an animal feeding operation operating on or after April 14, 2003. An owner or operator who started construction of a CAFO on or after April 14, 2003, including a CAFO subject to the effluent limitations guidelines in 40 CFR 412, shall apply for or seek permit coverage at least 180 days before the CAFO commences operation. If the calculated 180-day deadline occurs before February 2, 2004 and the operation is not subject to this Article before February 2, 2004, the owner

or operator shall apply for or seek permit coverage no later than March 3, 2004.

3. Permit coverage deadline for a designated CAFO. Any person who owns or operates a CAFO designated under R18-9-D901(B) shall apply for or seek permit coverage no later than 90 days after receiving a designation notice.
- B. Unless specified under R18-9-D903(E) and (F), the Director shall not require permit coverage for a CAFO that the Director determines under R18-9-D903 to have no potential to discharge. If circumstances change at a CAFO that has a no potential to discharge determination and the CAFO now has a potential to discharge, the person who owns or operates the CAFO shall notify the Director within 30 days after the change in circumstances and apply for or seek coverage under an AZPDES permit.
- C. Duty to maintain permit coverage.
1. The permittee shall:
 - a. If covered by an individual AZPDES permit, submit an application to renew the permit no later than 180 days before the expiration of the permit under R18-9-B904(B); or
 - b. If covered by a general AZPDES permit, comply with R18-9-C903(B).
 2. Continued permit coverage or reapplication for a permit is not required if:
 - a. The facility ceases operation or is no longer a CAFO; and
 - b. The permittee demonstrates to the Director that there is no potential for a discharge of remaining manure, litter, or associated process wastewater (other than agricultural stormwater from land application areas) that was generated while the operation was a CAFO.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

R18-9-D905. Closure Requirements

- A. Closure.
1. A person who owns or operates a CAFO shall notify the Department of the person's intent to cease operations without resuming an activity for which the facility was designed or operated.
 2. A person who owns or operates a CAFO shall submit a closure plan to the Department for approval 90 days before ceasing operation. The closure plan shall describe:
 - a. For operations that met the "no potential to discharge" under R18-9-D903, facility-related information based on the Notice of Termination form for the applicable general permit;
 - b. The approximate quantity of manure, process wastewater, and other materials and contaminants to be removed from the facility;
 - c. The destination of the materials to be removed from the facility and documentation that the destination is approved to accept the materials;
 - d. The method to treat any material remaining at the facility;
 - e. The method to control the discharge of pollutants from the facility;
 - f. Any limitations on future land or water use created as a result of the facility's operations or closure activities;
 - g. A schedule for implementing the closure plan; and
 - h. Any other relevant information the Department determines necessary.

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- B. The owner or operator shall provide the Department with written notice that a closure plan has been fully implemented within 30 calendar days of completion and before redevelopment.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

**ARTICLE 10. ARIZONA POLLUTANT DISCHARGE
ELIMINATION SYSTEM - DISPOSAL, USE, AND
TRANSPORTATION OF BIOSOLIDS**

R18-9-1001. Definitions

In addition to the definitions in A.R.S. § 49-255 and R18-9-A901, the following terms apply to this Article:

1. "Aerobic digestion" means the biochemical decomposition of organic matter in biosolids into carbon dioxide and water by microorganisms in the presence of air.
2. "Agronomic rate" means the whole biosolids application rate on a dry-weight basis that meets the following conditions:
 - a. The amount of nitrogen needed by existing vegetation or a planned or actual crop has been provided, and
 - b. The amount of nitrogen that passes below the root zone of the crop or vegetation is minimized.
3. "Anaerobic digestion" means the biochemical decomposition of organic matter in biosolids into methane gas and carbon dioxide by microorganisms in the absence of air.
4. "Annual biosolids application rate" means the maximum amount of biosolids (dry-weight basis) that can be applied to an acre or hectare of land during a 365-day period.
5. "Annual pollutant loading rate" means the maximum amount of a pollutant that can be applied to an acre or hectare of land during a 365-day period.
6. "Applicator" means a person who arranges for and controls the site-specific land application of biosolids in Arizona.
7. "Biosolids" means sewage sludge, including exceptional quality biosolids, that is placed on, or applied to the land to use the beneficial properties of the material as a soil amendment, conditioner, or fertilizer. Biosolids do not include any of the following:
 - a. Sludge determined to be hazardous under A.R.S. Title 49, Chapter 5, Article 2 and 40 CFR 261;
 - b. Sludge with a concentration of polychlorinated biphenyls (PCBs) equal to or greater than 50 milligrams per kilogram of total solids (dry-weight basis);
 - c. Grit (for example, sand, gravel, cinders, or other materials with a high specific gravity) or screenings generated during preliminary treatment of domestic sewage by a treatment works;
 - d. Sludge generated during the treatment of either surface water or groundwater used for drinking water;
 - e. Sludge generated at an industrial facility during the treatment of industrial wastewater, including industrial wastewater combined with domestic sewage;
 - f. Commercial septage, industrial septage, or domestic septage combined with commercial or industrial septage; or
 - g. Special wastes as defined and controlled under A.R.S. Title 49, Chapter 4, Article 9.
8. "Bulk biosolids" means biosolids that are transported and land-applied in a manner other than in a bag or other container holding biosolids of 1.102 short tons or 1 metric ton or less.
9. "Class I sludge management facility" means any POTW identified under 40 CFR 403.8(a) as being required to have an approved pretreatment program (including a POTW for which the Department assumes local program responsibilities under 40 CFR 403.10(e)) and any other treatment works treating domestic sewage classified as a Class I sludge management facility by the regional administrator in conjunction with the Director or by the Director because of the potential for its sludge use or disposal practices to adversely affect public health or the environment.
10. "Clean water act" means the federal water pollution control act amendments of 1972, as amended (P.L. 92-500; 86 Stat. 816; 33 United States Code sections 1251 through 1376). A.R.S. 49-201(6).
11. "Coarse fragments" means rock particles in the gravel-size range or larger.
12. "Coarse or medium sands" means a soil mixture of which more than 50% of the sand fraction is retained on a No. 40 (0.425 mm) sieve.
13. "Cumulative pollutant loading rate" means the maximum amount of a pollutant applied to a land application site.
14. "Domestic septage" means the liquid or solid material removed from a septic tank, cesspool, portable toilet, marine sanitation device, or similar system or device that receives only domestic sewage. Domestic septage does not include commercial or industrial wastewater or restaurant grease-trap wastes.
15. "Domestic sewage" means waste or wastewater from humans or household operations that is discharged to a publicly or privately owned treatment works. Domestic sewage also includes commercial and industrial wastewaters that are discharged into a publicly-owned or privately-owned treatment works if the industrial or commercial wastewater combines with human excreta and other household and nonindustrial wastewaters before treatment.
16. "Dry-weight basis" means the weight of biosolids calculated after the material has been dried at 105° C until reaching a constant mass.
17. "Exceptional quality biosolids" means biosolids certified under R18-9-1013(A)(6) as meeting the pollutant concentrations in R18-9-1005 Table 2, Class A pathogen reduction in R18-9-1006, and one of the vector attraction reduction requirements in subsections R18-9-1010(A)(1) through R18-9-1010(A)(8).
18. "Feed crops" means crops produced for animal consumption.
19. "Fiber crops" means crops grown for their physical characteristics. Fiber crops, including flax and cotton, are not produced for human or animal consumption.
20. "Food crops" means crops produced for human consumption.
21. "Gravel" means soil predominantly composed of rock particles that will pass through a 3-inch (75 mm) sieve and be retained on a No. 4 (4.75 mm) sieve.
22. "Industrial wastewater" means wastewater that is generated in a commercial or industrial process.
23. "Land application," "apply biosolids," or "biosolids applied to the land" means spraying or spreading biosolids on the surface of the land, injecting biosolids below the land's surface, or incorporating biosolids into the soil to amend, condition, or fertilize the soil.

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24. "Monthly average" means the arithmetic mean of all measurements taken during a calendar month.
25. "Municipality" means a city, town, county, district, association, or other public body, including an intergovernmental agency of two or more of the foregoing entities created by or under state law. The term includes special districts such as a water district, sewer district, sanitary district, utility district, drainage district, or similar entity that has as one of its principal responsibilities, the treatment, transport, use, or disposal of biosolids.
26. "Navigable waters" means the waters of the United States as defined by section 502(7) of the clean water act (33 United States Code section 1362(7)). A.R.S. § 49-201(21).
27. "Other container" means a bucket, bin, box, carton, trailer, pickup truck bed, or a tanker vehicle or an open or closed receptacle with a load capacity of 1.102 short tons or one metric ton or less.
28. "Pathogen" means a disease-causing organism.
29. "Person" means an individual, employee, officer, managing body, trust, firm, joint stock company, consortium, public or private corporation, including a government corporation, partnership, association or state, a political subdivision of this state, a commission, the United States government or a federal facility, interstate body or other entity. A.R.S. § 49-201(26).
30. "Person who prepares biosolids" means a person who generates biosolids during the treatment of domestic sewage in a treatment works, packages biosolids, or derives a new product from biosolids either through processing or by combining it with another material, including blending several biosolids together.
31. "pH" means the logarithm of the reciprocal of the hydrogen ion concentration.
32. "Pollutant" means an organic substance, an inorganic substance, a combination of organic and inorganic substances, or a pathogenic organism that, after release into the environment and upon exposure, ingestion, inhalation, or assimilation into an organism, either directly from the environment or indirectly by ingestion through the food chain, could cause death, disease, behavioral abnormalities, cancer, genetic mutations, physiological malfunctions (including malfunction in reproduction), or physical deformities in either organisms or reproduced offspring.
33. "Pollutant limit" means:
 - a. A numerical value that describes the quantity of a pollutant allowed in a unit of biosolids such as milligrams per kilogram of total solids,
 - b. The quantity of a pollutant that can be applied to a unit area of land such as kilograms per hectare, or
 - c. The volume of biosolids that can be applied to a unit area of land such as gallons per acre.
34. "Privately owned treatment works" means a device or system owned by a non-governmental entity used to treat, recycle, or reclaim, either domestic sewage or a combination of domestic sewage and industrial waste that is generated off-site.
35. "Public contact site" means a park, sports field, cemetery, golf course, plant nursery, or other land with a high potential for public exposure to biosolids.
36. "Reclamation" means the use of biosolids to restore or repair construction sites, active or closed mining sites, landfill caps, or other drastically disturbed land.
37. "Responsible official" means a principal corporate officer, general partner, proprietor, or, in the case of a municipality, a principal executive official or any duly authorized agent.
38. "Runoff" means rainwater, leachate, or other liquid that drains over any part of a land surface and runs off of the land surface.
39. "Sand" means soil that contains more than 85% grains in the size range that will pass through a No. 4 (4.75 mm) sieve and be retained on a No. 200 (0.075 mm) sieve.
40. "Sewage sludge":
 - (a) Means solid, semisolid or liquid residue that is generated during the treatment of domestic sewage in a treatment works.
 - (b) Includes domestic septage, scum or solids that are removed in primary, secondary or advanced wastewater treatment processes, and any material derived from sewage sludge.
 - (c) Does not include ash that is generated during the firing of sewage sludge in a sewage sludge incinerator or grit and screenings that are generated during preliminary treatment of domestic sewage in a treatment works. A.R.S. § 49-255(6)
41. "Sewage sludge unit" means land on which only sewage sludge is placed for final disposal. This does not include land on which sewage sludge is either stored or treated. Land does not include navigable waters.
42. "Specific oxygen uptake rate (SOUR)" means the mass of oxygen consumed per unit time per unit mass of total solids (dry-weight basis) in biosolids.
43. "Store biosolids" or "storage of biosolids" means the temporary holding or placement of biosolids on land before land application.
44. "Surface disposal site" means an area of land that contains one or more active sewage sludge units.
45. "Ton" means a net weight of 2000 pounds and is known as a short ton.
46. "Total solids" means the biosolids material that remains when sewage sludge is dried at 103° C to 105° C.
47. "Treatment of biosolids" means the thickening, stabilization, dewatering, and other preparation of biosolids for land application. Storage is not a treatment of biosolids.
48. "Unstabilized solids" means the organic matter in biosolids that has not been treated or reduced through an aerobic or anaerobic process.
49. "Vectors" means rodents, flies, mosquitoes, or other organisms capable of transporting pathogens.
50. "Volatile solids" means the amount of total solids lost when biosolids are combusted at 550° C in the presence of excess air.
51. "Wetlands" means those areas that are inundated or saturated by surface water or groundwater at a frequency and duration to support, and do under normal circumstances support, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs, cienegas, tinajas, and similar areas.

Historical Note

New Section recodified from R18-13-1502 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

R18-9-1002. Applicability and Prohibitions

- A.** This Article applies to:
1. Any person who:

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- a. Prepares biosolids for land application or disposal in a sewage sludge unit or in an incinerator,
 - b. Transports biosolids for land application or incineration, or disposal in a sewage sludge unit,
 - c. Applies biosolids to the land,
 - d. Owns or operates a sewage sludge unit,
 - e. Owns or leases land to which biosolids are applied, or
 - f. Owns or operates an incinerator that fires sewage sludge,
2. Biosolids applied to the land or placed on a surface disposal site,
 3. Land where biosolids are applied, and
 4. A surface disposal site.
- B.** The land application of biosolids in a manner consistent with this Article is exempt from the requirements of the aquifer protection program established under A.R.S. Title 49, Chapter 2, Article 3 and 18 A.A.C. 9, Articles 1, 2, and 3.
- C.** Except as provided in subsection (D), the land application of biosolids in a manner that is not consistent with Articles 9 and 10 of this Chapter is prohibited.
- D.** The Department may permit the land application of biosolids in a manner that differs from the requirements in R18-9-1007 and R18-9-1008 if the land application is permitted under the aquifer protection permit program established under A.R.S. Title 49, Chapter 2, Article 3, and 18 A.A.C. 9, Articles 1, 2, and 3.
- E.** Surface disposal site.
1. Any person who prepares biosolids that are placed in a sewage sludge unit, or places biosolids in a sewage sludge unit, or who owns or operates a biosolids surface disposal site shall comply with 40 CFR 503, Subpart C, which is incorporated by reference in R18-9-A905(A)(9), and
 - a. The pathogen reduction requirements in R18-9-1006, and
 - b. The vector attraction reduction requirements in R18-9-1010.
 2. In addition to the requirements under subsection (E)(1), any person who owns or operates a biosolids surface disposal site shall apply for, and obtain, a permit under 18 A.A.C. 9, Articles 1 and 2.
- F.** A person shall not apply bulk biosolids to the land or place bulk biosolids in a surface disposal site or fire sewage sludge in a sewage sludge incinerator if the biosolids are likely to adversely affect a threatened or endangered species as listed under section 4 of the Endangered Species Act (16 U.S.C. 1533), or its designated critical habitat as defined in 16 U.S.C. 1532.
- G.** A person incinerating biosolids shall comply with the requirements set out in 40 CFR Part 503, Subpart E, July 1, 2013 edition, which is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007 or may be obtained from the U.S. General Printing office at <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>.

Historical Note

New Section recodified from R18-13-1501 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 21 A.A.R. 751, effective

July 4, 2015 (Supp. 15-2).

R18-9-1003. General Requirements

- A.** A person shall not use or transport biosolids, apply biosolids to land, or place biosolids on a surface disposal site in Arizona, except as established in this Article.
- B.** The management practices in R18-9-1007 and R18-9-1008 do not apply if biosolids are exceptional quality biosolids.
- C.** The applicator shall obtain, submit to the Department, and maintain the information required to comply with the requirements of this Article.
- D.** The applicator shall not receive bulk biosolids without prior written confirmation of the filing of a "Request for Registration" under R18-9-1004.
- E.** The land owner or lessee of land on which bulk biosolids, that are not exceptional quality biosolids, have been applied shall notify any subsequent land owner and lessee of all previous land applications of biosolids and shall disclose any site restrictions listed in R18-9-1009 that are in effect at the time the property is transferred.
- F.** A person who prepares biosolids shall ensure that the applicable requirements in this Article are met when the biosolids are applied to the land or placed on a surface disposal site.
- G.** If necessary to protect public health and the environment from any adverse effect of a pollutant in the biosolids, the Department may impose, on a case-by-case basis, requirements for the use or disposal of biosolids, including exceptional quality biosolids, in addition to, or more stringent than, the requirements in this Article. The Department shall notify the preparer, applier, or land owner of these requirements by letter and include the justification for the requirements and the length of time or applicability for the requirements.

Historical Note

New Section recodified from R18-13-1503 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

R18-9-1004. Applicator Registration, Bulk Biosolids

- A.** Any person intending to land-apply bulk biosolids in Arizona shall submit, on a form provided by the Department, a completed "Request for Registration."
- B.** An applicator shall not engage in land application of bulk biosolids, unless the applicator has obtained a prior written acknowledgment of the Request for Registration or a supplemental request from the Department.
- C.** The Request for Registration for all biosolids, except exceptional quality biosolids, shall include:
1. The name, address, and telephone number of the applicator and any agent of the applicator;
 2. The name and telephone number of a primary contact person who has specific knowledge of the land application activities of the applicator;
 3. Whether the applicator holds a NPDES or AZPDES permit, and, if so, the permit number;
 4. The identity of the person, if different from the applicator, including the NPDES or AZPDES permit number, who will prepare the biosolids for land application; and
 5. The following information, unless the information is already on file at the Department as part of an approved land application plan, for each site on which application is anticipated to take place:
 - a. The name, mailing address, and telephone number of the land owner and lessee, if any;
 - b. The physical location of the site by county;

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- c. The legal description of the site, including township, range, and section, or latitude and longitude at the center of each site;
 - d. The number of acres or hectares at each site to be used;
 - e. Except for sites described in R18-9-1005(D)(2)(c), background concentrations of the pollutants listed in Table 4 of R18-9-1005 from representative soil samples;
 - f. The location of any portion of the site having a slope greater than 6%; and
 - g. Public notice. Proof of placement of a public notice announcing the potential use of the site for the application of biosolids when a site has not previously received biosolids, or when a site has not been used for land application for at least three consecutive years.
 - i. The notice shall appear at least once each week for at least two consecutive weeks in the largest newspaper in general circulation in the area in which the site is located.
 - ii. If a site is not used for land application for at least three consecutive years, the applicator shall renotice the site following the process described in subsection (C)(5)(g)(i) before its reuse.
- D.** The Request for Registration for exceptional quality biosolids shall include the information in subsections (C)(1) through (C)(4).
- E.** A responsible official of the applicator shall sign the Request for Registration.
- F.** The Department shall mail a written acknowledgment of a Request for Registration or supplemental request, within 15 business days of receipt of the request.
- G.** An applicator wishing to use a site that has not been identified in a Request for Registration shall file a supplemental request with the Department before using the new site. Public notice requirements under R18-9-1004(C)(5)(g) apply.

Historical Note

New Section recodified from R18-13-1504 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

R18-9-1005. Pollutant Concentrations

- A.** A person shall not apply biosolids with pollutant concentrations that exceed any of the ceiling concentrations established in Table 1.
- B.** A person shall not apply biosolids sold or given away in a bag or other container that are not exceptional quality biosolids to a site if any annual pollutant loading rate in Table 3 will be exceeded. A person shall determine annual application rates using the methodology established in Appendix A.
- C.** A person shall not apply bulk biosolids to a lawn or garden unless the biosolids are exceptional quality biosolids.
- D.** Unless using exceptional quality biosolids, a person shall not apply bulk biosolids to a site when:
1. The pollutant concentrations exceed the levels in Table 2, or
 2. Any cumulative pollutant loading rate in Table 4 will be exceeded. A person shall determine compliance with the site cumulative pollutant loading rates using the following:

- a. By identifying all known biosolids application events and information relevant to a site since September 13, 1979.
- b. By calculating the existing cumulative level of the pollutants established in Table 4 using actual analytical data from the application events or if actual analytical data from application events before April 1996 are not available, background concentrations determined by taking representative soil samples of the site, if it is known that the site received biosolids before April 1996.
- c. Background soil tests are not required for those sites that have not received biosolids before April 23, 1996.

Table 1. Ceiling Concentrations

Pollutant	Ceiling concentrations (milligrams per kilogram) (1)
Arsenic	75.0
Cadmium	85.0
Chromium	3000.0
Copper	4300.0
Lead	840.0
Mercury	57.0
Molybdenum	75.0
Nickel	420.0
Selenium	100.0
Zinc	7500.0

(1) Dry-weight basis.

Table 2. Monthly Average Pollutant Concentrations

Pollutant	Concentration limits (milligrams per kilogram) (1)
Arsenic	41.0
Cadmium	39.0
Copper	1500.0
Lead	300.0
Mercury	17.0
Nickel	420.0
Selenium	100.0
Zinc	2800.0

(1) Dry-weight basis.

Table 3. Annual Pollutant Loading Rates

Pollutant	Annual pollutant loading rates (in kilograms per hectare)
Arsenic	2.0
Cadmium	1.9
Copper	75.0
Lead	15.0
Mercury	0.85
Nickel	21.0
Selenium	5.0
Zinc	140.0

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Table 4. Cumulative Pollutant Loading Rates

Pollutant	Cumulative pollutant loading rates (in kilograms per hectare)
Arsenic	41.0
Cadmium	39.0
Copper	1500.0
Lead	300.0
Mercury	17.0
Nickel	420.0
Selenium	100.0
Zinc	2800.0

Historical Note

New Section recodified from R18-13-1505 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

R18-9-1006. Class A and Class B Pathogen Reduction Requirements

- A.** An applicator shall ensure that all biosolids applied to land meet Class A or Class B pathogen reduction requirements at the time the biosolids are:
1. Placed on an active sewage sludge unit unless the biosolids are covered with soil or other material at the end of each operating day, or
 2. Land applied.
- B.** Biosolids that are sold or given away in a bag or other container for land application, or that are applied on a lawn or home garden, shall meet the Class A pathogen reduction requirements established in subsection (D).
- C.** Land on which biosolids with Class B pathogen reduction requirements are applied is subject to the use restrictions established in R18-9-1009.
- D.** Biosolids satisfy the Class A pathogen reduction requirements when the density of fecal coliform is less than 1000 Most Probable Number per gram of total solids (dry-weight basis), or the density of *Salmonella sp.* bacteria is less than three Most Probable Number per four grams of total solids (dry-weight basis), and any one of the following alternative pathogen treatment options is used:
1. Alternative 1. The pathogen treatment process meets one of the following time and temperature requirements:
 - a. When the percent solids of the biosolids are seven percent or greater, the temperature of the biosolids shall be held at 50° C or higher for at least 20 minutes. The temperature and time period is determined using the equation in subsection (D)(1)(b), except when small particles of the biosolids are heated by either warmed gases or an immiscible liquid;
 - b. When the percent solids of the biosolids are seven percent or greater, and small particles of the biosolids are heated by either warmed gases or an immiscible liquid, a temperature of 50° C or higher shall be held for 15 seconds or longer. The temperature and time period is determined using the following equation:

$$D = \frac{131,700,000}{10^{[0.1400t]}}$$

D = time in days, and

t = temperature in degrees Celsius;

- c. When the percent solids of the biosolids are less than seven percent, the temperature of the biosolids is 50° C or higher and the time period is 30 minutes or longer. The temperature and time period shall be determined using the following equation:

$$D = \frac{50,070,000}{10^{[0.1400t]}}$$

D = time in days, and

t = temperature in degrees Celsius; or

- d. When the percent solids of the biosolids are less than seven percent, and the time of heating is at least 15 seconds, but less than 30 minutes, the time and temperature is determined using the following equation:

$$D = \frac{131,700,000}{10^{[0.1400t]}}$$

D = time in days, and

t = temperature in degrees Celsius.

2. Alternative 2. The pathogen treatment process meets all the following parameters:
 - a. The pH of the quantity of biosolids treated is raised to 12 or higher and held at least 72 hours;
 - b. During the period that the pH is above 12, the temperature of the biosolids is held above 52° C for at least 12 hours; and
 - c. At the end of the 72-hour period during which the pH is above 12, the biosolids are air dried to achieve a percent solids in the biosolids greater than 50%.
3. Alternative 3. The following conditions are met:
 - a. The biosolids, before pathogen treatment and until the next monitoring event, have an enteric virus density less than one plaque-forming unit for four grams of total solids (dry-weight basis);
 - b. The biosolids, before pathogen treatment and until the next monitoring event, have a viable helminth ova density less than one for four grams of total solids (dry-weight basis); and
 - c. Once the density requirements in subsections (D)(3)(a) and (D)(3)(b) are consistently met after pathogen treatment and the values and ranges of the pathogen treatment process used are documented, the biosolids continue to be Class A with respect to enteric viruses and viable helminth ova when the values for the pathogen treatment process operating parameters are consistent with the previously documented values or ranges of values.
4. Alternative 4. The following requirements are met at the time the biosolids are used or disposed or at the time the biosolids are prepared for sale or given away in a bag or other container for application to the land:
 - a. The biosolids have an enteric virus density less than one plaque-forming unit for four grams of total solids (dry-weight basis), and
 - b. The biosolids have a viable helminth ova density less than one for four grams of total solids (dry-weight basis).
5. Alternative 5. Composting.

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- a. Use either the within-vessel or the static-aerated-pile composting method, maintaining the temperature of the biosolids at 55° C or higher for three days; or
 - b. Use the windrow composting method, maintaining the temperature of the biosolids at 55° C or higher for at least 15 days. The windrow shall be turned at least five times when the compost is maintained at 55° C or higher.
6. Alternative 6. Heat drying. The biosolids are dried by direct or indirect contact with hot gases to reduce the moisture content to 10% or lower by weight. During the process:
 - a. The temperature of the sewage sludge particles shall exceed 80° C, or
 - b. The wet bulb temperature of the gas as the biosolids leave the dryer shall exceed 80° C.
 7. Alternative 7. Heat treatment. The quantity of liquid biosolids treated are heated to a temperature of 180° C or higher for at least 30 minutes.
 8. Alternative 8. Thermophilic aerobic digestion. Liquid biosolids are agitated with air or oxygen to maintain aerobic conditions and the mean cell residence time of the biosolids is 10 days at 55° to 60° C.
 9. Alternative 9. Beta ray irradiation. Biosolids are irradiated with beta rays from an accelerator at dosages of at least 1.0 megarad at room temperature (approximately 20° C).
 10. Alternative 10. Gamma ray irradiation. Biosolids are irradiated with gamma rays from certain isotopes, such as ⁶⁰Cobalt and ¹³⁷Cesium at dosages of at least 1.0 megarad at room temperature (approximately 20° C).
 11. Alternative 11. Pasteurization. The temperature of the biosolids is maintained at 70° C or higher for at least 30 minutes.
 12. Alternative 12. The Director shall approve another process if the process is equivalent to a Process to Further Reduce Pathogens specified in subsections (D)(5) through (D)(11), as determined by the EPA Pathogen Equivalency Committee.
- E. Biosolids satisfy the Class B pathogen reduction requirements when the biosolids meet any one of the following options:
1. Alternative 1. The geometric mean of the density of fecal coliform in seven representative samples is less than either 2,000,000 Most Probable Number per gram of total solids (dry-weight basis), or 2,000,000 colony forming units per gram of total solids (dry-weight basis);
 2. Alternative 2. Air drying. The biosolids are dried on sand beds or paved or unpaved basins for at least three months. During at least two of the three months, the ambient average daily temperature is above 0° C;
 3. Alternative 3. Lime stabilization. Sufficient lime is added to the biosolids to raise the pH of the biosolids to 12 after at least two hours of contact;
 4. Alternative 4. Aerobic digestion. The biosolids are agitated with air or oxygen to maintain aerobic conditions for a specific mean cell residence time at a specific temperature between 40 days at 20° C and 60 days at 15° C;
 5. Alternative 5. Anaerobic digestion. The biosolids are treated in the absence of air for a specific mean cell residence time at a specific temperature between 15 days at 35° C to 55° C and 60 days at 20° C;
 6. Alternative 6. Composting. Using the within-vessel, static-aerated-pile or windrow composting methods, the temperature of the biosolids is raised to 40° C or higher for five consecutive days. For at least four hours during the five days, the temperature in the compost pile exceeds 55° C; or
 7. Alternative 7. The Director shall approve another process if it is equivalent to a Process to Significantly Reduce Pathogens specified in subsections (E)(2) through (E)(6), as determined by the EPA Pathogen Equivalency Committee.

Historical Note

New Section recodified from R18-13-1506 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

R18-9-1007. Management Practices and General Requirements

- A. An applicator of bulk biosolids that are not exceptional quality biosolids shall comply with the following management practices at each land application site, except a site where bulk biosolids are applied for reclamation. The applicator shall not:
1. Apply bulk biosolids to soil with a pH less than 6.5 at the time of the application, unless the biosolids are treated under one of the procedures in subsections R18-9-1006(D)(2), R18-9-1006(E)(3), or R18-9-1010(A)(6), or the soil and biosolids mixture has a pH of 6.5 or higher immediately after land application;
 2. Apply bulk biosolids to land with slopes greater than 6%, unless the site is operating under an AZPDES permit or a permit issued under section 402 of the Clean Water Act (33 U.S.C. 1342);
 3. Apply bulk biosolids to land under the following conditions:
 - a. Bulk biosolids with Class A pathogen reduction. If the depth to groundwater is five feet (1.52 meters) or less;
 - b. Bulk biosolids with Class B pathogen reduction.
 - i. If the depth to groundwater is 10 feet (3.04 meters) or less; or
 - ii. To gravel, coarse or medium sands, or sands with less than 15% coarse fragments, if the depth to groundwater is 40 feet (12.2 meters) or less from the point of application of biosolids;
 4. Apply bulk biosolids to land that is 32.8 feet (10 meters) or less from navigable waters;
 5. Store or apply bulk biosolids closer than 1000 feet (305 meters) from a public or semi-public drinking water supply well or no closer than 250 feet (76.2 meters) from any other water well;
 6. Store or apply bulk biosolids within 25 feet (7.62 meters) of a public right-of-way or private property line unless the applicator receives permission to apply bulk biosolids from the land owner or lessee of the adjoining property;
 7. Apply bulk biosolids at an application rate greater than the agronomic rate of the vegetation or crop grown on the site;
 8. Apply domestic septage or any other bulk biosolids with less than 10% solids at a rate that exceeds the annual application rate, calculated in gallons per acre for a 365-day period by dividing the amount of nitrogen needed by the crop or vegetation grown on the land, in pounds per acre per 365-day period, by 0.0026;
 9. Apply bulk biosolids to land that is flooded, frozen, or snow-covered, so that the bulk biosolids enter a wetland or other navigable waters, except as provided in an AZPDES permit or a permit issued under section 402 of the Clean Water Act (33 U.S.C. 1342);

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10. Apply any additional bulk biosolids before a crop is grown on the site if the site has received biosolids containing nitrogen at the equivalent of the agronomic rate appropriate for that crop;
 11. Exceed the irrigation needs of the crop of an application site;
 12. To minimize odors, apply bulk biosolids within 1000 feet (305 meters) of a dwelling unless the biosolids are injected or incorporated into the soil within 10 hours of being applied; or
 13. Store bulk biosolids within 1000 feet (305 meters) of a dwelling unless the applicator obtains permission from the dwelling owner or lessee to store the biosolids at a shorter distance from the dwelling. If the dwelling owner or lessee changes, the applicator shall obtain permission from the new dwelling owner or lessee to continue to store the bulk biosolids within 1000 feet of the dwelling or move the biosolids to a location at least 1000 feet from the dwelling.
- B.** If biosolids are placed in a bag or other container, the person who prepares the biosolids shall distribute a label or information sheet to the person receiving the material. This label or information sheet shall, at a minimum, contain the following information:
1. The identity and address of the person who prepared the biosolids;
 2. Instructions on the proper use of the material, including agronomic rates and an annual application rate that ensures that the annual pollutant rates established in R18-9-1005 are not exceeded; and
 3. A statement that application of biosolids to the land shall not exceed application rates described in the instructions on the label or information sheet.

Historical Note

New Section recodified from R18-13-1507 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

R18-9-1008. Management Practices, Application of Biosolids to Reclamation Sites

- A.** An applicator of bulk biosolids that are not exceptional quality biosolids shall comply with the following management practices at each land application site where the bulk biosolids are applied for reclamation. The applicator shall not:
1. Apply bulk biosolids unless the soil and biosolids mixture has a pH of 5.0 or higher immediately after land application;
 2. Apply bulk biosolids to land with slopes greater than 6% unless:
 - a. The site is operating under an AZPDES permit or a permit issued under section 402 (33 U.S.C. 1342) or 404 (33 U.S.C. 1344) of the Clean Water Act;
 - b. The site is reclaimed as specified under A.R.S. Title 27, Chapter 5, and controls are in place to prevent runoff from leaving the application area; or
 - c. Runoff from the site does not reach navigable waters;
 3. Apply bulk biosolids to land under the following conditions:
 - a. Bulk biosolids with Class A pathogen reduction. To land if the depth to groundwater is 5 feet (1.52 meters) or less;
 - b. Bulk biosolids with Class B pathogen reduction.

- i. To land if the depth to groundwater is 10 feet (3.04 meters) or less; and
 - ii. To gravel, coarse or medium sands, or sands with less than 15% coarse fragments if the depth to groundwater is 40 feet (12.2 meters) or less from the point of application of biosolids;
4. Apply bulk biosolids to land that is 32.8 feet (10 meters) or less from navigable waters;
 5. Store or apply bulk biosolids closer than 1000 feet (305 meters) from a public or semi-public drinking water supply well, unless the applicator justifies and the Department approves a shorter distance, or apply bulk biosolids closer than 250 feet (76.2 meters) from any other water well;
 6. Store or apply bulk biosolids within 1000 feet (305 meters) of a public right-of-way or private property line unless the applicator receives permission to apply bulk biosolids from the land owner or lessee of the adjoining property;
 7. Exceed a total of 150 dry tons per acre to any portion of a reclamation site if bulk biosolids are applied;
 8. Apply bulk biosolids with less than 10% solids;
 9. Apply bulk biosolids to land that is flooded, frozen, or snow-covered so that the bulk biosolids enter a wetland or other navigable waters, except as provided in an AZPDES permit or a permit issued under section 402 (33 U.S.C. 1342) or 404 (33 U.S.C. 1344) of the Clean Water Act;
 10. Apply more water than necessary to control dust and establish vegetation; and
 11. Apply bulk biosolids within 1000 feet (305 meters) of a dwelling unless the biosolids are injected or incorporated into the soil within 10 hours of being applied.
 12. Store bulk biosolids within 1000 feet (305 meters) of a dwelling unless the applicator obtains permission from the dwelling owner or lessee to store the biosolids at a shorter distance from the dwelling. If the dwelling owner or lessee changes, the applicator shall obtain permission from the new dwelling owner or lessee to continue to store the bulk biosolids within 1000 feet of the dwelling or move the biosolids to a location at least 1000 feet from the dwelling.
- B.** The requirements of R18-9-1007(B) apply if biosolids placed in a bag or other container are used to reclaim a site.

Historical Note

New Section recodified from R18-13-1508 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1008 renumbered to R18-9-1009; new Section R18-9-1008 made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

R18-9-1009. Site Restrictions

- A.** The following site restrictions apply to land where biosolids, which do not meet the Class A pathogen reduction requirements established in R18-9-1006, are land-applied.
1. A person shall not:
 - a. Harvest food crop parts that touch the biosolids, or biosolids and soil mixture, but otherwise grow above the land's surface for 14 months following application;
 - b. Harvest food crop parts growing in or below the land's surface for 20 months following application if the biosolids remain unincorporated on the land's surface for four months or more;

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- c. Harvest food crop parts growing in or below the land's surface for 38 months following application if the biosolids remain on the land's surface for less than four months before incorporation;
 - d. Harvest food, feed, and fiber crops for 30 days after application;
 - e. Graze animals on the land for 30 days after application; or
 - f. Harvest turf to be used at a public contact site or private residence for one year after application.
 - 2. A person shall restrict public access to:
 - a. Public contact sites for one year after application, and
 - b. Land with a low potential for public exposure for 30 days after application.
 - B. If the vector attraction reduction requirement is met using the method:
 - 1. In R18-9-1010(C)(1) or R18-9-1010(C)(2), the requirements of subsection (A) apply to domestic septage applied to agricultural land, forests, or reclamation sites; or
 - 2. In R18-9-1010(C)(3), the requirements of subsection (A)(1)(a) through (A)(1)(d) apply to domestic septage applied to agricultural land, forests, or reclamation sites.
 - C. Once application is completed at a site, the applicator shall, in writing, provide the land owner and lessee with the following information:
 - 1. The cumulative pollutant loading at the site if it is greater than or equal to 90% of the available site capacity established in Table 4 of R18-9-1005;
 - 2. Any restriction established in this Section that applies to the property and the nature of the restriction; and
 - 3. The signature of a responsible official of the applicator on this document that includes the following statement:
 "I certify under penalty of law, that the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for false representations, including fines and imprisonment."
 - D. The land owner or lessee shall provide each applicator with a signature indicating receipt of the site restriction statement.
- Historical Note**
- New Section recodified from R18-13-1509 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1009 renumbered to R18-9-1010; new Section R18-9-1009 renumbered from R18-9-1008 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).
- R18-9-1010. Vector Attraction Reduction**
- A. Except as provided in subsection (B), an applicator or person who prepares biosolids shall use one of the following vector attraction reduction procedures if biosolids are land-applied:
 - 1. Reducing the mass of volatile solids by a minimum of 38% using the calculation procedures established in "Environmental Regulations and Technology -- Control of Pathogens and Vector Attraction in Sewage Sludge," EPA/625/R-92-013, published by the U.S. Environmental Protection Agency, Cincinnati, Ohio 45268, 1999 edition. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State;
 - 2. If the 38% volatile solids reduction cannot be met for anaerobically digested biosolids the reduction can be met by digesting a portion of the previously digested material anaerobically in a laboratory in a bench-scale unit for 40 additional days at a temperature between 30° C and 37° C. Vector attraction reduction is achieved if, at the end of the 40 days, the volatile solids in the material at the beginning of the period are reduced by less than 17%;
 - 3. If the 38% volatile solids reduction cannot be met for aerobically digested biosolids, the reduction can be met by digesting a portion of the previously digested material, which has a percent solids of 2% or less, aerobically in a laboratory in a bench-scale unit for 30 additional days at 20° C. Vector attraction reduction is achieved if, at the end of the 30 days, the volatile solids in the material at the beginning of the period are reduced by less than 15%;
 - 4. Treat the biosolids in an aerobic process during which the specific oxygen uptake rate (SOUR) is equal to or less than 1.5 milligrams of oxygen per hour per gram of total solids (dry-weight basis) at 20° C;
 - 5. Treat the biosolids in an aerobic process for 14 days or longer, during which the temperature of the biosolids is higher than 40° C and the average temperature of the biosolids is higher than 45° C;
 - 6. Raising the pH of the biosolids to 12 or higher by alkali addition and, without the addition of more alkali, remain at 12 or higher for two hours and at 11.5 or higher for an additional 22 hours;
 - 7. The percent solids of the biosolids that do not contain unstabilized solids generated in a primary wastewater treatment process is equal to or greater than 75% based on the moisture content and total solids before mixing with other materials;
 - 8. The percent solids of the biosolids containing unstabilized solids generated in a primary wastewater treatment process are equal to or greater than 90% based on the moisture content and total solids before mixing with other materials;
 - 9. Injecting the biosolids below the surface of the land so that no significant amount of biosolids is present on the land surface one hour after injection. If the biosolids meet Class A pathogen reduction, injection shall occur within eight hours after being discharged from a Class A pathogen treatment process; or
 - 10. Incorporating the biosolids into the soil within six hours after application. If the biosolids meet Class A pathogen reduction, application shall occur within eight hours after being discharged from a Class A pathogen treatment process.
 - B. Biosolids that are sold or given away in a bag or other container, or are applied to a lawn or home garden, shall meet one of the vector attraction reduction alternatives established in subsections (A)(1) through (A)(8).
 - C. For domestic septage, vector attraction reduction is met by one of the following methods:
 - 1. By injecting as specified in subsection (A)(9);
 - 2. By incorporating as specified in subsection (A)(10); or
 - 3. By raising the pH of the domestic septage to 12 or higher through the addition of alkali and, without the addition of more alkali, holding the pH at 12 or higher for at least 30 minutes.
- Historical Note**
- New Section recodified from R18-13-1510 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1010 renumbered to R18-9-1011; new Section R18-9-1010 renumbered from R18-9-1009 and amended by final rulemaking at 7 A.A.R. 5879, effective

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December 7, 2001 (Supp. 01-4).

R18-9-1011. Transportation

- A. A transporter of bulk biosolids into and within Arizona shall use covered trucks, trailers, rail-cars, or other vehicles that are leakproof.
- B. A transporter of bulk biosolids in liquid or semisolid form, including domestic septage, into and within Arizona shall comply with the requirements in A.A.C. R18-13-310. A transporter of bulk biosolids in solid form into and within Arizona shall comply with the requirements in A.A.C. R18-13-310.
- C. A transporter of biosolids shall clean any truck, trailer, rail-car, or other vehicle used to transport biosolids to prevent odors or insect breeding. A transporter shall clean any tank vessel used to transport commercial or industrial septage or restaurant grease-trap wastes, that is also used to haul domestic septage, before loading the domestic septage to ensure that mixing of wastes does not occur.
- D. If bulk biosolids are spilled while being transported, the transporter shall:
 1. Immediately pick up any spillage, including any visibly discolored soil, unless otherwise determined by the Department on a case-by-case basis;
 2. Within 24 hours after the spill, notify the Department of the spill and submit written notification of the spill within seven days. The written notification shall include the location of the spill, the reason it occurred, the amount of biosolids spilled, and the steps taken to clean up the spill.

Historical Note

New Section recodified from R18-13-1511 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1011 renumbered to R18-9-1012; new Section R18-9-1011 renumbered from R18-9-1010 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4). A.C.C. citation corrected in subsection (B) at the request of the Department; Office file number M16-185 (Supp. 16-3).

R18-9-1012. Self-monitoring

- A. Except as provided in subsection (B) the person who prepares the biosolids shall conduct self-monitoring events at the frequency listed in Table 5 for the pollutants listed in R18-9-1005, the pathogen reduction in R18-9-1006 and the vector attraction reduction requirements in R18-9-1010.

Table 5. Frequency of Self-monitoring

Amount of biosolids prepared (tons/metric tons per 365-day period ⁽¹⁾)	Frequency
Greater than zero but less than 319.6/290	Once per year
Equal to or greater than 319.6/290 but less than 1,653/1,500	Once per quarter (Four times per year)
Equal to or greater than 1,653/1,500 but less than 16,530/15,000	Once per 60 days (Six times per year)
Equal to or greater than 16,530/15,000	Once per month (12 times per year)

(1) The amount of biosolids prepared in a calendar year (dry-weight basis).

- B. If biosolids are stockpiled or lagooned, the person shall sample the biosolids for pathogen and vector attraction reduction before land application. A person shall sample in a manner that is representative of the entire stockpile or lagoon.

- C. A person who prepares biosolids shall submit additional or more frequent biosolids samples, collected and analyzed during the reporting period, to the Department with the regularly-scheduled data required in subsection (A).
- D. The Department may order the person who prepares biosolids or the applicator to collect and analyze additional samples to measure pollutants of concern other than those established in Table 1 of R18-9-1005.
- E. The applicator, person who prepares biosolids, or a person collecting samples for the applicator or preparer for analysis shall obtain the samples in a manner that does not compromise the integrity of the sample, sample method, or sampling instrument and shall be representative of the quality of the biosolids being applied during the reporting period.
- F. A person responsible for sampling the biosolids shall track biosolids samples using a chain-of-custody procedure that documents each person in control of the sample from the time it was collected through the time of analysis.
- G. The person who prepares biosolids or the applicator shall ensure that the biosolids samples are analyzed as specified by the analytical methods established in 40 CFR 503.8, July 1, 2001 edition, or by the wastewater sample methods and solid, liquid, and hazardous waste sample methods established in A.A.C. R9-14-612 and R9-14-613. The person who prepares the biosolids or the applicator shall ensure that the biosolids analyses are performed at a laboratory operating in compliance with A.R.S. § 36-495 et seq. The information in 40 CFR 503.8 is incorporated by reference, does not include any later amendments or editions of the incorporated matter and is on file with the Department and the Office of the Secretary of State.
- H. The person who prepares the biosolids or the applicator shall monitor pathogen and vector attraction reduction treatment operating parameters, such as time and temperature, shall be monitored on a continual basis.
- I. An applicator shall conduct and record monitoring of each site for the management practices established in R18-9-1007 and R18-9-1008.
- J. A person shall maintain, as specified in R18-9-1013, and report to the Department as specified in R18-9-1014, all compliance measurements, including the analysis of pollutant concentrations.

Historical Note

New Section recodified from R18-13-1512 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1012 renumbered to R18-9-1013; new Section R18-9-1012 renumbered from R18-9-1011 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

R18-9-1013. Recordkeeping

- A. A person who prepares biosolids shall collect and retain the following information for at least five years:
 1. The date, time, and method used for each sampling activity and the identity of the person collecting the sample;
 2. The date, time, and method used for each sample analysis and the identity of the person conducting the analysis;
 3. The results of all analyses of pollutants regulated under R18-9-1005 and organic and ammonium nitrogen to comply with R18-9-1007(A)(7);
 4. The results of all pathogen density analyses and applicable descriptions of the methods used for pathogen treatment in R18-9-1006;
 5. A description of the methods used, if any, and the operating values and ranges observed in any pre-land application, vector attraction reduction activities required in R18-9-1010(A); and

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6. For the records described in subsections (A)(1) through (A)(5), the following certification statement signed by a responsible official of the person who prepares the biosolids:
- “I certify, under penalty of law, that the pollutant analyses and the description of pathogen treatment and vector attraction reduction activities have been made under my direction and supervision and under a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine whether the applicable biosolids requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.”
- B.** An applicator of bulk biosolids, except exceptional quality biosolids, shall collect the following information for each land application site, and, except as indicated in subsection (B)(6), shall retain this information for at least five years:
1. The location of each site, by either street address or latitude and longitude;
 2. The number of acres or hectares;
 3. The date and time the biosolids were applied;
 4. The amount of biosolids (in dry metric tons);
 5. The biosolids loading rates for domestic septage and other biosolids with less than 10 percent solids in tons or kilograms of biosolids per acre or hectare and in gallons per acre and the biosolids loading rates for other biosolids in tons or kilograms of biosolids per acre or hectare;
 6. The cumulative pollutant levels of each regulated pollutant (in tons or kilograms per acre or hectare). The applicator shall retain these records permanently;
 7. The results of all pathogen density analyses and applicable descriptions of the methods used for pathogen treatment in R18-9-1006;
 8. A description of the activities and measures used to ensure compliance with the management practices in R18-9-1007 and R18-9-1008, including information regarding the amount of nitrogen required for the crop grown on each site;
 9. If vector attraction reduction was not met by the person who prepares the biosolids, a description of the vector attraction reduction activities used by the applicator to ensure compliance with the requirements in R18-9-1010;
 10. A description of any applicable site restriction imposed by in R18-9-1009 if biosolids with Class B pathogen reduction have been applied and documentation that the applicator has notified the land owner and lessee of these restrictions;
 11. For the records described in subsections (B)(1) through (B)(8), the following certification statement signed by a responsible official of the applicator of the biosolids:

“I certify, under penalty of law, that the information and descriptions, have been made under my direction and supervision and under a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine whether the applicable biosolids requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.”
 12. The information in subsections (A)(1) through (A)(6) if the person who prepares the biosolids is not located in this state.
- C.** All records required for retention under this Section are subject to periodic inspection and copying by the Department.
- D.** If there is unresolved litigation, including enforcement, concerning the activities documented by the records required in this Section, the period of record retention shall be extended pending final resolution of the litigation.

Historical Note

New Section recodified from R18-13-1513 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1013 renumbered to R18-9-1014; new Section R18-9-1013 renumbered from R18-9-1012 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

R18-9-1014. Reporting

- A.** A person who prepares biosolids for application shall provide the applicator with the necessary information to comply with this Article including the concentration of pollutants listed in R18-9-1005 and the concentration of nitrogen in the biosolids.
- B.** A transporter shall report spills to the Department under R18-9-1011(D).
- C.** A bulk applicator of biosolids other than exceptional quality biosolids shall provide the land owner and lessee of land application sites with information on the concentrations of the pollutants listed in R18-9-1005 and loading rates of biosolids applied to that site, and any applicable site restrictions under R18-9-1009.
- D.** A bulk applicator of biosolids other than exceptional quality biosolids shall report to the Department if 90% or more of any cumulative pollutant loading rate has been used at a site.
- E.** On or before February 19 of each year, any person land-applying bulk biosolids that are not exceptional quality biosolids shall, by letter or on a form provided by the Department, report to the Department the following applicable information for the previous calendar year:
1. The actual sites used; and
 2. For each site used, the following information:
 - a. The amount of biosolids applied (in tons or kilograms per acre or hectare);
 - b. The application loading rates (in tons or kilograms per acre or hectare, and gallons per acre for domestic septage);
 - c. The concentrations of the pollutants listed in R18-9-1005 (in milligrams per kilogram of biosolids on a dry-weight basis);
 - d. The pathogen treatment methodologies used during the year and the results; and
 - e. The vector attraction reduction methodologies used during the year and the results.
- F.** On or before February 19 of each year, a person preparing biosolids in a Class I Sludge Management Facility, POTW with a design flow rate equal to or greater than one million gallons per day, or POTW that serves 10,000 people or more, that are applied to land, shall, by letter or on a form provided by the Department, report to the Department all the following applicable information regarding their activities during the previous calendar year:
1. The amount of biosolids received if the preparer purchased or received the biosolids from another preparer or source;
 2. The amount of biosolids produced (tons or kilograms);
 3. The amount of biosolids distributed;
 4. The concentrations of the pollutants listed in R18-9-1005 (in milligrams per kilogram of biosolids on a dry-weight basis);

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5. The pathogen treatment methodologies used during the year, including the results; and
 6. The vector attraction reduction methodologies used during the year, including the results.
- G.** All annual self-monitoring reports shall contain the following certification statement signed by a responsible official:
- "I certify, under penalty of law, that the information and descriptions, have been made under my direction and supervision and under a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine whether the applicable biosolids requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

Historical Note

New Section recodified from R18-13-1514 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1014 renumbered to R18-9-1015; new Section R18-9-1014 renumbered from R18-9-1013 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

R18-9-1015. Inspection

A person subject to this Article shall allow, during reasonable times, a representative of the Department to enter property subject to this Article, to:

1. Inspect all biosolids pathogen and vector treatment facilities, transportation vehicles, incinerators that fire sewage sludge, and land application sites to determine compliance with this Article;
2. Inspect and copy records prepared in accordance with this Article; and
3. Sample biosolids quality.

Historical Note

Renumbered from R18-9-1014 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 21 A.A.R.

751, effective July 4, 2015 (Supp. 15-2).

Appendix A. Procedures to Determine Annual Biosolids Application Rates

The following procedure determines the annual biosolids application rate (ABAR) that ensures that the annual pollutant loading rates in Table 3 of R18-9-1005 are not exceeded.

1. The relationship between the annual pollutant loading rate (APLR) for a pollutant and the ABAR is shown in the following equation.

$$APLR = C \times ABAR \times 0.001$$

APLR = Annual pollutant loading rate in kilograms of biosolids, per hectare, per 365-day period;
 C = Pollutant concentration in milligrams, per kilogram of total solids (dry-weight basis);
 ABAR = Annual biosolids application rate in metric tons, per hectare, per 365-day period (dry-weight basis); and
 0.001 = A conversion factor.
 metric ton = 1.102 short tons
 hectare = 2.471 acres

2. The ABAR is calculated using the following procedure:
 - a. Analyze a biosolids sample to determine a concentration for each of the pollutants listed in Table 3 of R18-9-1005; and
 - b. Using each of the pollutant concentrations from subsection (2)(a) and the APLRs from Table 3 of R18-9-1005, calculate a separate ABAR for each pollutant using the following equation:

$$ABAR = \frac{APLR}{C \times 0.001}$$

- c. The ABAR for biosolids is the lowest value calculated in under subsection (2)(b) for any pollutant.

Historical Note

New Appendix recodified from 18 A.A.C. 13, Article 15 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

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Title 18

ARD Office of the Secretary of State
ADMINISTRATIVE RULES DIVISION

TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

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Questions about these rules? Contact:

Name: Benjamin Bryce, Legal Specialist
Address: Department of Environmental Quality
1110 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 771-4689
E-mail: WaterQualityStandards@azdeq.gov
Website: <http://www.azdeq.gov/draft-and-proposed-rule-water-quality-division>
<http://www.azdeq.gov/node/3934>

The release of this Chapter in Supp. 19-3 replaces Supp. 16-4, 1-63 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

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ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

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An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

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TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

ARTICLE 1. WATER QUALITY STANDARDS FOR SURFACE WATERS

Tables in Article 1, Appendix A have been updated and now include historical notes (Supp. 16-4).

Article 1, consisting of Appendices A through C, repealed April 24, 1996 (Supp. 96-2).

Article 1, consisting of Section R18-11-103, reserved effective April 24, 1996 (Supp. 96-2).

Article 1, consisting of Sections R18-11-105 and R18-11-106, and Appendices A and B, adopted April 24, 1996 (Supp. 96-2).

Article 1, consisting of Sections R18-11-101 and R18-11-102, R18-11-104, R18-11-107 through R18-11-109, R18-11-111 through R18-11-113, R18-11-115, R18-11-117 and R18-11-118, R18-11-120 and R18-11-121, amended effective April 24, 1996 (Supp. 96-2).

Article 1, consisting of Sections R18-11-101 through R18-11-121 and Appendices A through C, adopted effective February 18, 1992 (Supp. 92-1).

Article 1, consisting of Section R18-11-101, repealed effective February 18, 1992 (Supp. 92-1).

Article 1 consisting of Section R9-21-101 renumbered as Article 1, Section R18-11-101 (Supp. 87-3).

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ARTICLE 2. REPEALED

Article 2, consisting of Sections R18-11-201 through R18-11-205, adopted effective February 18, 1992 (Supp. 92-1).

Article 2, consisting of Sections R18-11-201 through R18-11-214 and Appendices A and B, repealed effective February 18, 1992 (Supp. 92-1).

Article 2 consisting of Sections R9-21-201 through R9-21-214 and Appendices A and B renumbered as Article 2, Sections R18-11-201 through R18-11-214 and Appendices A and B (Supp. 87-3).

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Article 3, consisting of Sections R18-11-301 through R18-11-309 and Table A, adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

Article 3 heading repealed effective April 24, 1996 (Supp. 96-2).

Article 3, consisting of Sections R18-11-301 through R18-11-304 repealed effective February 18, 1992 (Supp. 92-1).

Article 3 consisting of Sections R9-21-301 through R9-21-304 renumbered as Article 3, Sections R18-11-301 through R18-11-304 (Supp. 87-3).

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ARTICLE 6. IMPAIRED WATER IDENTIFICATION

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CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

ARTICLE 1. WATER QUALITY STANDARDS FOR SURFACE WATERS**R18-11-101. Definitions**

The following terms apply to this Article:

1. "Acute toxicity" means toxicity involving a stimulus severe enough to induce a rapid response. In aquatic toxicity tests, an effect observed in 96 hours or less is considered acute.
2. "Agricultural irrigation (AgI)" means the use of a surface water for crop irrigation.
3. "Agricultural livestock watering (AgL)" means the use of a surface water as a water supply for consumption by livestock.
4. "Annual mean" is the arithmetic mean of monthly values determined over a consecutive 12-month period, provided that monthly values are determined for at least three months. A monthly value is the arithmetic mean of all values determined in a calendar month.
5. "Aquatic and wildlife (cold water) (A&Wc)" means the use of a surface water by animals, plants, or other cold-water organisms, generally occurring at an elevation greater than 5000 feet, for habitation, growth, or propagation.
6. "Aquatic and wildlife (effluent-dependent water) (A&Wedw)" means the use of an effluent-dependent water by animals, plants, or other organisms for habitation, growth, or propagation.
7. "Aquatic and wildlife (ephemeral) (A&We)" means the use of an ephemeral water by animals, plants, or other organisms, excluding fish, for habitation, growth, or propagation.
8. "Aquatic and wildlife (warm water) (A&Ww)" means the use of a surface water by animals, plants, or other warm-water organisms, generally occurring at an elevation less than 5000 feet, for habitation, growth, or propagation.
9. "Arizona Pollutant Discharge Elimination System (AZPDES)" means the point source discharge permitting program established under 18 A.A.C. 9, Article 9.
10. "Assimilative capacity" means the difference between the baseline water quality concentration for a pollutant and the most stringent applicable water quality criterion for that pollutant.
11. "Clean Water Act" means the Federal Water Pollution Control Act [33 U.S.C. 1251 to 1387].
12. "Complete Mixing" means the location at which concentration of a pollutant across a transect of a surface water differs by less than five percent.
13. "Criteria" means elements of water quality standards that are expressed as pollutant concentrations, levels, or narrative statements representing a water quality that supports a designated use.
14. "Critical flow conditions of the discharge" means the hydrologically based discharge flow averages that the director uses to calculate and implement applicable water quality criteria to a mixing zone's receiving water as follows:
 - a. For acute aquatic water quality standard criteria, the discharge flow critical condition is represented by the maximum one-day average flow analyzed over a reasonably representative timeframe.
 - b. For chronic aquatic water quality standard criteria, the discharge flow critical flow condition is represented by the maximum monthly average flow analyzed over a reasonably representative timeframe.
 - c. For human health based water quality standard criteria, the discharge flow critical condition is the long-term arithmetic mean flow, averaged over several years so as to simulate long-term exposure.
15. "Critical flow conditions of the receiving water" means the hydrologically based receiving water low flow averages that the director uses to calculate and implement applicable water quality criteria:
 - a. For acute aquatic water quality standard criteria, the receiving water critical condition is represented as the lowest one-day average flow event expected to occur once every ten years, on average (1Q10).
 - b. For chronic aquatic water quality standard criteria, the receiving water critical flow condition is represented as the lowest seven-consecutive-day average flow expected to occur once every 10 years, on average (7Q10), or
 - c. For human health based water quality standard criteria, in order to simulate long-term exposure, the receiving water critical flow condition is the harmonic mean flow.
16. "Deep lake" means a lake or reservoir with an average depth of more than 6 meters.
17. "Designated use" means a use specified in Appendix B of this Article for a surface water.
18. "Domestic water source (DWS)" means the use of a surface water as a source of potable water. Treatment of a surface water may be necessary to yield a finished water suitable for human consumption.
19. "Effluent-dependent water (EDW)" means a surface water, classified under R18-11-113 that consists of a point source discharge of wastewater. An effluent-dependent water is a surface water that, without the point source discharge of wastewater, would be an ephemeral water.
20. "Ephemeral water" means a surface water that has a channel that is at all times above the water table and flows only in direct response to precipitation.
21. "Existing use" means a use attained in the waterbody on or after November 28, 1975, whether or not it is included in the water quality standards.
22. "Fish consumption (FC)" means the use of a surface water by humans for harvesting aquatic organisms for consumption. Harvestable aquatic organisms include, but are not limited to, fish, clams, turtles, crayfish, and frogs.
23. "Full-body contact (FBC)" means the use of a surface water for swimming or other recreational activity that causes the human body to come into direct contact with the water to the point of complete submergence. The use is such that ingestion of the water is likely and sensitive body organs, such as the eyes, ears, or nose, may be exposed to direct contact with the water.
24. "Geometric mean" means the nth root of the product of n items or values. The geometric mean is calculated using the following formula:

$$GM_Y = \sqrt[n]{(Y_1)(Y_2)(Y_3) \dots (Y_n)}$$
25. "Hardness" means the sum of the calcium and magnesium concentrations, expressed as calcium carbonate (CaCO₃) in milligrams per liter.
26. "Igneous lake" means a lake located in volcanic, basaltic, or granite geology and soils.
27. "Intermittent water" means a stream or reach that flows continuously only at certain times of the year, as when it receives water from a spring or from another surface source, such as melting snow.

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

28. "Mixing zone" means an area or volume of a surface water that is contiguous to a point source discharge where dilution of the discharge takes place.
29. "Oil" means petroleum in any form, including crude oil, gasoline, fuel oil, diesel oil, lubricating oil, or sludge.
30. "Outstanding Arizona water (OAW)" means a surface water that is classified as an outstanding state resource water by the Director under R18-11-112.
31. "Partial-body contact (PBC)" means the recreational use of a surface water that may cause the human body to come into direct contact with the water, but normally not to the point of complete submergence (for example, wading or boating). The use is such that ingestion of the water is not likely and sensitive body organs, such as the eyes, ears, or nose, will not normally be exposed to direct contact with the water.
32. "Perennial water" means a surface water that flows continuously throughout the year.
33. "*Pollutant*" means fluids, contaminants, toxic wastes, toxic pollutants, dredged spoil, solid waste, substances and chemicals, pesticides, herbicides, fertilizers and other agricultural chemicals, incinerator residue, sewage, garbage, sewage sludge, munitions, petroleum products, chemical wastes, biological materials, radioactive materials, heat, wrecked or discarded equipment, rock, sand, cellar dirt, and mining, industrial, municipal, and agricultural wastes or any other liquid, solid, gaseous, or hazardous substance. A.R.S. § 49-201(29)
34. "Pollutant Minimization Program" means a structured set of activities to improve processes and pollutant controls that will prevent and reduce pollutant loadings.
35. "Practical quantitation limit" means the lowest level of quantitative measurement that can be reliably achieved during a routine laboratory operation.
36. "Reference condition" means a set of abiotic physical stream habitat, water quality, and site selection criteria established by the Director that describe the typical characteristics of stream sites in a region that are least disturbed by environmental stressors. Reference biological assemblages of macroinvertebrates and algae are collected from these reference condition streams for calculating the Arizona Indexes of Biological Integrity thresholds.
37. "Regional Administrator" means the Regional Administrator of Region IX of the U.S. Environmental Protection Agency.
38. "Regulated discharge" means a point-source discharge regulated under an AZPDES permit, a discharge regulated by a § 404 permit, and any discharge authorized by a federal permit or license that is subject to state water quality certification under § 401 of the Clean Water Act.
39. "Riffle habitat" means a stream segment where moderate water velocity and substrate roughness produce moderately turbulent conditions that break the surface tension of the water and may produce breaking wavelets that turn the surface water into white water.
40. "Run habitat" means a stream segment where there is moderate water velocity that does not break the surface tension of the water and does not produce breaking wavelets that turn the surface water into white water.
41. "Sedimentary lake" means a lake or reservoir in sedimentary or karst geology and soils.
42. "Shallow lake" means a lake or reservoir, excluding an urban lake, with a smaller, flatter morphology and an average depth of less than 3 meters and a maximum depth of less than 4 meters.
43. "Significant degradation" means:
 - a. The consumption of 20 percent or more of the available assimilative capacity for a pollutant of concern at critical flow conditions, or
 - b. Any consumption of assimilative capacity beyond the cumulative cap of 50 percent of assimilative capacity.
44. "Surface water" means "Navigable waters" as defined in A.R.S. § 49-201(22).
45. "Total nitrogen" means the sum of the concentrations of ammonia (NH₃), ammonium ion (NH₄⁺), nitrite (NO₂), and nitrate (NO₃), and dissolved and particulate organic nitrogen expressed as elemental nitrogen.
46. "Total phosphorus" means all of the phosphorus present in a sample, regardless of form, as measured by a persulfate digestion procedure.
47. "Toxic" means a pollutant or combination of pollutants, that after discharge and upon exposure, ingestion, inhalation, or assimilation into an organism, either directly from the environment or indirectly by ingestion through food chains, may cause death, disease, behavioral abnormalities, cancer, genetic mutations, physiological malfunctions (including malfunctions in reproduction), or physical deformations in the organism or its offspring.
48. "Urban lake" means a manmade lake within an urban landscape.
49. "Use attainability analysis" means a structured scientific assessment of the factors affecting the attainment of a designated use including physical, chemical, biological, and economic factors.
50. "Variance" means a time-limited designated use and criterion for a specific pollutant(s) or water quality parameter(s) that reflect the highest attainable condition during the term of the variance.
51. "Wadeable" means a surface water can be safely crossed on foot and sampled without a boat.
52. "Wastewater" does not mean:
 - a. Stormwater,
 - b. Discharges authorized under the De Minimus General Permit,
 - c. Other allowable non-stormwater discharges permitted under the Construction General Permit or the Multi-sector General Permit, or
 - d. Stormwater discharges from a municipal storm sewer system (MS4) containing incidental amounts of non-stormwater that the MS4 is not required to prohibit.
53. "Wetland" means an area that is inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances does support, a prevalence of vegetation typically adapted for life in saturated soil conditions. A wetland includes a swamp, marsh, bog, cienega, tinaja, and similar areas.
54. "Zone of initial dilution" means a small area in the immediate vicinity of an outfall structure in which turbulence is high and causes rapid mixing with the surrounding water.

Historical Note

Former Section R9-21-101 repealed, new Section R9-21-101 adopted effective January 29, 1980 (Supp. 80-1).
 Amended effective April 17, 1984 (Supp. 84-2).
 Amended effective January 7, 1985 (Supp. 85-1).
 Amended by adding subsection (C) effective August 12, 1986 (Supp. 86-4). Former Section R9-21-101 renumbered without change as Section R18-11-101 (Supp. 87-3). Former Section R18-11-101 repealed, new Section

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

R18-11-101 adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Deleted first definition to R18-11-101(32) "Navigable Water", previously printed in error (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

R18-11-102. Applicability

- A. The water quality standards prescribed in this Article apply to surface waters.
- B. The water quality standards prescribed in this Article do not apply to the following:
 1. A waste treatment system, including an impoundment, pond, lagoon, or constructed wetland that is a part of the waste treatment system;
 2. A man-made surface impoundment and any associated ditch and conveyance used in the extraction, beneficiation, or processing of metallic ores that is not a surface water or is located in an area that once was a surface water but is no longer a surface water because it has been and remains legally converted, including:
 - a. A pit,
 - b. Pregnant leach solution pond,
 - c. Raffinate pond,
 - d. Tailing impoundment,
 - e. Decant pond,
 - f. Pond or a sump in a mine pit associated with dewatering activity,
 - g. Pond holding water that has come into contact with a process or product and that is being held for recycling,
 - h. Spill or upset catchment pond, or
 - i. A pond used for onsite remediation;
 3. A man-made cooling pond that is neither created in a surface water nor results from the impoundment of a surface water; or
 4. A surface water located on tribal lands.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).
 Amended effective April 24, 1996 (Supp. 96-2).
 Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-103. Repealed**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1).
 Repealed effective April 24, 1996 (Supp. 96-2).

R18-11-104. Designated Uses

- A. The Director shall adopt or remove a designated use or subcategory of a designated use by rule.
- B. Designated uses of a surface water may include full-body contact, partial-body contact, domestic water source, fish consumption, aquatic and wildlife (cold water), aquatic and wildlife (warm water), aquatic and wildlife (ephemeral), aquatic and wildlife (effluent-dependent water), agricultural irrigation, and agricultural livestock watering. The designated uses for specific surface waters are listed in Appendix B of this Article.

- C. Numeric water quality criteria to maintain and protect water quality for the designated uses are prescribed in Appendix A, R18-11-109, R18-11-110, and R18-11-112. Narrative water quality standards to protect all surface waters are prescribed in R18-11-108.
- D. If a surface water has more than one designated use listed in Appendix B, the most stringent water quality criterion applies.
- E. The Director shall revise the designated uses of a surface water if water quality improvements result in a level of water quality that permits a use that is not currently listed as a designated use in Appendix B.
- F. In designating uses of a surface water and in establishing water quality criteria to protect the designated uses, the Director shall take into consideration the applicable water quality standards for downstream surface waters and shall ensure that the water quality standards that are established for an upstream surface water also provide for the attainment and maintenance of the water quality standards of downstream surface waters.
- G. A use attainability analysis shall be conducted prior to removal of a designated use or adoption of a subcategory of a designated use that requires less stringent water quality criteria.
- H. The Director may remove a designated use or adopt a subcategory of a designated use that requires less stringent water quality criteria, provided the designated use is not an existing use and it is demonstrated through a use attainability analysis that attaining the designated use is not feasible for any of the following reasons:
 1. A naturally-occurring pollutant concentration prevents the attainment of the use;
 2. A natural, ephemeral, intermittent, or low-flow condition or water level prevents the attainment of the use;
 3. A human-caused condition or source of pollution prevents the attainment of the use and cannot be remedied or would cause more environmental damage to correct than to leave in place;
 4. A dam, diversion, or other type of hydrologic modification precludes the attainment of the use, and it is not feasible to restore the surface water to its original condition or to operate the modification in a way that would result in attainment of the use;
 5. A physical condition related to the natural features of the surface water, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, unrelated to water quality, precludes attainment of an aquatic life designated use; or
 6. Controls more stringent than those required by § 301 (b) and § 306 of the Clean Water Act [33 U.S.C. § 1311 and § 1316] are necessary to attain the use and implementation of the controls would result in substantial and widespread economic and social impact.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).
 Amended effective April 24, 1996 (Supp. 96-2).
 Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1).

R18-11-105. Tributaries; Designated Uses

The following water quality standards apply to a surface water that is not listed in Appendix B but that is a tributary to a listed surface water.

1. The aquatic and wildlife (ephemeral) and partial-body contact standards apply to an unlisted tributary that is an ephemeral water.
2. The aquatic and wildlife (cold water), full-body contact, and fish consumption standards apply to an unlisted tributary that is a perennial or intermittent surface water and is above 5000 feet in elevation.

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3. The aquatic and wildlife (warm water), full-body contact, and fish consumption standards apply to an unlisted tributary that is a perennial or intermittent surface water and is below 5000 feet in elevation.

Historical Note

Adopted effective April 24, 1996 (Supp. 96-2). Section heading amended per instructions of the Department of Environmental Quality, August 9, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1).

R18-11-106. Net Ecological Benefit

- A. The Director may, by rule, modify a water quality standard on the ground that there is a net ecological benefit associated with the discharge of effluent to support or create a riparian and aquatic habitat in an area where water resources are limited. The Director may modify a water quality standard for a pollutant if it is demonstrated that:
 1. The discharge of effluent creates or supports an ecologically valuable aquatic, wetland, or riparian ecosystem in an area where these resources are limited;
 2. The ecological benefits associated with the discharge of effluent under a modified water quality standard exceed the environmental costs associated with the elimination of the discharge of effluent;
 3. The cost of treatment to achieve compliance with a water quality standard is so high that it is more cost effective to eliminate the discharge of effluent to the surface water. The discharger shall demonstrate that it is feasible to eliminate the discharge of effluent that creates or supports the ecologically valuable aquatic, wetland, or riparian ecosystem;
 4. The discharge of effluent to the surface water will not cause or contribute to a violation of a water quality standard that has been established for a downstream surface water;
 5. All practicable point source discharge control programs, including local pretreatment, waste minimization, and source reduction programs are implemented; and
 6. The discharge of effluent does not produce or contribute to the concentration of a pollutant in the tissues of aquatic organisms or wildlife that is likely to be harmful to humans or wildlife through food chain concentration.
- B. The Director shall not modify a water quality criterion for a pollutant to be less stringent than a technology-based effluent limitation that applies to the discharge of that effluent. The discharge of effluent shall, at a minimum, comply with applicable technology-based effluent limitations.

Historical Note

Adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

R18-11-107. Antidegradation

- A. The Director shall, using R18-11-107.01 and this Section, determine whether there is degradation of water quality in a surface water on a pollutant-by-pollutant basis.
- B. Tier 1: The level of water quality necessary to support an existing use shall be maintained and protected. No degradation of existing water quality is permitted in a surface water where the existing water quality does not meet the applicable water quality standards.
- C. Tier 2: Where existing water quality in a surface water is better than the applicable water quality standard the existing water quality shall be maintained and protected. The Director may

allow degradation of existing water quality in the surface water, if the Director makes all of the following findings:

1. The water quality necessary for existing uses is fully protected and water quality is not lowered to a level that does not comply with applicable water quality standards,
 2. The highest statutory and regulatory requirements for new and existing point sources are achieved,
 3. All cost-effective and reasonable best management practices for nonpoint source pollution control are implemented, and
 4. Allowing lower water quality is necessary to accommodate important economic or social development in the area where the surface water is located.
- D. Tier 3: Existing water quality shall be maintained and protected in a surface water that is classified as an OAW under R18-11-112. Degradation of an OAW under subsection (C) is prohibited.
 - E. The Director shall implement this Section in a manner consistent with § 316 of the Clean Water Act [33 U.S.C. 1326] if a potential water quality impairment associated with a thermal discharge is involved.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-107.01. Antidegradation Criteria

- A. Tier 1 antidegradation protection.
 1. Tier 1 antidegradation protection applies to the following surface waters:
 - a. A surface water listed on the 303(d) list for the pollutant that resulted in the listing,
 - b. An effluent dependent water,
 - c. An ephemeral water,
 - d. An intermittent water, and
 - e. A canal listed in Appendix B.
 2. A regulated discharge shall not cause a violation of a surface water quality standard or a wasteload allocation in a total maximum daily load approved by EPA.
 3. Except as provided in subsections (E) and (F), Tier 1 antidegradation review requirements are satisfied for a point-source discharge regulated under an individual AZPDES permit to an ephemeral water, effluent dependent water, intermittent water, or a canal listed in Appendix B, if water quality-based effluent limitations designed to achieve compliance with applicable surface water quality standards are established in the permit and technology-based requirements of the Clean Water Act for the point source discharge are met.
- B. Tier 2 antidegradation protection.
 1. Tier 2 antidegradation protection applies to a perennial water with existing water quality that is better than applicable water quality standards. A perennial water that is not listed in subsection (A)(1) nor classified as an OAW under A.A.C. R18-9-112(G) has Tier 2 antidegradation protection for all pollutants of concern.
 2. A regulated discharge that meets the following criteria, at critical flow conditions, does not cause significant degradation:
 - a. The regulated discharge consumes less than 20 percent of the available assimilative capacity for each pollutant of concern, and

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- b. At least 50 percent of the assimilative capacity for each pollutant of concern remains available in the surface water for each pollutant of concern.
 3. Antidegradation review. Any person proposing a new or expanded regulated discharge under an individual AZPDES permit that may cause significant degradation shall provide ADEQ with the following information:
 - a. Baseline characterization. A person seeking authorization to discharge under an individual AZPDES permit to a perennial water shall provide baseline water quality data on pollutants of concern where no data exists or there are insufficient data to characterize baseline water quality and to determine available assimilative capacity. A discharger shall characterize baseline water quality at a location upstream of the proposed discharge location;
 - b. Alternative analysis.
 - i. The person seeking authorization for the discharge shall prepare and submit a written analysis of alternatives to the discharge. The analysis shall provide information on all reasonable, cost-effective, less-degrading or non-degrading discharge alternatives. Alternatives may include wastewater treatment process changes or upgrades, pollution prevention measures, source reduction, water reclamation, alternative discharge locations, groundwater recharge, land application or treatment, local pretreatment programs, improved operation and maintenance of existing systems, seasonal or controlled discharge to avoid critical flow conditions, and zero discharge;
 - ii. The alternatives analysis shall include cost information on base pollution control measures associated with the regulated discharge and cost information for each alternative;
 - iii. The person shall implement the alternative that is cost-effective and reasonable, results in the least degradation, and is approved by the Director. An alternative is cost-effective and reasonable if treatment costs associated with the alternative are less than a 10 percent increase above the cost of base pollution control measures;
 - iv. For purposes of this subsection, "base pollution control measures" are water pollution control measures required to meet technology-based requirements of the Clean Water Act and water quality-based effluent limits designed to achieve compliance with applicable water quality standards; and
 - c. Social and economic justification. The person shall demonstrate to the Director that significant degradation is necessary to accommodate important economic or social development in the local area. The person seeking authorization for the discharge shall prepare a written social and economic justification that includes a description of the following:
 - i. The geographic area where significant degradation of existing water quality will occur;
 - ii. The current baseline social and economic conditions in the local area;
 - iii. The net positive social and economic effects of development associated with the regulated discharge and allowing significant degradation;
 - iv. The negative social, environmental, and economic effects of allowing significant degradation of existing water quality; and
 - v. Alternatives to the regulated discharge that do not significantly degrade water quality yet may yield comparable social and economic benefits.
 4. For purposes of this Section, the term "pollutant of concern" means a pollutant with either a numeric or narrative water quality standard.
 5. Public participation. The Director shall provide public notice and an opportunity to comment on an antidegradation review under subsection (B)(3) and shall provide an opportunity for a public hearing under A.A.C. R18-9-A908(B).
- C. Tier 3 antidegradation protection.
 1. Tier 3 antidegradation protection applies only to an OAW listed in R18-11-112(G).
 2. A new or expanded point-source discharge directly to an OAW is prohibited.
 3. A person seeking authorization for a regulated discharge to a tributary to, or upstream of, an OAW shall demonstrate in a permit application or in other documentation submitted to ADEQ that the regulated discharge will not degrade existing water quality in the downstream OAW.
 4. A discharge regulated under a § 404 permit that may affect existing water quality of an OAW requires a determination by the Director to ensure that existing water quality is maintained and protected and any water quality impacts are temporary. Temporary water quality impacts are those impacts that occur for a period of six months or less and are not regularly occurring. The form of such a determination shall be as follows:
 - a. For Corps-issued § 404 permits, an individual § 401 water quality certification.
 - b. For Director-issued § 404 permits, a § 404 permit action, wherein the Director shall conduct a water quality evaluation as a part of the state's requirements for issuing § 404 permits and in accordance with this Section.
- D. Antidegradation review of a § 404 permit shall be conducted as follows:
 1. For a Corps-issued § 404 permit. The Director shall conduct the antidegradation review of any discharge authorized under a nationwide or regional § 404 permit as part of the § 401 water quality certification prior to issuance of the nationwide or regional permit. The Director shall conduct the antidegradation review of an individual § 404 permit if the discharge may degrade existing water quality in an OAW or a water listed on the 303(d) List of impaired waters. For regulated discharges that may degrade water quality in an OAW or a water that is on the 303(d) List of impaired waters, the Director shall conduct the antidegradation review as part of the § 401 water quality certification process.
 2. For a Director-issued § 404 permit. The Director shall conduct the antidegradation review of any discharge authorized under a general § 404 permit as a part of its determination whether to issue a general permit in accordance with state requirements for issuing a § 404 general permit and with this Section. The Director shall conduct the antidegradation review of an individual § 404 permit as part of the § 404 permit action in accordance with state requirements for issuing a § 404 permit and in accordance with this Section.
- E. Antidegradation review of an AZPDES stormwater permit. An individual stormwater permit for a municipal separate storm

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sewer system (MS4) meets antidegradation requirements if the permittee complies with the permit, including developing a stormwater management plan containing controls that reduce the level of pollutants in stormwater discharges to the maximum extent practicable.

- F. Antidegradation review of a general permit. The Director shall conduct the antidegradation review of a regulated discharge authorized by a general permit at the time the general permit is issued or renewed. A person seeking authorization to discharge under a general permit is not required to undergo an individual antidegradation review at the time the Notice of Intent is submitted unless the discharge may degrade existing water quality in an OAW or a water listed on the 303(d) List of impaired waters.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

R18-11-108. Narrative Water Quality Standards

- A. A surface water shall not contain pollutants in amounts or combinations that:
1. Settle to form bottom deposits that inhibit or prohibit the habitation, growth, or propagation of aquatic life;
 2. Cause objectionable odor in the area in which the surface water is located;
 3. Cause off-taste or odor in drinking water;
 4. Cause off-flavor in aquatic organisms;
 5. Are toxic to humans, animals, plants, or other organisms;
 6. Cause the growth of algae or aquatic plants that inhibit or prohibit the habitation, growth, or propagation of other aquatic life or that impair recreational uses;
 7. Cause or contribute to a violation of an aquifer water quality standard prescribed in R18-11-405 or R18-11-406; or
 8. Change the color of the surface water from natural background levels of color.
- B. A surface water shall not contain oil, grease, or any other pollutant that floats as debris, foam, or scum; or that causes a film or iridescent appearance on the surface of the water; or that causes a deposit on a shoreline, bank, or aquatic vegetation. The discharge of lubricating oil or gasoline associated with the normal operation of a recreational watercraft is not a violation of this narrative standard.
- C. A surface water shall not contain a discharge of suspended solids in quantities or concentrations that interfere with the treatment processes at the nearest downstream potable water treatment plant or substantially increase the cost of handling solids produced at the nearest downstream potable water treatment plant.
- D. A surface water shall not contain solid waste such as refuse, rubbish, demolition or construction debris, trash, garbage, motor vehicles, appliances, or tires.
- E. A wadeable, perennial stream shall support and maintain a community of organisms having a taxa richness, species composition, tolerance, and functional organization comparable to that of a stream with reference conditions in Arizona.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).
Amended effective April 24, 1996 (Supp. 96-2).
Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-108.01. Narrative Biological Criteria for Wadeable, Perennial Streams

- A. The narrative biological criteria in this Section apply to a wadeable, perennial stream with either an aquatic and wildlife (cold water) or an aquatic and wildlife (warm water) designated use.
- B. The biological standard in R18-11-108(E) is met when a bioassessment result, as measured by the Arizona Index of Biological Integrity (IBI), for cold or warm water is:
1. Greater than or equal to the 25th percentile of reference condition, or
 2. Greater than the 10th percentile of reference condition and less than the 25th percentile of reference condition and a verification bioassessment result is greater than or equal to the 25th percentile of reference condition.
- C. Arizona Index of Biological Integrity (IBI) scores:

Bioassessment Result	Index of Biological Integrity Scores	
	A&Wc	A&Ww
Greater than or equal to the 25th percentile of reference condition	≥52	≥50
Greater than the 10th and less than the 25th percentile of reference condition	46 - 51	40 - 49

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-108.02. Narrative Bottom Deposit Criteria for Wadeable, Perennial Streams

- A. The narrative bottom deposit criteria in this Section apply to wadeable, perennial streams with an aquatic and wildlife (cold water) or an aquatic and wildlife (warm water) designated use.
- B. The narrative water quality standard for bottom deposits at R18-11-108(A)(1) is met when:
1. The percentage of fine sediments in the riffle habitats of a wadeable, perennial stream with an A&Wc designated use, as determined by a riffle pebble count, is less than or equal to 30 percent.
 2. The percentage of fine sediments in all stream habitats of a wadeable, perennial stream with an A&Ww designated use, as determined by a reach level pebble count, is equal to or less than 50 percent.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-108.03. Narrative Nutrient Criteria for Lakes and Reservoirs

- A. The narrative nutrient criteria in this Section apply to those lakes and reservoirs categorized in Appendix B.
- B. The narrative water quality standard for nutrients at R18-11-108(A)(6) is met when, based on a minimum of two lake sample events conducted during the peak season based on lake productivity, the results show an average chlorophyll-*a* value below the applicable threshold for designated use and lake and reservoir category in subsection (D).
1. The mean chlorophyll-*a* concentration is less than the lower value in the target range chlorophyll-*a* for the lake and reservoir category, or
 2. The mean chlorophyll-*a* concentration is within the target range for the lake and reservoir category and:
 - a. The mean blue green algae count is at or below 20,000 per milliliter, and
 - b. The blue green algae count is less than 50 percent of the total algae count, and
 - c. There is no evidence of nutrient-related impairments such as:

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- i. An exceedance of dissolved oxygen or pH standards;
 - ii. A fish kill coincident with a dissolved oxygen or pH exceedance;
 - iii. A fish kill or other aquatic organism mortality coincident with algal toxicity;
 - iv. Secchi depth is less than the lower value prescribed for the lake and reservoir category;
 - v. A nuisance algal bloom is present in the limnetic portion of the lake or reservoir; or
 - vi. The concentration of total phosphorous, total nitrogen, or total Kjehldal nitrogen (TKN) is greater than the upper value in the range prescribed for the lake and reservoir category; or
3. For a shallow lake. In addition to meeting the mean chlorophyll-*a* concentrations in subsections (B)(1) or (2), submerged aquatic vegetation covers 50 percent or less of the lake bottom and there is less than a 5 mg/L swing in diel-dissolved oxygen concentration measured within the photic zone.
- C. The following threshold ranges apply during the peak season for lake productivity:
1. Warm water lakes peak season, April – October;
 2. Cold water lakes peak season, May – September.
- D. The following table lists the numeric targets for lakes and reservoirs.

NUMERIC TARGETS FOR LAKES AND RESERVOIRS										
Designated Use	Lake Category	Chl- <i>a</i> (µg/L)	Secchi Depth (m)	Total Phosphorus (µg/L)	Total Nitrogen (mg/L)	Total Kjehldal Nitrogen (TKN) (mg/L)	Blue-Green Algae (per ml)	Blue-Green Algae (% of total count)	Dissolved Oxygen (mg/L)	pH (SU)
FBC and PBC	Deep	10-15	1.5-2.5	70-90	1.2-1.4	1.0-1.1	20,000			6.5-9.0
	Shallow	10-15	1.5-2.0	70-90	1.2-1.4	1.0-1.1				
	Igneous	20-30	0.5-1.0	100-125	1.5-1.7	1.2-1.4				
	Sedimentary	20-30	1.5-2.0	100-125	1.5-1.7	1.2-1.4				
	Urban	20-30	0.5-1.0	100-125	1.5-1.7	1.2-1.4				
A&Wc	All	5-15	1.5-2.0	50-90	1.0-1.4	0.7-1.1		<50	7 (top m)	6.5-9.0
A&Ww	All (except urban lakes)	25-40	0.8-1.0	115-140	1.6-1.8	1.3-1.6			6 (top m)	
	Urban	30-50	0.7-1.0	125-160	1.7-1.9	1.4-1.7				
A&Wedw	All	30-50	0.7-1.0	125-160	1.7-1.9	1.4-1.7				6.5-9.0
DWS	All	10-20	0.5-1.5	70-100	1.2-1.5	1.0-1.2	20,000			5.0-9.0

Historical Note

New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-109. Numeric Water Quality Standards

- A. *E. coli* bacteria. The following water quality standards for *Escherichia coli* (*E. coli*) are expressed in colony forming units per 100 milliliters of water (cfu / 100 ml) or as a Most Probable Number (MPN):

<i>E. coli</i>	FBC	PBC
Geometric mean (minimum of four samples in 30 days)	126	126
Statistical threshold value	410	576

- B. pH. The following water quality standards for pH are expressed in standard units:

pH	DWS	FBC, PBC, A&W ¹	AgI	AgL
Maximum	9.0	9.0	9.0	9.0
Minimum	5.0	6.5	4.5	6.5

Footnotes:

1. "1" Includes A&Wc, A&Ww, A&Wedw, and A&We.

- C. The maximum allowable increase in ambient water temperature, due to a thermal discharge is as follows:

A&Ww	A&Wedw	A&Wc
3.0° C	3.0° C	1.0° C

- D. Suspended sediment concentration.

1. The following water quality standards for suspended sediment concentration, expressed in milligrams per liter (mg/L), are expressed as a median value determined from

a minimum of four samples collected at least seven days apart:

A&Wc	A&Ww
25	80

2. The Director shall not use the results of a suspended sediment concentration sample collected during or within 48 hours after a local storm event to determine the median value.

- E. Dissolved oxygen. A surface water meets the water quality standard for dissolved oxygen when either:

1. The percent saturation of dissolved oxygen is equal to or greater than 90 percent, or
2. The single sample minimum concentration for the designated use, as expressed in milligrams per liter (mg/L) is as follows:

Designated Use	Single sample minimum concentration in mg/L
A&Ww	6.0
A&Wc	7.0
A&Wedw for a sample taken from three hours after sunrise to sunset	3.0
A&Wedw for a sample taken from sunset to three hours after sunrise	1.0

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The single sample minimum concentration is the same for the designated use in a lake, but the sample must be taken from a depth no greater than one meter.

- F. Nutrient criteria. The following are water quality standards for total phosphorus and total nitrogen (expressed in milligrams per liter (mg/L)) that apply to the surface waters listed below. A minimum of 10 samples, each taken at least 10 days apart in a consecutive 12-month period, are required to determine a 90th percentile. Not more than 10 percent of the samples may exceed the 90th percentile value listed below. The Director will apply these water quality standards for total phosphorus and total nitrogen to the surface waters listed below, and to their perennial tributaries, if listed. The Director may also apply these total phosphorus and total nitrogen standards to any source discharging to any tributary (ephemeral, intermittent, effluent dependent water, or perennial) of the surface waters listed below, if necessary to protect nutrient water quality in the listed surface water, based on the volume, frequency, magnitude and duration of the discharge, and distance to the downstream surface water listed below:

1. Verde River and its perennial tributaries from the Verde headwaters to Bartlett Lake:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.10	0.30	1.00
Total nitrogen	1.00	1.50	3.00

2. Black River, Tonto Creek and their perennial tributaries for any segments that are not located on tribal lands:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.10	0.20	0.80
Total nitrogen	0.50	1.00	2.00

3. Salt River and its perennial tributaries above Roosevelt Lake for any segments that are not located on tribal lands:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.12	0.30	1.00
Total nitrogen	0.60	1.20	2.00

4. Salt River below Stewart Mountain Dam to its confluence with the Verde River:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.05	—	0.20
Total nitrogen	0.60	—	3.00

5. Little Colorado River and its perennial tributaries upstream from:

- The headwaters to River Reservoir,
- South Fork of Little Colorado River at 34°00'49"/109°24'18" to above South Fork Campground at 34°04'49"/109°24'18", and
- The headwaters of Water Canyon Creek to the Apache-Sitgreaves National Forest boundary:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.08	0.10	0.75

Total nitrogen	0.60	0.75	1.10
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6. From the Little Colorado River and State Route 260 at 34°06'39"/109°18'55" to Lyman Lake:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.20	0.30	0.75
Total nitrogen	0.70	1.20	1.50

7. Colorado River at the Northern International Boundary near Morelos Dam:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	—	0.33	—
Total nitrogen	—	2.50	—

8. Oak Creek from its headwaters at 35°01'30"/111°44'12" to its confluence with the Verde River and the West Fork of Oak Creek from its headwaters at 35°02'44"/111°54'48" to its confluence with Oak Creek.

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.1	0.25	0.30
Total nitrogen	1.00	1.50	2.50

9. No discharge of wastewater to Show Low Creek or its perennial tributaries upstream of and including Fools Hollow Lake shall exceed 0.16 mg/L total phosphates as P.
10. No discharge of wastewater to the San Francisco River or its perennial tributaries upstream of Luna Lake Dam shall exceed 1.0 mg/L total phosphates as P.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).

Amended effective April 24, 1996 (Supp. 96-2).

Amended by final rulemaking at 8 A.A.R. 1264, effective

March 8, 2002 (Supp. 02-1). Amended by final

rulemaking at 14 A.A.R. 4708, effective January 31, 2009

(Supp. 08-4). Amended by final rulemaking at 22 A.A.R.

2328, effective August 2, 2016 (Supp. 16-4). Amended

by final rulemaking at 25 A.A.R. 2515, effective

November 9, 2019 (Supp. 19-3).

R18-11-110. Salinity Standards for the Colorado River

- A. The flow-weighted average annual salinity in the lower main stem of the Colorado River shall not exceed the following criteria:

Location	Total Dissolved Solids
Below Hoover Dam	723 mg/L
Below Parker Dam	747 mg/L
At Imperial Dam	879 mg/L

- B. The plan of implementation contained in the "2014 Review, Water Quality Standards for Salinity, Colorado River System," approved October 2014, is incorporated by reference to preserve the basin-wide approach to salinity control developed by the Colorado River Basin Salinity Control Forum and to ensure compliance with the numeric criteria for salinity in subsection (A). This material does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007 or may be obtained from the Colorado River Basin Salinity Control Forum, 106

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West 500 South, Suite 101, Bountiful, Utah 84010-6232 or at <http://www.coloradoriversality.org/>.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).
Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

R18-11-111. Analytical Methods

- A. A person conducting an analysis of a sample taken to determine compliance with a water quality standard shall use an analytical method prescribed in A.A.C. R9-14-610, 40 CFR 136.3, or an alternative analytical method approved under A.A.C. R9-14-610(C).
- B. A test result from a sample taken to determine compliance with a water quality standard is valid only if the sample is analyzed by a laboratory that is licensed by the Arizona Department of Health Services, an out-of-state laboratory licensed under A.R.S. § 36-495.14, or a laboratory exempted under A.R.S. § 36-495.02, for the analysis performed.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).
Amended effective April 24, 1996 (Supp. 96-2).
Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-112. Outstanding Arizona Waters

- A. The Director shall classify a surface water as an outstanding Arizona water (OAW) by rule.
- B. The Director may adopt, under R18-11-115, a site-specific standard to maintain and protect existing water quality in an OAW.
- C. Any person may nominate a surface water for classification as an OAW by filing a nomination with the Director. The nomination shall include:
 1. A map and a description of the surface water;
 2. A written statement in support of the nomination, including specific reference to the applicable criteria for an OAW classification prescribed in subsection (D);
 3. Supporting evidence demonstrating that the criteria prescribed in subsection (D) are met; and
 4. Available water quality data relevant to establishing the baseline water quality of the proposed OAW.
- D. The Director may classify a surface water as an OAW based upon the following criteria:
 1. The surface water is a perennial or intermittent water;
 2. The surface water is in a free-flowing condition. For purposes of this subsection, "in a free-flowing condition" means that a surface water does not have an impoundment, diversion, channelization, rip-rapping or other bank armor, or another hydrological modification within the reach nominated for an OAW classification;
 3. The surface water has good water quality. For purposes of this subsection, "good water quality" means that the surface water has water quality that meets or is better than applicable surface water quality standards. A surface water that is listed as impaired under R18-11-604(E) is ineligible for OAW classification; and
 4. The surface water meets one or both of the following conditions:
 - a. The surface water is of exceptional recreational or ecological significance because of its unique attributes, such as the geology, flora and fauna, water

quality, aesthetic value, or the wilderness characteristic of the surface water;

- b. An endangered or threatened species is associated with the surface water and the existing water quality is essential to the species' maintenance and propagation or the surface water provides critical habitat for the threatened or endangered species. An endangered or threatened species is identified in "Endangered and Threatened Wildlife," 50 CFR 17.11 (revised 2005), and "Endangered and Threatened Plants," 50 CFR 17.12 (revised 2005). This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007 or may be obtained from the National Archives and Records Administration at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page1>.
- E. The Director shall hold at least one public meeting in the local area of a surface water that is nominated for classification as an OAW to solicit public comment on the nomination.
- F. The Director shall consider the following factors when deciding whether to classify a surface water as an OAW:
 1. Whether there is the ability to manage the surface water and its watershed to maintain and protect existing water quality;
 2. The social and economic impact of Tier 3 antidegradation protection;
 3. The public comments in support of, or in opposition to, an OAW classification;
 4. The timing of the nomination relative to the triennial review of surface water quality standards;
 5. The consistency of an OAW classification with applicable water quality management plans; and
 6. Whether the nominated surface water is located within a national or state park, national monument, national recreation area, wilderness area, riparian conservation area, area of critical environmental concern, or it has another special use designation (for example, Wild and Scenic River).
- G. The following surface waters are classified as OAWs:
 1. The West Fork of the Little Colorado River, from its headwaters to Government Springs (approximately 9.1 river miles);
 2. Oak Creek, from its headwaters to its confluence with the Verde River (approximately 50.3 river miles);
 3. West Fork of Oak Creek, from its headwaters to its confluence with Oak Creek (approximately 15.8 river miles);
 4. Peebles Canyon Creek, from its headwaters to its confluence with the Santa Maria River (approximately 8.1 river miles);
 5. Burro Creek, from its headwaters to its confluence with Boulder Creek (approximately 29.5 miles);
 6. Francis Creek, from its headwaters to its confluence with Burro Creek (approximately 22.9 river miles);
 7. Bonita Creek, from its boundary of the San Carlos Indian Reservation to its confluence with the Gila River (approximately 14.7 river miles);
 8. Cienega Creek, from its confluence with Gardner Canyon to the USGS gaging station (#09484600) (approximately 28.3 river miles);
 9. Aravaipa Creek, from its confluence with Stowe Gulch to the downstream boundary of the Aravaipa Canyon Wilderness Area (approximately 15.5 river miles);

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10. Cave Creek, from its headwaters to the Coronado National Forest boundary (approximately 10.4 river miles);
11. South Fork of Cave Creek, from its headwaters to its confluence with Cave Creek (approximately 8.6 river miles);
12. Buehman Canyon Creek, from its headwaters to its confluence with unnamed tributary at 32°24'31"/110°32'08" (approximately 9.8 river miles);
13. Lee Valley Creek, from its headwaters to Lee Valley Reservoir (approximately 1.6 river miles);
14. Bear Wallow Creek, from its headwaters to the boundary of the San Carlos Indian Reservation (approximately 4.25 river miles);
15. North Fork of Bear Wallow Creek, from its headwaters to its confluence with Bear Wallow Creek (approximately 3.8 river miles);
16. South Fork of Bear Wallow Creek, from its headwaters to its confluence with Bear Wallow Creek (approximately 3.8 river miles);
17. Snake Creek, from its headwaters to its confluence with the Black River (approximately 6.2 river miles);
18. Hay Creek, from its headwaters to its confluence with the West Fork of the Black River (approximately 5.5 river miles);
19. Stinky Creek, from the White Mountain Apache Indian Reservation boundary to its confluence with the West Fork of the Black River (approximately 3.0 river miles);
20. KP Creek, from its headwaters to its confluence with the Blue River (approximately 12.7 river miles);
21. Davidson Canyon, from the unnamed spring at 31°59'00"/110°38'49" to its confluence with Cienega Creek; and
22. Fossil Creek, from its headwaters at the confluence of Sandroock and Calf Pen Canyons above Fossil Springs to its confluence with the Verde River (approximately 17.2 river miles).

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Added "water quality standards" to R18-11-112, previously omitted in error (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

R18-11-113. Effluent-Dependent Waters

- A. The Director shall classify a surface water as an effluent-dependent water by rule.
- B. The Director may adopt, under R18-11-115, a site-specific water quality standard for an effluent-dependent water.
- C. Any person may submit a petition for rule adoption requesting that the Director classify a surface water as an effluent-dependent water. The petition shall include:
 1. A map and a description of the surface water;
 2. Information that demonstrates that the surface water consists of a point source discharge of wastewater; and
 3. Information that demonstrates that, without a point source discharge of a wastewater, the receiving water is an ephemeral water.
- D. The Director shall use the water quality standards that apply to an effluent-dependent water to derive water quality-based effluent limits for a point source discharge of wastewater to an ephemeral water.
- E. The Director may use aquatic and wildlife (edw) acute standards only to derive water quality based effluent limits for a sporadic, infrequent, or emergency point source discharge to

an ephemeral water or to an effluent-dependent water. The Director shall consider the following factors when deciding whether to apply A&Wedw (acute) standards:

1. The amount, frequency, and duration of the discharge;
 2. The length of time water may be present in the receiving water;
 3. The distance to a downstream water with aquatic and wildlife chronic standards; and
 4. The likelihood of chronic exposure to pollutants.
- F. The Director may establish alternative water quality-based effluent limits in an AZPDES permit based on seasonal differences in the discharge.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective December 18, 1992 (Supp. 92-4). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

R18-11-114. Mixing Zones

- A. The Director may establish a mixing zone for a point source discharge to a surface water as a condition of an individual AZPDES permit on a pollutant-by-pollutant basis. A mixing zone is prohibited in an ephemeral water or where there is no water for dilution, or as prohibited pursuant to subsection (H).
- B. The owner or operator of a point source seeking the establishment of a mixing zone shall submit a request to the Director for a mixing zone as part of an application for an AZPDES permit. The request shall include:
 1. An identification of the pollutant for which the mixing zone is requested;
 2. A proposed outfall design;
 3. A definition of the boundary of the proposed mixing zone. For purposes of this subsection, the boundary of a mixing zone is where complete mixing occurs; and
 4. A complete and detailed description of the existing physical, biological, and chemical conditions of the receiving water and the predicted impact of the proposed mixing zone on those conditions. The description shall also address the factors listed in subsection (D) that the Director must consider when deciding to grant or deny a request and shall address the mixing zone requirements in subsection (H).
- C. The Director shall consider the following factors when deciding whether to grant or deny a request for a mixing zone:
 1. The assimilative capacity of the receiving water;
 2. The likelihood of adverse human health effects;
 3. The location of drinking water plant intakes and public swimming areas;
 4. The predicted exposure of biota and the likelihood that resident biota will be adversely affected;
 5. Bioaccumulation;
 6. Whether there will be acute toxicity in the mixing zone, and, if so, the size of the zone of initial dilution;
 7. The known or predicted safe exposure levels for the pollutant for which the mixing zone is requested;
 8. The size of the mixing zone;
 9. The location of the mixing zone relative to biologically sensitive areas in the surface water;
 10. The concentration gradient of the pollutant within the mixing zone;
 11. Sediment deposition;
 12. The potential for attracting aquatic life to the mixing zone; and

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13. The cumulative impacts of other mixing zones and other discharges to the surface water.
- D. Director determination.**
1. The Director shall deny a request to establish a mixing zone if a water quality standard will be violated outside the boundaries of the proposed mixing zone..
 2. If the Director approves the request to establish a mixing zone, the Director shall establish the mixing zone as a condition of an AZPDES permit. The Director shall include any mixing zone condition in the AZPDES permit that is necessary to protect human health and the designated uses of the surface water.
- E.** Any person who is adversely affected by the Director's decision to grant or deny a request for a mixing zone may appeal the decision under A.R.S. § 49-321 et seq. and A.R.S. § 41-1092 et seq.
- F.** The Director shall reevaluate a mixing zone upon issuance, reissuance, or modification of the AZPDES permit for the point source or a modification of the outfall structure.
- G. Mixing zone requirements.**
1. A mixing zone shall be as small as practicable in that it shall not extend beyond the point in the waterbody at which complete mixing occurs under the critical flow conditions of the discharge and of the receiving water.
 2. The total horizontal area allocated to all mixing zones on a lake shall not exceed 10 percent of the surface area of the lake.
 3. Adjacent mixing zones in a lake shall not overlap or be located closer together than the greatest horizontal dimension of the largest mixing zone.
 4. The design of any discharge outfall shall maximize initial dilution of the wastewater in a surface water.
 5. The size of the zone of initial dilution in a mixing zone shall prevent lethality to organisms passing through the zone of initial dilution. The mixing zone shall prevent acute toxicity and lethality to organisms passing through the mixing zone.
- H.** The Director shall not establish a mixing zone in an AZPDES permit for the following persistent, bioaccumulative pollutants:
1. Chlordane,
 2. DDT and its metabolites (DDD and DDE),
 3. Dieldrin,
 4. Dioxin,
 5. Endrin,
 6. Endrin aldehyde,
 7. Heptachlor,
 8. Heptachlor epoxide,
 9. Lindane,
 10. Mercury,
 11. Polychlorinated biphenyls (PCBs), and
 12. Toxaphene.
- Historical Note**
 Adopted effective February 18, 1992 (Supp. 92-1).
 Amended effective April 24, 1996 (Supp. 96-2).
 Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).
- R18-11-115. Site-Specific Standards**
- A.** The Director shall adopt a site-specific standard by rule.
- B.** The Director may adopt a site-specific standard based upon a request or upon the Director's initiative for any of the following reasons:
1. Local physical, chemical, or hydrological conditions of a surface water such as pH, hardness, fate and transport, or temperature alters the biological availability or toxicity of a pollutant;
 2. The sensitivity of resident aquatic organisms that occur in a surface water to a pollutant differs from the sensitivity of the species used to derive the numeric water quality standards to protect aquatic life in Appendix A;
 3. Resident aquatic organisms that occur in a surface water represent a narrower mix of species than those in the dataset used by ADEQ to derive numeric water quality standards to protect aquatic life in Appendix A;
 4. The natural background concentration of a pollutant is greater than the numeric water quality standard to protect aquatic life prescribed in Appendix A. "Natural background" means the concentration of a pollutant in a surface water due only to non-anthropogenic sources; or
 5. Other factors or combination of factors that upon review by the Director warrant changing a numeric water quality standard for a surface water.
- C. Site-specific standard by request.** To request that the Director adopt a site-specific standard, a person must conduct a study to support the development of a site-specific standard using a scientifically-defensible procedure.
1. Before conducting the study, a person shall submit a study outline to the Director for approval that contains the following elements:
 - a. Identifies the pollutant;
 - b. Describes the reach's boundaries;
 - c. Uses one of the following procedures, as defined by the most recent EPA guidance documents:
 - i. The recalculation procedure,
 - ii. The water effects ratio for metals,
 - iii. The streamlined water effects ratio, or
 - iv. The Biotic ligand model.
 - d. Demonstrates that all designated uses are protected.
 2. Alternatively, a study outline submitted for the Director's approval must contain the following elements:
 - a. Identifies the pollutant;
 - b. Describes the reach's boundaries;
 - c. Describes the hydrologic regime of the waterbody;
 - d. Describes the scientifically-defensible procedure, which can include relevant aquatic life studies, ecological studies, laboratory tests, biological translators, fate and transport models, and risk analyses;
 - e. Describes and compares the taxonomic composition, distribution and density of the aquatic biota within the reach to a reference reach and describes the basis of any major taxonomic differences;
 - f. Describes the pollutant's effect on the affected species or appropriate surrogate species and on the other designated uses listed for the reach;
 - g. Demonstrates that all designated uses are protected; and
 - h. A person seeking to develop a site-specific standard based on natural background may use statistical or modeling approaches to determine natural background concentration. Modeling approaches include Better Assessment Science Integrating Source and Nonpoint Sources (Basins), Hydrologic Simulation Program-Fortran (HSPF), and Hydrologic Engineering Center (HEC) programs developed by the U.S. Army Corps of Engineers.
- Historical Note**
 Adopted effective February 18, 1992 (Supp. 92-1).
 Amended effective April 24, 1996 (Supp. 96-2). Section

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repealed by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

R18-11-116. Resource Management Agencies

Nothing in this Article prohibits fisheries management activities by the Arizona Game and Fish Department or the U.S. Fish and Wildlife Service. This Article does not exempt fish hatcheries from AZPDES permit requirements.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).
Amended by final rulemaking at 14 A.A.R. 4708,
effective January 31, 2009 (Supp. 08-4).

R18-11-117. Canals and Urban Park Lakes

- A. Nothing in this Article prevents the routine physical or mechanical maintenance of canals, drains, and the urban lakes identified in Appendix B. Physical or mechanical maintenance includes dewatering, lining, dredging, and the physical, biological, or chemical control of weeds and algae. Increases in turbidity that result from physical or mechanical maintenance activities are permitted in canals, drains, and the urban lakes identified in Appendix B.
- B. The discharge of lubricating oil associated with the start-up of well pumps that discharge to canals is not a violation of R18-11-108(B).

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).
Amended effective April 24, 1996 (Supp. 96-2).
Amended by final rulemaking at 14 A.A.R. 4708,
effective January 31, 2009 (Supp. 08-4).

R18-11-118. Dams and Flood Control Structures

Increases in turbidity that result from the routine physical or mechanical maintenance of a dam or flood control structure are not violations of this Article. Nothing in this Article requires the release of water from a dam or a flood control structure.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).
Amended effective April 24, 1996 (Supp. 96-2).
Amended by final rulemaking at 8 A.A.R. 1264, effective
March 8, 2002 (Supp. 02-1). Amended by final
rulemaking at 14 A.A.R. 4708, effective January 31, 2009
(Supp. 08-4).

R18-11-119. Natural background

Where the concentration of a pollutant exceeds a water quality standard and the exceedance is not caused by human activity but is due solely to naturally-occurring conditions, the exceedance shall not be considered a violation of the water quality standard.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).

R18-11-120. Enforcement of Non-permitted Discharges

- A. The Department may establish a numeric water quality standard at a concentration that is below the practical quantitation limit. Therefore, in enforcement actions pursuant to subsection (B), the water quality standard is enforceable at the practical quantitation limit.
- B. Except for chronic aquatic and wildlife criteria, for non-permitted discharge violations, the Department shall determine compliance with numeric water quality standard criteria from the analytical result of a single sample, unless additional samples are required under this article. For chronic aquatic and wildlife criteria, compliance for non-permitted discharge vio-

lations shall be determined from the geometric mean of the analytical results of the last four samples taken at least 24 hours apart. For the purposes of this Section, a "non-permitted discharge violation" does not include a discharge regulated under an AZPDES permit.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).
Amended effective April 24, 1996 (Supp. 96-2).
Amended by final rulemaking at 8 A.A.R. 1264, effective
March 8, 2002 (Supp. 02-1). Amended by final
rulemaking at 25 A.A.R. 2515, effective November 9,
2019 (Supp. 19-3).

R18-11-121. Schedules of Compliance

A compliance schedule in an AZPDES permit shall require the permittee to comply with a discharge limitation based upon a new or revised water quality standard as soon as possible to achieve compliance. The permittee shall demonstrate that all requirements under § 301(b) and § 306 of the Clean Water Act [33 U.S.C. 1311(b) and 1316] are achieved and that the point source cannot comply with a discharge limitation based upon the new or revised water quality standard through the application of existing water pollution control technology, operational changes, or source reduction. In establishing a compliance schedule, the Director shall consider:

1. How much time the permittee has already had to meet any effluent limitations under a prior permit;
2. The extent to which the permittee has made good faith efforts to comply with the effluent limitations and other requirements in a prior permit;
3. Whether treatment facilities, operations, or measures must be modified to meet the effluent limitations;
4. How long any necessary modifications would take to implement; and
5. Whether the permittee would be expected to use the same treatment facilities, operations or other measures to meet the effluent limitations as it would have used to meet the effluent limitations in a prior permit.

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1).
Amended effective April 24, 1996 (Supp. 96-2).
Amended by final rulemaking at 8 A.A.R. 1264, effective
March 8, 2002 (Supp. 02-1). Amended by final
rulemaking at 14 A.A.R. 4708, effective January 31, 2009
(Supp. 08-4). Amended by final rulemaking at 22 A.A.R.
2328, effective August 2, 2016 (Supp. 16-4).

R18-11-122. Variances

- A. Upon request, the Director may establish, by rule, a discharger-specific or water segment(s)-specific variance from a water quality standard if requirements pursuant to this Section are met.
- B. A person who requests a variance must demonstrate all of the following information:
 1. Identification of the specific pollutant and water quality standard for which a variance is sought.
 2. Identification of the receiving surface water segment or segments to which the variance would apply.
 3. A detailed discussion of the need for the variance, including the reasons why compliance with the water quality standard cannot be achieved over the term of the proposed variance, and any other useful information or analysis to evaluate attainability.
 4. A detailed discussion of the discharge control technologies that are available for achieving compliance with the water quality standard for which a variance is sought.
 5. Documentation that more advanced treatment technology than applicable technology-based effluent limitations is

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necessary to achieve compliance with the water quality standard for which a variance is sought.

6. A detailed description of proposed interim discharge limitations and pollutant control activities that represent the highest level of treatment achievable by a point source discharger or dischargers during the term of the variance.
 7. Documentation that the proposed term is only as long as necessary to achieve the highest attainable condition.
 8. Documentation that is appropriate to the type of use to which the variance would apply as follows:
 - a. For a water quality standard variance to a use specified in Clean Water Act § 101(a)(2), documentation must include demonstration of at least one of the following factors that preclude attainment of the use during the term of the variance:
 - i. Naturally occurring pollutant concentrations prevent attainment of the use;
 - ii. Natural, ephemeral, intermittent or low flow conditions or water levels prevent the attainment of the use, unless these conditions may be compensated for by the discharge of sufficient volume of effluent discharges without violating state water conservation requirements to enable uses to be met;
 - iii. That human-caused conditions or sources of pollution prevent the attainment of the water quality standard for which the variance is sought and either (1) it is not possible to remedy the conditions or sources of pollution or (2) remedying the human-caused conditions would cause more environmental damage to correct than to leave in place;
 - iv. Dams, diversions or other types of hydrologic modifications preclude the attainment of the use, and it is not feasible to restore the water body to its original condition or to operate such modification in a way that would result in the attainment of the use;
 - v. Physical conditions related to the natural features of the water body, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, unrelated to water quality, preclude attainment of aquatic life protection uses;
 - vi. That installation and operation of each of the available discharge technologies more advanced than those required to comply with technology-based effluent limitations to achieve compliance with the water quality standard would result in substantial and widespread economic and social impact; or
 - vii. Actions necessary to facilitate lake, wetland, or stream restoration through dam removal or other significant reconfiguration activities preclude attainment of the designated use and criterion while the actions are being implemented.
 - b. For a water quality standard variance to a use other than those uses specified in Clean Water Act § 101(a)(2), documentation must justify how consideration and value of the water subject to the use appropriately supports the variance and term. A demonstration consistent with (B)(8)(a) of this Section may be used to satisfy this requirement.
 9. For a waterbody segment(s)-specific variance, the following information is required before the Director may issue a variance, in addition to all other required documentation pursuant to this Section:
 - a. Identification and documentation of any cost-effective and reasonable best management practices for nonpoint source controls related to the pollutant(s) or water quality parameter(s) and water body or waterbody segment(s) specified in the variance that could be implemented to make progress towards attaining the underlying designated use and criterion; and
 - b. If any variance pursuant to subsection (B)(9)(a) previously applied to the water body or waterbody segment(s), documentation must also demonstrate whether and to what extent best management practices for nonpoint source controls were implemented to address the pollutant(s) or water quality parameter(s) subject to the water quality variance and the water quality progress achieved.
 10. For a discharger-specific variance, the following information is required before the Director may issue a variance, in addition to all other required documentation pursuant to this Section:
 - a. Identification of the permittee subject to the variance;
 - b. For an existing point source discharge, a detailed description of the existing discharge control technologies that are used to achieve compliance with applicable water quality standards. For a new point source discharge, a detailed description of the proposed discharge control technologies that will be used to achieve compliance with applicable water quality standards; and
 - c. Documentation that the existing or proposed discharge control technologies will comply with applicable technology-based effluent limitations.
- C.** The Director shall consider the following factors when deciding whether to grant or deny a variance request:
1. Bioaccumulation,
 2. The predicted exposure of biota and the likelihood that resident biota will be adversely affected,
 3. The known or predicted safe exposure levels for the pollutant for which the variance is requested, and
 4. The likelihood of adverse human health effects.
- D.** The variance shall represent the highest attainable condition of the water body or water body segment applicable throughout the term of the variance.
- E.** A variance shall not result in any lowering of the currently attained ambient water quality, unless the variance is necessary for restoration activities, consistent with subsection (B)(8)(a)(vii). The Director must specify the highest attainable condition of the water body or waterbody segment as a quantifiable expression of one of the following:
1. The highest attainable interim criterion,
 2. The interim effluent condition that reflects the greatest pollutant reduction achievable; or
 3. If no additional feasible pollutant control technology can be identified, the interim criterion or interim effluent condition that reflects the greatest pollutant reduction achievable with the pollutant control technologies installed at the time of the issuance of the variance, and the adoption and implementation of a Pollutant Minimization Program.
- F.** A variance shall not modify the underlying designated use and criterion. A variance is only a time limited exception to the underlying standard. For discharge-specific variances, other point source dischargers to the surface water that are not

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- granted a variance shall still meet all applicable water quality standards.
- G.** Point source discharges shall meet all other applicable water quality standards for which a variance is not granted.
 - H.** The Director may not grant a variance for a point source discharge to an OAW listed in R18-11-112(G).
 - I.** Each variance established by the Director is subject to review and approval by the Regional Administrator.
 - J.** The term of the water quality variance may only be as long as necessary to achieve the highest attainable condition and must be consistent with the supporting documentation in subsection (E). The variance term runs from the approval of the variance by the Regional Administrator.
 - K.** The Director shall reevaluate, in its triennial review, whether each variance continues to represent the highest attainable condition. Comment on the variance shall be considered regarding whether the variance continues to represent the highest attainable condition. If the Director determines that the requirements of the variance do not represent the highest attainable condition, then the Director shall modify or repeal the variance in its triennial review rulemaking.
 - L.** If the variance is modified by rulemaking, the requirements of the variance shall represent the highest attainable condition at the time of initial adoption of the variance, or the highest attainable condition identified during the current reevaluation, whichever is more stringent.
 - M.** Upon expiration of a variance, point source dischargers shall comply with the water quality standard.
 - N.** The following are discharger-specific variances adopted by the Director:
 - O.** The following are water body and waterbody segment-specific variances adopted by the Director:
- Historical Note**
Adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).
- R18-11-123. Discharge Prohibitions**
- A.** The discharge of wastewater to the following surface waters is prohibited:
 - 1. Sabino Canyon Creek;
 - 2. Vekol Wash, upstream of the Ak-Chin Indian Reservation; and
 - 3. Smith Wash, upstream of the Ak-Chin Indian Reservation.
 - B.** The discharge to Lake Powell of human body wastes and the wastes from toilets and other receptacles intended to receive or retain wastes from a vessel is prohibited.
- Historical Note**
Adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Appendix A. Numeric Water Quality Standards

Table 1. Water Quality Criteria By Designated Use (see f)

Parameter	CAS NUMBER	DWS (µg/L)	FC (µg/L)	FBC (µg/L)	PBC (µg/L)	A&Wc Acute (µg/L)	A&Wc Chronic (µg/L)	A&Ww Acute (µg/L)	A&Ww Chronic (µg/L)	A&Wedw Acute (µg/L)	A&Wedw Chronic (µg/L)	A&We Acute (µg/L)	AgI (µg/L)	AgL (µg/L)
Acenaphthene	83329	420	198	56,000	56,000	850	550	850	550	850	550			
Acenaphthylene	208968	420		56,000	56,000									
Acrolein	107028	3.5	1.9	467	467	3	3	3	3	3	3	3		
Acrylonitrile	107131	0.006	0.2	9	37,333	3,800	250	3,800	250	3,800	250			
Alachlor	15972608	2		9,333	9,333	2,500	170	2,500	170	2,500	170			
Aldrin	309002	0.002	0.00005	0.27	28	3		3		3		4.5	0.003	See (b)
Alpha Particles (Gross) Radioactivity		15 pCi/L See (h)												
Ammonia	7664417					See (e) & Tables 11 (present) & 14 (absent)	See (e) & Tables 13 (present) & 17 (absent)	See (e) & Tables 12 (present) & 15 (absent)	See (e) & Tables 13 (present) & 16 (absent)	See (e) & Table 15 (absent)	See (e) & Table 16 (absent)			
Anthracene	120127	2,100	74	280,000	280,000									
Antimony	7440360	6 T	640 T	747 T	747 T	88 D	30 D	88 D	30 D	1,000 D	600 D			
Arsenic	7440382	10 T	80 T	30 T	280 T	340 D	150 D	340 D	150 D	340 D	150 D	440 D	2,000 T	200 T
Asbestos	1332214	See (a)												
Atrazine	1912249	3		32,667	32,667									
Barium	7440393	2,000 T		186,667 T	186,667 T									
Benz(a)anthracene	56553	0.005	0.02	47	280									
Benzene	71432	5	114	133	3,733	2,700	180	2,700	180	8,800	560			
Benzo(b)fluoranthene Benzofluoranthene	205992	0.005	0.02	47	280									
Benzidine	92875	0.0002	0.0002	0.02	2,800	1,300	89	1,300	89	1,300	89	10,000	0.01	0.01
Benzo(a)pyrene	50328	0.2	0.1	47	280									
Benzo(k)fluoranthene	207089	0.005	0.02	47	280									
Beryllium	7440417	4 T	84 T	1,867 T	1,867 T	65 D	5.3 D	65 D	5.3 D	65 D	5.3 D			
Beta particles and photon emitters		4 millirems / year See (i)												
Bis(2-chloroethoxy) methane	111911	21		2,800	2,800									
Bis(2-chloroethyl) ether	111444	0.03	0.5	4	4	120,000	6,700	120,000	6,700	120,000	6,700			
Bis(2-chloroisopropyl) ether	108601	280	3,441	37,333	37,333									
Bis(chloromethyl) ether	542881	0.00015		0.02										
Boron	7440428	1,400 T		186,667 T	186,667 T								1,000 T	
Bromodichloromethane	75274	TTHM See (g)	17	TTHM	18,667									
to 4-Bromophenyl phenyl ether	101553					180	14	180	14	180	14			
Bromoform	75252	TTHM See (g)	133	591	18,667	15,000	10,000	15,000	10,000	15,000	10,000			
Bromomethane	74839	9.8	299	1,307	1,307	5,500	360	5,500	360	5,500	360			
Butyl benzyl phthalate	85687	1,400	386	186,667	186,667	1,700	130	1,700	130	1,700	130			
Cadmium	7440439	5 T	6 T	467 T	467 T	See Table 2	See Table 3	See Table 2	See Table 3	See Table 2	See Table 3	See Table 2	50	50
Carbaryl	63252					2.1	2.1	2.1	2.1	2.1	2.1	2.1		
Carbofuran	1563662	40		4,667	4,667	650	50	650	50	650	50			
Carbon tetrachloride	56235	5	3	67	3,733	18,000	1,100	18,000	1,100	18,000	1,100			
Chlordane	57749	2	0.0008	13	467	2.4	0.004	2.4	0.2	2.4	0.2	3.2		
Chlorine (total residual)	7782505	4,000		93,333	93,333	19	11	19	11	19	11			
Chlorobenzene	108907	100	1,553	18,667	18,667	3,800	260	3,800	260	3,800	260			
Chloroethane	75003	280		93,333	93,333									
2-Chloroethyl vinyl ether	110758					180,000	9,800	180,000	9,800	180,000	9,800			
Chloroform	67663	TTHM See (g)	2,133	9,333	9,333	14,000	900	14,000	900	14,000	900			
p-Chloro-m-cresol	59507					15	4.7	15	4.7	15	4.7	48,000		
Chloromethane	74873					270,000	15,000	270,000	15,000	270,000	15,000			
beta-Chloronaphthalene	91587	2240	1267	298,667	298,667									
2-Chlorophenol	95578	35	30	4,667	4,667	2,200	150	2,200	150	2,200	150			
Chloropyrifos	2921882	21	1.0	2,800	2,800	0.08	0.04	0.08	0.04	0.08	0.04			
Chromium III	16065831	10,500	75,000 T	1,400,000 T	1,400,000 T	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4		
Chromium VI	18540299	21 T	150 T	2,800 T	2,800 T	16 D	11 D	16 D	11 D	16 D	11 D	34 D		
Chromium (Total)	7440473	100 T											1,000	1,000
Chrysene	218019	0.005	0.02	0.6	0.6									
Copper	7440508	1,300 T		1,300 T	1,300 T	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	5,000 T	500 T
Cyanide (as free cyanide)	57125	200 T	504 T	588 T	588 T	22 T	5.2 T	41 T	9.7 T	41 T	9.7 T	84 T		200 T
Dalapon	75990	200	8,000	28,000	28,000									
DDT and its breakdown products	50293	0.1	0.0003	14	467	1.1	0.001	1.1	0.001	1.1	0.001	1.1	0.001	0.001
Demeton	8065483						0.1		0.1		0.1			
Diazinon	333415					0.17	0.17	0.17	0.17	0.17	0.17	0.17		
Dibenz (ah) anthracene	53703	0.350	0.02	47.0	280.0									
Dibromochloromethane	124481	TTHM See (g)	13	TTHM	18,667									
1,2-Dibromo-3-chloropropane	96128	0.2		2,800	2,800									
1,2-Dibromoethane	106934	0.02		2	8,400									
Dibutyl phthalate	84742	700	899	93,333	93,333	470	35	470	35	470	35	1,100		
1,2-Dichlorobenzene	95501	600	205	84,000	84,000	790	300	1,200	470	1,200	470	5,900		
1,3-Dichlorobenzene	541731					2,500	970	2,500	970	2,500	970			
1,4-Dichlorobenzene	106467	75	5755	373,333	373,333	560	210	2,000	780	2,000	780	6,500		
3,3'-Dichlorobenzidine	91941	0.08	0.03	10	10									
1,2-Dichloroethane	107062	5	37	15	186,667	59,000	41,000	59,000	41,000	59,000	41,000			

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1,1-Dichloroethylene	75354	7	7,143	46,667	46,667	15,000	950	15,000	950	15,000	950			
1,2-cis-Dichloroethylene	156592	70		1,867	1,867									
1,2-trans-Dichloroethylene	156605	100	10,127	18,667	18,667	68,000	3,900	68,000	3,900	68,000	3,900			
Dichloromethane	75092	5	2,222	2,333	5,600	97,000	5,500	97,000	5,500	97,000	5,500			
2,4-Dichlorophenol	120832	21	59	2,800	2,800	1,000	88	1,000	88	1,000	88			
2,4-Dichlorophenoxyacetic acid (2,4-D)	94757	70		9,333	9,333									
1,2-Dichloropropane	78875	5	17,518	84,000	84,000	26,000	9,200	26,000	9,200	26,000	9,200			
1,3-Dichloropropene	542756	0.7	42	93	28,000	3,000	1,100	3,000	1,100	3,000	1,100			
Dieldrin	60571	0.002	0.00005	0.3	47	0.2	0.06	0.2	0.06	0.2	0.06	4	0.003	See (b)
Diethyl phthalate	84662	5,600	8,767	746,667	746,667	26,000	1,600	26,000	1,600	26,000	1,600			
Di (2-ethylhexyl) adipate	103231	400		3,889	560,000									
Di (2-ethylhexyl) phthalate	117817	6	3	333	18,667	400	360	400	360	400	360	3,100		
2,4-Dimethylphenol	105679	140	171	18,667	18,667	1,000	310	1,000	310	1,000	310	150,000		
Dimethyl phthalate	131113					17,000	1,000	17,000	1,000	17,000	1,000			
4,6-Dinitro-o-cresol	534521	0.6	12	75	75	310	24	310	24	310	24			
2,4-Dinitrophenol	51285	14	1,067	1,867	1,867	110	9.2	110	9.2	110	9.2			
2,4-Dinitrotoluene	121142	14	421	1,867	1,867	14,000	860	14,000	860	14,000	860			
2,6-Dinitrotoluene	606202	0.05		7	280									
Di-n-octyl phthalate	117840	70		9,333	9,333									
Dinoseb	88857	7	12	933	933									
1,2-Diphenylhydrazine	122667	0.04	0.2	6	6	130	11	130	11	130	11			
Diquat	85007	20	176	2,053	2,053									
Endosulfan sulfate	1031078	42	18	5,600	5,600	0.2	0.06	0.2	0.06	0.2	0.06	3		
Endosulfan (Total)	115297	42	18	5,600	5,600	0.2	0.06	0.2	0.06	0.2	0.06	3		
Endothall	145733	100	16,000	18,667	18,667									
Endrin	72208	2	0.06	1,120	1,120	0.09	0.04	0.09	0.04	0.09	0.04	0.7	0.004	0.004
Endrin aldehyde	7421933	2	0.06	1,120	1,120	0.09	0.04	0.09	0.04	0.09	0.04	0.7		
Ethylbenzene	100414	700	2,133	93,333	93,333	23,000	1,400	23,000	1,400	23,000	1,400			
Fluoranthene	206440	280	28	37,333	37,333	2,000	1,600	2,000	1,600	2,000	1,600			
Fluorene	86737	280	1,067	37,333	37,333									
Fluoride	7782414	4,000		140,000	140,000									
Glyphosate	1071836	700	266,667	93,333	93,333									
Guthion	86500	21	92	2,800	2,800		0.01		0.01		0.01			
Heptachlor	76448	0.4	0.00008	1	467	0.5	0.004	0.5	0.004	0.6	0.01	0.9		
Heptachlor epoxide	1024573	0.2	0.00004	0.5	12	0.5	0.004	0.5	0.004	0.6	0.01	0.9		
Hexachlorobenzene	118741	1	0.0003	3	747	6	3.7	6	3.7	6	3.7			
Hexachlorobutadiene	87683	0.4	18	60	187	45	8.2	45	8.2	45	8.2			
Hexachlorocyclohexane alpha	319846	0.006	0.005	0.7	7,467	1,600	130	1,600	130	1,600	130	1,600		
Hexachlorocyclohexane beta	319857	0.02	0.02	3	560	1,600	130	1,600	130	1,600	130	1,600		
Hexachlorocyclohexane delta	319868					1,600	130	1,600	130	1,600	130	1,600		
Hexachlorocyclohexane gamma (lindane)	58899	0.2	5	700	700	1	0.08	1	0.28	1	0.61	11		
Hexachlorocyclopentadi- ene	77474	50	74	11,200	11,200	3.5	0.3	3.5	0.3	3.5	0.3			
Hexachloroethane	67721	0.9	1	117	653	490	350	490	350	490	350	850		
Hydrogen sulfide	7783064					2 See (c)		2 See (c)		2 See (c)				
Indeno (1,2,3-cd) pyrene	193395	0.4	1	47	47									
Iron	7439896						1,000 D		1,000 D		1,000 D			
Isophorone	78591	37	961	4,912	186,667	59,000	43,000	59,000	43,000	59,000	43,000			
Lead	7439971	15 T		15 T	15 T	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	10,000 T	100 T
Malathion	121755	140	1,455	18,667	18,667		0.1		0.1		0.1			
Manganese	7439965	980		130,667	130,667								10,000	
Mercury	7439976	2 T		280 T	280 T	2.4 D	0.01 D	2.4 D	0.01 D	2.4 D	0.01 D	5 D		10 T
Methoxychlor	72435	40		18,667	18,667		0.03		0.03		0.03			
Methylmercury	22967926		0.3 mg/ kg											
Mirex	2385855	1	0.0002	0.26	187		0.001		0.001		0.001			
Naphthalene	91203	140	1,524	18,667	18,667	1,100	210	3,200	580	3,200	580			
Nickel	7440020	210 T	511 T	28,000 T	28,000 T	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7		
Nitrate	14797558	10,000		3,733,333	3,733,333									
Nitrite	14797650	1,000		233,333	233,333									
Nitrate + Nitrite		10,000												
Nitrobenzene	98953	14	554	1,867	1,867	1,300	850	1,300	850	1,300	850			
p-Nitrophenol	100027					4,100	3,000	4,100	3,000	4,100	3,000			
Nitrosodibutylamine	924163	0.006	0.2	0.9										
Nitrosodiethylamine	55185	0.0002	0.1	0.03										
N-nitrosodimethylamine	62759	0.001	3	0.09	0.09									
N-Nitrosodiphenylamine	86306	7.1	6	952	952	2,900	200	2,900	200	2,900	200			
N-nitrosodi-n-propylamine	621647	0.005	0.5	0.7	0.7									
N-nitrosopyrrolidine	930552	0.02	34	2										
Nonylphenol	104405					28	6.6	28	6.6	28	6.6	28		
Oxamyl	23135220	200	6452	23,333	23,333									
Parathion	56382	42	16	5,600	5,600	0.07	0.01	0.07	0.01	0.07	0.01			
Pentachlorobenzene	608935	6		747	747									
Paraquat	1910425	32	12,000	4,200	4,200	100	54	100	54	100	54			
Pentachlorophenol	87865	1	111	12	4,667	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10		
Permethrin	52645531	350	77	46,667	46,667	0.3	0.2	0.3	0.2	0.3	0.2			
Phenanthrene	85018					30	6.3	30	6.3	30	6.3			
Phenol	108952	2,100	37	280,000	280,000	5,100	730	7,000	1,000	7,000	1,000	180,000		
Picloram	1918021	500	1,806	65,333	65,333									
Polychlorinatedbiphenyls (PCBs)	1336363	0.5	0.00006	2	19	2	0.01	2	0.02	2	0.02	11	0.001	0.001

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Pyrene	129000	210	800	28,000	28,000									
Radium 226 + Radium 228		5 pCi/L												
Selenium	7782492	50 T	667 T	4,667 T	4,667 T		2 T		2 T		2 T	33 T	20 T	50 T
Silver	7440224	35 T	8,000 T	4,667 T	4,667 T	See (d) & Table 8		See (d) & Table 8		See (d) & Table 8		See (d) & Table 8		
Simazine	112349	4		4,667	4,667									
Strontium	7440246	8 pCi/L												
Styrene	100425	100		186,667	186,667	5,600	370	5,600	370	5,600	370			
Sulfides												100		
1,2,4,5-Tetrachlorobenzene	95943	2.1		280	280									
2,3,7,8-Tetrachlorodibenzo-p-dioxin (2,3,7,8-TCDD)	1746016	0.00003	0.0000001	0.0007	0.0007	0.01	0.005	0.01	0.005	0.01	0.005	0.1		
1,1,2,2-Tetrachloroethane	79345	0.2	32,000	23	186,667	4,700	3,200	4,700	3,200	4,700	3,200			
Tetrachloroethylene	127184	5	62	2,222	5,600	2,600	280	6,500	680	6,500	680	15,000		
Thallium	7440280	2 T	0.07 T	9 T	9 T	700 D	150 D	700 D	150 D	700 D	150 D			
Toluene	108883	1,000	11,963	149,333	149,333	8,700	180	8,700	180	8,700	180			
Toxaphene	8001352	3	0.0003	4	1,867	0.7	0.0002	0.7	0.0002	0.7	0.0002	11	0.005	0.005
Tributyltin	688733		0.08	280	280	0.5	0.07	0.5	0.07	0.5	0.07			
1,2,4-Trichlorobenzene	120821	70	70	9,333	9,333	750	130	1,700	300	1,700	300			
1,1,1-Trichloroethane	71556	200	285,714	1,866,667	1,866,667	2,600	1,600	2,600	1,600	2,600	1,600		1,000	
1,1,2-Trichloroethane	79005	5	16	82	3,733	18,000	12,000	18,000	12,000	18,000	12,000			
Trichloroethylene	79016	5	8	101	467	20,000	1,300	20,000	1,300	20,000	1,300			
2,4,5-Trichlorophenol	95954	700		93,333	93,333									
2,4,6-Trichlorophenol	88062	3.2	2	424	424	160	25	160	25	160	25	3,000		
2,4,5-Trichlorophenoxy propionic acid (2,4,5-TP)	93721	50		29,867	29,867									
Trihalomethanes (T)		80												
Tritium	10028178	20,000 pCi/L												
Uranium	7440611	30 D		2,800	2,800									
Vinyl chloride	75014	2	5	6	2,800									
Xylenes (T)	1330207	10,000		186,667	186,667									
Zinc	7440666	2,100 T	5,106 T	280,000 T	280,000 T	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	10,000 T	25,000 T
2-nitrophenol	88755		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
1,1-dichloroethane	85343		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
4-chlorophenyl phenyl ether	7005723		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Benzo (ghi) perylene	191242		No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data

Footnotes

- The asbestos standard is 7 million fibers (longer than 10 micrometers) per liter.
- The aldrin/dieldrin standard is exceeded when the sum of the two compounds exceeds 0.003 µg/L.
- In lakes, the acute criteria for hydrogen sulfide apply only to water samples taken from the epilimnion, or the upper layer of a lake or reservoir.
- Hardness, expressed as mg/L CaCO₃, is determined according to the following criteria:
 - If the receiving water body has an A&Wc or A&Ww designated use, then hardness is based on the hardness of the receiving water body from a sample taken at the same time that the sample for the metal is taken, except that the hardness may not exceed 400 mg/L CaCO₃.
 - If the receiving water has an A&Wedw or A&We designated use, then the hardness is based on the hardness of the effluent from a sample taken at the same time that the sample for the metal is taken, except that the hardness may not exceed 400 mg/L CaCO₃.
 - The mathematical equations for the hardness-dependent parameter represent the water quality standards. Examples of criteria for the hardness-dependent parameters have been calculated and are presented in separate tables at the end of Appendix A for the convenience of the user.
- pH is determined according to the following criteria:
 - If the receiving water has an A&Wc or A&Ww designated use, then pH is based on the pH of the receiving water body from a sample taken at the same time that the sample for pentachlorophenol or ammonia is taken.
 - If the receiving water body has an A&Wedw or A&We designated use, then the pH is based on the pH of the effluent from a sample taken at the same time that the sample for pentachlorophenol or ammonia is taken.
 - The mathematical equations for ammonia represent the water quality standards. Examples of criteria for ammonia have been calculated and are presented in separate tables at the end of Appendix A for the convenience of the user.
- Table 1 abbreviations.
 - µg/L = micrograms per liter,
 - mg/kg = milligrams per kilogram,
 - pCi/L = picocuries per liter,
 - D = dissolved,
 - T = total recoverable,
 - TTHM indicates that the chemical is a trihalomethane.
- The total trihalomethane (TTHM) standard is exceeded when the sum of these four compounds exceeds 80 µg/L, as a rolling annual average.
- The concentration of gross alpha particle activity includes radium-226, but excludes radon and uranium.
- The average annual concentration of beta particle activity and photon emitters from manmade radionuclides shall not produce an annual dose equivalent to the total body or any internal organ greater than four millirems per year.
- The mathematical equations for the pH-dependent parameters represent the water quality standards. Examples of criteria for the pH-dependent parameters have been calculated and are presented in separate tables at the end of Appendix A for the convenience of the user.
- Abbreviations for the mathematical equations are as follows:
 e = the base of the natural logarithm and is a mathematical constant equal to 2.71828
 LN = is the natural logarithm
 CMC = Criterion Maximum Concentration (acute)
 CCC = Criterion Continuous Concentration (chronic)

Historical Note

Appendix A repealed; new Appendix A, Table 1 adopted effective April 24, 1996 (Supp. 96-2). Appendix A, Table 1 amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 1 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 1 repealed; new Appendix A, Table 1 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 1 amended by final rulemaking at 22 A.A.R.

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2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 2. Acute Water Quality Standards for Dissolved Cadmium

Aquatic and Wildlife coldwater		Aquatic and Wildlife warm water, and edw		Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	0.40	20	2.1	20	4.9
100	1.8	100	9.4	100	22
400	6.5	400	34	400	80
$e^{(0.9789 \cdot \text{LN}(\text{Hardness}) - 3.866)} \cdot (1.136672 - \text{LN}(\text{Hardness}) \cdot 0.041838)$		$e^{(0.9789 \cdot \text{LN}(\text{Hardness}) - 2.208)} \cdot (1.136672 - \text{LN}(\text{Hardness}) \cdot 0.041838)$		$e^{(0.9789 \cdot \text{LN}(\text{Hardness}) - 1.363)} \cdot (1.136672 - \text{LN}(\text{Hardness}) \cdot 0.041838)$	

Historical Note

Appendix A repealed; new Appendix A, Table 2 adopted effective April 24, 1996 (Supp. 96-2). Appendix A, Table 2 amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 2 amended to correct references to footnotes (Supp. 02-4). Appendix A, Table 2 footnotes amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 2 repealed; new Appendix A, Table 2 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 2 repealed; new Table 2 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 3. Chronic Water Quality Standards for Dissolved Cadmium

Aquatic and Wildlife coldwater, warmwater, and edw	
Hard. mg/L	Std. µg/L
20	0.21
100	0.72
400	2.0
$e^{(0.7977 \cdot \text{LN}(\text{Hardness}) - 3.909)} \cdot (1.101672 - \text{LN}(\text{Hardness}) \cdot 0.041838)$	

Historical Note

Appendix A, Table 3 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 3 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 3 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 3 repealed; new Table 3 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 4. Water Quality Standards for Dissolved Chromium III

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	152	20	19.8	20	512
100	570	100	74.1	100	1,912
400	1,773	400	231	400	5,950
$e^{(0.819 \cdot \text{LN}(\text{Hardness}) + 3.7256)} \cdot (0.316)$		$e^{(0.819 \cdot \text{LN}(\text{Hardness}) + 0.6848)} \cdot (0.86)$		$e^{(0.819 \cdot \text{LN}(\text{Hardness}) + 4.9361)} \cdot (0.316)$	

Historical Note

Appendix A, Table 4 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 4 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 4 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 4 repealed; new Table 4 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 5. Water Quality Standards for Dissolved Copper

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	2.9	20	2.3	20	5.1
100	13	100	9.0	100	23
400	50	400	29	400	86
$e^{(0.9422 \cdot \text{LN}(\text{Hardness}) - 1.702)} \cdot (0.96)$		$e^{(0.8545 \cdot \text{LN}(\text{Hardness}) - 1.702)} \cdot (0.96)$		$e^{(0.9422 \cdot \text{LN}(\text{Hardness}) - 1.1514)} \cdot (0.96)$	

Historical Note

Appendix A, Table 5 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 5 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 5 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 5 repealed; new Table 5 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

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Table 6. Water Quality Standards for Dissolved Lead

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	10.8	20	0.42	20	22.8
100	64.6	100	2.5	100	136.3
400	281	400	10.9	400	592.7
$e^{(1.273 \cdot \text{LN}(\text{Hardness}) - 1.46) \cdot (1.46203 - \text{LN}(\text{Hardness})) \cdot (0.145712))}$		$e^{(1.273 \cdot \text{LN}(\text{Hardness}) - 4.705) \cdot (1.46203 - \text{LN}(\text{Hardness})) \cdot (0.145712))}$		$e^{(1.273 \cdot \text{LN}(\text{Hardness}) - 0.7131) \cdot (1.46203 - \text{LN}(\text{Hardness})) \cdot (0.145712))}$	

Historical Note

Appendix A, Table 6 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 6 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 6 renumbered to Table 9; new Table 6 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 6 repealed; new Table 6 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 7. Water Quality Standards for Dissolved Nickel

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	120.0	20	13.3	20	1066
100	468	100	52.0	100	4158
400	1513	400	168	400	13436
$e^{(0.846 \cdot \text{LN}(\text{Hardness}) + 2.255) \cdot (0.998)}$		$e^{(0.846 \cdot \text{LN}(\text{Hardness}) + 0.0584) \cdot (0.997)}$		$e^{(0.846 \cdot \text{LN}(\text{Hardness}) + 4.4389) \cdot (0.998)}$	

Historical Note

Appendix A, Table 7 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 7 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 7 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 7 repealed; new Table 7 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 8. Water Quality Standards for Dissolved Silver

Acute Aquatic and Wildlife coldwater, warmwater, edw, and ephemeral	
Hard. mg/L	Std. µg/L
20	0.20
100	3.2
400	34.9
$e^{(1.72 \cdot \text{LN}(\text{Hardness}) - 6.59) \cdot (0.85)}$	

Historical Note

Appendix A, Table 8 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 8 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 8 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 8 repealed; new Table 8 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 9. Water Quality Standards for Dissolved Zinc

Acute and Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	30.0	20	284
100	117	100	1112
400	379	400	3599
$e^{(0.8473 \cdot \text{LN}(\text{Hardness}) + 0.884) \cdot (0.978)}$		$e^{(0.8473 \cdot \text{LN}(\text{Hardness}) + 3.1342) \cdot (0.978)}$	

Historical Note

Appendix A, Table 9 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 9 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 9 renumbered to Table 11; new Table 9 renumbered from Table 6 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 9 repealed; new Table 9 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

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Table 10. Water Quality Standards for Pentachlorophenol

Acute Aquatic and Wildlife coldwater, warmwater and edw			Chronic Aquatic and Wildlife coldwater, warmwater and edw			Acute Aquatic and Wildlife ephemeral	
pH	µg/L		pH	µg/L		pH	µg/L
3	0.16		3	0.1		3	0.66
6	3.3		6	2.1		6	13.5
9	67.7		9	42.7		9	274
$e^{(1.005*(pH)-4.83)}$			$e^{(1.005*(pH)-5.29)}$			$e^{(1.005*(pH)-3.4306)}$	

Historical Note

Appendix A, Table 10 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 10 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 10 renumbered to Table 12; new Table 10 renumbered from Table 11 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 10 repealed; new Table 10 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 11. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife coldwater, Unionid Mussels Present

For the aquatic and wildlife coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	33	33	32	29	27	25	23	21	19	18	16	15	14	13	12	11	9.9
6.6	31	31	30	28	26	24	22	20	18	17	16	14	13	12	11	10	9.5
6.7	30	30	29	27	24	22	21	19	18	16	15	14	13	12	11	9.8	9
6.8	28	28	27	25	23	21	20	18	17	15	14	13	12	11	10	9.2	8.5
6.9	26	26	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9
7	24	24	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	8	7.3
7.1	22	22	21	20	18	17	15	14	13	12	11	10	9.3	8.5	7.9	7.2	6.7
7.2	20	20	19	18	16	15	14	13	12	11	9.8	9.1	8.3	7.7	7.1	6.5	6
7.3	18	18	17	16	14	13	12	11	10	9.5	8.7	8	7.4	6.8	6.3	5.8	5.3
7.4	15	15	15	14	13	12	11	9.8	9	8.3	7.7	7	6.5	6	5.5	5.1	4.7
7.5	13	13	13	12	11	10	9.2	8.5	7.8	7.2	6.6	6.1	5.6	5.2	4.8	4.4	4
7.6	11	11	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5
7.7	9.6	9.6	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5	3.2	3
7.8	8.1	8.1	7.9	7.2	6.7	6.1	5.6	5.2	4.8	4.4	4	3.7	3.4	3.2	2.9	2.7	2.5
7.9	6.8	6.8	6.6	6	5.6	5.1	4.7	4.3	4	3.7	3.4	3.1	2.9	2.6	2.4	2.2	2.1
8	5.6	5.6	5.4	5	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6	2.4	2.2	2	1.9	1.7
8.1	4.6	4.6	4.5	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4
8.2	3.8	3.8	3.7	3.5	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2
8.3	3.1	3.1	3.1	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.96
8.4	2.6	2.6	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79
8.5	2.1	2.1	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2	1.1	0.98	0.9	0.83	0.77	0.71	0.65
8.6	1.8	1.8	1.7	1.6	1.5	1.3	1.2	1.1	1	0.96	0.88	0.81	0.75	0.69	0.63	0.59	0.54
8.7	1.5	1.5	1.4	1.3	1.2	1.1	1	0.94	0.87	0.8	0.74	0.68	0.62	0.57	0.53	0.49	0.45
8.8	1.2	1.2	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37
8.9	1	1	1	0.93	0.85	0.79	0.72	0.67	0.61	0.56	0.52	0.48	0.44	0.4	0.37	0.34	0.32
9	0.88	0.88	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37	0.34	0.32	0.29	0.27

$$MIN\left(\left(\frac{0.275}{1+10^{7.204-pH}}+\frac{39.0}{1+10^{pH-7.204}}\right)\cdot\left(0.7249\times\left(\frac{0.0114}{1+10^{7.204-pH}}+\frac{1.6181}{1+10^{pH-7.204}}\right)\times\left(23.12\times10^{0.096\times(20-pH)}\right)\right)\right)$$

Historical Note

Appendix A, Table 11 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 11 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 11 renumbered to Table 10; new Table 11 renumbered from Table 9 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 11 repealed; new Table 11 renumbered from Table 25 and amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 11 repealed; new Appendix A, Table 11 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

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Table 12. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife warmwater, Unionid Mussels Present

For the aquatic and wildlife warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																				
	0-10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	51	48	44	41	37	34	32	29	27	25	23	21	19	18	16	15	14	13	12	11	9.9
6.6	49	46	42	39	36	33	30	28	26	24	22	20	18	17	16	14	13	12	11	10	9.5
6.7	46	44	40	37	34	31	29	27	24	22	21	19	18	16	15	14	13	12	11	9.8	9
6.8	44	41	38	35	32	30	27	25	23	21	20	18	17	15	14	13	12	11	10	9.2	8.5
6.9	41	38	35	32	30	28	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9
7	38	35	33	30	28	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9	7.3
7.1	34	32	30	27	25	23	21	20	18	17	15	14	13	12	11	10	9.3	8.5	7.9	7.2	6.7
7.2	31	29	27	25	23	21	19	18	16	15	14	13	12	11	9.8	9.1	8.3	7.7	7.1	6.5	6
7.3	27	26	24	22	20	18	17	16	14	13	12	11	10	9.5	8.7	8	7.4	6.8	6.3	5.8	5.3
7.4	24	22	21	19	18	16	15	14	13	12	11	9.8	9	8.3	7.7	7	6.5	6	5.5	5.1	4.7
7.5	21	19	18	17	15	14	13	12	11	10	9.2	8.5	7.8	7.2	6.6	6.1	5.6	5.2	4.8	4.4	4
7.6	18	17	15	14	13	12	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5
7.7	15	14	13	12	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5	3.2	2.9
7.8	13	12	11	10	9.3	8.5	7.9	7.2	6.7	6.1	5.6	5.2	4.8	4.4	4	3.7	3.4	3.2	2.9	2.7	2.5
7.9	11	9.9	9.1	8.4	7.7	7.1	6.6	3	5.6	5.1	4.7	4.3	4	3.7	3.4	3.1	2.9	2.6	2.4	2.2	2.1
8	8.8	8.2	7.6	7	6.4	5.9	5.4	5	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6	2.4	2.2	2	1.9	1.7
8.1	7.2	6.8	6.3	5.8	5.3	4.9	4.5	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4
8.2	6	5.6	5.2	4.8	4.4	4	3.7	3.4	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2
8.3	4.9	4.6	4.3	3.9	3.6	3.3	3.1	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.96
8.4	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79
8.5	3.3	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2	1.1	0.98	0.9	0.83	0.77	0.71	0.65
8.6	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.5	1.3	1.2	1.1	1	0.96	0.88	0.81	0.75	0.69	0.63	0.58	0.54
8.7	2.3	2.2	2	1.8	1.7	1.6	1.4	1.3	1.2	1.1	1	0.94	0.87	0.8	0.74	0.68	0.62	0.57	0.53	0.49	0.45
8.8	1.9	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37
8.9	1.6	1.5	1.4	1.3	1.2	1.1	1	0.93	0.85	0.79	0.72	0.67	0.61	0.56	0.52	0.48	0.44	0.4	0.37	0.34	0.32
9	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37	0.34	0.32	0.29	0.27
$0.7249 \times \left(\frac{0.0114}{1 + 10^{7.204 - \text{pH}}} + \frac{1.6181}{1 + 10^{\text{pH} - 7.204}} \right) \times \text{MIN}(51.93, 23.12 \times 10^{0.036 \times (20 - T)})$																					

Historical Note

Appendix A, Table 12 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 12 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 12 renumbered to Table 18; new Table 12 renumbered from Table 10 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 12 repealed; new Table 12 renumbered from Table 26 and amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 11 repealed; new Appendix A, Table 11 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3). Appendix A, Table 12 repealed; new Appendix A, Table 12 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Table 13. Chronic Criteria for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife coldwater and warmwater, Unionid Mussels Present

For the aquatic and wildlife cold and warm water uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																													
pH	0-7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
6.5	4.9	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.6	1.5	1.5	1.4	1.3	1.2	1.1						
6.6	4.8	4.5	4.3	4	3.8	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1						
6.7	4.8	4.5	4.2	3.9	3.7	3.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1						
6.8	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1						
6.9	4.5	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1						
7	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	0.99						
7.1	4.2	3.9	3.7	3.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95						
7.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9						
7.3	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.97	0.91	0.85						
7.4	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9	0.85	0.79						
7.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73						
7.6	2.9	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.6	1.5	1.4	1.4	1.3	1.2	1.1	1.1	0.98	0.92	0.86	0.81	0.76	0.71	0.67						
7.7	2.6	2.4	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.83	0.78	0.73	0.68	0.64	0.6						
7.8	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53						
7.9	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53	0.5	0.47						
8	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.83	0.78	0.73	0.68	0.64	0.6	0.56	0.53	0.5	0.44	0.44	0.41						
8.1	1.5	1.5	1.4	1.3	1.2	1.1	1.1	0.99	0.92	0.87	0.81	0.76	0.71	0.67	0.63	0.59	0.55	0.52	0.49	0.46	0.43	0.4	0.38	0.35						
8.2	1.3	1.2	1.2	1.1	1	0.96	0.9	0.84	0.79	0.74	0.7	0.65	0.61	0.57	0.54	0.5	0.47	0.44	0.42	0.39	0.37	0.34	0.32	0.3						
8.3	1.1	1.1	0.99	0.93	0.87	0.82	0.76	0.72	0.67	0.63	0.59	0.55	0.52	0.49	0.46	0.43	0.4	0.38	0.35	0.33	0.31	0.29	0.27	0.26						
8.4	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53	0.5	0.47	0.44	0.41	0.39	0.36	0.34	0.32	0.3	0.28	0.26	0.25	0.23	0.22						
8.5	0.8	0.75	0.71	0.67	0.62	0.58	0.55	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31	0.29	0.27	0.25	0.24	0.22	0.21	0.2	0.18						
8.6	0.68	0.64	0.6	0.56	0.53	0.49	0.46	0.43	0.41	0.38	0.36	0.33	0.31	0.29	0.28	0.26	0.24	0.23	0.21	0.2	0.19	0.18	0.16	0.15						
8.7	0.57	0.54	0.51	0.47	0.44	0.42	0.39	0.37	0.34	0.32	0.3	0.28	0.27	0.25	0.23	0.22	0.21	0.19	0.18	0.17	0.16	0.15	0.14	0.13						
8.8	0.49	0.46	0.43	0.4	0.38	0.35	0.33	0.31	0.29	0.27	0.26	0.24	0.23	0.21	0.2	0.19	0.17	0.16	0.15	0.14	0.13	0.13	0.12	0.11						
8.9	0.42	0.39	0.37	0.34	0.32	0.3	0.28	0.27	0.25	0.23	0.22	0.21	0.19	0.18	0.17	0.16	0.15	0.14	0.13	0.12	0.12	0.11	0.1	0.09						
9	0.36	0.34	0.32	0.3	0.28	0.26	0.24	0.23	0.21	0.2	0.19	0.18	0.17	0.16	0.15	0.14	0.13	0.12	0.11	0.11	0.1	0.09	0.09	0.08						
$0.8876 \times \left(\frac{0.0278}{1 + 10^{7.688 - pH}} + \frac{1.1994}{1 + 10^{pH - 7.688}} \right) \times (2.126 \times 10^{0.028 \times (20 - MAX(T, 7))})$																														

Historical Note

Appendix A, Table 13 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 13 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 13 renumbered to Table 15; new Table 13 renumbered from Table 14 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 13 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). New Appendix A, Table 13 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Table 14. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater, Unionid Mussels Absent

For the aquatic and wildlife coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	33	33	33	33	33	33	33	33	33	33	33	33	33	33	31	29	27
6.6	31	31	31	31	31	31	31	31	31	31	31	31	31	31	30	28	26
6.7	30	30	30	30	30	30	30	30	30	30	30	30	30	30	29	26	24
6.8	28	28	28	28	28	28	28	28	28	28	28	28	28	28	27	25	23
6.9	26	26	26	26	26	26	26	26	26	26	26	26	26	26	25	23	21
7	24	24	24	24	24	24	24	24	24	24	24	24	24	24	23	21	20
7.1	22	22	22	22	22	22	22	22	22	22	22	22	22	22	21	19	18
7.2	20	20	20	20	20	20	20	20	20	20	20	20	20	20	19	17	16
7.3	18	18	18	18	18	18	18	18	18	18	18	18	18	18	17	16	14
7.4	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	14	13
7.5	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	12	11
7.6	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	10	9.3
7.7	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.3	8.6	7.9
7.8	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	7.8	7.2	6.6
7.9	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.5	6	5.5
8	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.4	5	4.6
8.1	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.5	4.1	3.8
8.2	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.7	3.4	3.1
8.3	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3	2.8	2.6
8.4	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.5	2.3	2.1
8.5	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	1.9	1.8
8.6	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.7	1.6	1.4
8.7	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.4	1.3	1.2
8.8	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.1	1
8.9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.92	0.85
9	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.85	0.78	0.72

$$\text{MIN}\left(\left(\frac{0.275}{1 + 10^{7.204 - \text{pH}}} + \frac{39.0}{1 + 10^{\text{pH} - 7.204}}\right), \left(0.7249 \times \left(\frac{0.0114}{1 + 10^{7.204 - \text{pH}}} + \frac{1.6181}{1 + 10^{\text{pH} - 7.204}}\right) \times (62.15 \times 10^{0.036 \times (20 - T)})\right)\right)$$
Historical Note

Appendix A, Table 14 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 14 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 14 renumbered to Table 13; new Table 14 renumbered from Table 15 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 14 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). New Appendix A, Table 14 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Table 15. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater and Effluent Dependent, Unionid Mussels Absent

For the aquatic and wildlife warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment. For the aquatic and wildlife effluent dependent uses, unionids will be assumed to be absent.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	51	51	51	51	51	51	51	51	51	48	44	40	37	34	31	29	27
6.6	49	49	49	49	49	49	49	49	49	46	42	39	36	33	30	28	26
6.7	46	46	46	46	46	46	46	46	46	43	40	37	34	31	29	26	24
6.8	44	44	44	44	44	44	44	44	44	41	38	35	32	29	27	25	23
6.9	41	41	41	41	41	41	41	41	41	38	35	32	30	27	25	23	21
7	38	38	38	38	38	38	38	38	38	35	32	30	27	25	23	21	20
7.1	34	34	34	34	34	34	34	34	34	32	29	27	25	23	21	19	18
7.2	31	31	31	31	31	31	31	31	31	29	26	24	22	21	19	17	16
7.3	27	27	27	27	27	27	27	27	27	26	23	22	20	18	17	16	14
7.4	24	24	24	24	24	24	24	24	24	22	21	19	17	16	15	14	13
7.5	21	21	21	21	21	21	21	21	21	19	18	16	15	14	13	12	11
7.6	18	18	18	18	18	18	18	18	18	17	15	14	13	12	11	10	9.3
7.7	15	15	15	15	15	15	15	15	15	14	13	12	11	10	9.3	8.6	7.9
7.8	13	13	13	13	13	13	13	13	13	12	11	10	9.2	8.5	7.8	7.2	6.6
7.9	11	11	11	11	11	11	11	11	11	9.9	9.1	8.4	7.7	7.1	6.5	6	5.5
8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.2	7.5	6.9	6.4	5.9	5.4	5	4.6
8.1	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	6.8	6.2	5.7	5.3	4.9	4.5	4.1	3.8
8.2	6	6	6	6	6	6	6	6	6	5.6	5.1	4.7	4.4	4	3.7	3.4	3.1
8.3	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6
8.4	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	3.8	3.4	3.2	3	2.7	2.5	2.3	2.1
8.5	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.1	2.9	2.6	2.4	2.2	2.1	1.9	1.8
8.6	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4
8.7	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.2	2	1.8	1.7	1.5	1.4	1.3	1.2
8.8	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1
8.9	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.5	1.4	1.3	1.2	1.1	1	0.92	0.85
9	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1	0.93	0.85	0.78	0.72
$0.7249 \times \left(\frac{0.0114}{1 + 10^{7.204 - pH}} + \frac{1.6181}{1 + 10^{pH - 7.204}} \right) \times MIN \left(51.93, (62.15 \times 10^{0.036 \times (20 - T)}) \right)$																	

Historical Note

Appendix A, Table 15 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 15 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 15 renumbered to Table 14; new Table 15 renumbered from Table 13 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 15 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). New Appendix A, Table 14 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Table 16. Chronic Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater and Effluent Dependent, Unionid Mussels Absent

For the aquatic and wildlife warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment. For the aquatic and wildlife effluent dependent uses, unionids will be assumed to be absent.

pH	Temperature (°C)																													
	0-7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
6.5	19	17	16	15	14	13	13	12	11	10	9.7	9.1	8.5	8	7.5	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2						
6.6	18	17	16	15	14	13	12	12	11	10	9.6	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1						
6.7	18	17	16	15	14	13	12	11	11	10	9.4	8.8	8.3	7.7	7.3	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1						
6.8	17	16	15	14	14	13	12	11	10	9.8	9.2	8.6	8.1	7.6	7.1	6.7	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4						
6.9	17	16	15	14	13	12	12	11	10	9.5	8.9	8.4	7.8	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9						
7	16	15	14	14	13	12	11	10	9.8	9.2	8.6	8.1	7.6	7.1	6.7	6.2	5.9	5.5	5.1	4.8	4.5	4.2	4	3.7						
7.1	16	15	14	13	12	11	11	10	9.4	8.8	8.3	7.7	7.3	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1	3.8	3.6						
7.2	15	14	13	12	12	11	10	9.5	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4						
7.3	14	13	12	12	11	10	9.6	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2						
7.4	13	12	12	11	10	9.5	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3						
7.5	12	11	11	10	9.4	8.8	8.2	7.7	7.2	6.8	6.4	6	5.6	5.2	4.9	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8						
7.6	11	10	10	9.1	8.5	8	7.5	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2	3.9	3.7	3.5	3.2	3	2.9	2.7	2.5						
7.7	9.9	9.3	8.7	8.1	7.7	7.2	6.8	6.3	5.9	5.6	5.2	4.9	4.6	4.3	4	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.3						
7.8	8.8	8.3	7.8	7.3	6.8	6.4	6	5.6	5.3	5	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2						
7.9	7.8	7.3	6.8	6.4	6	5.6	5.3	5	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8						
8	6.8	6.3	6	5.6	5.2	4.9	4.6	4.3	4	3.8	3.6	3.3	3.1	2.9	2.7	2.6	2.4	2.3	2.1	2	1.9	1.7	1.6	1.5						
8.1	5.8	5.5	5.1	4.8	4.5	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3						
8.2	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3	2.8	2.6	2.5	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1						
8.3	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.96						
8.4	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	0.99	0.92	0.87	0.81						
8.5	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73	0.69						
8.6	2.6	2.4	2.2	2.1	2	1.9	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.97	0.91	0.85	0.8	0.75	0.7	0.66	0.62	0.58						
8.7	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.93	0.88	0.82	0.77	0.72	0.68	0.63	0.6	0.56	0.52	0.49						
8.8	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9	0.85	0.79	0.74	0.7	0.65	0.61	0.58	0.54	0.51	0.47	0.44	0.42						
8.9	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.82	0.77	0.72	0.68	0.64	0.6	0.56	0.52	0.49	0.46	0.43	0.4	0.38	0.36						
9	1.4	1.3	1.2	1.1	1	0.98	0.92	0.86	0.81	0.76	0.71	0.66	0.62	0.58	0.55	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31						
<div>0.9405 × ($\frac{0.0278}{1 + 10^{7.688 - \text{pH}}} + \frac{1.1994}{1 + 10^{\text{pH} - 7.688}}$) × (7.547 × 10^{0.028 × (20 - MAX(7,7))})</div>																														

Historical Note

Appendix A, Table 16 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 16 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 16 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 16 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 16 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

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Table 17. Chronic Criteria for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife coldwater, Unionid Mussels Absent

For the aquatic and wildlife coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2
6.6	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1
6.7	7.1	7.1	7.1	7.1	7.1	7.1	7.1	7.1	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1
6.8	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.6	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4
6.9	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9
7	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4	3.7
7.1	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6	5.6	5.3	4.9	4.6	4.3	4.1	3.8	3.6
7.2	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4
7.3	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.4	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2
7.4	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3
7.5	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8
7.6	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.2	3.9	3.7	3.5	3.2	3	2.9	2.7	2.5
7.7	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.3
7.8	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2
7.9	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8
8	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.6	2.4	2.3	2.1	2	1.9	1.7	1.6	1.5
8.1	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3
8.2	2	2	2	2	2	2	2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1
8.3	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.96
8.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1.1	0.99	0.93	0.87	0.81
8.5	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73	0.69
8.6	1	1	1	1	1	1	1	1	0.97	0.91	0.85	0.8	0.75	0.7	0.66	0.62	0.58
8.7	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.82	0.77	0.72	0.68	0.64	0.6	0.56	0.52	0.49
8.8	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.7	0.65	0.61	0.58	0.54	0.51	0.47	0.44	0.42
8.9	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.6	0.56	0.52	0.49	0.46	0.43	0.41	0.38	0.36
9	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31
$0.9405 \times \left(\frac{0.0278}{1 + 10^{7.688 - pH}} + \frac{1.1994}{1 + 10^{pH - 7.688}} \right) \times MIN \left(6.920, (7.547 \times 10^{0.028 \times (20 - T)}) \right)$																	

Historical Note

Appendix A, Table 17 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 17 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 17 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 17 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 16 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

Table 18. Repealed

A, Table 18 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Historical Note

Appendix A, Table 18 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 18 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 18 repealed; new Table 18 renumbered from Table 12 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix

Table 19. Repealed**Historical Note**

Appendix A, Table 19 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 19 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 19 renumbered to Table 21; new Table 19

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made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 19 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 20. Repealed**Historical Note**

Appendix A, Table 20 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 20 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 20 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 20 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 21. Repealed**Historical Note**

Appendix A, Table 21 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 21 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 21 renumbered to Table 22; new Table 21 renumbered from Table 19 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 21 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 22. Repealed**Historical Note**

Appendix A, Table 22 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 22 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 22 renumbered to Table 23; new Table 22 renumbered from Table 21 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 22 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 23. Repealed**Historical Note**

Appendix A, Table 23 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 23 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 23 renumbered to Table 24; new Table 23 renumbered from Table 22 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 23 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 24. Repealed**Historical Note**

Appendix A, Table 24 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 24 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 24 renumbered to Table 25; new Table 24 renumbered from Table 23 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 24 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 25. Renumbered**Historical Note**

Appendix A, Table 25 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 25 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 25 renumbered to Table 26; new Table 25 renumbered from Table 24 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 25 renumbered to Table 11 by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

Table 26. Renumbered**Historical Note**

Appendix A, Table 26 renumbered from Table 25 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 26 renumbered to Table 12 by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

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Appendix B. Surface Waters and Designated Uses

(Coordinates are from the North American Datum of 1983 (NAD83). All latitudes in Arizona are north and all longitudes are west, but the negative signs are not included in the Appendix B table. Some web-based mapping systems require a negative sign before the longitude values to indicate it is a west longitude.)

Watersheds:

BW = Bill Williams

CG = Colorado – Grand Canyon

CL = Colorado – Lower Gila

LC = Little Colorado

MG = Middle Gila

SC = Santa Cruz – Rio Magdalena – Rio Sonoyta

SP = San Pedro – Willcox Playa – Rio Yaqui

SR = Salt River

UG = Upper Gila

VR = Verde River

Other Abbreviations:

WWTP = Wastewater Treatment Plant

Km = kilometers

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
BW	Alamo Lake	34°14'06"/113°35'00"	Deep		A&Ww			FBC			FC		AgL
BW	Big Sandy River	Headwaters to Alamo Lake			A&Ww			FBC			FC		AgL
BW	Bill Williams River	Alamo Lake to confluence with Colorado River			A&Ww			FBC			FC		AgL
BW	Blue Tank	34°40'14"/112°58'17"			A&Ww			FBC			FC		AgL
BW	Boulder Creek	Headwaters to confluence with unnamed tributary at 34°41'13"/113°03'37"		A&Wc				FBC			FC		AgL
BW	Boulder Creek	Below confluence with unnamed tributary to confluence with Burro Creek			A&Ww			FBC			FC		AgL
BW	Burro Creek (OAW)	Headwaters to confluence with Boulder Creek			A&Ww			FBC			FC		AgL
BW	Burro Creek	Below confluence with Boulder Creek to confluence with Big Sandy River			A&Ww			FBC			FC		AgL
BW	Carter Tank	34°52'27"/112°57'31"			A&Ww			FBC			FC		AgL
BW	Conger Creek	Headwaters to confluence with unnamed tributary at 34°45'15"/113°05'46"		A&Wc				FBC			FC		AgL
BW	Conger Creek	Below confluence with unnamed tributary to confluence with Burro Creek			A&Ww			FBC			FC		AgL
BW	Copper Basin Wash	Headwaters to confluence with unnamed tributary at 34°28'12"/112°35'33"		A&Wc				FBC			FC		AgL
BW	Copper Basin Wash	Below confluence with unnamed tributary to confluence with Skull Valley Wash				A&We			PBC				AgL
BW	Cottonwood Canyon	Headwaters to Bear Trap Spring		A&Wc				FBC			FC		AgL
BW	Cottonwood Canyon	Below Bear Trap Spring to confluence at Sycamore Creek			A&Ww			FBC			FC		AgL
BW	Date Creek	Headwaters to confluence with Santa Maria River			A&Ww			FBC			FC		AgL
BW	Francis Creek (OAW)	Headwaters to confluence with Burro Creek			A&Ww			FBC		DWS	FC	AgI	AgL
BW	Kirkland Creek	Headwaters to confluence with Santa Maria River			A&Ww			FBC			FC	AgI	AgL
BW	Knight Creek	Headwaters to confluence with Big Sandy River			A&Ww			FBC			FC		AgL
BW	Peoples Canyon (OAW)	Headwaters to confluence with Santa Maria River			A&Ww			FBC			FC		AgL
BW	Red Lake	35°12'18"/113°03'57"	Sedimentary		A&Ww			FBC			FC		AgL
BW	Santa Maria River	Headwaters to Alamo Lake			A&Ww			FBC			FC	AgI	AgL
BW	Trout Creek	Headwaters to confluence with unnamed tributary at 35°06'47"/113°13'01"		A&Wc				FBC			FC		AgL
BW	Trout Creek	Below confluence with unnamed tributary to confluence with Knight Creek			A&Ww			FBC			FC		AgL
CG	Agate Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Beaver Dam Wash	Headwaters to confluence with the Virgin River			A&Ww			FBC			FC		AgL
CG	Big Springs Tank	36°36'08"/112°21'01"		A&Wc				FBC			FC		AgL

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Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
CG	Boucher Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Bright Angel Creek	Headwaters to confluence with Roaring Springs Creek		A&Wc				FBC			FC		
CG	Bright Angel Creek	Below Roaring Spring Springs Creek to confluence with Colorado River			A&Ww			FBC			FC		
CG	Bright Angel Wash	Headwaters to Grand Canyon National Park South Rim WWTP outfall at 36°02'59"/112°09'02"				A&We			PBC				
CG	Bright Angel Wash (EDW)	Grand Canyon National Park South Rim WWTP outfall to Coconino Wash					A&Wed w		PBC				AgL
CG	Bulrush Canyon Wash	Headwaters to confluence with Kanab Creek				A&We			PBC				
CG	Cataract Creek	Headwaters to Santa Fe Reservoir		A&Wc				FBC		DWS	FC	AgI	AgL
CG	Cataract Creek	Santa Fe Reservoir to City of Williams WWTP outfall at 35°14'40"/112°11'18"		A&Wc				FBC			FC	AgI	AgL
CG	Cataract Creek (EDW)	City of Williams WWTP outfall to 1 km downstream					A&Wed w		PBC				
CG	Cataract Creek	Red Lake Wash to Havasupai Indian Reservation boundary				A&We			PBC				AgL
CG	Cataract Lake	35°15'04"/112°12'58"	Igneous	A&Wc				FBC		DWS	FC		AgL
CG	Chuar Creek	Headwaters to confluence with unnamed tributary at 36°11'35"/111°52'20"		A&Wc				FBC			FC		
CG	Chuar Creek	Below unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	City Reservoir	35°13'57"/112°11'25"	Igneous	A&Wc				FBC		DWS	FC		
CG	Clear Creek	Headwaters to confluence with unnamed tributary at 36°07'33"/112°00'03"		A&Wc				FBC			FC		
CG	Clear Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Coconino Wash (EDW)	South Grand Canyon Sanitary District Tusayan WRF outfall at 35°58'39"/112°08'25" to 1 km downstream					A&Wed w		PBC				
CG	Colorado River	Lake Powell to Lake Mead		A&Wc				FBC		DWS	FC	AgI	AgL
CG	Cottonwood Creek	Headwaters to confluence with unnamed tributary at 35°20'46"/113°35'31"		A&Wc				FBC			FC		AgL
CG	Cottonwood Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		AgL
CG	Crystal Creek	Headwaters to confluence with unnamed tributary at 36°13'41"/112°11'49"		A&Wc				FBC			FC		
CG	Crystal Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Deer Creek	Headwaters to confluence with unnamed tributary at 36°26'15"/112°28'20"		A&Wc				FBC			FC		
CG	Deer Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Detrital Wash	Headwaters to Lake Mead				A&We			PBC				
CG	Dogtown Reservoir	35°12'40"/112°07'54"	Igneous	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Dragon Creek	Headwaters to confluence with Milk Creek		A&Wc				FBC			FC		
CG	Dragon Creek	Below confluence with Milk Creek to confluence with Crystal Creek			A&Ww			FBC			FC		
CG	Garden Creek	Headwaters to confluence with Pipe Creek			A&Ww			FBC			FC		
CG	Gonzalez Lake	35°15'26"/112°12'09"	Shallow		A&Ww			FBC			FC	AgI	AgL
CG	Grand Wash	Headwaters to Colorado River				A&We			PBC				
CG	Grapevine Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Grapevine Wash	Headwaters to Colorado River				A&We			PBC				
CG	Hakatai Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Hance Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Havasupai Creek	From the Havasupai Indian Reservation boundary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Hermit Creek	Headwaters to Hermit Pack Trail crossing at 36°03'38"/112°14'00"		A&Wc				FBC			FC		
CG	Hermit Creek	Below Hermit Pack Trail crossing to confluence with the Colorado River			A&Ww			FBC			FC		

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
CG	Horn Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Hualapai Wash	Headwaters to Lake Mead				A&We			PBC				
CG	Jacob Lake	36°42'27"/112°13'50"	Sedi-mentary	A&Wc				FBC			FC		
CG	Kaibab Lake	35°17'04"/112°09'32"	Igneous	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Kanab Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC		DWS	FC		AgL
CG	Kwagunt Creek	Headwaters to confluence with unnamed tributary at 36°13'37"/111°54'50"		A&Wc				FBC			FC		
CG	Kwagunt Creek	Below confluence with unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Lake Mead	36°06'18"/114°26'33"	Deep	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Lake Powell	36°59'53"/111°08'17"	Deep	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Lonetree Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Matkatamiba Creek	Below Havasupai Indian Reservation boundary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Monument Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Nankoweap Creek	Headwaters to confluence with unnamed tributary at 36°15'29"/111°57'26"		A&Wc				FBC			FC		
CG	Nankoweap Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	National Canyon Creek	Headwaters to Hualapai Indian Reservation boundary at 36°15'15"/112°52'34"			A&Ww			FBC			FC		
CG	North Canyon Creek	Headwaters to confluence with unnamed tributary at 36°33'58"/111°55'41"		A&Wc				FBC			FC		
CG	North Canyon Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Olo Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Parashant Canyon	Headwaters to confluence with unnamed tributary at 36°21'02"/113°27'56"		A&Wc				FBC			FC		
CG	Parashant Canyon	Below confluence with unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Paria River	Utah border to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Phantom Creek	Headwaters to confluence with unnamed tributary at 36°09'29"/112°08'13"		A&Wc				FBC			FC		
CG	Phantom Creek	Below confluence with unnamed tributary to confluence with Bright Angel Creek			A&Ww			FBC			FC		
CG	Pipe Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Red Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Red Lake	35°40'03"/114°04'07"			A&Ww			FBC			FC		AgL
CG	Roaring Springs	36°11'45"/112°02'06"		A&Wc				FBC		DWS	FC		
CG	Roaring Springs Creek	Headwaters to confluence with Bright Angel Creek		A&Wc				FBC			FC		
CG	Rock Canyon	Headwaters to confluence with Truxton Wash				A&We			PBC				
CG	Royal Arch Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Ruby Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Russell Tank	35°52'21"/111°52'45"		A&Wc				FBC			FC		AgL
CG	Saddle Canyon Creek	Headwaters to confluence with unnamed tributary at 36°21'36"/112°22'43"		A&Wc				FBC			FC		
CG	Saddle Canyon Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Santa Fe Reservoir	35°14'31"/112°11'10"	Igneous	A&Wc				FBC		DWS	FC		
CG	Sapphire Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Serpentine Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Shinumo Creek	Headwaters to confluence with unnamed tributary at 36°18'18"/112°18'07"		A&Wc				FBC			FC		

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
CG	Shinumo Creek	Below confluence with unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Short Creek	Headwaters to confluence with Fort Pearce Wash				A&We			PBC				
CG	Slate Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Spring Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Stone Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Tapeats Creek	Headwaters to confluence with the Colorado River		A&Wc				FBC			FC		
CG	Thunder River	Headwaters to confluence with Tapeats Creek		A&Wc				FBC			FC		
CG	Trail Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Transept Canyon	Headwaters to Grand Canyon National Park North Rim WWTP outfall at 36°12'20"/112°03'35"				A&We			PBC				
CG	Transept Canyon (EDW)	Grand Canyon National Park North Rim WWTP outfall to 1 km downstream					A&Wed w		PBC				
CG	Transept Canyon	From 1 km downstream of the Grand Canyon National Park North Rim WWTP outfall to confluence with Bright Angel Creek				A&We			PBC				
CG	Travertine Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Truxton Wash	Headwaters to Red Lake				A&We			PBC				
CG	Turquoise Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Unkar Creek	Below confluence with unnamed tributary at 36°07'54"/111°54'06" to confluence with Colorado River			A&Ww			FBC			FC		
CG	Unnamed Wash (EDW)	Grand Canyon National Park Desert View WWTP outfall at 36°02'06"/111°49'13" to confluence with Cedar Canyon					A&Wed w		PBC				
CG	Unnamed Wash (EDW)	Valle Airpark WRF outfall at 35°38'34"/112°09'22" to confluence with Spring Valley Wash					A&Wed w		PBC				
CG	Vasey's Paradise	A spring at 36°29'52"/111°51'26"		A&Wc				FBC			FC		
CG	Virgin River	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC	AgI	AgL
CG	Vishnu Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Warm Springs Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	West Cataract Creek	Headwaters to confluence with Cataract Creek		A&Wc				FBC			FC		AgL
CG	White Creek	Headwaters to confluence with unnamed tributary at 36°18'45"/112°21'03"		A&Wc				FBC			FC		
CG	White Creek	Below confluence with unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Wright Canyon Creek	Headwaters to confluence with unnamed tributary at 35°20'48"/113°30'40"		A&Wc				FBC			FC		AgL
CG	Wright Canyon Creek	Below confluence with unnamed tributary to confluence with Truxton Wash			A&Ww			FBC			FC		AgL
CL	A10 Backwater	33°31'45"/114°33'19"	Shallow		A&Ww			FBC			FC		
CL	A7 Backwater	33°34'27"/114°32'04"	Shallow		A&Ww			FBC			FC		
CL	Adobe Lake	33°02'36"/114°39'26"	Shallow		A&Ww			FBC			FC		
CL	Cibola Lake	33°14'01"/114°40'31"	Shallow		A&Ww			FBC			FC		
CL	Clear Lake	33°01'59"/114°31'19"	Shallow		A&Ww			FBC			FC		
CL	Columbus Wash	Headwaters to confluence with the Gila River				A&We			PBC				
CL	Colorado River	Lake Mead to Topock Marsh		A&Wc				FBC		DWS	FC	AgI	AgL
CL	Colorado River	Topock Marsh to Morelos Dam			A&Ww			FBC		DWS	FC	AgI	AgL
CL	Gila River	Painted Rock Dam to confluence with the Colorado River			A&Ww			FBC			FC	AgI	AgL
CL	Holy Moses Wash	Headwaters to City of Kingman Downtown WWTP outfall at 35°10'33"/114°03'46"				A&We			PBC				

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
CL	Holy Moses Wash (EDW)	City of Kingman Downtown WWTP outfall to 3 km downstream					A&Wed w		PBC				
CL	Holy Moses Wash	From 3 km downstream of City of Kingman Downtown WWTP outfall to confluence with Sawmill Wash				A&We			PBC				
CL	Hunter's Hole Backwater	32°31'13"/114°48'07"	Shallow		A&Ww			FBC			FC		AgL
CL	Imperial Reservoir	32°53'02"/114°27'54"	Shallow		A&Ww			FBC		DWS	FC	AgI	AgL
CL	Island Lake	33°01'44"/114°36'42"	Shallow		A&Ww			FBC			FC		
CL	Laguna Reservoir	32°51'35"/114°28'29"	Shallow		A&Ww			FBC		DWS	FC	AgI	AgL
CL	Lake Havasu	34°35'18"/114°25'47"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
CL	Lake Mohave	35°26'58"/114°38'30"	Deep	A&Wc				FBC		DWS	FC	AgI	AgL
CL	Martinez Lake	32°58'49"/114°28'09"	Shallow		A&Ww			FBC			FC	AgI	AgL
CL	Mittry Lake	32°49'17"/114°27'54"	Shallow		A&Ww			FBC			FC		
CL	Mohave Wash	Headwaters to Lower Colorado River				A&We			PBC				
CL	Nortons Lake	33°02'30"/114°37'59"	Shallow		A&Ww			FBC			FC		
CL	Painted Rock (Borrow Pit) Lake	33°04'55"/113°01'17"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
CL	Pretty Water Lake	33°19'51"/114°42'19"	Shallow		A&Ww			FBC			FC		
CL	Quigley Pond	32°43'40"/113°57'44"	Shallow		A&Ww			FBC			FC		
CL	Redondo Lake	32°44'32"/114°29'03"	Shallow		A&Ww			FBC			FC		
CL	Sacramento Wash	Headwaters to Topock Marsh				A&We			PBC				
CL	Sawmill Canyon	Headwaters to abandoned gaging station at 35°09'45"/113°57'56"			A&Ww			FBC			FC		AgL
CL	Sawmill Canyon	Below abandoned gaging station to confluence with Holy Moses Wash				A&We			PBC				AgL
CL	Topock Marsh	34°43'27"/114°28'59"	Shallow		A&Ww			FBC		DWS	FC	AgI	AgL
CL	Tyson Wash (EDW)	Town of Quartzsite WWTP outfall at 33°42'39"/114°13'10" to 1 km downstream					A&Wed w		PBC				
CL	Wellton Canal	Wellton-Mohawk Irrigation District								DWS		AgI	AgL
CL	Wellton Ponds	32°40'32"/114°00'26"			A&Ww			FBC			FC		
CL	Yuma Proving Ground Pond	32°50'58"/114°26'14"			A&Ww			FBC			FC		
CL	Yuma Area Canals	Above municipal water treatment plant intakes								DWS		AgI	AgL
CL	Yuma Area Canals	Below municipal water treatment plant intakes and all drains										AgI	AgL
LC	Als Lake	35°02'10"/111°25'17"	Igneous		A&Ww			FBC			FC		AgL
LC	Ashurst Lake	35°01'06"/111°24'18"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Atcheson Reservoir	33°59'59"/109°20'43"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Auger Creek	Headwaters to confluence with Nutrioso Creek		A&Wc				FBC			FC		AgL
LC	Barbershop Canyon Creek	Headwaters to confluence with East Clear Creek		A&Wc				FBC			FC		AgL
LC	Bear Canyon Creek	Headwaters to confluence with General Springs Canyon		A&Wc				FBC			FC		AgL
LC	Bear Canyon Creek	Headwaters to confluence with Willow Creek		A&Wc				FBC			FC		AgL
LC	Bear Canyon Lake	34°24'00"/111°00'06"	Sedimentary	A&Wc				FBC			FC	AgI	AgL
LC	Becker Lake	34°09'11"/109°18'23"	Shallow	A&Wc				FBC			FC		AgL
LC	Billy Creek	Headwaters to confluence with Show Low Creek		A&Wc				FBC			FC		AgL
LC	Black Canyon	Headwaters to confluence with Chevelon Creek		A&Wc				FBC			FC	AgI	AgL
LC	Black Canyon Lake	34°20'32"/110°40'13"	Sedimentary	A&Wc				FBC		DWS	FC	AgI	AgL
LC	Boot Lake	34°58'54"/111°20'11"	Igneous	A&Wc				FBC			FC		AgL
LC	Bow and Arrow Wash	Headwaters to confluence with Rio de Flag				A&We			PBC				
LC	Buck Springs Canyon Creek	Headwaters to confluence with Leonard Canyon Creek		A&Wc				FBC			FC		AgL
LC	Bunch Reservoir	34°02'20"/109°26'48"	Igneous	A&Wc				FBC			FC	AgI	AgL

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
LC	Camillo Tank	34°55'03"/111°22'40"	Igneous		A&Ww			FBC			FC		AgL
LC	Carnero Lake	34°06'57"/109°31'42"	Shallow	A&Wc				FBC			FC		AgL
LC	Chevelon Canyon Lake	34°29'18"/110°49'30"	Sedimentary	A&Wc				FBC			FC	AgI	AgL
LC	Chevelon Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Chevelon Creek, West Fork	Headwaters to confluence with Chevelon Creek		A&Wc				FBC			FC		AgL
LC	Chilson Tank	34°51'43"/111°22'54"	Igneous		A&Ww			FBC			FC		AgL
LC	Clear Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC		DWS	FC		AgL
LC	Clear Creek Reservoir	34°57'09"/110°39'14"	Shallow	A&Wc				FBC		DWS	FC	AgI	AgL
LC	Coconino Reservoir	35°00'05"/111°24'10"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Colter Creek	Headwaters to confluence with Nutrioso Creek		A&Wc				FBC			FC		AgL
LC	Colter Reservoir	33°56'39"/109°28'53"	Shallow	A&Wc				FBC			FC		AgL
LC	Concho Creek	Headwaters to confluence with Carrizo Wash		A&Wc				FBC			FC		AgL
LC	Concho Lake	34°26'37"/109°37'40"	Shallow	A&Wc				FBC			FC	AgI	AgL
LC	Cow Lake	34°53'14"/111°18'51"	Igneous		A&Ww			FBC			FC		AgL
LC	Coyote Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Cragin Reservoir (formerly Blue Ridge Reservoir)	34°32'40"/111°11'33"	Deep	A&Wc				FBC			FC	AgI	AgL
LC	Crisis Lake (Snake Tank #2)	34°47'51"/111°17'32"			A&Ww			FBC			FC		AgL
LC	Dane Canyon Creek	Headwaters to confluence with Barbershop Canyon Creek		A&Wc				FBC			FC		AgL
LC	Daves Tank	34°44'22"/111°17'15"			A&Ww			FBC			FC		AgL
LC	Deep Lake	35°03'34"/111°25'00"	Igneous		A&Ww			FBC			FC		AgL
LC	Dry Lake (EDW)	34°38'02"/110°23'40"	EDW				A&Wed w		PBC				
LC	Ducksnest Lake	34°59'14"/111°23'57"			A&Ww			FBC			FC		AgL
LC	East Clear Creek	Headwaters to confluence with Clear Creek		A&Wc				FBC			FC	AgI	AgL
LC	Ellis Wiltbank Reservoir	34°05'25"/109°28'25"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Estates at Pine Canyon lakes (EDW)	35°09'32"/111°38'26"	EDW				A&Wed w		PBC				
LC	Fish Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Fool's Hollow Lake	34°16'30"/110°03'43"	Igneous	A&Wc				FBC			FC		AgL
LC	General Springs Canyon Creek	Headwaters to confluence with East Clear Creek		A&Wc				FBC			FC		AgL
LC	Geneva Reservoir	34°01'45"/109°31'46"	Igneous		A&Ww			FBC			FC		AgL
LC	Hall Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Hart Canyon Creek	Headwaters to confluence with Willow Creek		A&Wc				FBC			FC		AgL
LC	Hay Lake	34°00'11"/109°25'57"	Igneous	A&Wc				FBC			FC		AgL
LC	Hog Wallow Lake	33°58'57"/109°25'39"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Horse Lake	35°03'55"/111°27'50"			A&Ww			FBC			FC		AgL
LC	Hulsey Creek	Headwaters to confluence with Nutrioso Creek		A&Wc				FBC			FC		AgL
LC	Hulsey Lake	33°55'58"/109°09'40"	Sedimentary	A&Wc				FBC			FC		AgL
LC	Indian Lake	35°00'39"/111°22'41"			A&Ww			FBC			FC		AgL
LC	Jacks Canyon Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL

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Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
LC	Jarvis Lake	33°58'59"/109°12'36"	Sedi-mentary		A&Ww			FBC			FC		AgL
LC	Kinnikinick Lake	34°53'53"/111°18'18"	Igneous	A&Wc				FBC			FC		AgL
LC	Knoll Lake	34°25'38"/111°05'13"	Sedi-mentary	A&Wc				FBC			FC		AgL
LC	Lake Humphreys (EDW)	35°11'51"/111°35'19"	EDW				A&Wed w		PBC				
LC	Lake Mary, Lower	35°06'21"/111°34'38"	Igneous	A&Wc				FBC		DWS	FC		AgL
LC	Lake Mary, Upper	35°03'23"/111°28'34"	Igneous	A&Wc				FBC		DWS	FC		AgL
LC	Lake of the Woods	34°09'40"/109°58'47"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Lee Valley Creek (OAW)	Headwaters to Lee Valley Reservoir		A&Wc				FBC			FC		
LC	Lee Valley Creek	From Lee Valley Reservoir to confluence with the East Fork of the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Lee Valley Reservoir	33°56'29"/109°30'04"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Leonard Canyon Creek	Headwaters to confluence with Clear Creek		A&Wc				FBC			FC		AgL
LC	Leonard Canyon Creek, East Fork	Headwaters to confluence with Leonard Canyon Creek		A&Wc				FBC			FC		AgL
LC	Leonard Canyon Creek, Middle Fork	Headwaters to confluence with Leonard Canyon, West Fork		A&Wc				FBC			FC		AgL
LC	Leonard Canyon Creek, West Fork	Headwaters to confluence with Leonard Canyon, East Fork		A&Wc				FBC			FC		AgL
LC	Lily Creek	Headwaters to confluence with Coyote Creek		A&Wc				FBC			FC		AgL
LC	Little Colorado River	Headwaters to Lyman Reservoir		A&Wc				FBC			FC	AgI	AgL
LC	Little Colorado River	Below Lyman Reservoir to confluence with the Puerco River		A&Wc				FBC		DWS	FC	AgI	AgL
LC	Little Colorado River	Below Puerco River confluence to the Colorado River, excluding segments on Native American Lands			A&Ww			FBC		DWS	FC	AgI	AgL
LC	Little Colorado River, East Fork	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Little Colorado River, South Fork	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Little Colorado River, West Fork (OAW)	Headwaters to Government Springs		A&Wc				FBC			FC		
LC	Little Colorado River, West Fork	Below Government Springs to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Little George Reservoir	34°00'37"/109°19'15"	Igneous		A&Ww			FBC			FC	AgI	
LC	Little Mormon Lake	34°17'00"/109°58'06"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Little Ortega Lake	34°22'47"/109°40'06"	Igneous	A&Wc				FBC			FC		
LC	Long Lake, Lower	34°47'16"/111°12'40"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Long Lake, Upper	35°00'08"/111°21'23"	Igneous	A&Wc				FBC			FC		AgL
LC	Long Tom Tank	34°20'35"/110°49'22"		A&Wc				FBC			FC		AgL
LC	Lower Walnut Canyon Lake (EDW)	35°12'04"/111°34'07"	EDW				A&Wed w		PBC				
LC	Lyman Reservoir	34°21'21"/109°21'35"	Deep	A&Wc				FBC			FC	AgI	AgL
LC	Mamie Creek	Headwaters to confluence with Coyote Creek		A&Wc				FBC			FC		AgL
LC	Marshall Lake	35°07'18"/111°32'07"	Igneous	A&Wc				FBC			FC		AgL

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
LC	McKay Reservoir	34°01'27"/109°13'48"		A&Wc				FBC			FC	AgI	AgL
LC	Merritt Draw Creek	Headwaters to confluence with Barbershop Canyon Creek		A&Wc				FBC			FC		AgL
LC	Mexican Hay Lake	34°01'58"/109°21'25"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Milk Creek	Headwaters to confluence with Hulsey Creek		A&Wc				FBC			FC		AgL
LC	Miller Canyon Creek	Headwaters to confluence with East Clear Creek		A&Wc				FBC			FC		AgL
LC	Miller Canyon Creek, East Fork	Headwaters to confluence with Miller Canyon Creek		A&Wc				FBC			FC		AgL
LC	Mineral Creek	Headwaters to Little Ortega Lake		A&Wc				FBC			FC	AgI	AgL
LC	Mormon Lake	34°56'38"/111°27'25"	Shallow	A&Wc				FBC		DWS	FC	AgI	AgL
LC	Morton Lake	34°53'37"/111°17'41"	Igneous	A&Wc				FBC			FC		AgL
LC	Mud Lake	34°55'19"/111°21'29"	Shallow		A&Ww			FBC			FC		AgL
LC	Ned Lake (EDW)	34°17'17"/110°03'22"	EDW				A&Wed w		PBC				
LC	Nelson Reservoir	34°02'52"/109°11'19"	Sedimentary	A&Wc				FBC			FC	AgI	AgL
LC	Norton Reservoir	34°03'57"/109°31'27"	Igneous		A&Ww			FBC			FC		AgL
LC	Nutrios Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Paddy Creek	Headwaters to confluence with Nutrios Creek		A&Wc				FBC			FC		AgL
LC	Phoenix Park Wash	Headwaters to Dry Lake				A&We			PBC				
LC	Pierce Seep	34°23'39"/110°31'17"		A&Wc					PBC				
LC	Pine Tank	34°46'49"/111°17'21"	Igneous		A&Ww			FBC			FC		AgL
LC	Pintail Lake (EDW)	34°18'05"/110°01'21"	EDW				A&Wed w		PBC				
LC	Porter Creek	Headwaters to confluence with Show Low Creek		A&Wc				FBC			FC		AgL
LC	Potato Lake	35°03'15"/111°24'13"	Igneous	A&Wc				FBC			FC		AgL
LC	Pratt Lake	34°01'32"/109°04'18"	Sedimentary	A&Wc				FBC			FC		
LC	Puerco River	Headwaters to confluence with the Little Colorado River			A&Ww			FBC		DWS	FC	AgI	AgL
LC	Puerco River (EDW)	Sanders Unified School District WWTP outfall at 35°12'52"/109°19'40" to 0.5 km downstream					A&Wed w		PBC				
LC	Rainbow Lake	34°09'00"/109°59'09"	Shallow Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Reagan Reservoir	34°02'09"/109°08'41"	Igneous		A&Ww			FBC			FC		AgL
LC	Rio de Flag	Headwaters to City of Flagstaff WWTP outfall at 35°12'21"/111°39'17"				A&We			PBC				
LC	Rio de Flag (EDW)	From City of Flagstaff WWTP outfall to the confluence with San Francisco Wash					A&Wed w		PBC				
LC	River Reservoir	34°02'01"/109°26'07"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Rogers Reservoir	33°56'30"/109°16'20"	Igneous		A&Ww			FBC			FC		AgL
LC	Rudd Creek	Headwaters to confluence with Nutrios Creek		A&Wc				FBC			FC		AgL
LC	Russel Reservoir	33°59'29"/109°20'01"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	San Salvador Reservoir	33°58'51"/109°19'55"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Scott Reservoir	34°10'31"/109°57'31"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Show Low Creek	Headwaters to confluence with Silver Creek		A&Wc				FBC			FC	AgI	AgL
LC	Show Low Lake	34°11'36"/110°00'12"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Silver Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
LC	Slade Reservoir	33°59'41"/109°20'26"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Soldiers Annex Lake	34°47'15"/111°13'51"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Soldiers Lake	34°47'47"/111°14'04"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Spaulding Tank	34°30'17"/111°02'06"			A&Ww			FBC			FC		AgL

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
LC	Sponseller Lake	34°14'09"/109°50'45"	Igneous	A&Wc				FBC			FC		AgL
LC	St Johns Reservoir (Little Reservoir)	34°29'10"/109°22'06"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Telephone Lake (EDW)	34°17'35"/110°02'42"	EDW				A&Wed w		PBC				
LC	Tremaine Lake	34°46'02"/111°13'51"	Igneous	A&Wc				FBC			FC		AgL
LC	Tunnel Reservoir	34°01'53"/109°26'34"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Turkey Draw (EDW)	High Country Pines II WWTP outfall at 33°25'35"/ 110°38'13" to confluence with Black Canyon Creek					A&Wed w		PBC				
LC	Unnamed Wash (EDW)	Bison Ranch WWTP outfall at 34°23'31"/ 110°31'29" to Pierce Seep					A&Wed w		PBC				
LC	Unnamed Wash (EDW)	Black Mesa Ranger Station WWTP outfall at 34°23'35"/110°33'36" to confluence of Oklahoma Flat Draw					A&Wed w		PBC				
LC	Vail Lake	35°05'23"/111°30'46"	Igneous	A&Wc				FBC			FC		AgL
LC	Walnut Creek	Headwaters to confluence with Billy Creek		A&Wc				FBC			FC		AgL
LC	Water Canyon Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Water Canyon Reservoir	34°00'16"/109°20'05"	Igneous		A&Ww			FBC			FC	AgI	AgL
LC	Whale Lake (EDW)	35°11'13"/111°35'21"	EDW				A&Wed w		PBC				
LC	Whipple Lake	34°16'49"/109°58'29"	Igneous		A&Ww			FBC			FC		AgL
LC	White Mountain Lake	34°21'57"/109°59'21"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	White Mountain Reservoir	34°00'12"/109°30'39"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Willow Creek	Headwaters to confluence with Clear Creek		A&Wc				FBC			FC		AgL
LC	Willow Springs Canyon Creek	Headwaters to confluence with Chevelon Creek		A&Wc				FBC			FC		AgL
LC	Willow Springs Lake	34°18'13"/110°52'16"	Sedimentary	A&Wc				FBC			FC	AgI	AgL
LC	Woodland Reservoir	34°07'35"/109°57'01"	Igneous	A&Wc				FBC			FC	AgI	AgL
LC	Woods Canyon Creek	Headwaters to confluence with Chevelon Creek		A&Wc				FBC			FC		AgL
LC	Woods Canyon Lake	34°20'09"/110°56'45"	Sedimentary	A&Wc				FBC			FC	AgI	AgL
LC	Zuni River	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgI	AgL
MG	Agua Fria River	Headwaters to confluence with unnamed tributary at 34°35'14"/112°16'18"				A&We			PBC				AgL
MG	Agua Fria River (EDW)	Below confluence with unnamed tributary to State Route 169					A&Wed w		PBC				AgL
MG	Agua Fria River	From State Route 169 to Lake Pleasant			A&Ww			FBC		DWS	FC	AgI	AgL
MG	Agua Fria River	Below Lake Pleasant to the City of El Mirage WWTP at ' 33°34'20"/112°18'32"				A&We			PBC				AgL
MG	Agua Fria River (EDW)	From City of El Mirage WWTP outfall to 2 km downstream					A&Wed w		PBC				
MG	Agua Fria River	Below 2 km downstream of the City of El Mirage WWTP to City of Avondale WWTP outfall at 33°23'55"/112°21'16"				A&We			PBC				
MG	Agua Fria River	From City of Avondale WWTP outfall to confluence with Gila River					A&Wed w		PBC				
MG	Alvord Park Lake	35th Avenue & Baseline Road, Phoenix at 33°22'23"/ 112°08'20"	Urban		A&Ww				PBC		FC		
MG	Andorra Wash	Headwaters to confluence with Cave Creek Wash				A&We			PBC				
MG	Antelope Creek	Headwaters to confluence with Martinez Wash			A&Ww			FBC			FC		AgL
MG	Arlington Canal	From Gila River at 33°20'54"/112°35'39" to Gila River at 33°13'44"/112°46'15"											AgL
MG	Ash Creek	Headwaters to confluence with Tex Canyon		A&Wc				FBC			FC	AgI	AgL
MG	Ash Creek	Below confluence with Tex Canyon to confluence with Agua Fria River			A&Ww			FBC			FC	AgI	AgL

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
MG	Beehive Tank	32°52'37"/111°02'20"			A&Ww			FBC			FC		AgL
MG	Big Bug Creek	Headwaters to confluence with Eugene Gulch		A&Wc				FBC			FC	AgI	AgL
MG	Big Bug Creek	Below confluence with Eugene Gulch to confluence with Agua Fria River			A&Ww			FBC			FC	AgI	AgL
MG	Black Canyon Creek	Headwaters to confluence with the Agua Fria River			A&Ww			FBC			FC		AgL
MG	Blind Indian Creek	Headwaters to confluence with the Hassayampa River			A&Ww			FBC			FC		AgL
MG	Bonsall Park Lake	59th Avenue & Bethany Home Road, Phoenix at 33°31'24"/112°11'08"	Urban		A&Ww				PBC		FC		
MG	Canal Park Lake	College Avenue & Curry Road, Tempe at 33°26'54"/111°56'19"	Urban		A&Ww				PBC		FC		
MG	Cave Creek	Headwaters to the Cave Creek Dam			A&Ww			FBC			FC		AgL
MG	Cave Creek	Cave Creek Dam to the Arizona Canal				A&We			PBC				
MG	Centennial Wash	Headwaters to confluence with the Gila River at 33°16'32"/112°48'08"				A&We			PBC				AgL
MG	Centennial Wash Ponds	33°54'52"/113°23'47"			A&Ww			FBC			FC		AgL
MG	Chaparral Park Lake	Hayden Road & Chaparral Road, Scottsdale at 33°30'40"/111°54'27"	Urban		A&Ww				PBC		FC	AgI	
MG	Cortez Park Lake	35th Avenue & Dunlap, Glendale at 33°34'13"/112°07'52"	Urban		A&Ww				PBC		FC	AgI	
MG	Desert Breeze Lake	Galaxy Drive, West Chandler at 33°18'47"/111°55'10"	Urban		A&Ww				PBC		FC		
MG	Devils Canyon	Headwaters to confluence with Mineral Creek			A&Ww				FBC		FC		AgL
MG	Dobson Lake	Dobson Road & Los Lagos Vista Avenue, Mesa at 33°22'48"/111°52'35"	Urban		A&Ww				PBC		FC		
MG	East Maricopa Floodway	From Brown and Greenfield Rds to the Gila River Indian Reservation Boundary			A&We				PBC				AgL
MG	Eldorado Park Lake	Miller Road & Oak Street, Tempe at 33°28'25"/111°54'53"	Urban		A&Ww				PBC		FC		
MG	Encanto Park Lake	15th Avenue & Encanto Blvd., Phoenix at 33°28'28"/112°05'18"	Urban		A&Ww				PBC		FC	AgI	
MG	Fain Lake	Town of Prescott Valley Park Lake 34°34'29"/112°21'06"	Urban		A&Ww				PBC		FC		
MG	French Gulch	Headwaters to confluence with Hassayampa River			A&Ww				PBC				AgL
MG	Galena Gulch	Headwaters to confluence with the Agua Fria River				A&We			PBC				AgL
MG	Galloway Wash (EDW)	Town of Cave Creek WWTP outfall at 33°50'15"/111°57'35" to confluence with Cave Creek					A&Wed w		PBC				
MG	Gila River	San Carlos Indian Reservation boundary to the Ashurst-Hayden Dam			A&Ww			FBC			FC	AgI	AgL
MG	Gila River	Ashurst-Hayden Dam to the Town of Florence WWTP outfall at 33°02'20"/111°24'19"				A&We			PBC				AgL
MG	Gila River (EDW)	Town of Florence WWTP outfall to Felix Road					A&Wed w		PBC				
MG	Gila River	Felix Road to the Gila River Indian Reservation boundary				A&We			PBC				AgL
MG	Gila River (EDW)	From the confluence with the Salt River to Gillespie Dam					A&Wed w		PBC		FC	AgI	AgL
MG	Gila River	Gillespie Dam to confluence with Painted Rock Dam			A&Ww			FBC			FC	AgI	AgL
MG	Granada Park Lake	6505 North 20th Street, Phoenix at 33°31'56"/112°02'16"	Urban		A&Ww				PBC		FC		
MG	Groom Creek	Headwaters to confluence with the Hassayampa River		A&Wc				FBC		DWS	FC		AgL
MG	Hassayampa Lake	34°25'45"/112°25'33"	Igneous	A&Wc				FBC		DWS	FC		
MG	Hassayampa River	Headwaters to confluence with Copper Creek		A&Wc				FBC			FC	AgI	AgL
MG	Hassayampa River	Below confluence with Copper Creek to the confluence with Blind Indian Creek.			A&Ww			FBC			FC	AgI	AgL
MG	Hassayampa River	Below confluence with Blind Indian Creek to the Buckeye Irrigation Company Canal				A&We			PBC				AgL
MG	Hassayampa River	Below Buckeye Irrigation Company canal to the Gila River			A&Ww			FBC			FC		AgL
MG	Horsethief Lake	34°09'42"/112°17'57"	Igneous	A&Wc				FBC		DWS	FC		AgL

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
MG	Indian Bend Wash	Headwaters to confluence with the Salt River				A&We			PBC				
MG	Indian Bend Wash Lakes	Scottsdale at 33°30'32"/111°54'24"	Urban		A&Ww				PBC		FC		
MG	Indian School Park Lake	Indian School Road & Hayden Road, Scottsdale at 33°29'39"/111°54'37"	Urban		A&Ww				PBC		FC		
MG	Kiwanis Park Lake	6000 South Mill Avenue, Tempe at 33°22'27"/111°56'22"	Urban		A&Ww				PBC		FC	AgI	
MG	Lake Pleasant	33°53'46"/112°16'29"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
MG	Lake Pleasant, Lower	33°50'32"/112°16'03"			A&Ww			FBC			FC	AgI	AgL
MG	Lion Canyon	Headwaters to confluence with Weaver Creek			A&Ww			FBC			FC		AgL
MG	Little Ash Creek	Headwaters to confluence with Ash Creek at			A&Ww			FBC			FC		AgL
MG	Lynx Creek	Headwaters to confluence with unnamed tributary at 34°34'29"/112°21'07"		A&Wc				FBC			FC		AgL
MG	Lynx Creek	Below confluence with unnamed tributary at 34°34'29"/112°21'07" to confluence with Agua Fria River			A&Ww			FBC			FC		AgL
MG	Lynx Lake	34°31'07"/112°23'07"	Deep	A&Wc				FBC		DWS	FC	AgI	AgL
MG	Maricopa Park Lake	33°35'28"/112°18'15"	Urban		A&Ww				PBC		FC		
MG	Martinez Canyon	Headwaters to confluence with Box Canyon			A&Ww			FBC			FC		AgL
MG	Martinez Wash	Headwaters to confluence with the Hassayampa River			A&Ww			FBC			FC	AgI	AgL
MG	McKellips Park Lake	Miller Road & McKellips Road, Scottsdale at 33°27'14"/111°54'49"	Urban		A&Ww				PBC		FC	AgI	
MG	McMicken Wash (EDW)	City of Peoria Jomax WWTP outfall at 33°43'31"/112°20'15" to confluence with Agua Fria River					A&Wed w		PBC				
MG	Mineral Creek	Headwaters to 33°12'34"/110°59'58"			A&Ww			FBC			FC		AgL
MG	Mineral Creek (diversion tunnel and lined channel)	33°12'24"/110°59'58" to 33°07'56"/110°58'34"						PBC					
MG	Mineral Creek	End of diversion channel to confluence with Gila River			A&Ww			FBC			FC		AgL
MG	Minnehaha Creek	Headwaters to confluence with the Hassayampa River			A&Ww			FBC			FC		AgL
MG	New River	Headwaters to Interstate 17 at 33°54'19.5"/112°08'46"			A&Ww			FBC			FC	AgI	AgL
MG	New River	Below Interstate 17 to confluence with Agua Fria River				A&We			PBC				AgL
MG	Painted Rock Reservoir	33°04'23"/113°00'38"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
MG	Papago Park Ponds	Galvin Parkway, Phoenix at 33°27'15"/111°56'45"	Urban		A&Ww				PBC		FC		
MG	Papago Park South Pond	Curry Road, Tempe 33°26'22"/111°55'55"	Urban		A&Ww				PBC		FC		
MG	Perry Mesa Tank	34°11'03"/112°02'01"			A&Ww			FBC			FC		AgL
MG	Phoenix Area Canals	Granite Reef Dam to all municipal WTP intakes								DWS		AgI	AgL
MG	Phoenix Area Canals	Below municipal WTP intakes and all other locations										AgI	AgL
MG	Picacho Reservoir	32°51'10"/111°28'25"	Shallow		A&Ww			FBC			FC	AgI	AgL
MG	Poland Creek	Headwaters to confluence with Lorena Gulch		A&Wc				FBC			FC		AgL
MG	Poland Creek	Below confluence with Lorena Gulch to confluence with Black Canyon Creek			A&Ww			FBC			FC		AgL
MG	Queen Creek	Headwaters to the Town of Superior WWTP outfall at 33°16'33"/111°07'44"			A&Ww				PBC		FC		AgL
MG	Queen Creek (EDW)	Below Town of Superior WWTP outfall to confluence with Potts Canyon					A&Wed w		PBC				
MG	Queen Creek	Below Potts Canyon to 'Whitlow Dam			A&Ww			FBC			FC		AgL
MG	Queen Creek	Below Whitlow Dam to confluence with Gila River				A&We			PBC				
MG	Riverview Park Lake	Dobson Road & 8th Street, Mesa at 33°25'50"/111°52'29"	Urban		A&Ww				PBC		FC		

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Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
MG	Roadrunner Park Lake	36th Street & Cactus, Phoenix at 33°35'56"/112°00'21"	Urban		A&Ww				PBC		FC		
MG	Salt River	Verde River to 2 km below Granite Reef Dam			A&Ww			FBC		DWS	FC	AgI	AgL
MG	Salt River	2 km below Granite Reef Dam to City of Mesa NW WRF outfall at 33°26'22"/111°53'14"				A&We			PBC				
MG	Salt River (EDW)	City of Mesa NW WRF outfall to Tempe Town Lake					A&Wed w		PBC				
MG	Salt River	Below Tempe Town Lake to Interstate 10 bridge				A&We			PBC				
MG	Salt River	Below Interstate 10 bridge to the City of Phoenix 23rd Avenue WWTP outfall at 33°24'44"/112°07'59"			A&Ww				PBC		FC		
MG	Salt River (EDW)	From City of Phoenix 23rd Avenue WWTP outfall to confluence with Gila River					A&Wed w		PBC		FC	AgI	AgL
MG	Siphon Draw (EDW)	Superstition Mountains CFD WWTP outfall at 33°21'40"/111°33'30" to 6 km downstream					A&Wed w		PBC				
MG	Sycamore Creek	Headwaters to confluence with Tank Canyon		A&Wc				FBC			FC		AgL
MG	Sycamore Creek	Below confluence with Tank Canyon to confluence with Agua Fria River			A&Ww			FBC			FC		AgL
MG	Tempe Town Lake	At Mill Avenue Bridge at 33°26'00"/111°56'26"	Urban		A&Ww			FBC			FC		
MG	The Lake Tank	32°54'14"/111°04'15"			A&Ww			FBC			FC		AgL
MG	Tule Creek	Headwaters to confluence with the Agua Fria River			A&Ww			FBC			FC		AgL
MG	Turkey Creek	Headwaters to confluence with unnamed tributary at 34°19'28"/112°21'33"		A&Wc				FBC			FC	AgI	AgL
MG	Turkey Creek	Below confluence with unnamed tributary to confluence with Poland Creek			A&Ww			FBC			FC	AgI	AgL
MG	Unnamed Wash (EDW)	Gila Bend WWTP outfall to confluence with the Gila River					A&Wed w		PBC				
MG	Unnamed Wash (EDW)	Luke Air Force Base WWTP outfall at 33°32'21"/112°19'15" to confluence with the Agua Fria River					A&Wed w		PBC				
MG	Unnamed Wash (EDW)	North Florence WWTP outfall at 33°03'50"/111°23'13" to confluence with Gila River					A&Wed w		PBC				
MG	Unnamed Wash (EDW)	Town of Prescott Valley WWTP outfall at 34°35'16"/112°16'18" to confluence with the Agua Fria River					A&Wed w		PBC				
MG	Unnamed Wash (EDW)	Town of Cave Creek WRF outfall at 33°48'02"/111°59'22" to confluence with Cave Creek					A&Wed w		PBC				
MG	Wagner Wash (EDW)	City of Buckeye Festival Ranch WRF outfall at 33°39'14"/112°40'18" to 2 km downstream					A&Wed w		PBC				
MG	Walnut Canyon Creek	Headwaters to confluence with the Gila River			A&Ww			FBC			FC		AgL
MG	Weaver Creek	Headwaters to confluence with Antelope Creek, tributary to Martinez Wash			A&Ww			FBC			FC		AgL
MG	White Canyon Creek	Headwaters to confluence with Walnut Canyon Creek			A&Ww			FBC			FC		AgL
MG	Yavapai Lake (EDW)	Town of Prescott Valley WWTP outfall 002 at 34°36'07"/112°18'48" to Navajo Wash	EDW				A&Wed w		PBC				
SC	Agua Caliente Lake	12325 East Roger Road, Tucson 32°16'51"/110°43'52"	Urban		A&Ww				PBC		FC		
SC	Agua Caliente Wash	Headwaters to confluence with Soldier Trail			A&Ww			FBC			FC		AgL
SC	Agua Caliente Wash	Below Soldier Trail to confluence with Tanque Verde Creek				A&We			PBC				AgL
SC	Aguirre Wash	From the Tohono O'odham Indian Reservation boundary to 32°28'38"/111°46'51"				A&We			PBC				
SC	Alambre Wash	Headwaters to confluence with Brawley Wash				A&We			PBC				
SC	Alamo Wash	Headwaters to confluence with Rillito Creek				A&We			PBC				
SC	Altar Wash	Headwaters to confluence with Brawley Wash				A&We			PBC				
SC	Alum Gulch	Headwaters to 31°28'20"/110°43'51"				A&We			PBC				AgL
SC	Alum Gulch	From 31°28'20"/110°43'51" to 31°29'17"/110°44'25"			A&Ww			FBC			FC		AgL
SC	Alum Gulch	Below 31°29'17"/110°44'25" to confluence with Sonoita Creek				A&We			PBC				AgL
SC	Arivaca Creek	Headwaters to confluence with Altar Wash			A&Ww			FBC			FC		AgL
SC	Arivaca Lake	31°31'52"/111°15'06"	Igneous		A&Ww			FBC			FC	AgI	AgL
SC	Atterbury Wash	Headwaters to confluence with Pantano Wash				A&We			PBC				AgL

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
SC	Bear Grass Tank	31°33'01"/111°11'03"			A&Ww			FBC			FC		AgL
SC	Big Wash	Headwaters to confluence with Cañada del Oro				A&We			PBC				
SC	Black Wash (EDW)	Pima County WWMD Avra Valley WWTP outfall at 32°09'58"/111°11'17" to confluence with Brawley Wash					A&Wed w		PBC				
SC	Bog Hole Tank	31°28'36"/110°37'09"			A&Ww			FBC			FC		AgL
SC	Brawley Wash	Headwaters to confluence with Los Robles Wash				A&We			PBC				
SC	California Gulch	Headwaters To U.S./Mexico border			A&Ww			FBC			FC		AgL
SC	Cañada del Oro	Headwaters to State Route 77			A&Ww			FBC			FC	AgI	AgL
SC	Cañada del Oro	Below State Route 77 to confluence with the Santa Cruz River				A&We			PBC				AgL
SC	Cienega Creek	Headwaters to confluence with Gardner Canyon			A&Ww			FBC			FC		AgL
SC	Cienega Creek (OAW)	From confluence with Gardner Canyon to USGS gaging station (#09484600)			A&Ww			FBC			FC		AgL
SC	Davidson Canyon	Headwaters to unnamed spring at 31°59'00"/110°38'49"				A&We			PBC				AgL
SC	Davidson Canyon (OAW)	From unnamed Spring to confluence with unnamed tributary at 31°59'09"/110°38'44"			A&Ww			FBC			FC		AgL
SC	Davidson Canyon (OAW)	Below confluence with unnamed tributary to unnamed spring at 32°00'40"/110°38'36"				A&We			PBC				AgL
SC	Davidson Canyon (OAW)	From unnamed spring to confluence with Cienega Creek			A&Ww			FBC			FC		AgL
SC	Empire Gulch	Headwaters to unnamed spring at 31°47'18"/110°38'17"				A&We			PBC				
SC	Empire Gulch	From 31°47'18"/110°38'17" to 31°47'03"/110°37'35"			A&Ww			FBC			FC		
SC	Empire Gulch	From 31°47'03"/110°37'35" to 31°47'05"/110°36'58"				A&We			PBC				AgL
SC	Empire Gulch	From 31°47'05"/110°36'58" to confluence with Cienega Creek			A&Ww			FBC			FC		
SC	Flux Canyon	Headwaters to confluence with Alum Gulch				A&We			PBC				AgL
SC	Gardner Canyon Creek	Headwaters to confluence with Sawmill Canyon		A&Wc				FBC			FC		
SC	Gardner Canyon Creek	Below Sawmill Canyon to confluence with Cienega Creek			A&Ww			FBC			FC		
SC	Greene Wash	Santa Cruz River to the Tohono O'odham Indian Reservation boundary				A&We			PBC				
SC	Greene Wash	Tohono O'odham Indian Reservation boundary to confluence with Santa Rosa Wash at 32°53'52"/111°56'48"				A&We			PBC				
SC	Harshaw Creek	Headwaters to confluence with Sonoita Creek at				A&We			PBC				AgL
SC	Hit Tank	32°43'57"/111°03'18"			A&Ww			FBC			FC		AgL
SC	Holden Canyon Creek	Headwaters to U.S./Mexico border			A&Ww			FBC			FC		
SC	Huachuca Tank	31°21'11"/110°30'18"			A&Ww			FBC			FC		AgL
SC	Julian Wash	Headwaters to confluence with the Santa Cruz River				A&We			PBC				
SC	Kennedy Lake	Mission Road & Ajo Road, Tucson at 32°10'49"/111°00'27"	Urban		A&Ww				PBC		FC		
SC	Lakeside Lake	8300 East Stella Road, Tucson at 32°11'11"/110°49'00"	Urban		A&Ww				PBC		FC		
SC	Lemmon Canyon Creek	Headwaters to confluence with unnamed tributary at 32°23'48"/110°47'49"		A&Wc				FBC			FC		
SC	Lemmon Canyon Creek	Below unnamed tributary at 32°23'48"/110°47'49" to confluence with Sabino Canyon Creek			A&Ww			FBC			FC		
SC	Los Robles Wash	Headwaters to confluence with the Santa Cruz River				A&We			PBC				
SC	Madera Canyon Creek	Headwaters to confluence with unnamed tributary at 31°43'42"/110°52'51"		A&Wc				FBC			FC		AgL
SC	Madera Canyon Creek	Below unnamed tributary at 31°43'42"/110°52'51" to confluence with the Santa Cruz River			A&Ww			FBC			FC		AgL
SC	Mattie Canyon	Headwaters to confluence with Cienega Creek			A&Ww			FBC			FC		AgL
SC	Nogales Wash	Headwaters to confluence with Potrero Creek			A&Ww				PBC		FC		
SC	Oak Tree Canyon	Headwaters to confluence with Cienega Creek				A&We			PBC				

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
SC	Palisade Canyon	Headwaters to confluence with unnamed tributary at 32°22'33"/110°45'31"		A&Wc				FBC			FC		
SC	Palisade Canyon	Below 32°22'33"/110°45'31" to unnamed tributary of Sabino Canyon			A&Ww			FBC			FC		
SC	Pantano Wash	Headwaters to confluence with Tanque Verde Creek				A&We			PBC				
SC	Parker Canyon Creek	Headwaters to confluence with unnamed tributary at 31°24'17"/110°28'47"	A&Wc					FBC			FC		
SC	Parker Canyon Creek	Below unnamed tributary to U.S./Mexico border			A&Ww			FBC			FC		
SC	Parker Canyon Lake	31°25'35"/110°27'15"	Deep	A&Wc				FBC			FC	AgI	AgL
SC	Patagonia Lake	31°29'56"/110°50'49"	Deep		A&Ww			FBC			FC	AgI	AgL
SC	Peña Blanca Lake	31°24'15"/111°05'12"	Igneous		A&Ww			FBC			FC	AgI	AgL
SC	Potrero Creek	Headwaters to Interstate 19				A&We			PBC				AgL
SC	Potrero Creek	Below Interstate 19 to confluence with Santa Cruz River			A&Ww			FBC			FC		AgL
SC	Puertocito Wash	Headwaters to confluence with Altar Wash				A&We			PBC				
SC	Quitobaquito Spring	(Pond and Springs) 31°56'39"/113°01'06"			A&Ww			FBC			FC		AgL
SC	Redrock Canyon Creek	Headwaters to confluence with Harshaw Creek			A&Ww			FBC			FC		
SC	Rillito Creek	Headwaters to confluence with the Santa Cruz River				A&We			PBC				AgL
SC	Romero Canyon Creek	Headwaters to confluence with unnamed tributary at 32°24'29"/110°50'39"		A&Wc				FBC			FC		
SC	Romero Canyon Creek	Below unnamed tributary to confluence with Sutherland Wash			A&Ww			FBC			FC		
SC	Rose Canyon Creek	Headwaters to confluence with Sycamore Canyon		A&Wc				FBC			FC		
SC	Rose Canyon Lake	32°23'13"/110°42'38"	Igneous	A&Wc				FBC			FC		AgL
SC	Ruby Lakes	31°26'29"/111°14'22"	Igneous		A&Ww			FBC			FC		AgL
SC	Sabino Canyon	Headwaters to 32°23'20"/110°47'06"		A&Wc				FBC		DWS	FC	AgI	
SC	Sabino Canyon	Below 32°23'20"/110°47'06" to confluence with Tanque Verde River			A&Ww			FBC		DWS	FC	AgI	
SC	Salero Ranch Tank	31°35'43"/110°53'25"			A&Ww			FBC			FC		AgL
SC	Santa Cruz River	Headwaters to the at U.S./Mexico border			A&Ww			FBC			FC	AgI	AgL
SC	Santa Cruz River	U.S./Mexico border to the Nogales International WWTP outfall at 31°27'25"/110°58'04"			A&Ww			FBC		DWS	FC	AgI	AgL
SC	Santa Cruz River (EDW)	Nogales International WWTP outfall to the Josephine Canyon					A&Wed w		PBC				AgL
SC	Santa Cruz River	Josephine Canyon to Agua Nueva WRF outfall at 32°17'04"/111°01'45"				A&We			PBC				AgL
SC	Santa Cruz River (EDW)	Agua Nueva WRF outfall to Baumgartner Road					A&Wed w		PBC				
SC	Santa Cruz River, West Branch	Headwaters to the confluence with Santa Cruz River				A&We			PBC				AgL
SC	Santa Cruz River	Baumgartner Road to the Ak Chin Indian Reservation boundary				A&We			PBC				AgL
SC	Santa Cruz Wash, North Branch	Headwaters to City of Casa Grande WRF outfall at 32°54'57"/111°47'13"				A&We			PBC				
SC	Santa Cruz Wash, North Branch (EDW)	City of Casa Grande WRF outfall to 1 km downstream					A&Wed w		PBC				
SC	Santa Rosa Wash	Below Tohono O'odham Indian Reservation to the Ak Chin Indian Reservation				A&We			PBC				
SC	Santa Rosa Wash (EDW)	Palo Verde Utilities CO-WRF outfall at 33°04'20"/ 112°01'47" to the Chin Indian Reservation					A&Wed w		PBC				
SC	Soldier Tank	32°25'34"/110°44'43"		A&Wc				FBC			FC		AgL

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
SC	Sonoita Creek	Headwaters to the Town of Patagonia WWTP outfall at 31°32'25"/110°45'31"				A&We			PBC				AgL
SC	Sonoita Creek (EDW)	Town of Patagonia WWTP outfall to permanent groundwater upwelling point approximately 1600 feet downstream of outfall					A&Wed w		PBC				AgL
SC	Sonoita Creek	Below 1600 feet downstream of Town of Patagonia WWTP outfall groundwater upwelling point to confluence with the Santa Cruz River			A&Ww			FBC			FC	AgI	AgL
SC	Split Tank	31°28'11"/111°05'12"			A&Ww			FBC			FC		AgL
SC	Sutherland Wash	Headwaters to confluence with Cañada del Oro			A&Ww			FBC			FC		
SC	Sycamore Canyon	Headwaters to 32°21'60" / 110°44'48"		A&Wc				FBC			FC		
SC	Sycamore Canyon	From 32°21'60" / 110°44'48" to Sycamore Reservoir			A&Ww			FBC			FC		
SC	Sycamore Canyon	Headwaters to the U.S./Mexico border			A&Ww			FBC			FC		AgL
SC	Sycamore Reservoir	32°20'57"/110°47'38"		A&Wc				FBC			FC		AgL
SC	Tanque Verde Creek	Headwaters to Houghton Road			A&Ww			FBC			FC		AgL
SC	Tanque Verde Creek	Below Houghton Road to confluence with Rillito Creek				A&We			PBC				AgL
SC	Three R Canyon	Headwaters to Unnamed Trib to Three R Canyon at 31°28'26"/110°46'04"				A&We			PBC				AgL
SC	Three R Canyon	From 31°28'26"/110°46'04" to 31°28'28"/110°47'15" (Cox Gulch)			A&Ww			FBC			FC		AgL
SC	Three R Canyon	From (Cox Gulch) 31°28'28"/110°47'15" to confluence with Sonoita Creek				A&We			PBC				AgL
SC	Tinaja Wash	Headwaters to confluence with the Santa Cruz River				A&We			PBC				AgL
SC	Unnamed Wash (EDW)	Oracle Sanitary District WWTP outfall at 32°36'54"/ 110°48'02" to 5 km downstream					A&Wed w		PBC				
SC	Unnamed Wash (EDW)	Arizona City Sanitary District WWTP outfall at 32°45'43"/111°44'24" to confluence with Santa Cruz Wash					A&Wed w		PBC				
SC	Unnamed Wash (EDW)	Saddlebrook WWTP outfall at 32°32'00"/ 110°53'01" to confluence with Cañada del Oro					A&Wed w		PBC				
SC	Vekol Wash	Headwater to Santa Cruz Wash: Those reaches not located on the Ak-Chin, Tohono O'odham and Gila River Indian Reservations				A&We			PBC				
SC	Wakefield Canyon	Headwaters to confluence with unnamed tributary at 31°52'48"/110°26'27"		A&Wc				FBC			FC		AgL
SC	Wakefield Canyon	Below confluence with unnamed tributary to confluence with Cienega Creek			A&Ww			FBC			FC		AgL
SC	Wild Burro Canyon	Headwaters to confluence with unnamed tributary at 32°27'43"/111°05'47"			A&Ww			FBC			FC		AgL
SC	Wild Burro Canyon	Below confluence with unnamed tributary to confluence with Santa Cruz River				A&We			PBC				AgL
SP	Abbot Canyon	Headwaters to confluence with Whitewater Draw			A&Ww			FBC			FC		AgL
SP	Aravaipa Creek	Headwaters to confluence with Stowe Gulch			A&Ww			FBC			FC		AgL
SP	Aravaipa Creek (OAW)	Stowe Gulch to downstream boundary of Aravaipa Canyon Wilderness Area			A&Ww			FBC			FC		AgL
SP	Aravaipa Creek	Below downstream boundary of Aravaipa Canyon Wilderness Area to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Ash Creek	Headwaters to 31°50'28"/109°40'04"			A&Ww			FBC			FC	AgI	AgL
SP	Babocomari River	Headwaters to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Bass Canyon Creek	Headwaters to confluence with unnamed tributary at 32°26'06"/110°13'22"		A&Wc				FBC			FC		AgL
SP	Bass Canyon Creek	Below confluence with unnamed tributary to confluence with Hot Springs Canyon Creek			A&Ww			FBC			FC		AgL
SP	Bass Canyon Tank	32°24'00"/110°13'00"			A&Ww			FBC			FC		AgL
SP	Bear Creek	Headwaters to U.S./Mexico border			A&Ww			FBC			FC		AgL
SP	Big Creek	Headwaters to confluence with Pitchfork Canyon		A&Wc				FBC			FC		AgL

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
SP	Blacktail Pond	Fort Huachuca Military Reservation at 31°31'04"/110°24'47", headwater lake in Black-tail Canyon			A&Ww			FBC			FC		
SP	Black Draw	Headwaters to the U.S./Mexico border			A&Ww			FBC			FC		AgL
SP	Booger Canyon	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Buck Canyon	Headwaters to confluence with Buck Creek Tank			A&Ww			FBC			FC		AgL
SP	Buck Canyon	Below Buck Creek Tank to confluence with Dry Creek				A&We			PBC				AgL
SP	Buehman Canyon Creek (OAW)	Headwaters to confluence with unnamed tributary at 32°24'54"/110°32'10"			A&Ww			FBC			FC		AgL
SP	Buehman Canyon Creek	Below confluence with unnamed tributary to confluence with San Pedro River			A&Ww			FBC			FC		AgL
SP	Bull Tank	32°31'13"/110°12'52"			A&Ww			FBC			FC		AgL
SP	Bullock Canyon	Headwaters to confluence with Buehman Canyon			A&Ww			FBC			FC		AgL
SP	Carr Canyon Creek	Headwaters to confluence with unnamed tributary at 31°27'01"/110°15'48"		A&Wc				FBC			FC		AgL
SP	Carr Canyon Creek	Below confluence with unnamed tributary to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Copper Creek	Headwaters to confluence with Prospect Canyon			A&Ww			FBC			FC		AgL
SP	Copper Creek	Below confluence with Prospect Canyon to confluence with the San Pedro River				A&We			PBC				AgL
SP	Deer Creek	Headwaters to confluence with unnamed tributary at 32°59'57"/110°20'11"		A&Wc				FBC			FC		AgL
SP	Deer Creek	Below confluence with unnamed tributary to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Dixie Canyon	Headwaters to confluence with Mexican Canyon			A&Ww			FBC			FC		AgL
SP	Double R Canyon Creek	Headwaters to confluence with Bass Canyon			A&Ww			FBC			FC		
SP	Dry Canyon	Headwaters to confluence with Whitewater draw			A&Ww			FBC			FC		AgL
SP	East Gravel Pit Pond	Fort Huachuca Military Reservation at 31°30'54"/110°19'44"	Sedimentary		A&Ww			FBC			FC		
SP	Espiritu Canyon Creek	Headwaters to confluence with Soza Wash			A&Ww			FBC			FC		AgL
SP	Fly Pond	Fort Huachuca Military Reservation at 31°32'53"/110°21'16"			A&Ww			FBC			FC		
SP	Fourmile Creek	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Fourmile Canyon, Left Prong	Headwaters to confluence with unnamed tributary at 32°43'15"/110°23'46"		A&Wc				FBC			FC		AgL
SP	Fourmile Canyon, Left Prong	Below confluence with unnamed tributary to confluence with Fourmile Canyon Creek			A&Ww			FBC			FC		AgL
SP	Fourmile Canyon, Right Prong	Headwaters to confluence with Fourmile Canyon			A&Ww			FBC			FC		AgL
SP	Gadwell Canyon	Headwaters to confluence with Whitewater Draw			A&Ww			FBC			FC		AgL
SP	Garden Canyon Creek	Headwaters to confluence with unnamed tributary at 31°29'01"/110°19'44"		A&Wc				FBC		DWS	FC	AgI	
SP	Garden Canyon Creek	Below confluence with unnamed tributary to confluence with the San Pedro River			A&Ww			FBC		DWS	FC	AgI	
SP	Glance Creek	Headwaters to confluence with Whitewater Draw			A&Ww			FBC			FC		AgL
SP	Gold Gulch	Headwaters to U.S./Mexico border			A&Ww			FBC			FC		AgL
SP	Goudy Canyon Wash	Headwaters to confluence with Grant Creek		A&Wc				FBC			FC		AgL
SP	Grant Creek	Headwaters to confluence with unnamed tributary at 32°38'10"/109°56'37"		A&Wc				FBC		DWS	FC		AgL
SP	Grant Creek	Below confluence with unnamed tributary to terminus near Willcox Playa			A&Ww			FBC			FC		AgL
SP	Gravel Pit Pond	Fort Huachuca Military Reservation at 31°30'52"/110°19'49"	Sedimentary		A&Ww			FBC			FC		
SP	Greenbush Draw	From U.S./Mexico border to confluence with San Pedro River				A&We			PBC				
SP	Hidden Pond	Fort Huachuca Military Reservation at 32°30'30"/109°22'17"			A&Ww			FBC			FC		
SP	High Creek	Headwaters to confluence with unnamed tributary at 32°33'08"/110°14'42"		A&Wc				FBC			FC		AgL

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Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
SP	High Creek	Below confluence with unnamed tributary to terminus near Willcox Playa			A&Ww			FBC			FC		AgL
SP	Horse Camp Canyon	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Hot Springs Canyon Creek	Headwaters to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Johnson Canyon	Headwaters to Whitewater Draw at 31°32'46"/109°43'32"			A&Ww			FBC			FC		AgL
SP	Lake Cochise (EDW)	South of Twin Lakes Municipal Golf Course at 32°13'50"/109°49'27"	EDW				A&Wed w		PBC				
SP	Leslie Canyon Creek	Headwaters to confluence with Whitewater Draw			A&Ww			FBC			FC		AgL
SP	Lower Garden Canyon Pond	Fort Huachuca Military Reservation at 31°29'39"/110°18'34"			A&Ww			FBC			FC		
SP	Mexican Canyon	Headwaters to confluence with Dixie Canyon			A&Ww			FBC			FC		AgL
SP	Miller Canyon	Headwaters to Broken Arrow Ranch Road at 31°25'35"/110°15'04"		A&Wc				FBC		DWS	FC		AgL
SP	Miller Canyon	Below Broken Arrow Ranch Road to confluence with the San Pedro River			A&Ww			FBC		DWS	FC		AgL
SP	Moonshine Creek	Headwaters to confluence with Post Creek		A&Wc				FBC			FC		AgL
SP	Mountain View Golf Course Pond	Fort Huachuca Military Reservation at 31°32'14"/110°18'52"	Sedimentary		A&Ww				PBC		FC		
SP	Mule Gulch	Headwaters to the Lavender Pit at 31°26'11"/109°54'02"			A&Ww				PBC		FC		
SP	Mule Gulch	The Lavender Pit to the Highway 80 bridge at 31°26'30"/109°49'28"				A&We			PBC				
SP	Mule Gulch	Below the Highway 80 bridge to confluence with Whitewater Draw				A&We			PBC				AgL
SP	Oak Grove Canyon	Headwaters to confluence with Turkey Creek			A&Ww			FBC			FC		AgL
SP	Officers Club Pond	Fort Huachuca Military Reservation at 31°32'51"/110°21'37"	Sedimentary		A&Ww				PBC		FC		
SP	Paige Canyon Creek	Headwaters to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Parsons Canyon Creek	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Pinery Creek	Headwaters to State Highway 181		A&Wc				FBC		DWS	FC		AgL
SP	Pinery Creek	Below State Highway 181 to terminus near Willcox Playa			A&Ww			FBC		DWS	FC		AgL
SP	Post Creek	Headwaters to confluence with Grant Creek		A&Wc				FBC			FC	AgI	AgL
SP	Ramsey Canyon Creek	Headwaters to Forest Service Road #110 at 31°27'44"/110°17'30"		A&Wc				FBC			FC	AgI	AgL
SP	Ramsey Canyon Creek	Below Forest Service Road #110 to confluence with Carr Wash			A&Ww			FBC			FC	AgI	AgL
SP	Rattlesnake Creek	Headwaters to confluence with Brush Canyon		A&Wc				FBC			FC		AgL
SP	Rattlesnake Creek	Below confluence with Brush Canyon to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Redfield Canyon	Headwaters to confluence with unnamed tributary at 32°33'40"/110°18'42"		A&Wc				FBC			FC		AgL
SP	Redfield Canyon	Below confluence with unnamed tributary to confluence with the San Pedro River			A&Ww			FBC			FC		AgL
SP	Riggs Lake	32°42'28"/109°57'53"	Igneous	A&Wc				FBC			FC	AgI	AgL
SP	Rock Creek	Headwaters to confluence with Turkey Creek Alc						FBC			FC		AgL
SP	Rucker Canyon	Headwaters to confluence with Whitewater Draw		A&Wc				FBC			FC		AgL
SP	Rucker Canyon Lake	31°46'46"/109°18'30"	Shallow	A&Wc				FBC			FC		AgL
SP	San Pedro River	U.S./ Mexico Border to Buehman Canyon			A&Ww			FBC			FC	AgI	AgL
SP	San Pedro River	From Buehman canyon to confluence with the Gila River			A&Ww			FBC			FC		AgL
SP	Snow Flat Lake	32°39'10"/109°51'54"	Igneous	A&Wc				FBC			FC	AgI	AgL
SP	Soldier Creek	Headwaters to confluence with Post Creek at 32°40'50"/109°54'41"		A&Wc				FBC			FC		AgL
SP	Soto Canyon	Headwaters to confluence with Dixie Canyon			A&Ww			FBC			FC		AgL

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
SP	Swamp Springs Can-yon	Headwaters to confluence with Redfield Canyon			A&Ww			FBC			FC		AgL
SP	Sycamore Pond I	Fort Huachuca Military Reservation at 31°35'12"/110°26'11"	Sedi-mentary		A&Ww			FBC			FC		
SP	Sycamore Pond II	Fort Huachuca Military Reservation at 31°34'39"/110°26'10"	Sedi-mentary		A&Ww			FBC			FC		
SP	Turkey Creek	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Turkey Creek	Headwaters to confluence with Rock Creek		A&Wc				FBC			FC	AgI	AgL
SP	Turkey Creek	Below confluence with Rock Creek to terminus near Willcox Playa			A&Ww			FBC			FC	AgI	AgL
SP	Unnamed Wash (EDW)	Mt. Lemmon WWTP outfall at 32°26'51"/110°45'08" to 0.25 km downstream					A&Wed w		PBC				
SP	Virgus Canyon	Headwaters to confluence with Aravaipa Creek			A&Ww			FBC			FC		AgL
SP	Walnut Gulch	Headwaters to Tombstone WWTP outfall at 31°43'47"/110°04'06"				A&We			PBC				
SP	Walnut Gulch (EDW)	Tombstone WWTP outfall to the confluence with Tombstone Wash					A&Wed w		PBC				
SP	Walnut Gulch	Tombstone Wash to confluence with San Pedro River				A&We			PBC				
SP	Ward Canyon	Headwaters to confluence with Turkey Creek		A&Wc				FBC			FC		AgL
SP	Whitewater Draw	Headwaters to confluence with unnamed tribu-tary at 31°20'36"/109°43'48"				A&We			PBC				AgL
SP	Whitewater Draw	Below confluence with unnamed tributary to U.S./ Mexico border			A&Ww			FBC			FC		AgL
SP	Willcox Playa	From 32°08'19"/109°50'59" in the Sulphur Springs Valley	Sedi-mentary		A&Ww			FBC			FC		AgL
SP	Woodcutters Pond	Fort Huachuca Military Reservation at 31°30'09"/110°20'12"	Igneous		A&Ww			FBC			FC		
SR	Akre Lake	33°37'01"/109°20'40"		A&Wc				FBC			FC	AgI	AgL
SR	Apache Lake	33°37'23"/111°12'26"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
SR	Barnhard Creek	Headwaters to confluence with unnamed tribu-tary at 34°05'37/111°26'40"		A&Wc				FBC			FC		AgL
SR	Barnhardt Creek	Below confluence with unnamed tributary to con-fluence with Rye Creek			A&Ww			FBC			FC		AgL
SR	Basin Lake	33°55'00"/109°26'09"	Igneous		A&Ww			FBC			FC		AgL
SR	Bear Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Bear Wallow Creek (OAW)	Headwaters to confluence with the Black River		A&Wc				FBC			FC		AgL
SR	Bear Wallow Creek, North Fork (OAW)	Headwaters to confluence with Bear Wallow Creek		A&Wc				FBC			FC		AgL
SR	Bear Wallow Creek, South Fork (OAW)	Headwaters to confluence with Bear Wallow Creek		A&Wc				FBC			FC		AgL
SR	Beaver Creek	Headwaters to confluence with Black River		A&Wc				FBC			FC	AgI	AgL
SR	Big Lake	33°52'36"/109°25'33"	Igneous	A&Wc				FBC		DWS	FC	AgI	AgL
SR	Black River	Headwaters to confluence with Salt River		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Black River, East Fork	From 33°51'19"/109°18'54" to confluence with the Black River		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Black River, North Fork of East Fork	Headwaters to confluence with Boneyard Creek		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Black River, West Fork	Headwaters to confluence with the Black River		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Bloody Tanks Wash	Headwaters to Schultze Ranch Road				A&We			PBC				AgL
SR	Bloody Tanks Wash	Schultze Ranch Road to confluence with Miami Wash				A&We			PBC				
SR	Boggy Creek	Headwaters to confluence with Centerfire Creek		A&Wc				FBC			FC	AgI	AgL
SR	Boneyard Creek	Headwaters to confluence with Black River, East Fork		A&Wc				FBC			FC	AgI	AgL
SR	Boulder Creek	Headwaters to confluence with LaBarge Creek			A&Ww			FBC			FC		
SR	Campaign Creek	Headwaters to Roosevelt Lake			A&Ww			FBC			FC		AgL
SR	Canyon Creek	Headwaters to the White Mountain Apache Res-ervation boundary		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Canyon Lake	33°32'44"/111°26'19"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
SR	Centerfire Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Chambers Draw Creek	Headwaters to confluence with the North Fork of the East Fork of Black River		A&Wc				FBC			FC		AgL
SR	Cherry Creek	Headwaters to confluence with unnamed tributary at 34°05'09"/110°56'07"		A&Wc				FBC			FC	AgI	AgL
SR	Cherry Creek	Below unnamed tributary to confluence with the Salt River			A&Ww			FBC			FC	AgI	AgL
SR	Christopher Creek	Headwaters to confluence with Tonto Creek		A&Wc				FBC			FC	AgI	AgL
SR	Cold Spring Canyon Creek	Headwaters to confluence with unnamed tributary at 33°49'50"/110°52'58"		A&Wc				FBC			FC		AgL
SR	Cold Spring Canyon Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Conklin Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Coon Creek	Headwaters to confluence with unnamed tributary at 33°46'41"/110°54'26"		A&Wc				FBC			FC		AgL
SR	Coon Creek	Below confluence with unnamed tributary to confluence with Salt River			A&Ww			FBC			FC		AgL
SR	Corduoy Creek	Headwaters to confluence with Fish Creek		A&Wc				FBC			FC	AgI	AgL
SR	Coyote Creek	Headwaters to confluence with the Black River, East Fork		A&Wc				FBC			FC	AgI	AgL
SR	Crescent Lake	33°54'38"/109°25'18"	Shallow	A&Wc				FBC			FC	AgI	AgL
SR	Deer Creek	Headwaters to confluence with the Black River, East Fork		A&Wc				FBC			FC		AgL
SR	Del Shay Creek	Headwaters to confluence with Gun Creek			A&Ww			FBC			FC		AgL
SR	Devils Chasm Creek	Headwaters to confluence with unnamed tributary at 33°48'46"/110°52'35"		A&Wc				FBC			FC		AgL
SR	Devils Chasm Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Dipping Vat Reservoir	33°55'47"/109°25'31"	Igneous		A&Ww			FBC			FC		AgL
SR	Double Cienega Creek	Headwaters to confluence with Fish Creek		A&Wc				FBC			FC		AgL
SR	Fish Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Fish Creek	Headwaters to confluence with the Salt River			A&Ww			FBC			FC		
SR	Gold Creek	Headwaters to confluence with unnamed tributary at 33°59'47"/111°25'10"		A&Wc				FBC			FC		AgL
SR	Gold Creek	Below confluence with unnamed tributary to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Gordon Canyon Creek	Headwaters to confluence with Hog Canyon		A&Wc				FBC			FC		AgL
SR	Gordon Canyon Creek	Below confluence with Hog Canyon to confluence with Haigler Creek			A&Ww			FBC			FC		AgL
SR	Greenback Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Haigler Creek	Headwaters to confluence with unnamed tributary at 34°12'23"/111°00'15"		A&Wc				FBC			FC	AgI	AgL
SR	Haigler Creek	Below confluence with unnamed tributary to confluence with Tonto Creek			A&Ww			FBC			FC	AgI	AgL
SR	Hannagan Creek	Headwaters to confluence with Beaver Creek		A&Wc				FBC			FC		AgL
SR	Hay Creek (OAW)	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Home Creek	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Horse Creek	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Horse Camp Creek	Headwaters to confluence with unnamed tributary at 33°54'00"/110°50'07"		A&Wc				FBC			FC		AgL
SR	Horse Camp Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Horton Creek	Headwaters to confluence with Tonto Creek		A&Wc				FBC			FC	AgI	AgL
SR	Houston Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Hunter Creek	Headwaters to confluence with Christopher Creek		A&Wc				FBC			FC		AgL
SR	LaBarge Creek	Headwaters to Canyon Lake			A&Ww			FBC			FC		

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Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
SR	Lake Sierra Blanca	33°52'25"/109°16'05"		A&Wc				FBC			FC	AgI	AgL
SR	Miami Wash	Headwaters to confluence with Pinal Creek				A&We			PBC				
SR	Mule Creek	Headwaters to confluence with Canyon Creek		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Open Draw Creek	Headwaters to confluence with the East Fork of Black River		A&Wc				FBC			FC		AgL
SR	P B Creek	Headwaters to Forest Service Road #203 at 33°57'08"/110°56'12"		A&Wc				FBC			FC		AgL
SR	P B Creek	Below Forest Service Road #203 to Cherry Creek			A&Ww			FBC			FC		AgL
SR	Pinal Creek	Headwaters to confluence with unnamed EDW wash (Globe WWTP) at 33°25'29"/110°48'20"				A&We			PBC				AgL
SR	Pinal Creek (EDW)	Confluence with unnamed EDW wash (Globe WWTP) to 33°26'55"/110°49'25"					A&Wed w		PBC				
SR	Pinal Creek	From 33°26'55"/110°49'25" to Lower Pinal Creek water treatment plant outfall #001 at 33°31'04"/110°51'55"				A&We			PBC				AgL
SR	Pinal Creek	From Lower Pinal Creek WTP outfall # to See Ranch Crossing at 33°32'25"/110°52'28"					A&Wed w		PBC				
SR	Pinal Creek	From See Ranch Crossing to confluence with unnamed tributary at 33°35'28"/110°54'31"			A&Ww			FBC					
SR	Pinal Creek	From unnamed tributary to confluence with Salt River			A&Ww			FBC			FC		
SR	Pine Creek	Headwaters to confluence with the Salt River			A&Ww			FBC			FC		
SR	Pinto Creek	Headwaters to confluence with unnamed tributary at 33°19'27"/110°54'58"		A&Wc				FBC			FC	AgI	AgL
SR	Pinto Creek	Below confluence with unnamed tributary to Roosevelt Lake			A&Ww			FBC			FC	AgI	AgL
SR	Pole Corral Lake	33°30'38"/110°00'15"	Igneous		A&Ww			FBC			FC	AgI	AgL
SR	Pueblo Canyon Creek	Headwaters to confluence with unnamed tributary at 33°50'23"/110°51'37"		A&Wc				FBC			FC		AgL
SR	Pueblo Canyon Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Reevis Creek	Headwaters to confluence with Pine Creek			A&Ww			FBC			FC		
SR	Reservation Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC		AgL
SR	Reynolds Creek	Headwaters to confluence with Workman Creek		A&Wc				FBC			FC		AgL
SR	Roosevelt Lake	33°52'17"/111°00'17"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
SR	Russell Gulch	FromHeadwaters to confluence with Miami Wash				A&We			PBC				
SR	Rye Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Saguaro Lake	33°33'44"/111°30'55"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
SR	Salome Creek	Headwaters to confluence with the Salt River			A&Ww			FBC			FC	AgI	AgL
SR	Salt House Lake	33°57'04"/109°20'11"	Igneous		A&Ww			FBC			FC		AgL
SR	Salt River	White Mountain Apache Reservation Boundary at 33°48'52"/110°31'33" to Roosevelt Lake			A&Ww			FBC			FC		AgL
SR	Salt River	Theodore Roosevelt Dam to 2 km below Granite Reef Dam			A&Ww			FBC		DWS	FC	AgI	AgL
SR	Slate Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Snake Creek (OAW)	Headwaters to confluence with the Black River		A&Wc				FBC			FC		AgL
SR	Spring Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Stinky Creek (OAW)	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Thomas Creek	Headwaters to confluence with Beaver Creek		A&Wc				FBC			FC		AgL
SR	Thompson Creek	Headwaters to confluence with the West Fork of the Black River		A&Wc				FBC			FC		AgL
SR	Tonto Creek	Headwaters to confluence with unnamed tributary at 34°18'11"/111°04'18"		A&Wc				FBC			FC	AgI	AgL
SR	Tonto Creek	Below confluence with unnamed tributary to Roosevelt Lake			A&Ww			FBC			FC	AgI	AgL
SR	Turkey Creek	Headwaters to confluence with Rock Creek		A&Wc				FBC			FC		
SR	Wildcat Creek	Headwaters to confluence with Centerfire Creek		A&Wc				FBC			FC		AgL
SR	Willow Creek	Headwaters to confluence with Beaver Creek		A&Wc				FBC			FC		AgL
SR	Workman Creek	Headwaters to confluence with Reynolds Creek		A&Wc				FBC			FC	AgI	AgL

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Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
SR	Workman Creek	Below confluence with Reynolds Creek to confluence with Salome Creek			A&Ww			FBC			FC	AgI	AgL
UG	Apache Creek	Headwaters to confluence with the Gila River			A&Ww			FBC			FC		AgL
UG	Ash Creek	Headwaters to confluence with unnamed tributary at 32°46'15"/109°51'45"		A&Wc				FBC			FC		AgL
UG	Ash Creek	Below confluence with unnamed tributary to confluence with the Gila River			A&Ww			FBC			FC		AgL
UG	Bennett Wash	Headwaters to the Gila River				A&We			PBC				
UG	Bitter Creek	Headwaters to confluence with the Gila River			A&Ww			FBC			FC		
UG	Blue River	Headwaters to confluence with Strayhorse Creek at 33°29'02"/109°12'14"		A&Wc				FBC			FC	AgI	AgL
UG	Blue River	Below confluence with Strayhorse Creek to confluence with San Francisco River			A&Ww			FBC			FC	AgI	AgL
UG	Bonita Creek (OAW)	San Carlos Indian Reservation boundary to confluence with the Gila River			A&Ww			FBC		DWS	FC		AgL
UG	Buckelew Creek	Headwaters to confluence with Castle Creek		A&Wc				FBC			FC		AgL
UG	Campbell Blue Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Castle Creek	Headwaters to confluence with Campbell Blue Creek		A&Wc				FBC			FC		AgL
UG	Cave Creek (OAW)	Headwaters to confluence with South Fork Cave Creek		A&Wc				FBC			FC	AgI	AgL
UG	Cave Creek (OAW)	Below confluence with South Fork Cave Creek to Coronado National Forest boundary			A&Ww			FBC			FC	AgI	AgL
UG	Cave Creek	Below Coronado National Forest boundary to New Mexico border			A&Ww			FBC			FC	AgI	AgL
UG	Cave Creek, South Fork	Headwaters to confluence with Cave Creek		A&Wc				FBC			FC	AgI	AgL
UG	Chase Creek	Headwaters to the Phelps-Dodge Morenci Mine			A&Ww			FBC			FC		AgL
UG	Chase Creek	Below the Phelps-Dodge Morenci Mine to confluence with San Francisco River				A&We			PBC				
UG	Chitty Canyon Creek	Headwaters to confluence with Salt House Creek		A&Wc				FBC			FC		AgL
UG	Cima Creek	Headwaters to confluence with Cave Creek		A&Wc				FBC			FC		AgL
UG	Cluff Reservoir #1	32°48'55"/109°50'46"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
UG	Cluff Reservoir #3	32°48'21"/109°51'46"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
UG	Coleman Creek	Headwaters to confluence with Campbell Blue Creek		A&Wc				FBC			FC		AgL
UG	Dankworth Lake	32°43'13"/109°42'17"	Sedimentary	A&Wc				FBC			FC		
UG	Deadman Canyon Creek	Headwaters to confluence with unnamed tributary at 32°43'50"/109°49'03"		A&Wc				FBC		DWS	FC		AgL
UG	Deadman Canyon Creek	Below confluence with unnamed tributary to confluence with Graveyard Wash			A&Ww			FBC		DWS	FC		AgL
UG	Eagle Creek	Headwaters to confluence with unnamed tributary at 33°22'32"/109°29'43"		A&Wc				FBC		DWS	FC	AgI	AgL
UG	Eagle Creek	Below confluence with unnamed tributary to confluence with the Gila River			A&Ww			FBC		DWS	FC	AgI	AgL
UG	East Eagle Creek	Headwaters to confluence with Eagle Creek		A&Wc				FBC			FC		AgL
UG	East Turkey Creek	Headwaters to confluence with unnamed tributary at 31°58'22"/109°12'20"		A&Wc				FBC			FC		AgL
UG	East Turkey Creek	Below confluence with unnamed tributary to terminus near San Simon River			A&Ww			FBC			FC		AgL
UG	East Whitetail	Headwaters to terminus near San Simon River			A&Ww			FBC			FC		AgL
UG	Emigrant Canyon	Headwaters to terminus near San Simon River			A&Ww			FBC			FC		AgL
UG	Evans Pond #1	32°49'19"/109°51'12"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
UG	Evans Pond #2	32°49'14"/109°51'09"	Sedimentary		A&Ww			FBC			FC	AgI	AgL
UG	Fishhook Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Foot Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Frye Canyon Creek	Headwaters to Frye Mesa Reservoir		A&Wc				FBC		DWS	FC		AgL

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				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
UG	Frye Canyon Creek	Frye Mesa reservoir to terminus at Highline Canal.			A&Ww			FBC			FC		AgL
UG	Frye Mesa Reservoir	32°45'14"/109°50'02"	Igneous	A&Wc				FBC		DWS	FC		
UG	Gibson Creek	Headwaters to confluence with Marijilda Creek		A&Wc				FBC			FC		AgL
UG	Gila River	New Mexico border to the San Carlos Indian Reservation boundary			A&Ww			FBC			FC	AgI	AgL
UG	Grant Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Judd Lake	33°51'15"/109°09'35"	Sedimentary	A&Wc				FBC			FC		
UG	K P Creek (OAW)	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Lanphier Canyon Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Little Blue Creek	Headwaters to confluence with Dutch Blue Creek		A&Wc				FBC			FC		AgL
UG	Little Blue Creek	Below confluence with Dutch Blue Creek to confluence with Blue Creek			A&Ww			FBC			FC		AgL
UG	Little Creek	Headwaters to confluence with the San Francisco River		A&Wc				FBC			FC		
UG	George's Tank	33°51'24"/109°08'30"	Sedimentary	A&Wc				FBC			FC		AgL
UG	Luna Lake	33°49'50"/109°05'06"	Sedimentary	A&Wc				FBC			FC		AgL
UG	Marijilda Creek	Headwaters to confluence with Gibson Creek		A&Wc				FBC			FC		AgL
UG	Marijilda Creek	Below confluence with Gibson Creek to confluence with Stockton Wash			A&Ww			FBC			FC	AgI	AgL
UG	Markham Creek	Headwaters to confluence with the Gila River			A&Ww			FBC			FC		AgL
UG	Pigeon Creek	Headwaters to confluence with the Blue River			A&Ww			FBC			FC		AgL
UG	Raspberry Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		
UG	Roper Lake	32°45'23"/109°42'14"	Sedimentary		A&Ww			FBC			FC		
UG	San Francisco River	Headwaters to the New Mexico border		A&Wc				FBC			FC	AgI	AgL
UG	San Francisco River	New Mexico border to confluence with the Gila River			A&Ww			FBC			FC	AgI	AgL
UG	San Simon River	Headwaters to confluence with the Gila River				A&We			PBC				AgL
UG	Sheep Tank	32°46'14"/109°48'09"	Sedimentary		A&Ww			FBC			FC		AgL
UG	Smith Pond	32°49'15"/109°50'36"	Sedimentary		A&Ww			FBC			FC		
UG	Squaw Creek	Headwaters to confluence with Thomas Creek		A&Wc				FBC			FC		AgL
UG	Stone Creek	Headwaters to confluence with the San Francisco River		A&Wc				FBC			FC	AgI	AgL
UG	Strayhorse Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		
UG	Thomas Creek	Headwaters to confluence with Rousensock Creek		A&Wc				FBC			FC		AgL
UG	Thomas Creek	Below confluence with Rousensock Creek to confluence with Blue River			A&Ww			FBC			FC		AgL
UG	Tinny Pond	33°47'49"/109°04'27"	Sedimentary		A&Ww			FBC			FC		AgL
UG	Turkey Creek	Headwaters to confluence with Campbell Blue Creek		A&Wc				FBC			FC		AgL
VR	American Gulch	Headwaters to the Northern Gila County Sanitary District WWTP outfall at 34°14'02"/111°22'14"			A&Ww			FBC			FC	AgI	AgL
VR	American Gulch (EDW)	Below Northern Gila County Sanitary District WWTP outfall to confluence with the East Verde River					A&Wed w		PBC				
VR	Apache Creek	Headwaters to confluence with Walnut Creek			A&Ww			FBC			FC		AgL
VR	Ashbrook Wash	Headwaters to the Fort McDowell Indian Reservation boundary				A&We			PBC				
VR	Aspen Creek	Headwaters to confluence with Granite Creek			A&Ww			FBC			FC		
VR	Bar Cross Tank	35°00'41"/112°05'39"			A&Ww			FBC			FC		AgL
VR	Barrata Tank	35°02'43"/112°24'21"			A&Ww			FBC			FC		AgL

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				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
VR	Bartlett Lake	33°49'52"/111°37'44"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
VR	Beaver Creek	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Big Chino Wash	Headwaters to confluence with Sullivan Lake				A&We			PBC				AgL
VR	Bitter Creek	Headwaters to the Jerome WWTP outfall at 34°45'12"/112°06'24"				A&We			PBC				AgL
VR	Bitter Creek (EDW)	Jerome WWTP outfall to the Yavapai Apache Indian Reservation boundary					A&Wed w		PBC				AgL
VR	Bitter Creek	Below the Yavapai Apache Indian Reservation boundary to confluence with the Verde River			A&Ww			FBC			FC	AgI	AgL
VR	Black Canyon Creek	Headwaters to confluence with unnamed tributary at 34°39'20"/112°05'06"		A&Wc				FBC			FC		AgL
VR	Black Canyon Creek	Below confluence with unnamed tributary to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Bonita Creek	Headwaters to confluence with Ellison Creek		A&Wc				FBC			FC		
VR	Bray Creek	Headwaters to confluence with Webber Creek		A&Wc				FBC			FC		AgL
VR	Camp Creek	Headwaters to confluence with the Sycamore Creek			A&Ww			FBC			FC		AgL
VR	Cereus Wash	Headwaters to the Fort McDowell Indian Reservation boundary				A&We			PBC				
VR	Chase Creek	Headwaters to confluence with the East Verde River		A&Wc				FBC		DWS	FC		
VR	Clover Creek	Headwaters to confluence with Headwaters of West Clear Creek		A&Wc				FBC			FC		AgL
VR	Coffee Creek	Headwaters to confluence with Spring Creek			A&Ww			FBC			FC		AgL
VR	Colony Wash	Headwaters to the Fort McDowell Indian Reservation boundary				A&We			PBC				
VR	Dead Horse Lake	34°45'08"/112°00'42"	Shallow		A&Ww			FBC			FC		
VR	Deadman Creek	Headwaters to Horseshoe Reservoir			A&Ww			FBC			FC		AgL
VR	Del Monte Gulch	Headwaters to confluence with City of Cottonwood WWTP outfall 002 at 34°43'57"/112°02'46"				A&We			PBC				
VR	Del Monte Gulch (EDW)	City of Cottonwood WWTP outfall 002 at 34°43'57"/112°02'46" to confluence with Blow-out Creek					A&Wed w		PBC				
VR	Del Rio Dam Lake	34°48'55"/112°28'03"	Sedimentary		A&Ww			FBC			FC		AgL
VR	Dry Beaver Creek	Headwaters to confluence with Beaver Creek			A&Ww			FBC			FC	AgI	AgL
VR	Dry Creek (EDW)	Sedona Ventures WWTP outfall at 34°50'02"/111°52'17" to 34°48'12"/111°52'48"					A&Wed w		PBC				
VR	Dude Creek	Headwaters to confluence with the East Verde River		A&Wc				FBC			FC	AgI	AgL
VR	East Verde River	Headwaters to confluence with Ellison Creek		A&Wc				FBC		DWS	FC	AgI	AgL
VR	East Verde River	Below confluence with Ellison Creek to confluence with the Verde River			A&Ww			FBC		DWS	FC	AgI	AgL
VR	Ellison Creek	Headwaters to confluence with the East Verde River		A&Wc				FBC			FC		AgL
VR	Fossil Creek (OAW)	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Fossil Springs (OAW)	34°25'24"/111°34'27"			A&Ww			FBC		DWS	FC		
VR	Foxboro Lake	34°53'42"/111°39'55"			A&Ww			FBC			FC		AgL
VR	Fry Lake	35°03'45"/111°48'04"			A&Ww			FBC			FC		AgL
VR	Gap Creek	Headwaters to confluence with Government Spring		A&Wc				FBC			FC		AgL
VR	Gap Creek	Below Government Spring to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Garrett Tank	35°18'57"/112°42'20"			A&Ww			FBC			FC		AgL
VR	Goldwater Lake, Lower	34°29'56"/112°27'17"	Sedimentary	A&Wc				FBC		DWS	FC		
VR	Goldwater Lake, Upper	34°29'52"/112°26'59"	Igneous	A&Wc				FBC		DWS	FC		
VR	Granite Basin Lake	34°37'01"/112°32'58"	Igneous	A&Wc				FBC			FC	AgI	AgL
VR	Granite Creek	Headwaters to Watson Lake		A&Wc				FBC			FC	AgI	AgL

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Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
VR	Granite Creek	Below Watson Lake to confluence with the Verde River			A&Ww			FBC			FC	AgI	AgL
VR	Green Valley Lake (EDW)	34°13'54"/111°20'45"	Urban				A&Wed w		PBC		FC		
VR	Heifer Tank	35°20'27"/112°32'59"			A&Ww			FBC			FC		AgL
VR	Hells Canyon Tank	35°04'59"/112°24'07"	Igneous		A&Ww			FBC			FC		AgL
VR	Homestead Tank	35°21'24"/112°41'36"	Igneous		A&Ww			FBC			FC		AgL
VR	Horse Park Tank	34°58'15"/111°36'32"			A&Ww			FBC			FC		AgL
VR	Horseshoe Reservoir	34°00'25"/111°43'36"	Sedi-mentary		A&Ww			FBC			FC	AgI	AgL
VR	Houston Creek	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Huffer Tank	34°27'46"/111°23'11"			A&Ww			FBC			FC		AgL
VR	J.D. Dam Lake	35°04'02"/112°01'48"	Shallow	A&Wc				FBC			FC	AgI	AgL
VR	Jacks Canyon	Headwaters to Big Park WWTP outfall at 34°45'46"/ 111°45'51"				A&We			PBC				
VR	Jacks Canyon (EDW)	Below Big Park WWTP outfall to confluence with Dry Beaver Creek					A&Wed w		PBC				
VR	Lime Creek	Headwaters to Horseshoe Reservoir			A&Ww			FBC			FC		AgL
VR	Masonry Number 2 Reservoir	35°13'32"/112°24'10"		A&Wc				FBC			FC	AgI	AgL
VR	McLellan Reservoir	35°13'09"/112°17'06"	Igneous		A&Ww			FBC			FC	AgI	AgL
VR	Meath Dam Tank	35°07'52"/112°27'35"			A&Ww			FBC			FC		AgL
VR	Mullican Place Tank	34°44'16"/111°36'10"	Igneous		A&Ww			FBC			FC		AgL
VR	Oak Creek (OAW)	Headwaters to confluence with unnamed tributary at 34°59'15"/111°44'47"		A&Wc				FBC		DWS	FC	AgI	AgL
VR	Oak Creek (OAW)	Below confluence with unnamed tributary to confluence with Verde River			A&Ww			FBC		DWS	FC	AgI	AgL
VR	Oak Creek, West Fork (OAW)	Headwaters to confluence with Oak Creek		A&Wc				FBC			FC		AgL
VR	Odell Lake	34°56'5"/111°37'53"	Igneous	A&Wc				FBC			FC		
VR	Peck's Lake	34°46'51"/112°02'01"	Shallow		A&Ww			FBC			FC	AgI	AgL
VR	Perkins Tank	35°06'42"/112°04'12"	Shallow	A&Wc				FBC			FC		AgL
VR	Pine Creek	Headwaters to confluence with unnamed tributary at 34°21'51"/111°26'49"		A&Wc				FBC		DWS	FC	AgI	AgL
VR	Pine Creek	Below confluence with unnamed tributary to confluence with East Verde River			A&Ww			FBC		DWS	FC	AgI	AgL
VR	Red Creek	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Reservoir #1	35°13'5"/111°50'09"	Igneous		A&Ww			FBC			FC		
VR	Reservoir #2	35°13'17"/111°50'39"	Igneous		A&Ww			FBC			FC		
VR	Roundtree Canyon Creek	Headwaters to confluence with Tangle Creek			A&Ww			FBC			FC		AgL
VR	Scholze Lake	35°11'53"/112°00'37"	Igneous	A&Wc				FBC			FC		AgL
VR	Spring Creek	Headwaters to confluence with unnamed tributary at 34°57'23"/111°57'21"		A&Wc				FBC			FC	AgI	AgL
VR	Spring Creek	Below confluence with unnamed tributary to confluence with Oak Creek			A&Ww			FBC			FC	AgI	AgL
VR	Steel Dam Lake	35°13'36"/112°24'54"	Igneous	A&Wc				FBC			FC		AgL
VR	Stehr Lake	34°22'01"/111°40'02"	Sedi-mentary		A&Ww			FBC			FC		AgL
VR	Stoneman Lake	34°46'47"/111°31'14"	Shallow	A&Wc				FBC			FC	AgI	AgL
VR	Sullivan Lake	34°51'42"/112°27'51"			A&Ww			FBC			FC	AgI	AgL
VR	Sycamore Creek	Headwaters to confluence with unnamed tributary at 35°03'41"/111°57'31"		A&Wc				FBC			FC	AgI	AgL
VR	Sycamore Creek	Below confluence with unnamed tributary to confluence with Verde River			A&Ww			FBC			FC	AgI	AgL
VR	Sycamore Creek	Headwaters to confluence with Verde River at 33°37'55"/111°39'58"			A&Ww			FBC			FC	AgI	AgL
VR	Sycamore Creek	Headwaters to confluence with Verde River at 34°04'42"/111°42'14"			A&Ww			FBC			FC		AgL

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Water-shed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wed w	FBC	PBC	DWS	FC	AgI	AgL
VR	Tangle Creek	Headwaters to confluence with Verde River			A&Ww			FBC			FC	AgI	AgL
VR	Trinity Tank	35°27'44"/112°48'01"			A&Ww			FBC			FC		AgL
VR	Unnamed Wash	Flagstaff Meadows WWTP outfall at 35°13'59"/111°48'35" to Volunteer Wash					A&Wed w		PBC				
VR	Verde River	From headwaters at confluence of Chino Wash and Granite Creek to Bartlett Lake Dam			A&Ww			FBC			FC	AgI	AgL
VR	Verde River	Below Bartlett Lake Dam to Salt River			A&Ww			FBC		DWS	FC	AgI	AgL
VR	Walnut Creek	Headwaters to confluence with Big Chino Wash			A&Ww			FBC			FC		AgL
VR	Watson Lake	34°34'58"/112°25'26"	Igneous		A&Ww			FBC			FC	AgI	AgL
VR	Webber Creek	Headwaters to confluence with the East Verde River		A&Wc				FBC			FC		AgL
VR	West Clear Creek	Headwaters to confluence with Meadow Canyon		A&Wc				FBC			FC		AgL
VR	West Clear Creek	Below confluence with Meadow Canyon to confluence with the Verde River			A&Ww			FBC			FC	AgI	AgL
VR	Wet Beaver Creek	Headwaters to unnamed springs at 34°41'17"/111°34'34"		A&Wc				FBC			FC	AgI	AgL
VR	Wet Beaver Creek	Below unnamed springs to confluence with Dry Beaver Creek			A&Ww			FBC			FC	AgI	AgL
VR	Whitehorse Lake	35°06'59"/112°00'48"	Igneous	A&Wc				FBC		DWS	FC	AgI	AgL
VR	Williamson Valley Wash	Headwaters to confluence with Mint Wash				A&We			PBC				AgL
VR	Williamson Valley Wash	From confluence of Mint Wash to 10.5 km downstream			A&Ww			FBC			FC		AgL
VR	Williamson Valley Wash	From 10.5 km downstream of Mint Wash confluence to confluence with Big Chino Wash				A&We			PBC				AgL
VR	Williscraft Tank	35°11'22"/112°35'40"			A&Ww			FBC			FC		AgL
VR	Willow Creek	Above Willow Creek Reservoir		A&Wc				FBC			FC		AgL
VR	Willow Creek	Below Willow Creek Reservoir to confluence with Granite Creek			A&Ww			FBC			FC		AgL
VR	Willow Creek Reservoir	34°36'17"/112°26'19"	Shallow		A&Ww			FBC			FC	AgI	AgL
VR	Willow Valley Lake	34°41'08"/111°20'02"	Sedimentary		A&Ww			FBC			FC		AgL

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Appendix B repealed, new Appendix B adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix B amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

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Appendix C. Site-Specific Standards

Watershed	Surface Water	Surface Water Description & Location	Parameter	Site-Specific Criterion
LC	Rio de Flag (EDW)	Flagstaff WWTP outfall to the confluence with San Francisco Wash	Copper (D)	36 µg/L (A&Wdw)
CL	Yuma East Wetlands	From inlet culvert from Colorado River into restored channel to Ocean Bridge	Selenium (T)	2.2 µg/L (A&Ww chronic)
			Total residual chlorine	33 µg/L (A&Ww acute)
				20 µg/L (A&Ww chronic)
SR	Pinto Creek	From confluence of Ellis Ranch tributary at 33°19'26.7"/110°54'57.5" to the confluence of West Fork of Pinto Creek at 33°27'32.3"/111°00'19.7"	Copper (D)	34 µg/L (A&Ww acute for hardness values below 268 mg/L)
				34 µg/L (A&Ww chronic)

Historical Note

Adopted effective February 18, 1992 (Supp. 92-1). Appendix C repealed effective April 24, 1996 (Supp. 96-2). New Appendix C made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix C amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

ARTICLE 2. REPEALED**R18-11-201. Repealed****Historical Note**

Amended effective January 29, 1980 (Supp. 80-1). Amended subsection A. effective April 17, 1984 (Supp. 84-2). Former Section R9-21-201 repealed, former Section R9-21-203 renumbered as Section R9-21-201 and amended effective January 7, 1985 (Supp. 85-1). Amended effective August 12, 1986 (Supp. 86-4). Former Section R9-21-201 renumbered without change as Section R18-11-201 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed effective February 18, 1992 (Supp. 92-1).

R18-11-202. Repealed**Historical Note**

Former Section R9-21-202 repealed, former Section R9-21-102 renumbered as Section R9-21-202 and amended effective January 7, 1985 (Supp. 85-1). Amended subsections (B), (D), and (E) effective August 12, 1986 (Supp. 86-4). Former Section R9-21-202 renumbered without change as Section R18-11-202 (Supp. 87-3). Section repealed, new Section adopted effective February 18, 1992 (Supp. 92-1). Section repealed effective April 24, 1996 (Supp. 96-2).

R18-11-203. Repealed**Historical Note**

Amended effective January 29, 1980 (Supp. 80-1). Amended subsection (B) by adding paragraphs (27) and (28) effective October 14, 1981 (Supp. 81-5). Former Section R9-21-203 renumbered as Section R9-21-201, former Section R9-21-204 renumbered as Section R9-21-203 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-203 renumbered and amended as Section R9-21-204, new Section R9-21-203 adopted effective August 12, 1986 (Supp. 86-4). Former Section R9-21-203 renumbered without change as

Section R18-11-203 (Supp. 87-3). Amended subsection (B) effective December 1, 1988 (Supp. 88-4). Section repealed, new Section adopted effective February 18, 1992 (Supp. 92-1). Section repealed effective April 24, 1996 (Supp. 96-2).

R18-11-204. Repealed**Historical Note**

Former Section R9-21-204 renumbered and amended as Section R9-21-207, former Section R9-21-206 renumbered and amended as Section R9-21-204 effective January 29, 1980 (Supp. 80-1). Former Section R9-21-204 renumbered as Section R9-21-203, former Section R9-21-205 renumbered as Section R9-21-204 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-204 renumbered and amended as Section R9-21-205, former Section R9-21-203 renumbered and amended as Section R9-21-204 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-204 renumbered without change as Section R18-11-204 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1).

R18-11-205. Repealed**Historical Note**

Former Section R9-21-205 repealed, new Section R9-21-205 adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-205 renumbered as Section R9-21-204, former Section R9-21-206 renumbered as Section R9-21-205 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-205 renumbered and amended as Section R9-21-206, former Section R9-21-204 renumbered and amended as Section R9-21-205 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-205 renumbered without change as Section R18-11-205 (Supp. 87-3). Section repealed, new Section adopted effective February 18, 1992

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(Supp. 92-1). Section repealed April 24, 1996 (Supp. 96-2).

R18-11-206. Repealed**Historical Note**

Former Section R9-21-206 renumbered and amended as Section R9-21-204, new Section R9-21-206 adopted effective January 29, 1980 (Supp. 80-1). Amended by adding subsection (B) effective October 14, 1981 (Supp. 81-5). Amended subsection (B) and Table 1 effective January 29, 1982 (Supp. 82-1). Amended subsection (B) and Table 1 effective August 13, 1982 (Supp. 82-4). Former Section R9-21-206 renumbered as Section R9-21-205, former Section R9-21-207 renumbered as Section R9-21-206 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-206 renumbered and amended as Section R9-21-207, former Section R9-21-205 renumbered and amended as R9-21-206 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-206 renumbered without change as Section R18-11-206 (Supp. 87-3).

R18-11-207. Repealed**Historical Note**

Former Section R9-21-207 repealed, former Section R9-21-204 renumbered and amended as Section R9-21-207 effective January 29, 1980 (Supp. 80-1). Former Section R9-21-207 renumbered as Section R9-21-206, former Section R9-21-208 renumbered as Section R9-21-207 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-207 renumbered without change as Section R9-21-208, former Section R9-21-206 renumbered and amended as Section R9-21-207 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-207 renumbered without change as Section R18-11-207 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1).

R18-11-208. Repealed**Historical Note**

Former Section R9-21-208 repealed, new Section R9-21-208 adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-208 renumbered as Section R9-21-207, Appendices 1 through 9 amended as Appendix A (now shown following R9-21-213), former Section R9-21-209 renumbered as R9-21-208 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-208 renumbered and amended as Section R9-21-209, former Section R9-21-207 renumbered without change as Section R9-21-208 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-208 renumbered without change as Section R18-11-208 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1).

R18-11-209. Repealed**Historical Note**

Former Section R9-21-209 renumbered and amended as Section R9-21-210, new Section R9-21-209 adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-209 renumbered as Section R9-21-208, Tables I and II amended as Appendix B (now shown following R9-21-213 and Appendix A), former Section R9-21-210 renumbered as Section R9-21-209 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-209

renumbered and amended as Section R9-21-210, former Section R9-21-208 renumbered and amended as Section R9-21-209 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-209 renumbered without change as Section R18-11-209 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1).

R18-11-210. Repealed**Historical Note**

Former Section R9-21-210 renumbered and amended as Section R9-21-211, former Section R9-21-209 renumbered and amended as Section R9-21-210 effective January 29, 1980 (Supp. 80-1). Amended subsection (A) effective April 17, 1984 (Supp. 84-2). Former Section R9-21-210 renumbered as Section R9-21-209, former Section R9-21-211 renumbered as Section R9-21-210 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-210 renumbered and amended as Section R9-21-211, former Section R9-21-209 renumbered and amended as Section R9-21-210 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-210 renumbered with change as Section R18-11-210 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1).

R18-11-211. Repealed**Historical Note**

Former Section R9-21-210 renumbered and amended as Section R9-21-211 effective January 29, 1980 (Supp. 80-1). Amended subsections (D), (G) three (I), and added (J) effective October 14, 1981 (Supp. 81-5). Former Section R9-21-211 renumbered as Section R9-21-210, former Section R9-21-212 renumbered as Section R9-21-211 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-211 renumbered and amended as Section R9-21-212, former Section R9-21-210 renumbered and amended as Section R9-21-211 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-211 renumbered without change as Section R18-11-211 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1).

R18-11-212. Repealed**Historical Note**

Adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-212 renumbered as Section R9-21-211, former Section R9-21-213 renumbered as Section R9-21-212 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-212 repealed, former Section R9-21-211 renumbered and amended as Section R9-21-212 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-212 renumbered without change as Section R18-11-212 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1).

R18-11-213. Repealed**Historical Note**

Adopted effective January 29, 1980 (Supp. 80-1). Amended effective April 17, 1984 (Supp. 84-2). Former Section R9-21-213 renumbered as Section R9-21-212, former Section R9-21-103 renumbered as Section R9-21-213 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-213 renumbered without change as Section R9-21-214, new Section R9-21-213 adopted effective August 12, 1986 (Supp. 86-4). Former Section R9-21-213 renumbered

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without change as Section R18-11-213 (Supp. 87-3).
Amended effective December 1, 1988 (Supp. 88-4).
Section repealed effective February 18, 1992
(Supp. 92-1).

R18-11-214. Repealed**Historical Note**

Former Section R9-21-213 renumbered without change as Section R9-21-214 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-214 renumbered without change as Section R18-11-214 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1).

Appendix A. Repealed**Historical Note**

Former Section R9-21-208, Appendices 1 through 9 renumbered and amended as new Appendix A adopted effective January 7, 1985 (Supp. 85-1). Amended effective August 12, 1986 (Supp. 86-4). Appendix repealed effective February 18, 1992 (Supp. 92-1).

Appendix B. Repealed**Historical Note**

Former R9-21-209, Table 1 and Table 2 renumbered and amended as Appendix B adopted effective January 7, 1985 (Supp. 85-1). Amended effective August 12, 1986 (Supp. 86-4). Appendix repealed effective February 18, 1992 (Supp. 92-1).

ARTICLE 3. RECLAIMED WATER QUALITY STANDARDS**R18-11-301. Definitions**

The terms in this Article have the following meanings:

“Direct reuse” has the meaning prescribed in R18-9-701(1).

“Disinfection” means a treatment process that uses oxidants, ultraviolet light, or other agents to kill or inactivate pathogenic organisms in wastewater.

“Filtration” means a treatment process that removes particulate matter from wastewater by passage through porous media.

“Gray water” means wastewater, collected separately from a sewage flow, that originates from a clothes washer, bathtub, shower, or sink, but it does not include wastewater from a kitchen sink, dishwasher, or a toilet.

“Industrial wastewater” means wastewater generated from an industrial process.

“Landscape impoundment” means a manmade lake, pond, or impoundment of reclaimed water where swimming, wading, boating, fishing, and other water-based recreational activities are prohibited. A landscape impoundment is created for storage, landscaping, or for aesthetic purposes only.

“NTU” means nephelometric turbidity unit.

“On-site wastewater treatment facility” has the meaning prescribed in A.R.S. § 49-201(24).

“Open access” means that access to reclaimed water by the general public is uncontrolled.

“Reclaimed water” has the meaning prescribed in A.R.S. § 49-201(31).

“Recreational impoundment” means a manmade lake, pond, or impoundment of reclaimed water where boating or fishing is an intended use of the impoundment. Swimming and other full-body recreation activities (for example, water-skiing) are prohibited in a recreational impoundment.

“Restricted access” means that access to reclaimed water by the general public is controlled.

“Secondary treatment” means a biological treatment process that achieves the minimum level of effluent quality defined by the federal secondary treatment regulation at 40 CFR § 133.102.

“Sewage” means untreated wastes from toilets, baths, sinks, lavatories, laundries, and other plumbing fixtures in places of human habitation, employment, or recreation.

Historical Note

Adopted effective July 9, 1981 (Supp. 81-4). Former Section R9-21-301 renumbered without change as Section R18-11-301 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-302. Applicability

This Article applies to the direct reuse of reclaimed water, except for:

1. The direct reuse of gray water, or
2. The direct reuse of reclaimed water from an onsite wastewater treatment facility regulated by a general Aquifer Protection Permit under 18 A.A.C. 9, Article 3.

Historical Note

Adopted effective June 8, 1981 (Supp. 81-3). Amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-302 renumbered without change as Section R18-11-302 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-303. Class A+ Reclaimed Water

- A. Class A+ reclaimed water is wastewater that has undergone secondary treatment, filtration, nitrogen removal treatment, and disinfection. Chemical feed facilities to add coagulants or polymers are required to ensure that filtered effluent before disinfection complies with the 24-hour average turbidity criterion prescribed in subsection (B)(1). Chemical feed facilities may remain idle if the 24-hour average turbidity criterion in (B)(1) is achieved without chemical addition.
- B. An owner of a facility shall ensure that:
 1. The turbidity of Class A+ reclaimed water at a point in the wastewater treatment process after filtration and immediately before disinfection complies with the following:
 - a. The 24-hour average turbidity of filtered effluent is two NTUs or less, and
 - b. The turbidity of filtered effluent does not exceed five NTUs at any time.
 2. Class A+ reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
 - a. There are no detectable fecal coliform organisms in four of the last seven daily reclaimed water samples taken, and
 - b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 23 / 100 ml.
 - c. If alternative treatment processes or alternative turbidity criteria are used, or reclaimed water is blended with other water to produce Class A+ reclaimed water under subsection (C), there are no

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detectable enteric virus in four of the last seven monthly reclaimed water samples taken.

3. The 5-sample geometric mean concentration of total nitrogen in a reclaimed water sample is less than 10 mg / L.
- C. An owner of a facility may use alternative treatment methods other than those required by subsection (A), or comply with alternative turbidity criteria other than those required by subsection (B)(1), or blend reclaimed water with other water to produce Class A+ reclaimed water provided the owner demonstrates through pilot plant testing, existing water quality data, or other means that the alternative treatment methods, alternative turbidity criteria, or blending reliably produces a reclaimed water that meets the disinfection criteria in subsection (B)(2) and the total nitrogen criteria in subsection (B)(3) before discharge to a reclaimed water distribution system.
- D. Class A+ reclaimed water is not required for any type of direct reuse. A person may use Class A+ reclaimed water for any type of direct reuse listed in Table A.

Historical Note

Adopted effective January 7, 1985 (Supp. 85-1).
Amended effective August 12, 1986 (Supp. 86-4).
Former Section R9-21-303 renumbered without change as Section R18-11-303 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-304. Class A Reclaimed Water

- A. Class A reclaimed water is wastewater that has undergone secondary treatment, filtration, and disinfection. Chemical feed facilities to add coagulants or polymers are required to ensure that filtered effluent before disinfection complies with the 24-hour average turbidity criterion prescribed in subsection (B)(1). Chemical feed facilities may remain idle if the 24-hour average turbidity criterion in subsection (B)(1) is achieved without chemical addition.
- B. An owner of a facility shall ensure that:
 1. The turbidity of Class A reclaimed water at a point in the wastewater treatment process after filtration and immediately before disinfection complies with the following:
 - a. The 24-hour average turbidity of filtered effluent is two NTUs or less, and
 - b. The turbidity of filtered effluent does not exceed five NTUs at any time.
 2. Class A reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
 - a. There are no detectable fecal coliform organisms in four of the last seven daily reclaimed water samples taken, and
 - b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 23 / 100 ml.
 - c. If alternative treatment processes or alternative turbidity criteria are used, or reclaimed water is blended with other water to produce Class A reclaimed water under subsection (C), there are no detectable enteric virus in four of the last seven monthly reclaimed water samples taken.
- C. An owner of a facility may use alternative treatment methods other than those required by subsection (A), or comply with alternative turbidity criteria other than those required by subsection (B)(1), or blend reclaimed water with other water to produce Class A reclaimed water provided the owner demonstrates through pilot plant testing, existing water quality data,

or other means that the alternative treatment methods, alternative turbidity criteria, or blending reliably produces a reclaimed water that meets the disinfection criteria in subsection (B)(2) before discharge to a reclaimed water distribution system.

- D. A person shall use Class A reclaimed water for a type of direct reuse listed as Class A in Table A. A person may use Class A reclaimed water for a type of direct reuse listed as Class B or Class C in Table A.

Historical Note

Adopted effective January 7, 1985 (Supp. 85-1).
Amended effective August 12, 1986 (Supp. 86-4).
Former Section R9-21-304 renumbered without change as Section R18-11-304 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-305. Class B+ Reclaimed Water

- A. Class B+ reclaimed water is wastewater that has undergone secondary treatment, nitrogen removal treatment, and disinfection.
- B. An owner of a facility shall ensure that:
 1. Class B+ reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
 - a. The concentration of fecal coliform organisms in four of the last seven daily reclaimed water samples is less than 200 / 100 ml.
 - b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 800 / 100 ml.
 2. The 5-sample geometric mean concentration of total nitrogen in a reclaimed water sample is less than 10 mg / L.
- C. Class B+ reclaimed water is not required for a type of direct reuse. A person may use Class B+ reclaimed water for a type of direct reuse listed as Class B or Class C in Table A. A person shall not use Class B+ reclaimed water for a type of direct reuse listed as Class A in Table A.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

R18-11-306. Class B Reclaimed Water

- A. Class B reclaimed water is wastewater that has undergone secondary treatment and disinfection.
- B. An owner of a facility shall ensure that Class B reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
 1. The concentration of fecal coliform organisms in four of the last seven daily reclaimed water samples is less than 200 / 100 ml.
 2. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 800 / 100 ml.
- C. A person shall use a minimum of Class B reclaimed water for a type of direct reuse listed as Class B in Table A. A person may use Class B reclaimed water for a type of direct reuse listed as Class C in Table A. A person shall not use Class B reclaimed water for a type of direct reuse listed as Class A in Table A.

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Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
870, effective January 22, 2001 (Supp. 01-1).

R18-11-307. Class C Reclaimed Water

- A.** Class C reclaimed water is wastewater that has undergone secondary treatment in a series of wastewater stabilization ponds, including aeration, with or without disinfection.
- B.** The owner of a facility shall ensure that:
1. The total retention time of Class C reclaimed water in wastewater stabilization ponds is at least 20 days.
 2. Class C reclaimed water meets the following criteria after treatment and before discharge to a reclaimed water distribution system:
 - a. The concentration of fecal coliform organisms in four of the last seven reclaimed water samples taken is less than 1000 / 100 ml.
 - b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 4000 / 100 ml.
- C.** A person shall use a minimum of Class C reclaimed water for a type of direct reuse listed as Class C in Table A. A person shall not use Class C reclaimed water for a type of direct reuse listed as Class A or Class B in Table A.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
870, effective January 22, 2001 (Supp. 01-1).

R18-11-308. Industrial Reuse

- A.** The reclaimed water quality requirements for the following direct reuse applications are industry-specific and shall be determined by the Department on a case-by-case basis in a reclaimed water permit issued by the Department under 18 A.A.C. 9, Article 7:
1. Direct reuse of industrial wastewater containing sewage.
 2. Direct reuse of industrial wastewater for the production or processing of any crop used as human or animal food.
- B.** The Department shall use best professional judgment to determine the reclaimed water quality requirements needed to protect public health and the environment for a type of direct reuse specified in subsection (A).

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
870, effective January 22, 2001 (Supp. 01-1).

R18-11-309. Reclaimed Water Quality Standards for an Unlisted Type of Direct Reuse

- A.** The Department may prescribe in an individual reclaimed water permit issued under 18 A.A.C. 9, Article 7, reclaimed water quality requirements for a type of direct reuse not listed in Table A. Before permitting a direct reuse of reclaimed water not listed in Table A, the Department shall, using its best professional judgment, determine and require compliance with reclaimed water quality requirements needed to protect public health and the environment.
- B.** Department may determine that Class A+, A, B+, B, or C reclaimed water is appropriate for a new type of direct reuse.
- C.** The Department shall consider the following factors when prescribing reclaimed water quality requirements for a new type of direct reuse:
1. The risk to public health;
 2. The degree of public access to the site where the reclaimed water is reused and human exposure to the reclaimed water;
 3. The level of treatment necessary to ensure that the reclaimed water is aesthetically acceptable;

4. The level of treatment necessary to prevent nuisance conditions;
5. Specific water quality requirements for the intended type of direct reuse;
6. The means of application of the reclaimed water;
7. The degree of treatment necessary to avoid a violation of surface water quality standards or aquifer water quality standards;
8. The potential for improper or unintended use of the reclaimed water;
9. The reuse guidelines, criteria, or standards adopted or recommended by the U.S. Environmental Protection Agency or other federal or state agencies that apply to the new type of direct reuse; and
10. Similar wastewater reclamation experience of reclaimed water providers in the United States.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
870, effective January 22, 2001 (Supp. 01-1).

Table A. Minimum Reclaimed Water Quality Requirements for Direct Reuse

Type of Direct Reuse	Minimum Class of Reclaimed Water Required
Irrigation of food crops	A
Recreational impoundments	A
Residential landscape irrigation	A
Schoolground landscape irrigation	A
Open access landscape irrigation	A
Toilet and urinal flushing	A
Fire protection systems	A
Spray irrigation of an orchard or vineyard	A
Commercial closed loop air conditioning systems	A
Vehicle and equipment washing (does not include self-service vehicle washes)	A
Snowmaking	A
Surface irrigation of an orchard or vineyard	B
Golf course irrigation	B
Restricted access landscape irrigation	B
Landscape impoundment	B
Dust control	B
Soil compaction and similar construction activities	B
Pasture for milking animals	B
Livestock watering (dairy animals)	B
Concrete and cement mixing	B
Materials washing and sieving	B
Street cleaning	B
Pasture for non-dairy animals	C
Livestock watering (non-dairy animals)	C
Irrigation of sod farms	C
Irrigation of fiber, seed, forage, and similar crops	C
Silviculture	C

Note: Nothing in this Article prevents a wastewater treatment plant from using a higher quality reclaimed water for a type of direct

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reuse than the minimum class of reclaimed water listed in Table A. For example, a wastewater treatment plant may provide Class A reclaimed water for a type of direct reuse where Class B or Class C reclaimed water is acceptable.

Historical Note

New Table adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

ARTICLE 4. AQUIFER WATER QUALITY STANDARDS**R18-11-401. Definitions**

In addition to the definitions contained in A.R.S. §§ 49-101 and 49-201, the terms of this Article shall have the following meanings:

1. "Beta particle and photon radioactivity from man-made radionuclides" means all radionuclides emitting beta particles or photons, except Thorium-232, Uranium-235, Uranium-238 and their progeny.
2. "Dose equivalent" means the product of the absorbed dose from ionizing radiation and such factors as account for differences in biological effectiveness due to the type of radiation and its distribution in the body as specified by the International Commission on Radiological Units and Measurements.
3. "Drinking water protected use" means the protection and maintenance of aquifer water quality for human consumption.
4. "Gross alpha particle activity" means the total radioactivity due to alpha particle emission as inferred from measurements on a dry sample.
5. "Mg/l" means milligrams per liter.
6. "Millirem" means 1/1000 of a rem. A rem means the unit of dose equivalent from ionizing radiation to the total body or any internal organ or organ system.
7. "Non-drinking water protected use" means the protection and maintenance of aquifer water quality for a use other than for human consumption.
8. "pCi" means picocurie, or the quantity of radioactive material producing 2.22 nuclear transformations per minute.
9. "Total trihalomethanes" means the sum of the concentrations of the following trihalomethane compounds: trichloromethane (chloroform), dibromo-chloromethane, bromodichloromethane and tribromo-methane (bromochloroform).

Historical Note

Adopted effective January 4, 1990 (Supp. 90-1).
Amended effective August 14, 1992 (Supp. 92-3).

R18-11-402. Repealed**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

R18-11-403. Analytical Methods

Analysis of a sample to determine compliance with an aquifer water quality standard shall be in accordance with an analytical method specified in A.A.C. Title 9, Chapter 14, Article 6 or an alternative analytical method that is approved by the Director of the Arizona Department of Health Services pursuant to A.A.C. R9-14-607(B).

Historical Note

Adopted effective January 4, 1990 (Supp. 90-1).
Amended effective August 14, 1992 (Supp. 92-3).

R18-11-404. Laboratories

A test result from a sample taken to determine compliance with an aquifer water quality standard shall be valid only if the sample has

been analyzed by a laboratory that is licensed by the Arizona Department of Health Services for the analysis performed.

Historical Note

Adopted effective January 4, 1990 (Supp. 90-1).
Amended effective August 14, 1992 (Supp. 92-3).

R18-11-405. Narrative Aquifer Water Quality Standards

- A. A discharge shall not cause a pollutant to be present in an aquifer classified for a drinking water protected use in a concentration which endangers human health.
- B. A discharge shall not cause or contribute to a violation of a water quality standard established for a navigable water of the state.
- C. A discharge shall not cause a pollutant to be present in an aquifer which impairs existing or reasonably foreseeable uses of water in an aquifer.

Historical Note

Adopted effective January 4, 1990 (Supp. 90-1).
Amended effective August 14, 1992 (Supp. 92-3).

R18-11-406. Numeric Aquifer Water Quality Standards: Drinking Water Protected Use

- A. The aquifer water quality standards in this Section apply to aquifers that are classified for drinking water protected use.
- B. The following are the aquifer water quality standards for inorganic chemicals:

Pollutant	mg/L)
Antimony	0.006
Arsenic	0.05
Asbestos	7 million fibers/liter (longer than 10 mm)
Barium	2
Beryllium	0.004
Cadmium	0.005
Chromium	0.1
Cyanide (As Free Cyanide)	0.2
Fluoride	4.0
Lead	0.05
Mercury	0.002
Nickel	0.1
Nitrate (as N)	10
Nitrite (as N)	1
Nitrate and nitrite (as N)	10
Selenium	0.05
Thallium	0.002

- C. The following are the aquifer water quality standards for organic chemicals:

Pollutant	(mg/L)
Benzene	0.005
Benzo (a) pyrene	0.0002
Carbon Tetrachloride	0.005
o-Dichlorobenzene	0.6
para-Dichlorobenzene	0.075
1,2-Dichloroethane	0.005
1,1-Dichloroethylene	0.007
cis-1,2-Dichloroethylene	0.07
trans-1,2-Dichloroethylene	0.1
1,2-Dichloropropane	0.005
Dichloromethane	0.005

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Di (2-ethylhexyl) adipate	0.4
Di (2-ethylhexyl) phthalate	0.006
Ethylbenzene	0.7
Hexachlorobenzene	0.001
Hexachlorocyclopentadiene	0.05
Monochlorobenzene	0.1
Pentachlorophenol	0.001
Styrene	0.1
2,3,7,8-TCDD (Dioxin)	0.00000003
Tetrachloroethylene	0.005
Toluene	1
Trihalomethanes (Total)	0.10
1,2,4-Trichlorobenzene	0.07
1,1,1-Trichloroethane	0.20
1,1,2-Trichloroethane	0.005
Trichloroethylene	0.005
Vinyl Chloride	0.002
Xylenes (Total)	10

D. The following are the aquifer water quality standards for pesticides and polychlorinated biphenyls (PCBs):

Pollutant	(mg/L)
Alachlor	0.002
Atrazine	0.003
Carbofuran	0.04
Chlordane	0.002
Dalapon	0.2
1,2-Dibromo-3-Chloropropane (DBCP)	0.0002
2,4,-Dichlorophenoxyacetic Acid(2,4-D)	0.07
Dinoseb	0.007
Diquat	0.02
Endothall	0.1
Endrin	0.002
Ethylene Dibromide (EDB)	0.00005
Glyphosate	0.7
Heptachlor	0.0004
Heptachlor Epoxide	0.0002
Lindane	0.0002
Methoxychlor	0.04
Oxamyl	0.2
Picloram	0.5
Polychlorinated Biphenols (PCBs)	0.0005
Simazine	0.004
Toxaphene	0.003
2,4,5-Trichlorophenoxypropionic Acid (2,4,5-TP or Silvex)	0.05

E. The following are the aquifer water quality standards for radionuclides:

1. The maximum concentration for gross alpha particle activity, including Radium-226 but excluding radon and uranium, shall not exceed 15 pCi/l.
2. The maximum concentration for combined Radium-226 and Radium-228 shall not exceed 5 pCi/l.
3. The average annual concentration of beta particle and photon radioactivity from man-made radionuclides shall not produce an annual dose equivalent to the total body or any internal organ greater than 4 millirem/year.

4. Except for the radionuclides listed in this subsection, the concentration of man-made radionuclides causing 4 millirem total body or organ dose equivalents shall be calculated on the basis of a 2-liter-per-day drinking water intake using the 168-hour data listed in "Maximum Permissible Body Burdens and Maximum Permissible Concentration of Radionuclides in Air or Water for Occupational Exposure," National Bureau of Standards Handbook 69, National Bureau of Commerce, as amended August 1963 (and no future editions), incorporated herein by reference and on file with the Office of the Secretary of State and with the Department. If two or more radionuclides are present, the sum of their annual dose equivalent to the total body or to any organ shall not exceed 4 millirem/year. The following average annual concentrations are assumed to produce a total body or organ dose of 4 millirem/year:

Radionuclide	Critical Organ	pCi/l
Tritium	Total body	20,000
Strontium-90	Bone Marrow	8

- F.** The aquifer water quality standard for microbiological contaminants is based upon the presence or absence of total coliforms in a 100-milliliter sample. If a sample is total coliform-positive, a 100-milliliter repeat sample shall be taken within two weeks of the time the sample results are reported. Any total coliform-positive repeat sample following a total coliform-positive sample constitutes a violation of the aquifer water quality standard for microbiological contaminants.

G. The following are the aquifer water quality standards for turbidity:

1. One nephelometric turbidity unit as determined by a monthly average except that five or fewer nephelometric turbidity units may be allowed if it can be determined that the higher turbidity does not interfere with disinfection, prevent maintenance of effective disinfectant agents in water supply distribution systems, or interfere with microbiological determinations.
2. Five nephelometric turbidity units based on an average of two consecutive days.

Historical Note

Adopted effective January 4, 1990 (Supp. 90-1).

Amended effective August 14, 1992 (Supp. 92-3).

Amended effective May 26, 1994 (Supp. 94-2).

R18-11-407. Aquifer Water Quality Standards in Reclassified Aquifers

- A.** All aquifers in the state are classified for drinking water protected use except for aquifers which are reclassified to a non-drinking water protected use pursuant to A.R.S. § 49-224 and A.A.C. R18-11-503.
- B.** Aquifer water quality standards for drinking water protected use apply to reclassified aquifers except where expressly superseded by aquifer water quality standards adopted pursuant to subsection (C) of this Section.
- C.** The Director shall adopt, by rule, aquifer water quality standards for reclassified aquifers within one year of the date of the order reclassifying the aquifer to a nondrinking water protected use. The Director shall adopt aquifer water quality standards for reclassified aquifers only for pollutants that are specifically identified in a petition for reclassification as prescribed by A.R.S. § 49-223(D) and A.A.C. R18-11-503(B). Aquifer water quality standards for reclassified aquifers shall be sufficient to protect the use of the reclassified aquifer.

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Historical Note

Adopted effective January 4, 1990 (Supp. 90-1).
Amended effective August 14, 1992 (Supp. 92-3).

R18-11-408. Petition for Adoption of a Numeric Aquifer Water Quality Standard

- A. Any person may petition the Director to adopt, by rule, a numeric aquifer water quality standard for a pollutant for which no numeric aquifer water quality standard exists.
- B. Petitions for adoption of a numeric aquifer water quality standard shall be filed with the Department and shall comply with the requirements applicable to petitions for rule adoption as provided by A.R.S. § 41-1033 and A.A.C. R18-1-302, except as otherwise provided by A.R.S. § 49-223 or this Section.
- C. In addition to the requirements of A.A.C. R18-1-302, a petition for rule adoption to establish a numeric aquifer water quality standard shall include specific reference to:
 1. Technical information that the pollutant is a toxic pollutant.
 2. Technical information upon which the Director reasonably may base the establishment of a numeric aquifer water quality standard.
 3. Evidence that the pollutant that is the subject of the petition is or may in the future be present in an aquifer or part of an aquifer that is classified for drinking water protected use. Evidence may include, but is not limited to, any of the following:
 - a. A laboratory analysis of a water sample by a laboratory licensed by the Arizona Department of Health Services which indicates the presence of the pollutant in the aquifer.
 - b. A hydrogeological study which demonstrates that the pollutant that is the subject of the petition may be present in an aquifer in the future. The hydrogeological study shall include the following:
 - i. A description of the use that results in a discharge of the pollutant that is the subject of the petition.
 - ii. A description of the mobility of the pollutant in the vadose zone and in the aquifer.
 - iii. A description of the persistence of the pollutant in the vadose zone and in the aquifer.
- D. Within 180 calendar days of the receipt of a complete petition for rule adoption to establish a numeric aquifer water quality standard, the Director shall make a written determination of whether the petition should be granted or denied. The Director shall give written notice by regular mail of the determination to the petitioner.
- E. If the petition for rule adoption is granted, the Director shall initiate rulemaking proceedings to adopt a numeric aquifer water quality standard. The Director shall, within one year of the date that the petition for adoption of a numeric aquifer water quality standard is granted, either adopt a rule establishing a numeric aquifer water quality standard or publish a notice of termination of rulemaking in the Arizona Administrative Register.
- F. If the petition for rule adoption is denied, the Director shall issue a denial letter to the petitioner which explains the reasons for the denial. The denial of a petition for rule adoption to establish a numeric aquifer water quality standard is not subject to judicial review.

Historical Note

Adopted effective January 4, 1990 (Supp. 90-1).

Appendix 1. Repealed**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 2. Repealed**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 3. Repealed**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 4. Repealed**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 5. Repealed**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 6. Repealed**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

Appendix 7. Repealed**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).
Repealed effective August 14, 1992 (Supp. 92-3).

ARTICLE 5. AQUIFER BOUNDARY AND PROTECTED USE CLASSIFICATION**R18-11-501. Definitions**

In addition to the definitions contained in A.R.S. § 49-201, the words and phrases of this Article shall have the following meaning:

1. "Drinking water protected use" means the protection and maintenance of aquifer water quality for human consumption.
2. "Hardrock areas containing little or no water" means areas of igneous or metamorphic rock which do not yield usable quantities of water.
3. "Nondrinking water protected use" means the protection and maintenance of aquifer water quality for a use other than human consumption.
4. "Usable quantities" means five gallons of water per day.

Historical Note

Adopted effective October 22, 1987 (Supp. 87-4).

R18-11-502. Aquifer boundaries

- A. Except as provided in subsection (B) of this rule, aquifer boundaries for the aquifers in this state are identified and defined as being identical to the hydrologic basin and subbasin boundaries, as found by the Director of the Department of Water Resources, Findings and Order In the Matter of The Designation of Groundwater Basins and Subbasins In The State of Arizona (dated June 21, 1984), pursuant to A.R.S. §§ 45-403 and 45-404, which is incorporated herein by reference and on file with the Department of Environmental Quality and the Office of the Secretary of State.
- B. Excluded from the boundaries of the aquifers are hard rock areas which contain little or no water, as identified in Plate 1 of the Department of Water Resources, Water Resource Hydro-

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logic Map Series Report Number 2 (dated January 1981) and as further identified in the Bureau of Mines, University of Arizona County Geologic Map Series (individual county maps dated 1957 through 1960), which are incorporated herein by reference and on file with the Department of Environmental Quality and the Office of the Secretary of State.

- C. The Director may, by rule, modify or add an aquifer boundary provided that one or more of the following applies:
1. The Department of Water Resources modifies the boundaries of its basins or subbasins.
 2. The Director is made aware of new technical information or data which supports refinement of an aquifer boundary.
- D. Facilities located outside of the boundaries defined in these rules shall be subject to A.R.S. § 49-241 except as provided therein.

Historical Note

Adopted effective October 22, 1987 (Supp. 87-4).

R18-11-503. Petition for reclassification

- A. Any person may petition the Director to reclassify an aquifer from a drinking water protected use to a nondrinking water protected use pursuant to A.R.S. § 49-224(C).
- B. A written petition for reclassification pursuant to A.R.S. § 49-224(C) or A.R.S. § 49-224(D) shall be filed with the Department and shall include the following categories of information:
1. The proposed protected use for which the reclassification is being requested.
 2. The pollutant and affected aquifer water quality standards for which the reclassification is being requested.
 3. A hydrogeologic report which demonstrates that the aquifer proposed for reclassification is or will be hydrologically isolated, to the extent described in A.R.S. § 49-224(C)(1). This report and demonstration of hydrologic isolation for the area containing such aquifer, and immediate adjacent geologic units, shall include at least the following:
 - a. Hydrogeologic area maps and cross sections.
 - b. An analysis of subsurface geology, including geologic and hydrologic separation.
 - c. Water level elevation or piezometric level contour maps.
 - d. Analysis of hydrologic characteristics of the aquifer and the immediate adjacent geologic units.
 - e. Description of existing water quality and analysis of water chemistry.
 - f. Projected annual quantity of water to be withdrawn.
 - g. Identification of pumping centers, cones of depression and areas of recharge.
 - h. A water balance.
 - i. Existing flow direction and evaluation of the effects of seasonal and future pumping on flow.
 - j. An evaluation as to whether the reclassification will contribute to or cause a violation of aquifer water quality standards in other aquifers, or in parts of the aquifer not being proposed for reclassification.
 4. Documentation demonstrating that water from the aquifer or part of the aquifer for which reclassification is proposed is not being used as drinking water. This documentation shall include at least the following:
 - a. A list of all wells or springs including their location, ownership and use within the aquifer or part of the aquifer being proposed for reclassification.
 - b. Identification of groundwater withdrawal rights, on file with the Department of Water Resources, within

the aquifer or part of the aquifer being proposed for reclassification.

- c. A comprehensive list of agencies, persons and other information sources consulted for aquifer use documentation.
5. A cost-benefit analysis developed pursuant to the requirements of A.R.S. § 49-224(C)(3), except for petitions submitted pursuant to A.R.S. § 49-224(D). This analysis shall identify potential future uses of the aquifer being proposed for reclassification, as well as other opportunity costs associated with reclassification, and shall contain a description of the cost-benefit methodology used, including all assumptions, data, data sources and criteria considered and all supporting statistical analyses.

Historical Note

Adopted effective October 22, 1987 (Supp. 87-4).

R18-11-504. Agency action on petition

- A. Upon receipt of a petition for reclassification, the Director shall review the petition for compliance with the requirements of R18-11-503. If additional information is necessary, the petitioner shall be notified of specific deficiencies in writing within 30 calendar days of receipt of the petition.
- B. Within 120 calendar days after receipt of a complete petition, and after consultation with the appropriate advisory council pursuant to A.R.S. §§ 49-224(C) and 49-204, the Director shall make a final decision to grant or deny the petition and shall notify the petitioner of such decision and the reason for such determination in writing.
- C. Upon a decision to grant a petition for aquifer reclassification, the Director shall initiate proceedings for promulgation of aquifer water quality standards and, if applicable, for aquifer boundary designation for the reclassified aquifers.

Historical Note

Adopted effective October 22, 1987 (Supp. 87-4).

R18-11-505. Public participation

- A. Within 30 days of receipt of a complete petition for reclassification filed pursuant to A.R.S. § 49-224(D), or if the Director deems it necessary to consider a reclassification under A.R.S. § 49-224(C), the Director shall give public notice of the proposed reclassification pursuant to A.A.C. R18-1-401.
- B. The Director shall hold at least one public hearing at a location as near as practicable to the aquifer proposed for reclassification. The Director shall give notice of each public hearing and conduct the public hearing in accordance with the provisions of A.A.C. R18-1-402.

Historical Note

Adopted effective June 29, 1989 (Supp. 89-2).

R18-11-506. Rescission of reclassification

The Director may, by rule, rescind an aquifer reclassification and return an aquifer to a drinking water protected use if he determines that any of the conditions under which the reclassification was granted are no longer valid. If the Director initiates a change under this Section, he shall consult with the appropriate advisory council pursuant to A.R.S. §§ 49-224(C) and 49-204.

Historical Note

Adopted effective October 22, 1987 (Supp. 87-4).

ARTICLE 6. IMPAIRED WATER IDENTIFICATION

Article 6, consisting of Sections R18-11-601 through R18-11-606, made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-601. Definitions

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In addition to the definitions established in A.R.S. §§ 49-201 and 49-231, and A.A.C. R18-11-101, the following terms apply to this Article:

1. "303(d) List" means the list of surface waters or segments required under section 303(d) of the Clean Water Act and A.R.S. Title 49, Chapter 2, Article 2.1, for which TMDLs are developed and submitted to EPA for approval.
2. "Attaining" means there is sufficient, credible, and scientifically defensible data to assess a surface water or segment and the surface water or segment does not meet the definition of impaired or not attaining.
3. "AZPDES" means the Arizona Pollutant Elimination Discharge System.
4. "Credible and scientifically defensible data" means data submitted, collected, or analyzed using:
 - a. Quality assurance and quality control procedures under A.A.C. R18-11-602;
 - b. Samples or analyses representative of water quality conditions at the time the data were collected;
 - c. Data consisting of an adequate number of samples based on the nature of the water in question and the parameters being analyzed; and
 - d. Methods of sampling and analysis, including analytical, statistical, and modeling methods that are generally accepted and validated by the scientific community as appropriate for use in assessing the condition of the water.
5. "Designated use" means those uses specified in 18 A.A.C. 11, Article 1 for each surface water or segment whether or not they are attaining.
6. "EPA" means the U.S. Environmental Protection Agency.
7. "Impaired water" means a Navigable water for which credible scientific data exists that satisfies the requirements of A.R.S. § 49-232 and that demonstrates that the water should be identified pursuant to 33 United States Code § 1313(d) and the regulations implementing that statute. A.R.S. § 49-231(1).
8. "Laboratory detection limit" means a "Method Reporting Limit" (MRL) or "Reporting Limit" (RL). These analogous terms describe the laboratory reported value, which is the lowest concentration level included on the calibration curve from the analysis of a pollutant that can be quantified in terms of precision and accuracy.
9. "Monitoring entity" means the Department or any person who collects physical, chemical, or biological data used for an impaired water identification or a TMDL decision.
10. "Naturally occurring condition" means the condition of a surface water or segment that would have occurred in the absence of pollutant loadings as a result of human activity.
11. "Not attaining" means a surface water is assessed as impaired, but is not placed on the 303(d) List because:
 - a. A TMDL is prepared and implemented for the surface water;
 - b. An action, which meets the requirements of R18-11-604(D)(2)(h), is occurring and is expected to bring the surface water to attaining before the next 303(d) List submission; or
 - c. The impairment of the surface water is due to pollution but not a pollutant, for which a TMDL load allocation cannot be developed.
12. "NPDES" means National Pollutant Discharge Elimination System.
13. "Planning List" means a list of surface waters and segments that the Department will review and evaluate to determine if the surface water or segment is impaired and whether a TMDL is necessary.
14. "Pollutant" means dredged spoil, solid waste, incinerator residue, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials, heat, wrecked or discarded equipment, rock, sand, cellar dirt and industrial, municipal, and agricultural waste discharged into water. 33 U.S.C. 1362(6). Characteristics of water, such as dissolved oxygen, pH, temperature, turbidity, and suspended sediment are considered pollutants if they result or may result in the non-attainment of a water quality standard.
15. "Pollution" means "the man-made or man-induced alteration of the chemical, physical, biological, and radiological integrity of water." 33 U.S.C. 1362(19).
16. "QAP" means a quality assurance plan detailing how environmental data operations are planned, implemented, and assessed for quality during the duration of a project.
17. "Sampling event" means one or more samples taken under consistent conditions on one or more days at a distinct station or location.
18. "SAP" means a site specific sampling and analysis plan that describes the specifics of sample collection to ensure that data quality objectives are met and that samples collected and analyzed are representative of surface water conditions at the time of sampling.
19. "Spatially independent sample" means a sample that is collected at a distinct station or location. The sample is independent if the sample was collected:
 - a. More than 200 meters apart from other samples, or
 - b. Less than 200 meters apart, and collected to characterize the effect of an intervening tributary, outfall or other pollution source, or significant hydrographic or hydrologic change.
20. "Temporally independent sample" means a sample that is collected at the same station or location more than seven days apart from other samples.
21. "Threatened" means that a surface water or segment is currently attaining its designated use, however, trend analysis, based on credible and scientifically defensible data, indicates that the surface water or segment is likely to be impaired before the next listing cycle.
22. "TMDL" means total maximum daily load.
23. "TMDL decision" means a decision by the Department to:
 - a. Prioritize an impaired water for TMDL development,
 - b. Develop a TMDL for an impaired water, or
 - c. Develop a TMDL implementation plan.
24. *"Total maximum daily load" means an estimation of the total amount of a pollutant from all sources that may be added to a water while still allowing the water to achieve and maintain applicable surface water quality standards. Each total maximum daily load shall include allocations for sources that contribute the pollutant to the water, as required by section 303(d) of the clean water act (33 United States Code section 1313(d)) and regulations implementing that statute to achieve applicable surface water quality standards. A.R.S. § 49-231(4).*
25. "Water quality standard" means a standard composed of designated uses (classification of waters), the numerical and narrative criteria applied to the specific water uses or classification, the antidegradation policy, and moderating provisions, for example, mixing zones, site-specific alternative criteria, and exemptions, in A.A.C. Title 18, Chapter 11, Article 1.

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26. "WQARF" means the water quality assurance revolving fund established under A.R.S. § 49-282.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-602. Credible Data

- A. Data are credible and relevant to an impaired water identification or a TMDL decision when:

1. Quality Assurance Plan. A monitoring entity, which contribute data for an impaired water identification or a TMDL decision, provides the Department with a QAP that contains, at a minimum, the elements listed in subsections (A)(1)(a) through (A)(1)(f). The Department may accept a QAP containing less than the required elements if the Department determines that an element is not relevant to the sampling activity and that its omission will not impact the quality of the results based upon the type of pollutants to be sampled, the type of surface water, and the purpose of the sampling.
 - a. An approval page that includes the date of approval and the signatures of the approving officials, including the project manager and project quality assurance manager;
 - b. A project organization outline that identifies all key personnel, organizations, and laboratories involved in monitoring, including the specific roles and responsibilities of key personnel in carrying out the procedures identified in the QAP and SAP, if applicable;
 - c. Sampling design and monitoring data quality objectives or a SAP that meets the requirements of subsection (A)(2) to ensure that:
 - i. Samples are spatially and temporally representative of the surface water;
 - ii. Samples are representative of water quality conditions at the time of sampling, and
 - iii. The monitoring is reproducible;
 - d. The following field sampling information to assure that samples meet data quality objectives:
 - i. Sampling and field protocols for each parameter or parametric group, including the sampling methods, equipment and containers, sample preservation, holding times, and any analysis proposed for completion in the field or outside of a laboratory;
 - ii. Field and laboratory methods approved under subsection (A)(5);
 - iii. Handling procedures to identify samples and custody protocols used when samples are brought from the field to the laboratory for analysis;
 - iv. Quality control protocols that describe the number and type of field quality control samples for the project that includes, if appropriate for the type of sampling being conducted, field blanks, travel blanks, equipment blanks, method blanks, split samples, and duplicate samples;
 - v. Procedures for testing, inspecting, and maintaining field equipment;
 - vi. Field instrument calibration procedures that describe how and when field sampling and analytical instruments will be calibrated;
 - vii. Field notes and records that describe the conditions that require documentation in the field,

such as weather, stream flow, transect information, distance from water edge, water and sample depth, equipment calibration measurements, field observations of watershed activities, and bank conditions. Indicate the procedures implemented for maintaining field notes and records and the process used for attaching pertinent information to monitoring results to assist in data interpretation;

- viii. Minimum training and any specialized training necessary to do the monitoring, that includes the proper use and calibration of field equipment used to collect data, sampling protocols, quality assurance/quality control procedures, and how training will be achieved;
- e. Laboratory analysis methods and quality assurance/quality control procedures that assure that samples meet data quality objectives, including:
 - i. Analytical methods and equipment necessary for analysis of each parameter, including identification of approved laboratory methods described in subsection (A)(5), and laboratory detection limits for each parameter;
 - ii. The name of the designated laboratory, its license number, if licensed by the Arizona Department of Health Services, and the name of a laboratory contact person to assist the Department with quality assurance questions;
 - iii. Quality controls that describe the number and type of laboratory quality control samples for the project, including, if appropriate for the type of sampling being conducted, field blanks, travel blanks, equipment blanks, method blanks, split samples, and duplicate samples;
 - iv. Procedures for testing, inspecting, and maintaining laboratory equipment and facilities;
 - v. A schedule for calibrating laboratory instruments, a description of calibration methods, and a description of how calibration records are maintained; and
 - vi. Sample equipment decontamination procedures that outline specific methods for sample collection and preparation of equipment, identify the frequency of decontamination, and describe the procedures used to verify decontamination;
- f. Data review, management, and use that includes the following:
 - i. A description of the data handling process from field to laboratory, from laboratory to data review and validation, and from validation to data storage and use. Include the role and responsibility of each person for each step of the process, type of database or other storage used, and how laboratory and field data qualifiers are related to the laboratory result;
 - ii. Reports that describe the intended frequency, content, and distribution of final analysis reports and project status reports;
 - iii. Data review, validation, and verification that describes the procedure used to validate and verify data, the procedures used if errors are detected, and how data are accepted, rejected, or qualified; and
 - iv. Reconciliation with data quality objectives that describes the process used to determine whether the data collected meets the project

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- objectives, which may include discarding data, setting limits on data use, or revising data quality objectives.
2. Sampling and analysis plan.
 - a. A monitoring entity shall develop a SAP that contains, at a minimum, the following elements:
 - i. The experimental design of the project, the project goals and objectives, and evaluation criteria for data results;
 - ii. The background or historical perspective of the project;
 - iii. Identification of target conditions, including a discussion of whether any weather, seasonal variations, stream flow, lake level, or site access may affect the project and the consideration of these factors;
 - iv. The data quality objectives for measurement of data that describe in quantitative and qualitative terms how the data meet the project objectives of precision, accuracy, completeness, comparability, and representativeness;
 - v. The types of samples scheduled for collection;
 - vi. The sampling frequency;
 - vii. The sampling periods;
 - viii. The sampling locations and rationale for the site selection, how site locations are benchmarked, including scaled maps indicating approximate location of sites; and
 - ix. A list of the field equipment, including tolerance range and any other manufacturer's specifications relating to accuracy and precision.
 - b. The Department may accept a SAP containing less than the required elements if the Department determines that an element is not relevant to the sampling activity and that its omission will not impact the quality of the results based upon the type of pollutants to be samples, the type of surface water, and the purpose of the sampling.
 3. The monitoring entity may include any of the following in the QAP or SAP:
 - a. The name, title, and role of each person and organization involved in the project, identifying specific roles and responsibilities for carrying out the procedures identified in the QAP and SAP;
 - b. A distribution list of each individual and organization receiving a copy of the approved QAP and SAP;
 - c. A table of contents;
 - d. A health and safety plan;
 - e. The inspection and acceptance requirements for supplies;
 - f. The data acquisition that describes types of data not obtained through this monitoring activity, but used in the project;
 - g. The audits and response actions that describe how field, laboratory, and data management activities and sampling personnel are evaluated to ensure data quality, including a description of how the project will correct any problems identified during these assessments; and
 - h. The waste disposal methods that identify wastes generated in sampling and methods for disposal of those wastes.
 4. Exceptions. The Department may determine that the following data are also credible and relevant to an impaired water identification or TMDL decision when data were collected, provided the conditions in subsections (A)(5), (A)(6), and (B) are met, and where the data were collected in the surface water or segment being evaluated for impairment:
 - a. The data were collected before July 12, 2002 and the Department determines that the data yield results of comparable reliability to the data collected under subsections (A)(1) and (A)(2);
 - b. The data were collected after July 12, 2002 as part of an ongoing monitoring effort by a governmental agency and the Department determines that the data yield results of comparable reliability to the data collected under subsections (A)(1) and (A)(2); or
 - c. The instream water quality data were or are collected under the terms of a NPDES or AZPDES permit or a compliance order issued by the Department or EPA, a consent decree signed by the Department or EPA, or a sampling program approved by the Department or EPA under WQARF or CERCLA, and the Department determines that the data yield results of comparable reliability to data collected under subsections (A)(1) and (A)(2).
 5. Data collection, preservation, and analytical procedures. The monitoring entity shall collect, preserve, and analyze data using methods of sample collection, preservation, and analysis established under A.A.C. R9-14-610.
 6. Laboratory. The monitoring entity shall ensure that chemical and toxicological samples are analyzed in a state-licensed laboratory, a laboratory exempted by the Arizona Department of Health Services for specific analyses, or a federal or academic laboratory that can demonstrate proper quality assurance/quality control procedures substantially equal to those required by the Arizona Department of Health Services, and shall ensure that the laboratory uses approved methods identified in A.A.C. R9-14-610.
 - B. Documentation for data submission.** The monitoring entity shall provide the Department with the following information either before or with data submission:
 1. A copy of the QAP or SAP, or both, revisions to a previously submitted QAP or SAP, and any other information necessary for the Department to evaluate the data under subsection (A)(4);
 2. The applicable dates of the QAP and SAP, including any revisions;
 3. Written assurance that the methods and procedures specified in the QAP and SAP were followed;
 4. The name of the laboratory used for sample analyses and its certification number, if the laboratory is licensed by the Arizona Department of Health Services;
 5. The quality assurance/quality control documentation, including the analytical methods used by the laboratory, method number, detection limits, and any blank, duplicate, and spike sample information necessary to properly interpret the data, if different from that stated in the QAP or SAP;
 6. The data reporting unit of measure;
 7. Any field notes, laboratory comments, or laboratory notations concerning a deviation from standard procedures, quality control, or quality assurance that affects data reliability, data interpretation, or data validity; and
 8. Any other information, such as complete field notes, photographs, climate, or other information related to flow, field conditions, or documented sources of pollutants in the watershed, if requested by the Department for interpreting or validating data.

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- C. Recordkeeping. The monitoring entity shall maintain all records, including sample results, for the duration of the listing cycle. If a surface water or segment is added to the Planning List or to the 303(d) List, the Department shall coordinate with the monitoring entity to ensure that records are kept for the duration of the listing.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-603. General Data Interpretation Requirements

- A. The Department shall use the following data conventions to interpret data for impaired water identifications and TMDL decisions:

1. Data reported below laboratory detection limits.
 - a. When the analytical result is reported as $<X$, where X is the laboratory detection limit for the analyte and the laboratory detection limit is less than or equal to the surface water quality standard, consider the result as meeting the water quality standard:
 - i. Use these statistically derived values in trend analysis, descriptive statistics or modeling if there is sufficient data to support the statistical estimation of values reported as less than the laboratory detection limit; or
 - ii. Use one-half of the value of the laboratory detection limit in trend analysis, descriptive statistics, or modeling, if there is insufficient data to support the statistical estimation of values reported as less than the laboratory detection limit.
 - b. When the sample value is less than or equal to the laboratory detection limit but the laboratory detection limit is greater than the surface water quality standard, shall not use the result for impaired water identifications or TMDL decisions;
2. Identify the field equipment specifications used for each listing cycle or TMDL developed. A field sample measurement within the manufacturer's specification for accuracy meets surface water quality standards;
3. Resolve a data conflict by considering the factors identified under the weight-of-evidence determination in R18-11-605(B);
4. When multiple samples from a surface water or segment are not spatially or temporally independent, or when lake samples are from multiple depths, use the following resultant value to represent the specific dataset:
 - a. The appropriate measure of central tendency for the dataset for:
 - i. A pollutant listed in the surface water quality standards 18 A.A.C. 11, Article 1, Appendix A, Table 1, except for nitrate or nitrate/nitrite;
 - ii. A chronic water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 2;
 - iii. A surface water quality standard for a pollutant that is expressed as an annual or geometric mean;
 - iv. The surface water quality standard for temperature or the single sample maximum water quality standard for suspended sediment concentration, nitrogen, and phosphorus in R18-11-109;
 - v. The surface water quality standard for radiochemicals in R18-11-109(G); or

- vi. Except for chromium, all single sample maximum water quality standards in R18-11-112.
- b. The maximum value of the dataset for:
 - i. The acute water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 2 and acute water quality standard in R18-11-112;
 - ii. The surface water quality standard for nitrate or nitrate/nitrite in 18 A.A.C. 11, Article 1, Appendix A, Table 1;
 - iii. The single sample maximum water quality standard for bacteria in subsections R18-11-109(A); or
 - iv. The 90th percentile water quality standard for nitrogen and phosphorus in R18-11-109(F) and R18-11-112.
- c. The worst case measurement of the dataset for:
 - i. Surface water quality standard for dissolved oxygen under R18-11-109(E). For purposes of this subsection, worst case measurement means the minimum value for dissolved oxygen;
 - ii. Surface water quality standard for pH under R18-11-109(B). For purposes of this subsection, "worst case measurement" means both the minimum and maximum value for pH.

- B. The Department shall not use the following data for placing a surface water or segment on the Planning List, the 303(d) List, or in making a TMDL decision.
1. Any measurement outside the range of possible physical or chemical measurements for the pollutant or measurement equipment,
 2. Uncorrected data transcription errors or laboratory errors, and
 3. An outlier identified through statistical procedures, where further evaluation determines that the outlier represents a valid measure of water quality but should be excluded from the dataset.
- C. The Department may employ fundamental statistical tests if appropriate for the collected data and type of surface water when evaluating a surface water or segment for impairment or in making a TMDL decision. The statistical tests include descriptive statistics, frequency distribution, analysis of variance, correlation analysis, regression analysis, significance testing, and time series analysis.
- D. The Department may employ modeling when evaluating a surface water or segment for impairment or in making a TMDL decision, if the method is appropriate for the type of waterbody and the quantity and quality of available data meet the requirements of R18-11-602. Modeling methods include:
1. Better Assessment Science Integrating Source and Non-point Sources (BASINS),
 2. Fundamental statistics, including regression analysis,
 3. Hydrologic Simulation Program-Fortran (HSPF),
 4. Spreadsheet modeling, and
 5. Hydrologic Engineering Center (HEC) programs developed by the Army Corps of Engineers.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-604. Types of Surface Waters Placed on the Planning List and 303(d) List

- A. The Department shall evaluate, at least every five years, Arizona's surface waters by considering all readily available data.
1. The Department shall place a surface water or segment on:

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- a. The Planning List if it meets any of the criteria described in subsection (D), or
 - b. The 303(d) List if it meets the criteria for listing described in subsection (E).
 2. The Department shall remove a surface water or segment from the Planning List based on the requirements in R18-11-605(E)(1) or from the 303(d) List, based on the requirements in R18-11-605(E)(2).
 3. The Department may move surface waters or segments between the Planning List and the 303(d) List based on the criteria established in R18-11-604 and R18-11-605.
 - B.** When placing a surface water or segment on the Planning List or the 303(d) List, the Department shall list the stream reach, derived from EPA's Reach File System or National Hydrography Dataset, or the entire lake, unless the data indicate that only a segment of the stream reach or lake is impaired or not attaining its designated use, in which case, the Department shall describe only that segment for listing.
 - C.** Exceptions. The Department shall not place a surface water or segment on either the Planning List or the 303(d) List if the non-attainment of a surface water quality standard is due to one of the following:
 1. Pollutant loadings from naturally occurring conditions alone are sufficient to cause a violation of applicable water quality standards;
 2. The data were collected within a mixing zone or under a variance or nutrient waiver established in a NPDES or AZPDES permit for the specific parameter and the result does not exceed the alternate discharge limitation established in the permit. The Department may use data collected within these areas for modeling or allocating loads in a TMDL decision; or
 3. An activity exempted under R18-11-117, R18-11-118, or a condition exempted under R18-11-119.
 - D.** Planning List.
 1. The Department shall:
 - a. Use the Planning List to prioritize surface waters for monitoring and evaluation as part of the Department's watershed management approach;
 - b. Provide the Planning List to EPA; and
 - c. Evaluate each surface water and segment on the Planning List for impairment based on the criteria in R18-11-605(D) to determine the source of the impairment.
 2. The Department shall place a surface water or segment on the Planning List based the criteria in R18-11-605(C). The Department may also include a surface water or segment on the Planning List when:
 - a. A TMDL is completed for the pollutant and approved by EPA;
 - b. The surface water or segment is on the 1998 303(d) List but the dataset used for the listing:
 - i. Does not meet the credible data requirements of R18-11-602, or
 - ii. Contains insufficient samples to meet the data requirements under R18-11-605(D);
 - c. Some monitoring data exist but there are insufficient data to determine whether the surface water or segment is impaired or not attaining, including:
 - i. A numeric surface water quality standard is exceeded, but there are not enough samples or sampling events to fulfill the requirements of R18-11-605(D);
 - ii. Evidence exists of a narrative standard violation, but the amount of evidence is insufficient, based on narrative implementation procedures and the requirements of R18-11-605(D)(3);
 - iii. Existing monitoring data do not meet credible data requirements in R18-11-602; or
 - iv. A numeric surface water quality standard is exceeded, but there are not enough sample results above the laboratory detection limit to support statistical analysis as established in R18-11-603(A)(1).
 - d. The surface water or segment no longer meets the criteria for impairment based on a change in the applicable surface water quality standard or a designated use approved by EPA under section 303(c)(1) of the Clean Water Act, but insufficient current or original monitoring data exist to determine whether the surface water or segment will meet current surface water quality standards;
 - e. Trend analysis using credible and scientifically defensible data indicate that surface water quality standards may be exceeded by the next assessment cycle;
 - f. The exceedance of surface water quality standards is due to pollution, but not a pollutant;
 - g. Existing data were analyzed using methods with laboratory detection limits above the numeric surface water quality standard but analytical methods with lower laboratory detection limits are available;
 - h. The surface water or segment is expected to attain its designated use by the next assessment as a result of existing or proposed technology-based effluent limitations or other pollution control requirements under local, state, or federal authority. The appropriate entity shall provide the Department with the following documentation to support placement on the Planning List:
 - i. Verification that discharge controls are required and enforceable;
 - ii. Controls are specific to the surface water or segment, and pollutant of concern;
 - iii. Controls are in place or scheduled for implementation; and
 - iv. There are assurances that the controls are sufficient to bring about attainment of water quality standards by the next 303(d) List submission; or
 - i. The surface water or segment is threatened due to a pollutant and, at the time the Department submits a final 303(d) List to EPA, there are no federal regulations implementing section 303(d) of the Clean Water Act that require threatened waters be included on the list.
- E.** 303(d) List. The Department shall:
 1. Place a surface water or segment on the 303(d) List if the Department determines:
 - a. Based on R18-11-605(D), that the surface water or segment is impaired due to a pollutant and that a TMDL decision is necessary; or
 - b. That the surface water or segment is threatened due to a pollutant and, at the time the Department submits a final 303(d) List to EPA, there are federal regulations implementing section 303(d) of the Clean Water Act that require threatened waters be included on the list.
 2. Provide public notice of the 303(d) List according to the requirements of A.R.S. § 49-232 and submit the 303(d) List according to section 303(d) of the Clean Water Act.

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Historical Note

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-605. Evaluating A Surface Water or Segment For Listing and Delisting

- A. The Department shall compile and evaluate all reasonably current, credible, and scientifically defensible data to determine whether a surface water or segment is impaired or not attaining.
 - B. Weight-of-evidence approach.
 1. The Department shall consider the following concepts when evaluating data:
 - a. Data or information collected during critical conditions may be considered separately from the complete dataset, when the data show that the surface water or segment is impaired or not attaining its designated use during those critical conditions, but attaining its uses during other periods. Critical conditions may include stream flow, seasonal periods, weather conditions, or anthropogenic activities;
 - b. Whether the data indicate that the impairment is due to persistent, seasonal, or recurring conditions. If the data do not represent persistent, recurring, or seasonal conditions, the Department may place the surface water or segment on the Planning List;
 - c. Higher quality data over lower quality data when making a listing decision. Data quality is established by the reliability, precision, accuracy, and representativeness of the data, based on factors identified in R18-11-602(A) and (B), including monitoring methods, analytical methods, quality control procedures, and the documented field and laboratory quality control information submitted with the data. The Department shall consider the following factors when determining higher quality data:
 - i. The age of the measurements. Newer measurements are weighted heavier than older measurements, unless the older measurements are more representative of critical flow conditions;
 - ii. Whether the data provide a direct measure of an impact on a designated use. Direct measurements are weighted heavier than measurements of an indicator or surrogate parameter; or
 - iii. The amount or frequency of the measurements. More frequent data collection are weighted heavier than nominal datasets.
 2. The Department shall evaluate the following factors to determine if the water quality evidence supports a finding that the surface water or segment is impaired or not attaining:
 - a. An exceedance of a numeric surface water quality standard based on the criteria in subsections (C)(1), (C)(2), (D)(1), and (D)(2);
 - b. An exceedance of a narrative surface water quality standard based on the criteria in subsections (C)(3) and (D)(3);
 - c. Additional information that determines whether a water quality standard is exceeded due to a pollutant, suspected pollutant, or naturally occurring condition:
 - i. Soil type, geology, hydrology, flow regime, biological community, geomorphology, climate, natural process, and anthropogenic influence in the watershed;
 - ii. The characteristics of the pollutant, such as its solubility in water, bioaccumulation potential, sediment sorption potential, or degradation characteristics, to assist in determining which data more accurately indicate the pollutant's presence and potential for causing impairment; and
 - iii. Available evidence of direct or toxic impacts on aquatic life, wildlife, or human health, such as fish kills and beach closures, where there is sufficient evidence that these impacts occurred due to water quality conditions in the surface water.
 - d. Other available water quality information, such as NPDES or AZPDES water quality discharge data, as applicable.
 - e. If the Department determines that a surface water or segment does not merit listing under numeric water quality standards based on criteria in subsections (C)(1), (C)(2), (D)(1), or (D)(2) for a pollutant, but there is evidence of a narrative standard exceedance in that surface water or segment under subsection (D)(3) as a result of the presence of the same pollutant, the Department shall list the surface water or segment as impaired only when the evidence indicates that the numeric water quality standard is insufficient to protect the designated use of the surface water or segment and the Department justifies the listing based on any of the following:
 - i. The narrative standard data provide a more direct indication of impairment as supported by professionally prepared and peer-reviewed publications;
 - ii. Sufficient evidence of impairment exists due to synergistic effects of pollutant combinations or site-specific environmental factors; or
 - iii. The pollutant is bioaccumulative, relatively insoluble in water, or has other characteristics that indicate it is occurring in the specific surface water or segment at levels below the laboratory detection limits, but at levels sufficient to result in an impairment.
 3. The Department may consider a single line of water quality evidence when the evidence is sufficient to demonstrate that the surface water or segment is impaired or not attaining.
- C. Planning List.
 1. When evaluating a surface water or segment for placement on the Planning List.
 - a. Consider at least ten spatially or temporally independent samples collected over three or more temporally independent sampling events; and
 - b. Determine numeric water quality standards exceedances. The Department shall:
 - i. Place a surface water or segment on the Planning List following subsection (B), if the number of exceedances of a surface water quality standard is greater than or equal to the number listed in Table 1, which provides the number of exceedances that indicate a minimum of a 10 percent exceedance frequency with a minimum of a 80 percent confidence level using a binomial distribution for a given sample size; or
 - ii. For sample datasets exceeding those shown in Table 1, calculate the number of exceedances using the following equation: $(X \geq x | n, p)$ where n = number of samples; p = exceedance probability of 0.1; x = smallest number of exceed-

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

ances required for listing with “*n*” samples; and
confidence level ≥ 80 percent.

Table 1. Minimum Number of Samples Exceeding the Numeric Standard

MINIMUM NUMBER OF SAMPLES EXCEEDING THE NUMERIC STANDARD								
Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard
From	To		From	To		From	To	
10	15	3	173	181	22	349	357	41
16	23	4	182	190	23	358	367	42
24	31	5	191	199	24	368	376	43
32	39	6	200	208	25	377	385	44
40	47	7	209	218	26	386	395	45
48	56	8	219	227	27	396	404	46
57	65	9	228	236	28	405	414	47
66	73	10	237	245	29	415	423	48
74	82	11	246	255	30	424	432	49
83	91	12	256	264	31	433	442	50
92	100	13	265	273	32	443	451	51
101	109	14	274	282	33	452	461	52
110	118	15	283	292	34	462	470	53
119	126	16	293	301	35	471	480	54
127	136	17	302	310	36	481	489	55
137	145	18	311	320	37	490	499	56
146	154	19	321	329	38	500		57
155	163	20	330	338	39			
164	172	21	339	348	40			

2. When there are less than ten samples, the Department shall place a surface water or segment on the Planning List following subsection (B), if three or more temporally independent samples exceed the following surface water quality standards:
 - a. The surface water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 1, except for nitrate or nitrate/nitrite;
 - b. The surface water quality standard for temperature or the single sample maximum water quality standard for suspended sediment concentration, nitrogen, and phosphorus in R18-11-109;
 - c. The surface water quality standard for radiochemicals in R18-11-109(G);
 - d. The surface water quality standard for dissolved oxygen under R18-11-109(E);
 - e. The surface water quality standard for pH under R18-11-109(B); or
 - f. The following surface water quality standards in R18-11-112:
 - i. Single sample maximum standards for nitrogen and phosphorus,
 - ii. All metals except chromium, or
 - iii. Turbidity.
3. The Department shall place a surface water or segment on the Planning List if information in subsections (B)(2)(c), (B)(2)(d), and (B)(2)(e) indicates that a narrative water quality standard violation exists, but no narrative implementation procedure required under A.R.S. § 49-232(F) exists to support use of the information for listing.

D. 303(d) List.

1. When evaluating a surface water or segment for placement on the 303(d) List.

- a. Consider at least 20 spatially or temporally independent samples collected over three or more temporally independent sampling events; and
- b. Determine numeric water quality standards exceedances. The Department shall:
 - i. Place a surface water or segment on the 303(d) List, following subsection (B), if the number of exceedances of a surface water quality standard is greater than or equal to the number listed in Table 2, which provides the number of exceedances that indicate a minimum of a 10 percent exceedance frequency with a minimum of a 90 percent confidence level using a binomial distribution, for a given sample size; or
 - ii. For sample datasets exceeding those shown in Table 2, calculate the number of exceedances using the following equation: $(X \geq x | n, p)$ where n = number of samples; p = exceedance probability of 0.1; x = smallest number of exceedances required for listing with “*n*” samples; and confidence level ≥ 90 percent.

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Table 2. Minimum Number of Samples Exceeding the Numeric Standard

MINIMUM NUMBER OF SAMPLES EXCEEDING THE NUMERIC STANDARD								
Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard
From	To		From	To		From	To	
20	25	5	174	182	24	344	352	43
26	32	6	183	191	25	353	361	44
33	40	7	192	199	26	362	370	45
41	47	8	200	208	27	371	379	46
48	55	9	209	217	28	380	388	47
56	63	10	218	226	29	389	397	48
64	71	11	227	235	30	398	406	49
72	79	12	236	244	31	407	415	50
80	88	13	245	253	32	416	424	51
89	96	14	254	262	33	425	434	52
97	104	15	263	270	34	435	443	53
105	113	16	271	279	35	444	452	54
114	121	17	280	288	36	453	461	55
122	130	18	289	297	37	462	470	56
131	138	19	298	306	38	471	479	57
139	147	20	307	315	39	480	489	58
148	156	21	316	324	40	490	498	59
157	164	22	325	333	41	499	500	60
165	173	23	334	343	42			

2. The Department shall place a surface water or segment on the 303(d) List, following subsection (B) without the required number of samples or numeric water quality standard exceedances under subsection (D)(1), if either the following conditions occur:
 - a. More than one temporally independent sample in any consecutive three-year period exceeds the surface water quality standard in:
 - i. The acute water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 2 and the acute water quality standards in R18-11-112;
 - ii. The surface water quality standard for nitrate or nitrate/nitrite in 18 A.A.C. 11, Article 1, Appendix A, Table 1; or
 - iii. The single sample maximum water quality standard for bacteria in subsections R18-11-109(A).
 - b. More than one exceedance of an annual mean, 90th percentile, aquatic and wildlife chronic water quality standard, or a bacteria 30-day geometric mean water quality standard occurs, as specified in R18-11-109, R18-11-110, R18-11-112, or 18 A.A.C. 11, Article 1, Appendix A, Table 2.
 3. Narrative water quality standards exceedances. The Department shall place a surface water or segment on the Planning List if the listing requirements are met under A.R.S. § 49-232(F).
- E. Removing a surface water, segment, or pollutant from the Planning List or the 303(d) List.**
1. Planning List. The Department shall remove a surface water, segment, or pollutant from the Planning List when:
 - a. Monitoring activities indicate that:
 - i. There is sufficient credible data to determine that the surface water or segment is impaired under subsection (D), in which case the Department shall place the surface water or segment on the 303(d) List. This includes surface waters with an EPA approved TMDL when the Department determines that the TMDL strategy is insufficient for the surface water or segment to attain water quality standards; or
 - ii. There is sufficient credible data to determine that the surface water or segment is attaining all designated uses and standards.
 - b. All pollutants for the surface water or segment are delisted.
 2. 303(d) List. The Department shall:
 - a. Remove a pollutant from a surface water or segment from the 303(d) List based on one or more of the following criteria:
 - i. The Department developed, and EPA approved, a TMDL for the pollutant;
 - ii. The data used for previously listing the surface water or segment under R18-11-605(D) is superseded by more recent credible and scientifically defensible data meeting the requirements of R18-11-602, showing that the surface water or segment meets the applicable numeric or narrative surface water quality standard. When evaluating data to remove a pollutant from the 303(d) List, the monitoring entity shall collect the more recent data under similar hydrologic or climatic conditions as occurred when the samples were taken that indicated impairment, if those conditions still exist;
 - iii. The surface water or segment no longer meets the criteria for impairment based on a change in the applicable surface water quality standard or a designated use approved by EPA under section 303(c)(1) of the Clean Water Act;

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- iv. The surface water or segment no longer meets the criteria for impairment for the specific narrative water quality standard based on a change in narrative water quality standard implementation procedures;
- v. A re-evaluation of the data indicate that the surface water or segment does not meet the criteria for impairment because of a deficiency in the original analysis; or
- vi. Pollutant loadings from naturally occurring conditions alone are sufficient to cause a violation of applicable water quality standards;
- b. Remove a surface water, segment, or pollutant from the 303(d) List, based on criteria that are no more stringent than the listing criteria under subsection (D);
- c. Remove a surface water or segment from the 303(d) List if all pollutants for the surface water or segment are removed from the list;
- d. Remove a surface water, segment, or pollutant, from the 303(d) List and place it on the Planning List, if:
 - i. The surface water, segment or pollutant was on the 1998 303(d) List and the dataset used in the original listing does not meet the credible data requirements under R18-11-602, or contains insufficient samples to meet the data requirements under subsection (D); or
 - ii. The monitoring data indicate that the impairment is due to pollution, but not a pollutant.
- b. A new or modified individual NPDES or AZPDES permit is sought for a new or modified discharge to the impaired water;
- c. The listed surface water or segment is listed as a unique water in A.A.C. R18-11-112 or is part of an area classified as a "wilderness area," "wild and scenic river," or other federal or state special protection of the water resource;
- d. The listed surface water or segment contains a species listed as threatened or endangered under the federal Endangered Species Act and the presence of the pollutant in the surface water or segment is likely to jeopardize the listed species;
- e. A delay in conducting the TMDL could jeopardize the Department's ability to gather sufficient credible data necessary to develop the TMDL;
- f. There is significant public interest and support for the development of a TMDL;
- g. The surface water or segment has important recreational and economic significance to the public; or
- h. The pollutant is listed for eight years or more.
- 2. Consider an impaired surface water or segment a medium priority if:
 - a. The surface water or segment fails to meet more than one designated use;
 - b. The pollutant exceeds more than one surface water quality standard;
 - c. A surface water quality standard exceedance is correlated to seasonal conditions caused by natural events, such as storms, weather patterns, or lake turnover;
 - d. It will take more than two years for proposed actions in the watershed to result in the surface water attaining applicable water quality standards;
 - e. The type of pollutant and other factors relating to the surface water or segment make the TMDL complex; or
 - f. The administrative needs of the Department, including TMDL schedule commitments with EPA, permitting requirements, or basin priorities that require completion of the TMDL.
- 3. Consider an impaired surface water or segment a low priority if:
 - a. The Department has formally submitted a proposal to delist the surface water, segment, or pollutant to EPA based on R18-11-605(E)(2). If the Department makes the submission outside the listing process cycle, the change in priority ranking will not be effective until EPA approves the submittal;
 - b. The Department has modified, or formally proposed for modification, the designated use or applicable surface water quality standard, resulting in an impaired water no longer being impaired, but the modification has not been approved by EPA;
 - c. The surface water or segment is expected to attain surface water quality standards due to any of the following:
 - i. Recently instituted treatment levels or best management practices in the drainage area,
 - ii. Discharges or activities related to the impairment have ceased, or
 - iii. Actions have been taken and controls are in place or scheduled for implementation that will likely to bring the surface water back into compliance;

Historical Note

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

R18-11-606. TMDL Priority Criteria for 303(d) Listed Surface Waters or Segments

- A. In addition to the factors specified in A.R.S. § 49-233(C), the Department shall consider the following when prioritizing an impaired water for development of TMDLs:
 - 1. A change in a water quality standard;
 - 2. The date the surface water or segment was added to the 303(d) List;
 - 3. The presence in a surface water or segment of species listed as threatened or endangered under section 4 of the Endangered Species Act;
 - 4. The complexity of the TMDL;
 - 5. State, federal, and tribal policies and priorities; and
 - 6. The efficiencies of coordinating TMDL development with the Department's surface water monitoring program, the watershed monitoring rotation, or with remedial programs.
- B. The Department shall prioritize an impaired surface water or segment for TMDL development based on the factors specified in A.R.S. § 49-233(C) and subsection (A) as follows:
 - 1. Consider an impaired surface water or segment a high priority if:
 - a. The listed pollutant poses a substantial threat to the health and safety of humans, aquatic life, or wildlife based on:
 - i. The number and type of designated uses impaired;
 - ii. The type and extent of risk from the impairment to human health, aquatic life, or wildlife;
 - iii. The pollutant causing the impairment, or
 - iv. The severity, magnitude, and duration the surface water quality standard was exceeded;

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

- d. The surface water or segment is ephemeral or intermittent. The Department shall re-prioritize the surface water or segment if the presence of the pollutant in the listed water poses a threat to the health and safety of humans, aquatic life, or wildlife using the water, or the pollutant is contributing to the impairment of a downstream perennial surface water or segment;
 - e. The pollutant poses a low ecological and human health risk;
 - f. Insufficient data exist to determine the source of the pollutant load;
 - g. The uncertainty of timely coordination with national and international entities concerning international waters;
 - h. Naturally occurring conditions are a major contributor to the impairment; and
 - i. No documentation or effective analytical tools exist to develop a TMDL for the surface water or segment with reasonable accuracy.
- C. The Department will target surface waters with high priority factors in subsections (B)(1)(a) through (B)(1)(d) for initiation of TMDLs within two years following EPA approval of the 303(d) List.
- D. The Department may shift priority ranking of a surface water or segment for any of the following reasons:
- 1. A change in federal, state, or tribal policies or priorities that affect resources to complete a TMDL;
 - 2. Resource efficiencies for coordinating TMDL development with other monitoring activities, including the Department's ambient monitoring program that monitors watersheds on a five-year rotational basis;
 - 3. Resource efficiencies for coordinating TMDL development with Department remedial or compliance programs;
 - 4. New information is obtained that will revise whether the surface water or segment is a high priority based on factors in subsection (B); and
 - 5. Reduction or increase in staff or budget involved in the TMDL development.
- E. The Department may complete a TMDL initiated before July 12, 2002 for a surface water or segment that was listed as impaired on the 1998 303(d) List but does not qualify for listing under the criteria in R18-11-605, if:
- 1. The TMDL investigation establishes that the water quality standard is not being met and the allocation of loads is expected to bring the surface water into compliance with standards,
 - 2. The Department estimates that more than 50 percent of the cost of completing the TMDL has been spent,
 - 3. There is community involvement and interest in completing the TMDL, or
 - 4. The TMDL is included within an EPA-approved state workplan initiated before July 12, 2002.
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

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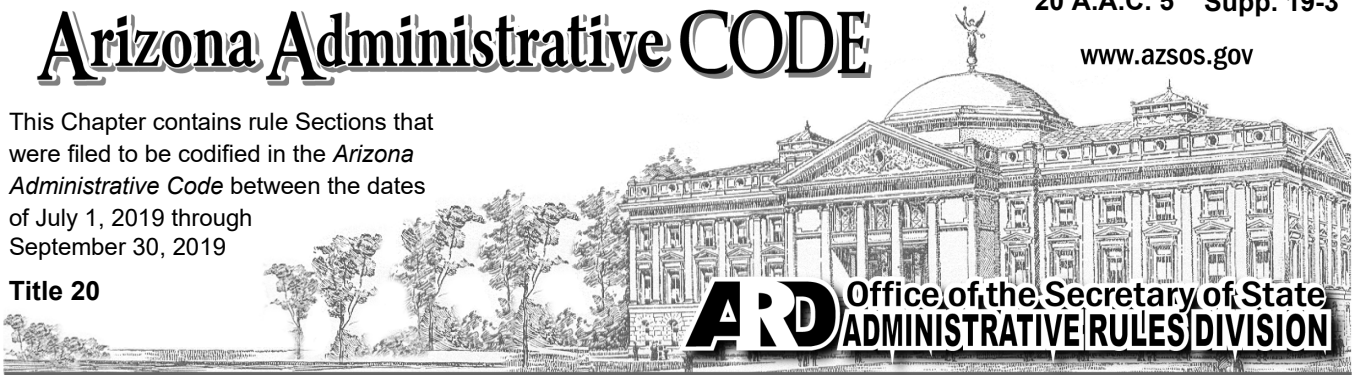
Arizona Administrative CODE

20 A.A.C. 5 Supp. 19-3

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This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 20



TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

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Questions about these rules? Contact:

Name: Jacqueline Kurth
Address: Industrial Commission of Arizona
Medical Resource Office
800 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 542-6731
Fax: (602) 542-4797
E-mail: mro@azica.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 18-3, 1-105 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE**CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA**

(Authority: A.R.S. § 23-101 et seq.)

20 A.A.C. 5, consisting of R20-5-101 through R20-5-164, R20-5-201 through R20-5-224, R20-5-301 through R20-5-318, R20-5-401 through R20-5-428, R20-5-501 through R20-5-512, R20-5-601 through R20-5-682, R20-5-801 through R20-5-829, R20-5-901 through R20-5-914, and R20-5-1001 through R20-5-1007 recodified from 4 A.A.C. 13, consisting of R4-13-101 through R4-13-164, R4-13-201 through R4-13-224, R4-13-301 through R4-13-318, R4-13-401 through R4-13-428, R4-13-501 through R4-13-512, R4-13-601 through R4-13-682, R4-13-801 through R4-13-829, R4-13-901 through R4-13-914, and R4-13-1001 through R4-13-1007, pursuant to R1-1-102 (Supp. 95-1).

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Article 2, consisting of Sections R4-13-201 through R4-13-222, adopted effective July 6, 1993 (Supp. 93-3).

Article 2, consisting of Sections R4-13-201 through R4-13-224, repealed effective July 6, 1993 (Supp. 93-3).

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Article 7, consisting of new Sections R20-5-701 through R20-5-739, adopted effective September 9, 1998 (Supp. 98-3).

R20-5-701 through R20-5-708 recodified from R4-13-701 through R4-13-708 (Supp. 95-1).

Article 7, consisting of Sections R4-13-701 through R4-13-708, transferred to the Department of Agriculture, Title 3, Chapter 8, Article 7, Sections R3-8-201 through R3-8-208, pursuant to Laws 1990, Ch. 374, Sec. 445 (Supp. 91-3).

New Article 7 adopted effective July 13, 1989. (Supp. 89-3)

Laws 1981, Ch. 149, effective January 1, 1982, provided for the transfer of the Office of Fire Marshal from the Industrial Commission to the Department of Emergency and Military Affairs, Division of Emergency Services (Supp. 82-2).

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Article 9, consisting of Sections R20-5-901 through R20-5-914, expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

Former Article 9 consisting of Sections R4-13-901 through R4-13-906 repealed effective May 27, 1977. R20-5-901 through R20-5-914 recodified from R4-13-901 through R4-13-914 (Supp. 95-1).

Article 9 consisting of Sections R4-13-901 through R4-13-914 adopted effective May 27, 1977.

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Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3).

Article 12, consisting of Sections R20-5-1201 through R20-5-1220, made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARTICLE 1. WORKERS' COMPENSATION PRACTICE AND PROCEDURE**R20-5-101. Application of the Article; Notice of Rules; Part of Record**

- A. This Article applies to all actions and proceedings before the Commission resulting from:
1. Injuries that occurred on or after January 1, 1969;
 2. Petitions to Reopen or Petitions for Readjustment or Rearrangement of Compensation filed on or after that date; and
 3. Requests for hearing under A.R.S. §§ 23-907(H), (I), and (J).
- B. This Article is part of the record in each action or proceeding without reference to the Article.
- C. The Commission deems all parties to have knowledge of this Article.
- D. The Commission shall provide a copy of this Article upon request to any person free of charge.

Historical Note

Former Rule 1. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-101 recodified from R4-13-101 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 4530, effective, December 2, 2008 (Supp. 08-4).

R20-5-102. Definitions

In this Article, unless the context otherwise requires:

"Act" means the Arizona Workers' Compensation Act, A.R.S. Title 23, Ch. 6, Articles 1 through 11.

"Authorized representative" means an individual authorized by law to act on behalf of a party who files with the Commission a written instrument advising of the individual's authority to act on behalf of the party.

"Carrier" or "insurance carrier" means the state compensation fund and every insurance carrier authorized by the Arizona Department of Insurance to underwrite workers' compensation insurance in Arizona.

"Claimant" means an employee who files a claim for workers' compensation.

"Filing" means actual receipt of a report, document, instrument, videotape, audiotape, or other written matter at a Commission office during office hours as set forth in R20-5-103.

"Physician" means a licensed physician or other licensed practitioner of the healing arts.

"Self-insured employer" means an employer or workers' compensation pool granted authority by the Commission to self-insure for workers' compensation.

"Uninsured employer" or "noncomplying employer" means an employer that is subject to and fails to comply with A.R.S. §§ 23-961 or 23-962.

"Working days" means all days except Saturdays, Sundays, and state legal holidays.

Historical Note

Former Rule 2. R20-5-102 recodified from R4-13-102 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-103. Location of Industrial Commission Offices and Office Hours

The main office of the Industrial Commission of Arizona is located in Phoenix, Arizona. An office is also located in Tucson, Arizona. The offices are open for business from 8:00 a.m. until 5:00 p.m. every day except Saturdays, Sundays, and state legal holidays.

Historical Note

Former Rule 3. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-103 recodified from R4-13-103 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-104. Address of Claimant and Uninsured Employer

- A. A claimant shall advise the Commission and carrier or self-insured employer of the claimant's current mailing address and place of residence. If a claimant files a workers' compensation claim against an uninsured employer, the claimant shall advise the special fund division of the claimant's current mailing address and place of residence.
- B. An uninsured employer against whom a claimant files a workers' compensation claim shall advise the special fund division of the uninsured employer's current mailing address and place of places of residence.
- C. Providing the address of a claimant's or uninsured employer's attorney or authorized representative is not sufficient to meet the requirements of this Section.

Historical Note

Former Rule 4. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-104 recodified from R4-13-104 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-105. Filing Requirements; Time for Filing; Computation of Time; Response to Motion

- A. A report, document, instrument, videotape, audiotape, or other written matter required to be filed with the Commission under A.R.S. § 23-901 et seq. and this Article shall be filed at a Commission office within the time required by law and this Article.
- B. For purposes of computing time under this Article, the following applies:
1. The Commission shall not include in the computation of time the day of the act or event from which the designated period begins to run.
 2. The Commission shall include in the computation of time the last day of the designated period, unless the last day is a Saturday, Sunday, or state legal holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or state legal holiday.
 3. If this Article or other law requires that a report, document, instrument, videotape, audiotape, or other written matter be filed within a designated period of time before hearing, the Commission shall not include the day of the act or event from which the designated period of time begins to run. The Commission shall include the last day of the designated period unless that day is a Saturday, Sunday, or state legal holiday, in which event the period runs to the end of the next day that is not a Saturday, Sunday, or state legal holiday.
 4. If the period of time prescribed is less than 11 days, the Commission shall not include intermediate Saturdays, Sundays, or state legal holidays in the computation of time.
- C. The Commission shall deem a report, document, instrument, videotape, audiotape, or other written matter filed at the Tucson office as filed at the main office for purposes of computing time.

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- D. A person upon whom a motion to join is filed under this Article may file a response to the motion within 10 days after the motion is filed.
- E. The Commission shall not consider a discovery motion unless the moving party attaches a separate statement to the discovery motion certifying that after good faith efforts to do so, the moving party has been unable to satisfactorily resolve the matter giving rise to the discovery motion with the opposing party.

Historical Note

Former Rule 5. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-105 recodified from R4-13-105 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-106. Commission Forms

- A. The following forms shall be used when applicable:
1. Employer's report of industrial injury (form 101) shall contain:
 - a. Employee, employer, and carrier identification;
 - b. Description of employment;
 - c. Description of accident and injury;
 - d. Description of medical treatment received by employee;
 - e. Employee's wage data;
 - f. Date, signature, and title of employer or the employer's representative; and
 - g. Statement doubting the validity of the claim, if the employer doubts the validity of the claim.
 2. The physician's portion of the worker's and physician's report of injury (form 102) shall contain:
 - a. Name and address of physician;
 - b. Information regarding preexisting conditions;
 - c. Information regarding the industrial injury, treatment, and prognosis;
 - d. Statement authorizing the attachment of a medical report that contains the information required in form 102; and
 - e. Physician's signature and date.
 3. Notice of supportive medical benefits (form 103) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Description of authorized medical benefits;
 - c. Date the notice is mailed;
 - d. Name and telephone number of the individual issuing the notice; and
 - e. Statement regarding reopening and appeal rights including filing requirements.
 4. Notice of claim status (form 104) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Status of the claim;
 - c. Date the notice is mailed;
 - d. Name and telephone number of the individual issuing the notice; and
 - e. Statement of a party's hearing and appeal rights including filing requirements.
 5. Notice of suspension of benefits (form 105) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Effective date of the suspension;
 - c. Reasons for the suspension;
 - d. Date the notice is mailed;
 - e. Name and telephone number of the individual issuing the notice; and
 - f. Statement of a party's hearing and appeal rights including filing requirements.
 6. Notice of permanent disability or death benefits (form 106) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Applicable statutory authority under which compensation is paid;
 - c. Disability and compensation information;
 - d. Date the notice is mailed;
 - e. Name and telephone number of the individual issuing the notice; and
 - f. Statement regarding hearing and appeal rights including filing requirements.
 7. Notice of permanent disability and request for determination of benefits (form 107) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Type of disability;
 - c. Applicable statutory authority for designated disability;
 - d. Designation of dependents where death is involved;
 - e. Designation of advanced payments and amount of the advance;
 - f. Date the notice is mailed; and
 - g. Name and telephone number of the individual issuing the notice.
 8. Carrier's recommended average monthly wage calculation (form 108) shall contain:
 - a. Employee, employer, insurance carrier, and claim identification;
 - b. Employment and wage history;
 - c. Designation of dependents; and
 - d. Carrier's calculations for the recommended average monthly wage and the basis for the calculation.
 9. Notice of permanent compensation payment plan (form 111) shall contain:
 - a. Employee, employer, and carrier identification;
 - b. Amount of permanent compensation and description of payment plan;
 - c. Name of the responsible entity contracted by the carrier to administer the payment plan;
 - d. Statement that the carrier remains the responsible party for payment;
 - e. Statement regarding supportive care and reopening rights;
 - f. Date the notice is mailed; and
 - g. Name and telephone number of the individual issuing the notice.
 10. Report of insurance coverage (form 0006) shall contain:
 - a. Name and address of the carrier;
 - b. Legal name of entity that the carrier insures;
 - c. All other insured names or subsidiary entities under which the carrier's insured does business in Arizona;
 - d. Address of all insured entities with insurance policy information for each address; and
 - e. Employer Identification Number (EIN), Taxpayer Identification Number (TIN), or Federal Identification Number (FIN) assigned to each insured person or entity.
 11. Report of significant work exposure to bodily fluids or other infectious material shall contain:
 - a. The requirements set forth in A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B);
 - b. Employee identification,
 - c. Employer identification,

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- d. Source of exposure person identification (if known),
 - e. Details of the exposure including:
 - i. Date of exposure,
 - ii. Time of exposure,
 - iii. Place of exposure,
 - iv. How exposure occurred,
 - v. Type of bodily fluid or fluids,
 - vi. Source of bodily fluid or fluids,
 - vii. Part or parts of body exposed to bodily fluid or fluids,
 - viii. Presence of break or rupture in skin or mucous membrane, and
 - ix. Witnesses (if known), and
 - f. Dated signature of employee or the employee's authorized representative.
12. The medical treatment preauthorization form (MRO-1.1) shall contain five sections, as follows:
- a. Section I (Provider Request for Preauthorization) shall contain:
 - i. Injured employee identification, including name, date of injury, date of birth, and payer claim number (if known);
 - ii. Provider identification, including name, phone number, provider medical specialty, preferred method of contact, and contact information;
 - iii. Payer identification, including name and contact information (i.e., mailing address, fax number, or e-mail address);
 - iv. Information regarding requested medical treatment and/or services, including:
 - (1) Applicable diagnosis and/or ICD codes;
 - (2) A detailed statement of the treatment or services requested;
 - (3) Applicable Current Procedural Terminology (CPT) codes and/or National Drug Codes (NDC);
 - (4) Type of request (i.e., routine or urgent); and
 - (5) An indication as to whether the provider has attached documentation to support the medical necessity and appropriateness of the requested treatment and/or services; and
 - v. Dated signature or electronic signature of provider or provider's authorized representative.
 - b. Section II (Payer Decision on Request for Preauthorization) shall contain:
 - i. Payer's preferred method of contact and contact information;
 - ii. Date request for preauthorization is received;
 - iii. The Commission claim number;
 - iv. The payer's decision (i.e., approved, partial denial, denied, request for preauthorization incomplete, or IME requested);
 - v. An indication as to whether the payer has attached a statement of what treatment and/or services have been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision; and
 - vi. Dated signature or electronic signature of payer or payer's authorized representative.
 - c. Section III (Provider or Employee Request for Reconsideration of Payer Decision) shall contain:
 - i. An indication as to whether the provider or injured employee has attached a statement of the specific reasons and justifications to support the request for reconsideration;
 - ii. An indication as to whether the provider or injured employee has attached documentation to support the medical necessity and appropriateness of the requested treatment and/or services, if not previously provided; and
 - iii. Dated signature or electronic signature of provider, provider's authorized representative, injured employee, or injured employee's authorized representative.
 - d. Section IV (Payer Decision on Request for Reconsideration) shall contain:
 - i. Date request for reconsideration received;
 - ii. The payer's decision (e.g., approved, partial denial, denied, or IME requested);
 - iii. An indication as to whether the payer has attached a statement of what has been authorized, including if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision; and
 - iv. Dated signature or electronic signature of payer or payer's authorized representative.
 - e. Section V (Provider or Employee Request for Administrative Peer Review) shall contain:
 - i. An indication of the basis for the request for administrative peer review (e.g., payer non-response, denial (in whole or in part) of requested treatment or services, the payer's decision on the request for preauthorization denied treatment or services that are subject to R20-5-1304(B));
 - ii. An indication as to whether the provider or injured employee has attached copies of relevant medical records and, if applicable, documentation related to the payer's non-response;
 - iii. An indication as to whether the provider or injured employee has attached all documentation and statements previously attached to Sections I-IV; and
 - iv. Dated signature or electronic signature of provider, provider's authorized representative, injured employee, or injured employee's authorized representative.
- B.** The following forms may be used:
- 1. The workers' portion of the worker's and physician's report of injury (form 102) requests:
 - a. Employee, employer, insurance carrier, and physician identification;
 - b. Description of the accident, including date of injury; and
 - c. Date and signature of the employee or the employee's authorized representative.
 - 2. Worker's report of injury (form 407) requests:
 - a. Employee and employer identification,
 - b. Job title,
 - c. Employment description,
 - d. Employee's wage data,
 - e. Date of injury,
 - f. Accident and injury descriptions,
 - g. Medical treatment information,

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- h. Information concerning prior injuries of the employee,
 - i. Disability income, and
 - j. Date and signature of the employee or the employee's authorized representative.
3. Worker's annual report of income (form 110-A) requests:
- a. Employee, employer, insurance carrier, and claim identification;
 - b. Employment and wage history for the preceding 12 months;
 - c. Date and signature of the employee or the employee's authorized representative attesting to the truthfulness of the employment and wage information; and
 - d. Statement that failure to submit an annual report of income may result in a suspension of benefits by the carrier or self-insured employer.
4. Notice of intent to suspend (form 110-B) requests:
- a. Employee, employer, insurance carrier, and claim identification;
 - b. Employment and wage history for the preceding 12 months;
 - c. Date and signature of the employee or the employee's authorized representative attesting to the truthfulness of the employment and wage information;
 - d. Statement that failure to submit an annual report within 30 days of the date of the notice shall result in a suspension of benefits by the carrier or self-insured employer.
5. Request for hearing requests:
- a. Names of the employee, employer, and insurance carrier;
 - b. Claim identification;
 - c. Identification of the award, notice, order, or determination protested and reason(s) for the protest;
 - d. Estimated length of time for hearing and city or town in which hearing is requested;
 - e. Name and address of any witness for whom a subpoena is requested; and
 - f. Date and signature of party or the party's authorized representative.
6. Petition to reopen requests:
- a. Names of the employee, employer, and insurance carrier;
 - b. Claim identification;
 - c. Identification or description of the new, additional, or previously undiscovered temporary or permanent disability or medical condition justifying the reopening of the claim; and
 - d. Employee's medical and employment history.
7. Petition for rearrangement or readjustment of compensation requests:
- a. Names of the employee, employer, and insurance carrier;
 - b. Claim identification;
 - c. Income and employment history;
 - d. Medical history; and
 - e. Statement of the basis for the increase or decrease in earning capacity.
8. Claim for dependent's benefits-fatality form requests:
- a. Identification of dependent filing claim;
 - b. Identification of deceased;
 - c. Date of death;
 - d. Date of injury, if different than date of death;
 - e. Name and address of employer at time of deceased's death;
 - f. Statement of cause of death;
 - g. Names and addresses of health care providers rendering treatment to deceased in two years before death;
 - h. Conditions treated by health care providers in the two years before deceased's death;
 - i. If claim is for spousal benefits, the form requests:
 - i. Name, address, and date of birth of spouse;
 - ii. Copy of marriage certificate;
 - iii. Date and place of marriage to deceased;
 - iv. History of prior marriages of deceased and deceased's spouse, including copies of divorce decrees; and
 - v. Statement of living arrangements at time of deceased's death, including reason for living apart at time of death, if applicable;
 - j. If claim is for a dependent child, the form requests:
 - i. Name, date of birth, and address of child at time of deceased's death;
 - ii. List of children in care and custody of current spouse; and
 - iii. Statement of whether unborn child is expected and date expected;
 - k. If claim is for dependent other than a child, the form requests:
 - i. Name and address of other dependent,
 - ii. Relationship of other dependent to deceased, and
 - iii. Statement of the nature and extent of dependency; and
 - l. Date, telephone number, and signature of dependent or authorized representative of dependent.
9. Request to leave the state form requests:
- a. Employee, insurance carrier, and claim identification;
 - b. Reason for requesting to leave Arizona;
 - c. Dates leaving and returning to Arizona;
 - d. Out-of-state address;
 - e. Name and telephone number of attending physician; and
 - f. Date and signature of the employee or the employee's authorized representative.
10. Request to change doctors form requests:
- a. Employee, insurance carrier, and claim identification;
 - b. Reason for requesting change of doctor;
 - c. Name and phone number of claimant's current doctor;
 - d. Name and phone number of doctor claimant requests to change to; and
 - e. Date and signature of the employee or the employee's authorized representative.
11. Complaint of bad faith and unfair claim processing practices requests:
- a. Employee, employer, and insurance carrier identification;
 - b. Description of the alleged bad faith or unfair claim processing practices;
 - c. Date of the complaint; and
 - d. Name, address, and telephone number of the person signing the complaint.
12. Certification of employer's drug and alcohol testing policy requests:

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- a. Employer's certification as described under A.R.S. § 23-1021(F),
 - b. Name and federal identification number of the employer, and
 - c. Name of all subsidiaries and locations of the employer.
- C. Optional use of a form described in subsection (B) does not affect any requirement under the Act or this Article.
- D. Forms or format for the forms described in this Section are available from the Commission.
- E. Forms prescribed under this Section shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.

Historical Note

Former Rule 6. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-106 recodified from R4-13-106 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-107. Manner of Completion of Forms and Documents

- A. An individual completing a form or document shall fill out the form or document legibly in ink or by typewriter.
- B. A party or a party's authorized representative shall sign any form or document that is required by the Act, this Article, or other law to be signed.
- C. Unless otherwise provided in this Article, if a party is required to sign a form or document, the Commission shall not accept a typewritten name or stamped signature.
- D. If, within the time period prescribed by law, a party files an incomplete form or document, or files an instrument other than a form or document when a form or document is required, the Commission shall serve notice to the party that the form or document fails to comply with this Section. The Commission deems the report or document timely filed if the party files a properly completed and signed form or document within 14 days after the Commission serves the notice described in this subsection.

Historical Note

Former Rule 7. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-107 recodified from R4-13-107 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-108. Confidentiality of a Commission Claims File; Reproduction and Inspection of a Commission Claims File

- A. Except as provided in this Section, a claims file maintained by the Commission is private and confidential and the Commission shall not make the claims file available for inspection and copying. For purposes of this Section, "claims file" means the official record maintained by the Commission for a claimant's industrial injury including the worker's report of injury, employer's report of injury, worker and physician's report of injury, and all other reports, records, instruments, videotapes, audiotapes, transcripts, and other matters scanned or otherwise placed into the file.
- B. Except as provided in subsections (D) and (E), the Commission shall make a Commission claims file relating to a current or prior claim of a claimant available for inspection and copying by any party to any proceeding currently or previously before the Commission involving the same claimant.

- C. Except as provided in subsections (D) and (E), the Commission shall not make a Commission claims file available to a non-party for inspection and copying unless the Commission receives a court order or written authorization signed by the affected claimant or the affected claimant's authorized representative.
- D. The Commission shall make a transcript contained in a Commission claims file available for inspection and copying if:
 1. The person requesting to inspect and copy the transcript is a person authorized under subsections (B) or (C); and
 2. The transcript concerns a hearing related to a claim that is not in litigation.
- E. The Commission shall make a transcript contained in a Commission claims file available only for inspection if:
 1. The person requesting to inspect and copy the transcript is a person authorized under subsections (B) or (C); and
 2. The transcript concerns a hearing related to a claim currently in litigation.
- F. The Commission shall provide copies at a charge of \$.25 per page.
- G. A Commission claims file shall not be removed from a Commission office unless in the custody of an authorized representative of the Commission.

Historical Note

Former Rule 8. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-108 recodified from R4-13-108 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-109. Admission into Evidence of Documents Contained in a Commission Claims File

- A. If a party or an administrative law judge considers a document contained in a Commission claims file, including a transcript of a prior proceeding, necessary or appropriate for hearing purposes, the administrative law judge shall receive a copy of the document into evidence if the document is otherwise admissible.
- B. With the permission of the administrative law judge, instead of submitting a copy of the document into evidence, a party may refer to the document's location on the Commission's optical disk imaging system by providing an accurate description of the document that includes the claimant's claim number and image document identification number the Commission assigns to the document.

Historical Note

Former Rule 9. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-109 recodified from R4-13-109 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-110. Employer Duty to Report Fatality

If an employee dies as a result of an injury by accident arising out of and in the course of employment, the employer shall report the death to the Commission's claims division by telephone, telegram, or electronic filing, no later than the next business day following the death. The report shall state the name of the employee, when, how, and where the accident occurred, and the nature of the condition causing the accident. This Section does not limit or affect an employer's duty to report a death to the Arizona Occupational Safety and Health Division of the Commission as required under R20-5-637.

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Historical Note

Former Rule 10. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-110 recodified from R4-13-110 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-111. Request for Autopsy

If a claim is filed for compensation for death from an industrial injury and an autopsy is requested, the expense of the autopsy shall be borne by the requesting party.

Historical Note

Former Rule 11. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-111 recodified from R4-13-111 (Supp. 95-1).

R20-5-112. Physician's Initial Report of Injury

- A. A physician shall complete and file with the Commission a physician's initial report of injury under A.R.S. § 23-908(A) within eight days after first providing treatment to an injured worker. The physician shall report the injury:
 1. Using Commission form 102 (worker's and physician's report of injury), or
 2. Attaching to form 102 a medical report that contains the information required in form 102.
- B. The physician shall sign and date form 102 or the medical report attached to form 102. The signature of the physician may be typewritten or stamped on this form.
- C. If a claimant uses form 102 to initiate a claim, either the injured worker or the injured worker's authorized representative shall sign the worker's portion of form 102.

Historical Note

Former Rule 12. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-112 recodified from R4-13-112 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-113. Physician's Duty to Provide Signed Reports; Rating of Impairment of Function; Restriction Against Interruption or Suspension of Benefits; Change of Physician

- A. If a claimant's disability extends beyond seven days, every physician who attends, treats, or examines the claimant shall provide to the insurance carrier, self-insured employer, or special fund division, at least once every 30 days while the claimant's disability continues, a personally signed report describing the:
 1. Claimant's condition,
 2. Nature of treatment,
 3. Expected duration of disability, and
 4. Claimant's prognosis.
- B. When a physician discharges a claimant from treatment, the physician:
 1. Shall determine whether the claimant has sustained any impairment of function resulting from the industrial injury. The physician should rate the percentage of impairment using the standards for the evaluation of permanent impairment as published by the most recent edition of the American Medical Association in Guides to the Evaluation of Permanent Impairment, if applicable; and
 2. Shall provide a final signed report to the insurance carrier, self-insured employer, or special fund division that details the rating of impairment and the clinical findings that support the rating.

- C. A carrier, self-insured employer, and special fund division shall not interrupt or suspend a claimant's temporary disability compensation benefits because a physician fails to comply with any requirement of subsection (A).
- D. A carrier, self-insured employer, and special fund division may withhold payment to a physician for services rendered to a claimant until the physician complies with subsection (A).
- E. Upon application of a party, the Commission shall authorize a change of physician if:
 1. The Commission determines that the health, life, or recovery of a claimant is retarded, endangered, or impaired;
 2. The attending physician agrees to the change or is unavailable to continue treatment;
 3. The Commission determines that the relationship between the attending physician and claimant renders further progress or improvement unlikely;
 4. The Commission determines that the claimant's recovery may be expedited by a change of physician or conditions of treatment; or
 5. The insurance carrier agrees to the change.
- F. Except as provided in A.R.S. § 23-1070 and this subsection, a claimant who is examined by a physician under A.R.S. § 23-908(E) is not required to obtain written authorization to change to another physician. If, however, the claimant continues to see, or treat with, a physician who the claimant initially saw or treated with under A.R.S. § 23-908(E), then that physician is an attending physician and the claimant shall obtain written authorization to change under A.R.S. § 23-1071(B) if the claimant seeks to change to another physician.

Historical Note

Former Rule 13. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-113 recodified from R4-13-113 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-114. Examination at Request of Commission, Carrier or Employer; Motion for Relief

- A. If the Commission or a party requests an examination of a claimant by a physician, the party requesting the examination shall serve the claimant, or if represented, the claimant's attorney, with notice of the time, date, place, and physician conducting the examination at least 15 days before the scheduled date of the examination.
- B. If a claimant unreasonably fails to attend or promptly advise of the claimant's inability to attend an examination under this Section, the party requesting the examination may charge the claimant or deduct from the claimant's entitlement to present or future temporary or permanent disability compensation, any reasonable expense of the missed appointment.
- C. A party adverse to a party who schedules a medical examination may offer into evidence the report of any medical examination as provided in R20-5-155 or within five days after the adverse party receives the report, subject to the right of cross-examination by the party who scheduled the examination.
- D. If a carrier, self-insured employer, or special fund division requests an examination of a claimant's mental or physical condition under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division shall immediately, upon receipt of the report of the examination, provide a copy of the report to the claimant or the claimant's authorized representative. If the mental condition of an unrepresented claimant is examined under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division may, in its discretion, pro-

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vide the report to the claimant's treating physician rather than to the claimant.

- E. To protect a claimant from annoyance, embarrassment, oppression, or undue burden or expense, the Commission may order, upon good cause shown, one or both of the following:
 1. That the examination not be held; or
 2. That the examination may be conducted only on specified terms and conditions, including a designation of the time, place, and examining physician.
- F. A claimant requesting protection under subsection (E) shall file a motion with the presiding administrative law judge or chief administrative law judge if a judge has not been assigned to the case, within three days after the claimant receives notice of the examination. The claimant shall serve a copy of the motion on all parties. The party requesting the examination shall have three days after receiving the motion to file a response. The party shall serve the response on the claimant or, if represented, the claimant's attorney of record.

Historical Note

Former Rule 14. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-114 recodified from R4-13-114 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-115. Request to Leave the State

- A. The effective date of an order granting or denying a request to leave the state under A.R.S. § 23-1071(A) is the date a claimant files a request to leave the state with the Commission.
- B. For purposes of A.R.S. § 23-1071(A):
 1. "While the necessity of having medical treatment continues" means the period of time in which a claimant asserts an entitlement to temporary compensation, or active medical, surgical, or hospital benefits;
 2. "Leave the state" means to travel across the state border, except when the logical or nearest medical facility is situated across the state border; and
 3. "From the date the employee first requested the written approval" means from the date the claimant's request is filed with the Commission.

Historical Note

Former Rule 15. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-115 recodified from R4-13-115 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-116. Payment of Claimant's Travel Expenses When Directed to Report for Medical Examination or Treatment

- A. If a claimant is directed by a carrier, self-insured employer, or special fund division to report for a medical examination or treatment in a locality other than either the claimant's current place of residence or employment, the carrier, self-insured employer, or special fund division shall pay, in advance, the claimant's travel expenses from either the claimant's current place of residence or employment, whichever route of travel is required.
- B. For purposes of this Section, "travel expenses" means those expenses required to be paid under A.R.S. § 23-1026.
- C. The carrier, self-insured employer, or special fund division shall calculate travel expenses using the current rates applicable to state employees.

Historical Note

Former Rule 16. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Correction to subsection (A) as certified effective March

1, 1987 (Supp. 88-4). R20-5-116 recodified from R4-13-116 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-117. Medical, Surgical, Hospital, and Burial Expenses

- A. A carrier, self-insured employer, or special fund division, shall pay bills for medical, surgical, and hospital benefits provided under A.R.S. § 23-901 et seq. according to applicable medical and surgical fee schedules adopted by the Commission and in effect at the time the services are rendered. A physician or provider of nursing, hospital, drug or other medical services shall itemize and submit a bill for payment only to the responsible carrier, self-insured employer, or special fund division.
- B. A claimant shall not be responsible to pay any disputed amounts between the medical provider and the carrier, self-insured employer, or special fund division.
- C. If a claimant pays a bill described in subsection (A), the responsible carrier, self-insured employer, or special fund division shall reimburse the claimant the amount allowed by the fee schedules, provided that the claimant presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- D. If an insured employer pays a bill described in subsection (A), the responsible carrier or self-insured employer shall reimburse the employer the amount allowed by the fee schedules, provided that the employer presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- E. An insurance carrier, self-insured employer, or special fund division may pay any authorized burial expenses directly to the funeral service professional.
- F. If an employee's dependent pays burial expenses, the responsible carrier, self-insured employer, or special fund division shall reimburse the dependent the amount authorized by A.R.S. § 23-1046 provided that the dependent presents proof of payment to support the claim for reimbursement.
- G. If an insured employer pays burial expenses, the responsible carrier or self-insured employer shall reimburse the employer to the extent authorized by A.R.S. § 23-1046 provided that the employer presents proof of payment to support the claim for reimbursement.

Historical Note

Former Rule 17. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-117 recodified from R4-13-117 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-118. Effective Date of Notices of Claim Status and Other Determinations; Attachments to Notices of Claim Status; Form of Notices of Claim Status

- A. If a notice of claim status accepting a claim for benefits is final, any subsequent notice of claim status that changes a claimant's amount of, or entitlement to, compensation or medical, surgical, or hospital benefits shall not have a retroactive effect for more than 30 days from the date a carrier or self-insured employer issues the subsequent notice of claim status. This subsection does not apply to a subsequent notice that affects the entitlement to or amount of death benefits. The Commission may for good cause relieve a carrier or self-insured employer of the effect of this subsection.
- B. If a notice of claim status or other determination issued by a carrier, self-insured employer, or special fund division, is based upon a physician's report:

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1. The carrier or self-insured employer shall attach a copy of the physician's complete report to the notice of claim status or other determination sent to the Commission; and
 2. The carrier, self-insured employer, or special fund division shall attach a copy of the physician's complete report to the notice of claim status or other determination served on a party, except as provided in R20-5-114(D).
- C. If a carrier, self-insured employer, or special fund division pays compensation to a claimant:
1. The carrier or self-insured employer shall close the claim by issuing a notice of claim status; and
 2. The special fund division shall close the claim by issuing a notice of determination.
- D. The inadvertent failure of a carrier, self-insured employer, or special fund division to comply with subsection (B) shall not affect the validity of a notice or determination if the carrier, self-insured employer, or special fund division issuing the notice or determination had in its possession at the time the notice or determination is issued a medical report consistent with the notice or determination.

Historical Note

Former Rule 18. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-118 recodified from R4-13-118 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-119. Notice of Third-party Settlement

- A. Except as otherwise provided by law, if an employer is insured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the appropriate workers' compensation carrier, or self-insured employer, of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- B. If an employer is uninsured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the special fund division of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- C. If a lawsuit is filed against a third party, the claimant or the claimant's attorney shall provide copies of pleadings and all offers of settlement to the workers' compensation carrier, self-insured employer, or special fund division to whom notice is required under subsections (A) and (B).

Historical Note

Former Rule 19. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-119 recodified from R4-13-119 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-120. Settlement Agreements, Compromises and Releases

- A. No settlement agreement, compromise, or waiver of rights of a workers' compensation claim, will be valid unless approved by the Commission.
- B. The acceptance of any payments or the signing of a settlement agreement, compromise, release or waiver of rights, unless approved by the Commission, shall not release the employer or his insurance carrier from any obligation imposed by the Workers' Compensation Law.

- C. The carrier or employer shall not be entitled to a credit for any sums paid to an employee under a settlement agreement which has not been approved by the Commission.

Historical Note

Former Rule 20. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-120 recodified from R4-13-120 (Supp. 95-1).

R20-5-121. Present Value and Basis of Calculation of Lump Sum Commutation Awards

- A. The Commission shall calculate the present value of an award that is commuted to a lump sum under R20-5-122. The Commission shall not include in the present value calculation compensation paid before the filing of a lump sum commutation petition. The Commission shall use the filing date of a lump sum commutation petition to compute the present value of an award.
- B. The Commission shall calculate the present value of an award at least annually, whether payable for a period of months or based upon the life of the employee, using the United States Life Tables, 2003, National Vital Statistics Reports, Vol. 54, Number 14, April 19, 2006, revised March 28, 2007, Table 1 incorporated by reference, and discounted at the rate established by the Commission. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Commission and may be obtained from the U.S. Department of Health and Human Services, Centers for Disease Control. The rate established by the Commission is based on the following formula: The mean average of the three-month Treasury Bill rate on December 31 of each of the five years prior to July 1 of the current year. The rate, once calculated, is effective until the Commission calculates a new rate under this subsection. The discount rate is published in the minutes of the Commission meeting establishing the rate and is available upon request from the Commission.

Historical Note

Former Rule 21. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-121 recodified from R4-13-121 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 724, effective February 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 2973, effective July 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4139, effective November 6, 2007 (Supp. 07-4).

R20-5-122. Lump Sum Commutation

- A. A petition for a lump sum commutation in an unscheduled case shall not be approved unless the carrier approves of such petition.
- B. If the lump sum commutation petition is approved by the carrier, the Commission's primary consideration in passing upon the petition will be whether more net income per month will be generated after receipt of the lump sum than the applicant is presently receiving. The granting of a lump sum petition will only be granted if the facts demonstrate a reasonable basis for financial betterment or rehabilitation of the claimant.
- C. The burden of proving that the commutation of compensation satisfies the criteria in (B) is on the applicant.

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Historical Note

Former Rule 22. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1).

R20-5-122 recodified from R4-13-122 (Supp. 95-1).

R20-5-123. Rejection of the Act

If an employee serves upon an employer written notice under A.R.S. § 23-906, rejecting the provisions of the Act, the employer shall keep one copy of the rejection in the employer's business records.

Historical Note

Former Rule 23. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-123 recodified from R4-13-123 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-124. Rejection Not Applicable to New Employment

- A. An election by an employee to reject the Act is not binding upon the employee in a new employment by another employer or following re-employment by the same employer.
- B. If an employee is continuously employed and the employer changes workers' compensation insurance carriers, or form of doing business, the prior rejection is valid and remains in full force and effect.

Historical Note

Former Rule 24. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-124 recodified from R4-13-124 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-125. Rejection Before an Employer Complies with A.R.S. §§ 23-961(A) and 23-906(D)

An employee's rejection of the Act received by an employer before the employer complies with the requirements of A.R.S. §§ 23-961(A) or 23-906(D) is valid and continues in full force and effect whether the employer subsequently obtains workers' compensation coverage under A.R.S. § 23-961(A), posts the notice required under A.R.S. § 23-906(D), or makes available the forms required under A.R.S. § 23-906(D).

Historical Note

Former Rule 25. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-125 recodified from R4-13-125 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-126. Revocation of Rejection

- A. An employee who rejects the Act may revoke that rejection by serving upon the employee's employer an original and one copy of a written notice of revocation. The written revocation shall state that the employee revokes the employee's prior rejection of the Act.
- B. Within five days after receiving a written notice of revocation, an insured employer shall file with the employer's carrier, or workers' compensation pool, a copy of the notice of revocation. The employee has all rights to compensation and benefits provided by the Act for any injury that occurs after the employee serves the revocation notice upon the employer.

Historical Note

Former Rule 26. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-126 recodified from R4-13-126 (Supp. 95-1). Amended by final

rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-127. Insurance Carrier Notification to Commission of Coverage

- A. Every insurance carrier authorized to underwrite workers' compensation insurance in Arizona shall, within five days after undertaking to insure an employer, report that information to the Commission. The carrier shall provide the information on or in the same format as Commission form 0006. Form 0006 is available upon request from the Commission.
- B. Failure to comply with this Section does not affect the validity of coverage.

Historical Note

Former Rule 27. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-127 recodified from R4-13-127 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-128. Medical Information Reproduction Cost Limitation; Definition of Medical Information

- A. A health care provider shall not charge more than \$.25 per page plus \$10 per hour in associated clerical costs for reproduction of medical information when a party, an authorized representative of a party, or an entity that is authorized by a claimant in a workers' compensation matter makes a request for that information under A.R.S. § 23-908(C).
- B. This Section applies to all A.R.S. § 23-908(B) health care providers providing medical services to injured claimants including health care providers that contract with copying services, recordkeeping services, or other similar services for the reproduction of medical information. For purposes of this Section, fees for reproduction of medical information charged by these services are considered the same as if the reproduction fees are charged by a health care provider.
- C. For purposes of this Section, "medical information" means:
 - 1. A communication recorded in any form or medium and maintained for the purpose of patient care, diagnosis, or treatment, including a report, note, order, test result, photograph, videotape, X-ray, and billing record;
 - 2. A report of an independent medical examination that describes patient care or treatment;
 - 3. A psychological record;
 - 4. A medical record held by a health care provider including a medical record prepared by another provider; and
 - 5. A recorded communication between emergency medical personnel and medical personnel concerning the care or treatment of a person.
- D. For purposes of this Section, "medical information" does not include:
 - 1. Materials that are prepared in connection with utilization review, peer review, or quality assurance activities, including records that a health care provider prepares under A.R.S. §§ 36-441, 36-445 or 36-2402; and
 - 2. Recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity.

Historical Note

Former Rule 28. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-128 recodified from R4-13-128 (Supp. 95-1). Section repealed; new Sec-

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tion made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-129. Carrier or Workers' Compensation Pool Determinations Binding upon its Insured or Member; Self-Rater Exception

- A. The Commission deems an insurance carrier or workers' compensation pool the agent of an employer insured by the carrier or workers' compensation pool.
- B. The Commission also deems any action or determination taken or made by the insurance carrier or workers' compensation pool binding upon the employer. The employer may not protest or petition the Commission for relief concerning an action or determination taken by the employer's insurance carrier or workers' compensation pool unless the employer notifies the carrier or workers' compensation pool, and the Commission in writing that the employer disagrees with the carrier's or worker's compensation pool's action or determination within the time described in A.R.S. § 23-947.
- C. This Section does not apply to employers insured under a Self-Rating Insurance Plan.

Historical Note

Former Rule 29. Amended subsection (A) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-129 recodified from R4-13-129 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-130. Claims Office Location and Function; Requirements of Maintaining an Out-of-State Claims Office

- A. Except as provided in subsection (B), each carrier that has or is underwriting workers' compensation insurance in Arizona, and each employer and workers' compensation pool that has been granted authority to act as a self-insurer by the Commission, shall maintain a workers' compensation claims office in Arizona. A carrier, self-insured employer, and self-insured workers' compensation pool shall process and pay workers' compensation claims and maintain the workers' compensation claims files described in R20-5-131 in its Arizona office. A carrier, self-insured employer, and self-insured workers' compensation pool shall notify the claims division of the Commission of the address of the Arizona claims office.
- B. Except as provided in subsections (C) and (D), a carrier or self-insured employer may request authorization from the Commission to maintain an out-of-state claims office. The Commission shall grant a carrier or self-insured employer authorization to maintain an out-of-state claims office no later than 20 days after the carrier or self-insured employer provides satisfactory evidence of the following:
 - 1. Existence of a toll-free telephone line to the out-of-state claims office;
 - 2. Completion of Commission claims division's training by the individuals responsible for claims processing at the out-of-state office; and
 - 3. Designation of a financial institution located in Arizona that will cash on demand checks issued by the out-of-state claims office.
- C. The Commission shall not permit a self-insured workers' compensation pool to maintain a claims office out-of-state.
- D. The Commission shall rescind its authorization to maintain an out-of-state claims office if a carrier or self-insured employer no longer meets the requirements of subsection (B) or fails to process and pay claims as required under the Act and this Article.
- E. A carrier or self-insured employer maintaining an out-of-state claims office shall print the carrier's or self-insured employer's toll-free telephone number to the out-of-state

claims office on all notices of claim status or other determinations issued by the out-of-state claims office. Failure to print the toll-free telephone number on a notice or other determination as required by this subsection does not affect the validity of the notice or determination.

- F. For claims processing purposes, a carrier, self-insured employer, or self-insured workers' compensation pool may have more than one designated representative provided the carrier, self-insured employer, or self-insured workers' compensation pool:
 - 1. Notifies the Commission at the time an insurance policy is issued or authorization to self-insure is granted; and
 - 2. Notifies the Commission each time that the insurance policy or authorization to self-insure is renewed.

Historical Note

Former Rule 30. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-130 recodified from R4-13-130 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-131. Maintenance of Carrier and Self-insured Employer Claims Files; Contents; Inspection and Copying; Exchange of Medical Reports; Authorization to Obtain Medical Records

- A. A carrier and self-insured employer shall maintain a workers' compensation claims file for each claimant. A carrier and self-insured employer shall include in a workers' compensation claims file all employer's reports, medical and hospital reports, awards, orders, notices of claims status, wage data, and all other items affecting the claim required by law to be maintained by a carrier or self-insured employer.
- B. Subject to subsection (C), all parties, authorized representatives of parties, and authorized representatives of the Commission may inspect and copy items contained in a carrier's or self-insured employer's claims file within five days from the date the item is filed in the claims file.
- C. If a carrier or self-insured employer maintains a claims file at an out-of-state claims office, the carrier or self-insured employer shall make the claims file available for copying and inspection to the persons listed in subsection (B) within 10 days after receiving a request for the file at a location in Arizona designated by the carrier or self-insured employer.
- D. A carrier or self-insured employer shall furnish copies of a claims file within 10 days after receiving a request from any party, authorized representative of a party, and authorized representative of the Commission at a charge not to exceed \$.25 per page. A carrier or self-insured employer may require prepayment of the copying charges if the requester or authorized representative has an account with the carrier or self-insured employer that is more than 30 days overdue.
- E. A carrier or self-insured employer is not required to maintain in a claims file, or produce for inspection and copying:
 - 1. Documents or matters representing the work product of the carrier or self-insured employer;
 - 2. Documents or matters representing the work product of a carrier's or self-insured's attorney; or
 - 3. Investigation and rehabilitation reports.
- F. All medical records concerning a claimant's mental or physical condition that are in a party's possession shall be furnished, upon request, to another party in the same Commission proceeding.
- G. Within 10 days of a request, a claimant shall provide to a party in a Commission proceeding involving the claimant, a release of information authorizing any attending, treating, or examin-

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ing physician to provide records described in A.R.S. § 23-908(C).

Historical Note

Former Rule 31. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-131 recodified from R4-13-131 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-132. Parties' Notice to Commission of Intention to Impose Liability upon A.R.S. § 23-1065 Special Fund

If the notices required by A.R.S. § 23-1065 are not given to the Commission, the Commission shall not be bound by the testimony and evidence presented at a hearing as it relates to the imposition of liability upon the special fund.

Historical Note

Former Rule 32. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-132 recodified from R4-13-132 (Supp. 95-1).

R20-5-133. Claimant's Petition to Reopen Claim

- A. A petition to reopen filed with the Commission under A.R.S. § 23-1061(H) shall be in writing, signed, and dated by the claimant or the claimant's authorized representative. A petition to reopen form is available from the Commission upon request.
- B. A claimant shall provide to the Commission a copy of a medical report supporting the disability or condition justifying the reopening of the claim.
- C. If the Commission does not receive the medical report described in subsection (B) within 14 days of receipt of a petition to reopen, the Commission shall notify all parties, in writing, that it has received a petition to reopen without the required medical report. A carrier or self-insured employer is not required to act on a petition to reopen that is received without the required medical report.
- D. If the Commission receives a medical report in support of a petition to reopen and a claimant does not file a petition to reopen within 14 days of receipt of the medical report, the Commission shall forward the medical report to the carrier or self-insured employer for information purposes only. A carrier or self-insured employer is not required to take any action upon receipt of the medical report.
- E. If the Commission receives a medical report in support of a petition to reopen from an out-of-state physician and a party objects to the report at least 20 days before a scheduled hearing, the Commission shall not consider the report or place the report in evidence unless the party submitting the report produces the author of the report for cross-examination either at the hearing or at a deposition. The party submitting into evidence the medical report prepared by an out-of-state physician shall pay the expenses of a deposition under this subsection.

Historical Note

Former Rule 33. Amended subsections (A), (C), (D) and (E) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-133 recodified from R4-13-133 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-134. Petition for Rearrangement or Readjustment of Compensation Based Upon Increase or Reduction of Earning Capacity

- A. A petition for rearrangement or readjustment of compensation filed with the Commission under A.R.S. § 23-1044(F) shall be in writing. A form is available from the Commission upon request.

- B. A party or a party's authorized representative shall sign a petition for rearrangement or readjustment and include in the petition:
 1. A statement of the basis upon which the rearrangement or readjustment of compensation is sought, and
 2. Documentation in support of the petition.
- C. The petition shall be signed by the employee or the employee's authorized representative, the employer, or, in the case of an insurance carrier, by its authorized representative, and shall include a statement of the basis upon which the rearrangement of compensation is sought accompanied by supportive documentary evidence.
- D. If a self-insured employer, carrier, special fund division, or uninsured employer requests a hearing protesting the Commission's determination under A.R.S. § 23-1044(F) and the claimant resides outside of Arizona, the Commission may order the self-insured employer, carrier, special fund division, or uninsured employer to pay the claimant's transportation and living expenses to attend any scheduled hearing.

Historical Note

Former Rule 34. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-134 recodified from R4-13-134 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-135. Requests for Hearing; Form

- A. Any interested party or the party's authorized representative, except as otherwise provided by law or this Article, may request a hearing on a claim. A request for hearing shall be in writing.
- B. A Request for Hearing form is available upon request from the Commission and requests the following:
 1. Employee, employer, insurance carrier, authorized representative, and claim identification;
 2. Issue upon which the request for hearing is filed;
 3. Requests for subpoenas of witnesses;
 4. Desired location and length of time for the hearing;
 5. Signature and address of requesting party.

Historical Note

Former Rule 35. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-135 recodified from R4-13-135 (Supp. 95-1).

R20-5-136. Expired**Historical Note**

Former Rule 36. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-136 recodified from R4-13-136 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

R20-5-137. Service of a Request for Hearing

A party filing a request for hearing shall serve a copy of the party's request for hearing upon all other parties at the same time that the party files the request for hearing with the Commission. The failure to serve a copy of a request for hearing upon other parties does not affect the validity of the hearing request.

Historical Note

Former Rule 37. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-137 recodified

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from R4-13-137 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-138. Hearing Calendar and Assignment to Administrative Law Judge; Notification of Hearing

- A. The chief administrative law judge shall maintain a hearing calendar. The chief administrative law judge shall ensure that a request for hearing filed in accordance with this Article is:
 1. Placed on the hearing calendar, and
 2. Assigned to an administrative law judge who is designated as the presiding administrative law judge.
- B. A presiding administrative law judge may hold a hearing at an earlier date than required under A.R.S. § 23-941(D), if all parties to the proceeding agree.

Historical Note

Former Rule 38. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-138 recodified from R4-13-138 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-139. Administrative Resolution of Issues by Stipulation Before Filing a Request for Hearing

- A. At any time before the filing of a request for hearing, parties may resolve issues by written stipulation. The parties shall file the stipulation with the Commission for approval or other action as may be appropriate.
- B. If the Commission determines that a written stipulation is reasonably supported by the facts, the Commission may approve the stipulation or enter an appropriate award without a request for hearing or hearing.

Historical Note

Former Rule 39. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-139 recodified from R4-13-139 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-140. Informal Conferences

- A. A presiding administrative law judge may hold an informal conference to:
 1. Resolve and dispose of disputed issues;
 2. Narrow or limit the scope of the issues to be considered at a subsequent hearing;
 3. Simplify the method of proof at a hearing; or
 4. Eliminate the need for hearing if the facts appear to be uncontested.
- B. A party may request that a pending hearing be disposed of by an informal conference, by filing a written request that:
 1. Specifies the purpose for the conference consistent with subsection (A), and
 2. Does not contain any argument regarding the merits of the case.
- C. If the presiding administrative law judge determines that an informal conference is appropriate, the judge shall give notice to the parties of the time and place of the conference. The presiding administrative law judge may, without a request from a party, schedule an informal conference by giving five days notice to the parties of the time, place, and subject matter of the informal conference. The parties may waive the five day notice requirement of this subsection.
- D. If a presiding administrative law judge disposes of issues in controversy at an informal conference, the presiding administrative law judge may enter an award without convening a hearing.

- E. If a presiding administrative law judge disposes of, narrows, or limits some, but not all issues in controversy, the presiding administrative law judge shall prepare and mail to the parties a statement setting forth the issues to be resolved at a hearing. The presiding administrative law judge shall limit the hearing to the issues contained in the statement unless at the hearing all parties and, the presiding administrative law judge agree that the judge may consider issues beyond the scope of the statement.
- F. Upon request by a party or upon a presiding administrative law judge's own motion, the presiding administrative law judge may order the parties to file a joint statement listing the disputed issues to be considered at formal hearing. The presiding administrative law judge shall give the parties at least 10 days to file the statement and shall order the parties to file the statement three to 10 days before the first scheduled hearing.

Historical Note

Former Rule 40. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-140 recodified from R4-13-140 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-141. Subpoena Requests for Witnesses; Objection to Documents or Reports Prepared by Out-of-State Witness

- A. Subpoena requests for witnesses.
 1. Subpoena request for non-medical witness. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of a non-medical witness by filing a written request with the presiding administrative law judge at least 10 days before the date of the first scheduled hearing.
 2. Subpoena request for expert medical witness. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of an expert medical witness by filing a written request with the presiding administrative law judge at least 20 days before the date of the first scheduled hearing.
 3. Statement of expected testimony. In the discretion of the presiding administrative law judge, the judge may order the party requesting a subpoena to file within five days of the order a written statement summarizing the substance of the testimony expected of the witness.
 4. Issuance of Subpoena. A presiding administrative law judge shall issue a subpoena requested under this Section if the judge determines that the testimony of the witness is material and necessary and, if applicable:
 - a. The party files a timely statement under subsection (A)(3); or
 - b. The party shows at or before the first scheduled hearing that good cause exists for the party's failure to respond timely to the judge's order under subsection (A)(3).
 5. Service of a subpoena. The Commission may serve a subpoena by mail unless the party requesting the subpoena requests personal service. If a party requests personal service of a subpoena, the Commission shall prepare the subpoena and the party requesting personal service shall:
 - a. Ensure that the subpoena is served in the same manner as in a civil action; and
 - b. Pay all expenses of the service.
- B. A presiding administrative law judge shall not grant a party a continued hearing because a subpoenaed witness fails to appear at hearing unless the party filed a timely request for subpoena as required by subsection (A). If a party timely requested a subpoena for a witness who fails to appear at a

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scheduled hearing, the presiding administrative law judge may grant a continued hearing if the party requesting the subpoena demonstrates that:

1. The testimony of the witness is material and necessary, and
 2. Good cause is shown as to why the witness failed to appear.
- C. **Witness Fees.**
1. If a non-medical witness requests a witness fee, the party requesting the subpoena shall pay the non-medical witness fees and mileage provided for witnesses in civil actions in the Superior Court. If more than one party subpoenas the same witness, the parties shall divide the witness fee equally.
 2. The Commission shall pay the witness fee to a medical witness under the Commission's medical fee schedule after the presiding administrative law judge approves the fee.
- D. **Objection to an out-of-state physician's report.**
1. A presiding administrative law judge shall not consider or place into evidence a timely filed physician's report authored by a physician residing outside Arizona if a party files an objection to that report at least 20 days before the scheduled hearing, unless the party submitting the report produces the author for cross-examination either at the hearing or at a deposition.
 2. Nothing in R20-5-143(G) precludes a party from taking or submitting into evidence a deposition of a physician taken under this subsection.
 3. The party submitting into evidence a report of an out-of-state physician shall pay the expenses of a deposition taken under this subsection.
- E. **Objection to document prepared by out-of-state non-medical witness.**
1. A presiding administrative law judge shall not consider or place into evidence a timely filed document prepared by a non-medical witness who resides outside Arizona if a party files an objection to that document at least seven days before the scheduled hearing unless the party submitting the document produces the author for cross-examination either at the hearing or at a deposition.
 2. Nothing in R20-5-143 precludes a party from taking or submitting into evidence a deposition within the time limits set by a presiding administrative law judge.
 3. The party submitting into evidence a document prepared by an out-of-state non-medical witness shall pay the expenses of a deposition taken under this subsection.
- F. If a presiding administrative law judge approves, the testimony of a party's out-of-state non-medical or expert medical witness may be taken telephonically.

Historical Note

Former Rule 41. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-141 recodified from R4-13-141 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-142. In-State Oral Depositions

- A. A party may take the oral deposition of another party or a witness residing in Arizona by serving a Notice of Deposition by Oral Examination upon the deponent and every party at least 10 days before the date of the oral deposition and at least 40 days before the first scheduled hearing.
- B. A party may file with the presiding administrative law judge a written objection to the taking of an oral deposition within five days after service of the Notice of Deposition. If no request for

hearing has been filed, a party shall file the written objection with the chief administrative law judge. The party objecting to the deposition shall:

1. State the basis for objecting to the deposition; and
 2. Serve a copy of the party's objections on all parties.
- C. The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an oral deposition within seven days after a party files a written objection by:
1. Ordering the deposition to proceed;
 2. Ordering the deposition not be taken; or
 3. Entering any other appropriate protective order.
- D. The party taking the deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
- E. The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other interested party.
- F. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to take or complete a deposition under this Section.
- G. A deposition taken under this Section shall only be used to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit a deposition into evidence for another purpose if:
1. The deponent is deceased at the time of the hearing, or
 2. All parties agree.
- H. A party may take a telephonic deposition under this Section either by agreement of the parties or by order of the presiding administrative law judge in the exercise of the judge's discretion.

Historical Note

Former Rule 42. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-142 recodified from R4-13-142 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-143. Out-of-State Oral Depositions

- A. A party shall obtain permission from a presiding administrative law judge before taking an out-of-state oral deposition of another party or a witness by filing a written request with the presiding administrative law judge that contains:
 1. The name and address of the party or witness to be deposed, and
 2. Each reason why the party's or witness' testimony is necessary.
- B. The party requesting permission to take the out-of-state deposition shall serve a copy of the request upon each party.
- C. If no objection to the request for permission to take the deposition is filed under subsection (D) the presiding administrative law judge shall, within seven days from the date of the request, grant or deny permission to take the deposition.
- D. A party may file with the presiding administrative law judge a written objection to the taking of an out-of-state oral deposition within five days after being served with a request to take the out-of-state deposition. The party objecting to the out-of-state deposition shall:
 1. State the basis for objecting to the deposition; and
 2. Serve a copy of the party's objections on each party.
- E. The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an out-of-state oral deposition within seven days after a party files the written objection by:
 1. Ordering the deposition to proceed,

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2. Ordering the deposition not be taken, or
 3. Entering any other appropriate protective order.
- F.** A party shall not take more than two depositions per hearing under this Section unless a presiding administrative law judge, upon a showing of good cause, approves the taking of additional depositions.
- G.** In the exercise of discretion, the presiding administrative law judge may admit into evidence a deposition taken under this Section if the transcript of the deposition is filed with the Commission at least five days before any scheduled hearing or as otherwise directed by the presiding administrative law judge. If the transcript of the deposition is not timely filed under this subsection, the administrative law judge shall not consider the deposition for any purpose unless the parties and the administrative law judge agree that the deposition may be considered.
- H.** Parties may take telephonic depositions under this Section either by agreement of the parties or by order of a presiding administrative law judge in the exercise of the administrative law judge's discretion.
- I.** A party taking a deposition taken under this Section shall comply with R20-5-142(A), (D), (E) and (F).

Historical Note

Former Rule 43. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-143 recodified from R4-13-143 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-144. Written Interrogatories

- A.** After a party files a request for hearing with the Commission, any party may serve written interrogatories upon another party. A party shall serve written interrogatories at least 40 days before the scheduled hearing.
- B.** A party shall not serve more than 25 interrogatories, including subsections.
- C.** A party shall serve answers to the interrogatories upon all parties within 10 days after service of the interrogatories. A party shall not file answers to the interrogatories with the Commission.
- D.** A presiding administrative law judge shall not cancel or continue a hearing because a party fails to answer interrogatories under this Section.
- E.** A party shall only use written interrogatories served under this Section to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit the interrogatory answers into evidence for another purpose if the party answering the interrogatories is deceased at the time of the scheduled hearing.

Historical Note

Former Rule 44. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-144 recodified from R4-13-144 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-145. Refusal to Answer or Attend; Motion to Compel; Sanctions Imposed

- A.** If a party or deponent refuses to answer any question asked at a deposition under R20-5-142 or R20-5-143, the party asking the question shall either complete the deposition in other matters or adjourn the deposition. With notice to all persons affected by the deponent's refusal to answer a question, the party asking the question may apply to the presiding administrative law judge for an order compelling the deponent to answer the question.

- B.** If a party refuses to answer an interrogatory served under R20-5-144, the party serving the interrogatory may submit the interrogatory to the presiding administrative law judge and apply for an order compelling the answer.
- C.** If a presiding administrative law judge issues an order compelling an answer under subsection (A) or (B) and finds that a refusal to answer is without substantial justification, the presiding administrative law judge shall require the party or witness refusing to answer or the authorized representative advising that party or witness not to answer, or both of them, to pay to the party asking the question:
1. Reasonable attorney's fees incurred to obtain the order compelling the answer, and
 2. Reasonable expenses that will be incurred to obtain the requested answer.
- D.** If a presiding administrative law judge denies a motion to compel an answer under subsection (A) or (B), and finds that the motion was made without substantial justification, the presiding administrative law judge shall require the party filing the motion, or the parties' authorized representative advising that party to make the motion, or both of them, to pay to the party or witness refusing to answer, reasonable attorney's fees incurred in opposing the motion.
- E.** In addition to the sanctions authorized under R20-5-157, a presiding administrative law judge may, upon a party's motion, impose the following sanctions upon a party if the party, or an officer or managing agent of that party, willfully fails to appear for a deposition after being served with proper notice of the deposition, or fails to serve answers to interrogatories after proper service of the interrogatories:
1. Strike out all or any part of a document filed by the party;
 2. Dismiss the action or proceeding, or any part of the action or proceeding;
 3. Order the suspension or forfeiture of compensation; or
 4. Preclude the introduction of evidence.
- F.** The party filing a motion under subsections (A), (B), or (E) shall attach to the motion:
1. The statement required under R20-5-105(E) and
 2. A proposed order that includes the relief requested and a service page with the names and addresses of all parties served.

Historical Note

Former Rule 45. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-145 recodified from R4-13-145 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-146. Repealed**Historical Note**

Former Rule 46. R20-5-146 recodified from R4-13-146 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-147. Videotape Recordings and Motion Pictures

- A.** A party proposing to offer a videotape recording or motion picture into evidence at a Commission hearing shall provide written notice to the Commission and all parties at least 40 days before the first scheduled hearing.
- B.** If a party serves a written request to view a videotape recording or motion picture upon the party proposing to submit the videotape recording or motion picture into evidence, the party proposing to offer the videotape recording or motion picture into evidence shall provide the necessary facilities and equipment to allow the other party to view the videotape recording

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or motion picture no later than 25 days before the first scheduled hearing.

- C. A presiding administrative law judge may admit into evidence a videotape recording or motion picture if the videotape recording or motion picture:
 1. Is a reasonable and accurate representation of the scene, person, object, or action portrayed; and
 2. Will aid in the understanding of the issues before the presiding administrative law judge.
- D. The party submitting the videotape recording or motion picture into evidence shall ensure that commentary, interrogation, dialogue, or testimony are not a part of the videotape recording or motion picture.
- E. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to view a videotape recording or motion picture as provided in this Section.
- F. This Section does not apply to:
 1. Videotape recordings or motion pictures obtained by surveillance, or
 2. Videotape recordings or motion pictures of medical procedures performed by a physician.

Historical Note

Former Rule 47. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-147 recodified from R4-13-147 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-148. Burden of Presentation of Evidence; Offer of Proof

- A. A party shall rest at the conclusion of the presentation of the party's evidence. If there is a dispute as to which party has the burden of proof, the presiding administrative law judge shall direct who has the burden of proof.
- B. If a presiding administrative law judge prohibits a witness from answering a question, the presiding administrative law judge shall permit an offer of proof in the form of an avowal or in writing.

Historical Note

Former Rule 48. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-148 recodified from R4-13-148 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-149. Presence of Claimant at Hearing; Notice of a Parties' Non-Appearence at Hearing; Assessment of Hearing Costs for Non-Appearence

- A. A claimant, whether or not represented by an attorney, shall appear personally at any hearing without the necessity of subpoena unless excused by the presiding administrative law judge.
- B. Subject to subsection (A), at least three days before a scheduled hearing a party shall notify the presiding administrative law judge of any non-appearance by a party or party's authorized representative that requires the judge to cancel or reschedule the hearing.
- C. If a party fails to notify the presiding administrative law judge as required under subsection (B), the presiding administrative law judge may order the party or the party's authorized representative to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees.

Historical Note

Former Rule 49. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-149 recodified

from R4-13-149 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-150. Joinder of a Party

- A. An administrative law judge may join as a party any person, firm, corporation, or other entity in favor of whom or against whom a right to relief may exist and over whom the Commission may acquire jurisdiction.
- B. Joinder may be made upon application of any party or upon the presiding administrative law judge's own motion.
- C. A party seeking to join another person, firm, corporation, or other entity shall file a motion requesting joinder with the presiding administrative law judge at least 30 days before hearing. The moving party shall serve a copy of the motion upon the person, firm, corporation, or other entity for whom joinder is requested, and upon all other parties.
- D. If the requirements of this Section are met, the presiding administrative law judge shall join as a party the person, firm, corporation, or other entity for whom joinder is requested and shall issue a notice advising the parties of the joinder.

Historical Note

Former Rule 50. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-150 recodified from R4-13-150 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-151. Special Appearance

Any party against whom a claim may exist under the Act, or against whom a contingent liability may exist under the Act, and over whom the Commission has not acquired jurisdiction, may enter a special appearance. A special appearance made under this Section does not invoke the jurisdiction of the Commission.

Historical Note

Former Rule 51. R20-5-151 recodified from R4-13-151 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-152. Resolution of Issues by Stipulation After the Filing of a Request for Hearing; Notice of Resolution; Assessment of Hearing Costs

- A. Subject to the requirement of subsection (D), parties may stipulate to any fact or issue after a party files a request for hearing. The stipulation may be in writing or made orally at the time of hearing.
- B. A stipulation is binding upon the parties unless a presiding administrative law judge or the Commission grants the parties permission to withdraw the stipulation.
- C. If a stipulation is not reasonably supported by the evidence, a presiding administrative law judge or the Commission, may set aside or refuse to accept the stipulation and proceed to determine the true facts.
- D. A party shall notify a presiding administrative law judge of any stipulation, compromise or settlement agreement, or withdrawal of a hearing request that makes a hearing unnecessary at least three days before a scheduled hearing.
- E. The presiding administrative law judge may order a party or parties to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees if a party fails to notify the presiding administrative law judge as required under subsection (D).

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Historical Note

Former Rule 52. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-152 recodified from R4-13-152 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-153. Exclusion of Witnesses

Any party may request that all other witnesses except the parties be excluded from the hearing until called to testify. The presiding administrative law judge may, in the judge's discretion, grant or deny the request. If the request is granted, the presiding administrative law judge shall admonish each witness not to discuss the witness's testimony with anyone other than attorneys on the case.

Historical Note

Former Rule 53. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-153 recodified from R4-13-153 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-154. Correspondence to Administrative Law Judge

A person submitting correspondence, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence upon all other parties, or if represented, the parties' authorized representatives. The administrative law judge shall not consider correspondence or subpoena requests to be evidence except by agreement of all parties to the matter.

Historical Note

Former Rule 54. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-154 recodified from R4-13-154 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-155. Filing of Medical and Non-Medical Reports Into Evidence; Request for Subpoena to Cross-examine Author of Report Submitted into Evidence; Failure to Timely Request Subpoena for Author

- A. Except as provided in R20-5-114(C), a party filing a medical report or hospital record into evidence ("medical report") that is not already contained in the Commission's claims file, shall file the medical report with the presiding administrative law judge at least 25 days before the first scheduled hearing.
- B. A party filing into evidence a document, report, instrument, or other written matter not described in subsection (A) ("non-medical report") that is not already contained in the Commission's claims file, shall file the non-medical report with the presiding administrative law judge at least 15 days before the first scheduled hearing.
- C. The party filing a medical or non-medical report into evidence shall serve a copy of the report to all other parties.
- D. A presiding administrative law judge shall not receive into evidence any medical or non-medical report that is not filed as required under this Section. If the report has been placed in the Commission's claims file, the presiding administrative law judge shall remove the report from the Commission's claims file and return the report to the filing party.
- E. The presiding administrative law judge may suspend the requirements of this Section;
 1. Upon a showing of good cause; or
 2. If the parties agree that the judge may accept the medical or non-medical report into evidence.
- F. The party filing a medical or non-medical report under this Section shall file a cover letter with the report stating:

1. The party's identity;
2. The reports filed; and
3. Proof of service of the reports upon the other parties.

- G. A party seeking to cross-examine the author of any medical or non-medical report filed into evidence shall request a subpoena under R20-5-141.
- H. If a party fails to timely request a subpoena under this Section and R20-5-141, the party waives the right to cross-examine the author of any medical or non-medical report filed into evidence and the presiding administrative law judge shall admit the medical or non-medical report in evidence.

Historical Note

Former Rule 55. Amended subsections (A) and (D) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-155 recodified from R4-13-155 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-156. Continuance of Hearing

- A. A party may request a continuance of a scheduled hearing. If a party shows good cause, a presiding administrative law judge may grant a request that a hearing be continued.
- B. If at the conclusion of a hearing a party seeks to continue the hearing to introduce additional evidence, the party shall state specifically and in detail:
 1. The nature and substance of the additional evidence,
 2. The names and addresses of additional witnesses, and
 3. The reason the party was unable to produce the evidence or witnesses at the hearing.
- C. A presiding administrative law judge may deny a request for a continuance under subsection (B) if the presiding administrative law judge determines that, with the exercise of due diligence, the evidence or testimony could have been produced or the evidence or testimony would be cumulative, immaterial, or unnecessary.
- D. A presiding administrative law judge may, on the judge's own motion, continue a hearing and order further examinations or investigations that the judge determines are warranted.
- E. If more than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the new hearing date.
- F. If less than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the original hearing date.

Historical Note

Former Rule 56. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-156 recodified from R4-13-156 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-157. Sanctions

- A. A presiding administrative law judge may impose the following sanctions against any party or authorized representative of a party who fails to comply with this Article or fails to comply with an order of the presiding administrative law judge or Commission:
 1. Dismissal of the party's request for hearing;
 2. Refusal to permit the introduction of evidence by the party; or
 3. Assessment of reasonable attorney's fees and costs against the sanctioned party or authorized representative of a party.

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- B. If a party shows good cause, a presiding administrative law judge or the Commission may relieve a party of sanctions imposed under subsection (A).

Historical Note

Former Rule 57. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-157 recodified from R4-13-157 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-158. Service of Awards and Other Matters

- A. An award, decision, order, subpoena, notice, document, or other matter required by the Act, this Article, or other law to be served shall be made upon a party or, if represented, the party's authorized representative. Service upon the authorized representative is service upon the party.
- B. Service may be made and is deemed complete by:
1. Depositing the document or matter in the United States mail, with postage prepaid, addressed to the party served at the address as shown by the records of the Commission; or
 2. Personal service in the same manner as a summons is served in a civil action.
- C. Proof of service may be made by an affidavit or oral testimony of the person making such service.

Historical Note

Former Rule 58. Amended subsection (C) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-158 recodified from R4-13-158 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-159. Record for Award or Decision on Review

A presiding administrative law judge's award or decision under A.R.S. § 23-942 or award or decision upon review under A.R.S. § 23-943 shall be based upon:

1. The record as it exists at the conclusion of the hearings, and
2. Any memoranda provided under A.R.S. § 23-943(E) or requested by the presiding administrative law judge.

Historical Note

Former Rule 59. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-159 recodified from R4-13-159 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-160. Application to Set Attorney Fees Under A.R.S. § 23-1069

- A. For purposes of A.R.S. § 23-1069, "final disposition of a case" occurs when all compensation benefits have been released to a claimant.
- B. A claimant or attorney filing an application for attorney's fees under A.R.S. § 23-1069 shall serve notice of the application to all parties, including if applicable, the insurance carrier, self-insured employer, or special fund division.
- C. Upon the filing of an application, the attorney and claimant shall, provide information to the Commission to enable the Commission to award reasonable attorney's fees.
- D. Attorney's fees awarded under this Section shall be set by the Commission, an administrative law judge, or other authorized representative of the Commission.

Historical Note

Former Rule 60. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-160 recodified

from R4-13-160 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-161. Stipulations for Extensions of Time

Stipulations for extensions of time in which to file papers or briefs in the various courts shall be received and signed by the Chief Counsel or other members of the Legal Department.

Historical Note

Former Rule 61. R20-5-161 recodified from R4-13-161 (Supp. 95-1).

R20-5-162. Legal Division Participation

The chief counsel and other members of the legal staff of the Commission who participate in proceedings or matters under the Act and this Article do so on behalf of the Commission.

Historical Note

Former Rule 62. R20-5-162 recodified from R4-13-162 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-163. Bad Faith and Unfair Claim Processing Practices

- A. For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representative commits "bad faith" if the employer, self-insured employer, insurance carrier, or claims processing representative:

1. Institutes a proceeding or interposes a defense that is not:
 - a. Well-grounded in fact;
 - b. Warranted by existing law; or
 - c. A good faith argument for the extension, modification, or reversal of existing law;
2. Unreasonably delays:
 - a. Payment of benefits; or
 - b. Authorization for, or receipt of, medical benefits or treatment;
3. Unreasonably underpays benefits;
4. Unreasonably terminates benefits;
5. Intentionally misleads a claimant as to applicable statutes of limitation, benefits, or remedies available to the claimant under the Act or under this Article; or
6. Unreasonably interferes with or obstructs the claimant's right to choose the claimant's attending physician, except in cases involving a self-insured employer under A.R.S. § 23-1070.

- B. For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representative commits "unfair claim processing practices" if the employer, self-insured employer, insurance carrier, or claims processing representative:

1. Unreasonably issues a notice of claim status without adequate supporting information in its possession or available to it;
2. Unreasonably fails to acknowledge communications from the Commission, an unrepresented claimant, or a claimant's attorney with respect to a claim;
3. Fails to act reasonably and promptly upon communications from the Commission, an unrepresented claimant, or a claimant's attorney with respect to a claim;
4. Directly advises a claimant not to consult or obtain the services of an attorney; or
5. Communicates directly, for an improper purpose, with a claimant represented by an attorney.

- C. A person alleging bad faith or unfair claim processing practices ("complainant") shall file a written complaint with the

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claims manager of the Commission. The complainant, or the complainant's authorized representative, shall sign the complaint.

- D. The complaint shall describe the specific actions of the employer, self-insured employer, insurance carrier, or claims processing representative, that are alleged to constitute bad faith or unfair claim processing practices. A complaint form is available upon request from the Commission.
- E. Upon receipt of a complaint under this subsection, the claims manager of the Commission shall serve the complaint upon all parties.
- F. If the Commission acts on its own motion under A.R.S. § 23-930(A), the claims manager shall mail a notice of alleged bad faith or unfair claim processing practices to the claimant or the claimant's authorized representative and the:
 1. Employer;
 2. Self-insured employer;
 3. Insurance carrier; or
 4. Claims processing representative.
- G. The person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section shall file with the claims manager a written response to the complaint or notice, within 30 days after service by the Commission of the complaint or notice.
- H. The person or entity filing a written response shall serve a copy of the response upon the complainant, or the complainant's authorized representative, if represented.
- I. If the person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section fails to file a written response, the Commission shall consider the absence of a response a denial of the allegations of the complaint or notice.
- J. Upon receipt of a written response, or upon the expiration of 30 days if no response is filed, the Commission shall enter an award as it deems, in its discretion, appropriate under A.R.S. §§ 23-930(B) or (C).

Historical Note

Adopted as an emergency effective February 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Amended and readopted as an emergency effective April 29, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Readopted without change as an emergency effective August 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Readopted without change as an emergency effective November 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended and readopted as an emergency effective July 11, 1989 (Supp. 89-3). Adopted as a permanent rule effective October 4, 1989 (Supp. 89-4). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

R20-5-164. Human Immunodeficiency Virus, Hepatitis C, Methicillin-resistant *Staphylococcus Aureus*, Spinal Meningitis and Tuberculosis; Significant Exposure; Employee Notification; Reporting; Documentation; Forms

- A. An employer subject to the Act shall notify its employees of the requirements of A.R.S. §§ 23-1043.02, 23-1043.03, and 23-1043.04 by posting the Commission notices titled "Work Exposure to Bodily Fluids" and "Work Exposure to methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)" in a conspicuous place immediately next to the "Notice to Employees" notice required under A.R.S. § 23-906(D).

- B. Properly posted "Work Exposure to Bodily Fluids" and "Work Exposure to Methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)" notices constitute sufficient notice to employees of the requirements of a prima facie case under A.R.S. §§ 1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- C. An employer's insurance carrier, claims processor, or workers' compensation pool shall provide the notices specified in subsection (A) to the employer. These notices are also available from the Commission upon request.
- D. An employer shall make readily available to its employees the Commission form described in R20-5-106 titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material." An employer's insurance carrier, claims processor, or workers' compensation pool shall provide the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" to the employer. This form is also available from the Commission upon request.
- E. If an employee sustains a significant exposure as defined in A.R.S. §§ 23-1043.02(G), 23-1043.03(G), or 23-1043.04(H)(2), the employee shall complete, date, and sign a "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form. The employee or employee's authorized representative shall give to the employer the completed, dated, and signed form. The employer shall return one copy of the completed form to the employee or to the employee's authorized representative. Nothing in this subsection limits the requirements to report an injury or file a claim under the Act.
- F. If an employee submits a written report of a significant exposure to an employer, but does not use the Commission form titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material," the employer shall provide the employee the Commission form within five calendar days after receiving the employee's initial written report.
- G. The date of the receipt by the employer or its authorized representative of the employee's initial report is the date used to compute the time period prescribed in A.R.S. §§ 23-1043.02(B)(2), 23-1043.03(B)(2), and 23-1043.04(B)(2) if:
 1. The initial report contains the information required in the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form, or
 2. The employee gives to the employer the completed Commission form within 10 calendar days after the employee's receipt of the Commission form.
- H. Failure or refusal by the employer to provide the Commission form to the employee shall not be a defense to a prima facie claim under A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- I. In investigating the circumstances and facts surrounding an employee's report to an employer of a significant exposure under A.R.S. §§ 23-1043.02(C), 23-1043.03(C), and 23-1043.04(C), the employer, or its carrier, or any employees, agents or contractors of either the employer or carrier, shall not disclose to any person, except as authorized or required by law, that the reporting employee, or any witness or alleged source of exposure, may have or did contract the human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, methicillin-resistant *Staphylococcus aureus*, spinal meningitis, or tuberculosis. However, an employer, its carrier or their respective attorneys, may:
 1. Direct an agent to investigate the employee's report of significant exposure, and
 2. Communicate with the investigating agent about the conduct and results of the investigation.

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- J. As required under the federal Occupational Safety and Health Standard for Bloodborne Pathogens, 29 CFR 1910.1030, an employer shall pay for the testing required by A.R.S. § 23-1043.02.

Historical Note

Adopted effective April 9, 1992 (Supp. 92-2). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2).

R20-5-165. Calculation of Maximum Average Monthly Wage

In using the Bureau of Labor Statistics Employment Cost Index to adopt the amount of an increase to the maximum average monthly wage under A.R.S. § 23-1041(E), the Commission shall use the *Bureau of Labor Statistics, Employment Cost Index for Wages and Salaries, for Civilian Workers, by Occupational Group and Industry, All Workers*, available at <http://www.bls.gov/>.

Historical Note

New Section made by final rulemaking at 19 A.A.R. 1925, effective July 10, 2013 (Supp. 13-3).

**ARTICLE 2. SELF-INSURANCE REQUIREMENTS FOR
INDIVIDUAL EMPLOYERS AND WORKERS'
COMPENSATION POOLS ORGANIZED UNDER A.R.S. §§
11-952.01(B) AND 41-621.01**

R20-5-201. Definition of Self-insurer

"Self-insurer" or "self-insured" means an individual employer or a workers' compensation pool as defined in A.R.S. §§ 11-952.01(B) or 41-621.01(A) that is authorized by the Commission to self-insure for workers' compensation.

Historical Note

Former Rule I. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-201 recodified from R4-13-201 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4).

R20-5-202. Self-insurance Application; Requirements

- A. All applicants who initially apply for self-insurance on or after the certification of the 1993 rule amendments by the Attorney General and filing of those amendments with the Secretary of State shall:

1. Complete, date, sign, and file with the Commission an application for authority to self-insure on a form that can be obtained from the Commission and contains the following information:
 - a. Applicant identification including names, addresses, corporation, subsidiary, and partnership information;
 - b. Nature of business;
 - c. History of business in Arizona and elsewhere;
 - d. Payroll data;
 - e. Work force data;
 - f. Insurance data;
 - g. Claims history;
 - h. Method proposed to finance self-insurance liability and reserves;
 - i. Program for compliance with occupational safety and health standards, rules, and laws of this state;
 - j. Program to finance medical, surgical, and hospital benefits including information on organization responsible for processing claims;
 - k. Names and addresses of Arizona agents upon whom legal notice of proceedings before the Commission is served;
 - l. Authorization for signator;

- m. Authorization by corporate resolution, or board of trustees resolution, if applicable; and
- n. Statement attesting to the truthfulness of the information in the application.

2. Maintain an office in Arizona. Payroll reports and other materials relating to the calculation of premiums shall be readily available at this office for inspection and audit by the Commission or its authorized representative.

3. In the first year of operation, obtain a guaranty bond and specific excess insurance or excess of loss insurance in an amount as provided in R20-5-206(D)(1) to adequately protect against catastrophic losses. Starting with the second year of operation, an individual self-insurer shall choose one of the two options provided in R20-5-206(D). The insurance shall contain:
 - a. A 60-day notice of termination; and
 - b. A provision that insolvency of the self-insurer does not relieve the excess insurer of liability assumed under the contract.

- B. An individual applicant for self-insurance that is not a member of a workers' compensation pool, in addition to complying with subsection (A) of this rule, shall:

1. Have been engaged in business in Arizona for at least five years prior to the date of application.
2. Provide an annual payroll in this state of at least \$2,000,000 (this payroll may include the combined payrolls of all subsidiary companies carried under the self-insurance authorization; the requirements of this subsection do not apply to political subdivisions of this state) and meet either of the following thresholds:
 - a. Total reported assets of at least \$50,000,000; or
 - b. Combination of \$10,000,000 in net worth and a cash flow ratio of .25.
3. Provide the Commission with an internally certified copy of the employer's audited or reviewed financial statements for the most current and prior two years. The Commission's review of the applicant's financial statements includes the following:
 - a. Calculation of the following ratios:
 - i. Cash Flow Ratio - Cash flow from operations divided by current liabilities which is an indication of the ability of the applicant to meet current obligations out of cash flow.
 - ii. Current Ratio - Current assets divided by current liabilities which indicate the applicant's ability to service current obligations.
 - iii. Debt Status Ratio - Net worth divided by total liabilities which indicate the proportion of funds supplied by the applicant relative to the funds supplied by creditors.
 - iv. Profitability Ratio - Profit before taxes, divided by total assets, multiplied by 100 which measures the return on assets and the efficiency of assets employed by the firm.
 - v. Quick Ratio - Cash and equivalents, plus trade receivables, divided by current liabilities which express the degree to which the applicant's liabilities are covered by the most liquid current assets.
 - vi. Working Capital Ratio - Working capital divided by sales which measures the sufficiency of working capital to support sales.
 - b. Comparison of the applicant's ratios with the ratios of existing self-insurers in the same or a closely related industry.
 - c. Review of notes to the financial statement.

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- d. Review of management report of operation and other information published in the annual statement.
 4. Provide the Commission with the names of all other jurisdictions in which it has been granted authority to self-insure and the effective dates of such authorization.
 5. Provide the Commission with the names of all other jurisdictions in which its application to self-insure has been denied or its authority to self-insure has been suspended or revoked, and the dates and reasons for such denials, suspensions, or revocations.
- C.** In addition to the requirements of subsection (A), a workers' compensation pool applicant for self-insurance shall:
1. File with the application for self-insurance a completed indemnity agreement on a form that can be obtained from the Commission, signed by a duly authorized agent of the pool jointly and severally binding the pool and each of its members to comply with the provisions of A.R.S. Title 23, Chapter 6 and rules adopted pursuant to Chapter 6. The indemnity agreement shall contain the following information:
 - a. Name of the group, with names of trustees and members;
 - b. Amount of the corporate surety bond;
 - c. Name of the service agent of the group, including a description of the agent's duties and responsibilities; and
 - d. Statement that the group will defend and assume liabilities in the name of and on behalf of any member of the group.
 2. Provide a copy of the most recently audited financial report of the pool prepared by a certified public accountant, including a copy of the examination report prepared by the Department of Insurance and that Department's recommendations, if any.
 3. Provide the names and addresses of the members of the board of trustees of the pool.
 4. Provide the agreement indicating the terms and conditions of coverage within the pool including any exclusions of coverage.
 5. An intergovernmental agreement filed with the Commission pursuant to A.R.S. § 11-952.01(G)(7) shall contain the provisions of A.R.S. § 11-952.01(I).
2. Provide a continuation certificate for the guaranty bond or letter of credit signed by an authorized representative of the surety or bank. The amount of the bond, letter of credit, or securities shall equal the amount submitted on the Option Election form.
 3. Submit a copy of the most recent certified annual financial statement at least 30 days prior to the anniversary date of the authorization to self-insure. A parent company that has executed a guaranty for a subsidiary shall also submit a copy of its most recent certified annual financial statement within the same time period required by this subsection.
 4. Provide a Guaranty To Satisfy Compensation Claims Under Workers' Compensation Act in Arizona form as provided in R20-5-206(C) completed, signed, and dated by the parent company of a subsidiary self-insurer if the parent company of the self-insurer is different from the last filing approved by the Commission.
- B.** All workers' compensation pool applicants for self-insurance renewal authority shall:
1. Provide information to the Commission as required under subsections (A)(1), (2), and (3).
 2. Provide an updated indemnity agreement pursuant to R20-5-202(C)(2) for changes occurring since the last filing approved by the Commission.
- C.** All applicants for renewal shall continue to maintain an office in Arizona as described in R20-5-202(A)(2).
- D.** The Commission's analysis for renewal includes the following:
1. A review of the items required by R20-5-202(A).
 2. A review of the claims profile which includes a review of the preceding year's claims filed, claims denied, and denial rate. Denial rates in excess of 8% require additional analysis by the Commission's Claims Division to establish the reasons for the denials.
 3. A review of the self-insurer's financial profile which includes a review of the financial data as described in R20-5-202(B)(3).

Historical Note

Former Rule III. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-203 recodified from R4-13-203 (Supp. 95-1).

R20-5-204. Denial of Authorization to Self-insure

If the Commission denies an application for authorization to self-insure for failure to comply with A.R.S. § 23-961(A)(2) or for failure to comply with the requirements of R20-5-202 or R20-5-203, the Commission shall issue an Order to the applicant refusing authorization to self-insure. An appeal of such denial may be made pursuant to A.R.S. § 23-945.

Historical Note

Former Rule IV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-204 recodified from R4-13-204 (Supp. 95-1).

R20-5-205. Resolution of Authorization

If the Commission grants authorization to self-insure, a Resolution of Authorization to Self-insure will be issued. The issuance of the Resolution shall be conditioned upon the deposit with the Commission, prior to the effective date stated in the Resolution, of the bonds or other securities specified by A.R.S. § 23-961(A)(2) and this Article.

Historical Note

Former Rule II. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-202 recodified from R4-13-202 (Supp. 95-1).

R20-5-203. Self-insurance Renewal Application; Requirements

- A.** All individual applicants for self-insurance renewal authority shall:
1. Complete, date, sign, and file with the Commission an Option Election form that can be obtained from the Commission when providing a bond or other security as required by R20-5-206(D) for the payment of workers' compensation liabilities. The Option Election form shall list the following:
 - a. Total outstanding workers' compensation accrued liabilities for all previous periods of self-insurance;
 - b. Amount of future reserves;
 - c. Amount of calculated bond based on the amount of total estimated future liability x 125%.
- For those self-insurers complying with R20-5-206(D)(1), the self-insurer shall additionally provide a certificate of excess insurance.

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Historical Note

Former Rule V. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-205 recodified from R4-13-205 (Supp. 95-1).

R20-5-206. Posting of Guaranty Bond; Effective Date; Execution; Subsidiary Company Guaranty Bond; Parent Company Guaranty; Bond Amounts

- A. Any guaranty bond filed with the Commission shall bear the same effective date as the effective date of the Resolution of Authorization to Self-insure and shall be for a minimum of one year, subject to annual renewal.
- B. A guaranty bond shall be made by a company authorized and licensed to transact the business of fidelity and surety insurance in Arizona. The guaranty bond shall be executed by a duly authorized agent of the surety and be countersigned by a licensed resident agent. A bond form can be obtained from the Commission and contains the following information:
 1. Applicant identification;
 2. Amount of the bond;
 3. Conditions of the bond obligations; and
 4. Statement regarding responsibility for fees and costs associated with collection of the bond and responsibility for payment of any award or judgment against the surety.
- C. For the Commission to issue a Resolution of Authorization to Self-insure to a subsidiary company, the parent company shall first execute a guaranty for the subsidiary on a form that can be obtained from the Commission. The parent company shall submit its most recent audited financial statement to the Commission for analysis to determine the ability of the parent company to meet its obligations under the guaranty and under A.R.S. § 23-961(A)(2). The guaranty shall state that the parent company agrees and guarantees on behalf of the subsidiary that any and all liabilities against the subsidiary, under or by virtue of the Workers' Compensation Laws of Arizona, shall be promptly and fully paid, and the subsidiary company has on deposit a guaranty bond or securities. The guaranty for a subsidiary company, and the Resolution of Authorization to Self-insure issued to such subsidiary company, shall be valid and effective only as long as the parent company has on file with the Commission a valid guaranty to satisfy compensation claims of the subsidiary. A parent company is one which owns sufficient stock in the subsidiary company to control the subsidiary and does not mean a company in which all or a majority of the stockholders are the same as in the subsidiary. The guaranty shall be accompanied by a verified certificate as to stock ownership of the subsidiary, a certified copy of the charter or articles of incorporation of the parent company and a certified copy of the resolution of the directors of the parent company authorizing a designated officer to execute the guaranty.
- D. In compliance with this Article and the Workers' Compensation Laws of Arizona, an individual self-insurer that is not a member of a workers' compensation pool shall post either:
 1. A minimum \$250,000 guaranty bond and a specific excess reinsurance policy with a self-insured retention of \$250,000 and a policy limit of liability of not less than \$10,000,000.
 2. A guaranty bond equal to 125% of the total outstanding accrued liability as reflected in the Option Election form from the self-insurer to the Commission or a minimum guaranty bond in the amount of \$100,000, whichever is greater. The total outstanding accrued liabilities shall be determined by certification from the self-insurer for the Commission's approval.
- E. In compliance with this Article and the Workers' Compensation Laws of Arizona, a workers' compensation pool shall post

a guaranty bond equal to 125% of the total outstanding accrued liability as reflected in the Option Election form from the self-insured pool to the Commission or a minimum guaranty bond in the amount of \$100,000, whichever is greater. The total outstanding accrued liabilities shall be determined by certification from the self-insured pool for the Commission's approval.

Historical Note

Former Rule VI; Amended effective February 27, 1975 (Supp. 75-1). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-206 recodified from R4-13-206 (Supp. 95-1).

R20-5-207. Posting of Securities in Lieu of Guaranty Bond; Registration; Deposit

- A. In lieu of posting a guaranty bond as provided in R20-5-206, the self-insurer may deposit with the Commission for transmittal to the State Treasurer bonds of the United States.
- B. Any securities deposited with the State Treasurer shall be registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws. The securities shall be held by the State Treasurer, as custodian subject to the order of, and in trust for, The Industrial Commission of Arizona, with the power in the Commission to collect or order collection of the principal as it becomes due, to sell or order the sale of these securities or any part of these securities, and to apply or order the application of the proceeds to the payment of any award rendered against the self-insurer in the event of the default in the payment of its obligations. The interest coupons on such securities shall be remitted by the Commission to the self-insurer upon request as they mature.
- C. The securities deposited in compliance with subsections (A) and (B) shall have a face value at maturity in the amount specified by the Commission.

Historical Note

Former Rule VII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-207 recodified from R4-13-207 (Supp. 95-1).

R20-5-208. Posting Other Securities

If the Commission accepts securities other than those specified in R20-5-207, including letters of credit, these securities shall be registered in the same manner as provided in R20-5-207.

Historical Note

Former Rule VIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-208 recodified from R4-13-208 (Supp. 95-1).

R20-5-209. Authorization Limitation

If the Resolution of Authorization to Self-insure is validated by a deposit of acceptable securities, or by a guaranty bond, the resolution shall remain in full force and effect for a period of one year unless revoked by the Commission.

Historical Note

Former Rule IX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-209 recodified from R4-13-209 (Supp. 95-1).

R20-5-210. Continuation of Authorization

If timely and sufficient application for renewal is made pursuant to R20-5-203, the existing authorization to self-insure shall continue, subject to compliance with A.R.S. Title 23, Chapter 6 and this Article, until the renewal application has been finally determined by the Commission.

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Historical Note

Former Rule X. R20-5-210 recodified from R4-13-210 (Supp. 95-1).

R20-5-211. Revocation of Authorization; Notice of Insolvency; Notice of Change of Ownership

- A. The Commission may revoke a resolution of authorization to self-insure for good cause. Good cause includes:
1. The impairment of the solvency of the self-insurer.
 2. The failure of the self-insurer to respond within 10 days of a demand by the Commission to substitute a satisfactory guaranty bond or securities when in the Commission's judgment the bond or securities on deposit are unsatisfactory or insufficient in amount or character.
 3. The failure of the self-insurer to pay tax assessments levied by the Commission within 30 days of the due dates prescribed by A.R.S. §§ 23-961 and 23-1065.
 4. The failure of the self-insurer to promptly provide the Commission within 60 days the reports required by the Commission under this Article concerning the business, operations, employees, wages, injuries, and other subjects under Commission jurisdiction.
 5. The failure to comply with state workers' compensation laws.
 6. The failure of the self-insurer to pay or comply with any award of the Commission within 30 days after the award becomes final.
 7. The willful misstating of any material fact in a payroll report, injury report, or other report or statement made to the Commission.
 8. The deliberate refusal of the self-insurer to comply with Commission rules.
 9. The failure of the workers' compensation pool to notify the Commission within 30 days before termination or cancellation that a member has been terminated or cancelled.
 10. The failure of the workers' compensation pool to notify the Commission within 30 days of receipt of notification that, as a result of the annual audit or examination by the Director of the Department of Insurance, it appears that the assets of the pool are insufficient to enable the pool to discharge its legal liabilities and other obligations and the resulting notification by the Director of the Department of Insurance to the administrator and board of trustees of the workers' compensation pool of the insufficiency and the Director's list of recommendations to abate the deficiency.
 11. The failure of the pool to comply with the recommendation of the Director of the Department of Insurance within 60 days of the date of notice as prescribed in A.R.S. §§ 11-952.01(L) and 41-621.01(J).
- B. The self-insurer shall notify the Commission within 24 hours of any bankruptcy filing under federal law or insolvency proceeding under any state's laws.
- C. The self-insurer shall notify the Commission within 24 hours of any change in the ownership status of the employer.

Historical Note

Former Rule XI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-211 recodified from R4-13-211 (Supp. 95-1).

R20-5-212. Notice of Revocation of Resolution of Authorization to Self-insure

The registration and deposit in the United States mail of a Notice of Revocation of the Resolution of Authorization to Self-insure, addressed to the last known address of the employer as shown by the records of the Commission, and signed by the Commission,

shall be deemed to constitute actual delivery of such notice to a self-insurer.

Historical Note

Former Rule XII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-212 recodified from R4-13-212 (Supp. 95-1).

R20-5-213. Substitution of Bond or Securities

No bond or other security deposited as a condition precedent to validating a Resolution of Authorization to Self-insure shall be returned nor shall any substitution be allowed, except upon written order of the Commission. No return of such bond or other security shall be authorized except upon proof that the employer has placed with the Commission an amount or amounts as determined by the Commission to be sufficient to provide for the present value of all death benefits, awards, and determinations previously made by the Commission or the self-insurer, with an adequate contingency amount to apply to reopened claims that have been closed and become final during the period of self-insurance.

Historical Note

Former Rule XIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-213 recodified from R4-13-213 (Supp. 95-1).

R20-5-214. Rating Plans Available for Self-insurers

- A. Any of the following rating plans are available to self-insured employers for the purpose of calculating the taxes required by A.R.S. §§ 23-961(G) and 23-1065(A).
1. Fixed Premium Plan
 2. Ex-medical Plan
 3. Guaranteed Cost Plan
 4. Retrospective Rating Plan
- B. The provisions of the rating plans apply only to operations and payroll in Arizona, and all such operations in Arizona shall be combined as a single base for the calculation of any premium modifications to all such operations.

Historical Note

Former Rule XIV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-214 recodified from R4-13-214 (Supp. 95-1).

R20-5-215. Fixed Premium Plan: Definition; Formula; Eligibility

- A. A Fixed Premium Plan means a plan in which neither losses nor incurred loss reserves are used for calculation. The only discount is for premium size.
- B. The formula for calculation of the fixed premium plan is as follows: Payroll x Applicable Rate Less Premium Discount.
- C. Fixed Premium Plan shall be the exclusive plan available to:
1. Those self-insurers electing this plan.
 2. Those self-insurers whose annual net taxable premium does not exceed \$100,000 annually.
 3. Those self-insurers not eligible for any other plan authorized by the Commission for rating purposes.

Historical Note

Former Rule XV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-215 recodified from R4-13-215 (Supp. 95-1).

R20-5-216. Ex-medical Plan: Definition; Formula; Eligibility; Modification

- A. An Ex-Medical Plan means a plan for premium calculation which provides for rate revisions based upon the self-insurer operating a medical facility with a program for providing medical, surgical, or hospital services to all of the self-insurer's employees for their benefit and that has complied with the

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requirements specified in A.R.S. § 23-1070. Neither losses nor incurred loss reserves are used in such plan.

- B. The formula for calculation of the Ex-Medical Plan is as follows: $[(\text{Payroll} \times \text{Applicable Rate}) \times (1 - \text{Ex-Medical Factor})]$ less Premium Discount.
- C. Only those self-insurers whose program for medical, surgical, or hospital services has been authorized by the Commission are eligible to utilize this plan, for premium calculation.
- D. To be eligible for this plan the self-insurer's annual net taxable premium must exceed \$100,000.

Historical Note

Former Rule XVI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-216 recodified from R4-13-216 (Supp. 95-1).

R20-5-217. Guaranteed Cost Plan: Definition; Formula; Eligibility; Cost of Calculation

- A. A Guaranteed Cost Plan means a plan providing for the direct relationship, on an annual basis, of the premium for tax purposes and the experience modification developed to reflect the loss payment and incurred loss experience of the self-insured employer. Loss data for three complete years must be provided to calculate the experience modification factor. This plan shall be calculated annually and the premium shall not be subject to further adjustment during the subsequent year.
- B. The formula for the calculation of the Guaranteed Cost Plan is as follows: $\text{Payroll} \times \text{Applicable Rate} \times \text{Experience Modification Factor}$ Less Premium Discount.
- C. Only those self-insurers who satisfy all of the following requirements shall be eligible to use the Guaranteed Cost Plan:
 - 1. The submission of data concerning paid loss determinations and incurred loss reserves for each workers' compensation claimant. The information is used to calculate an experience modification factor for the self-insurer. Three years of loss data shall be formulated to calculate the experience modification factor.
 - 2. An annual net taxable premium exceeding \$100,000.

Historical Note

Former Rule XVII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-217 recodified from R4-13-217 (Supp. 95-1).

R20-5-218. Retrospective Rating Plan: Definition; Formula; Eligibility

- A. Retrospective rating plan means a plan providing for the relationship between the premium for tax purposes, the experience modification factor developed to reflect the loss payment and incurred loss experience of the self-insured employer, and the actual incurred losses for the tax year. This plan is to be calculated annually and the premiums shall not be subject to further adjustment during the tax year.
- B. The formula for calculating the retrospective rating plan is as follows: $[\text{Payroll} \times \text{Applicable Rate} \times \text{Experience Modification Factor} \times \text{Basic Premium Factor} + (\text{losses current year} + \text{adjusted losses previous year}) \times \text{loss conversion factor}] \times \text{Tax Multiplier} = \text{Net Taxable Premium (NTP)}$. The NTP is subject to a maximum and minimum premium level depending on which one of the four rating option plans specified in the rating systems filed by the rating organization used by the State Compensation Fund pursuant to A.R.S. Title 20, Chapter 2, Article 4 is used.
- C. Only those self-insurers who satisfy all of the following requirements shall be eligible to use the retrospective rating plan:
 - 1. The submission of data concerning paid loss determinations and incurred loss reserved for each worker's com-

pensation claimant. The information is used to calculate an experience modification factor for the self-insurer. Four years of loss data must be formulated. The oldest three years of data is used to calculate the rate and the most current year's data is used in the actual tax calculation.

- 2. An annual net taxable premium exceeding \$100,000.

Historical Note

Former Rule XVIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-218 recodified from R4-13-218 (Supp. 95-1).

R20-5-219. Payment of Taxes by Self-insurers

The tax payments described in A.R.S. §§ 23-961(G) through (J) and 23-1065(A) shall be processed in accordance with the following:

- 1. All self-insurers shall submit their payroll, loss, medical, and other information to the Commission by January 31 of each year.
- 2. All self-insurers shall pay their annual taxes on or before March 31 based on premiums calculated for the preceding calendar year. The payment for each tax shall not be less than \$250.00 per year.
- 3. Those self-insurers who paid \$2,000.00 or more for the administrative fund tax (A.R.S. § 23-961(G)) for the preceding calendar year shall pay a quarterly tax in the following year. One of two methods can be used to calculate the payment. The first method is a quarterly payment of 25% of the tax calculated for the previous year. The second method is based on actual payroll and premiums calculated for each quarter. Those self-insured employers who paid \$2,000.00 or more for the Special Fund tax (A.R.S. § 23-1065(A)) for the preceding calendar year must pay a quarterly tax using the same methods to calculate payment. The quarterly payments are due April 30, July 31, October 31, and January 31 for the periods ending March 31, June 30, September 30, and December 31, respectively.
- 4. Upon calculation of the annual taxes, it shall be determined by the Commission if the self-insured employer has overpaid or underpaid its taxes. If the total of the quarterly payments is less than the actual taxes calculated for the year, then the amount representing the difference is due on or before March 31. If the total of the quarterly payments exceeds the amount of the actual taxes calculated for the year, a refund will be paid to the self-insurer.
- 5. If the self-insurer fails to pay the annual or quarterly taxes when due, a penalty of the greater of \$25.00 or 5% of the tax or payment due plus interest at the rate of 1% per month from the date the tax or payment was due shall be paid by the self-insurer.

Historical Note

Former Rule XIX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-219 recodified from R4-13-219 (Supp. 95-1).

R20-5-220. Basis; Definitions

For determining the premium for purposes of R20-5-214, the Commission shall utilize as the basis for classifications, rating procedures, and plans those specified in the rating systems filed by the rating organization used by the State Compensation Fund pursuant to A.R.S. Title 20, Chapter 2, Article 4.

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Historical Note

Former Rule XX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-220 recodified from R4-13-220 (Supp. 95-1).

R20-5-221. Book and Record Review by the Commission

All reports, books, and records of the self-insurer relating to classifications, payroll, incurred loss reserves, and procedures for development of statistical information for the development of rating information are subject to review by the Commission and its authorized representatives. If, in the judgment of the Commission, reports, records, and data relating to payroll or claims are not valid or credible, the Commission reserves the right to require correction of procedure and data to better determine the information needed to evaluate the rating programs.

Historical Note

Former Rule XXI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-221 recodified from R4-13-221 (Supp. 95-1).

R20-5-222. Audits; Cost of Audit

The Commission may, at any time upon three working days' notice, perform or have performed for its benefit an audit of the payroll, loss payment, and loss reserve records for incurred losses of the self-insurer for the purpose of determining the scope and adequacy of the maintained records. The entire cost of the audit will be borne by the self-insurer.

Historical Note

Former Rule XXII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-222 recodified from R4-13-222 (Supp. 95-1).

R20-5-223. Time-frames for Processing Initial and Renewal Applications for Authorization to Self-insure**A. Administrative completeness review.**

1. Initial application.
 - a. The Administration Division shall review an initial application for authority to self-insure within 20 days of receipt of the application to determine whether the application contains the information required by A.R.S. § 23-961 and this Article.
 - b. The Administration Division shall inform an applicant by written notice whether the application is complete within the time-frame provided in this subsection. If the application is incomplete, the Administration Division shall include in its written notice to the applicant a complete list of the missing information.
 - c. The Administration Division shall deem the application withdrawn if an applicant fails to file a complete application within 45 days of being notified by the Administration Division that the application is incomplete, unless the applicant obtains an extension to provide the missing information under subsection (D).
2. Renewal application.
 - a. The Administration Division shall review a renewal application for authority to self-insure within 20 days of receipt of the application to determine whether the application contains the information required by A.R.S. § 23-961 and this Article.
 - b. The Administration Division shall inform a self-insurer by written notice whether the application is complete within the time-frame provided in subsection (A)(2)(a). If the application is incomplete, the Administration Division shall include in its written

notice to the self-insurer a complete list of the missing information.

- c. The Administration Division shall deem the application withdrawn if a self-insurer fails to file a complete application within 45 days of being notified by the Administration Division that the application is incomplete, unless the self-insurer obtains an extension to provide the missing information under subsection (D).

B. Substantive review.

1. Initial application. Within 70 days after the Administration Division determines an initial application complete, the Commission shall determine whether an initial application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall issue an order granting or denying authority to self-insure.
2. Renewal application. Within 40 days after the Administration Division determines a renewal application complete, the Commission shall determine whether a renewal application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall issue an order granting or denying authority to self-insure.

C. Overall review.

1. Initial application. The overall review period shall be 90 days, unless extended under A.R.S. § 41-1072 et seq.
2. Renewal application. The overall review period shall be 60 days, unless extended under A.R.S. § 41-1072 et seq.

- D. If an applicant or self-insurer cannot timely submit to the Administration Division information to complete an initial or renewal application, the applicant or self-insurer may obtain an extension to submit the missing information by filing a written request with the Administration Division no later than 40 days after receipt of the notice from the Administration Division that the initial or renewal application is incomplete. The written request for an extension shall state the reasons the applicant or self-insurer is unable to meet the 45-day deadline. If an extension will enable the applicant or self-insurer to assemble and submit the missing information, the Administration Division shall grant an extension of not more than 30 days and provide written notice of the extension to the applicant or self-insurer.

Historical Note

Former Rule XXIII. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-223 recodified from R4-13-223 (Supp. 95-1). New Section adopted October 9, 1998 (Supp. 98-4).

R20-5-224. Computation of Time

- A. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run shall not be included. The last day of the period computed shall be included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.
- B. Except as otherwise provided by law, the Commission may extend time limits prescribed by this Article for good cause.

Historical Note

Former Rule XXIV. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-224 recodified from R4-13-224 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4).

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ARTICLE 3. EXPIRED**R20-5-301. Expired****Historical Note**

Former Rule I. R20-5-301 recodified from R4-13-301 (Supp. 95-1). Section R20-5-301 repealed; new Section R20-5-301 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-302. Expired**Historical Note**

Former Rule II; Amended effective March 9, 1981 (Supp. 81-2). R20-5-302 recodified from R4-13-302 (Supp. 95-1). Section R20-5-302 repealed; new Section R20-5-302 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-303. Expired**Historical Note**

Former Rule III; Amended effective March 9, 1981 (Supp. 81-2). R20-5-303 recodified from R4-13-303 (Supp. 95-1). Section R20-5-303 repealed; new Section R20-5-303 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-304. Expired**Historical Note**

Former Rule IV; Amended effective March 9, 1981 (Supp. 81-2). R20-5-304 recodified from R4-13-304 (Supp. 95-1). Section R20-5-304 repealed; new Section R20-5-304 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-305. Expired**Historical Note**

Former Rule V; Former Section R4-13-305 renumbered and amended as Section R4-13-306, new Section R20-5-305 adopted effective March 9, 1981 (Supp. 81-2). R20-5-305 recodified from R4-13-305 (Supp. 95-1). Section R20-5-305 repealed; new Section R20-5-305 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-306. Expired**Historical Note**

Former Rule VI. Former Section R4-13-306 renumbered and amended as Section R4-13-307, former Section R4-13-305 renumbered and amended as Section R4-13-306 effective March 9, 1981 (Supp. 81-2). R20-5-306 recodified from R4-13-306 (Supp. 95-1). Section R20-5-306 repealed; new Section R20-5-306 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-307. Expired**Historical Note**

Former Rule VII. Former Section R4-13-307 renumbered as Section R4-13-309, former Section R4-13-306 renumbered and amended as Section R4-13-307 effective March 9, 1981 (Supp. 81-2). R20-5-307 recodified from

R4-13-307 (Supp. 95-1). Section R20-5-307 repealed; new Section R20-5-307 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-308. Expired**Historical Note**

Former Rule VIII. Former Section R4-13-308 renumbered as Section R4-13-310, new Section R4-13-308 adopted effective March 9, 1981 (Supp. 81-2). R20-5-308 recodified from R4-13-308 (Supp. 95-1). Section R20-5-308 repealed; new Section R20-5-308 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-309. Expired**Historical Note**

Former Rule IX. Former Section R4-13-309 repealed, former Section R4-13-307 renumbered as Section R4-13-309 effective March 9, 1981 (Supp. 81-2). R20-5-309 recodified from R4-13-309 (Supp. 95-1). Section R20-5-309 repealed; new Section R20-5-309 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-310. Expired**Historical Note**

Former Rule X. Former Section R4-13-310 renumbered and amended as Section R4-13-312, former Section R4-13-308 renumbered as Section R4-13-310 effective March 9, 1981 (Supp. 81-2). R20-5-310 recodified from R4-13-310 (Supp. 95-1). Section R20-5-310 repealed; new Section R20-5-310 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-311. Expired**Historical Note**

Former Rule XI. Former Section R4-13-311 repealed, new Section R4-13-311 adopted effective March 9, 1981 (Supp. 81-2). R20-5-311 recodified from R4-13-311 (Supp. 95-1). Section R20-5-311 repealed; new Section R20-5-311 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-312. Expired**Historical Note**

Former Rule XII. Former Section R4-13-312 renumbered as Section R4-13-314, former Section R4-13-310 renumbered and amended as Section R4-13-312 effective March 9, 1981 (Supp. 81-2). R20-5-312 recodified from R4-13-312 (Supp. 95-1). Section R20-5-312 repealed; new Section R20-5-312 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-313. Expired**Historical Note**

Former Rule XIII. Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective

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March 9, 1981 (Supp. 81-2). R20-5-313 recodified from R4-13-313 (Supp. 95-1). New Section adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-314. Expired**Historical Note**

Former Section R4-13-312 renumbered as Section R4-13-314 effective March 9, 1981 (Supp. 81-2). R20-5-314 recodified from R4-13-314 (Supp. 95-1). Section R20-5-314 repealed; new Section R20-5-314 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-315. Expired**Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-315 recodified from R4-13-315 (Supp. 95-1). Section R20-5-315 repealed; new Section R20-5-315 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-316. Expired**Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-316 recodified from R4-13-316 (Supp. 95-1). Section R20-5-316 repealed; new Section R20-5-316 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-317. Expired**Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-317 recodified from R4-13-317 (Supp. 95-1). Section R20-5-317 repealed; new Section R20-5-317 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-318. Expired**Historical Note**

Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-318 recodified from R4-13-318 (Supp. 95-1). Section R20-5-318 repealed; new Section R20-5-318 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-319. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-320. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-321. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-322. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-323. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-324. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-325. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-326. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-327. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-328. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

R20-5-329. Expired**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

ARTICLE 4. ARIZONA BOILERS AND LINED HOT WATER HEATERS**R20-5-401. Applicability**

This Article applies to all boilers, lined hot water heaters and pressure vessels operated in Arizona, except the following:

1. Boilers, lined hot water heaters and pressure vessels regulated by the United States Government;
2. Boilers, lined hot water heaters and pressure vessels operated in private residences or apartment complexes of not more than six units; and
3. Boilers, lined hot water heaters and pressure vessels operated on Indian reservations.

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4. A lined hot water heater that does not exceed any of the following:
 - a. Heat input of 200,000 BTU per hour,
 - b. Water temperature of 210° F, and
 - c. Nominal water containing capacity of 120 gallons.

Historical Note

Former Rules B-1.1 and B-1.2. Former Section R4-13-401 repealed, new Section R4-13-401 adopted effective April 12, 1979 (Supp. 79-2). Section R4-13-401 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-401 recodified from R4-13-401 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-402. Definitions

In this Article, unless the text otherwise requires:

1. "Act" means A.R.S. Title 23, Chapter 2, Article 11.
2. "Alteration" means any change in the item described on the original manufacturer's data report which affects the pressure-containing capability of the boiler or pressure vessel, including but not limited to:
 - a. Non physical changes such as an increase in the maximum allowable working pressure either internal or external, or
 - b. A reduction in minimum design temperature of a boiler or pressure vessel requiring additional mechanical tests.
3. "ANSI" means American National Standards Institute, Inc., located at 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
4. "Apartment house" means a building with multiple family dwelling units, not used for commercial purposes, including condominiums and townhouses, where boilers are located in a common area outside of the individual dwelling units, such as a boiler room.
5. "Applicant" means an individual requesting permission to act as a special inspector under A.R.S. § 23-485.
6. "ASME Code" means the American Society of Mechanical Engineers Boiler and Pressure Vessel Code, Sections I, II, IV, V, VIII and IX, published by ASME International.
7. "ASME International" means a not for profit professional organization that promotes the art, science and practice of mechanical and multidisciplinary engineering and allied sciences throughout the world.
8. "Authorized Inspector" means an authorized representative under A.R.S. § 23-471(1) or a special inspector under A.R.S. § 23-485.
9. "Authorized representative" means the boiler chief or boiler inspector employed by the Division.
10. "Blowdown tank" or "Blowdown separator" means an ASME-stamped vessel designed to receive discharged steam or hot water from a boiler blowoff or blowdown piping system.
11. "Boiler" means a closed vessel in which fluid is heated for use external to itself by the direct application of heat resulting from the combustion of fuel, solid, liquid, or gaseous, or by the use of electricity.
12. "Certificate of Competency" means a person who has passed the National Board Exam.
13. "Certificate Inspection" means an internal inspection, when construction allows; otherwise, it means as complete an inspection as possible.
14. "Condemned" means a boiler or lined hot water heater that has been inspected and found to be unsafe by the Director or authorized inspector and has been stamped or tagged with the code XXX AZ8 XXX.
15. "CSD-1" means Controls and Safety Devices for Automatically Fired Boilers, published by ASME International, incorporated by reference in R20-5-404(A)(4).
16. "Direct fired jacketed steam kettle" means a pressure vessel with inner and outer walls that is subject to steam pressure and stress, is used to boil or heat liquids or to cook food, and falls under the scope of Section VIII, Division 1, Appendix 19 (Electrically Heated or Gas Fired Jacketed Steam Kettles) of the ASME Boiler and Pressure Vessel Code incorporated by reference in R20-5-404(A).
17. "External inspection" means an examination of a boiler or lined hot water heater performed by an authorized inspector when the boiler or lined hot water heater is in operation.
18. "Forced circulation hot water heater" means a hot water heater used for potable water, a hot water heater requiring movement of water to prevent overheating and failure of the tubes or coils, and has no definitive waterline.
19. "Fully attended power boiler" means a power boiler that is operated by an individual who meets the requirements of R20-5-408(C), and whose primary function is the care, maintenance, and operation of the boiler and the equipment associated with the boiler system.
20. "High temperature water boiler" means a boiler in which water is heated and operates at a pressure in excess of 160 psig (1.1 MPa) and/or temperature in excess of 250° F.
21. "Historical boilers" means steam boilers of riveted construction, preserved, restored, or maintained for hobby or demonstration use.
22. "Inspection certificate" means a document issued by the Division for the operation of a boiler, lined hot water heater or direct fired jacketed steam kettles when a certificate inspection has been successfully completed.
23. "Internal inspection" means a complete examination of the internal and external surfaces of a boiler or lined hot water heater by an authorized inspector after the boiler or lined hot water heater is shut down.
24. "Lined hot water heater" means the same as lined hot water storage heater defined in A.R.S. § 23-471(10) as a vessel which is closed except for openings through which water can flow, that includes the apparatus by which heat is generated and on which all controls and safety devices necessary to prevent pressures greater than 160 psig (1100 kPa gage) and water temperature greater than 210° F are provided, in which potable water is heated by the combustion of fuels, electricity, or any other heat source and removed for external use.
25. "MAWP" means maximum allowable working pressure.
26. "National Board Commissioned Inspector" means an individual who holds a valid and current National Board Commission issued by the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183.
27. "National Board Registration Number" means a unique number issued to a boiler, hot water heater or pressure vessel by the manufacturer and recorded with the National Board of Boiler and Pressure Vessel Inspectors.
28. "NFPA" means National Fire Protection Association.
29. "Non-Standard Boiler" means any boiler, hot water heater or pressure vessel that is not constructed or maintained to the standards incorporated by reference of this Article.

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30. "Owner" or "Operator" means any individual or organization, including this state and all political subdivisions of this state, who have title, control or duty to control, the operation of one or more boilers, lined hot water heaters or pressure vessels.
31. "Portable boiler" means a boiler permanently affixed to a trailer with wheels, that is totally self-contained while operating, and not attached to any other object either by pipe, hose or wire.
32. "Relief valve" means an ASME-stamped automatic pressure relieving device designed for liquid service which is actuated by the pressure upstream of the valve and opens further with an increase in pressure above the stamped pressure.
33. "Repairs" means work necessary to restore a boiler, lined hot water heater or pressure vessel to operating condition that complies with this Article.
34. "Safety relief valve" means an ASME-stamped automatically pressure-actuated relieving device designed for use either as a safety valve or as a relief valve.
35. "Safety valve" means an ASME-stamped automatic pressure relieving device designed for steam or vapor service which is actuated by the pressure upstream of the valve and characterized by full opening pop-action.
36. "Secondhand" means a boiler, lined hot water heater or pressure vessel that has changed both location and ownership since original installation.
37. "Shelter" means a permanent structure that provides protection from the weather.
38. "Special Inspector" means any authorized inspector who is issued an Arizona Commission but is not employed by the state of Arizona.
39. "State Identification Number" means a unique number assigned by the Division to a boiler, hot water heater or pressure vessel installed in Arizona.
40. "User" means a person or entity that does not have legal title to a boiler, lined hot water heater or pressure vessel, but has control and responsibility for the operation of a boiler, lined hot water heater or pressure vessel.

Historical Note

Former Rules B-2.1 through B-2.6. Former Section R4-13-402 repealed, new Section R4-13-402 adopted effective April 12, 1979 (Supp. 79-2). Amended effective March 31, 1981 (Supp. 81-2). Amended effective May 11, 1981 (Supp. 81-3). Amended effective May 31, 1985 (Supp. 85-3). Section R4-1-402 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-402 recodified from R4-13-402 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-403. Boiler Advisory Board

- A. Members of the boiler advisory board appointed by the Commission pursuant to A.R.S. § 23-474(2) shall serve for a period of three years. At the end of each three year term, the Commission may extend a member's term an additional three years or replace any member with an individual representing similar interest within the industry. The board shall be composed of persons in the boiler industry and shall be balanced in representation with respect to industry, owner/operators, labor and the public.
- B. The board shall hold an annual meeting and such other meetings as may be appropriate and shall conduct business at times and places arranged by the Commission.

Historical Note

Former Rules B-3.1 through B-3.3. Former Section R4-13-403 repealed, new Section R4-13-403 adopted effective April 12, 1978 (Supp. 79-2). Section R4-13-403 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-403 recodified from R4-13-403 (Supp. 95-1). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-404. Standards for Boilers, Lined Hot Water Heaters and Pressure Vessels**A.** The following apply to this Article:

1. An owner or user of a boiler installed, repaired, replaced, or reinstalled in Arizona, six months after the effective date of this Article shall comply with the 2007 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VIII Division 1, 2, 3, IX, and B31.1 Power Piping, and addenda as of July 1, 2007, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ASME International at Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
2. An owner or user of a boiler, lined hot water heater or pressure vessel installed, repaired, replaced, or reinstalled in Arizona, before the effective date of this Article shall comply with subsection (A)(1), or the ASME Boiler and Pressure Vessel Code in effect at the time of the last installation, repair, replacement, or reinstallation of the boiler, lined hot water heater or pressure vessel in Arizona.
3. An owner or user of a gas-fired lined hot water heater installed, operated, repaired, replaced, or reinstalled in Arizona shall comply with the American National Standard for Gas Water Heaters, ANSI Z21.10.3-2004, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, Attn: Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
4. An owner or user of a boiler installed, repaired, replaced or reinstalled in Arizona after the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers, ANSI/ASME CSD-1-2006, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ASME International, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
5. An owner or user of a boiler installed, repaired, replaced, or reinstalled in Arizona before the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers in effect at the time of the last installation, repair, replacement or reinstallation of a boiler in Arizona. As an alternative, an owner or user of a boiler described in this subsection may comply with subsection (A)(4).

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6. A permanent source of outside air shall be provided for each boiler and lined hot water heater room to assure complete combustion of the fuel as required by ANSI Z223.1-2006, NFPA 54, National Fuel Gas Code incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, Attn: Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
- B.** The following registration requirements apply to this Article:
1. All boilers and lined hot water heaters, including reinstalled and secondhand boilers, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors except for:
 - a. Non-standard boilers installed up to six months after the effective date of this Section,
 - b. Cast iron boilers, and
 - c. Cast aluminum boilers.
 2. All fired and unfired pressure vessels installed or reinstalled on or after July 1, 2009, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors.
- C.** The following installation, maintenance, and repair requirements apply to this Article.
1. An owner or user shall keep a signed copy of the Manufacturer's Data Report for a boiler or lined hot water heater at the location of the boiler or lined hot water heater and make the report available for review upon request from an authorized inspector.
 2. A boiler shall have masonry or structural supports of sufficient strength and rigidity to safely support the boiler and its contents without any vibration in the boiler or its connecting piping.
 3. There shall be at least 36 in. (915 mm) of clearance on each side of the boiler or lined hot water heater. Alternative clearances according to the manufacturer's recommendations are subject to approval by the Division prior to installation of boiler or lined hot water heater.
 4. A boiler with a manhole shall have at least five feet clearance between the boiler manhole and any wall, ceiling, or piping.
 5. A newly constructed boiler room in excess of 500 square feet of floor area and containing one or more boilers with a fuel capacity of 1,000,000 BTU per hour or a heating capacity greater than 285 Kw (electric), shall have at least two exits on each level of the boiler or boilers. The owner or user shall ensure each exit is remotely located from other exits.
 6. An owner or user shall keep a boiler or lined hot water heater room clean and with no obstructions to the boiler or lined hot water heater.
 7. An owner or user shall not store flammable or explosive materials in a boiler or lined hot water heater room.
 8. An owner or user shall not store combustibles less than three feet from any part of a boiler or lined hot water heater.
 9. If a boiler or lined hot water heater is moved outside Arizona for temporary use or repairs, the owner or user shall not reinstall the boiler or lined hot water heater in Arizona until the owner or user notifies and receives verbal or written approval from the Division under R20-5-419 to reinstall the boiler or lined hot water heater. If the Division grants approval to reinstall the boiler or lined hot water heater, the owner or user shall not operate the reinstalled boiler or lined hot water heater until the owner or user receives an inspection certificate from the Division under this Article.
 10. Before a new power boiler or a used or secondhand boiler or pressure vessel is installed, an inspection shall be made by an authorized inspector of this state, or by a National Board Commission Inspector. This inspection is to assess the integrity of the vessel and evaluate the original design specification. Prior to installation, an application shall be filed by the owner or user of the boiler or pressure vessel with the Division for approval. This application shall contain the following information:
 - a. Name of the owner or user;
 - b. Mailing address of owner or user;
 - c. Business telephone number of owner or user;
 - d. Installation name and address;
 - e. Installation date;
 - f. Start up date;
 - g. Name and address of boiler/pressure vessel insurance company;
 - h. Arizona serial number of the boiler/pressure vessel being replaced, if applicable;
 - i. Description of the new, used or secondhand power boiler/ pressure vessel as to include:
 - i. Manufacture's name,
 - ii. Date manufactured,
 - iii. Maximum allowable pressure or temperature of boiler/pressure vessel, and
 - iv. National Board registration number;
 - j. Name, address, business phone number, cell phone number, fax number and state contractor's license number of company or individual that will be installing the object;
 - k. Name, title and phone number of the contact person on the site of installation; and
 - l. Signature, title and date of the person submitting the application.
 11. Before the owner or user installing a used boiler or pressure vessel, the boiler or pressure vessel shall pass a hydrostatic test that is witnessed by an authorized inspector, authorized representative or by any National Board Commissioned inspector in accordance with R20-5-411.
 12. An owner or user of a portable boiler shall notify an authorized inspector before installing the portable boiler and shall not operate the portable boiler until the owner or user receives an inspection certificate from the Division.

Historical Note

Former Rules B-4.1 through B-4.3. Former Section R4-13-404 repealed, new Section R4-13-404 adopted effective April 12, 1979 (Supp. 79-2). Amended subsection (P) by adding paragraph (7) and amended subsection (Q) effective October 3, 1980 (Supp. 80-5). Section R4-13-404 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-404 recodified from R4-13-404 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-405. Repealed**Historical Note**

Former Section R4-13-405 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-405 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-405 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-405 recodified from R4-13-405

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(Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-406. Repairs and Alterations

- A. If repairs or alterations may affect the working pressure or safety of a boiler, an owner, user, or operator shall consult with an authorized inspector before having the repairs or alterations made. The authorized inspector shall provide the owner, user, or operator information regarding the best method to repair or alter the boiler. The owner, user, or operator shall ensure that an authorized inspector inspects and approves the repairs and alterations after the repairs or alterations are made.
- B. Repairs and alterations to boilers shall conform to the applicable provisions of the National Board Inspection Code, ANSI/NB-23-2007 Edition and 2007 addenda, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- C. An owner or user shall not permit an individual to remove or repair a safety appliance of a boiler or lined hot water heater in operation. An owner or user shall not permit a person to remove or repair a safety appliance of a boiler or lined hot water heater not in operation except as provided under the ASME Code. If an owner or user permits a person to remove a safety appliance from a boiler or lined hot water heater as provided under the ASME Code, then the owner or user shall ensure that the safety appliance is reinstalled in proper working order before the boiler or lined hot water heater is placed back into operation.
- D. No person shall alter in any manner a safety valve, relief valve, or safety relief valve, except by an organization qualified in accordance with The National Board Inspection Code, ANSI/NB-23 2007 Edition and 2007 addenda incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- E. Repairs of fittings or appliances shall comply with the requirements of the National Board Inspection Code, ANSI/NB-23-2007 Edition and 2007 addenda incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- F. Beginning six months after the effective date of this Section replacement of fittings or appliances shall comply with the requirements of the 2007 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VIII, Division 1, 2, 3, IX and B31.1 Power Piping, and addenda, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007. A copy of the incorporated material may also be obtained from

ASME International, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org>.

Historical Note

Former Section R4-13-406 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-406 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-406 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-406 recodified from R4-13-406 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-407. Inspection of Boilers, Lined Hot Water Heaters, Direct Fired Jacketed Steam Kettles and Issuance of Inspection Certificates

- A. An authorized inspector shall comply with the guidelines set forth in The National Board Inspection Code, ANSI/NB-23-2007 Edition and 2007 addenda, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B. If an owner, user, or operator fails to comply with the requirements for an inspection or pressure test under this Article, the Division shall withhold the inspection certificate until the owner, user, or operator complies with the requirements.
- C. An authorized inspector shall not engage in the sale of any object or device relating to boilers, lined hot water heaters, direct fired jacketed steam kettles or equipment associated with boilers, or lined hot water heaters or direct fired jacketed steam kettles.
- D. Under A.R.S. § 23-485(D), the Special Inspector shall file the inspection reports by entering data into the Division's Web-based inspection entry form, by submitting a paper inspection report issued by the Division or by electronic transfer of data between the insurance company's database and the Division's database. The inspection report shall contain the following:
 1. Whether it is a Certificate or non-Certificate inspection;
 2. Whether it is an internal or external inspection;
 3. Name of location, address and phone number of the object;
 4. Name, address and phone number of owner or responsible party;
 5. Contact person's name and phone number at the inspection location;
 6. State Identification Number;
 7. Certificate due date;
 8. Certificate duration;
 9. Whether the object is active, inactive or scrapped;
 10. MAWP permitted or allowed;
 11. National Board registration number;
 12. Name of the manufacturer and the year the object was built;
 13. Special location in plant, if applicable;
 14. Boiler type;
 15. Purpose of the boiler;
 16. Specify type of fuel used;
 17. Whether the firing method is automatic, manual or unknown;
 18. Whether the fuel train is in compliance with CSD-1, NFPA 85, Z21.10.3 or other;
 19. Whether the boiler is fully attended as per R20-5-408(C);

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20. Heating Surface/BTU Input/ Kilowatt (Kw) Input, as applicable;
 21. Whether the heating surface type is stamped, computed or unknown;
 22. Minimum safety valve relief capacity required;
 23. Whether the minimum safety valve relief capacity type is BTU/Hr, LBS/Hr or unknown;
 24. Number of temperature/pressure controls, as applicable;
 25. Owner number assigned by the owner to specifically identify object's location;
 26. Inspection date;
 27. Whether the certificate is posted;
 28. Safety Valve Total Capacity;
 29. Safety Valve #1 set pressure;
 30. Safety Valve #2 set pressure;
 31. Safety Valve #3 set pressure;
 32. Whether the object has been hydro tested;
 33. Hydro Test (psi), if applicable;
 34. Whether Pressure/Altitude Gage was tested;
 35. Whether the condition of the object is okay to issue a certificate;
 36. Inspection comments, condition of boiler;
 37. Violations noted;
 38. Inspector name and Arizona Commission number; and
 39. National Board Commission number.
- E.** The Division shall issue to an owner or user an inspection certificate within 30 calendar days of receipt of an inspection report that documents a boiler, lined hot water heater or direct fired jacketed steam kettle that complies with the Act and this Article. An owner or user of a boiler, lined hot water heater or direct fired jacketed steam kettle shall post the inspection certificate in the establishment where the boiler, lined hot water heater or direct fired jacketed steam kettle is located.
- F.** An owner, user, or operator shall ensure than an authorized inspector tags or stamps a steam boiler with an identification number assigned by the Division immediately after installing, but before operating, a new steam boiler, or when an authorized inspector performs an initial certificate inspection of an existing steam boiler. The identification number shall be at least 5/16" in height and in the following format: AZ-# # # #.
- G.** The Division shall mark with a metal dye stamp a boiler or lined hot water heater identified by the Division as not safe for further service, with the code "XXX AZ8 XXX" which shall designate that the boiler or lined hot water heater is condemned.
- H.** For any conditions not covered by this Article, the applicable provisions of the ASME Code that was in effect in Arizona at the time of the installation of the boiler or lined hot water heater shall apply.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-407 recodified from R4-13-407 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-408. Frequency of Inspection

- A.** An owner, user, or operator of a power boiler shall ensure that an authorized inspector performs a certificate inspection and external inspection of the power boiler every 12 months. An authorized inspector shall perform the external inspection while the power boiler is in operation to ensure that safety devices of the power boiler are operating properly.
- B.** An authorized inspector shall perform an internal inspection and pressure test on a boiler, lined hot water heater or pressure

vessel if the inspector determines from an external inspection of the boiler, lined hot water heater or pressure vessel that continued operation of the boiler, lined hot water heater or pressure vessel is a danger to the public or worker safety.

- C.** The Division shall issue a 12 month inspection certificate to an owner or user to operate a fully attended power boiler if:
1. An owner or user ensures that an authorized inspector performs an external safety inspection and audit of the operational methods and logs of the fully attended power boiler at least every 12 months and performs an internal inspection of the fully attended power boiler at least every 36 months;
 2. Continuous boiler water treatment is under the direct supervision of persons trained and experienced in water treatment for the purpose of controlling and limiting corrosion and deposits.
 3. Records are available for review, that indicate:
 - a. The date, time, and reason the boiler is out of service; and
 - b. Daily analysis of water samples that adequately show the conditions of the water and elements or characteristics that are capable of producing corrosion or other deterioration to the boiler or its parts; and
 4. Controls, safety devices, instrumentation, and other equipment necessary for safe operation are current, in service, calibrated, and meet the requirements of an appropriate safety code for the size boilers, such as NFPA 85, ASME CSD-1 Controls and Safety Devices for Automatically Fired Boilers, National Board Inspection Code ANSI/NB-23, and state requirements.
 5. Inspection reports of an authorized inspector document that the fully attended power boiler complies with A.R.S. § 23-471 et seq. and this Article.
- D.** An owner, user, or operator of a direct-fired jacketed steam kettle shall ensure that an authorized inspector performs a certificate inspection of the direct-fired jacketed steam kettle every 24 months.
- E.** An owner, user, or operator of a heating or process boiler, not exceeding 15 p.s.i. maximum allowable working pressure, steam or vapor, shall ensure that an authorized inspector performs a certificate inspection of the heating or process boiler every 24 months.
- F.** An owner or user of a hot water heating or hot water supply boiler, or lined hot water heater shall ensure that an authorized inspector performs a certificate and external inspection of the hot water heating or hot water supply boiler or lined hot water heater at the time the hot water heating or hot water supply boiler or lined hot water heater is installed. An inspection certificate issued by the Division following an inspection under this subsection shall not state an expiration date.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-408 recodified from R4-13-408 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-409. Notification and Preparation for Inspection

- A.** An authorized inspector shall perform a certificate inspection at a time mutually agreeable to the inspector and owner, user, or operator.
- B.** Before an authorized inspector performs an internal inspection of a boiler, an owner, user, or operator shall:
1. Cool the furnace and combustion chambers;

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2. Drain the water from the boiler;
3. Remove the manhole and handhole plates, wash-out plugs, and inspection plugs in water column connections;
4. Remove insulation or brickwork if necessary to determine the condition of the boiler, headers, furnace, supports, and other parts;
5. Remove the pressure gauge for testing;
6. Prevent any leakage of steam or hot water into the boiler by disconnecting the involved pipe or valve;
7. Close, tag, and padlock the non-return and steam stop valves before opening the manhole or handhole covers and entering any part of the steam generating unit that is connected to a common header with other boilers. Open the free blow drain or cock between the non-return and steam stop valves;
8. Close, tag, and padlock the blowoff valves after draining the boiler; and
9. Open all drains and vent lines.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-409 recodified from R4-13-409 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4).

R20-5-410. Report of Accident

An owner or user shall notify the Division within 24 hours of an explosion, severe overheating, or personal injury involving a boiler, lined hot water heater or direct fired jacketed steam kettle. A person shall not remove or disturb the involved boiler, lined hot water heater, direct fired jacketed steam kettle or parts of the boiler, lined hot water heater or direct fired jacketed steam kettle before an investigation by an authorized inspector, except for the purpose of preventing personal injury or limiting consequential damage.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-410 recodified from R4-13-410 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-411. Hydrostatic Tests

The owner or user shall perform a hydrostatic or pneumatic pressure test in accordance with the code incorporated by reference in R20-5-404(A) and R20-5-406(B).

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-411 recodified from R4-13-411 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-412. Automatic Low-water Fuel Cutoff Devices or Combined Water Feeding and Fuel Cutoff Devices

- A. An owner, user, or operator shall ensure that low-water fuel cutoff devices or combined water feeding and fuel cutoff devices do not interfere with an operator's or inspector's ability to safely clean, repair, or inspect a boiler or lined hot water heater.
- B. A low-water fuel cutoff device shall have a pressure rating not less than the set pressure of the safety valve or safety relief valve.
- C. In addition to the requirements of subsections (A) and (B), all low-water fuel cutoffs and flow sensing devices shall be constructed and installed in accordance with applicable ASME

Code and standards for boilers and steam jacketed kettles in R20-5-404(A).

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-412 recodified from R4-13-412 (Supp. 95-1). Amended effective October 9, 1998 (98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-413. Safety and Safety Relief Valves

- A. A valve shall not be placed between a safety valve or a safety relief valve and installed on a boiler or lined hot water heater, or between a safety valve or a safety relief valve and the discharge pipe attached to the boiler or lined hot water heater.
- B. When a power boiler is supplied with feed-water directly from a water main without the use of a feeding apparatus, safety valves shall not be set at a pressure greater than 94% of the lowest pressure obtained in the water main feeding the boiler;
- C. Safety valves, safety relief valves and relief valves shall conform to the requirements of the 2007 ASME Boiler and Pressure Vessel Code, Section I, IV or VIII, and addenda as of January 1, 2008, incorporated by reference as applicable. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ and may be obtained from the ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-413 recodified from R4-13-413 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-414. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-414 recodified from R4-13-414 (Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-415. Boiler Blowdown, Blowoff Equipment and Drains

- A. Except as provided in this Section, an owner or user of blowdown and blowoff equipment shall comply with the National Board Rules and Recommendations for the Design and Construction of Boiler Blowoff Systems, 1991 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B. Blowdown from a boiler is a hazard to life and property.
- C. Blowdown from a boiler shall pass through blowdown equipment that reduces pressure and temperature to levels not exceeding 5 p.s.i.g. and 140° F.
- D. The thickness of a blowdown vessel shall be at least 3/16".
- E. All blowdown equipment shall be fitted with openings that allow cleaning and inspection of the equipment.

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- F. Blowdown separators may be used with boilers instead of boiler blowdown tanks, provided that blowdown separators are operated with a temperature gauge and water cooler to prevent drain water temperature from exceeding 140° F.
- G. In addition to the requirements of subsections (A) through (F), the following requirements apply to blowdown piping, valves and drains for power boilers: Each power boiler and high temperature water boiler shall be installed and maintained according to ASME Code, Section 1 and B31.1, incorporated by reference in R20-5-404, at the time of installation.
- H. In addition to the requirements of subsections (A) through (F), the following requirements apply to bottom blowdown or drain valves for heating boilers and hot water heaters:
1. A hot water heating boiler or hot water heater shall have a bottom blowdown or drain pipe connection fitted with a valve or cock connected with the lowest available water space with the minimum size of blowdown piping and valves as required by ASME Code, Section IV, incorporated by reference, in R20-5-404(A).
 2. Discharge outlets of blowdown pipes, safety valves and other piping shall be located and structurally supported to prevent injury to individuals.
3. On a monthly basis, the owner or user shall:
 - a. Test all fan and air pressure interlocks,
 - b. Check the main burner safety shutoff valve,
 - c. Check the low fire start switch,
 - d. Test fuel pressure and temperature interlocks of oil-fired units, and
 - e. Test the high and low fuel pressure switch of gas-fired units.
 4. Every six months, the owner or user shall:
 - a. Inspect burner components;
 - b. Check flame failure system components, such as vacuum tubes, amplifier and relays;
 - c. Check wiring of all interlocks and shutoff valves;
 - d. Recalibrate all indicating and recording gauges; and
 - e. Check steam and blowdown piping and valves.
 5. Annually, the owner or user shall:
 - a. Replace vacuum tubes, scanners, or flame rods in the flame failure system according to the manufacturer's instructions;
 - b. Check all coils and diaphragms; and
 - c. Test operating parts of all safety shutoff and control valves.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-415 recodified from R4-13-415 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-416. Maximum Allowable Working Pressure

- A. The ASME Code under which a boiler was constructed and stamped shall determine the maximum allowable working pressure for the ASME-stamped boiler.
- B. If components in the boiler or hot water system such as valves, pumps, expansion tanks, storage tanks or piping have a lesser working pressure rating than the boiler or hot water heater, the pressure setting for the safety or safety relief valve on the boiler or hot water heater shall be based upon the component with the lowest maximum allowable working pressure rating.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-416 recodified from R4-13-416 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-417. Maintenance and Operation of Boilers, Hot Water Heaters and Direct Fired Jacketed Steam Kettles

- A. An owner or user of a boiler, hot water heater or direct fired jacketed steam kettle constructed under the ASME Code, Sections I, IV or VIII Division 1, incorporated by reference in R20-5-404(A) shall comply with the manufacturer's maintenance and operation instructions for the boiler, hot water heater or direct fired jacketed steam kettle.
- B. In addition to the requirements of subsection (A), an owner or user of a boiler constructed under the ASME Code, Sections I, IV, shall comply with the following preventive maintenance schedule if the boiler contains the component or system listed.
1. On a daily basis, the owner or user shall:
 - a. Test the low-water fuel cutoff and alarm, and
 - b. Check the burner flame for proper combustion.
 2. On a weekly basis, the owner or user shall:
 - a. Check for proper ignition, and
 - b. Check the flame failure detection system.

- C. An owner or user of a power boiler or high temperature boiler shall designate an individual who meets the requirements of subsection (D) to operate the boiler. An owner or user may operate the boiler if the owner or user meets the requirements of subsection (D).
- D. An operator of a power boiler or high temperature water boiler shall meet the following minimum requirements:
1. Knowledge of and an ability to explain the function and operation of all safety controls of the boiler,
 2. Ability to start the boiler in a safe manner,
 3. Knowledge of all safe methods of feeding water to the boiler,
 4. Knowledge of and the ability to blow down the boiler in a safe manner,
 5. Knowledge of safety procedures to follow if water exceeds or drops below permissible safety levels, and
 6. Knowledge of and the ability to safely shut down the boiler.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-417 recodified from R4-13-417 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-418. Non-standard Boilers

An owner or user shall remove from service a boiler, hot water heater or pressure vessel that does not bear an ASME stamp unless the boiler owner or user request a variance under R20-5-429.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-418 recodified from R4-13-418 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-419. Request to Reinstall Boiler or Lined Hot Water Heater

- A. The Division shall grant or deny approval to reinstall a boiler or lined hot water heater within three business days after an owner or user requests approval to reinstall the boiler or lined

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hot water heater. The order of the Division granting or denying approval to reinstall a boiler shall be in writing.

- B. The Division shall grant approval to reinstall a boiler or lined hot water heater if the boiler or lined hot water heater complies with A.R.S. § 23-471 et seq. and this Article. The Division shall deny approval to reinstall a boiler or lined hot water heater if the boiler or lined hot water heater does not comply with A.R.S. § 23-471 et seq. and this Article.
- C. An order of the Division denying approval to reinstall a boiler shall be final unless an owner or user requests a hearing under A.R.S. § 23-479 within 15 days after the Division mails the order. The owner or user requesting a hearing shall have the burden to prove that a boiler meets the requirements of A.R.S. § 23-471 et seq. and this Article.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-419 recodified from R4-13-419 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-420. Special Inspector Certificate under A.R.S. § 23-485**A. Review Time-frames.**

- 1. Administrative Completeness Review.
 - a. The Division shall determine whether an application to take a written examination or request for a special inspector certificate under A.R.S. § 23-485 is complete within three days of receipt of the application or request. The Division shall inform the applicant whether the application or request is complete or incomplete by written notice. If the application or request is incomplete, the Division shall include in its written notice to the applicant a complete list of the missing information.
 - b. The Division shall deem an application or request withdrawn if an applicant fails to file a complete application or request within 10 days of being notified by the Division that the application or request is incomplete, unless the applicant obtains an extension to provide the missing information. An applicant may obtain an extension to submit the missing information by filing a written request with the Division no later than 10 days after the Division mails notice that the application or request is incomplete. The written request for an extension shall state the reasons the applicant is unable to meet the 10-day deadline. If an extension will enable the applicant to assemble and submit the missing information, the Division shall grant an extension of not more than 10 days and provide written notice of the extension to the applicant.
- 2. Substantive review.
 - a. Application to take written examination under A.R.S. § 23-485(A). Within three days after the Division deems an application complete under subsection (B), the Division shall determine whether the applicant is eligible to take the National Board Examination.
 - b. Request for special inspector certificate under A.R.S. § 23-485. Within three days after the Division deems a request complete under subsection (C), the Division shall determine whether the applicant meets the criteria of A.R.S. § 23-485 and subsection (C).

- 3. Overall review. The overall review period shall be six days, unless extended under A.R.S. § 41-1072 et seq.

B. Application to take Written Examination under A.R.S. § 23-485(A).

- 1. An individual requesting to take the written examination under A.R.S. § 23-485(A) shall complete an application to take the National Board Examination and submit the application to the Division at least 45 days before the date of the examination.
- 2. The application to take the National Board Examination shall be filed with the Division. An application is considered filed when it is received at the office of the Division and stamped by the Division with the date of filing.
- 3. An application to take the National Board Examination shall be on a legible form, paper or electronic, issued to the Division, with the following information:
 - a. Full legal name,
 - b. State or country of residency,
 - c. Mailing address,
 - d. Telephone number,
 - e. E-mail address, and
 - f. Employer's name and address.

C. Application for Special Inspector Certificate under A.R.S. § 23-485. An application for a special inspector certificate under A.R.S. § 23-485 is deemed complete under subsection (A)(1) when the following is filed with the Division:

- 1. The applicant provides written documentation that the applicant holds a certificate of competency as an inspector of boilers or lined hot water heaters for a state that has a standard of examination equal to that of Arizona or the applicant is a National Board Commissioned Inspector, and
- 2. The applicant provides proof of employment as a full time inspector for a company conducting business in Arizona and whose duties as an inspector include making inspections of boilers or lined hot water heaters to be used or insured by the company and not for resale.

D. If an applicant meets the criteria of A.R.S. § 23-485 and subsection (C), the Division shall issue a certificate to the applicant under subsection (C). If an applicant fails to meet the criteria of A.R.S. § 23-485 and subsection (C), the Division shall issue a written notice denying eligibility to the applicant. The Commission shall deem the notice denying eligibility final if an applicant does not request a hearing within 15 calendar days after the Division mails the notice.**E. Written Examination under A.R.S. § 23-485(A).**

- 1. The written examination described in A.R.S. § 23-485(A) shall be the National Board Examination of the National Board of Boiler and Pressure Vessel Inspectors.
- 2. The Division shall administer the National Board Examination the first Wednesday and Thursday of every March, June, September, and December to eligible applicants. Within two days after the Division administers the National Board Examination, the Division shall return the examinations of eligible applicants to the National Board of Boiler and Pressure Vessel Inspectors. Examinations shall be graded by the National Board of Boiler and Pressure Vessel Inspectors.
- 3. The Division shall provide written notice to an applicant of the applicant's grade for the National Board Examination within three days after the Division receives notice of the grade from the National Board of Boiler and Pressure Vessel Inspectors.
- 4. The Division shall issue a certificate of competency to an applicant who passes the National Board Examination.

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- F. Issuance of Special Inspector Certificate. The Division shall issue a special inspector certificate, A.R.S. § 23-485, to an applicant no later than 15 calendar days after the Division determines that an applicant meets the criteria of A.R.S. § 23-485 and subsection (C).
- G. Hearing on Denial of Eligibility for Special Inspector Certificate.
1. A request for hearing protesting a notice of eligibility shall be in writing and signed by the applicant or the applicant's legal representative. The applicant shall file the request for hearing with the Division.
 2. The Commission shall hold a hearing under A.R.S. § 41-1065. The hearing shall be stenographically recorded.
 3. The Chair of the Commission or designee shall preside over hearings held under this Section. The Chair shall apply the provisions of A.R.S. § 41-1062 et seq. to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
 4. A decision of the Commission to deny or grant eligibility for a special inspector certificate shall be based upon the criteria set forth in A.R.S. § 23-485 and this Section and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting. After a decision is rendered at a public meeting, the Commission shall issue a written decision upon hearing which shall include findings of fact and conclusions of law, separately stated. An order of the Commission denying a special inspector certificate is final unless an applicant files a request for review within 15 days after the Commission mails its order.
 5. A request for review shall be based upon one or more of the following grounds which have materially affected the rights of an applicant:
 - a. Irregularities in the hearing proceedings or any order or abuse of discretion whereby the applicant seeking review was deprived of a fair hearing;
 - b. Misconduct by the Division;
 - c. Accident or surprise which could not have been prevented by ordinary prudence;
 - d. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
 - e. Excessive or insufficient sanctions or penalties imposed at hearing;
 - f. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of, the hearing;
 - g. Bias or prejudice of the Division; and
 - h. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
 6. The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.
 7. The Commission's decision upon review is final unless an applicant seeks judicial review as provided in A.R.S. § 23-483.

Historical Note

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-420 recodified from R4-13-420 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-421. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-

421 recodified from R4-13-421 (Supp. 95-1).

R20-5-422. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-422 recodified from R4-13-422 (Supp. 95-1).

R20-5-423. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-423 recodified from R4-13-423 (Supp. 95-1).

R20-5-424. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-424 recodified from R4-13-424 (Supp. 95-1).

R20-5-425. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-425 recodified from R4-13-425 (Supp. 95-1).

R20-5-426. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-426 recodified from R4-13-426 (Supp. 95-1).

R20-5-427. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-427 recodified from R4-13-427 (Supp. 95-1).

R20-5-428. Repealed**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-428 recodified from R4-13-428 (Supp. 95-1).

R20-5-429. Variance

- A. Any owner or user may apply to the Director for a variance from the requirements of this Article, upon demonstrating the construction, installation, and operation of the boiler or pressure vessel will maintain the same level of safety as prescribed by this Chapter. The Director shall issue a variance if the Director determines that the proponent of the variance has demonstrated the construction, installation, and operation of the boiler or pressure vessel will maintain the same level of safety as prescribed by this Chapter. The variance issued shall prescribe the construction, installation, operation, maintenance, and repair conditions that the owner or user shall maintain.
- B. A variance may be modified or revoked upon application by an owner, user or the Director, on the Director's own motion at any time after six months from issuance if the owner or user has not complied with the variance or if the variance does not protect the health and safety of employees or general public.
- C. The application for a variance shall be made on the form issued by the Division and contains the following information:
1. Owner or user's name and company name;
 2. Mailing address;
 3. Telephone number;
 4. Fax number;
 5. Contact person;
 6. Contact person's telephone number;
 7. Address or location of proposed variance;
 8. Type of facility to include;
 - a. Variance description;

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- b. Justification for variance;
 - c. Component or system involved;
 - d. Supporting documentation for variance;
 - e. Identify the statute, rule, code or standard to justify the variance; and
9. Printed name and title of owner or user, signature of owner or user and date.
- D.** If an owner or user does not agree with the variance issued or revoked by the Director, a request for a hearing under A.R.S. § 23-479 can be made with the Commission.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-430. Forced Circulation Hot Water Heaters

- A.** All water tube or coil-type hot water heaters that require forced circulation to prevent overheating and failure of the tubes or coils shall have a safety control, to prevent burner operation at a flow rate inadequate to protect the hot water heater unit against overheating, at all allowable firing rates. The safety control shall shut down the burner and prevent restarting until an adequate flow is restored.
- B.** All water tube or coil-type hot water heaters that require forced circulation to prevent overheating and failure of the tubes or coils, shall have a manually operated remote shutdown switch or circuit breaker and shall be located just outside the hot water heater room door and marked for easy identification. The shutdown switch shall be installed in a manner to safeguard against tampering. If a hot water heater room door is on the building exterior, the switch shall be located just inside the door. If there is more than one door to the hot water heater room there shall be a switch located at each door. The remote shutdown switch or circuit breaker shall disconnect all power to the burner controls.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-431. Code Cases

Code cases approved for use by the ASME Code Committee are allowed to be used in the design, fabrication and testing of boilers and pressure vessels provided approval from the Chief Boiler Inspector is obtained prior to use.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

R20-5-432. Historical Boilers

Historical boilers shall require an initial Certificate inspection by an authorized inspector, followed by a Certificate inspection every three years thereafter if stored inside a shelter, or annually if stored outdoors. The initial Certificate inspection shall include ultrasonic thickness testing of all pressure boundaries. Thinning of the pressure retaining boundary shall be monitored and recorded on the inspection report, in accordance with R20-5-407(D), to the owner and the Division's electronic copy.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

ARTICLE 5. ELEVATOR SAFETY**R20-5-501. Repealed****Historical Note**

Former Rule E-1. Amended effective November 9, 1979 (Supp. 79-6). R20-5-501 recodified from R4-13-501

(Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

R20-5-502. Definitions

The following definitions apply to this Article unless otherwise specified:

1. "ASME" means American Society of Mechanical Engineers.
2. "AZFS Key" means Arizona Firefighters Service Key, a universal key used by a firefighter to operate a conveyance during an emergency.
3. "Chief" means the head inspector of the Elevator Safety Section of the Division of Occupational Safety and Health.
4. "Elevator Safety Section" means the Elevator Safety Section of the Division of Occupational Safety and Health of the Industrial Commission of Arizona.
5. "Inspection" means the official determination by an inspector of the condition of all parts of the equipment on which the safe operation of an elevator depends.
6. "Major Alteration" means work performed to any conveyance that is not routine maintenance or repair.
7. "State Serial Number" is a unique number assigned by the Chief Elevator Inspector to each individual elevator, dumbwaiter, escalator, and moving walks.

Historical Note

Former Rule E-2. R20-5-502 recodified from R4-13-502 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

R20-5-503. Repealed**Historical Note**

Former Rule E-3. R20-5-503 recodified from R4-13-503 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

R20-5-504. Safety Standards for Platform Lifts and Stairway Chairlifts

Every owner or operator under A.R.S. § 23-491.02 shall comply with the American Society of Mechanical Engineers Safety Standard for Platform Lifts and Stairway Chairlifts ASME A18.1-2005, with amendments as of November 29, 2005, which are incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

Historical Note

Former Rule E-4. R20-5-504 recodified from R4-13-504 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

R20-5-505. Certificate of Inspection

The owner or operator under A.R.S. § 23-491.02 shall keep the Industrial Commission's Certificate of Inspection at the same location as the elevator, dumbwaiter, escalator, moving walk, or related equipment and make the certificate available for inspection and copying upon request. The State Serial Number shall be posted or displayed in the elevator cab, and on the escalators, the State Serial Number shall be affixed to the right, at the lower end of the unit.

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Historical Note

Former Rule E-5. R20-5-505 recodified from R4-13-505 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

R20-5-506. Recordkeeping

- A. The Elevator Safety Section shall assign a State Serial Number to every elevator, dumbwaiter, escalator, and moving walk for recordkeeping purposes. The State Serial Number shall be on a tag that is affixed to the controller or mainline disconnect in the elevator machine room.
- B. The owner or operator shall notify the Elevator Safety Section at least 90 days before installation, relocation, or major alteration of a dumbwaiter with automatic transfer device within the state, elevator, escalator, dumbwaiter, moving walk, material lift, wheelchair lift, stairway chairlift, or platform lift.
- C. The building owner or operator shall notify the Elevator Safety Section within 24 hours of every accident involving personal injury or disabling damage to a dumbwaiter with automatic transfer device, an elevator, escalator, dumbwaiter, moving walk, material lift, wheelchair lift, stairway chairlift, or platform lift.

Historical Note

Former Rule E-6. Amended effective November 9, 1979 (Supp. 79-6). R20-5-506 recodified from R4-13-506 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

R20-5-507. Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, and Dumbwaiters with Automatic Transfer Devices

Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with automatic transfer device, installed on or after the effective date of this Section shall comply with the ASME A17.1-2007 (Safety Code for Elevators and Escalators) or ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators) as referenced in ASME A17.1-2007, which are incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and may be obtained from ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed between May 5, 2009, and the effective date of this Section shall comply with ASME A17.1-2007 or, as an alternative, may comply with ASME A17.7-2007. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed before May 5, 2009, shall comply with the ASME A17.1 Safety Code for Elevators and Escalators in effect at the time of installation or, as an alternative, may comply with ASME A17.1-2007 or ASME 17.7-2007.

Historical Note

Former Rule R4-13-507 repealed, new Section R4-13-507 adopted effective November 9, 1979 (Supp. 79-6). Amended effective March 30, 1981 (Supp. 81-2). Amended effective June 23, 1983 (Supp. 83-3). Amended effective July 24, 1985 (Supp. 85-4). Amended effective September 5, 1989 (Supp. 89-3). Amended effective March 20, 1992 (Supp. 91-2). R20-5-507 recodified from

R4-13-507 (Supp. 95-1). Amended effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 2935, effective August 4, 1999 (Supp. 99-3). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 25 A.A.R. 2182, with an immediate effective date of August 6, 2019 (Supp. 19-3).

R20-5-508. Safety Standards for Belt Manlifts

Every owner or operator under A.R.S. § 23-491.02 shall comply with the standards of the American National Standard Institute Safety Standard for Belt Manlifts, ASME A90.1-2003, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org/>.

Historical Note

Adopted effective November 9, 1979 (Supp. 79-6). R20-5-508 recodified from R4-13-508 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

R20-5-509. Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Operations

Every owner or operator under A.R.S. § 23-491.02 shall comply with the standards of the American National Standard Institute Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Operations, ANSI, A10.4-2007, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

Historical Note

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-509 recodified from R4-13-509 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

R20-5-510. Safety Requirements for Material Hoists

Every owner or operator under A.R.S. § 23-491.02 shall comply with the standards of the American National Standard Institute Safety Requirements for Material Hoists, ANSI, A10.5-2006, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is also available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

Historical Note

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-510 recodified from R4-13-510 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15

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A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

R20-5-511. Guide for Inspection of Elevators, Escalators, and Moving Walks

Every Elevator Inspector under A.R.S. § 23-491.05 shall use the American National Standard Institute, Guide for Inspection of Elevators, Escalators, and Moving Walks, ASME, A17.2-2004, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is also available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

Historical Note

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-511 recodified from R4-13-511 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

R20-5-512. Expired

Historical Note

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-512 recodified from R4-13-512 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 2320, effective May 19, 2005 (Supp. 05-2).

R20-5-513. Firefighters' Emergency Operation

All conveyances provided with firefighters' emergency operation installed per ASME, A17.1-2007, incorporated by reference, shall utilize the AZFS Key.

Historical Note

New Section made by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

ARTICLE 6. OCCUPATIONAL SAFETY AND HEALTH STANDARDS

R20-5-601. The Federal Occupational Safety and Health Standards for Construction, 29 CFR 1926

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Construction, as published in 29 CFR 1926, with amendments as of June 23, 2016, incorporated by reference. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to construction activity by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1926 published after June 23, 2016.

Historical Note

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-601 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended effective November 14, 1984 (Supp. 84-6). Amended effective March 3, 1987 (Supp. 87-1). Amended effective April 22, 1988; amended effective May 26, 1988 (Supp. 88-2). Amended effective October 14, 1988 (Supp. 88-4). Amended effective

September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; R20-5-601 recodified from R4-13-601 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 851, effective February 5, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 22 A.A.R. 1391, effective May 10, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3).

R20-5-601.01. Fall Protection for Residential Construction

Each employer shall comply with the requirements in A.R.S. Title 23, Chapter 2, Article 13. These requirements shall apply to all conditions and practices related to residential construction activity by all employers, both public and private, in the state of Arizona.

Historical Note

New Section made by exempt rulemaking at 18 A.A.R. 1144, effective May 25, 2012 (Supp. 12-2).

R20-5-602. The Federal Occupational Safety and Health Standards for General Industry, 29 CFR 1910

Each employer shall comply with the standards in Subparts B through Z inclusive of the Federal Occupational Safety and Health Standards for General Industry, as published in 29 CFR 1910, with amendments as of June 23, 2016, incorporated by reference. Copies of these reference materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to general industry activity by all employers, both public and private, in the state of Arizona; provided that this Section shall not apply to those conditions and practices which are the subject of R20-5-601. This incorporation by reference does not include amendments or editions to 29 CFR 1910 published after June 23, 2016.

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Historical Note

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). New Section R4-13-602 adopted effective July 30, 1980 (Supp. 80-4). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-602 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended subsection (A) effective October 1, 1981 (Supp. 81-5). Amended subsection (A) effective March 5, 1982 (Supp. 82-2). Amended subsection (A) effective May 6, 1983 (Supp. 83-3). Amended subsection (A) effective April 6, 1984 (Supp. 84-2). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective October 18, 1984 (Supp. 84-5). Editorial correction, amendment October 18, 1984, withdrawn for subsequent certification. Amended effective November 14, 1984, and December 14, 1984 (Supp. 84-6). Amended subsection (A) effective June 9, 1986 (Supp. 86-3). Amended subsection (A) effective March 3, 1987 (Supp. 87-1). Amended subsection (A) effective June 26, 1987 (Supp. 87-2). Amended subsection (A) effective April 22, 1988; amended subsection (A) effective May 26, 1988 (Supp. 88-2). Amended subsection (A) effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective March 20, 1992 (Supp. 91-2). Amended effective June 16, 1992 (Supp. 92-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective May 14, 1993 (Supp. 93-2). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective July 19, 1994 (Supp. 94-3). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; Amended effective February 10, 1995; R20-5-602 recodified from R4-13-602 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 5137, effective October 19, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 576, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 2927, effective July 31, 2007 (07-3). Amended by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 14 A.A.R. 4337, effective December 30, 2008 (Supp. 08-4). Amended by final rulemaking at 15 A.A.R. 1564, effective August 31, 2009 (Supp. 09-3).

Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 109, effective January 12, 2011 (Supp. 11-1). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3).

R20-5-602.01. Subpart T, Commercial Diving Operations

Each employer shall comply with the standards in Subpart T of the Federal Occupational Safety and Health Standards for the General Industry as published in 29 CFR 1910, with amendments as specified in R20-5-602, except that the exemption set forth in 29 CFR 1910.401(a)(2)(ii) shall not apply. Subpart T shall apply to any diving operation performed solely for search, rescue, or related public safety purposes by or under the control of a governmental agency.

Historical Note

New Section made by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1).

R20-5-603. The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928

Each employer shall comply with the standards in Subparts A through D inclusive of the Federal Occupational Safety and Health Standards for Agriculture, as published in 29 CFR 1928, with amendments as of March 7, 1996, incorporated by reference and on file with the Office of the Secretary of State. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1928 published after March 7, 1996.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Former Section R4-13-603 repealed, new Section R4-13-603 adopted as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-603 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective April 22, 1988 (Supp. 88-2). Amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective February 10, 1995. R20-5-603 recodified from R4-13-603 (Supp. 95-1). Amended effective April 1, 1997 (Supp. 97-2).

R20-5-604. Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913

Each employer pursuant to A.R.S. § 23-403(B) shall comply with Federal Regulations, Title 29, Part 1913, with amendments as of May 23, 1980 (amendments of May 23, 1980 on file with the Secretary of State), which are hereby adopted and incorporated by reference as if set forth fully herein. This regulation applies to OSHA Access to Employee Medical Records.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977,

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pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New rule adopted effective November 14, 1984 (Supp. 84-6). R20-5-604 recodified from R4-13-604 (Supp. 95-1).

R20-5-605. Hoes for Weeding or Thinning Crops

- A. The use of a hoe with a handle less than four feet in length for weeding or thinning crops is prohibited. This prohibition is based upon the existence of other practical and adequate alternatives to the use of these short-handle hoes.
- B. This rule does not apply to greenhouse or nursery operations.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-605 adopted effective September 7, 1984 (Supp. 84-5). R20-5-605 recodified from R4-13-605 (Supp. 95-1).

R20-5-606. State Definition of Terms Used in Adopting Federal Standards Pursuant to R20-5-601, R20-5-602, R20-5-603 and R20-5-604

For the purposes of the standards enumerated in the federal occupational safety and health standards incorporated into R20-5-601, R20-5-602, R20-5-603, and R20-5-604:

1. "Agency" means the Industrial Commission of Arizona.
2. "Assistant Secretary" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
3. "Assistant Secretary of Labor for Occupational Safety and Health" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
4. "Office of the Solicitor of Labor" means Legal Counsel for the Industrial Commission of Arizona.
5. "OSHA" means Arizona Division of Occupational Safety and Health.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-606 adopted effective May 31, 1985 (Supp. 85-3). R20-5-606 recodified from R4-13-606 (Supp. 95-1).

R20-5-607. Expired**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-607 repealed, former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-607 recodified from R4-13-607 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

R20-5-608. Definitions

- A. "Act" means the Arizona Occupational Safety and Health Act of 1972, with amendments effective August 27, 1977 (Arizona Revised Statutes, Title 23, Chapter 2, Article 10).

- B. The definitions and interpretations contained in A.R.S. § 23-401 of the Act shall be applicable to such terms when used in these rules.
- C. "Working days" means Mondays through Fridays but shall not include Saturdays, Sundays, or state holidays. In computing fifteen working days, the day of the receipt of any notice shall not be included, and the last day of the fifteen working days shall be included.
- D. "Compliance Safety and Health Officer" means a person authorized by the Occupational Safety and Health Division, Industrial Commission of Arizona, to conduct inspections.
- E. "Establishment" means a single physical location where business is conducted or where services or industrial operations are performed. (For example: a factory, mill, stores, hotel, restaurant, movie theatre, farm, ranch, bank, sales office, warehouse, or central administrative office.) Where distinctly separate activities are performed at a single physical location (such as contract construction activities from the same physical location as a lumber yard), each activity shall be treated as a separate physical establishment, and a separate notice or notices shall be posted in each such establishment, to the extent that such notices have been furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health. Where employers are engaged in activities which are physically dispersed, such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, the notice or notices required by this Section shall be posted at the location to which employees report each day. Where employees do not usually work at, or report to, a single establishment, such as traveling salesmen, technicians, engineers, etc., such notice or notices shall be posted at the location from which the employees operate to carry out their activities. In all cases, such notice or notices shall be posted in accordance with requirements of subsection (A) of this Section.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-608 repealed, new Section R4-13-608 adopted effective March 2, 1981 (Supp. 81-2). R20-5-608 recodified from R4-13-608 (Supp. 95-1).

R20-5-609. Posting of Notice: Availability of the Act, Regulations and Applicable Standards

- A. Each employer shall post and keep posted a notice or notices, to be furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health, informing employees of the protections and obligations provided for in the Act, and that for assistance and information, including copies of the Act and of specific safety and health standards, employees should contact the employer or the nearest office of the Industrial Commission. Such notice or notices shall be posted by the employer in each establishment in a conspicuous place or places where notices to employees are customarily posted. Each employer shall take steps to ensure that such notices are not altered, defaced, or covered by other material.
- B. Copies of the Act, all regulations published in this Chapter and applicable standards will be available at all offices of the Arizona Division of Occupational Safety and Health. If an employer has obtained copies of these materials, he shall make them available upon request to any employee or his authorized representative for review in the establishment where the employee is employed on the same day the request is made or

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at the earliest time mutually convenient to the employee or his authorized representative and the employer.

- C. Any employer failing to comply with the provisions of this Section shall be subject to citation and penalty in accordance with the provisions of A.R.S. § 23-418 of the Act.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1).
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-609 repealed, former Section R4-13-608 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-609 effective March 2, 1981 (Supp. 81-2).
R20-5-609 recodified from R4-13-609 (Supp. 95-1).

R20-5-610. Authority for Inspection

- A. The Director of the Division of Occupational Safety and Health or his authorized representative upon presentation of credentials shall be permitted to enter without delay and at reasonable times any factory, plant, establishment, construction site, or other area, or place of environment where work is performed by an employee of an employer; to inspect and investigate during regular working hours and in a reasonable manner, any such place of employment, and all pertinent conditions, structures, machines, apparatus, devices, equipment and materials therein; to question privately any employer, owner, operator, agent or employee and to review records required by the Act and regulations published in this Article and other records which are directly related to the purpose of the inspection.
- B. Representatives of the Secretary of Health, Education, and Welfare are authorized to make inspections and to question employers and employees in order to carry out the functions of the Secretary of Health, Education, and Welfare under the Williams-Steiger Occupational Safety and Health Act. Inspections conducted by Department of Labor Compliance Safety and Health Officers and representatives of the Secretary of Health, Education and Welfare under Section 8 of the Williams-Steiger Occupational Safety and Health Act and pursuant to 29 CFR Part 1903 shall not affect the authority of any state to conduct inspections in accordance with agreements and plans under Section 18 of the Williams-Steiger Occupational Safety and Health Act.
- C. Prior to inspecting areas containing information which is classified by an agency of the United States government in the interests of national security, Compliance Safety and Health Officers shall have obtained the appropriate security clearance.

Historical Note

Adopted effective February 28, 1975 (Supp. 75-1).
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-610 repealed, former Section R4-13-609 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-610 effective March 2, 1981 (Supp. 81-2).
R20-5-610 recodified from R4-13-610 (Supp. 95-1).

R20-5-611. Objection to Inspection

- A. Upon a refusal to permit a Compliance Safety and Health Officer, in the exercise of his official duties, to enter without delay and at reasonable times any place of employment or any place therein, to inspect, to review records, or to privately question any employer, owner, operator, agent, or employee, in accordance with rule R20-5-610, or to permit a representative of employees to accompany the Compliance Safety and Health Officer during the physical inspection of any workplace in accordance with rule R20-5-615, the Compliance Safety and

Health Officer shall terminate the inspection or confine the inspection to other areas, conditions, structures, machines, apparatus, devices, equipment, materials, records, or interviews concerning which no objection is raised. The Compliance Safety and Health Officer shall endeavor to ascertain the reason for such refusal and shall immediately report the refusal and the reason therefore to the Director of the Division. The Director shall immediately consult with the Industrial Commission and its legal counsel, who shall promptly take appropriate action, including compulsory process if necessary.

- B. Compulsory process may be sought in advance of an inspection or reinvestigation if, in the judgment of the Director of the Division and the Industrial Commission Chief Legal Counsel, circumstances exist including but not limited to specific evidence of an existing violation or reasonable legislative or administrative standards for conducting an inspection which make pre-inspection process desirable or necessary.
- C. With the approval of the Industrial Commission, and the Industrial Commission Chief Legal Counsel, compulsory process may also be obtained by the Director of the Division or his designee.
- D. For purposes of this Section, the term compulsory process shall mean the institution of any appropriate action, including ex parte application for an inspection warrant or its equivalent.

Historical Note

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-611 repealed, former Section R4-13-610 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-611 effective March 2, 1981 (Supp. 81-2). R20-5-611 recodified from R4-13-611 (Supp. 95-1).

R20-5-612. Entry Not a Waiver

Any permission to enter, inspect, review records, or question any person shall not imply or be conditioned upon a waiver of any cause of action, citation, or penalty under the Act. Compliance Safety and Health Officers are not authorized to grant any such waiver.

Historical Note

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-612 repealed, former Section R4-13-611 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-612 effective March 2, 1981 (Supp. 81-2).
R20-5-612 recodified from R4-13-612 (Supp. 95-1).

R20-5-613. Advance Notice of Inspections

- A. Advance notice of inspections may not be given except in the following situations:
1. In cases of apparent imminent danger, to enable the employer to abate the danger as quickly as possible;
 2. In circumstances where the inspection can most effectively be conducted after regular business hours or where special preparations are necessary for an inspection;
 3. Where necessary to ensure the presence of representatives of the employer and employees or the appropriate personnel needed to aid in an inspection; and

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4. In other circumstances where the Division Director determines that the giving of advance notice would enhance the probability of an effective and thorough inspection.
- B.** In the situations described in subsection (A) of this Section, advance notice of inspections may be given only if authorized by the Division Director. When advance notice is given, it shall be the employer's responsibility promptly to notify the authorized representative of employees of the inspection, if the identity of such representative is known to the employer. (See rule R20-5-615(B) as to situations where there is no authorized representative of employees.) Upon the request of the employer, the Compliance Safety and Health Officer will inform the authorized representative of employees of the inspection, provided that the employer furnishes the Compliance Safety and Health Officer with the identity of such representative and with such other information as is necessary to enable him promptly to inform such representative of the inspection. An employer who fails to comply with his obligation under this subsection promptly to inform the authorized representative of the employees of the inspection or to furnish such information as is necessary to enable the Compliance Safety and Health Officer to promptly inform such representative of the inspection may be subject to citation and penalty under A.R.S. § 23-408 of the Act. Advance notice in any of the situations described in subsection (A) of this Section shall not be given more than 24 hours before the inspection is scheduled to be conducted, except in apparent imminent danger situations and other unusual circumstances.

Historical Note

Adopted effective July 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).
 Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-613 repealed, former Section R4-13-612 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-613 effective March 2, 1981 (Supp. 81-2). R20-5-613 recodified from R4-13-613 (Supp. 95-1).

R20-5-614. Conduct of Inspections

- A.** At the beginning of an inspection, Compliance Safety and Health Officers shall present their credentials to the owner, operator, or agent in charge at the establishment; explain the nature and purpose of the inspection; and indicate generally the scope of the inspection and the records specified in rule R20-5-610 which they wish to review.
- B.** Compliance Safety and Health Officers shall have authority to take environmental samples and to take or obtain photographs related to the purpose of the inspection, employ other reasonable investigative techniques, and question privately any employer, owner, operator, agent or employee of an establishment.
- C.** In taking photographs and samples, Compliance Safety and Health Officers shall take reasonable precautions to ensure that such actions with flash, spark producing, or other equipment would not be hazardous. Compliance Safety and Health Officers shall comply with all employer safety and health rules and practices at the establishment being inspected, and they shall wear and use appropriate protective clothing and equipment.
- D.** The conduct of inspections shall be such as to preclude unreasonable disruption to the operations of the employer's establishment.
- E.** At the conclusion of an inspection, a Compliance Safety and Health Officer shall confer with the employer or his represen-

tative and informally advise him of any apparent safety or health violations disclosed by the inspection. During such conference, the employer shall be afforded an opportunity to bring to the attention of the Compliance Safety and Health Officer any pertinent information regarding conditions in the workplace.

Historical Note

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).
 Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-614 repealed, former Section R4-13-613 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-614 effective March 2, 1981 (Supp. 81-2).
 R20-5-614 recodified from R4-13-614 (Supp. 95-1).

R20-5-615. Representatives of Employers and Employees

- A.** Compliance Safety and Health Officers shall be in charge of inspections and questioning of persons. A Compliance Safety and Health Officer may permit additional employer representatives and additional representatives authorized by employees to accompany him where he determines that such additional representatives will further aid the inspection. A different employer and employee representative may accompany the Compliance Officer during each different phase of an inspection if this will not interfere with the conduct of the inspection.
- B.** Compliance Safety and Health Officers shall have authority to resolve all disputes as to who is the representative authorized by the employer and employees for the purpose of this rule. If there is no authorized representative of employees, or if the Compliance Safety and Health Officer is unable to determine with reasonable certainty who is such representative, he shall consult with a reasonable number of employees concerning matters of safety and health in the workplace.
- C.** The representative(s) authorized by employees shall be an employee(s) of the employer. However, if in the judgment of the Compliance Safety and Health Officer, good cause has been shown why accompaniment by a third party who is not an employee is reasonably necessary to the conduct of an effective and thorough physical inspection of the workplace, such third party may accompany the Compliance Safety and Health Officer during the inspection.
- D.** Compliance Safety and Health Officers are authorized to deny the right of accompaniment under this Section to any person whose conduct interferes with a fair and orderly inspection. The right of accompaniment in areas containing trade secrets shall be subject to the provisions of rule R20-5-616(B). With regard to information classified by an agency of the United States government in the interest of national security, only persons authorized to have access to such information may accompany a Compliance Safety and Health Officer in areas containing such information.

Historical Note

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).
 Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-615 repealed, former Section R4-13-614 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-615 effective March 2, 1981 (Supp. 81-2).

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R20-5-615 recodified from R4-13-615 (Supp. 95-1).

R20-5-616. Trade Secrets

- A.** At the commencement of an inspection, the employer may identify areas in the establishment which contain or which might reveal a trade secret. If the Compliance Safety and Health Officer has no clear reason to question such identification, information obtained in such areas, including all negatives and prints of photographs, environmental samples, shall be labeled "confidential-trade secret" and shall not be disclosed except in accordance with provisions of A.R.S. § 23-426.
- B.** Upon the request of an employer, any authorized representative of employees under rule R20-5-615 in an area containing trade secrets shall be an employee in that area or an employee authorized by the employer to enter that area. Where there is no such representative or employee, a Compliance Safety and Health officer shall consult with a reasonable number of employees who work in that area concerning matters of safety and health.

Historical Note

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-616 repealed, former Section R4-13-615 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-616 effective March 2, 1981 (Supp. 81-2). R20-5-616 recodified from R4-13-616 (Supp. 95-1).

R20-5-617. Consultation with Employees

Compliance Safety and Health Officers may privately consult with employees concerning matters of occupational safety and health to the extent they deem necessary for the conduct of an effective and thorough inspection. During the course of an inspection, any employee shall be afforded an opportunity to bring any violation of the Act, which he has reason to believe exists in the workplace, to the attention of the Compliance Safety and Health Officer.

Historical Note

Adopted effective January 21, 1976 (Supp. 76-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-617 repealed, former Section R4-13-616 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-617 effective March 2, 1981 (Supp. 81-2). R20-5-617 recodified from R4-13-617 (Supp. 95-1).

R20-5-618. Complaints by Employees

- A.** A copy of a complaint submitted pursuant to A.R.S. § 23-408(E) shall be provided to the employer or his agent by the Director of the Division of Occupational Safety and Health or his representative no later than the time of inspection, except that, upon the request of the person giving such notice, his name shall not appear in such copy or in any record published, released, or made available by the Arizona Division of Occupational Safety and Health.
- B.** If upon receipt of such notification the Division Director determines that the complaint meets the requirements set forth in subsection (A) of this rule, and that there are reasonable grounds to believe that the alleged violation exists, he shall cause an inspection to be made as soon as practicable, to deter-

mine if such alleged violation exists. Inspections under this rule shall not be limited to matters referred to in the complaint.

Historical Note

Adopted effective January 21, 1976 (Supp. 76-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-618 repealed, former Section R4-13-617 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-618 effective March 2, 1981 (Supp. 81-2). R20-5-618 recodified from R4-13-618 (Supp. 95-1).

R20-5-619. Inspection Not Warranted; Informal Review

If the Division Director determines that an inspection is not warranted because there are no reasonable grounds to believe that a violation or danger exists with respect to a complaint in accordance with A.R.S. § 23-408(E), he shall notify the complaining party in writing of such determination. The complaining party may obtain review of such determination by submitting a written statement of position with the Industrial Commission and, at the same time, providing the employer with a copy of such statement by certified mail. The employer may submit an opposing written statement of position with the Industrial Commission and, at the same time, provide the complaining party with a copy of such statement by certified mail. Upon the request of the complaining party or the employer, the Industrial Commission, at their discretion, may hold an informal conference in which the complaining party and the employer may orally present their views. After considering all written and oral views presented, the Industrial Commission shall affirm, modify, or reverse the determination of the Division Director and furnish the complaining party and the employer a written notification of their decision and the reasons therefore. The decision of the Industrial Commission shall be final and not subject to further review. Such determination shall be without prejudice to the filing of a new complaint meeting the requirements of A.R.S. § 23-408(E).

Historical Note

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-619 repealed, former Section R4-13-618 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-619 effective March 2, 1981 (Supp. 81-2). R20-5-619 recodified from R4-13-619 (Supp. 95-1).

R20-5-620. Expired**Historical Note**

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 repealed, former Section R4-13-619 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-620 effective March 2, 1981 (Supp. 81-2). R20-5-620 recodified from R4-13-620 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

R20-5-621. Citations: Notices of De Minimis Violations

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- A. The Division Director shall review the inspection reports of the Compliance Safety and Health Officer. If, on the basis of the report, the Division Director believes that the employer has violated a requirement of A.R.S. § 23-403 of the Act, of any standard, rule or order promulgated pursuant to A.R.S. § 23-410 of the Act, or of any substantive rule published in these rules, he shall, if appropriate, consult with the Industrial Commission's counsel and shall issue to the employer either a citation or notice of de minimis violations. An appropriate citation or notice of de minimis violation shall be issued even though after being informed of an alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Any citation or notice of de minimis violations shall be issued with reasonable promptness after termination of the inspection. No citation may be issued under this rule after the expiration of six months following the occurrence of any alleged violation.
- B. If a citation or notice of de minimis violation issued for a violation alleged in a request for inspection under A.R.S. § 23-408(E), a copy of the citation or notice of de minimis violation shall also be sent to the employee or representative of employees who made such request or notification.
- C. After an inspection, if the Division Director determines that a citation is not warranted with respect to a danger or violation alleged to exist in a request for inspection under A.R.S. § 23-408(E), the informal review procedures prescribed in rule R20-5-619(A) shall be applicable. After considering all views presented, the Industrial Commission shall affirm the determination of the Division Director, order a reinspection, or issue a citation if the Industrial Commission believes that the inspection disclosed a violation. The Industrial Commission shall furnish the complaining party and the employer with a written notification of their determination and the reasons therefore. The determination of the Industrial Commission shall be final and not subject to review.
- D. Every citation shall state that the issuance of a citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless a citation is affirmed by the Hearing Division or the Review Commission.

Historical Note

Adopted as an emergency effective May 24, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-621 effective March 2, 1981 (Supp. 81-2). R20-5-621 recodified from R4-13-621 (Supp. 95-1).

R20-5-622. Proposed Penalties

- A. All employers shall be notified of any proposed penalties, issued pursuant to A.R.S. § 23-418, by certified mail or by a signed verification in person.
- B. The Division Director shall determine the amount of any proposed penalty, giving due consideration to the appropriateness of penalty with respect to the size of the business of the employer being charged, the gravity of the violation, the good faith of the employer, and the history of previous violations in accordance with the provisions of A.R.S. § 23-418 of the Act.
- C. Appropriate penalties may be proposed with respect to an alleged violation even though after being informed of such alleged violation by the Compliance Safety and Health Officer,

the employer immediately abates, or initiates steps to abate, such alleged violation. Penalties shall not be proposed for de minimis violations which have no direct or immediate relationship to safety or health.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-621 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-622 effective March 2, 1981 (Supp. 81-2). R20-5-622 recodified from R4-13-622 (Supp. 95-1).

R20-5-623. Posting of Citations

- A. Upon receipt of any citation under the Act, the employer shall immediately post such citation, or a copy thereof, unedited, at or near each place an alleged violation referred to in the citation occurred, except as provided below. Where, because of the nature of the employer's operations, it is not practicable to post the citation at or near each place of alleged violation, such citation shall be posted, unedited, in a prominent place where it will be readily observable by all affected employees. For example, where employers are engaged in activities which are physically dispersed, the citation may be posted at the location to which the employees report each day. Where employees do not primarily work at or report to a single location, the citation may be posted at the location from which the employees operate to carry out their activities. The employer shall take steps to ensure that the citation is not altered, defaced, or covered by other material. Notices of de minimis violations need not be posted.
- B. Each citation, or a copy thereof, shall remain posted until the violation has been abated, or for three working days, whichever is later. The filing by the employer of a notice of intention to contest under A.R.S. § 23-471(A) shall not affect his posting responsibility under this rule unless and until the Hearing Division and/or Review Commission issues a final order vacating the citation.
- C. An employer to whom a citation has been issued may post a notice in the same location where such citation is posted indicating that the citation is being contested before the Hearing Division and/or Review Commission, and such notice may explain the reasons for such contest. The employer may also indicate that specified steps have been taken to abate the violation.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-622 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-623 effective March 2, 1981 (Supp. 81-2). R20-5-623 recodified from R4-13-623 (Supp. 95-1).

R20-5-624. Employer and Employee Contests before the Hearing Division

- A. All notices to contest citations and/or penalties shall be submitted to the Division Director and immediately transmitted to the Hearing Division in accordance with the Rules of Procedure prescribed by the Industrial Commission.
- B. Any affected employee or employee representative appealing the period allowed an employer to abate a particular violation shall submit the notice of contest to the Division Director who shall immediately transmit such notice to the Hearing Division in accordance with the Rules of Procedure prescribed by the Industrial Commission.

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Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-623 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-624 effective March 2, 1981 (Supp. 81-2). R20-5-624 recodified from R4-13-624 (Supp. 95-1).

R20-5-625. Failure to Correct a Violation for Which a Citation Has Been Issued

- A. All employers failing to correct an alleged violation for which a citation has been issued, within the period permitted for its correction, shall be notified of such failure and any proposed penalties issued pursuant to A.R.S. § 23-418 by certified mail or by signed verification in person.
- B. All notices to contest a notification of failure to correct a violation and of proposed additional penalty shall be submitted to the Division Director and immediately transmitted to the Hearing Division in accordance with the Rules of Procedure prescribed by the Industrial Commission.
- C. Each notification of failure to correct a violation and of proposed additional penalty shall state that it shall be deemed to be the final order of the Industrial Commission and not subject to review by any court or agency unless within fifteen working days from the receipt of such notification, the employer notifies the Division Director in writing that he intends to contest the notification or the proposed additional penalty before the Hearing Division.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-624 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-625 effective March 2, 1981 (Supp. 81-2). R20-5-625 recodified from R4-13-625 (Supp. 95-1).

R20-5-626. Informal Conferences

At the request of an affected employer, employee, or representative of employees, the Industrial Commission, or their designee, may hold an informal conference for the purpose of discussing any issues raised by an inspection, citation, notice of proposed penalty, or notice of intention to contest. The settlement of any issue at such conference shall be subject to rules and procedures prescribed by the Industrial Commission. If the conference is requested by the employer, an affected employee or his representative shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. If the conference is requested by an employee or representative of employees, the employer shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. Any party may be represented by counsel in such conference. No such conference or request for such conference shall operate as a stay of any fifteen working day period for filing a notice of intention to contest as prescribed in rule R20-5-624.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-625 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-626 effective March 2, 1981 (Supp. 81-2). R20-5-626 recodified from R4-13-626 (Supp. 95-1).

R20-5-627. Abatement Verification

- A. Scope and application. This Section applies to employers, as defined in A.R.S. § 23-401, who receive a citation for a violation of the Arizona Occupational Safety and Health Act.
- B. Definitions:
 - 1. Abatement means action by an employer to comply with a cited standard or rule or to eliminate a recognized hazard, as defined in A.R.S. § 23-401, identified by the Division during an inspection.
 - 2. Abatement date means:
 - a. For an uncontested citation item, the later of:
 - i. The date in the citation for abatement of the violation;
 - ii. The date approved by the Division as a result of a petition for modification of the abatement date (PMA); or
 - iii. The date for abatement completion as established in a citation by an informal conference agreement.
 - b. For a contested citation item for which an administrative law judge has issued a final decision affirming the violation, the later of:
 - i. The date identified in the final decision for completion of abatement;
 - ii. The date computed by adding the original period allowed for abatement in the citation to begin 15 days from the final decision date of an administrative law judge; or
 - iii. The date established by a formal settlement agreement.
 - 3. Affected employee means an employee who is exposed to the hazard identified as a violation in a citation.
 - 4. Final order date means:
 - a. The date on which an uncontested citation is deemed final under A.R.S. § 23-417 (A); or
 - b. For a contested citation item: The date on which a decision or order of an administrative law judge becomes final under A.R.S. § 23-421 or § 23-423.
 - 5. Movable equipment means a hand-held or non-hand-held machine or device, powered or unpowered, that is used to do work and is moved within or between workplaces.
- C. Abatement certification.
 - 1. Within 10 calendar days after the abatement date, an employer shall certify to the Division that the employer has abated each cited violation except as provided in subsection (C)(2). An employer may use Appendix A to certify abatement.
 - 2. An employer is not required to certify abatement if a Compliance Safety and Health Officer, during an onsite inspection:
 - a. Observes, within 24 hours after a violation is identified, that abatement has occurred; and
 - b. Notes the abatement action on the citation.
 - 3. An employer's certification that abatement is complete shall include, for each cited violation, in addition to the information required by subsection (H), the completion date and method of abatement and a statement that affected employees and their representatives have been informed of the completed abatement.
- D. Abatement documentation.
 - 1. Within 10 days after the abatement date, an employer shall submit to the Division, documents which evidence that abatement is complete for each willful or repeat violation and for any serious violation for which abatement documentation is required.
 - 2. Documents which evidence that abatement is complete may include documents for purchase or repair of equip-

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ment, photographs or videos of the abatement, or other written records.

E. Abatement plans.

1. The Division may require an employer to submit an abatement plan, except for a nonserious violation, when the time permitted for abatement is more than 90 days. The citation shall state that an abatement plan is required. An employer may use Appendix B for an abatement plan.
2. An employer shall submit an abatement plan for each cited violation within 25 days from the date of a final order when the citation states that a plan is required. In the abatement plan, the employer shall identify:
 - a. The violation,
 - b. The steps necessary to achieve abatement,
 - c. A schedule for completing abatement, and
 - d. How the employer will protect employees from the violative condition until abatement is complete.

F. Progress reports.

1. The Division may require an employer who submits an abatement plan under subsection (E), to submit periodic progress reports for each cited violation. If the Division requires a periodic progress report, the citation shall include the following information:
 - a. Periodic progress reports are required and the cited violations for which periodic progress reports are required;
 - b. The date on which an initial progress report must be submitted. The date of the initial progress report shall be no sooner than 30 days after the submission date required for abatement;
 - c. Whether additional progress reports are required; and
 - d. The date on which additional progress reports shall be submitted.
2. For each violation, the employer shall summarize in the progress report, the action taken to achieve abatement and the date the action was taken.

G. Employee notification.

1. An employer shall inform affected employees and the employees' representative of abatement activities covered by this Section by posting a copy of each document submitted to the Division or a summary of the document at the location of the cited violation.
2. For employers who have mobile work operations, the employer shall:
 - a. Post each document or a summary of the document submitted to the Division in a conspicuous place where it can be readily seen by employees and the employee representative; or
 - b. Take other steps to communicate fully to affected employees and the employees' representative about abatement actions.
3. The employer shall inform employees and the employees' representative of the right to examine and copy all abatement documents submitted by the employer to the Division.
 - a. An employee or an employee representative shall submit a written request to examine and copy abatement documents within three working days of receiving notice that the documents have been submitted to the Division.
 - b. An employer shall comply with an employee's or employee representative's written request to examine and copy abatement documents within five working days of receiving the request.

4. An employer shall ensure that notice in subsection (G)(1) to employees and a employee representative is provided at the same time or before the information is provided to the Division and that abatement documents are:
 - a. Not altered, defaced, or physically covered by other material; and
 - b. Remain posted for at least three working days after submission to the Division.

H. Transmitting abatement documents.

1. An employer shall include, in each submission required by this Section, the following information:
 - a. The employer's name and address;
 - b. The inspection number to which the submission relates;
 - c. The citation, item number, and location to which the submission relates;
 - d. A statement that the information submitted is accurate; and
 - e. The signature of the employer or the employer's authorized representative.
2. The date of postmark is the date of submission for mailed documents. For documents transmitted by other means, the date the Division receives the document is the date of submission.

I. Movable equipment.

1. For serious, repeat, and willful violations involving movable equipment, an employer shall attach a warning tag or a copy of the citation to the operating controls or to the cited component of equipment that is moved within or between workplaces. The Division shall deem attaching a copy of the citation to the equipment to meet the tagging requirement of subsection (I)(3) and the posting requirement of R20-5-623.
2. The employer shall use a warning tag to warn employees about the nature of the violation involving the movable equipment and identifies the location of the violation. An employer may use the tag in Appendix C to meet this requirement.
3. If a violation has not been abated, an employer shall attach a warning tag or a copy of the citation to the equipment as follows:
 - a. For hand-held equipment, the employer shall attach a warning tag or copy of the citation within eight hours after the employer receives the citation; and
 - b. For non-hand-held equipment, the employer shall attach a warning tag or copy of the citation before moving the equipment within or between workplaces.
4. For the construction industry, a tag that is designed and used in accordance with 29 CFR 1926.20(b)(3) and 29 CFR 1926.200(h) is deemed by the Division to meet the requirements of this Section when the information required by subsection (I)(2) is included on the tag.
5. An employer shall ensure that the tag or copy of the citation attached to movable equipment is not altered, defaced, or physically covered by other material.
6. An employer shall ensure that the tag or copy of the citation attached to movable equipment remains attached until:
 - a. The employer has abated the violation and all abatement verification documents required by this Section have been submitted to the Division;
 - b. The employer has permanently removed the cited equipment from service or the cited equipment is no longer within the employer's control; or

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- c. The Division, administrative law judge, or Review Board vacates the citation.

Historical Note

Adopted effective June 26, 1998 (Supp. 98-2).

Appendix A. Sample Abatement - Certification Letter (Non-mandatory)

[Name], Director
The Industrial Commission of Arizona
Division of Occupational Safety and Health
P. O. Box 19070
Phoenix, Arizona 85005

[Company's Name]
[Company's Address]
The hazard referenced in Inspection Number [Insert 9-digit #] for violation identified as:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

I attest that the information contained in this document is accurate.

Signature

Typed or Printed Name

Historical Note

Appendix A adopted effective June 26, 1998 (Supp. 98-2).

Appendix B. Sample Abatement Plan or Progress Report (Nonmandatory)

(Name), Director
The Industrial Commission of Arizona
Division of Occupational Safety and Health
P. O. Box 19070
Phoenix, Arizona 85005

[Company's Name]
[Company's Address]

Check one:

Abatement Plan []

Progress Report []

Inspection Number _____

Page _____ of _____

Citation Number(s)* _____

Item Number(s)* _____

Proposed
Completion

Completion

Action

Date (for
abatement
plans only)

Date (for
progress reports
only)

1.

2.

3.

4.

5.

Date required for final abatement: _____

I attest that the information contained in this document is accurate.

Signature

Typed or Printed Name

Name of primary point of contact for questions: (optional)

Telephone number: _____

*Abatement plans or progress reports for more than one citation item may be combined in a single abatement plan or progress report if the abatement actions, proposed completion dates, and actual completion dates (for prog-

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ress reports only) are the same for each of the citation items.

Historical Note

Appendix B adopted effective June 26, 1998 (Supp. 98-2).

Appendix C. Sample Warning Tag (Nonmandatory)

<p>0</p> <p>WARNING:</p> <p>EQUIPMENT HAZARD BY ADOSH</p> <p>EQUIPMENT CITED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>HAZARD CITED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>FOR DETAILED INFORMATION: SEE ADOSH CITATION POSTED AT:</p> <p>_____</p> <p>_____</p>

BACKGROUND COLOR--ORANGE
MESSAGE COLOR--BLACK

Historical Note

Appendix C adopted effective June 26, 1998 (Supp. 98-2).

R20-5-628. Safe Transportation of Compressed Air or Other Gases

An employer shall not use Polyvinyl Chloride (PVC) piping in a place of employment for the transportation and distribution of compressed air or other compressed gases in an above-ground installation.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 1161, effective March 11, 2003 (Supp. 03-1).

R20-5-629. The Occupational Injury and Illness Recording and Reporting Requirements, 29 CFR 1904

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Recordkeeping, as published in 29 CFR 1904, with amendments as of January 1, 2017, incorporated by reference. Copies of the incorporated materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to recordkeeping by all employers, both public and private, in the state

of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1904 published after January 1, 2017.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 874, effective February 19, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 318, effective January 1, 2004 (Supp. 03-4). Amended by final rulemaking at 22 A.A.R. 775, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2263, effective July 23, 2018 (Supp. 18-3).

R20-5-630. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-640 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-630 effective March 2, 1981 (Supp. 81-2). R20-5-630 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-631. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-631 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-632. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-632 recodified from R4-13-632 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-633. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-633 recodified from R4-13-633 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-634. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-634 recodified from R4-13-634 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-635. Repealed

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Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-635 recodified from R4-13-635 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-636. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-636 recodified from R4-13-636 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-637. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective December 14, 1994 (Supp. 94-4). R20-5-637 recodified from R4-13-637 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-638. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-638 recodified from R4-13-638 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-639. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-639 recodified from R4-13-639 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-640. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-641 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-640 effective March 2, 1981 (Supp. 81-2). R20-5-640 recodified from R4-13-640 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-641. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-642 adopted as an

emergency effective October 29, 1980, renumbered and adopted as Section R4-13-641 effective March 2, 1981 (Supp. 81-2). R20-5-641 recodified from R4-13-641 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-642. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-643 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-642 effective March 2, 1981 (Supp. 81-2). R20-5-642 recodified from R4-13-642 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-643. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-644 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-643 effective March 2, 1981 (Supp. 81-2). R20-5-643 recodified from R4-13-643 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-644. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-645 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-644 effective March 2, 1981 (Supp. 81-2). R20-5-644 recodified from R4-13-644 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-645. Repealed**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-645 effective March 2, 1981 (Supp. 81-2). R20-5-645 recodified from R4-13-645 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

R20-5-646. Emergency Expired**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-646 recodified from R4-13-646 (Supp. 95-1).

R20-5-647. Reserved**R20-5-648. Reserved****R20-5-649. Reserved****R20-5-650. Definitions**

As used in rules R20-5-650 through R20-5-669 inclusive, unless the context clearly requires otherwise:

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1. "Act" means the Arizona Occupational Safety and Health Act of 1972 (Arizona Revised Statutes, Title 23, Chapter 2, Article 10).
2. "Commission" means the Industrial Commission of Arizona.
3. "Person" means an individual, partnership, association, corporation, business trust, legal representative, an organized group of individuals, or political subdivision.
4. "Party" means a person admitted to participate in a hearing conducted in accordance with subsection (3). An applicant for relief and any affected employee shall be entitled to be named as parties.
5. "Affected employee" means an employee or any one of his authorized representatives, such as his collective bargaining agent, who would be affected by the granting or denial of a variance.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-651 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-650 effective March 2, 1981 (Supp. 81-2). R20-5-650 recodified from R4-13-650 (Supp. 95-1).

R20-5-651. Petitions for Amendments

Any person may at any time petition the Commission in writing to revise, amend, or revoke any provisions of rules R20-5-650 through R20-5-669 inclusive. The petition should set forth either the terms or the substance of the rule desired, with a concise statement of the reasons therefor and the effects thereof.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-652 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-651 effective March 2, 1981 (Supp. 81-2). R20-5-651 recodified from R4-13-651 (Supp. 95-1).

R20-5-652. Effects of Variances

All variances granted hereunder shall have only future effect. In their discretion, the Commission may decline to entertain an application for variance on the subject or issue concerning which a citation has been issued to the employer involved and a proceeding on the citation or a related issue concerning a proposed penalty or period of abatement is pending before the Federal Occupational Safety and Health Review Commission, State of Arizona Hearing Division or the Arizona Review Board until the completion of such proceeding.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-654 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-652 effective March 2, 1981 (Supp. 81-2). R20-5-652 recodified from R4-13-652 (Supp. 95-1).

R20-5-653. Public Notice of a Granted Variance

Every final action granting a variance, shall be published in statewide newspapers. Every such final action shall specify the alternative to the standard involved which the particular variance permits.

Historical Note

Adopted as an emergency effective October 29, 1980,

pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-655 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-653 effective March 2, 1981 (Supp. 81-2). R20-5-653 recodified from R4-13-653 (Supp. 95-1).

R20-5-654. Form of Documents; Subscription; Copies

- A. No particular form is prescribed for applications and other papers which may be filed in proceedings hereunder. However, any applications and other papers shall be clearly legible. An original and six copies of any application and other papers shall be filed. The original shall be typewritten. Clear carbon copies or printed or processed copies are acceptable copies.
- B. Each application or other paper which is filed in proceedings hereunder shall be signed by the person filing the same or by his attorney or other authorized representative and where required by these regulations shall be verified by the applicant.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-654 effective March 2, 1981 (Supp. 81-2). R20-5-654 recodified from R4-13-654 (Supp. 95-1).

R20-5-655. Variances

- A. Application for variance. Any employer, or class of employers, desiring a variance from a standard or regulation or any portion thereof, authorized by A.R.S. § 23-411 of the Act may file a written application containing the information specified in subsection (B) of this Section with the Industrial Commission of Arizona, 1601 West Jefferson, Phoenix, Arizona 85005.
- B. Contents. An application filed pursuant to subsection (A) of this Section shall contain the information specified in A.R.S. § 23-411(B) and (C) of the Act.
- C. Interim order.
 1. Application. In accordance with A.R.S. § 23-411(B)(3) of the Act, an application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
 2. Notice of denial of application. If an application filed pursuant to subsection (C)(1) is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.
 3. Notice of the grant of an interim order. If an interim order is granted, a copy of the order shall be served upon the applicant for the order and other parties and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for variance.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-657 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-655 effective March 2, 1981

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(Supp. 81-2). R20-5-655 recodified from R4-13-655
(Supp. 95-1).

R20-5-656. Variances under A.R.S. § 23-412

- A.** Application for variance. Any employer, or class of employers, desiring a variance authorized by A.R.S. § 23-412 of the Act may file a written application containing the information specified in subsection (B) of this Section, with the Industrial Commission of Arizona, 1601 W. Jefferson, Phoenix, Arizona 85005.
- B.** Contents. An application filed pursuant to subsection (A) of this Section shall contain the information specified in A.R.S. § 23-412 of the Act.
- C.** Interim order
 - 1. Application. An application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
 - 2. Notice of denial of application. If an application filed pursuant to subsection (C)(1) is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.
 - 3. Notice of the grant of an interim order. If an interim order is granted, a copy of the order shall be served upon the applicant and other parties, and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for a variance.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-658 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-656 effective March 2, 1981 (Supp. 81-2). R20-5-656 recodified from R4-13-656 (Supp. 95-1).

R20-5-657. Renewal of Rules or Orders: Federal Multi-state Variances

- A.** Renewal or rules or orders. Any final rule or order issued under A.R.S. § 23-411 of the Act may be renewed or extended as permitted by the applicable Section and in the manner prescribed for its issuance.
- B.** Multi-state variances. Where a federal variance has been granted with multi-state applicability, including applicability in this state operating under a state plan approved under Section 18 of the Act, from a standard or portion thereof identical to this state's standard or regulation or portion thereof such variance shall likewise be deemed an authoritative interpretation of the employer(s)' compliance obligation with regard to the state standard or portion thereof provided no objections of substance are found to be interposed by the Commission.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-659 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-657 effective March 2, 1981 (Supp. 81-2). R20-5-657 recodified from R4-13-657

(Supp. 95-1).

R20-5-658. Action on Applications

- A.** Defective applications
 - 1. If an application filed pursuant to rule R20-5-655, R20-5-656, R20-5-657 and R20-5-658 does not conform to the applicable Section, the Commission may deny the application.
 - 2. Prompt notice of the denial of an application shall be given to the applicant.
 - 3. A notice of denial shall include, or be accompanied by, a brief statement of the grounds for denial.
 - 4. A denial of an application pursuant to this subsection shall be without prejudice to the filing of another application.
- B.** Adequate applications
 - 1. If an application has not been denied pursuant to subsection (A) of this Section, the Commission shall cause to be published in statewide newspapers a notice of the filing of the application.
 - 2. A notice of the filing of an application shall include:
 - a. The terms, or an accurate summary, of the application;
 - b. A reference to the Section of the Act under which the application has been filed;
 - c. An invitation to interested persons to submit within a stated period of time written data, views, or arguments regarding the application; and
 - d. Information to affected employers, employees, of any right to request a hearing on the application.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-660 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-658 effective March 2, 1981 (Supp. 81-2). R20-5-658 recodified from R4-13-658 (Supp. 95-1).

R20-5-659. Request for Hearings on Petition

- A.** Request for hearing. Any employer, employee, authorized employee representative, representative, or other person interested in or affected by an order of the Commission may petition for a hearing on the reasonableness and lawfulness of an order issued under A.R.S. §§ 23-411 or 23-412, by a verified petition filed with the Commission.
- B.** Contents of a petition. A request for a hearing filed pursuant to subsection (A) of this Section shall include:
 - 1. The name and address of the applicant;
 - 2. A concise statement of facts showing how the employer, employee, authorized employee representative, representative, or other person would be affected by the relief applied for;
 - 3. A petition shall set forth specifically and in detail the order upon which a hearing is desired;
 - 4. The reasons why the order is unreasonable or unlawful;
 - 5. The issue to be considered by the Commission on the hearing. Objections other than those set forth in the petition are deemed finally waived.
 - 6. If the applicant is an employer, a certification that the applicant has informed his affected employees of the application by:
 - a. Giving a copy thereof to their authorized representative;
 - b. Posting at the place or places where notices to employees are normally posted, a statement giving a summary of the petition specifying where a copy of

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the full petition may be examined (or, in lieu of the summary, posting the application itself); and

c. Other appropriate means.

7. If the applicant is an affected employee, a certification that a copy of the petition has been furnished to the employer.

C. The Commission may on its own motion proceed to modify or revoke a rule or order issued under A.R.S. §§ 23-411 or 23-412 of the Act. In such event, the Commission shall cause to be published in statewide newspapers a notice of its intention, affording interested persons an opportunity to submit written data, views, or arguments regarding the proposal and informing the affected employer and employees of their right to request a hearing and shall take such other action as may be appropriate to give actual notice to the affected employees. Any request for a hearing shall include a short and plain statement of:

1. How the proposed modification or revocation would affect the requesting party; and
2. What the requesting party would seek to show on the subjects or issues involved.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-661 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-659 effective March 2, 1981 (Supp. 81-2). R20-5-659 recodified from R4-13-659 (Supp. 95-1).

R20-5-660. Consolidation of Proceedings

The Commission on its own motion or that of any party may consolidate or contemporaneously consider two or more proceedings which involve the same or closely related issues.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-662 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-660 effective March 2, 1981 (Supp. 81-2). R20-5-660 recodified from R4-13-660 (Supp. 95-1).

R20-5-661. Notice of Hearing

- A. Service. Upon request for a hearing as provided in this Section, or upon its own initiative, the Commission shall serve, or cause to be served, a reasonable notice of hearing.
- B. Contents. A notice of hearing served under subsection (A) of this Section shall include:
 1. The time, place, and nature of the hearing;
 2. The legal authority under which the hearing is to be held;
 3. A specification of issues of fact and law.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-663 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-661 effective March 2, 1981 (Supp. 81-2). R20-5-661 recodified from R4-13-661 (Supp. 95-1).

R20-5-662. Manner of Service

Service of any document upon any party may be made by personal delivery of, or by mailing, a copy of the document to the last known address of the party. The person serving the document shall certify to the manner and the date of the service.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-664 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-662 effective March 2, 1981 (Supp. 81-2). R20-5-662 recodified from R4-13-662 (Supp. 95-1).

R20-5-663. Industrial Commission; Powers and Duties

- A. Powers. The Commissioners shall have all powers necessary or appropriate to conduct a fair, full, and impartial hearing, including the following:
 1. To administer oaths and affirmations;
 2. To rule upon offers of proof and receive relevant evidence;
 3. To provide for discovery and to determine its scope;
 4. To regulate the course of the hearing and the conduct of the parties and their counsel therein;
 5. To consider and rule upon procedural requests;
 6. To hold conferences for the settlement or simplification of the issues by consent of the parties;
 7. To make, or to cause to be made, an inspection of the employment or place of employment involved;
 8. To make decisions in accordance with A.R.S. §§ 23-405.5, 23-411, 23-412, and 23-945; and
 9. To take any other appropriate action authorized by the Act, this Section, or A.R.S. § 23-945.
- B. Contumacious conduct; failure or refusal to appear or obey the rulings of the Commission.
 1. Contumacious conduct at any hearing before the Commission shall be grounds for exclusion from the hearing.
 2. If a witness or a party refuses to answer a question after being directed to do so, or refuses to obey an order to provide or permit discovery, the Commission may make such orders with regard to the refusal as are just and appropriate, including an order denying an application of an applicant or regulating the contents of the record of the hearing.
- C. Referral to Rules of Procedure for Occupational Safety and Health hearings. On any procedural question not regulated by this Section, the Act, or A.R.S. § 23-945, Commission shall be guided to the extent practicable by any pertinent provisions of the Rules of Procedure for Occupational Safety and Health hearings before the Industrial Commission of Arizona.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-665 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-663 effective March 2, 1981 (Supp. 81-2). R20-5-663 recodified from R4-13-663 (Supp. 95-1).

R20-5-664. Prehearing Conferences

- A. Convening a conference. Upon its own motion or the motion of a party, the Commission may direct the parties or their counsel to meet with them for a conference to consider:
 1. Simplification of the issues;
 2. Necessity or desirability of amendments to documents for purposes of clarification, simplification, or limitation;
 3. Stipulations, admissions of fact, and of contents and authenticity of documents;
 4. Limitation of the number of parties and of expert witnesses; and

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5. Such other matters as may tend to expedite the disposition of the proceeding and to assure a just conclusion thereof.
- B.** Record of conference. The Commission shall make an order which recites the action taken at the conference, the amendments allowed to any documents which have been filed, and the agreements made between the parties as to any of the matters considered, and which limits the issues for hearings to those not disposed of by admission or agreements; and such order when entered controls the subsequent course of the hearing, unless modified at the hearing, to prevent manifest injustice.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-666 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-664 effective March 2, 1981 (Supp. 81-2). R20-5-664 recodified from R4-13-664 (Supp. 95-1).

R20-5-665. Consent Findings and Rules or Orders

- A.** General. At any time before the reception of evidence in any hearing, or during any hearing, a reasonable opportunity may be afforded to permit the negotiation by the parties of an agreement containing consent findings and a rule or order disposing of the whole or any part of the proceeding. The allowance of such opportunity and the duration thereof shall be in the discretion of the Commission. After consideration of the nature of the proceeding, the requirements of the public interest, the representations of the parties, and the probability of an agreement which will result in a just disposition of the issues involved.
- B.** Contents. Any agreement containing consent findings in rule or other disposing of a proceeding shall also provide:
1. That the rule or order shall have the same force and effect as if made after a full hearing;
 2. That the entire record on which any rule or order may be based shall consist solely of the application and the agreement;
 3. A waiver of any further procedural steps before the Commission; and
 4. A waiver of any right to challenge or contest the validity of the findings and of the rule or order made in accordance with the agreement.
- C.** Submission. On or before the expiration of the time granted for negotiations, the parties or their counsel may:
1. Submit the proposed agreement to the Commission for its consideration; or
 2. Inform the Commission that agreement cannot be reached.
- D.** In the event an agreement containing consent findings and rule or order is submitted within the time allowed therefor, the Commission may accept such agreement by issuing its decision based upon the agreed findings.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-667 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-665 effective March 2, 1981 (Supp. 81-2). R20-5-665 recodified from R4-13-665 (Supp. 95-1).

R20-5-666. Discovery**A. Depositions**

1. For reasons of unavailability or for other good cause shown, the testimony of any witness may be taken by deposition. Depositions may be taken orally or upon written interrogatories before any person designated by the Commission and having power to administer oaths.
 2. Application. Any party desiring to take the deposition of a witness may make application in writing to the Commission, setting forth:
 - a. The reasons why such deposition should be taken;
 - b. The time when, the place where, and the name and post office address of the person before whom the deposition is to be taken;
 - c. The name and address of each witness; and
 - d. The subject matter concerning which each witness is expected to testify.
 3. Notice. Such notice as the Commission may order shall be given by the party taking the deposition to every other party.
 4. Taking and receiving in evidence. Each witness testifying upon deposition shall be sworn, and the parties not calling him shall have the right to cross-examine him. The questions propounded and the answers thereto, together with all objections made, shall be reduced to writing, read to the witness, subscribed by him, and certified by the officer before whom the deposition is taken. Thereafter, the officer shall seal the deposition, with two copies thereof, in an envelope and mail the same by registered mail to the presiding hearing examiner. Subject to such objections to the questions and answers as were noted at the time of taking the deposition and would be valid were the witness personally present and testifying, such deposition may be read and offered in evidence by the party taking it as against any party who was present, represented at the taking of the deposition, or who had due notice thereof. No part of a deposition shall be admitted in evidence unless there is a showing that the reasons for the taking of the deposition in the first instance exist at the time of the hearing.
- B.** Other discovery. Whenever appropriate to a just disposition of any issue in a hearing, the Commission may allow discovery by any other appropriate procedure, such as by written interrogatories upon a party, production of documents by a party, or by entry for inspection of the employment or place of employment involved.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-668 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-666 effective March 2, 1981 (Supp. 81-2). R20-5-666 recodified from R4-13-666 (Supp. 95-1).

R20-5-667. Hearings

- A.** Order of proceeding. Except as may be ordered otherwise by the Commission, the party applicant for relief shall proceed first at a hearing.
- B.** Burden of proof. The party applicant shall have the burden of proof.
- C.** Evidence
1. Admissibility. A party shall be entitled to present its case or defense by oral or documentary evidence, to submit rebuttal evidence, and to conduct such cross-examination as may be required for a full and true disclosure of the facts. Any oral or documentary evidence may be

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received, but the Commission shall exclude evidence which is irrelevant, immaterial, or unduly repetitious.

2. Testimony of witnesses. The testimony of a witness shall be upon oath or affirmation administered by the Commission.

- D. Official notice. Official notice may be taken of any material fact not appearing in evidence in the record, which is among the traditional matters of judicial notice: provided that the parties shall be given adequate notice, at the hearing or by reference in the Commission's decision, of the matters so noticed and shall be given adequate opportunity to show the contrary.
- E. Record. Minutes shall be taken of the Commission hearings. Copies of the minutes may be obtained by the parties upon written application filed with the secretary of the Commission and upon the payment of fees at the rate provided in the agreement with the Commission.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-669 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-667 effective March 2, 1981 (Supp. 81-2). R20-5-667 recodified from R4-13-667 (Supp. 95-1).

R20-5-668. Decisions of the Commission

- A. Proposed findings of fact, conclusions, and rules or orders. Within 10 days after completion of the hearing or such additional time as the Commission may allow, each party may file with the Commission proposed findings of fact, conclusions of law, and rule or order, together with a supporting brief expressing the reasons for such proposals. Such proposals and brief shall be served on all other parties and shall refer to all portions of the record and to all authorities relied upon in support of each proposal.
- B. Decisions of the Commission. Within a reasonable time after the time allowed for the filing of proposed findings of fact, conclusions of law, and rule or order, the Commission shall make and serve upon each party its decision, which shall become final upon the 30th day after service thereof, unless exceptions are filed thereto, as provided in rule R20-5-669. The decision of the Commission shall include:
 1. A statement of findings and conclusions, with reasons and basis therefor, upon each material issue of fact, law, or discretion presented on the record, and
 2. The appropriate rule, order, relief, or denial thereof. The decision of the hearing examiner shall be based upon a consideration of the whole record and shall state all facts officially notice and relied upon. It shall be made on the basis of a preponderance of reliable and probative evidence.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-670 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-668 effective March 2, 1981 (Supp. 81-2). R20-5-668 recodified from R4-13-668 (Supp. 95-1).

R20-5-669. Judicial Review

Any employer, employee, authorized employee representative, representative, or any person in interest is dissatisfied with an order of the Commission may appeal in accordance with A.R.S. § 23-413 of the Act.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-674 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-670 effective March 2, 1980 (Supp. 81-2). R20-5-669 recodified from R4-13-669 (Supp. 95-1).

R20-5-670. Field Sanitation

- A. This Section applies to any agricultural establishment where a crew of five or more employees are engaged on any given day in hand-labor operations in one location.
- B. As used in this Section:
 1. "Agricultural establishment" means a business operation that uses paid employees in the production of food, fiber or other material such as seed, seedlings, plants or parts of plants.
 2. "Crew of employees" means a group of persons who are employed to perform hand-labor operations as a unit at an agricultural establishment. "Crew of employees" does not include the employer and the employer's immediate family members.
 3. "Hand-labor operations" means agricultural activities or operations performed in the field by hand or with hand tools. Hand-labor operations include the hand-harvest of vegetables, nuts and fruits, hand-weeding of crops and hand-planting of seedlings. Hand-labor operations do not include such activities as logging operations, irrigation operations, the care or feeding of livestock or hand-labor operations in permanent structure, such as canning facilities or packing houses. Hand-labor operations do not include activities in which persons are acting as equipment operators.
 4. "Handwashing facility" means a facility providing either a basin, container or outlet with an adequate supply of potable water, soap and single-use towels.
 5. "Potable water" means water that meets the standards for drinking purposes prescribed by the state or local authority having jurisdiction or water that meets the quality standards prescribed by the United States Environmental Protection Agency's National Interim Primary Drinking Water Regulations, published in 40 CFR Part 141 (July 1983), incorporated by reference and on file in the Office of the Secretary of State.
 6. "Toilet facility" means a facility designed for the purpose of both defecation and urination, including biological or chemical toilets, combustion toilets or sanitary privies, which is supplied with toilet paper adequate for employee needs. Toilet facilities may be either fixed or portable.
- C. Employers shall provide the following for employees engaged in hand-labor operations at an agricultural establishment without cost to the employee:
 1. Potable drinking water as follows:
 - a. Potable water shall be provided and shall be placed in locations readily accessible to all employees.
 - b. The water shall be suitably cool, no more than 80°F, and in sufficient amounts, a minimum of two gallons per employee, taking into account the air temperature, humidity and the nature of the work performed, to meet employees' need.
 - c. The water shall be dispensed in single-use drinking cups or by fountains. The use of common drinking cups or dippers is prohibited.
 2. Toilet and handwashing facilities as follows:
 - a. One toilet facility and one handwashing facility shall be provided for each 40 employees or fraction

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thereof, except as provided in subsection (D) of this Section.

- b. Toilet facilities shall have doors that can be closed and latched from the inside and shall be constructed to ensure privacy.
- c. Toilet and handwashing facilities shall be accessibly located, in close proximity to each other and within 1/4 mile of each employee's place of work in the field. If it is not feasible to locate facilities accessibly and within the required distance due to the terrain, facilities shall be located at the point of closest vehicular access.
- D. Toilet and handwashing facilities are not required for employees who perform field work for a period of three hours or less (including transportation time to and from the field) during the day.
- E. Potable drinking water and toilet and handwashing facilities shall be maintained in accordance with appropriate public health sanitation practices, including all of the following:
 - 1. Drinking water containers shall be covered, cleaned and refilled daily.
 - 2. Toilet facilities shall be operational and maintained in clean and sanitary condition and shall be supplied with toilet paper adequate for employee needs.
 - 3. Handwashing facilities shall be maintained in clean and sanitary condition.
 - 4. Disposal of wastes from facilities shall not cause unsanitary conditions.
- F. Employees shall be allowed reasonable opportunities during the workday to use the facilities.

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Adopted effective May 2, 1986 (Supp. 86-3). R20-5-670 recodified from R4-13-670 (Supp. 95-1).

R20-5-671. Reserved

R20-5-672. Reserved

R20-5-673. Reserved

R20-5-674. Emergency expired

Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-674 recodified from R4-13-674 (Supp. 95-1).

R20-5-675. Reserved

R20-5-676. Reserved

R20-5-677. Reserved

R20-5-678. Reserved

R20-5-679. Reserved

R20-5-680. Protected Activity

- A. All complaints pursuant to A.R.S. § 23-425 shall relate to conditions at the workplace. The filing of complaints need not be in writing for purposes of this subsection except that those complaints filed pursuant to R20-5-682 shall comply with R20-5-682. The term "filed any complaint" as used in A.R.S. § 23-425(A) includes:
 - 1. Employee requests for inspection pursuant to A.R.S. § 23-408(F);
 - 2. Complaints registered with other state, local or federal governmental agencies which have the authority to regu-

late or investigate occupational safety and health conditions;

- 3. Complaints lodged with employers; or
- 4. Complaints filed as specified in R20-5-682.
- B. The term "instituted or caused to be instituted any proceeding" as used in A.R.S. § 23-425(A) includes:
 - 1. Inspections of worksites under A.R.S. § 23-408(A);
 - 2. Employee contest of abatement date under A.R.S. § 23-417(D);
 - 3. Employee initiation of proceedings for promulgation of an occupational safety and health standard under A.R.S. § 23-410(A);
 - 4. Employee application for modification or revocation of a variance under A.R.S. § 23-413;
 - 5. Employee judicial challenge to a standard under A.R.S. § 23-410(E);
 - 6. Employee appeal of an Administrative Law Judge Division order under A.R.S. § 23-421(C);
 - 7. Exercise of rights by any employee pursuant to A.R.S. § 23-418.01;
 - 8. Any other employee action authorized by the Arizona Occupational Safety and Health Act of 1972; or
 - 9. Setting into motion the activities of others which result in the proceedings specified in subsections (B)(1) through (8).
- C. The term "testified or is about to testify in any such proceeding" as used in A.R.S. § 23-425(A) includes:
 - 1. Testimony in proceedings instituted or caused to be instituted by the employee; or
 - 2. Any statements given in the course of judicial, quasi-judicial or administrative proceedings. For this purpose, administrative proceedings include inspections, investigations and administrative rulemaking or adjudicative functions.
- D. The term "the exercise by such employee on behalf of himself or others of any right afforded by this Article" as used in A.R.S. § 23-425(A) includes:
 - 1. The right to participate as a party in enforcement proceedings pursuant to A.R.S. § 23-408(D);
 - 2. The right to request information from the Industrial Commission; or
 - 3. To cooperate with inspections or investigations by the Industrial Commission.
- E. If the employee, with no reasonable alternative, refuses in good faith to expose himself to a dangerous condition, the employee is engaged in protected activity. The condition causing the employee's apprehension of death or injury must be of such a nature that a reasonable person, under the circumstances then confronting the employee, would conclude there is a real danger of death or serious injury and that there is insufficient time, due to the urgency of the situation, to eliminate the dangers through resort to regular statutory enforcement channels. In addition, in such circumstances, the employee, where possible, must also have sought from his employer and been unable to obtain a correction of the dangerous condition.
- F. Employees who refuse to comply with valid occupational safety and health standards or valid safety rules implemented by the employer are not protected by A.R.S. § 23-425.

Historical Note

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-680 recodified from R4-13-680 (Supp. 95-1).

R20-5-681. Elements of a Violation of A.R.S. § 23-425

To establish a violation of A.R.S. § 23-425(A), the employee shall prove all of the following:

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1. The employee was engaged in protected activities as defined in R20-5-680.
2. The employer had knowledge of the employee's protected activities prior to the adverse action which the employee claims to be a discharge or discrimination.
3. The action claimed to be discharge or discrimination was adverse to the employee.
4. The protected activity was a substantial reason for the alleged discharge or discrimination or the alleged discharge or discrimination would not have taken place but for the employee's engagement in the protected activity.

Historical Note

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-681
recodified from R4-13-681 (Supp. 95-1).

R20-5-682. Procedure

- A. A complaint of A.R.S. § 23-425(A) discharge or discrimination shall be filed with the Division of Occupational Safety and Health by the employee or by a representative authorized by A.R.S. § 23-408(F) to do so on the employee's behalf. The complaint shall be written and shall be signed by the person filing the complaint.
- B. The date of filing a complaint under A.R.S. § 23-425(B) is the date of receipt of the complaint by the Division.
- C. The Division may accept or deny an employee's withdrawal of a complaint. The Industrial Commission's investigatory jurisdiction shall not be foreclosed by unilateral action of the employee.
- D. The Industrial Commission may resolve an A.R.S. § 23-425 complaint with the employer without the consent of the employee.
- E. The Industrial Commission's jurisdiction to investigate and determine A.R.S. § 23-425 complaints is independent of the jurisdiction of other agencies or bodies. The Industrial Commission may defer to the results of other such proceedings where:
 1. The rights asserted in those other proceedings are substantially the same as the rights pursuant to A.R.S. § 23-425;
 2. The factual issues in such proceedings are substantially the same as the factual issues before the Industrial Commission;
 3. The proceedings were fair and regular; and
 4. The outcome of the proceedings was not inconsistent with the purposes of this Chapter and the Act.
- F. A determination pursuant to A.R.S. § 23-425(C) includes:
 1. A decision to not proceed with the case;
 2. To defer the case to another forum; or
 3. To proceed to litigation in Superior Court.

Historical Note

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-682
recodified from R4-13-682 (Supp. 95-1).

**ARTICLE 7. SELF-INSURANCE REQUIREMENTS FOR
WORKERS' COMPENSATION POOLS ORGANIZED
UNDER A.R.S. § 23-961.01**

R20-5-701. Definitions

In addition to the definitions provided in A.R.S. § 23-901, the following definitions apply to this Article:

"Administrator" means an individual or organization chosen by a board to manage the daily operations of a pool.

"Applicant" means a worker compensation pool organized under A.R.S. § 23-961.01 that has filed an initial application for authority to self-insure.

"Board of trustees" or "board" means a body of individuals that manage all operations of a worker compensation pool.

"Cash flow ratio" means a numerical relationship that reflects an ability to meet current financial obligations out of cash flow and is calculated by dividing funds received from operations of a business by current liabilities.

"Certificate of authority" means a document issued by the Commission granting a pool authority to be self-insured for purposes of workers' compensation.

"Claim" means a worker compensation claim.

"Code classification" means a number assigned by an approved rating organization that classifies employees.

"Current ratio" means a numerical relationship that reflects an ability to pay current obligations and is calculated by dividing current assets by current liabilities.

"Debt status ratio" means a numerical relationship that reflects the proportion of funds supplied internally relative to the funds supplied by creditors and is calculated by dividing net worth by total liabilities.

"Division" means the Administration Division of the Industrial Commission of Arizona.

"Excess insurance carrier" means an insurance carrier authorized by the Arizona Department of Insurance to issue policies of excess insurance coverage and casualty insurance coverage to a self-insured.

"Experience modification rate" means a ratio comparing actual losses to expected losses based on a formula determined by an approved rating organization and which includes three years of loss information.

"Financial rating organization" means a nationally recognized organization such as Standard & Poor's or Moody's that evaluates and rates securities.

"Fiscal year" means a 12 month cycle that begins from the effective date of authority to self-insure.

"Loss fund" means an account from which money is used to pay all workers' compensation expenses including current and contingent liabilities of a worker's compensation claim of a pool.

"Member" means an employer described in A.R.S. § 23-961.01 that has joined with other employers to form a pool.

"Pool" means a workers' compensation group organized under A.R.S. § 23-961.01.

"Profitability ratio" means a numerical relationship that represents the return on assets and the efficiency of assets and is calculated by dividing profit before taxes by total assets, multiplied by 100.

"Quick ratio" means a numerical relationship that represents the degree to which liabilities are covered by the most liquid current assets and is calculated by dividing cash and equivalents, plus trade receivables, by current liabilities.

"Rate" means an assignment of a code classification based on risk as established by a rating organization and approved by the Arizona Department of Insurance.

"Rating organization" means an entity that meets the requirements of A.R.S. § 20-363(F) and is approved by the Arizona Department of Insurance to establish rates, codes, and formulas used to calculate worker compensation premiums.

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“Service company” means an entity or organization that is contracted by a pool to receive, process, and pay workers’ compensation claims for a pool.

“Trustee fund” means an account into which premiums, investment proceeds, and other revenues are deposited and are used to cover all administrative or operational expenses of a pool.

“Working capital ratio” means a numerical relationship that measures the sufficiency of working capital to support sales and is calculated by dividing working capital by sales.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-702. Computation of Time

- A. In computing any period of time prescribed or allowed by this Article, the Commission shall not include the day of the act or event from which the period of time begins to run. The Commission shall include the last day of the period computed unless it is a Saturday, Sunday, or legal holiday in which event the period shall run until the end of the next day that is not a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than 11 days, the Commission shall exclude intermediate Saturdays, Sundays, and legal holidays in the computation of time.
- B. Except as otherwise provided by law, the Commission may extend time limits prescribed by this Article for good cause.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-703. Forms Prescribed by the Commission

The following forms are available upon request from the Commission and contain requests for the information listed in each subsection.

1. Initial Application for Authority to Self-insure:
 - a. Name of the pool;
 - b. Address and telephone number of the pool’s principal office;
 - c. Effective date of formation of the pool;
 - d. Name and address of each member of the pool;
 - e. Two digit standard industrial classification code for each member of the pool;
 - f. Name and address of the industry or trade association, or professional organization to which members of the pool belong;
 - g. Effective date of formation of the industry or trade association, or professional organization to which members of the pool belong;
 - h. Type of business in which members are engaged and length of time in business for each member;
 - i. Explanation of how businesses of members are the same or similar;
 - j. Amount of workers’ compensation insurance premiums paid by each member in the preceding year;
 - k. Names and addresses of the board of trustees;
 - l. Name, address, and telephone number of the administrator appointed by the board of trustees;
 - m. Name, address, and telephone number of the service company, if applicable;
 - n. Names, titles, addresses, and telephone numbers of the persons in charge of the loss control and underwriting programs;
 - o. Premium tax plan selection;
 - p. Authorized signature and title of person signing initial application;
2. Renewal Application:
 - a. Name of the pool;
 - b. Address and telephone number of the pool’s principal office;
 - c. Name and address of each member of the pool and the effective date of membership;
 - d. Renewal date of the pool;
 - e. Effective date of initial authority to self-insure;
 - f. Total number of member employees covered by the pool;
 - g. Total payroll of the pool for the last fiscal year;
 - h. Name, address, and telephone number of the administrator;
 - i. Name, address, and telephone number of the service company, if applicable;
 - j. Name, address, and telephone number of the excess insurance carrier;
 - k. Name and address of the companies providing guaranty bond and fidelity policy;
 - l. Name and address of individuals serving on the board of trustees;
 - m. Names, titles, addresses, and telephone numbers of persons in charge of loss control and underwriting programs;
 - n. Authorized signature and title of person signing renewal application;
 - o. Statement that all information and assertions contained in the renewal application and the documents accompanying the renewal application are factually correct and true; and
 - p. Date of execution of the renewal application.
3. Self-Insurance Guaranty Bond Form:
 - a. Pool identification;
 - b. Names of fidelity and surety insurance companies;
 - c. Description of the bond, including the amount and conditions of the bond obligations and liability of surety;
 - d. Statement regarding the responsibility for fees and costs associated with the collection of the bond and the responsibility for payment of any award or judgment against the surety;
 - e. Authorized signatures and titles by pool, surety, and agent; and
 - f. Date of execution of the guaranty bond form.
4. Option Election Form:
 - a. Calculation and selection of type of guaranty bond and securities;
 - b. Description of incurred liability and anticipated future liability (compensation and medical) on all open cases for the preceding four years and the current year;
 - c. Authorized signature and title of person signing option election form;
 - d. Statement that all information and assertions contained in the form are factually correct and true; and
 - e. Date of execution of the option election form.
5. Self-insured Payroll Report:
 - a. Description of the cumulative payroll for all members of the pool (classification codes, methods and types of pay);
 - b. Amount paid in the preceding calendar year;

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- c. Authorized signature and title of person signing self-insured payroll report;
- d. Statement that all information and assertions contained in the report are factually correct and true; and
- e. Date of execution of self-insured payroll report.
6. Self-insured Medical Report:
 - a. Description of costs relating to industrial injuries;
 - b. Reinsurance premiums paid;
 - c. Total expenditures for workers' compensation and occupational disease claims;
 - d. Authorized signature and title of person signing self-insured medical report;
 - e. Statement that all information and assertions contained in the report are factually correct and true; and
 - f. Date of execution of the self-insured medical report.
7. Self-insured Injury Report:
 - a. Description of specific information for the current year and three preceding years for each injury requiring payment in excess of \$5000 which includes accumulated amount paid and reserved for each claim in excess of \$5,000;
 - b. Description of all injuries for the current year and three preceding years if individual injury required payment of less than \$5,000;
 - c. Authorized signature, title, and telephone number of person signing self-insured injury report;
 - d. Statement that all information and assertions contained in the report are factually correct and true; and
 - e. Date of execution of the self-insured injury report.
8. Quarterly Tax Payment Form:
 - a. Name and address of the pool;
 - b. Description and calculation of the quarterly tax and designation of the applicable quarter;
 - c. Amount of annual tax paid in the previous calendar year; amount of the quarterly tax paid adjusted for change in the tax rate;
 - d. Description and calculation of any penalty due;
 - e. Authorized signature, title and telephone number of person signing the quarterly tax payment form;
 - f. Statement that all information and assertions contained in the form are factually correct and true; and
 - g. Date of execution of the quarterly tax payment form.
9. Application to Add a Member to Self-insured Pool:
 - a. Name of the pool and name of the member to be added to the pool, including if applicable, addresses, corporation, subsidiary, partnership, and trust information;
 - b. Nature and years in business of the member to be added;
 - c. History of business in Arizona and elsewhere for the member to be added;
 - d. Payroll data for each member to be added;
 - e. Work force data for each member to be added;
 - f. Financial data for each member to be added;
 - g. Insurance data for each member to be added;
 - h. Two digit standard industrial classification code for each member of the pool;
 - i. Workers' compensation claims, loss and performance history for the member to be added;
 - j. Authorization by board resolution approving addition of each new member;
 - k. Authorized signature and title of person signing application;
 - l. Statement that all information and assertions contained in the application are factually correct and true; and
 - m. Date of execution of the application.
10. Notice Confirming Addition of Member to Pool:
 - a. Name of the pool;
 - b. Name and address of the new member;
 - c. Effective date of membership;
 - d. Rate and code classification to be applied to new member;
 - e. Standard industrial classification code for new member;
 - f. Authorized signature and title of person signing notice;
 - g. Statement that all information and assertions contained in the notice are factually correct and true; and
 - h. Date of execution of the notice.
11. Notice of Termination of Membership:
 - a. Name and address of pool;
 - b. Effective date of termination;
 - c. Name and address of the member to be terminated, identified as follows:
 - i. All names and addresses of every location used by the member;
 - ii. If the member is a partnership, the names and addresses of all the partners;
 - iii. If the member is a corporation doing business under a number of divisions, the notice shall state the names of all the divisions of the corporation; and
 - iv. If a member changes names, both the new and former names.
 - d. Authorized signature, title and telephone number of person signing notice;
 - e. Statement that all information and assertions contained in the notice are factually correct and true; and
 - f. Date of execution of the notice.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-704. Requirement for Commission Approval to Act as Self-insurer

A pool does not have authority to act as a self-insurer under A.R.S. §§ 23-961 and 23-961.01 unless the pool receives and maintains a certificate of authority from the Commission.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-705. Duration of Certificate of Authority

Except as provided in this subsection, a certificate of authority is valid for one fiscal year. The Commission may renew the certificate on an annual basis upon application by a pool. If a pool timely files a complete renewal application under this Article, the Commission shall consider the existing certificate of authority valid, subject to compliance with A.R.S. § 23-901 et seq. and this Article, until a new certificate of authority is issued or an order of the Commission denying a renewal application becomes final.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-706. Time-frames for Processing Initial and Renewal Application for Authority to Self-insure

A. Administrative completeness review.

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1. Initial application. The Division shall review an initial application for authority to self-insure within 20 days of receipt of the application to determine if the application contains the information required by A.R.S. § 23-961.01 and this Article. The Division shall inform an applicant by written notice whether the application is complete or is deficient within the time-frame provided in this subsection. If the application is incomplete, the Division shall include in its written notice to the applicant a complete list of the missing information. The Division shall deem the application withdrawn if an applicant fails to file a complete application within 45 days of being notified by the Division that its application is incomplete or deficient.
 2. Renewal application. The Division shall review a renewal application for authority to self-insure within 20 days of receipt of the application to determine if the application contains the information required by A.R.S. § 23-961.01 and this Article. The Division shall inform a pool by written notice whether the application is complete or is deficient within the time-frame provided in this subsection. If the renewal application is incomplete, the Division shall include in its written notice to the pool a complete list of the missing information. The Division shall deem the application withdrawn if a pool fails to file a complete application within 45 days of being notified by the Division that its application is incomplete or deficient, except that failure to file the financial and actuarial reports required under R20-5-708(C) shall not cause the Division to deem the application withdrawn if a pool files the financial and actuarial reports with the Division within 120 days after the end of the pool's fiscal year.
- B. Substantive review.**
1. Initial application. Within 70 days after the Division deems an initial application complete, the Commission shall determine whether an initial application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961.01 and this Article and shall issue an order granting or denying authority to self-insure.
 2. Renewal application. Within 40 days after the Division deems a renewal application complete, the Commission shall determine whether a renewal application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961.01 and this Article and shall issue an order granting or denying authority to self-insure.
- C. Overall review.**
1. Initial application. The overall review period shall be 90 days, unless extended under A.R.S. § 41-1072 et seq.
 2. Renewal application. The overall review period shall be 60 days, unless extended under A.R.S. § 41-1072 et seq.
- Historical Note**
Adopted effective September 9, 1998 (Supp. 98-3).
- R20-5-707. Filing Requirements for Initial Application for Self-Insurance License**
- A. Initial application for authorization to self-insure.**
1. An application for authority to self-insure shall be completed on forms approved by the Commission.
 2. An application for authority to self-insure shall be filed with the Division. An application is considered filed when it is received at the office of the Division.
 3. An application shall be typewritten or written in ink in legible text.
 4. The administrator of a pool shall sign the application. The signature of the administrator shall be notarized.
 5. The administrator shall verify, in writing, that the information contained in and submitted with the application is true and correct.
- B. The Commission shall deem an initial application for authority to self-insure complete if an applicant provides the following information with the initial application:**
1. A copy of the contract required under A.R.S. § 23-961.01 establishing the pool;
 2. A copy of the articles of incorporation establishing the pool, if applicable;
 3. A copy of the trust agreement establishing the pool, if applicable;
 4. A copy of the by-laws governing the operations of the pool;
 5. An original, signed application to join the pool from every employer receiving approval from the board to join the pool;
 6. A resolution from the board approving employers for membership in the pool;
 7. A certified copy of an audited financial statement or an internally reviewed and signed financial statement for each employer applying for membership in the pool for the most current and prior two years that, considered collectively, demonstrate that the combined net worth of the employers applying for membership at the time of the initial application is not less than \$1,000,000;
 8. A copy of the following financial ratios for each employer applying for membership in the pool:
 - a. Cash flow ratio;
 - b. Current ratio;
 - c. Debt status ratio;
 - d. Profitability ratio;
 - e. Quick ratio; and
 - f. Working capital ratio.
 9. A detailed description of the loss control program required under R20-5-727, including a description of training programs and safety requirements implemented or to be implemented;
 10. A written statement from each member with an experience modification rate greater than 1.10 describing the causes of the member's experience modification rate and outlining remedial measures the member has taken and will take to lower the member's experience modification rate;
 11. An original, signed fidelity policy, or a certified copy, that meets the requirements of R20-5-712, or written confirmation from an authorized insurance company that it will provide fidelity coverage to the applicant as required under R20-5-712 which coverage is effective on the date the applicant is approved by the Industrial Commission to begin self-insurance;
 12. An original, signed guaranty bond, securities, or letter of credit that meets the requirements of R20-5-713 or any of the following:
 - a. Written confirmation from an authorized insurance company that it will provide a guaranty bond to the applicant as required under R20-5-713 which shall be deposited with the Industrial Commission before approval for self-insurance is effective,
 - b. Written confirmation from a financial institution that it will provide a letter of credit to the applicant as required under R20-5-713 which is effective when approval for self-insurance is effective, or
 - c. Written confirmation from a pool that it will obtain securities as required under R20-5-713 which shall

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- be deposited with the Arizona State Treasurer before approval for self-insurance is effective.
13. A completed and signed Option Election Form and Self-Insurance Bond Form;
 14. A copy of excess insurance policies issued by an authorized carrier that meet the requirements of R20-5-715 or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the applicant as required under R20-5-715. The excess coverage shall be effective on the date the applicant is approved by the Industrial Commission to begin self-insurance;
 15. A copy of the signed agreement or contract of hire between a board and the administrator of the pool;
 16. A designation of a service company and a copy of the signed agreement between the service company and pool that meet the requirements of R20-5-725 or a written statement with supporting documentation required under R20-5-726 requesting authorization to process claims in-house;
 17. A list of all rates by code classification to be used by the pool to calculate premiums;
 18. A statement showing how premiums shall be calculated for members;
 19. A detailed description of the underwriting program required under R20-5-727;
 20. A feasibility study by a member of the American Academy of Actuaries (MAAA) or a Fellow of the Casualty Actuarial Society (FCAS) that documents the rate structure needed to set premium levels to cover potential losses and expenses of the pool; and
 21. A schedule showing net workers' compensation premiums paid, total losses incurred, and experience modification rates for the three preceding years for each employer applying for membership in the pool.
2. A continuation certificate for the guaranty bond or letter of credit signed by an authorized representative of the surety or bank in an amount equal to the amount set forth in the updated Option Election Form and that meets the requirements of R20-5-713;
 3. A confirmation of excess insurance policies issued by an authorized carrier that meet the requirements of R20-5-715;
 4. A copy of a signed service contract that meets the requirements of R20-5-725 designating an approved service company or a written statement with supporting documentation required under R20-5-726 requesting authorization to process claims in-house;
 5. A continuation certificate for the fidelity policy that meets the requirements of R20-5-712;
 6. A statement of any change made in the rates and code classifications utilized by the pool to calculate workers' compensation premiums;
 7. A statement of any change in the calculation method of a premium for each member;
 8. A statement describing the expenses paid from the trustee fund and the loss fund expressed in a dollar amount and as a percentage of the total premiums collected by the pool in the preceding fiscal year;
 9. A copy of the current contract or agreement of hire between the pool and administrator; and
 10. A copy of the current delegation agreement between the board of trustees and administrator, if applicable, under R20-5-719(C).
- D.** No later than 120 days after the end of a pool's fiscal year, the pool shall file with the Division a copy of the pool's most recent audited annual financial statements and a copy of the pool's most recent actuarial review of:
1. Losses and reserves for all known claims, and
 2. Reserves for incurred but not reported claims.
- E.** The Commission shall deem a renewal application complete when a pool provides the information required under subsections (C) and (D).
- F.** If a pool does not file a renewal application, each member of the pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) no later than 10 days after the pool's certificate of authority expires.
- G.** If a pool's renewal application is deemed withdrawn under this Section, each member of the pool shall provide proof of compliance with A.R.S. § 23-961(A) no later than 10 days after the date the Commission deems the application withdrawn.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-708. Filing Requirements for Renewal Application for Self-Insurance License

- A.** A self-insured pool seeking renewal of an authority to self-insure for workers' compensation insurance shall file a renewal application 30 days before the existing certificate of authority expires. A pool shall maintain all bonds, policies, and contracts required under this Article while a renewal application is pending before the Commission. The Commission shall deem a renewal application withdrawn if a pool fails to maintain all bonds, policies, and contracts required under this Article.
- B.** A renewal application shall meet the following requirements:
1. An application for renewal of authority to self-insure shall be completed on a form approved by the Commission;
 2. An application for renewal of authority to self-insure shall be filed with the Division. An application is considered filed when it is received at the office of the Division;
 3. An application shall be typewritten or written in ink in legible text;
 4. The administrator of a pool shall sign the application. The signature of the administrator shall be notarized; and
 5. The administrator shall verify, in writing, that the information contained in and submitted with the application is true and correct.
- C.** A self-insured pool shall provide the following information at the time the pool files a renewal application:
1. An updated, completed and signed Option Election Form;

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-709. Combined Net Worth

A pool shall ensure that the combined net worth of its members is at least \$1 million at the time the pool files an initial application for authority to self-insure.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-710. Similar Industry Requirement

The Commission shall consider the following in determining whether two or more employers meet the similar industry requirement of A.R.S. § 23-961.01:

1. Two digit standard industrial classification code established by the 1987 Standard Industrial Classification Manual assigned to an employer applying for membership in the pool; and
2. Other information describing or concerning the business of an employer applying for membership in the pool. The

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Commission may solicit additional written or oral information from a pool or others to assist the Commission in determining whether two or more employers are engaged in a similar industry.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-711. Joint and Several Liability of Members

- A. The joint and several liability provision described under A.R.S. § 23-961.01(E) shall include the following meaning:
1. Liability of members. Each member is liable for its own workers' compensation claims or losses incurred during the member's period of membership in the pool to the extent that the pool does not pay the claims or losses. A member's liability for its own claims or losses continues for the life of the claims and continues notwithstanding the pool's inability to process or pay the member's claims or losses. Failure of the pool to comply with the provisions of the Arizona Workers' Compensation Act relating to payment and processing of claims shall result in the assignment of the claims to the State Compensation Fund under A.R.S. § 23-966 and shall not relieve a member of liability for its own losses or claims. In the event that claims are assigned to the State Compensation Fund under A.R.S. § 23-966, the Industrial Commission shall have a right of reimbursement against the member for the amount paid by the State Compensation Fund for the member's own claims and losses, including costs, necessary expenses and reasonable attorney's fees, to the extent that such claims and losses are not covered by the pool's bonds or assets.
 2. Liability of a pool. The pool shall pay all claims for which each member incurs liability during each member's period of membership. The pool shall defend, in the name of and on behalf of any member, any action or other proceeding which may arise or be instituted against a member as a result of injury or death covered by the Arizona Workers' Compensation Act and accompanying rules. The pool shall pay all legal costs and all expenses incurred for investigation, negotiation or defense related to such action or proceeding. The pool shall also pay all judgments or awards, and all interest due and accruing after a judgment.
- B. The joint and several liability clause required under A.R.S. § 23-961.01 to be included in each agreement or contract to establish a pool shall include the language in subsection (A)(1) and (2).
- C. The joint and several liability clause required under A.R.S. § 23-961.01(E) applies to any agreement used to form a pool on a cooperative or contract basis, through a joint formation of a nonprofit corporation, or by the execution of a trust agreement.
- D. A pool shall ensure that all members read and agree, in writing, to the joint and several clause required under A.R.S. § 23-961.01 and described in subsection (A).
- E. Failure to comply with the requirements of A.R.S. § 23-961.01(E) and this Section is cause for revocation of authority to self-insure.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-712. Fidelity Policy

- A. A pool shall obtain and maintain during all periods of self-insurance a fidelity policy to protect the pool from unlawful actions of the following:
1. Individuals appointed to the pool's board of trustees (individual and collective liability),

2. Administrator of the pool, and
3. Employees of the pool.

- B. The amount of the fidelity policy in subsection (A) shall be at least \$1 million. A pool may purchase a fidelity policy in excess of \$1 million if the pool determines that a policy in excess of \$1 million is necessary to protect members of the pool from damages resulting from misrepresentation or misuse of any monies or securities owned, controlled, or managed by the board, administrator, or employees of the pool.
- C. The pool shall provide the Commission proof of the fidelity policy as required under R20-5-707 and R20-5-708.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-713. Guaranty Bond

- A. A pool shall obtain and maintain during all periods of self-insurance a guaranty bond equal to the greater of either:
1. 125% of the total outstanding accrued liability as reflected in the option election form described in subsection (B); or
 2. \$200,000.
- B. A pool shall complete and sign an option election form when an initial or renewal application is filed to determine the amount of the bond or securities required to cover the pool's losses. A pool shall ensure that the information contained in the option election form is in agreement with the data provided in the actuarial report. A guaranty bond or continuation certificate for the guaranty bond shall be in the amount established in the option election form.
- C. A guaranty bond or continuation certificate for the guaranty bond filed with the Commission shall bear the effective date of the certificate of authority under which the pool is authorized to self-insure. The guaranty bond or continuation certificate shall be valid for a period of one year, subject to annual renewal in the amount established in the Option Election Form filed with a renewal application.
- D. A guaranty bond or continuation certificate for the guaranty bond shall be issued by an insurance carrier authorized by the Arizona Department of Insurance to transact fidelity and surety insurance in Arizona. The guaranty bond and continuation certificate shall be executed by an authorized agent of a surety, as evidenced by a certified power of attorney, and countersigned by a licensed resident agent.
- E. Instead of posting a guaranty bond, a pool may either deposit with the Commission for transmittal to the Arizona State Treasurer, bonds of the United States or other securities. The amount of the bond or securities shall bear a face value equal to the requirements of subsections (A) and (B).
- F. Instead of posting a guaranty bond, a pool may obtain a letter of credit. The amount of the letter of credit shall be equal to the requirements of subsections (A) and (B).
- G. The Commission shall not accept certificates of deposit instead of a guaranty bond, securities, or letter of credit.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-714. Securities Deposited with the Arizona State Treasurer

- A. Any securities deposited with Arizona State Treasurer under R20-5-713(E) shall be registered as follows: "The Industrial Commission of Arizona, in trust for the fulfillment by (name of pool), of (name of pool's) obligations under the Arizona Workers' Compensation Act."
- B. The securities shall be held by the State Treasurer, as custodian, subject to the order of and in trust for, the Industrial Commission of Arizona.

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- C. The Commission shall have the following powers with regard to securities held by the State Treasurer:
1. To collect or order the collection of the securities as they become due;
 2. To sell or order the sale of the securities, or any part of the securities; and
 3. To apply or order the application of the proceeds of the sale of securities, to the payment of any award rendered against the pool in the event of a default in the payment of a pool's obligations under the Arizona Workers' Compensation Act.
- D. The Commission shall remit, upon request from a pool that has deposited securities for transmittal to the State Treasurer, interest coupons on securities as they mature.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-715. Aggregate and Specific Excess Insurance Policies

- A. A pool shall maintain aggregate and specific excess insurance policies during all periods of self-insurance.
- B. The Commission shall not consider policies of aggregate and specific excess insurance when determining a pool's ability to fulfill its financial obligations under the Arizona Workers' Compensation Act, unless the policies are issued by a casualty insurance company authorized by the Arizona Department of Insurance to transact business in Arizona.
- C. A pool or insurance company seeking to cancel or refuse renewal of aggregate and specific excess insurance policies shall provide 90 days written notice of the proposed cancellation or non-renewal to the other party to the policies and to the Commission. The written notice shall be by registered or certified mail. Failure to provide notice as required by this Section precludes cancellation or non-renewal of the policies.
- D. Policy and Retention Amounts.
1. Policy and retention amounts for specific and aggregate excess insurance for a pool shall be as follows:
 - a. Retention for specific excess insurance shall not be less than \$100,000 nor exceed \$1,250,000 without advance written approval by the Commission. Specific excess insurance shall be provided to the statutory limit; and
 - b. Maximum retention of aggregate excess insurance shall not exceed 150% of collected premiums. Total aggregate insurance coverage shall not be less than \$1,000,000.
 2. Aggregate and specific excess insurance policies shall state that payments of workers' compensation benefits on a claim made by a member employer, pool, or surety under a bond or through the use of other approved securities shall be applied toward reaching the retention level in the policy.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

Amended by final rulemaking at 22 A.A.R. 2782, effective September 7, 2016 (Supp. 16-3).

R20-5-716. Rates and Code Classifications; Penalty Rate

- A. A pool shall only use rates and code classifications obtained from a rating organization licensed by the Arizona Department of Insurance.
- B. A pool may apply a penalty rate in excess of an annual premium to any member with an unfavorable loss experience, provided the pool provides written notice to the member 30 days before the effective date of the change in rate.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-717. Gross Annual Premium of Pool; Calculation and Payment of Workers' Compensation Premiums; Discounts; Refunds

- A. The gross annual workers' compensation premium for a pool shall be sufficient to fund the administrative expenses and total incurred losses of the pool.
- B. A pool shall calculate a member's workers' compensation premium and experience modification rate using formulas described in a rating plan that meets the following:
 1. The rating plan is filed by an Arizona licensed rating organization, and
 2. The rating plan has not been disapproved by the Arizona Department of Insurance.
- C. Each member shall pay to a pool the premium due in equal monthly or quarterly payments for the premium year, except that upon admission into a pool, a new member shall pay no later than five days after the effective date of membership not less than 25% of the annual premium calculated for the new member. The remaining premium due after a new member has advanced 25% of the annual premium shall be paid in equal monthly or quarterly payments for the premium year. A pool shall permit a member to pay a premium in advance of the monthly or quarterly schedule.
- D. Deviations from rates.
 1. A pool shall not deviate from established workers' compensation rates unless the pool complies with the following:
 - a. The deviation is based upon the expense and loss experience of the pool,
 - b. The deviation is supported and justified by an actuary's feasibility study, and
 - c. The pool provides the information required under this subsection to the Division and receives approval from the Division.
 2. The Division shall approve the deviation if the deviation is based upon the expense and loss experience of a pool and is justified in an actuary's feasibility study.
- E. Refunds. A pool may declare a refund of surplus money, including excess investment income, to its members under the following conditions:
 1. Surplus money exists, including excess investment money, for a fiscal year in excess of the amount necessary to meet all financial obligations for the fiscal year, including financial obligations arising from incurred but not reported claims;
 2. Total assets of a pool are greater than total liabilities for each fiscal year;
 3. An actuary approves the amount of the refund;
 4. The amount of refund is a fixed liability of the pool at the time the refund is declared; and
 5. The board sets a date for the refund that shall not be less than 12 months after the end of the fiscal year in which the excess is reported.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-718. Financial Statements

- A. A pool shall ensure that a financial statement is prepared annually at the end of its fiscal year by a certified public accountant who has experience in auditing insurance carriers or self-insured pools. The financial statement shall be accompanied by an actuarial report regarding reserves for claims and associated expenses, and claims incurred, but not reported.

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- B. A pool shall ensure that reported reserves in a financial statement are established based on 110% of an actuary's best estimate.
- C. A pool shall ensure that an actuarial opinion is rendered by an actuary who is a member of the Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS).
- D. A pool shall ensure that the pool's annual financial statement described in subsection (A) is audited by a certified public accountant. The audit shall include:
 - 1. An evaluation and statement from the certified public accountant whether invested surplus money was invested in compliance with R20-5-724;
 - 2. A description of how the pool operates; and
 - 3. A statement whether the pool complied with statutes and rules governing self-insured workers' compensation pools as it relates to financial matters.
- E. Upon request by the Commission or within 120 days after a pool's fiscal year ends, a pool shall file its annual financial statement with the Commission. If a pool stops providing coverage on an ongoing basis or fails to file a renewal application for authorization to self-insure, then the pool shall provide its annual financial statement within 120 days after the pool's fiscal year ends.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-719. Board of Trustees

- A. A pool shall be managed by a board of trustees consisting of at least five individuals elected for a stated term of office. At least 2/3 of a board shall be from the membership of the pool.
- B. Minimum duties and responsibilities of a board. In addition to those duties and responsibilities provided by law, the duties of a board shall include:
 - 1. Responsibility for all operations of a pool;
 - 2. Ensuring compliance with this Article and the applicable provisions of the Arizona Workers' Compensation Act;
 - 3. Hiring of an administrator to manage the daily operations of a pool;
 - 4. Reviewing and taking action on applications for membership in a pool;
 - 5. Contracting with a service company or seeking authorization from the Commission to process workers' compensation claims in-house;
 - 6. Determining the premium to be charged to a member;
 - 7. Investing surplus monies in compliance with this Article and other applicable law;
 - 8. Enacting procedures that limit disbursement of money to payment and expenses associated with claims processing and administrative expenses necessary to conduct the operations of the pool;
 - 9. Ensuring that the pool complies with statutory accounting principles (SAP) and provides accurate financial information to enable complete and accurate preparation of financial reports;
 - 10. Maintaining all records and documents relating to the formation and ongoing operations of the pool; and
 - 11. Ensuring that accounts and records of the pool are audited as required under this Article.
- C. Delegation of board duties to administrator.
 - 1. Except as prohibited by law, a board may delegate to an administrator the duties the board determines proper.
 - 2. Delegation of duties from a board to an administrator shall be in writing. A copy of the delegation agreement shall be provided to the Commission with each renewal application.

- D. Board prohibitions. A board or board trustee shall not commit or perform the following acts:
 - 1. Extend credit to members for payment of a premium;
 - 2. Utilize money collected as premiums for a purpose unauthorized by this Article;
 - 3. Borrow money from a pool or in the name of a pool without providing written notice to the Commission of the nature and purpose of the loan; and
 - 4. Approve admission into a pool an employer who has a negative net worth and whose admission would impair the ability of the pool to meet its financial obligations under the Arizona Workers' Compensation Act.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-720. Administrator; Prohibitions; Disclosure of Interest

- A. An administrator of a pool shall not be a member of a board of trustees of a workers' compensation pool.
- B. An administrator shall not commit any of the acts described in R20-5-719(D).
- C. An administrator shall disclose to a board any actual or perceived employment or financial interest that the administrator or administrator's family has in any potential provider of services or insurance coverage to the pool. The administrator shall disclose the interest before a contract or agreement is reached with the company or business providing the service or coverage. If a pool has an existing contract or agreement in which a prospective administrator or administrator's family has an actual or perceived employment or financial interest, the administrator shall disclose the interest before accepting a position as administrator for the pool. It is the responsibility of a board to identify for a prospective administrator current providers of services and coverage to the pool.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-721. Admission of Employers into an Existing Workers' Compensation Pool

- A. An employer that meets the requirements of A.R.S. § 23-961.01 and this Article that seeks to join an existing pool shall submit an application for membership to the board of trustees of the pool, or the board's designee, on a form approved by the Commission.
- B. Consideration of application by a board.
 - 1. A board shall approve or deny admission in the pool according to the bylaws of the pool and other applicable statutes and rules.
 - 2. Upon approval of admission of an employer by a board, the board shall transmit the original application of the employer and board resolution approving membership to the Commission for consideration and approval.
- C. Commission Approval.
 - 1. Except as provided in subsection (C)(2), within seven days after receiving an employer application described in subsection (B)(2), the Division shall advise the pool whether the employer application is complete. Within 45 days after receiving a complete employer application described in subsection (B)(2), the Commission shall consider the application and shall approve the admission of an employer into a pool if each of the following requirements are met:
 - a. The employer meets the requirements of A.R.S. § 23-961.01 and this Article;

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- b. Admission of the employer into the pool does not impair the ability of the pool to meet the requirements of A.R.S. § 23-961.01 and this Article;
 - c. Admission of the employer into the pool does not impair the ability of the pool to meet its financial obligations under the Arizona Workers' Compensation Act.
2. After a pool has completed one year of operation, the pool may request Commission authorization to admit new members without Commission approval. Within 30 days after receiving such a request, the Commission shall consider and approve the request to add members to a pool without Commission approval if the pool meets the following:
- a. The pool uses the similar industry requirement set forth in R20-5-710 and provides a list or description of businesses that the pool will consider as being similar; and
 - b. The pool adopts as its own criteria for admission of new employers the criteria set forth in subsection (C)(1) and provides financial standards that the pool shall apply to employers seeking admission into the pool.
3. The Commission shall issue written findings and an order either approving or denying admission of an employer into a pool under subsection (C)(1) or approving or denying authorization to add members without Commission approval under subsection (C)(2). The Commission shall mail the findings and order upon the interested parties. The written findings and order is final unless a party files a request for hearing with the Administration Division within 10 days after the findings and order is issued. Hearing rights and procedure are governed by R20-5-736, R20-5-737, and R20-5-738.
- D. Admission of an employer under subsection (C)(2).**
- 1. A pool shall require an employer applying for membership in the pool to provide a financial report that is either a certified audited financial statement or an internally reviewed and signed financial statement certified by an officer or representative of the employer applying for membership.
 - 2. If a pool approves admission of a new employer into the pool, the pool shall send written notice to the Commission, on a form approved by the Commission, within 10 days and prior to the effective date of membership, confirming that the pool has admitted a new member.
 - 3. In addition to the notice required under subsection (D)(2), the pool shall also provide to the Commission, the board resolution approving membership and a copy of the employer's application for admission into the pool.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-722. Termination by a Member in a Pool; Cancellation of Membership by a Pool; Final Accounting

- A.** A member of a pool may terminate its participation in the pool or submit to cancellation by a pool under the bylaws of the pool and other applicable statutes and rules.
- B.** A pool shall provide the Commission written notice of a member's intent to terminate membership or a pool's intent to cancel a member's participation in the pool at least 30 days before the termination or cancellation is effective on a form approved by the Commission.
- C.** A pool shall provide a final accounting and settlement of the obligations of or refunds to a terminated or canceled member when all incurred claims are concluded, settled, or paid.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-723. Trustee Fund; Loss Fund

- A.** A pool shall maintain a trustee fund and a loss fund.
- B.** Trustee fund.
 - 1. All premiums and assessments charged to members of a pool shall be paid to the trustee fund which fund shall be placed in a designated federally insured depository in Arizona.
 - 2. A pool shall create a loss fund from the trustee fund.
 - 3. A pool shall pay administrative expenses of the pool from the trustee fund.
 - 4. Money from the trustee fund shall be transferred to the loss fund as needed to enable a pool to pay from the loss fund cash needs related to liabilities imposed or arising under the Arizona Workers' Compensation Act.
- C.** Loss fund.
 - 1. A pool shall place its loss fund in a designated federally insured depository in Arizona.
 - 2. A pool shall pay all workers' compensation expenses from the loss fund.
 - 3. A loss fund shall be maintained at all times by an authorized service company or administrator charged with processing and paying workers' compensation claims.
 - 4. A pool shall ensure that its loss fund is financially able to cover current cash needs related to liabilities imposed or arising under the Arizona Workers' Compensation Act.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-724. Investment Activity of a Pool

A pool may invest surplus money not needed for immediate cash needs under the following conditions:

- 1. Investments are limited to:
 - a. United States Government bonds;
 - b. United States Treasury notes;
 - c. Municipal and corporate bonds described under subsections (A)(2), (3), and (4);
 - d. Certificates of deposit;
 - e. Savings accounts in banks located in Arizona that are federally insured; and
 - f. Common or preferred stock.
- 2. Corporate and municipal bonds are restricted to the top three major investment grades as determined by two financial rating services;
- 3. Not more than 5% of a corporate municipal bond portfolio is invested in any one corporation or municipality;
- 4. Not more than 30% of the market value of a portfolio is in corporate and municipal bonds;
- 5. Not more than 20% of the market value of an investment portfolio is in common and preferred stocks; and
- 6. Not more than 5% of a common and preferred stock portfolio is invested in any one corporation.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-725. Service Companies; Qualifications; Contracts; Transfer of Claims

- A.** A pool shall obtain the services of a service company to process the pool's workers' compensation claims unless the pool obtains permission to process its own workers' compensation claims from the Commission under R20-5-726.
- B.** Qualifications of a service company.

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1. A service company shall have facilities and equipment to manage, process, and store workers' compensation claims;
 2. If required by law, a service company shall ensure that a licensed claims adjuster processes all workers' compensation claims. If a licensed claims adjuster is not required by law to process claims, then the service company shall ensure that workers' compensation claims are processed by persons with experience, training, and knowledge of the following:
 - a. Processing of Arizona workers' compensation claims; and
 - b. Arizona Worker's Compensation Act;
 3. Service company personnel processing workers' compensation claims shall attend and complete training provided by the Commission Claims Division.
- C.** A service company shall process and pay each worker's compensation claim in compliance with the Arizona Workers' Compensation Act and the rules. A contract between a pool and service company shall include this requirement.
- D.** Transfer of claims from one service company to another service company.
1. The transfer of claims from one service company to another service company shall be handled in a way that does not interfere with or interrupt the processing of a worker's compensation claim.
 2. A service company transferring a worker's compensation claim shall communicate to the new service company the historical claims processing activity associated with the worker's compensation claim, and shall provide an original or copy of every document required for continued processing of the worker's compensation claim.
 3. A pool shall immediately provide written notice to the Industrial Commission Claims Division of any transfer of a worker's compensation claim from one service company to another.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-726. Processing of Workers' Compensation Claims by a Pool

- A.** The Commission shall permit a pool to process its own workers' compensation claims if the pool provides information and supporting documentation establishing the following:
1. The pool has facilities and equipment to manage, process, and store its own workers' compensation claims;
 2. If required by law, a pool shall ensure that a licensed claims adjuster processes all workers' compensation claims. If a licensed claims adjuster is not required by law to process claims, then the pool shall ensure that workers' compensation claims are processed by persons with experience, training, and knowledge of the following:
 - a. Processing of Arizona workers' compensation claims; and
 - b. Arizona Workers' Compensation Act;
 3. Pool personnel processing workers' compensation claims shall attend and complete training provided by the Commission Claims Division.
- B.** A pool shall pay and process workers' compensation claims in compliance with the Arizona Workers' Compensation Act and the rules.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-727. Loss Control and Underwriting Programs

- A.** A pool shall maintain during all periods of self-insurance a loss control program that includes, at a minimum, written safety requirements and training programs for all employees of members.
- B.** A pool shall maintain during all periods of self-insurance an underwriting program that enables the pool to calculate and determine workers' compensation premiums due and to discharge the pool's responsibilities under the Arizona Workers' Compensation Act and this Article.
- C.** A pool shall ensure those persons with education, experience, or training in loss control administer the loss control program.
- D.** A pool shall ensure those persons with education, experience, or training in underwriting administer the underwriting program.
- E.** A pool shall maintain facilities and equipment to implement the loss control and underwriting programs.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-728. Insufficient Assets or Funds of a Pool; Plans of Abatement; Notice of Bankruptcy

- A.** A pool shall immediately provide written notice to the Commission if collected premiums and earned investment income for a fiscal year are insufficient to pay benefits under the Arizona Workers' Compensation Act for all reported workers' compensation claims and expenses for the year. When a pool provides notice to the Commission of the deficiency, the pool shall also provide a written proposal to achieve 100% funding. The proposal may include the following:
1. Use of premiums collected in other fiscal years, but not necessary for payment of claims or expenses in the year collected;
 2. Use of investment earnings associated with other fiscal years, but not necessary for payment of claims or expenses in the year in which associated; or
 3. Assessment of members.
- B.** The Commission shall review the proposal submitted under subsection (A) and approve the proposal within 10 days if the Commission determines that the proposal will abate the deficiency. A pool shall implement the plan no later than 30 days after the date the Commission approves the plan and shall achieve 100% funding within one year after the date the Commission approves the plan. Failure to implement the plan is cause for revocation of the pool's certificate of authority under R20-5-739.
- C.** If, as a result of an audit or examination by either a pool or the Commission, it appears that the assets of a pool are insufficient to enable the pool to discharge the pool's responsibilities under the Arizona Workers' Compensation Act and this Article, the Commission shall notify the administrator and the board of the deficiency and issue an order to abate the deficiency.
- D.** The Commission has authority to include in its order of abatement issued under subsection (C) a provision that a pool shall not add new members to the pool until the deficiency is abated.
- E.** Failure to comply with an order of abatement within 60 days after the order is issued constitutes cause for revocation of a pool's certificate of authority under R20-5-739.
- F.** A pool shall provide immediate written notice to the Commission of any bankruptcy filing by the pool.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-729. Arizona Office; Recordkeeping; Records Available for Review

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- A. A pool shall maintain an office in Arizona.
- B. A pool shall ensure that all financial reports and minutes are signed by an authorized representative of the pool.
- C. A pool shall make board meeting minutes, reports or other documents concerning payroll, audits, investments, experience rating, or other information concerning the pool available to the Commission upon request.
- D. A pool shall retain records relating to the formation and operation of the pool. The pool's current board shall know the current location of the records.
- E. Records of a pool are the property of the pool. If records of a pool are in the control or custody of a third party, the third party shall immediately surrender the records to a pool, upon request by the pool.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-730. Order for Additional Financial Information; Examination of Accounts and Records by Commission

If the Commission questions a pool's financial ability to pay workers' compensation claims under the Arizona Workers' Compensation Act, the Commission may order the pool to provide additional financial information from the pool's auditor or may order an independent financial examination of the pool.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-731. Assignment of Claims Under A.R.S. § 23-966; Obligation of Member to Reimburse the Commission

The Commission shall assign all workers' compensation claims of a pool to the State Compensation Fund under A.R.S. § 23-966 in the event that a pool files for bankruptcy or a pool is unable to process or pay benefits as required under the Arizona Workers' Compensation Act. In the event that the Commission assigns workers' compensation claims to the State Compensation Fund under A.R.S. § 23-966, the Commission shall have a right of reimbursement against any member of a pool for the amount paid by the State Compensation Fund for the member's claims and losses, including reasonable administrative costs, to the extent that such claims and losses are not covered by the pool's bonds or assets.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-732. Calculation and Payment of Taxes under A.R.S. § 23-961 and A.R.S. § 23-1065

- A. Subject to subsection (B), the Commission shall determine the taxes to be paid under A.R.S. § 23-961(G) and A.R.S. § 23-1065(A) by calculating a pool's premiums using one of the following insurance plans selected by a pool:
 - 1. Fixed premium plan:
 - a. A plan in which neither losses nor incurred loss reserves are used to calculate a premium;
 - b. A discount is allowed for premium size; and
 - c. The taxable premium is calculated as follows: Payroll x applicable rate - premium discount.
 - 2. Guaranteed cost plan:
 - a. A plan that provides for a direct relationship, on an annual basis, of the premium for tax purposes and the experience modification rate developed to reflect the loss payments and incurred loss experience of an insured;
 - b. The taxable premium is calculated as follows: (Payroll x applicable rate x experience modification rate) - premium discount.
 - 3. Retrospective plan:
 - a. A plan that provides for a relationship between the premium for tax purposes, the experience modification rate developed to reflect the loss payment and incurred loss experience of an insured, and the actual incurred losses for the tax year;
 - b. Plan is calculated annually and premium is not subject to further adjustment during the tax year;
 - c. The net taxable premium is calculated as follows: (payroll x applicable rate x experience modification rate x basic premium factor) + (losses for current year + adjusted losses for premium year x conversion factor) x tax multiplier; and
 - d. The net taxable premium is subject to a maximum and minimum premium level depending on which one of the four rating insurance option plans specified in the rating system filed by the rating organization is used by the State Compensation Fund under A.R.S. Title 20, Chapter 2, Article 4;

- B. A pool shall not select a retrospective plan unless the pool meets the following criteria:
 - 1. The pool has an annual net taxable premium exceeding \$100,000; and
 - 2. The pool submits and calculates four years of data concerning paid loss determinations and incurred loss reserved for each workers' compensation claim which information shall be used to calculate an experience modification factor for the pool. The oldest three years of data is used to calculate the rate and the current year data is used to calculate the tax.
- C. A pool shall submit to the Commission information required on the following forms no later than February 15 of each year:
 - 1. Self-insured Payroll Report, and
 - 2. Self-insured Injury Report.
- D. Payment of quarterly tax.
 - 1. The Commission shall calculate quarterly taxes owed under A.R.S. § 23-961(H) or A.R.S. § 23-1065(A) in one of the following ways:
 - a. 25% of the tax calculated for the previous year and adjusted for changes in the tax rate; or
 - b. Calculation based on actual payroll and premiums collected for each quarter.
 - 2. A pool shall file a completed and signed Self-insurers' Quarterly Tax Payment Form with each quarterly tax payment.
 - 3. Quarterly payments are due April 30, July 31, October 31, and January 31, for the periods ending March 31, June 31, September 30, and December 31, respectively.
 - 4. Quarterly tax payments may be adjusted because of changes in the annual tax rate.
- E. After receipt of the information required under A.R.S. § 23-961 and this Article, the Commission shall determine the annual taxes owed by a pool. The Commission shall also determine whether the pool has underpaid or overpaid the annual taxes required to be paid by the pool. If the quarterly tax payments paid by a pool are less than the actual tax calculated for the year, then the pool shall pay the difference on or before March 31 of the calendar year in which the taxes are due. If a pool has overpaid its annual taxes, then the Commission shall refund the amount as described in A.R.S. § 23-961(I). A pool shall pay to the Industrial Commission the pool's annual tax on or before March 31 based on premiums calculated for the preceding calendar year and adjusted for quarterly taxes previously paid.
- F. In addition to the penalty described under A.R.S. § 23-961(J), failure to pay annual or quarterly taxes as required is cause for revocation of a pool's certificate of authority.

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Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-733. Review of Initial and Renewal Applications for Authority to Self-insure by the Division

- A.** Upon the filing of a completed initial or renewal application for authority to self-insure, the Division shall review the initial or renewal application to determine and verify whether the information contained in and submitted with the initial or renewal application for authorization to self-insure is complete and accurate. The Division shall also review the information provided to determine the following:
1. Whether the pool has met the requirements of A.R.S. § 23-961.01;
 2. Whether the pool has met the requirements of this Article; and
 3. Whether the pool has the ability to process and pay benefits required under the Arizona Workers' Compensation Act. A determination of a pool's financial ability to pay shall include a review of the ratios provided by each member at the time of an initial application and review of the following ratios for a pool at the time of renewal:
 - a. Total cash, receivables, and investments to total assets; and
 - b. Total revenue to total expenditures for loss fund and trustee fund.
- B.** The Division shall present the findings of its review described in subsection (A) to the Commission. The Division shall also present its recommendations to the Commission regarding an initial or renewal application.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-734. Decision by the Commission on Initial or Renewal Applications for Authority to Self-insure

- A.** The Commission shall consider the following before granting or denying an initial or renewal application to self-insure:
1. The information submitted by an applicant or pool,
 2. The information and recommendations of the Division, and
 3. The requirements of A.R.S. § 23-961.01 and this Article.
- B.** The Commission shall deny an application for authority to self-insure if the Commission finds one or more of the following conditions:
1. An applicant or pool does not meet the requirements of A.R.S. § 23-961.01,
 2. An applicant or pool does not meet the requirements of this Article, or
 3. An applicant or pool is unable to process and pay benefits required under the Arizona Workers' Compensation Act.
- C.** A decision of the Commission shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting. The Commission shall issue written findings and an order granting or denying authorization to self-insure.
- D.** The Division shall mail a copy of the Commission's written findings and order upon the applicant or pool within 10 days of the date the Commission issues its findings and order.
- E.** In the case of an initial application, an applicant shall substitute written confirmation from an authorized insurance carrier to provide fidelity coverage with evidence of fidelity insurance coverage as required under R20-5-712 no later than 10 days after the Commission grants authority to self-insure under this Section. The grant of authority to self-insure under this Section shall not become effective until the applicant provides evidence of actual fidelity coverage. The Commission shall deem an initial application withdrawn and the grant of author-

ity to self-insure rescinded if an applicant fails to substitute written confirmation of fidelity coverage with evidence of fidelity coverage as required under this subsection.

- F.** In the case of an initial application, an applicant shall substitute written confirmation from an authorized insurance carrier to provide excess insurance coverage with evidence of excess insurance coverage as required under R20-5-715 no later than 10 days after the Commission grants authority to self-insure under this Section. The grant of authority to self-insure under this Section shall not become effective until the applicant provides evidence of actual excess insurance coverage. The Commission shall deem an initial application withdrawn and the grant of authority to self-insure rescinded if an applicant fails to substitute written confirmation of excess insurance coverage with evidence of excess insurance coverage as required under this subsection.
- G.** In the case of an initial application, an applicant shall deposit the guaranty bond, letter of credit, or other securities as required under R20-5-713 no later than 10 days after the Commission grants authority to self-insure under this Section. The grant of authority to self-insure under this Section shall not become effective until the applicant deposits the guaranty bond, letter of credit, or other security. The Commission shall deem an initial application withdrawn and the grant of authority to self-insure rescinded if an applicant fails to deposit the guaranty bond, letter of credit, or other securities as required under this subsection.
- H.** Subject to subsections (E), (F), and (G), no later than 10 days after the Commission grants authorization to self-insure, the Division shall prepare a certificate of authority to self-insure and shall mail the certificate to the self-insured at the business address of the pool listed on the initial or renewal application.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-735. Right to Request a Hearing

- A.** An applicant or pool shall have 10 days from the date the Commission mails the findings and order under R20-5-734 to request a hearing.
- B.** A request for hearing shall comply with A.R.S. § 23-945 and be signed by an authorized representative of the applicant or pool or the applicant's or pool's legal representative. The applicant or pool shall file the request for hearing with the Division.
- C.** The Commission shall deem its findings and order final if a request for hearing is not received by the Division within the time specified in subsection (A).

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-736. Hearing Rights and Procedures

- A.** Burden of proof.
1. Except as provided in subsection (A)(2), in all proceedings arising out of this Article, the applicant or pool shall have the burden of proof to establish that it has met the requirements of A.R.S. § 23-901 et seq. and this Article.
 2. In a revocation hearing, the Commission shall have the burden of proof to establish that the self-insured has committed the acts described in R20-5-739.
- B.** Roles of Chair and Chief Counsel.
1. The Chair of the Commission or designee shall preside over hearings held under this Article. Except as otherwise provided in this Section, the Chair shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Article and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.

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2. The Chief Counsel of the Commission shall represent the Commission in hearings held before the Commission and upon direction of the Chair of the Commission shall issue on behalf of the Commission all notices and subpoenas required under this Section. In the discretion of the Chief Counsel, the Chief Counsel may assign an attorney from the Legal Division of the Commission to represent the Division.
- C. Appearance by a party.**
1. Except as otherwise provided by law, the parties may appear on their own behalf or through counsel.
 2. When an attorney appears or intends to appear before the Commission, the attorney shall notify the Commission, in writing, of the attorney's name, address, and telephone number and the name and address of the person on whose behalf the attorney appears.
- D. Filing and service.**
1. For purposes of this Section, a document is considered filed when the Commission receives the document. All documents required to be filed in this Section with the Commission shall be served upon the Chief Counsel of the Industrial Commission and upon all parties to the proceeding.
 2. Except as otherwise provided in A.R.S. § 23-901, et seq. and this Article, service of all documents upon the Commission, applicant or pool shall be by personal service or by mail. Personal service includes delivery upon the Commission or party. Service by mail includes every type of service except personal service and is complete on mailing.
- E. Notice of hearing.**
1. The Commission shall give the parties at least 20 days notice of hearing.
 2. A notice of hearing shall be in writing and mailed to the last known address of the applicant or pool as shown on the record of the Commission or upon the applicant's or pool's representative if a notice of appearance has been filed by a representative.
 3. A notice of hearing shall comply with the requirements in A.R.S. § 41-1061(B).
- F. Evidence.**
1. The civil rules of evidence do not apply to hearings held under this Section.
 2. A party may make an opening and closing statement with the permission of the Chair if the Chair determines that the statement will be helpful to a determination of the issues.
 3. All witnesses at a hearing shall testify under oath or affirmation.
 4. A party may present evidence and conduct cross-examination of witnesses.
 5. Documentary evidence may be received into evidence and shall be filed no later than 15 days before the date of the hearing. Upon request or upon direction from the chair of the Commission, the Commission may issue a subpoena to the author of any document submitted into evidence to appear and testify at the hearing.
 6. Upon written request by a party or upon direction from the Chair of the Commission, the Commission may issue a subpoena requiring the attendance and testimony of a witness whose testimony is material. A subpoena shall be requested no later than 10 days before the date of the hearing.
 7. Upon written request by a party or upon direction from the Chair of the Commission, the Commission may issue a subpoena duces tecum requiring the production of documents or other tangible evidence. The written request by a party shall contain a statement explaining the general relevance, materiality, and reasonable particularity of the documentary or other tangible evidence and the facts to be proven by them.
- G. Transcript of Proceedings.** Hearings before the Commission shall be stenographically reported or mechanically recorded. Any party desiring a copy of the transcript shall obtain a copy from the court reporter.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-737. Decision Upon Hearing by Commission

- A.** A decision of the Commission to deny an initial or renewal application shall be based upon the grounds in R20-5-734(B) and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting.
- B.** A decision of the Commission to revoke authority to self-insure shall be based upon the grounds in R20-5-739 and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting.
- C.** A decision of the Commission to deny admission of an employer into a pool or deny authorization to add members without Commission approval shall be based upon the grounds in R20-5-721 and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting.
- D.** After a decision is rendered at a public meeting, the Commission shall issue a written decision upon hearing which shall include findings of fact and conclusions of law, separately stated.
- E.** A Commission decision is final unless an applicant or pool requests review under R20-5-738 no later than 15 days after the written decision is mailed to the parties.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-738. Request for Review

- A.** A party may request review of a Commission decision issued under R20-5-737 by filing with the Commission a written request for review no later than 15 days after the written decision is mailed to the parties.
- B.** A request for review shall be based upon one or more of the following grounds which have materially affected the rights of a party:
 1. Irregularities in the hearing proceedings or any order or abuse of discretion that deprives a party seeking review of a fair hearing;
 2. Accident or surprise which could not have been prevented by ordinary prudence;
 3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
 4. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of, the hearing;
 5. Bias or prejudice of the Division or Commission; and
 6. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
- C.** A request for review shall state the specific facts and law in support of the request and shall specify the relief sought by the request.
- D.** The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.

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- E. The Commission's decision upon review is final unless an applicant or pool seeks judicial review as provided in A.R.S. § 23-946.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

R20-5-739. Revocation of Authority to Self-insure

- A. In addition to those specific grounds set forth in this Article, the following constitute grounds for revocation of authority to self-insure for workers' compensation:
1. Failure to comply with requirements of this Article or applicable requirements of 20 A.A.C. 5, Article 1;
 2. Failure to comply with applicable requirements of A.R.S. § 23-901 et seq.;
 3. Unless otherwise provided, failure to comply with an order or award of the Commission within 30 days after the order or award becomes final;
 4. An inability to process and pay claims under the Arizona Workers' Compensation Act;
 5. The failure of a pool to provide the Commission the reports and taxes required under this Article; and
 6. The willful misstatement of any material fact in an application, report, or statement made to the Commission.
- B. Upon receipt of information demonstrating that a pool has committed an act described in subsection (A), the Division shall conduct an investigation of the facts of the alleged misconduct. If, upon completion of the investigation, the Division determines that sufficient evidence exists to warrant revocation of a pool's authority to self-insure, then the Division shall present its findings to the Commission.
- C. The Commission shall consider the findings and recommendation of the Division before revoking a pool's authority to self-insure.
- D. The Commission shall revoke a pool's authority to self-insure if the Commission finds one or more of the grounds set forth in subsection (A). The Commission shall issue written findings and an order revoking the authority to self-insure and shall serve a copy of the findings and order upon the pool.
- E. A pool shall have 10 days from the date the Commission serves the findings and order described in subsection (D) to request a hearing. The request for hearing shall comply with the requirements of A.R.S. § 23-945.
- F. R20-5-736, R20-5-737, and R20-5-738 govern hearing rights and procedures for revocation hearings.
- G. A pool shall immediately inform each of its members, in writing, of the Commission's order of revocation.

Historical Note

Adopted effective September 9, 1998 (Supp. 98-3).

ARTICLE 8. OCCUPATIONAL SAFETY AND HEALTH RULES OF PROCEDURE BEFORE THE INDUSTRIAL COMMISSION OF ARIZONA

R20-5-801. Notice of Rules

Sections R20-5-801 et seq. apply to all actions and proceedings of or before the Commission and Review Board pertaining to those issues arising out of Title 23, Chapter 2, Article 10.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-801 recodified from R4-13-801 (Supp. 95-1).

R20-5-802. Location of Office and Office Hours

The main office of the Industrial Commission of Arizona is located in Phoenix, Arizona. An office is also located in Tucson, Arizona. The offices are open for the transaction of business from 8:00 a.m. until 5:00 p.m. every day except Saturdays, Sundays and legal holidays.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-802 recodified from R4-13-802 (Supp. 95-1).

R20-5-803. Definitions

In these Rules of Procedures, unless the context otherwise requires, the following words and terms shall have the following meanings:

1. "Commission" means the Industrial Commission of Arizona.
2. "Affected employee" means an employee of a cited employer who is exposed to the alleged hazard described in the citation, as a result of his assigned duties.
3. "Authorized employee representative" means a labor organization which has a collective bargaining relationship with the cited employer and which represents affected employees.
4. "Representative" means any person, including an authorized employee representative, authorized by a party to represent him in a proceeding.
5. "Citation" means a written communication issued by the Division of Occupational Safety and Health of the Industrial Commission of Arizona pursuant to A.R.S. § 23-415.
6. "Notification of proposed penalty" means a written communication issued by the Industrial Commission of Arizona pursuant to A.R.S. § 23-418.
7. "Party" means the Occupational Safety and Health Division of the Commission, the affected employer and affected employees.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-803 recodified from R4-13-803 (Supp. 95-1).

R20-5-804. Computation of Time

In computing any period of time prescribed or allowed in these rules, the day from which the designated period begins to run shall not be included. The last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-804 recodified from R4-13-804 (Supp. 95-1).

R20-5-805. Record Address

The initial pleading filed by any person shall contain his name, address and telephone number. Any change in such information must be communicated promptly in writing to the Commission and to all other parties. A party who fails to furnish such correct and current information shall be deemed to have waived his right to object to the validity of any notice and/or service which has been made to the last known address of the party as shown by the records of the Commission.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-805 recodified from R4-13-805 (Supp. 95-1).

R20-5-806. Service and Notice

- A. At the time of filing pleadings or other documents a copy thereof shall be served by the filing party on every other party.
- B. Service upon a party who has appeared through a representative shall be made only upon such representative.
- C. Unless otherwise herein indicated, service may be accomplished by postage prepaid first class mail or by personal delivery. Service is deemed effected at the time of mailing (if

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by mail) or at the time of personal delivery (if by personal delivery).

- D. Proof of service shall be accomplished by a written statement of the same which sets forth the date and manner of service. Such statement shall be filed with the pleading or document.
- E. Service and notice to employees represented by an authorized employee representative shall be deemed accomplished by serving the representative in the manner prescribed in subsection (C).
- F. In the event that there are any affected employees who are not represented by an authorized employee representative, the employer shall, immediately upon receipt of Notice of the Date of Hearing, post, where the citation is required to be posted, a copy of the Notice of Date of Hearing and a notice informing such affected employees of their right to appear at the hearing and state their position and of the availability of all pleadings for inspection and copying at reasonable times. A notice in the following form shall be deemed to comply with this subsection:
(Name of employer)

Your employer has been cited by the Industrial Commission of Arizona for violation of the Arizona Occupational Safety and Health Act of 1972. The citation has been contested and will be the subject of a hearing before the Industrial Commission. Affected employees are entitled to appear in this hearing under the terms and conditions established by the Industrial Commission in its Rules of Procedure. Notice of Intent to Participate should be sent to:

THE INDUSTRIAL COMMISSION
OF ARIZONA
1601 West Jefferson Street,
Phoenix, Arizona 85007.

All papers relevant to this matter may be inspected at:
(Place reasonably convenient to employees, preferably at or near workplace.)

Where appropriate, the second sentence of the above Notice will be deleted and the following sentence will be substituted:

The reasonableness of the period prescribed by the Industrial Commission for abatement of the violation has been contested and will be the subject of a hearing before the Industrial Commission.

- G. Where service is accomplished by posting, proof of such posting shall be filed not later than the first working day following the posting.
- H. The authorized employee representative, if any, shall be served with the notice set forth in subsection (G) and with a copy of the Notice of the Date of Hearing.
- I. A copy of the Notice of the Date of Hearing shall be served by the employer on affected employees who are not represented by an authorized employee representative by posting a copy of the Notice of such hearing at or near the place where the citation is required to be posted.
- J. A copy of the Notice of the Date of Hearing shall be served by the employer on the authorized employee representative of affected employees in the manner prescribed in subsection (C) of this Section, if the employer has not been informed that the authorized employee representative has entered an appearance as of the date such Notice is received by the employer.
- K. Where a petition for hearing is filed by an affected employee who is not represented by an authorized employee representative and there are other affected employees who are represented by an authorized employee representative, the

unrepresented employee shall, upon receipt of the Notice of the Date of Hearing, serve a copy thereof on such authorized employee representative in the manner prescribed in subsection (C) of this Section and shall file proof of such service.

- L. Where a Petition for Hearing is filed by an affected employee or an authorized employee representative, a copy of the Petition for Hearing shall be provided to the employer for posting by the employer at the place the citation is required to be posted.
- M. An authorized employee representative who files a Notice of Contest shall be responsible for serving any other authorized employee representative whose members are affected employees.
- N. Where posting is required by this Section, such posting shall be maintained until the commencement of the hearing or until earlier disposition.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-806 recodified from R4-13-806 (Supp. 95-1).

R20-5-807. Consolidation

Cases may be consolidated on the motion of any party, or on the hearing officer's own motion, where there exist common parties, common questions of law or fact, or both, or in such other circumstances as justice and the administration of the Act require.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-807 recodified from R4-13-807 (Supp. 95-1).

R20-5-808. Severance

Upon its own motion, or upon motion of any party, the hearing officer may, for good cause, order any proceeding severed with respect to some or all issues or parties.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-808 recodified from R4-13-808 (Supp. 95-1).

R20-5-809. Election to Appear

- A. Affected employees may elect to appear at a hearing for the purpose of testifying or stating their position concerning the subject matter of the hearing.
- B. If affected employees desire to appear at the hearing they must so notify in writing the Commission or the hearing officer, if the case has been assigned.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-809 recodified from R4-13-809 (Supp. 95-1).

R20-5-810. Employee Representatives

- A. Employees may appear in person or through a representative.
- B. An authorized employee representative shall be deemed to control all matters respecting the interest of such employees in the proceeding.
- C. Affected employees who are represented by an authorized employee representative may appear only through such authorized employee representative.
- D. Withdrawal of appearance of any representative may be effected by filing a written Notice of Withdrawal and by serving a copy thereof on all parties.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-810 recodified from R4-13-810 (Supp. 95-1).

R20-5-811. Form of Pleadings

- A. Except as provided herein, there are no specific requirements as to the form of any pleading. A pleading is simply required

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to contain a caption sufficient to identify the parties in accordance with R20-5-812, which shall include the Commission's citation number, and a clear and plain statement of the relief that is sought, together with the grounds therefor.

- B. Pleadings and other documents (other than exhibits and petitions for hearing) shall be typewritten and double spaced, on letter size opaque paper (approximately 8 1/2 inches by 11 inches). The left margin shall be 1 1/2 inches and the right margin 1 inch. Pleadings and other documents shall be fastened at the upper left corner.
- C. Pleadings shall be signed by the party filing or by his representative. Such signing constitutes a representation by the signer that he has read the document or pleading, that to the best of his knowledge, information and belief the statements made therein are true, and that it is not interposed for delay.
- D. The Commission may refuse for filing any pleading or document which does not comply with the requirements of subsections (A), (B), and (C) of this Section.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-811 recodified from R4-13-811 (Supp. 95-1).

R20-5-812. Caption; Titles of Cases

- A. Cases initiated by the cited employer filing a Petition for Hearing contesting the violations cited shall be titled:
Division of Occupational Safety and Health of the Industrial Commission of Arizona, Complainant, vs. (name of employer), Respondent.
- B. Cases initiated by the cited employer filing a Petition of Hearing for modification of the abatement period shall be titled:
(name of employer), Petitioner vs. Division of Occupational Safety and Health of the Industrial Commission of Arizona, Respondent.
- C. Cases initiated by an affected employee filing a Petition for Hearing for modification of the abatement period shall be titled:
(name of affected employee or authorized employee representative), Petition vs. Division of Occupational Safety and Health of the Industrial Commission of Arizona, Respondent, and (employer), Respondent.
- D. The Titles listed in subsections (A) and (B) of this Section shall appear at the left upper portion of the initial page of any pleading or document (other than exhibits and Petitions for Hearing filed).
- E. The initial page of any pleading or document (other than exhibits and requests for hearing) shall show the citation number at the upper right of the page, opposite the title.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-812 recodified from R4-13-811 (Supp. 95-1).

R20-5-813. Requests for Hearing

- A. Requests for hearing shall be filed with the Commission.
- B. Requests for hearing shall be in writing and contain a clear and plain statement of the relief that is sought, together with the grounds thereof.
- C. The Commission shall, after receipt of a request for hearing, refer the file to the Hearing Officer Division for determination.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-813 recodified from R4-13-813 (Supp. 95-1).

R20-5-814. Pre-hearing Conference

- A. At any time before a hearing, the hearing officer, on his own motion or on motion of a party, may direct the parties, or their representatives, to exchange information or to participate in a

pre-hearing conference for the purpose of considering matters which will tend to simplify the issues or expedite the proceedings.

- B. The hearing officer may issue a pre-hearing order which includes the agreements reached by the parties. Such order shall be served on all parties and shall be part of the record.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-814 recodified from R4-13-814 (Supp. 95-1).

R20-5-815. Payment of Witness Fees and Mileage

Witnesses summoned before the hearing officer shall be paid the same fees and mileage that are paid witnesses in the courts of Arizona. Witness fees and mileage shall be paid by the party at whose instance the witness appears.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-815 recodified from R4-13-815 (Supp. 95-1).

R20-5-816. Expired**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-816 recodified from R4-13-816 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

R20-5-817. Failure to Appear -- Withdrawal of Request for Hearing

- A. The failure of a party who has requested a hearing to appear at such scheduled hearing shall be deemed to be an admission of the validity of any citation, abatement period, or penalty issued or proposed, and additionally a waiver of all rights except the right to be served with a copy of the decision of the hearing officer and to request review.
- B. Withdrawal of request for hearing shall be construed as an admission of the validity of any citation, abatement period or penalty issued or proposed. No decision need be issued in this case as the subject instrument is deemed to be admitted.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-817 recodified from R4-13-817 (Supp. 95-1).

R20-5-818. Duties and Powers of Hearing Officers

It shall be the duty of the hearing officer to conduct a fair and impartial hearing, to assure that the facts are fully elicited, to adjudicate all issues and avoid delay. The hearing officer shall have authority with respect to cases assigned to him, between the time he is designated and the time he issued his decision, subject to the rules and regulations of the Commission, to:

1. Administer oaths and affirmations;
2. Rule upon admissibility of exhibits;
3. Rule upon applications for depositions;
4. Regulate the course of the hearing and, if appropriate or necessary, exclude persons or counsel from the hearing for contemptuous conduct and strike all related testimony of witnesses refusing to answer any proper questions;
5. Call and examine witnesses;
6. Request the parties at any time during the hearing to state their respective positions concerning any issue in the case or theory in support thereof;
7. Adjourn the hearing as the needs of justice and good administration require;
8. Issue appropriate orders for protection of trade secrets;
9. Take any other action necessary under the foregoing and authorized by the rules and regulations of the Commission.

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Historical Note

Adopted effective August 27, 1975 (Supp. 75-1). R20-5-818 recodified from R4-13-818 (Supp. 95-1).

R20-5-819. Witnesses' Oral Deposition; In State

- A. After a request for hearing has been filed with the Commission, any party desiring to take the oral deposition of any other party or witness residing within the state of Arizona shall file with the hearing officer, in duplicate, notice of taking deposition by oral examination. Copies of such Notice shall be served at least five days prior to the date of the deposition upon the deponent and upon every party by the party desiring to take the oral deposition.
- B. If any party or the deponent has any objection to the taking of the oral deposition of the party or witness, he shall file with the presiding hearing officer and serve on all parties written objections thereto setting forth the basis of the opposition to the deposition. Such objection shall be filed with the hearing officer within two days after the notice of taking deposition by oral examination is served.
- C. If objections to the taking of the oral deposition are filed with the hearing officer as provided in subsection (B) hereof, the hearing officer shall rule on the objections within five days after the filing of the objections. The taking of the oral deposition shall be held in abeyance pending the ruling of the hearing officer. The hearing officer shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate.
- D. The party taking the deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
- E. The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other party.
- F. No scheduled hearing shall be cancelled or continued for failure to take or complete a deposition taken pursuant to the provisions of this rule.
- G. Depositions taken pursuant to the provisions of this rule shall only be used at the time of a hearing for impeachment of a witness, unless the deponent is deceased at the time of the scheduled hearing, in which event it may be admitted into evidence.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-819 recodified from R4-13-819 (Supp. 95-1).

R20-5-820. Witnesses' Oral Deposition; Out-of-State

- A. After a request for hearing is filed with the Commission, any party desiring to take the oral deposition of any other party or witness residing without the state of Arizona shall file with the hearing officer, in duplicate, a request for permission to take the deposition of such witness or witnesses. Such request shall show the name and address of such witness or witnesses and set forth the reason why said witness or witnesses' testimony is necessary for an adjudication of the issue. Copies of such request shall be served upon each party by the party requesting permission to take the deposition. If no objection to the request for permission to take the deposition is filed as provided in subsection (B) hereof, the hearing officer may, within 10 days, in his discretion, grant or deny the permission to take the deposition. If the hearing officer permits the taking of the deposition, the party may proceed in the manner provided by and subject to the limitations of subsections (A), (D), (E), and (F).
- B. If any party has any objections to the taking of the oral deposition of the party or witness, he shall file with the hearing officer and serve on all other parties written objections thereto setting forth the basis for the opposition to the deposition. Such objection shall be filed with the hearing officer within five days after the request to take the deposition is served.

- C. If objections to the taking of the oral deposition are filed with the hearing officer as provided in subsection (B) hereof, the hearing officer shall rule on the objections within five days after the filing of the objections. The taking of the oral deposition shall be held in abeyance pending the ruling of the hearing officer. The hearing officer shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate. If the hearing officer orders that the deposition proceed, the party may proceed to take the deposition in the manner provided by and subject to the limitation of R20-5-819, subsections (A), (D), (E), and (F).
- D. Any deposition taken pursuant to the provisions of this rule shall be filed with the Commission at least five days prior to the hearing date or any scheduled hearing and may be admitted into evidence. If the deposition is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the hearing officer.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-820 recodified from R4-13-820 (Supp. 95-1).

R20-5-821. Parties' Disposition upon Written Interrogatories

- A. After a request for hearing is filed with the Commission, any party desiring to take the deposition of another party upon written interrogatories shall file with the hearing officer, in duplicate, copies of the interrogatories sought to be submitted to the party. The written interrogatories submitted pursuant to this rule shall be limited to 25 in number with no subsections. Copies of such interrogatories shall be filed at least five days prior to any scheduled hearing.
- B. Answers to the interrogatories shall be served on all parties by the party answering the interrogatories within 10 days after service of the interrogatories, or within 10 days after a ruling by the hearing officer that the interrogatories be answered.
- C. No scheduled hearing shall be cancelled or continued for failure to take or complete the taking of a deposition taken pursuant to the provisions of this rule.
- D. Depositions taken pursuant to the provisions of this rule shall only be used at the time of hearing for impeachment of a witness unless the deponent is deceased at the time of the scheduled hearing in which event they may be admitted into evidence.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-821 recodified from R4-13-821 (Supp. 95-1).

R20-5-822. Refusal to Answer; Refusal to Attend

- A. If a party or other deponent refuses to answer any question propounded upon oral examination pursuant to R20-5-819 and R20-5-820, the examination shall be completed in other matters or adjourned, as the proponent of the question may prefer. Thereafter on reasonable notice to all persons affected thereby the proponent of the question may apply to the hearing officer for an order compelling an answer. Upon the refusal of a deponent to answer any interrogatory submitted under R20-5-821, the proponent of the question may on like notice make like application for such an order. If the motion is granted and if the hearing officer finds that the refusal was without substantial justification, the hearing officer shall require the refusing party, or deponent and the party, or representative advising the refusal or either of them to pay to the examining party the amount of the reasonable attorney's fees incurred in obtaining the order and the reasonable expenses which will be incurred to obtain the requested answers. If the motion is denied and if

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the hearing officer finds that the motion was made without substantial justification, the hearing officer shall require the examining party or the representative advising the motion, or both of them, to pay to the refusing party or witness the amount of the reasonable attorney's fees incurred in opposing the motion.

- B. If a party or an officer or managing agent of a party wilfully fails to appear before an officer who is to take his deposition after being served with the proper notice, or fails to serve answers to interrogatories after proper service of such interrogatories, the hearing officer, on motion and notice, may strike out all or any part of any pleading of that party, dismiss the action or proceeding or any part thereof, or preclude the introduction of evidence.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-822 recodified from R4-13-822 (Supp. 95-1).

R20-5-823. Burden of Proof

- A. In all proceedings other than those stated in subsection (B) commenced by the filing of a request for hearing, the burden of proof shall rest with the Commission.
- B. In proceedings commenced by a request for hearing requesting modification of the abatement period, the burden of establishing the necessity for such modification shall rest with the petitioner.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-823 recodified from R4-13-823 (Supp. 95-1).

R20-5-824. Intermediary Rulings or Orders by the Hearing Officer

No intermediary rulings or orders by the hearing officer may be appealed to the Review Board but shall become a part of the record.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-824 recodified from R4-13-824 (Supp. 95-1).

R20-5-825. Legal Memoranda

Legal memoranda may be filed if request is granted by the hearing officer. If such request is granted the hearing officer shall establish a reasonable time for such filing and response or simultaneous filing.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-825 recodified from R4-13-825 (Supp. 95-1).

R20-5-826. Decisions of Hearing Officers

- A. The decision of the hearing officer shall include findings and conclusions of fact and law, and an order.
- B. The hearing officer shall sign the decision. Upon issuance of the decision, jurisdiction shall rest solely in the Commission, and if a request for review is filed it shall be addressed to the Commission.

Historical Note

Amended effective August 27, 1975 (Supp. 75-1). R20-5-826 recodified from R4-13-826 (Supp. 95-1).

R20-5-827. Settlement

- A. Settlement is encouraged at any stage of the proceedings where such settlement is consistent with the provisions and objectives of the Act.
- B. Settlement agreement submitted by the parties shall be accompanied by an appropriate proposed order which shall be signed by the assigned hearing officer or chief hearing officer.

- C. Where parties to the settlement agree upon a proposal, it shall be served upon represented and unrepresented affected employees in the manner set forth in R20-5-806. Proof of such service shall accompany the proposed settlement when submitted to the Commission or the hearing officer.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-827 recodified from R4-13-827 (Supp. 95-1).

R20-5-828. Special Circumstances; Waiver of Rules

In special circumstances, or for good cause shown, the hearing officer may, upon application by any party, or on his own motion, waive any rule or make such orders as justice or the administration of the Act requires.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-828 recodified from R4-13-828 (Supp. 95-1).

R20-5-829. Variances

- A. Any hearing concerning variances shall be filed before the Commissioners at a time set by the Commission.
- B. Such proceeding shall be informal but shall be transcribed at the expense of the person seeking the variance if a written record of the proceeding is desired.

Historical Note

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-829 recodified from R4-13-829 (Supp. 95-1).

ARTICLE 9. EXPIRED**R20-5-901. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-901 repealed, new Section R4-13-901 adopted effective May 27, 1977 (Supp. 77-3). R20-5-901 recodified from R4-13-901 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-902. Expired**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-902 repealed, new Section R4-13-902 adopted effective May 27, 1977 (Supp. 77-3). R20-5-902 recodified from R4-13-902 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-903. Expired**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-903 repealed, new Section R4-13-903 adopted effective May 27, 1977 (Supp. 77-3). R20-5-903 recodified from R4-13-903 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-904. Expired**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-904 repealed, new Section R4-13-904 adopted effective May 27, 1977 (Supp. 77-3). R20-5-904 recodified from R4-13-904 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the

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Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-905. Expired**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-905 repealed, new Section R4-13-905 adopted effective May 27, 1977 (Supp. 77-3). R20-5-905 recodified from R4-13-905 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-906. Expired**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-906 repealed, new Section R4-13-906 adopted effective May 27, 1977 (Supp. 77-3). R20-5-906 recodified from R4-13-906 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-907. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-907 recodified from R4-13-907 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-908. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-908 recodified from R4-13-908 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-909. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-909 recodified from R4-13-909 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-910. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-910 recodified from R4-13-910 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-911. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-911 recodified from R4-13-911 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-912. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-912 recodified from R4-13-912 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-913. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-913

recodified from R4-13-913 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

R20-5-914. Expired**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-914 recodified from R4-13-914 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

ARTICLE 10. WAGE CLAIMS**R20-5-1001. Definitions**

In this Article, unless the context otherwise requires:

1. "Claim" means a wage claim pursuant to A.R.S. § 23-356.
2. "Claimant" means an individual who files a claim.
3. "Day" means calendar day.
4. "Department" means the Labor Department of the Industrial Commission of Arizona.
5. "Determination" means a finding by the Department under A.R.S. § 23-357 that a claim is either valid or invalid or that the Department cannot resolve the dispute.
6. "Director" means the Director of the Department.
7. "Dismissal" means an action by the Department in which the Department dismisses the claim and refers the claimant to other statutory remedies.
8. "Notice" or "notification" when made by the Department or the Director means a written communication transmitted to the employer or claimant, or both, by regular mail.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1001 recodified from R4-13-1001 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

R20-5-1002. Forms

The following forms are available upon request from the Department or from the Industrial Commission's Internet web site at www.ica.state.az.us:

1. Wage claim. When making a claim, a claimant shall provide the following information to the Department:
 - a. Claimant's name, address, telephone number, and date of birth;
 - b. Employer's name, address, telephone number, and description of business;
 - c. Claimant's dates of employment, position, and pay;
 - d. The amount of the wages claimed and whether the claimant requested payment of the wages from employer; and
 - e. Claimant's signature and signature date.
2. Employer response. The employer responding to a claim shall provide the following information to the Department:
 - a. Employer's name, address, telephone number, and description of business;
 - b. Claimant's dates of employment, position, and pay;
 - c. Whether claimant is owed any wages, and, if so, employer's reason for nonpayment; and
 - d. Employer's signature and signature date.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1002 recodified from R4-13-1002 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 12

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A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

R20-5-1003. Filing Requirements; Time for Filing; Computation of Time

- A. A claimant shall file a claim with the Department within one year of the date of the accrual of the claim.
- B. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run is not included. The last day of the period and Saturdays, Sundays, and legal holidays are included in the computation of time.
- C. The date of filing of the claim is the date the claimant's wage claim form is received by the Department.
- D. The Department shall deem a form, document, instrument, or other written record filed at the Tucson office as filed at the Phoenix office for the purpose of computing time.
- E. An individual filing a form or document related to a claim shall legibly fill out the form or document in ink or type.
- F. If the wage claim form received from a claimant does not include the information required by R20-5-1002(1), the Department shall return the wage claim form to the claimant by regular mail with a request that the claimant provide the required information and return the completed wage claim form to the Department within 10 days from the date of the Department's request. If the Department does not receive the completed wage claim form within 10 days, the Department shall not initiate an investigation of the claim and the Department shall consider the claim withdrawn without prejudice. The claimant may re-file a withdrawn wage claim with the information required by R20-5-1002(1), if the claim is re-filed within one year of the date of the accrual of the claim.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1003 recodified from R4-13-1003 (Supp. 95-1). Former R20-5-1003 renumbered to R20-5-1004; new R20-5-1003 made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

R20-5-1004. Investigation of Claim

- A. The Department shall mail a copy of a claimant's wage claim form within 10 days after the Department's receipt of the form to the employer listed on the wage claim, with a request that the employer complete and file the employer response form within 10 days of the date of the Department's mailing.
- B. If the Department does not receive the employer response form under subsection (A), the Department shall provide written notice to the employer stating that the employer must pay the amount claimed or file a written response to the wage claim within 10 days of the date of the Department's written notice.
- C. If the employer timely files the employer response under subsection (A), but the response is incomplete, the Department shall mail the employer a notice requesting that the employer file the required information within 10 days of the date of the Department's notice. If the Department does not receive the required information within 10 days, the Department shall make a determination regarding the claim based on the evidence in the file.
- D. If the employer's response disputes the amount of wages claimed by the claimant, the Department shall mail a copy of the employer's response to the claimant and offer the claimant the opportunity to file a written reply to the employer's response within 10 days from the date of the Department's mailing. If the Department does not receive claimant's reply within 10 days, the Department shall make a determination of the claim based on the evidence in the file.

- E. If the employer fails or refuses to pay the amount claimed or submit a written response to the claim in accordance with subsection (B), the Department shall make a determination of the claim based on the evidence in the file.
- F. Upon request from the Department, and if necessary to complete the Department's investigation, the claimant, the employer, or both, shall submit further written information or meet with the Director or his designee. Except for statements made during settlement, mediation, or an informal conference, the Director or his designee shall administer oaths for the purpose of taking affidavits and shall tape record the meeting.
- G. Upon completion of its investigation, the Department shall notify the parties to the claim of the Department's determination in writing.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1004 recodified from R4-13-1004 (Supp. 95-1). Former R20-5-1004 renumbered to R20-5-1005; new R20-5-1004 renumbered from R20-5-1003 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

R20-5-1005. Mediation of Disputes

- A. During the investigation of a claim, the Department may mediate and conciliate a dispute between the claimant and the employer.
- B. If mediation results in an informal resolution of the claim, the Director or the Director's designee shall prepare and ensure execution of documents providing for the resolution of the claim.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1005 recodified from R4-13-1005 (Supp. 95-1). Former R20-5-1005 renumbered to R20-5-1006; new R20-5-1005 renumbered from R20-5-1004 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

R20-5-1006. Dismissal of Claim

- A. The Department shall dismiss a claim if:
 - 1. The claim is filed more than one year after the date of the accrual of the claim,
 - 2. The claimant does not comply with R20-5-1003(F),
 - 3. The amount of wages claimed exceeds \$2,500.00,
 - 4. The Department's investigation of the claimant's evidence reveals no possible violation of A.R.S. § 23-350 et seq.,
 - 5. The claimant has filed a civil action regarding the same claim,
 - 6. The employer listed on the claim is in bankruptcy,
 - 7. The Department is unable to locate the employer based on the information provided by the claimant, or
 - 8. The wages in question have been withheld from the claimant pursuant to the claimant's prior written authorization.
- B. The Department shall send a notice of dismissal to the claimant and, except as provided in subsections (A)(1) through (A)(3) and (7), the Department shall send a notice of dismissal to the employer. Notices of dismissal shall notify the claimant of the availability of other remedies.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1006 recodified from R4-13-1006 (Supp. 95-1). Former R20-5-1006 renumbered to R20-5-1007; new R20-5-1006 renumbered from R20-5-1005 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006

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(Supp. 06-2).

R20-5-1007. Notice of Right of Review

- A. A determination issued under A.R.S. § 23-357 shall include a notice informing the parties of their right to seek review under A.R.S. § 23-358 and § 12-901 et seq.
- B. The Department shall serve a determination on the parties by regular mail.

Historical Note

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1007 recodified from R4-13-1007 (Supp. 95-1). Former R20-5-1007 renumbered to R20-5-1008; new R20-5-1007 renumbered from R20-5-1006 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

R20-5-1008. Payment of Claim

- A. The Department shall send any payment of a wage claim received by the Department to the claimant by certified mail, return receipt requested.
- B. If the Department discovers that payment of a wage claim is alleged to have been made directly to the claimant, the Department shall verify the payment by sending a letter to the claimant by regular mail. If the claimant does not respond to the Department's letter within 10 days of the date of the Department's letter, the Department shall deem the claim to have been paid.
- C. Payment of a partial amount of a wage claim does not preclude the Department from completing its investigation of the balance of the claim.
- D. In the case of a determination and directive for payment issued by the Department under A.R.S. § 23-357, the Department shall, if the employer agrees and with the written consent of the claimant, enter into a payment agreement with the employer for payment of the amount of wages found to be owed the claimant.

Historical Note

New R20-5-1008 renumbered from R20-5-1007; Section amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

R20-5-1009. Service of Determinations, Notices, and Other Documents

- A. A determination, notice, or other document required by this Article or other law to be mailed or served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.
- B. Service may be made and is deemed complete by depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

ARTICLE 11. SELF-INSURANCE FOR INDIVIDUAL EMPLOYERS**R20-5-1101. Definitions**

In addition to the definitions provided in A.R.S. § 23-901, the following definitions apply to this Article:

"Act" means the Arizona Workers' Compensation Act, A.R.S. § 23-901 et seq.

"Affiliate" or "affiliate relationship" means a person or entity that has the power to control, directly or indirectly, through one or more intermediaries, another person or entity.

"Anniversary date" means the date beginning one year from the initial effective date of the Authorization to Self-insure.

"Applicant" means an individual employer filing an initial application for authority to self-insure under A.R.S. § 23-961.

"Authorized signature" means the signature of an officer of the self-insurer.

"Cash-flow ratio" means a numerical relationship that reflects an ability to meet current financial obligations out of cash flow and is calculated by dividing funds provided by operations of a business by current liabilities.

"Chief counsel" means the chief counsel for the Industrial Commission of Arizona.

"Claim" means a worker's compensation claim.

"Claims Division," means the Claims Division of the Industrial Commission of Arizona.

"Classification code" means a number assigned by an approved rating organization that classifies employees by type of job performed.

"Control" means the possession, direct or indirect, of power to direct or cause the direction of, the management and policies of a person or entity, whether through the ownership of voting securities, by contract, or otherwise.

"Current ratio" means a numerical relationship that reflects an ability to pay current obligations and is calculated by dividing current assets by current liabilities.

"Debt-status ratio" means a numerical relationship that reflects the proportion of funds supplied internally relative to the funds contributed by creditors and is calculated by dividing net worth by total liabilities.

"Division" means the Accounting Division of the Industrial Commission of Arizona.

"Ex-medical plan" means a method of determining the premium upon which taxes are calculated that provides for rate revisions based upon the self-insurer operating a medical facility with a program for providing medical, surgical, or hospital services to a majority of the self-insurer's employees and that complies with the requirements of A.R.S. § 23-1070. Neither losses nor incurred loss reserves are used in this plan.

"Excess insurance carrier" means an insurance carrier authorized to issue policies of excess insurance coverage to a self-insured employer.

"Experience modification rate" means a ratio comparing actual losses to expected losses based on a formula determined by an approved rating organization and which includes three years of loss information.

"Fixed premium plan" means a method of determining the premium upon which taxes are calculated in which neither losses nor incurred loss reserves are used for calculation. The only discount is for premium size.

"Fully-funded risk management fund" means a fund that maintains a positive equity balance that is sufficient to cover all of the fund's actuarial losses.

"Guaranteed cost plan" means a method of determining the premium upon which taxes are calculated that provides for a direct relationship, on an annual basis, of the premium for tax purposes and the experience modification rate developed to reflect the loss payment and incurred loss experience of the self-insured employer.

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“Individual employer” means an employer under the Act that is applying for authority to self-insure, or is approved to self-insure, that is not an entity described in A.R.S. § 23-961.01; § 11-952.01; or § 41-621.01.

“Parent company” means one that owns sufficient stock in a subsidiary company to have voting control of the subsidiary company, as “control” is defined in this Article.

“Profitability ratio” means a numerical relationship that represents the return on assets and the efficiency of assets and is calculated by dividing profit before taxes by total assets, multiplied by 100 expressed as a percentage.

“Public entity” means an individual employer that is a state, county, municipality, school district, or any other entity with taxing authority.

“Quick ratio” means a numerical relationship that represents the degree to which liabilities are covered by the most liquid current assets and is calculated by dividing cash and equivalents, plus receivables, by current liabilities.

“Rating organization,” means an entity that meets the requirements of A.R.S. § 20-363, and is approved by the Arizona Department of Insurance to establish rates, codes, and formulas used to calculate worker compensation premiums.

“Resolution of Authorization” means a document issued by the Commission that grants authority to self-insure for purposes of workers’ compensation.

“Retrospective rating plan” means a method of determining the premium upon which taxes are calculated that provides for the relationship between the premium for tax purposes, the experience modification rate developed to reflect the loss payment and incurred loss experience of the self-insured employer, and the actual incurred losses for the tax year.

“Securities” or “security” means a guaranty bond, a bond of the United States or its agencies, United States’ Treasury Notes, a letter of credit, or Local Government Investment Pool (LGIP) funds, or appropriate documents renewing or continuing any of these.

“Self-insurer” or “self-insured” means an individual employer that the Commission authorizes to self-insure for workers’ compensation insurance under A.R.S. § 23-961.

“Working capital ratio” means a numerical relationship that measures the sufficiency of working capital to support sales and is calculated by dividing working capital by sales. Working capital is calculated by subtracting current liabilities from current assets.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1102. Computation of Time

- A. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run is not included. The last day of the period computed is included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays are excluded in the computation.
- B. Except as otherwise provided by law, the Division may extend time limits prescribed by this Article for good cause. Any request for an extension of a time limit shall be submitted to

the Division in writing at least 10 days before the expiration of the time limit for which an extension is sought.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1103. Forms

The following forms are available upon request from the Division or from the Commission’s Internet site at www.ica.state.az.us, and include the following information for each:

- A. Initial application for authority to self-insure:
 1. Legal name of the applicant and requested effective date for authority to self-insure;
 2. Mailing address and telephone number of applicant’s principal Arizona office and home office;
 3. Name of state under which applicant is incorporated, if applicant is a corporation;
 4. Name of parent company, if applicant is a subsidiary;
 5. Name, address, and status of partners (general, special, and limited), if applicant is a partnership;
 6. Length of time in business in Arizona and elsewhere, if applicable;
 7. Nature or type of business in Arizona;
 8. Arizona payroll data;
 9. Current workers’ compensation insurance data, including current expiration date;
 10. Statement of reasons for rejection or cancellation if an application for worker’s compensation insurance submitted by applicant has ever been rejected or a policy of workers’ compensation insurance held by the applicant has ever been cancelled;
 11. Listing of states where self-insurance was denied, if any, and where the applicant is currently self-insured;
 12. Arizona claims history and data for three years preceding application date;
 13. Arizona loss history and experience modification rates for three years preceding application date;
 14. Name of excess insurance carrier;
 15. Name, address, and telephone number of third-party administrator or individual responsible for processing Arizona workers’ compensation claims;
 16. Name and address of Arizona agent upon whom legal notice may be served;
 17. Selection of tax plan;
 18. Name, address, telephone and facsimile number, and e-mail address of person responsible for completing the premium tax information;
 19. Name, address, and telephone number of claims office where Arizona workers’ compensation claims will be processed;
 20. Name, address, telephone and facsimile number, and e-mail address of the primary and secondary points of contact for the application and self-insurance process;
 21. Statement that all information and assertions contained in the application and the documents accompanying the application are factually correct and true; and
 22. Listing of required attachments.
- B. Workers’ compensation liability form:
 1. Name of self-insurer;
 2. Selection and calculation of required securities and excess insurance, which includes calculation and reporting the following:
 - a. For all claims reported in the current calendar year, the number of open claims, total incurred liability, both medical and compensation, less the amount

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- paid on these claims to equal the remaining liability or amount owing on these claims;
 - b. For all open claims incurred in prior years and remaining open in the current year, the number of open claims, the total incurred liability, both medical and compensation, less the amount paid on these claims to equal the remaining liability or amount owing on these claims;
 - c. The total remaining liability on all open claims less any reimbursement for excess insurance ceded to equal the net remaining liability owing on all claims; and
 - d. The amount calculated in subsection (B)(2)(c) multiplied by 125%;
- 3. Name of excess insurance carrier that provides reimbursement to self-insurer; and
- 4. A statement by the Chief Financial Officer or Chief Executive Officer attesting to the truthfulness of the information contained in the Workers' Compensation Liability Form;
- C. Self-insurance workers' compensation guaranty bond:
 - 1. Name of self-insurer;
 - 2. Name of the surety insurance company;
 - 3. Description of the bond, bond number, amount, and conditions of obligation;
 - 4. Statement regarding the responsibility for fees and costs associated with the collection of the bond and the responsibility for payment of any award or judgment against the surety; and
 - 5. Request for authorized signatures and titles of self-insurer, surety, and agent or attorney-in-fact, and a notarized power of attorney, and date of signing.
- D. Parent company guaranty:
 - 1. Name and state of incorporation of parent company;
 - 2. Name of self-insured subsidiary to be included in the guaranty;
 - 3. Statement that the parent company will assume the workers' compensation liabilities of the subsidiary if the subsidiary is unable to honor these liabilities, which guarantee is for the benefit of and may be enforced by any and all employees of subsidiary; and
 - 4. Corporate seal.
- E. Self-insured payroll report:
 - 1. Name of self-insured;
 - 2. Tax plan selection;
 - 3. Period covered by report;
 - 4. Payroll description (classification codes, methods, and types of pay);
 - 5. Amount paid for period covered by the report;
 - 6. Statement that all information contained in the report is correct; and
 - 7. Request for authorized signature, date, title, and telephone number of person signing the form.
- F. Self-insured medical report:
 - 1. Name of self-insured;
 - 2. Period covered by report;
 - 3. Amount paid relating to treatment of industrial injuries, including payment of medical personnel employed by the self-insurer and medical providers providing outside services;
 - 4. Compensation paid to worker's compensation claimants;
 - 5. Insurance premiums paid;
 - 6. Total expenditures for workers' compensation and occupational disease claims;
 - 7. Statement that all information contained in the report is correct; and
- 8. Request for authorized signature, date, title, and telephone number of person signing the form.
- G. Self-insured hospital report:
 - 1. Name of self-insurer;
 - 2. Period covered by report;
 - 3. Amount paid for operational expenses, including payroll, employee benefits, surgeon and physician fees, pharmacy costs, miscellaneous supplies and services, utilities, depreciation, licenses, and taxes;
 - 4. Amount of revenue, including charges for inpatient and outpatient care, miscellaneous revenue, employee-paid premiums, and employer-paid premiums;
 - 5. Reconciliation of cash account, including cash balance, total cash available, investments, operating expenses, disbursements, and net cash balance;
 - 6. Statement that all information contained in the report is correct; and
 - 7. Request for authorized signature, date, title, and telephone number of person signing the form.
- H. Self-insured injury report:
 - 1. Name of self-insurer;
 - 2. Period covered by report;
 - 3. Description of individual claims for the current year and three preceding years requiring payment greater than \$5,000.00 for each claim, including name of claimant, date of injury, nature of injury, accumulated amount paid, and the amount of any expenses incurred but not paid;
 - 4. The total amount paid, and the amount of any expenses incurred but not paid, for the current year and three preceding years for all claims requiring a total payment less than \$5,000.00 for each claim;
 - 5. Statement that all information contained in the report is correct; and
 - 6. Request for authorized signature, date, title, and telephone number of person signing the form.
- I. Quarterly tax payment:
 - 1. Name and address of the self-insurer;
 - 2. Designation of the applicable quarter;
 - 3. Amount of annual tax paid in the previous calendar year; amount of the quarterly tax paid adjusted for any change in the tax rate for the applicable quarter;
 - 4. Statement that all information contained in the form is correct; and
 - 5. Request for authorized signature, date, title, and telephone number of person signing the form.
- J. Notice of self-insurer's termination of self-insurance:
 - 1. Name, address, and telephone number of self-insurer and all Arizona subsidiaries covered under the authority to self-insure, including if applicable:
 - a. Names and addresses of all Arizona operations or locations covered by self-insurance authority;
 - b. Names and addresses of all partners, if self-insurer is a partnership; and
 - c. Current and former names of self-insurer if the self-insurer has undergone a name change since the most recent effective date of the authority to self-insure;
 - 2. Effective date of termination of authority to self-insure;
 - 3. Name and address of workers' compensation insurance carrier providing coverage after the effective date of termination;
 - 4. For the new coverage; effective date of workers' compensation coverage;
 - 5. Statement that all information contained in the form is correct; and
 - 6. Request for authorized signature, date, title, and telephone number of person signing the form.

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K. Self-provider of medical benefits:

1. Indication of whether the self-insurer is, or is not, directing medical care for all of its employees;
2. If the self-insurer is directing medical care for its employees, the self-insurer shall:
 - (a) Attach a copy of all contracts between the self-insurer and the medical providers; or
 - (b) Submit a list of names and addresses of all medical providers with whom the self-insurer contracts; and
 - (c) The effective date of the agreements between the employer and medical provider; and
3. Authorized signature, date, and title of person signing the form.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1104. Commission Approval to Act as Self-insurer

An employer does not have authority to act as a self-insurer under A.R.S. § 23-961 unless:

1. The Commission authorizes the employer to be self-insured; and
2. Except as provided in R20-5-1114, the employer posts security in an amount as required under this Article.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1105. Resolution of Authorization

The Commission shall issue a Resolution of Authorization to an applicant that meets the requirements of this Article. The Commission shall annually review and renew a Resolution of Authorization to self-insure. The authority to self-insure is valid and continues in effect until the Commission takes action under this Article or the self-insured terminates its authorization to self-insure under R20-5-1136.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1106. Time-frames**A. Administrative completeness review.**

1. Initial application.
 - a. The Division shall review an initial application for authority to self-insure within 20 days of receipt of the application to determine whether the application contains the information required by A.R.S. § 23-961 and this Article.
 - b. The Division shall inform the applicant by written notice if the application is incomplete. The Division shall include in its written notice to the applicant, a list of the missing information necessary to comply with this Article.
 - c. The Division shall deem the application withdrawn if the applicant fails to post security as required under this Article or fails to file a completed application within 10 days of being notified by the Division that the application is incomplete, unless the applicant obtains an extension to provide the missing information under subsection (D).
2. Request for renewal.
 - a. The Division shall review a request for renewal within 10 days of receipt of the request to determine whether the request contains the information in A.R.S. § 23-961 and this Article.

- b. The Division shall inform a self-insurer by written notice if the request for renewal is incomplete. The Division shall include in its written notice to the self-insurer, a list of the missing information necessary to comply with this Article, and the right to request an extension under subsection (D).

B. Substantive review.

1. Initial application. Within 70 days after the Division determines an initial application complete, the Commission shall determine whether the initial application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall issue either a Resolution of Authorization granting authority to self-insure, or an order denying authority to self-insure.
2. Request for renewal. Within 60 days after the Division receives all the required information under this Article, the Commission shall determine whether a request for renewal for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall renew the self-insurer's authority to self-insure, or issue an order denying or revoking authority to self-insure.

C. Overall time-frame.

1. Initial application. The overall time-frame is 90 days, unless extended under A.R.S. § 41-1072 et seq.
2. Request for renewal. The overall time-frame is 70 days, unless extended under A.R.S. § 41-1072 et seq.

- D. If an applicant or self-insurer cannot timely submit to the Division information to complete an initial application or a request for renewal, the applicant or self-insurer may obtain an extension to submit the missing information by filing a written request with the Division. The written request for extension shall be filed no later than 10 days after receipt of the deficiency notice from the Division. The written request for an extension shall state the reasons the applicant or self-insurer is unable to meet the deadline. If an extension will enable the applicant or self-insurer to assemble and submit the missing information, the Division shall grant an extension of not more than 30 days and provide written notice of the extension to the applicant or self-insurer.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1107. Initial Application under A.R.S. § 23-961

- A. A public entity may file an initial application for authority to self-insure under A.R.S. § 23-961 if the public entity:
 1. Provides an annual payroll in Arizona of at least \$2,000,000; and
 2. Has total assets of at least \$50,000,000.
- B. An individual employer that is not a public entity may file an initial application for authority to self-insure under A.R.S. § 23-961 if the employer:
 1. Is engaged in business in Arizona and has been for at least five years before the date of the initial application;
 2. Provides an annual payroll in Arizona of at least \$2,000,000, including the combined payrolls of all subsidiary companies that will be under the self-insurance authorization;
 3. Meets either of the following thresholds:
 - a. Has assets of at least \$50,000,000; or
 - b. Has \$10,000,000 in net worth and a cash flow ratio of at least .25.
- C. The applicant for authority to self-insure shall complete and file with the Division a typewritten application form approved by the Division. An application is considered filed when it is received at the Division.

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- D.** The authorized representative of the applicant shall sign and date the initial application.
- E.** The authorized representative signing the initial application shall verify, in writing, that the information submitted with the application is correct.
- F.** The Division shall deem an initial application for authority to self-insure complete if an applicant that is not a subsidiary company provides the following information with the initial application:
1. A statement from the board of directors or governing body:
 - a. Authorizing the filing of the application, and
 - b. Designating the person given authority to sign the application on behalf of the applicant;
 2. A statement classifying the applicant's Arizona employees using the workers' compensation classification codes of the approved rating organization used by the Arizona State Compensation Fund;
 3. A copy of the applicable hospital or medical agreement or a detailed statement of the arrangements between the employer and the medical provider, if medical care is directed under A.R.S. § 23-1070;
 4. If the applicant is not a public entity, a copy of the applicant's audited financial statements or internally-reviewed and signed financial statements for the most current and prior two fiscal years, including any notes to the financial statements;
 5. If the applicant is a public entity, a copy of the applicant's audited financial statement for the most current and prior fiscal year; and
 6. If the applicant is a public entity that qualifies for exemption under R20-5-1114(A), the certified statement required under R20-5-1114(B).
- G.** The Division shall deem an initial application for authority to self-insure complete if an applicant that is a subsidiary company provides the following information with the initial application:
1. The information required in Section (F);
 2. A completed Parent Company Guaranty form signed by the authorized representative of the subsidiary's parent company;
 3. A certified copy of the resolution of the parent company's board of directors authorizing a designated officer to complete, sign, and file the Parent Company Guaranty form; and
 4. A copy of the parent company's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements.
- authorized representative of the parent company, or if the parent company of the subsidiary is different from the last filing approved by the Commission, a certified copy of the parent company board of director's resolution authorizing a designated officer to complete, sign, and file the Parent Company Guaranty form;
3. Per claim data to support the summary information on the Workers' Compensation Liability form. The self-insurer shall provide this information in the same format as in R20-5-1103(B)(2)(a) and (b);
 4. Deposit of security as shown on the completed Worker's Compensation Liability form no later than the self-insurer's anniversary date subject to R20-5-1127 and R20-5-1128;
 5. A certificate of excess insurance or a continuing certificate of existing excess insurance if the self-insurer takes a credit for excess insurance under R20-5-1109;
 6. If medical care is directed under A.R.S. § 23-1070, a copy of the current medical or hospital medical agreement, or detailed statement of the arrangements, if not previously provided;
 7. A statement of the total number of full-time and part-time Arizona employees;
 8. If the Division determines that the self-insurer's denial rate exceeds 12% of claims filed, a statement from the self-insurer identifying the reason for each denial of a workers' compensation claim;
 9. If the Division determines that the self-insurer's experience modification rate is greater than 1.10, a statement from the self-insurer identifying the reasons for that level of losses;
 10. Name of the third-party administrator;
 11. Principal location of the self-insurer in Arizona;
 12. A description of the self-insurer's current business in Arizona and a description of any changes in the nature of business in Arizona in the past year;
 13. List of any subsidiary company located in Arizona; and
 14. Primary and secondary points of contact, including addresses, telephone numbers, facsimile numbers, and e-mail information.
- B.** A self-insurer that is exempt from the requirement to post security, shall request renewal of authorization to self-insure by filing an annual statement described under R20-5-1114(B) no later than the employer's anniversary date. The Commission shall deem the request for renewal complete if the self-insurer provides the following:
1. Information required under subsections (A)(1), (A)(7) through (A)(10) and (A)(14); and
 2. A certified statement that contains the information described in R20-5-1114 (A) and (B).

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1108. Self-insurance Renewal

- A.** A self-insurer that is required to post security under this Article shall request renewal of authorization to self-insure with the Division 30 days before the self-insurer's anniversary date, by filing a Workers' Compensation Liability form. The Commission shall deem the request for renewal complete if the self-insurer provides the following:
1. A copy of the self-insurer's most recent audited annual financial statement or internally reviewed and signed financial statement or annual report. A parent company shall submit a copy of its most recent audited annual financial statement or annual report;
 2. If the self-insured company is a subsidiary, a completed Parent Company Guaranty form signed and dated by the

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1109. Security Deposit; Excess Insurance Policy

- A.** Except as provided in R20-5-1114, an applicant authorized to self-insure under this Article shall post security in the amount of at least \$100,000.00 under A.R.S. § 23-961. The self-insurer shall not reduce or offset this minimum amount by any credit for excess insurance.
- B.** Except as provided in R20-5-1114, and subject to the minimum security requirement of A.R.S. § 23-961, a self-insurer filing a request to renew its authority to self-insure under R20-5-1108 shall post security in an amount equal to 125% of its total estimated future liability, or in an amount determined by the Division under R20-5-1127.

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- C. Subject to review by the Commission, the self-insurer shall determine its total estimated liability by using the Workers' Compensation Liability form.
- D. The Commission shall approve a credit for excess insurance against the amount of security required under this Article only if the following criteria are met:
 1. The self-insurer satisfies the minimum-security requirement of A.R.S. § 23-961,
 2. The self-insurer does not reduce or offset the minimum-security amount by an excess insurance,
 3. The self-insurer calculates the credit on the Workers' Compensation Liability form,
 4. The excess insurance policy contains a 60-day notice of termination,
 5. The excess insurer does not have an affiliate relationship with the self-insurer,
 6. The excess insurance policy provides that the insolvency of the self-insurer does not relieve the excess insurer of liability under the policy, and
 7. The excess insurer posts a deposit under A.R.S. § 23-961(D).
- E. If an excess insurance provider gives the self-insurer notice of its intent to terminate the policy, the self-insurer shall immediately:
 1. Provide written notice of the notice of termination to the Division, and
 2. Deposit security as shown on the Worker's Compensation Liability form without credit for the excess insurance.

Historical Note

New Section made by final rulemaking at 11 A.A.R.
1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1110. Posting of Guaranty Bond; Bond Amount; Effective Date

- A. A self-insurer shall ensure that a guaranty bond or rider for the guaranty bond filed with the Division bears the same effective date as the effective date of the Resolution of Authorization to self-insure.
- B. The Commission shall permit the self-insurer to post a guaranty bond or rider of the guaranty bond instead of other security if:
 1. The insurance carrier providing the guaranty bond or rider submits the bond or rider to the Division on a form approved for use by the Division;
 2. The guaranty bond is continuous in form;
 3. The penal sum of the guaranty bond or rider equals the amount the self-insured must post as security under this Article;
 4. The company issuing the guaranty bond or rider is authorized and licensed to transact the business of surety insurance in Arizona;
 5. An authorized agent of the surety executes the guaranty bond or rider;
 6. The bond is signed and dated by an authorized representative of the self-insurer;
 7. The surety issuing the bond or rider does not have an affiliate relationship with the applicant or self-insurer; and
 8. The surety issuing the guaranty bond or rider has a rating with A.M. Best of at least A-.
- C. A guaranty bond or rider is subject to annual change based on unpaid liabilities as reported by the self-insurer on the Workers' Compensation Liability form.

Historical Note

New Section made by final rulemaking at 11 A.A.R.

1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1111. Posting of Other Bonds or Treasury Notes of the United States Instead of Guaranty Bond; Registration; Deposit

- A. Instead of providing a guaranty bond under R20-5-1110, a self-insurer may deposit with the Commission for transmittal through the Arizona State Treasurer to the Treasurer's designated bank, bonds or treasury notes of the United States of America if the bonds or treasury notes are guaranteed as to principal and interest by the United States of America or by any agency or instrumentality of the United States of America.
- B. The self-insurer shall ensure that bonds or treasury notes of the United States of America deposited with Commission under this subsection are registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws." The self-insured shall ensure that any contract between the self-insured and the custodial bank provides that the bonds or treasury notes are held for: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws."
- C. If one or more of the self-insurer's claims are assigned to the state compensation fund under A.R.S. § 23-966, the Commission shall:
 1. Collect or order collection of the principal, or market value of the security, whichever is greater, as it becomes due;
 2. Sell or order the sale of the security or any part of the security; or
 3. Apply or order the application of the proceeds to the payment of any unpaid obligations of the self-insurer, as determined by the Commission, in the event of the default in the payment of its obligations.
- D. The self-insurer may arrange for interest on bonds or treasury notes of the United States of America deposited under this subsection to be paid to the self-insurer.
- E. Bonds or treasury notes deposited according to this Article by a self-insurer shall be in an amount not less than the security deposit amount required under R20-5-1109.

Historical Note

New Section made by final rulemaking at 11 A.A.R.
1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1112. Letter of Credit or Local Government Investment Pool Funds (LGIP)

- A. Letter of Credit:
 1. A self-insurer may satisfy the provision of R20-5-1110 by filing a letter of credit.
 2. The self-insurer shall ensure that the letter of credit is registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws."
 3. The self-insurer shall ensure that the letter of credit is issued by a federal or Arizona chartered bank with an Arizona branch office or correspondent bank in Arizona upon which demand may be made and from which funds will be immediately payable on demand.
 4. The letter of credit is acceptable only if:
 - a. The letter includes the name and address of the self-insurer, including all Arizona subsidiaries;
 - b. Is for a period of one year from the effective date;
 - c. Includes a provision that the letter of credit automatically extends for consecutive periods of one year, unless the issuing bank provides written notice to the Division 30 days before the expiration of any one-year term that the issuing bank will not renew the letter of credit for the additional period;

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- d. Includes a provision that the written notice required in subsection (A)(4)(d) may be delivered to the Division or sent to the Division by United States Mail, certified mail return receipt requested;
- e. The letter of credit states the amount available under the letter of credit; and
- f. The self-insurer ensures that the letter of credit includes a statement that the sum available under the letter of credit shall be paid to the Industrial Commission of Arizona upon receipt by the issuing bank of a signed statement by an official of the Commission stating the following:
 - i. The self-insurer has failed to comply with its workers' compensation obligations; or
 - ii. The self-insurer has failed to renew or substitute acceptable security for its workers' compensation liability 15 days before the expiration of the letter of credit.

B. Local Government Investment Pool Funds (LGIP):

- 1. Instead of posting a guaranty bond, letter of credit, or United States of America bonds or Treasury Notes, a self-insured public agency may post a local government investment pool (LGIP) fund only if:
 - a. The self-insurer ensures that the funds are deposited through the Arizona State Treasurer as custodian subject to the order of, and in trust for, the Industrial Commission of Arizona, registered and assigned to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws;"
 - b. The LGIP funds posted as security in compliance with this Section are in an amount not less than the security deposit amount required under R20-5-1109;
 - c. The Commission has the ability to:
 - i. Collect or order collection of the funds; and
 - ii. Apply or order the application of the funds to the payment of any award rendered against the self-insurer, as determined by the Commission, if the self-insurer defaults in any of its obligations;
 - d. The self-insurer submits an assignment for the benefit of the Industrial Commission of Arizona, and an Endorsement-Receipt for Notice of Assignment, signed by the State of Arizona Treasurer and notarized. The Endorsement-Receipt shall contain the following language: Receipt is hereby acknowledged by the Treasurer of the State of Arizona of written notice of the assignment to the Industrial Commission ("Commission") of the above-identified account. We have noted our records to show the interest of the Commission in said account as shown in and by the above assignment. We have retained a copy of this document. We hereby certify that we have not received any notice of lien, encumbrance, hold, claim, or other obligation against the above-identified account prior to its assignment to the Commission. We further hereby waive any current or future right of set-off against such account. We agree to make payment as required by the Rules and Regulations of the Commission adopted in accordance with applicable laws and the law applicable to this institution.
- 2. Interest on the funds deposited under this Section may be remitted by the State of Arizona Treasurer directly to the self-insurer.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1113. Substitution of Securities

The Commission may authorize the return a self-insurer's security deposit with written approval from the Division. The Commission shall not authorize the return or release of security unless the self-insurer substitutes the security with new security in an amount sufficient to satisfy the self-insurer's obligations under R20-5-1109.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1114. Exemption from Requirement to Post Security

- A.** Conditions to qualify for exemption. A public entity applicant or public entity self-insurer is exempt from the requirements under this Article to post or provide security if the public entity:
 - 1. Has a fully-funded risk management fund sufficient to cover actuarial liabilities for workers' compensation as determined by the self-insurer in accordance with Government Accounting Standards Board Statement #10; and
 - 2. Provides funding to the risk management fund each year sufficient to cover actuarial liabilities for workers' compensation as determined by the self-insurer in accordance with Government Accounting Standards Board Statement #10.
- B.** Written request for exemption. A public entity applicant or public entity self-insurer that requests exemption from posting security shall file a certified statement along with its Workers' Compensation Liability form with the Commission before the effective date of initial self-insurance or before the anniversary date, if a renewal, that contains the following:
 - 1. A statement that the public entity meets the conditions required under subsection (A);
 - 2. A statement that the governing body of the public entity shall immediately notify the Commission and provide security required under this Article if the governing body learns that the risk management fund has insufficient funds to cover all workers' compensation liabilities of the public entity self-insurer;
 - 3. The signatures of a majority of the members of the public entities' governing body; and
 - 4. If the Commission has previously authorized the public entity to self-insure its workers' compensation obligations, a statement requesting the return of security previously posted or provided to the Commission, including a specific description of the type and amount of security previously posted or provided.
- C.** Approval or denial of request for exemption.
 - 1. If the Commission determines that a self-insurer qualifies for exemption under this Section, the Division shall return to the self-insurer security previously posted or provided to the Commission, within 30 days after receiving written notice under subsection (B).
 - 2. If the Commission denies a request for exemption under this subsection, the Commission shall provide written notice to the public entity within 10 days of the initial written request. The applicant or self-insurer has 10 days from the date the Commission's notice is received to request a hearing under A.R.S. § 23-945.
- D.** Failure to comply with conditions of exemption. The Commission shall order a self-insurer exempt under subsection (A) to immediately file with the Commission a completed, dated, and signed Workers' Compensation Liability form and post or pro-

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vide security as required under this Article if any of the following occurs:

1. The self-insurer fails to file the certified statement to request renewal of self-insurance authority;
2. The self-insurer fails to comply with the conditions in subsection (A); or
3. The Commission determines, based upon receipt of information under subsection (B), or its own review, that the self-insurer's risk management fund has insufficient funds to cover all actuarial liabilities for workers' compensation liabilities of the self-insurer.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1115. Rating Plans Available for a Self-insurer

- A. A self-insurer shall use one of the following rating plans to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065:
 1. Fixed-premium plan;
 2. Ex-medical plan;
 3. Guaranteed-cost plan; or
 4. Retrospective-rating plan.
- B. The provisions of the rating plans apply only to operations and payroll in Arizona. The self-insurer shall combine all operations in Arizona as a single base to calculate any premium modification.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1116. Fixed-Premium Plan; Formula; Eligibility; Necessary Information for Plan

- A. The Division shall calculate the net taxable premium under a fixed-premium plan as follows: payroll multiplied by the applicable workers' compensation rate minus the premium discount.
- B. A self-insurer shall use a fixed-premium plan to calculate its net taxable premium if:
 1. The self-insurer elects this plan;
 2. The self-insurer's annual net taxable premium does not exceed \$100,000; or
 3. The self-insurer is not eligible for any other plan authorized by the Commission under this Article.
- C. A self-insurer shall provide the following information in support of the fixed-premium plan:
 1. Self-insurer's Payroll Report,
 2. Self-insurer's Medical Report, and
 3. Self-insurer's Quarterly Tax Payment form.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1117. Ex-medical Plan; Formula; Eligibility; Necessary Information for Plan

- A. The Division shall calculate the net taxable premium under an ex-medical plan as follows: [(payroll multiplied by the applicable workers' compensation rate) multiplied by (1 minus the ex-medical factor)] minus the premium discount.
- B. A self-insurer may use the ex-medical plan if:
 1. The self-insurer's program for medical, surgical, or hospital services meets the requirements of A.R.S. § 23-1070; and
 2. The self-insurer's annual net taxable premium exceeds \$100,000.

- C. A self-insurer shall provide the following information in support of the plan submitted under this Section:

1. Self-insurer's Payroll Report,
2. Self-insurer's Hospital Report,
3. Self-insurer's Medical Report, and
4. Self-insurer's Quarterly Tax Payment form.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1118. Guaranteed-Cost Plan; Formula; Eligibility; Necessary Information for Plan

- A. The Division shall calculate the net taxable premium under a guaranteed-cost plan as follows: [(payroll multiplied by the applicable worker's compensation rate) multiplied by (the experience modification rate) minus the premium discount].
- B. A self-insurer may use the guaranteed-cost plan if:
 1. The self-insurer has an annual net taxable premium exceeding \$100,000; and
 2. Uses an experience modification rate calculated as follows:
 - a. In the first year of self-insurance, the experience modification rate is 1.0;
 - b. In the second and third years of self-insurance, the Division calculates the experience modification rate based upon the loss data accumulated by the self-insurer during its term of self-insurance; and
 - c. In the fourth year of self-insurance and all following years, the Division calculates the experience modification rate based upon the most recent three years of loss data provided on the Self-insured Injury Report, excluding the most recent year.
- C. A self-insurer shall provide the following information in support of the guaranteed-cost plan:
 1. Self-insurer's Payroll Report,
 2. Self-insurer's Medical Report,
 3. Self-insurer's Injury Report, and
 4. Self-insurer's Quarterly Tax Payment form.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1119. Retrospective-Rating Plan; Formula; Eligibility; Necessary Information for Plan

- A. The Division shall calculate the net taxable premium under a retrospective-rating plan as follows: [(payroll multiplied by the applicable worker's compensation rate multiplied by the experience modification rate multiplied by the basic premium factor) added to (losses for the current year plus adjusted losses from the previous year) multiplied by (the loss conversion factor)] multiplied by the tax multiplier. The net taxable premium is subject to a maximum and minimum premium level.
- B. A self-insurer may use the retrospective-rating plan if:
 1. The self-insurer has an annual net taxable premium exceeding \$100,000; and
 2. The Division calculates the experience modification rate as follows:
 - a. In the first year of self-insurance, the experience modification rate is 1.0;
 - b. In the second and third years of self-insurance, the Division calculates the experience modification rate based upon the loss data accumulated by the self-insurer during its term of self-insurance; and
 - c. In the fourth year of self-insurance and all following years, the Division calculates the experience modifi-

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cation rate based upon the most recent three years of loss data provided on the Self-insured Injury Report, excluding the most recent year. The Division shall use the most recent year's data to calculate the actual premium tax.

- C. A self-insurer shall provide the following information in support of the retrospective-rating plan:
1. Self-insurer's Payroll Report;
 2. Self-insurer's Medical Report;
 3. Self-insurer's Injury Report; and
 4. Self-insurer's Quarterly Tax Payment form.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1120. Completion of Reports in Support of Tax Rating Plan; Calculation and Payment of Taxes Owed by Self-insurer under A.R.S. §§ 23-961 and 23-1065

- A. A self-insurer shall submit to the Division the information required in R20-5-1116, R20-5-1117, R20-5-1118, or R20-5-1119 by February 15 of each year.
- B. After receiving the information required under A.R.S. § 23-961, § 23-1065, and this Article, the Division shall determine the annual taxes owed by the self-insurer. The Division shall determine whether the self-insurer has overpaid or underpaid its taxes for the previous calendar year. If the total of the quarterly payments is less than the actual taxes for the year, the self-insurer shall pay the difference on or before March 31 of the calendar year in which the taxes are due. If the total of the quarterly payments exceeds the amount of the actual taxes for the year, then the Division shall refund the amount described in A.R.S. § 23-961 or § 23-1065 as applicable.
- C. A self-insurer shall pay to the Commission the self-insurer's annual workers' compensation premium taxes on or before March 31 based on the net taxable premium calculated for the preceding calendar year. A self-insurer shall pay a premium tax of at least \$250.00 per calendar year.
- D. The Division shall calculate a self-insurer's quarterly taxes owed under A.R.S. §§ 23-961 and 23-1065 in one of the following ways:
1. 25% of the tax calculated for the previous year; or
 2. A calculation based on actual payroll and losses calculated for each quarter, using the same rating plan to calculate the quarterly payment as used to calculate the taxes required under A.R.S. §§ 23-961 and 23-1065. If the Division selects this method, the self-insurer shall submit quarterly payroll and loss information by classification code.
- E. Quarterly tax payments are due April 30, July 31, October 31, and January 31 for the periods ending March 31, June 30, September 30, and December 31, respectively.
- F. If the self-insurer fails to pay the annual or quarterly taxes to the Commission when due, the self-insurer shall pay a penalty of \$25.00 or 5% of the tax or payment due, whichever is more, plus interest at the rate of 1% per month from the date the tax or payment was due until paid.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1121. Basis for Definitions, Classifications, Rating Procedures, and Plans

The Division shall use the definitions, classifications, rating procedures, and plans specified in the rating systems filed by the rating organization used by the State Compensation Fund under A.R.S.

Title 20, Chapter 2, Article 4 in calculating the net taxable premium under A.R.S. §§ 23-961 and 23-1065.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1122. Report, Book, Record, and Data Review by the Commission

- A. All reports, books, records, and data of a self-insurer relating to classifications, payroll, incurred-loss reserves, calculation of premiums, completion of Workers' Compensation Liability form, and procedures for development of statistical information for the development of rating information are subject to review by the Commission or its authorized representative upon request.
- B. A self-insurer shall ensure that the reports, books, records, and data described in subsection (A) are readily available for review by the Commission.
- C. A self-insurer shall ensure that the reports, books, records, and data described in subsection (A) are clear, valid, and understandable.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1123. Audit and Cost of Audit

The Commission may, at any time, perform or have performed for its benefit an audit of the payroll, loss payment, and loss reserve records for incurred losses of a self-insurer for the purpose of determining the scope and adequacy of the records. The entire cost of the audit shall be borne by the self-insurer.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1124. Requirement to Provide Information to the Commission

A self-insurer shall make available to the Commission, upon request and at an office of the Commission, information described in this Article.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1125. Notice to Commission of Location of Self-insurer's Claims Files

In addition to the requirements found in 20 A.A.C. 5, Article 1, a self-insurer shall advise the Claims Manager of the location of the self-insurer's open and closed workers' compensation claims files. Except for a claims file that is made available for copying and inspection under R20-5-131(C), if a self-insurer or third-party administrator intends to change the location of its claims files, the self-insurer shall provide written notice to the Claims Manager of the change in location at least 30 days before the files are moved.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1126. Processing of Workers' Compensation Claims by a Self-insured Employer

The Claims Division shall permit a self-insurer to process its own workers' compensation claims if the self-insurer provides information and supporting documentation establishing the following:

1. The self-insurer has facilities and equipment to manage, process, and store its own information pertaining to the self-insurer's workers' compensation claims;

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2. The self-insurer's workers' compensation claims are processed by persons with experience, training by the Claims Division, or knowledge regarding the Arizona Workers' Compensation Act; and
3. The persons processing the self-insurer's workers' compensation claims attend and complete training provided by the Claims Division.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1127. Review of Initial Application and Request for Renewal to Self-insure

A. Upon the filing of a completed initial application or request for renewal, the Division shall:

1. Determine whether the applicant or self-insurer meets the requirements of A.R.S. § 23-961;
2. Determine whether the applicant or self-insurer meets the requirements of this Article. Except for a self-insurer that is exempt under R20-5-1114, the self-insurer shall post security according to R20-5-1109 that is adequate to provide for the self-insurer's future estimated liability. If applicable, the Division shall advise the applicant or self-insurer of the need for additional security, and the self-insurer shall post the additional security before the Commission makes its decision under R20-5-1128;
3. If a self-insurer requests a decrease of 10% or greater in the value or amount of security provided in the prior year, perform an additional review to determine the adequacy of the security deposit, including:
 - a. Mathematical verification of the accuracy of amounts reported on the Workers' Compensation Liability form;
 - b. Review of claims filed for the three preceding years;
 - c. Review of changes in the payroll of the self-insurer to determine changes in employment levels;
 - d. Review of changes in workers' compensation classification codes to determine changes in operations of the company in Arizona; and
 - e. Review of the financial condition of the self-insurer to determine changes in financial stability, including a review of the total incurred liability expenses for the past three years;
4. Determine whether the applicant or self-insurer has the ability to process and pay benefits required under the Arizona Workers' Compensation Act.
 - a. For an applicant that is not a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
 - i. Reviewing the financial statements to determine the current ratio, quick ratio, cash-flow ratio, working-capital ratio, debt-status ratio, profitability ratio, and the applicant's net profit or loss;
 - ii. Comparing the applicant's ratios with the ratios of existing self-insurers in the same or a closely related industry;
 - iii. Reviewing notes to the financial statements;
 - iv. Reviewing management reports of operations and other information provided by the self-insurer; and
 - v. Comparing the applicant's ratio of claims filed to total employees with that of other employers within the same or closely related industry;

- b. For an applicant that is a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
 - i. Reviewing the public entity's general fund financial statement to determine the cash ratio and fund equity ratio;
 - ii. Reviewing excess revenues over expenditures and the ending balances in the general fund and all fund accounts for the past two years;
 - iii. Reviewing notes to the self-insurer's financial statements;
 - iv. Reviewing management reports of operations and other information provided by the self-insurer;
 - v. Comparing the public entity's ratio of claims filed to total employees with that of other public entities;
 - vi. Comparing cash and fund equity ratios with that of other self-insured public entities; and
 - vii. Reviewing the risk management fund to determine if it is sufficient to pay all workers' compensation liabilities;
- c. For a self-insurer requesting renewal that is not a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
 - i. Reviewing the information in subsection (A)(4)(a);
 - ii. Reviewing the claims profile for the past three years, which includes a review of the claims filed, claims denied, and denial rate;
 - iii. Reviewing of the self-insurer's experience modification rate;
 - iv. Comparing of the self-insurer's ratio of claims filed to total employees with that of other self-insurer's; and
 - v. Reviewing the Parent Company Guaranty form; and
- d. For a self-insurer requesting renewal that is a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
 - i. Reviewing the information in subsection (A)(4)(b);
 - ii. Reviewing the claims profile for the past three years, including a review of the claims filed, claims denied, and denial rate;
 - iii. Reviewing the self-insured's experience modification rate; and
 - iv. Comparing the self-insurer's ratio of claims filed to total employees with that of other self-insured public entities of similar size.

B. The Division shall present the findings and recommendations of its review to the Commission, and may include a recommendation regarding the adequacy of the security based on its review and determination whether the self-insurer has the ability to process and pay as set forth in subsection (A)(3).

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1128. Decision by the Commission on Initial Application or Request for Renewal of Authorization to Self-insure

A. The Commission shall consider the following before granting or denying an initial application or request for renewal to self-insure:

1. The information submitted by an applicant or self-insurer;

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2. The information and recommendations of the Division; and
 3. The requirements of A.R.S. § 23-961 and this Article, including compliance with the requirement for posting additional security as recommended by the Division under R20-5-1127.
- B.** The Commission shall deny authority to self-insure if the Commission finds one or more of the following conditions:
1. The applicant or self-insurer does not meet the requirements of A.R.S. § 23-961,
 2. The applicant or self-insurer does not meet the requirements of this Article, or
 3. The applicant or self-insurer is unable to process and pay benefits under the Arizona Workers' Compensation Act.
- C.** The Commission may table consideration of, or action on, a request for renewal pending the self-insurer posting additional security based on a Division decision under R20-5-1127 that the posted security is insufficient.
- D.** Whether to grant, deny, or table an application for self-insurance authority shall be made by a majority vote of a quorum of Commission members present when the application for initial authority or renewal is presented at a public meeting.
- E.** If the Commission approves an initial application of an applicant that is not exempt under R20-5-1114:
1. The approval is contingent upon the self-insurer posting the required security;
 2. After the Commission takes action under subsection (D), the Division shall provide written notice to the applicant that the Commission approves the application for self-insurance authority effective on a date certain;
 3. The applicant shall provide to the Commission the required security before the effective date of the authority to self-insure; and
 4. After the applicant complies with the requirements of subsection (E)(3), the Division shall mail a Resolution of Authorization to Self-insure to the last known business address of the applicant.
- F.** If an applicant fails to comply with the requirements of subsection (E)(3), the Commission shall not grant authority to self-insure and the Commission shall deem the initial application withdrawn.
- G.** If the Commission approves an initial application of an applicant exempt under R20-5-1114, the Division shall mail a Resolution of Authorization to Self-insure, to the last known business address of the applicant.
- H.** If the Commission approves a request for renewal of authority to self-insure, or tables consideration of the request for renewal, the Division shall mail written notice of the Commission's action on the request for renewal to the last known business address of the self-insurer.
- I.** If the Commission denies authority to self-insure, the Commission shall issue and mail written findings and an order to the last known business address of the applicant or self-insurer no later than 10 days after the Commission denies authority to self-insure.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1129. Right to Request a Hearing

- A.** An applicant or self-insurer has 15 days from the date the Commission's findings and order is mailed to request a hearing.
- B.** A request for hearing shall comply with A.R.S. § 23-945 and be signed by an authorized representative of the applicant or self-insurer or the applicant's or self-insurer's legal representa-

tive. The applicant or self-insurer shall file the request for hearing with the Division.

- C.** The Commission shall deem its findings and order final if a request for hearing is not received by the Division within the time specified in subsection (A).

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1130. Hearing Rights and Procedures

- A.** Burden of proof.
1. Except as provided in subsection (A)(2), in all proceedings arising out of this Article, the applicant or self-insurer has the burden of proof to establish that it has met the requirements of A.R.S. § 23-901 et seq. and this Article.
 2. In a revocation hearing, the Commission has the burden of proof to establish that the self-insurer has committed the acts described in R20-5-1133.
- B.** Roles of Chair and Chief Counsel.
1. The Chair of the Commission or designee shall preside over hearings held under this Article. Except as otherwise provided in this Section, the Chair shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Article and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
 2. The Chief Counsel of the Commission shall represent the Commission in hearings held before the Commission and upon direction of the Chair of the Commission shall issue on behalf of the Commission all notices and subpoenas required under this Section.
- C.** Appearance by a party.
1. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through counsel.
 2. When an attorney appears or intends to appear before the Commission, the attorney shall file a notice of appearance.
- D.** Filing and service.
1. For purposes of this Section, a document is considered filed when the Commission receives the document. All documents required to be filed under this Section with the Commission shall be served upon the Chief Counsel of the Commission and upon all parties to the proceeding.
 2. Except as otherwise provided in A.R.S. § 23-901, et seq. and this Article, service of all documents upon the Commission, applicant, or self-insurer shall be by personal service or mail. Personal service includes delivery upon the Commission or party. Service by mail includes every type of service except personal service and is complete on mailing.
- E.** Notice of hearing.
1. The Commission shall give the parties at least 20 days notice of hearing.
 2. A notice of hearing shall be in writing and mailed to the last known address of the applicant or self-insurer as shown on the records of the Commission, or upon the applicant's or self-insurer's representative if a notice of appearance has been filed by a representative.
 3. A notice of hearing shall comply with the requirements in A.R.S. § 41-1061.
- F.** Evidence.
1. The civil rules of evidence do not apply to hearings held under this Section.
 2. A party may make an opening and closing statement with the permission of the Chair if the Chair determines that

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the statement will be helpful to a determination of the issues.

3. All witnesses at a hearing shall testify under oath or affirmation.
 4. A party may present evidence and conduct cross-examination of witnesses.
 5. The Commission Chair may admit documents into evidence if filed no later than 15 days before the date of the hearing. Upon request or upon direction from the Commission Chair, the Commission may issue a subpoena to the author of any document submitted into evidence to appear and testify at the hearing.
 6. Upon written request by a party or upon direction from the Commission Chair, the Commission may issue a subpoena requiring the attendance and testimony of a witness whose testimony is material. A party shall submit its subpoena request no later than 10 days before the date of the hearing.
 7. Upon written request by a party or upon direction from the Commission Chair, the Commission may issue a subpoena duces tecum requiring the production of documents or other tangible evidence. The written request by a party shall contain a statement explaining the general relevance, materiality, and reasonable particularity of the documentary or other tangible evidence and the facts to be proved by them.
- G.** Transcript of Proceedings. The Commission shall stenographically report or electronically record hearings. Any party desiring a copy of transcript shall obtain a copy from the court reporter. Any party desiring a copy of an electronic recording may obtain a copy from the Commission.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1131. Decision Upon Hearing by the Commission

- A.** A decision of the Commission to deny authority to self-insure shall be based upon the grounds in R20-5-1128 and shall be made by a majority vote of the quorum of Commission members present at a public meeting.
- B.** A decision of the Commission to revoke authority to self-insure shall be based upon the grounds in R20-5-1133 and shall be made by a majority vote of the quorum of Commission members present at a public meeting.
- C.** The Commission shall issue a written decision after the hearing that shall include findings of fact and conclusions of law, separately stated.
- D.** The Commission decision is final unless an applicant or self-insurer requests review under R20-5-1132 no later than 15 days after the written decision is mailed to the parties.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1132. Request for Review

- A.** A party may request review of a Commission decision issued under R20-5-1131 by filing with the Commission a written request for review no later than 15 days after the written decision is mailed to the parties.
- B.** A request for review of a Commission Decision shall be based upon one or more of the following grounds, which have materially affected the rights of a party:
1. Irregularities in the hearing proceedings or any order or abuse of discretion that deprives a party seeking review of a fair hearing;

2. Accident or surprise, which could not have been prevented by ordinary prudence;
 3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
 4. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of the hearing;
 5. Bias or prejudice of the Division or Commission; and
 6. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
- C.** The request for review shall state the specific facts and law in support of the request and shall specify the relief sought.
- D.** The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.
- E.** The Commission's decision upon review is final unless an applicant or self-insurer seeks judicial review as provided in A.R.S. § 23-946.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1133. Revocation of Authorization to Self-insure

- A.** The Commission may revoke a Resolution of Authorization to Self-insure for good cause. Good cause includes any of the following:
1. An inability or failure to process and pay any claim under the Arizona Workers' Compensation Act;
 2. Failure of the self-insurer to pay any taxes levied by the Commission as required under A.R.S. §§ 23-961 and 23-1065 and this Article;
 3. Failure of the self-insurer to comply with the requirements of this Article, including the failure of the self-insurer to:
 - a. Promptly provide the Commission reports or other information required under this Article; and
 - b. File the written Letter of Intent required under R20-5-1135;
 4. Failure or deliberate refusal to comply with the applicable requirements of A.R.S. § 23-901 et seq.;
 5. Failure to pay or comply with any award or order of the Commission after the award or order becomes final;
 6. Willful misstating of any material fact in a tax report, application, renewal documentation, or other report or statement made to or filed with the Commission;
 7. Failure or deliberate refusal to comply with the requirements of 20 A.A.C. 5, Article 1;
 8. Failure to deposit or file security timely as specified in this Article; or
 9. Failure to provide information or documentation necessary to timely renew the Authorization to Self-insure.
- B.** Upon receiving information that a self-insurer has committed an act described in subsection (A), the Division shall conduct an investigation of the facts of the alleged misconduct. If, upon completion of the investigation, the Division determines that sufficient evidence exists to warrant revocation of a self-insurer's authority to self-insure, the Division shall present its findings to the Commission.
- C.** The Commission shall consider the findings and recommendation of the Division before revoking a self-insurer's authorization to self-insure.
- D.** The Commission shall revoke a self-insurer's authority to self-insure if the Commission finds one or more of the grounds in subsection (A). The Commission shall issue written findings and an order revoking the Resolution of Authorization to Self-insure and shall serve a copy of the findings and order upon

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the self-insurer addressed to the last known address of the self-insurer as shown by the records of the Commission.

- E. A self-insurer has 15 days from the date the Commission serves the findings and order described in subsection (D) to request a hearing. The request for hearing shall comply with the requirements of A.R.S. § 23-945.
- F. R20-5-1130, R20-5-1131, and R20-5-1132 govern hearing rights and procedures for revocation hearings and review.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1134. Notice of Bankruptcy, Change in Ownership Status, or Change in Business Address

- A. A self-insurer shall notify the Commission in writing within 24 hours of any bankruptcy filing under federal law or insolvency proceeding under any state's laws.
- B. A self-insurer shall notify the Commission in writing within 24 hours of any change in the ownership status or business address of the employer.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1135. Plan of Action for Retaining Self-insurance Authority in the Event of Insolvency or Bankruptcy

- A. If a self-insurer becomes insolvent or files for protection under the United States Bankruptcy Code seeking to reorganize, and desires to remain self-insured, it shall file with the Division a written Letter of Intent regarding its intent to reorganize under the applicable provisions of the United States Bankruptcy Code.
 - 1. If the self-insurer is incorporated, the chief executive officer shall sign the Letter of Intent and the board of directors shall approve the Letter if the corporation is still operating;
 - 2. If the self-insurer is not incorporated, an authorized representative of the self-insurer shall sign the Letter of Intent; or
 - 3. An attorney representing the entity in its bankruptcy reorganization case may sign the Letter of Intent instead of the chief executive officer or authorized representative.
- B. The self-insurer shall file the Letter of Intent with the Division within 10 days of the initial bankruptcy filing or insolvency proceeding.
- C. The self-insurer shall ensure that a provision addressing the self-insurer's obligations to workers' compensation claimants and the Commission is included in the Plan of Reorganization filed with the United States Bankruptcy Court. This Plan shall state the self-insurer's intentions and financial ability to continue self-insurance.
- D. During the period between the initial bankruptcy filing and the approval of a Plan of Reorganization or Plan of Liquidation, the self-insurer may continue its self-insurance status only upon the demonstration of adequate protection to cover its current workers' compensation claims, or those claims that may come due before the Bankruptcy Court approves the Reorganization or Insolvency Plan. As part of the adequate protection for the Commission, the self-insurer shall post or deposit additional security in an amount the Commission deems necessary to pay claims currently pending or anticipated before the approval of the Plan of Reorganization or liquidation.
- E. The self-insurer, or its legal representative, shall send a copy of the proposed Plan of Reorganization or Liquidation, including amendments to the Division.

- F. The Commission may file an Objection to the Plan of Reorganization in the appropriate bankruptcy court and take other actions as permitted under the United States Bankruptcy Code if it determines that the Plan of Reorganization or Liquidation does not adequately provide for the processing and payment of the self-insurer's workers' compensation claims.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

R20-5-1136. Notice of Self-insurer's Termination of Self-insurance

- A. A self-insurer shall file with the Division a completed and signed Notice of Self-insurer's Termination of Self-insurance form, if the self-insurer decides to terminate its self-insurance. The Notice of Self-insurer's Termination shall be filed with the Division 30 days before the effective date of termination of self-insurance.
- B. Before the effective date of the termination of self-insurance, the self-insurer shall file a certificate with the Claims Division designating an insurance carrier, or other proof, satisfactory to the Commission, of compliance with the requirements of A.R.S. § 23-961, to cover claims of the self-insurer that:
 - 1. Are pending at that time the self-insurer terminates self-insurance; and
 - 2. Occur after the effective date of the termination of self-insurance.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

ARTICLE 12. ARIZONA MINIMUM WAGE AND EARNED PAID SICK TIME PRACTICE AND PROCEDURE**R20-5-1201. Notice of Rules**

- A. This Article applies to all actions and proceedings before the Industrial Commission of Arizona arising under A.R.S. Title 23, Articles 8 and 8.1.
- B. The Industrial Commission of Arizona shall provide a copy of this Article upon request to any person free of charge.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1202. Definitions

In this Article, the definitions of A.R.S. §§ 23-362 (version two), 23-371, and 23-364 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

- 1. "Act" means A.R.S. Title 23, Chapter 2, Articles 8 and 8.1.
- 2. "Affected employee" means an employee or employees on whose behalf a complaint may be filed alleging a violation under the Act.
- 3. "Amount of earned paid sick time available to the employee" means the amount of earned paid sick time or equivalent paid time off that is available to the employee for use in the current year.
- 4. "Amount of earned paid sick time taken by the employee to date in the year" means the amount of earned paid sick time or equivalent paid time off taken by the employee to

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- date in the current year. Where an employee has used available equivalent paid time off for either the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that usage towards the “amount of earned paid sick time taken by the employee to date in the year.”
5. “Amount of pay the employee has received as earned paid sick time” means the amount of pay the employee has received as earned paid sick time or equivalent paid time off to date in the current year. Where an employee has received pay for equivalent paid time off for the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that pay towards the “amount of pay the employee has received as earned paid sick time.”
 6. “Authorized representative” means a person prescribed by law to act on behalf of a party who files with the Department a written instrument advising of the person’s authority to act on behalf of the party.
 7. “Casual Basis,” when applied to babysitting services, means employment which is irregular or intermittent.
 8. “Commission” means monetary compensation based on:
 - a. A percentage of total sales,
 - b. A percentage of sales in excess of a specified amount,
 - c. A fixed allowance per unit, or
 - d. Some other formula the employer and employee agree to as a measure of accomplishment.
 9. “Communicable disease” has the meaning prescribed by A.R.S. § 36-661.
 10. “Complainant” means a person or organization filing an administrative complaint under the Act.
 11. “Department” means the Labor Department of the Industrial Commission of Arizona or other authorized division of the Industrial Commission as designated by the Industrial Commission.
 12. “Earned sick time” under A.R.S. § 23-364(G) means earned paid sick time.
 13. “Employee’s regular paycheck” means a regular payroll record that is readily available to employees and contains the information required by A.R.S. § 23-375(C), including physical or electronic paychecks or paystubs.
 14. “Equivalent paid time off” means paid time off provided under a paid leave policy, such as a paid time off policy, that makes available an amount of paid leave sufficient to meet the accrual requirements of the Act that may be used for the same purposes and under the same conditions as earned paid sick time.
 15. “Filing” means receipt of a report, document, instrument, videotape, audiotape, or other written matter at an office of the Department.
 16. The term “health care professional” in A.R.S. § 23-373(G) has the same meaning as “health care professional,” as defined in this Section.
 17. “Health care professional” means any of the following:
 - a. A “physician” as defined by A.R.S. § 36-2351;
 - b. A “physician assistant” as defined by A.R.S. § 32-2501;
 - c. A “registered nurse practitioner” as defined by A.R.S. § 32-1601.
 - d. A certified nurse midwife who is a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period;
 - e. A dentist licensed under A.R.S. Title 32, Chapter 11, Article 2; or
 - f. A behavioral health provider practicing as:
 - i. A psychologist licensed under A.R.S. Title 32, Chapter 19.1;
 - ii. A clinical social worker licensed under A.R.S. § 32-3293;
 - iii. A marriage and family therapist licensed under A.R.S. § 32-3311; or
 - iv. A professional counselor licensed under A.R.S. § 32-3301.
 18. “Health care provider” has the meaning prescribed by A.R.S. § 36-661.
 19. “Hours worked” means all hours for which an employee covered under the Act is employed and required to give to the employer, including all time during which an employee is on duty or at a prescribed work place and all time the employee is suffered or permitted to work.
 20. “Minimum wage” means the lowest rate of monetary compensation required under the Act.
 21. “Monetary compensation” means cash or its equivalent due to an employee by reason of employment.
 22. “On duty” means time spent working or waiting that the employer controls and that the employee is not permitted to use for the employee’s own purpose.
 23. “Public benefits” has the same meaning as “state or local public benefit,” as prescribed by A.R.S. § 1-502(I).
 24. “Public health emergency” means a state of emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.
 25. “Same hourly rate” means the following:
 - a. For employees paid on the basis of a single hourly rate, “same hourly rate” shall be the hourly rate the employee would have earned for the period of time in which earned paid sick time or equivalent paid time off is used, but shall in no case be less than minimum wage.
 - b. For employees who are paid multiple hourly rates of pay, “same hourly rate” shall be determined in the following order of priority, but shall in no case be less than minimum wage:
 - i. The hourly rate the employee would have earned, if known, for each hour of earned paid sick time or equivalent paid time off used.
 - ii. The weighted average of all hourly rates of pay during the previous pay period.
 - c. For employees who are paid a salary, no additional pay is due when the employee’s use of earned paid sick time or equivalent paid time off results in no reduction in the employee’s regular salary during the pay period in which the earned paid sick time or equivalent paid time off is used. “Same hourly rate” for salaried employees shall be determined in the following order of priority, but shall in no case be less than minimum wage:
 - i. The wages an employee earns during each pay period covered by the salary divided by the number of hours agreed to be worked during each pay period, if the number of hours to be worked during each pay period was previously established.
 - ii. The wages an employee earns during each workweek covered by the salary in the current year divided by 40 hours.

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- d. For employees paid on a commission, piece-rate, or fee-for-service basis, "same hourly rate" shall be determined in the following order of priority, but shall in no case be less than minimum wage:
 - i. The hourly rate of pay previously agreed upon by the employer and the employee as: (1) a minimum hourly rate for work performed; or (2) an hourly rate for payment of earned paid sick time or equivalent paid time off.
 - ii. The wages that the employee would have been paid, if known, for the period of time in which earned paid sick time or equivalent paid time off is used, divided by the number of hours of earned paid sick time or equivalent paid time off used.
 - iii. A reasonable estimation of the commission, piece-rate, or fee-for-service compensation that the employee would have been paid for the period of time in which the earned paid sick time or equivalent paid time off is used, divided by the number of hours of earned paid sick time or equivalent paid time off used.
 - iv. The hourly average of all commission, piece-rate, or fee-for-service compensation that the employee earned during the previous 90 days, if the employee worked regularly during the previous 90-day period, based on: (1) hours that the employee actually worked; or (2) a 40-hour workweek.
 - v. The hourly average of all commission, piece-rate, or fee-for-service compensation that the employee earned during the previous 365 days, based on: (1) hours that the employee actually worked; or (2) a 40-hour workweek.
 - e. "Same hourly rate" includes shift differentials and premiums meant to compensate an employee for work performed under differing conditions (such as hazard pay or a shift differential for working at night) if the employee would have been entitled to the shift differential or premium for the period of time in which earned paid sick time or equivalent paid time off is used.
 - f. "Same hourly rate" does not include:
 - i. Additions to an employee's base rate for over-time or holiday pay;
 - ii. Subject to subsection (e), bonuses or other types of incentive pay; and
 - iii. Tips or gifts.
26. "Smallest increment that the employer's payroll system uses to account for absences or use of other time" means the smallest increment of time that an employer utilizes, by policy or practice, to account for absences or use of other paid time off.
 27. "Tip" means a sum that a customer presents as a gift in recognition of some service performed, and includes gratuities. The sum may be in the form of cash, amounts paid by bank check or other negotiable instrument payable at par, or amounts the employer transfers to the employee under directions from a credit customer who designates an amount to be added to a bill as a tip. Gifts in forms other than cash or its equivalent as described in this definition, such as event tickets, passes, or merchandise, are not tips.
 28. "Violation" means a transgression of any statute or rule, or any part of a statute or rule, including both acts and omissions.
 29. "Willfully" means acting with actual knowledge of the requirements of the Act or this Article, or acting with reckless disregard of the requirements of the Act or this Article.
 30. "Workday" means any fixed period of 24 consecutive hours.
 31. "Workweek" means any fixed and regularly recurring period of seven consecutive workdays.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1203. Duty to Provide Current Address

- A. A complainant shall provide and keep the Labor Department advised of the complainant's current mailing address and telephone number.
- B. An employer under investigation by the Department shall provide and keep the Labor Department advised of the employer's current mailing address and telephone number.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1204. Forms Prescribed by the Department

Forms prescribed by the Department, including the poster required under R20-5-1208, shall not be changed, amended, or otherwise altered without the prior written approval of the Department.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1205. Determination of Employment Relationship

- A. Determination of an employment relationship under the Act, which includes whether an individual is an independent contractor, shall be based upon the economic realities of the relationship. Consideration of whether an individual is economically dependent on the employer for which the individual performs work shall be determined by factors showing dependence, which non-exclusive factors shall include those factors identified in A.R.S. §§ 23-902(D) and 23-1601(B).
- B. An individual who works for another person without any express or implied compensation agreement is not an employee under the Act. This may include an individual that volunteers to work for civic, charitable, or humanitarian reasons that are offered freely and without direct or implied pressure or coercion from an employer, provided that the volunteer is not otherwise employed by the employer to perform the same type of services as those which the individual proposes to volunteer.
- C. An individual who works for another individual as a babysitter on a casual basis and whose vocation is not babysitting, is not

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an employee under the Act even if the individual performs other household work not related to caring for the children, provided the household work does not exceed 20% of the total hours worked on the particular babysitting assignment.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1206. Payment of Minimum Wage; Commissions; Tips; Front Loading Earned Paid Sick Time; Limitation on Carry Over of Unused Earned Paid Sick Time

- A. Subject to the requirements of the Act and this Article, no less than the minimum wage shall be paid for all hours worked, regardless of the frequency of payment and regardless of whether the wage is paid on an hourly, salaried, commissioned, piece rate, or any other basis.
- B. If the combined wages of an employee are less than the applicable minimum wage for a work week, the employer shall pay monetary compensation already earned, and no less than the difference between the amounts earned and the minimum wage as required under the Act.
- C. The workweek is the basis for determining an employee's hourly wage. Upon hire, an employer shall advise the employee of the employee's designated workweek. Once established, an employer shall not change or manipulate an employee's workweek to evade the requirements of the Act.
- D. In computing the minimum wage, an employer shall consider only monetary compensation and shall count tips and commissions in the workweek in which the tip or commission is earned.
- E. An employer is allowed to:
 - 1. Require or permit employees to pool, share, or split tips; and
 - 2. Require an employee to report tips to the employer in order to meet reporting requirements of this Article and federal law.
- F. An employer who hires an employee after the beginning of the employer's year is not required to provide additional earned paid sick time or equivalent paid time off during that year if the employer provides the employee for immediate use on the employee's ninetieth calendar day after commencing employment an amount of earned paid sick time or equivalent paid time off that meets or exceeds the employer's reasonable projection of the amount of earned paid sick time or equivalent paid time off that the employee would have accrued from the date of hire through the end of the employer's year at a rate of one hour for every 30 hours worked. If the amount of earned paid sick time or equivalent paid time off provided is less than the employee would have accrued based on hours actually worked during the employer's year, the employer shall immediately provide an amount of earned paid sick time or equivalent paid time off that reflects the difference between the employer's projection and the amount of earned paid sick time or equivalent paid time off that the employee would have accrued for hours actually worked in the year.
- G. Subject to subsection (F), an employer with 15 or more employees that provides its employees for immediate use at the beginning of each year 40 or more hours of earned paid sick time or 40 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.

- H. Subject to subsection (F), an employer with fewer than 15 employees that provides its employees for immediate use at the beginning of each year 24 or more hours of earned paid sick time or 24 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.
- I. Unless an employer: (1) elects to pay an employee for unused earned paid sick time or equivalent paid time off at the end of a year pursuant to A.R.S. § 23-372(D)(4); or (2) meets the requirements of subsections (G) or (H), unused earned paid sick time and equivalent paid time off may be carried over to the next year, as follows:
 - 1. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with 15 or more employees may carry over to the following year up to 40 hours of unused earned paid sick time or equivalent paid time off.
 - 2. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with fewer than 15 employees may carryover to the following year up to 24 hours of unused earned paid sick time or equivalent paid time off.
 - 3. Carry over shall not affect accrual, usage rights, or usage limits under the Act.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1207. Tip Credit Toward Minimum Wage

- A. In this Section, unless the context otherwise requires, "customarily and regularly" means receiving tips on a consistent and recurrent basis, the frequency of which may be greater than occasional, but less than constant, and includes the occupations of waiter, waitress, bellhop, busboy, car wash attendant, hairdresser, barber, valet, and service bartender.
- B. For purposes of calculating the permissible credit for tips under A.R.S. § 23-363(C), the following applies:
 - 1. Tips are customarily and regularly received in the occupation in which the employee is engaged;
 - 2. Except as provided in R20-5-1206(E), the employee actually receives the tip free of employer control as to how the employee uses the tip and the tip becomes the employee's property;
 - 3. Employees who customarily and regularly receive tips may pool, share, or split tips between them, and the amount each employee actually retains is considered the tip of the employee who retains it;
 - 4. Employer-required sharing of tips with employees who do not customarily and regularly receive tips in the occupation in which the employee is engaged, including management or food preparers, are not credited toward that employee's minimum wage; and
 - 5. A compulsory charge for service imposed on a customer by an employer's establishment are not credited toward an employee's minimum wage unless the employer actually distributes the charge to the employee in the pay period in which the charge is earned.
- C. Upon hiring or assigning an individual to a position that customarily and regularly receives tips, an employer intending to exercise a tip credit shall provide written notice to the employee prior to exercising the tip credit. Thereafter, the

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employer shall notify the employee in writing each pay period of the amount per hour that the employer takes as a tip credit.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1208. Posting Requirements; Small Employer Exemption

- A. With the exception of small employers, every employer subject to the Act shall place the posters prescribed by the Department informing employees of their rights under the Act in a conspicuous place in every establishment where employees are employed and where notices to employees are customarily placed. The employer shall ensure that the notices are not removed, altered, defaced, or covered by other material.
- B. In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1209. Records Availability

- A. Each employer shall keep the records required under the Act and this Article safe and accessible at the place or places of employment, or at one or more established central recordkeeping offices where the records are customarily maintained. When the employer maintains the records at a central recordkeeping office other than in the place or places of employment, the employer shall make the records available to the Department within 72 hours following notice from the Department.
- B. Employers shall make available to the Department any equipment or technology that is necessary to facilitate inspection and copying of the records.
- C. Each employer required to maintain records under the Act shall make enlargement, recomputation, or transcription of the records and shall submit to the Department the records or reports in a readable format upon the Department's written request.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1210. General Recordkeeping Requirements

- A. Payroll records required to be kept under the Act include:
 1. All time and earning cards or sheets on which are entered the daily starting and stopping time of individual employees, or of separate work forces, or the amounts of work accomplished by individual employees on a daily,

weekly, or pay period basis (for example, units produced) when those amounts determine in whole or in part: (1) those employees' pay period wages; and (2) those employees' earned paid sick time or equivalent paid time off;

2. From their last effective date, all wage-rate tables or schedules of the employer that provide the piece rates or other rates used in computing wages; and
 3. Records of additions to or deductions from wages paid and records that support or corroborate the additions or deductions.
- B. Subject to A.R.S. § 23-381 and except as otherwise provided in this Section, every employer shall maintain and preserve payroll or other records containing the following information and data with respect to each employee to whom the Act applies:
1. Name in full, and on the same record, the employee's identifying symbol or number if it is used in place of the employee's name on any time, work, or payroll record;
 2. Home address, including zip code;
 3. Date of birth, if under 19;
 4. Occupation in which employed;
 5. Time of day and day of week on which the employee's workweek begins. If the employee is part of a workforce or employed in or by an establishment all of whose workers have a workweek beginning at the same time on the same day, then a single notation of the time of the day and beginning day of the workweek for the whole workforce or establishment is permitted;
 6. Regular hourly rate of pay for any workweek and an explanation of the basis of pay by indicating the monetary amount paid on a per hour, per day, per week, per piece, commission on sales, or other basis, including the amount and nature of each payment;
 7. Hours worked each workday and total hours worked each workweek;
 8. Total daily or weekly straight-time wages due for hours worked during the workday or workweek, exclusive of premium overtime compensation;
 9. Total premium pay for overtime hours and an explanation of how the premium pay was calculated exclusive of straight-time wages for overtime hours recorded under subsection (B)(8) of this Section;
 10. Total additions to or deductions from wages paid each pay period including employee purchase orders or wage assignments, including, for individual employee records, the dates, amounts, and nature of the items that make up the total additions and deductions;
 11. Total wages paid each pay period;
 12. Date of payment and the pay period covered by payment;
 13. The amount of earned paid sick time available to the employee;
 14. The amount of earned paid sick time taken by the employee to date in the year;
 15. The amount of pay the employee has received as earned paid sick time; and
 16. The employee's earned paid sick time balance. "The employee's earned paid sick time balance" means the sum of earned paid sick time or equivalent paid time off that is: (1) carried over to the current year; (2) accrued to date in the current year; and (3) provided to date in the current year pursuant to A.R.S. § 23-372(D)(4) or A.A.C. R20-5-1206(F), (G), or (H).
- C. For an employee who is compensated on a salary basis at a rate that exceeds the minimum wage required under the Act and who, under 29 CFR 541, is an exempt bona fide executive,

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administrative, or professional employee, including an employee employed in the capacity of academic administrative personnel or teachers in elementary or secondary schools, or in outside sales, an employer shall maintain and preserve:

1. Records containing the information and data required under subsections (B)(1) through (B)(5), and (B)(11) through (B)(16) of this Section; and
 2. Records containing the basis on which wages are paid in sufficient detail to permit a determination or calculation of whether the salary received exceeds the minimum wage required under the Act, including a record of the hours upon which payment of the salary is based, whether full time or part time.
- D.** With respect to employees working on fixed schedules, an employer may maintain records showing instead of the hours worked each day and each workweek as required under this Section, the schedule of daily and weekly hours the employee normally works, provided:
1. In weeks in which an employee adheres to this schedule, the employer indicates by check mark, statement, or other method, that the employee actually worked the hours; and
 2. In weeks in which more or fewer than the scheduled hours are worked, the employer records the number of hours actually worked each day and each week.
- E.** With respect to an employee who customarily and regularly receives tips, the employer shall ensure that the records required under this Article include the following information:
1. A symbol, letter, or other notation placed on the pay records identifying each employee whose wage is determined in part by tips;
 2. Amount of tips the employee reports to the employer;
 3. The hourly wage of each tipped employee after taking into consideration the employee's tips;
 4. Hours worked each workday in any occupation in which the employee does not receive tips, and total daily or week straight-time payment made by the employer for the hours;
 5. Hours worked each workday in occupations in which the employee receives tips and total daily or weekly straight-time wages for the hours; and
 6. Copy of the notice required under R20-5-1207(C).
- F.** An employer who makes retroactive payment of wages, voluntarily or involuntarily, shall record on the pay records, the amount of the payment to each employee, the period covered by the payment, and the date of payment.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1211. Administrative Complaints

- A.** A person or organization alleging a minimum wage, earned paid sick time, or equivalent paid time off violation shall file a complaint with the Labor Department within one year from the date the wages, earned paid sick time, or equivalent paid time off were due.
- B.** A person or organization alleging retaliation, discrimination, or a violation of A.R.S. § 23-377 shall file a complaint with the Labor Department within one year from the date the alleged violation occurred or when the employee knew or should have known of the alleged violation.

- C.** The person or organization filing a complaint with the Labor Department shall sign the complaint.
- D.** Any person or organization other than an affected employee who files a complaint shall include the names of affected employees.
- E.** Upon its own complaint, the Department may investigate violations under the Act.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1212. Conduct that Hinders Investigation

An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department's investigation, including:

1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;
2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1213. Findings and Order Issued by the Department

- A.** Except as provided in R20-5-1219, after receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination. The Department shall send its Findings and Order to both the employer and the complainant at their last known addresses served personally or by regular first class mail. If the complaint named affected employees, the Department may send a copy of its Findings and Order to the affected employees.
- B.** If the Department determines that an employer has violated the minimum wage, earned paid sick time, or equivalent paid time off requirements, the Department shall order the employer to pay the employee, and if applicable, affected employees, the balance of the wages, earned paid sick time, or equivalent paid time off owed, including interest at the legal rate and an additional amount equal to twice the underpaid wages, earned paid sick time, or equivalent paid time off owed.
- C.** If the Department determines that a retaliation, discrimination, confidentiality, or nondisclosure violation has occurred, the Department shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, including:
1. Rehiring or reinstatement,
 2. Reimbursement of lost wages and interest,
 3. Payment of penalty to employees or affected employees as provided for in the Act and this Article, and

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4. Posting of notices to employees.
- D. If the Department determines that no violation of the Act has occurred the Department shall notify the parties and shall dismiss the complaint without prejudice. After notification of the Department's determination, the complainant may bring a civil action under A.R.S. § 23-364(E).
- E. The Department may assess civil penalties for recordkeeping, posting, and other violations under the Act and this Article as part of a Findings and Order issued under subsection (A) or the civil penalties and other violations may be assessed as a separate Findings and Order. If issued as a separate Findings and Order, the Department shall serve, personally or by regular first class mail, the Findings and Order on the employer and, if a complaint has been filed, the complainant.
- F. The Director of the Department shall sign the written Findings and Order issued by the Department.
- G. If an employer does not comply with a Findings and Order issued by the Department within 10 days following finality of the Findings and Order, the Department may refer the matter to a law enforcement officer.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1214. Review of Department Findings and Order; Hearings; Issuance of Decision Upon Hearing

- A. Except as provided in R20-5-1213(D), a party aggrieved by a Findings and Order issued by the Department may request a hearing by filing a written request for hearing with the Department within 30 days after the Findings and Order is served upon the party. Failure to timely file a request for hearing means that the Findings and Order issued by the Department is final and res judicata to all parties.
- B. A request for hearing shall be in writing and contain:
 1. The name and address of the party requesting the hearing,
 2. The signature of the party or the party's authorized representative, and
 3. A statement that a hearing is requested.
- C. Upon receipt of a timely filed request for hearing, the Department shall refer the matter to the Administrative Law Judge Division of the Commission for hearing.
- D. Except as otherwise provided in this Section, the hearing shall be conducted under A.R.S. § 41-1061 et seq.
- E. A person submitting correspondence or other documents, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence or other document upon all other parties, or if represented, the parties' authorized representative.
- F. The administrative law judge may dismiss a request for hearing when it appears to the judge's satisfaction that the parties have resolved the disputed issue or issues.
- G. The administrative law judge shall issue a written decision upon hearing containing findings of fact and conclusions of law no later than 30 days after the matter is submitted for decision. The decision shall be sent to the parties at their last known addresses served personally or by regular first class mail.
- H. A decision issued under this Section is final when entered unless a party files a request for rehearing or review as pro-

vided in R20-5-1215 or commences an action in the Superior Court as provided in R20-5-1216 and A.R.S. § 12-901 et seq. The decision shall contain a statement explaining the review rights of a party.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1215. Request for Rehearing or Review of Decision Upon Hearing

- A. A party may request rehearing or review of a decision issued under R20-5-1214 by filing with the Administrative Law Judge a written request for rehearing or review no later than 15 days after the written decision is served personally or by regular first class mail upon the parties.
- B. A request for rehearing or review shall be based upon any of the following causes that materially affected the rights of an aggrieved party:
 1. Irregularities in the hearing proceeding or any order, or abuse of discretion that deprives a party seeking review of a fair hearing;
 2. Accident or surprise that could not have been prevented by ordinary prudence;
 3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
 4. Error in the admission or rejection of evidence, or errors of law occurring at the hearing;
 5. Bias or prejudice of the Department or administrative law judge; and
 6. The findings of fact or conclusions of law contained in the decision are not justified by the evidence or are contrary to law.
- C. A request for rehearing or review shall state the specific facts and law in support of the request and shall specify the relief sought by the request.
- D. A party shall have 15 days from the date of the filing of a request for rehearing or review to file a written response. Failure to respond shall not be deemed an admission against interest.
- E. The administrative law judge shall issue a decision upon review no later than 30 days after receiving a request for review or response, if one is filed.
- F. A decision upon review is final unless a party seeks judicial review as provided in R20-5-1216.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1216. Judicial Review of Decision Upon Hearing or Decision Upon Review

- A. A party aggrieved by a decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 may seek review by commencing an action in the Superior Court as provided in A.R.S. § 12-901 et seq. within 35 days from the date a copy of the decision sought to be reviewed is served personally or by regular first class mail upon the party affected.

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- B. A decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 is final unless a party seeks judicial review as provided under A.R.S. § 12-901 et seq.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1217. Assessment of Civil Penalties Under A.R.S. § 23-364(F)

The Department may assess civil penalties for violations of the Act and this Article, including the assessment of civil penalties for engaging in conduct that hinders an investigation of the Department as specified in R20-5-1212.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1218. Collection of Wages, Earned Paid Sick Time, Equivalent Paid Time Off, or Penalty Payments Owed

- A. Upon determination that wages, earned paid sick time, equivalent paid time off, or penalty payments are due and unpaid to any employee, the employee may, or the Department may on behalf of an employee, obtain judgment and execution, garnishment, attachment, or other available remedies for collection of unpaid wages and penalty payments established by a final Findings and Order of the Department.
- B. If payment cannot be made to the employee, the Department shall receive monetary compensation or penalty payments on behalf of the employee and transmit monies it receives as payment in a special state fund as provided in A.R.S. § 23-356(C).
- C. The Department may amend a Findings and Order to conform to the legal name of the business or the person who is the defendant employer to a complaint under the Act, provided service of the Findings and Order was made on the defendant or the defendant's agent. If a judgment has been entered on the order, the Department may apply to the clerk of the superior court to amend a judgment that has been issued under a final order, provided service was made on the defendant or the defendant's agent.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

R20-5-1219. Resolution of Disputes

Notwithstanding any other provision of law, the Department may mediate and conciliate a dispute between the parties.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785,

effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

R20-5-1220. Small Employer Request for Exception to Recordkeeping Requirements

- A. In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.
- B. A small employer, or any category of small employer that is unreasonably burdened by the recordkeeping requirements of the Act and this Article may file a written petition for exception with the Department requesting relief from certain recordkeeping requirements under this Article. The petition shall:
1. State the reasons for the request for relief;
 2. State an alternate manner or method of making, keeping, and preserving records that will enable the Department to determine hours worked and wages paid; and
 3. Include the signature of the employer or an authorized representative of the employer.
- C. Subject to any conditions or limitations necessary to ensure fulfillment of the purpose and intent of Act, the Department may grant a petition for exception if it finds that:
1. The small employer, or category of small employer is unreasonably burdened by the recordkeeping requirements of the Act and this Article; and
 2. The relief requested and alternative proposed will not hinder the Department's enforcement of the Act and this Article.
- D. For good cause, the Department may rescind a prior order granting relief under this Section.
- E. Relief under this Section is effective upon the Department's written authorization.

Historical Note

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

ARTICLE 13. TREATMENT GUIDELINES**R20-5-1301. Adoption and Applicability of the Article**

- A. The Industrial Commission of Arizona (Commission) has adopted the Work Loss Data Institute's *Official Disability Guidelines – Treatment in Workers Compensation* (ODG) as the standard reference for evidence-based medicine used in treating injured workers within the context of Arizona's workers' compensation system. By adopting and referencing the most recent edition (at the time of treatment), and continuously updated Official Disability Guidelines, the Commission can ensure the latest available medical evidence is used in making medical treatment decisions for injured workers.
- B. Until further action of the Commission, the guidelines shall apply to all body parts and conditions.
- C. The Commission may modify or change the applicability of the guidelines as described in subsection (B) if the Commission determines that modification or changing the applicability of the guidelines will: 1) improve medical treatment for injured workers, 2) make treatment and claims processing more efficient and cost effective, and 3) if the Commission's modification expands the applicability of the guidelines, the guidelines adequately cover the relevant body parts or conditions. Before taking action to modify or change the applicability of the guidelines, the Commission shall provide an

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opportunity for public comment and hold a public hearing. A decision of the Commission under this subsection shall be made by a majority vote of a quorum of Commission members present at a public meeting.

- D. Action taken by the Commission to modify or change the applicability of the guidelines under subsection (C) shall be published in the minutes of the Commission meeting when such action was taken. The minutes of this action shall be published on the Commission's website and shall be available from the Commission upon request.
- E. The guidelines shall apply prospectively. Recommendations provided in the guidelines related to the management of chronic pain and the use of opioids for all stages of pain management shall apply to medical treatment or services occurring on or after October 1, 2016. For purposes of this process, chronic pain shall be defined by the guidelines. Recommendations provided in the guidelines related to all other body parts and conditions shall apply to medical treatment or services occurring on or after October 1, 2018.
- F. This Article applies to all claims filed with the Commission.
- G. This Article only applies to medical treatment and services for body parts and conditions that have been accepted as compensable.
- H. The guidelines are to be used as a tool to support clinical decision making and quality health care delivery to injured employees. The guidelines set forth care that is generally considered reasonable and are presumed correct if the guidelines provide recommendations related to the requested treatment or service. This is a rebuttable presumption and reasonable medical care may include deviations from the guidelines. To support a request to deviate from the guidelines, the provider must produce documentation and justification that demonstrates by a preponderance of credible medical evidence a medical basis for departing from the guidelines. Credible medical evidence may include clinical expertise and judgment.
- I. The Commission shall provide administrative review and oversight of this Article.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1302. Definitions

In this Article and R20-5-106(A)(12), unless the context otherwise requires:

"Act" means the Arizona Workers' Compensation Act, A.R.S. Title 23, Chapter 6.

"Active Practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years.

"Administrative Law Judge" or "ALJ" means a hearing officer appointed under A.R.S. § 23-108.02.

"Administrative Review" means a process that includes a peer review for preauthorization of a request for medical treatment or services conducted pursuant to R20-5-1311. The administrative review process will be managed by the Medical Resource Office (MRO) at the Industrial Commission of Arizona.

"American Board of Medical Specialties" means the organization that develops a uniform system for specialty boards to administer examinations for certification of physicians within specific medicine specialties.

"American Osteopathic Association" means the organization that develops a uniform system for specialty boards to administer examinations for certification of osteopathic physicians within specific osteopathic medicine specialties.

"Applicability" means the body parts and medical conditions that are covered under this Article and authorized by the Commission under R20-5-1301(B) and (C).

"Claim" means the workers' compensation claim filed by the injured employee under the Act.

"Contractor" means an independent peer review organization accredited by URAC.

"Fast Track ALJ Dispute Resolution Program" or "fast track process" means the voluntary dispute resolution process set forth in R20-5-1312(B).

"International Classification of Diseases Code" or "ICD Code" means a set of medical diagnostic codes that creates a universal language for reporting diseases and injury.

"International Classification of Diseases" or "ICD" means an official list of categories of diseases, physical and mental, that is issued and maintained by the World Health Organization.

"IME" means an independent medical examination scheduled under R20-5-114.

"Injured Employee" means a person defined in A.R.S. § 23-901 whose claim has been accepted for workers' compensation benefits.

"Medical File Review Opinions" means a formal examination of patient data and medical records for the purpose of determining the need for medical treatment, services or both.

"Payer" means an insurance carrier defined under A.R.S. § 23-901, a self-insured employer defined in R20-5-102, a third-party administrator, and the Special Fund of the Industrial Commission of Arizona.

"Peer Review" means an independent medical review conducted by an individual meeting the requirements of R20-5-1311(I).

"Preauthorization" means the written request prescribed by R20-5-1303 from a provider to a payer requesting approval to provide medical treatment or services to an injured employee.

"Provider" means a physician as defined in R20-5-102.

"Reconsideration" means a written request to the payer or identified review organization by an injured employee or medical provider to reconsider a previous payer decision to deny medical treatment or services and that identifies the specific justification to support the request.

"Third-Party Administrator" means an organization that processes insurance or employee benefit claims for a separate entity.

"Treatment Guidelines" or "guidelines" means medical treatment guidelines that are used as a tool to support clinical decision making and quality health care delivery to injured employees.

"URAC" refers to URAC, a non-profit organization formerly known as the Utilization Review Accreditation Commission.

Historical Note

New Section made by final rulemaking at 22 A.A.R.

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1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1303. Provider Request for Preauthorization

- A. No preauthorization is required under the Act to ensure payment for reasonably required medical treatment or services. While preauthorization is not required under the Act, a provider may seek preauthorization as provided in this subsection.
- B. A provider shall submit a request for preauthorization in writing using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach documentation to a request for preauthorization that supports the medical necessity and appropriateness of the treatment or services requested, such as office notes and diagnostic reports.
- C. A provider may submit the request for preauthorization by mail, electronically or by fax.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1304. Payer Denial of Request for Preauthorization

- A. A payer shall not deny a request for preauthorization solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny a request for preauthorization that is supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a contraindication or significant medical or psychological reason not to authorize the requested treatment or services. Upon request by the provider or injured employee, a denial of preauthorization in this situation shall be processed as an immediate referral to the Commission for administrative review as provided in R20-5-1311 unless the payer obtains an IME in support of its denial. If the payer obtains an IME which serves as the basis for the denial, then review of the payer's decision shall be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by the injured employee.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1305. Payer Denial of Payment for Provided Treatment or Services

- A. A payer shall not deny payment for provided treatment or services solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny payment for provided treatment or services supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a medical contraindication or significant medical or psychological reason not to pay for the treatment or services.
- C. A dispute related to a payer's failure to pay for provided treatment or services may be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by an injured employee.

Historical Note

New Section made by final rulemaking at 22 A.A.R.

1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1306. Payer Reversal of Decision to Deny Treatment or Services

A payer may reverse its decision to deny treatment or services at any time throughout the process described in this Article. In this situation, the payer's subsequent authorization or agreement to pay for the treatment or services at issue shall end this process.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1307. Payer Decision, In Whole or In Part

A payer may issue a decision approving or denying a request for preauthorization in whole, or in part.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1308. Failure to Comply with Required Time Limits

A payer's failure to comply with the required time limits of this process may be considered unreasonable delay under R20-5-163.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

R20-5-1309. Payer Decision on Request for Preauthorization

- A. Except as provided in subsections (C) or (D), a payer shall communicate to the provider its decision on a request for preauthorization no later than 7 business days after the request is received. The decision shall be issued in writing using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this Section, the 7 business days begin to run the day after the payer receives the request.
- B. If a payer fails to communicate to a provider its decision on request for preauthorization within 7 business days, then the payer's failure to take action is deemed a "no response" and the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C. If a payer receives a request for preauthorization not submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12) or an incomplete request for preauthorization using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), the payer shall:
 1. No later than 7 business days after the request is received and identified, act on the request for preauthorization pursuant to subsection (A); or
 2. No later than 7 business days after the request is received and identified, notify the provider in writing that the request for preauthorization is incomplete or, if applicable, that a request for preauthorization must be submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12).
- D. If, no later than 7 business days after a request for preauthorization has been received, a payer provides written notice to the

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provider that an IME has been requested under R20-5-114 using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for preauthorization shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the IME report.

- E. Unless the payer decision was supported by an IME or otherwise falls within subsection R20-5-1304(B), an injured employee or provider may seek reconsideration of a payer decision by submitting a written request to the payer (or review organization identified by the payer) using Section III (Provider or Employee Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach to a request for reconsideration a statement of the specific reasons and justifications to support the request. If not previously provided, the injured employee or provider shall attach supporting medical documentation with the request for reconsideration.
- F. An injured employee may seek review of a payer decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- G. Unless the decision was supported by an IME, an injured employee or provider may seek review of a payer decision issued under R20-5-1304(B) by requesting administrative review by the Commission as provided in R20-5-1311.
- H. A payer shall provide a copy of its written decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1310. Payer Reconsideration on Request for Preauthorization

- A. Except as provided in subsection (C), a payer shall communicate to the provider its decision on a request for reconsideration no later than 7 business days after the request is received. This decision shall be issued in writing using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this subsection, the 7 business days begin to run the day after the payer receives the request for reconsideration.
- B. If a payer fails to respond to a request for reconsideration within 7 business days, the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C. If, no later than 7 business days after a request for reconsideration has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for reconsideration shall be issued no later than 7 business days after the final IME report

has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the report.

- D. Commission Review of Payer Reconsideration Decision:
 1. An injured employee or provider may seek review of a payer reconsideration decision by requesting an administrative review by the Commission as provided in R20-5-1311 unless the payer decision was supported by an IME.
 2. An injured employee may seek review of a payer reconsideration decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- E. A payer shall provide a copy of its written reconsideration decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1311. Administrative Review by Commission

- A. Absent further action of the Commission under R20-5-1301(C), administrative review under this Article is available for requests for medical treatment or services related to all body parts and conditions.
- B. A request for administrative review shall be in writing using Section V (Provider or Employee Request for Administrative Peer Review) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A request for administrative review must attach copies of relevant medical information or records and copies of all documentation related to the payer's decision or non-response. A request for administrative review must be submitted to the Commission by mail, electronically or by fax.
- C. Upon receipt of a request for administrative review, the Commission shall determine whether the administrative review is available under this Article.
 1. If administrative review is not available, then no later than three business days after receiving a request for administrative review, the Commission shall send notice to the injured employee and payer that administrative review is not available.
 2. If administrative review is available, then no later than three business days after receiving the request, the Commission shall send notice to the payer that a request for administrative review has been received and provide information on how to participate in the process.
- D. The administrative review conducted under this Section shall apply the guidelines as described in this Article and include a peer review performed by an individual meeting the requirements of subsection (I). The peer review shall consist of a records review and, when possible as described in subsection (I)(5), a conversation between the provider and individual conducting the peer review.
- E. The Commission may enter into an agreement with one or more contractors, who shall be URAC accredited, to provide the review described in subsection (D).
- F. The payer shall pay for the costs of the peer review conducted by the contractor.
- G. To assist in its review, the Commission or its contractor may request or receive additional information and documentation from the provider, injured employee or payer, who shall cooperate and provide the Commission or its contractor with any necessary medical information, including information pertaining to the payer's decision.

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- H.** Before the Commission or its contractor issues a determination denying the request for treatment or services, a good faith effort shall be made to conduct a peer review with the provider requesting authorization to perform the treatment or services.
- I.** The individual conducting the peer review shall:
1. Hold an active, unrestricted license or certification to practice medicine or a health profession and be involved in the active practice of medicine or a health profession during the five preceding years. For purposes of this subsection, "active practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years;
 2. Be licensed in Arizona, unless the Commission or its contractor is unable to find such an individual, in which case the peer review may be conducted by an individual who is licensed in another state of the United States and who meets the other requirements of this subsection;
 3. For a review of a request from an allopathic or osteopathic physician, nurse practitioner, physician assistant, or other mid-level provider, hold a current certification from the American Board of Medical Specialties or the American Osteopathic Association in the area or areas appropriate to the condition, procedure or treatment under review;
 4. Be in the same profession and the same specialty or subspecialty as typically performs or prescribes the medical procedure or treatment requested; and
 5. Make a good faith effort to contact the provider requesting the preauthorization. This good faith effort shall include making telephone contact during the provider's normal business hours and offering to schedule the peer review at a time convenient for the provider.
- J.** A provider may bill the payer for time spent participating in a peer review under this Section.
- K.** The Commission or its contractor shall issue a written determination of its administrative review that contains the name and title of the person that performed the administrative review, and includes the following information:
1. Whether the request for treatment or services is authorized or denied, in whole or in part;
 2. The information reviewed;
 3. The principle reason for the decision; and
 4. The clinical basis and rationale for the decision.
- L.** An interested party dissatisfied with the administrative review determination may request that the dispute be referred to the Commission's Administrative Law Judge Division for hearing. This request for hearing shall:
1. Be in writing;
 2. Filed no later than 10 business days after the administrative review determination is issued; and
 3. State whether the party requests to participate in the Fast Track ALJ Dispute Resolution Program by stipulation, or declines to participate in the Fast Track ALJ Dispute Resolution Program.
- M.** If a timely request for hearing is filed, the administrative review determination is deemed null and void and shall serve no evidentiary purpose.
- N.** The information provided by the parties under this Section and the determination issued by the Commission shall become a part of the Commission claims file for the injured employee.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

R20-5-1312. Hearing Process

- A.** A referral of a request for hearing under R20-5-1311(L) shall be processed as provided for in the Act unless all parties agree to participate in the fast track process.
- B.** The following applies only to the Fast Track ALJ Dispute Resolution Program:
1. Parties must agree to participate in the Fast Track ALJ Dispute Resolution Program with the understanding that a short form decision will be issued.
 2. Review by the presiding ALJ shall be limited to the treatment or service dispute considered at the administrative review under R20-5-1311.
 3. The presiding ALJ shall issue a notice of hearing within 10 business days of the receipt of the fully executed agreement to participate and certificate of readiness.
 4. The hearing shall be held within 30 calendar days from the day that the notice of hearing is issued to the extent practicable.
 5. Discovery is limited to five interrogatories and no depositions are permitted.
 6. The presiding ALJ shall take all lay witness testimony at the time of the hearing and will not hold any further hearings.
 7. The presiding ALJ shall consider documentary medical evidence only; no medical testimony shall be taken.
 8. Medical file review opinions shall be deemed to constitute substantial evidence to support the requested treatment or service.
 9. All documentary evidence shall be submitted no later than 10 business days before the scheduled hearing.
 10. The hearing shall be recorded, but not transcribed, unless one or more of the parties files a request for review under A.R.S. § 23-942 and A.R.S. § 23-943.
 11. The presiding ALJ shall issue a short form decision within five business days after the matter is deemed submitted.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

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APPENDIX A. ARIZONA PHYSICIANS' AND PHARMACEUTICAL FEE SCHEDULE 2019/2020

Adopted by The Industrial Commission of Arizona

Contact Medical Resource Office

Phone (602) 542-4308 / Fax (602) 542-4797 mro@azica.gov

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INTRODUCTION

Since 1925, when the Arizona Legislature passed the state's first Workers' Compensation Act ("Act"), the Industrial Commission of Arizona ("Commission") has administered the workers' compensation laws of that Act. The Act includes the authority of the Commission to set a schedule of fees to be charged by physicians, physical therapists, and occupational therapists attending injured employees (also referred to in this Appendix as "injured worker" or "claimant." A.R.S. § 23-908(B). In 2004, the Act was amended to include the setting of fees for prescription medicines required to treat an injured employee. A.R.S. § 23-908(C). This fee schedule is referred to as the Arizona Physicians' and Pharmaceutical Fee Schedule (Fee Schedule).

Any reference to "physicians" in the Fee Schedule is intended to include physical therapists, occupational therapists, certified registered nurse anesthetists, physician assistants and nurse practitioners. See also the definition of "physician" found under Introduction, Section E. Treatment of Industrial Injuries and Diseases. Physicians treating employees under industrial coverage are entitled by law to charge according to the schedule of fees adopted by the Commission. Accurate calculation of fees based upon this schedule, the monthly filing of reports and bills for payment, and the use of forms prescribed are essential to timely and correct payment for a physician's services and can be vital in the award of benefits to the injured worker and their dependents.

The Fee Schedule has been updated to incorporate by reference the 2019 Edition of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In the Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- a. The Commission has also adopted by reference: 1) The unit values and guidance for consultative, diagnostic and therapeutic services published in the most recent edition of Relative Value Guide, American Society of Anesthesiologists <https://www.asahq.org/>; 2) The 1995 and 1997 Documentation Guidelines for Evaluation and Management Services, Centers for Medicare and Medicaid Services (CMS) <https://www.cms.gov/>; 3) The 2019 Clinical Diagnostic Laboratory Fee Schedule, Centers for Medicare and Medicaid Services (CMS) Clinical Laboratory fee Schedule <https://www.cms.gov/>; 4) The National Correct Coding Initiative Edits, CMS; <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>; 5) 2019 Optum 360 The Essential RBRVS <https://www.optum360.com/>; and 6) Physicians as Assistants at Surgery: 2018 Update <https://www.facs.org/>. The RBRVS based fee schedule adopts surgical global periods published by CMS.

Except as otherwise noted, unit values assigned to the service codes listed in the Fee Schedule are the product of the Industrial Commission of Arizona and are not associated in any way with the American Medical Association or any other entity or organization.

A. GENERAL GUIDANCE

1. Reimbursements and billing associated with Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section of Appendix A.
2. This Fee Schedule establishes the fees that can be charged by physicians for services performed for injured workers under the Arizona's workers' compensation law.
3. If a physician or insurance carrier is referring an injured worker to a medical specialist for evaluation and/or treatment, the medical specialist's diagnosis becomes the foundational diagnosis for billing purposes.
4. Routine progress and routine final reports filed by the attending physician do not ordinarily command a fee.
5. Payment will be made for only one professional visit in any one day except when the submitted report clearly demonstrates the need for the additional visit and fee.
6. Fees for hospital, office, or home visits, subsequent to the initial visit, are not to be added to coded surgical procedures performed in the same day.
7. Routine office treatment principally by injection of drugs, other than antibiotics, requires authorization by the carrier or self-insured employer for each series of 10 after the first series of 10.
8. Except in emergencies, a carrier must be given notice regarding a consultation and the consultant must provide his/her report to the carrier and the attending physician within a reasonable period of time to facilitate processing of the claim.
9. The Commission requests that carriers notify attending physicians at the same time the claimant is notified that their claim is closed with or without supportive care. If a claim is approved for reopening, the carrier should also notify the attending physician of that approval.
10. An attending physician may submit a claim for consultant's fee only when such service is requested by carrier or self-insured employer.
11. Missed individual appointments for consultants, without prior notification, will be compensated at 50% of consultation fee.
12. No fees may be charged for services not personally rendered by the physician, unless otherwise specified.
13. The Commission will investigate an injured workers' complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a "peer to peer" review was not conducted by a physician with appropriate skill, training, and knowledge or where the individual performing the "peer to peer" review was not licensed. The Commission will also investigate an injured workers' complaint of bad faith/unfair claims processing practice, and if appropriate, impose penalties under A.R.S. § 23-930, for a denial of treatment based on the failure of the treating doctor to participate in a "peer

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to peer” review, when the treating doctor has not been given reasonable time or opportunity to participate in the “peer to peer” review.

14. As authorized under A.A.C. R20-5-128, the fee for the reproduction of medical records for workers’ compensation purposes shall be 25¢ per page and \$10.00 per hour per person for reasonable clerical costs associated with locating and reproducing the documents.

B. PAYMENT AND REVIEW OF BILLINGS

1. Under Arizona workers’ compensation law, an insurance carrier, self-insured employer or their representative is not responsible for payment of a billing for medical, surgical, and hospital benefits that the insurance carrier, employer or representative received more than 24 months from the date that the medical service was rendered, or from the date on which the provider knew or should have known that the service was rendered, whichever occurs later. A subsequent billing or corrective billing does not restart the limitations period. See A.R.S. § 23-1062.01.
2. It is incumbent upon the insurance carrier, self-insured employer and third party processing service to inform all parties, including the Commission, regarding changes in addresses for bill processing locations.
3. Under Arizona workers’ compensation law, a physician is entitled to timely payment for services rendered. An insurance carrier, self-insured employer or claims processing representative shall make a determination whether to deny or pay a medical bill on an accepted claim, in whole or in part, including the decision as to the amount to pay, within thirty days from the date the claim is accepted, if the billing is received before the date of acceptance, or within thirty days from the date of the receipt of the billing if the billing is received after the date of injury. To ensure timely payment of a medical billing, a billing must contain the information required under A.R.S. § 23-1062.01. A billing must contain at least the following information: Correct demographic patient information including claim number, if known; Correct provider information, including name, address, telephone number, and federal taxpayer identification number; Appropriate medical coding with dollar amounts and units clearly stated with all descriptions and dates of services clearly printed; and Legible medical reports required for each date of service if the billing is for direct treatment of the injured worker.
4. Payment of a workers’ compensation medical billing is governed by A.R.S. § 23-1062.01, which includes:
 - a. Timeframes for processing and payment of medical bills;
 - b. Criteria for billing denials;
 - c. A provision that the injured worker is not responsible for payment of any portion of a medical bill on an accepted claim or payment of any portion of a medical billing that is being disputed;
 - d. A provision that the insurance carrier or self-insured employer may establish an internal system for resolving payment disputes;
 - e. A provision that A.R.S. § 23-1062.01 does not apply to written contracts entered into between medical providers and insurance carriers and self-insured employers or their representatives that specify payment periods or contractual remedies for untimely payments; and
 - f. A provision that the Industrial Commission does not have jurisdiction over contract disputes between the parties.
5. “Reasonable justification” to deny a bill does not include that the payment/billing policies of another private or public entities (publications) do not allow it unless the publication has been adopted by reference in the Fee Schedule.
6. Excluding bundling and unbundling issues, it is not the Commission’s intent to restrict an insurance carrier’s, self-insured employers or third party processing service’s ability to address issues not addressed by the Fee Schedule. This includes evaluating unlisted procedures, establishment of values for unlisted procedures, establishment of values for codes that are listed as “BR” or “RNE”, new CPT® codes that have not been adopted by the Industrial Commission, or issues outside the jurisdiction of the Fee Schedule, such as hospital billings.
7. Physicians shall provide legible medical documentation and reports that are sufficient for insurance carriers/self-insured employers to determine if treatment is being directed towards injuries sustained in an industrial accident or incident. The physician shall ensure that their patients’ medical files include the information required by A.R.S. § 32-1401.2. The medical provider is not required to provide copies of documents or reports that they did not author and that are not in their possession (i.e. Employers’ First Report of Injury).
8. Treating physicians shall submit a narrative that justifies the billing of a level 4 or 5 E & M service.
9. The Commission has adopted by reference the 1995 and 1997 Documentation Guidelines for Evaluation and Management Services. Medical billings shall be prepared and reviewed consistent with how these guidelines are used and interpreted by CMS. Additionally, payers are required to disclose the guideline utilized in their Explanation of Reviews (or other similar document).
10. A payer’s Explanation of Review (or other similar document) shall contain sufficient information to allow the physician to determine whether the amount of payment is correct and whom to contact regarding any questions related to the payment. Information in the Explanation of Review (or other similar document) shall include the following:
 - a. The name of the injured worker;
 - b. The name of the payer and the name of the third party administrator (“TPA”), if applicable;
 - c. If applicable, the name, telephone number, and address of all entities that reviewed the medical billing on behalf of the payer;
 - d. If applicable, the name, telephone number and address of the party that has a written contract signed by the physician that allows the contracting party or other third party to access and pay rates that are different from those provided under this Fee Schedule;
 - e. The amount billed by the physician;
 - f. The amount of any reduction due to a written contract with the physician; and
 - g. The amount of payment.
11. Nothing in this Fee Schedule precludes a physician from entering into a separate contract that governs fees. In this instance, reimbursement shall be made according to the applicable contracted charge. In the absence of a separate contract that governs a physician’s fees, reimbursement shall be made according to this Fee Schedule. A payer shall demonstrate that it is entitled to pay the

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contracted rate in the event of a dispute. If a payer fails to provide evidence that it is entitled to pay a contracted rate, then the payer shall be required to make payment as provided in this Fee Schedule.

12. Billing for Pharmaceuticals is found in the Pharmaceutical Fee Schedule Section of this Appendix.

C. REIMBURSEMENT OF MID-LEVEL PROVIDERS

1. Certified Registered Nurse Anesthetists (“CRNA’s”) are reimbursed at 85% of the fee schedule.
2. Physician Assistants and Nurse Practitioners are reimbursed at 85% of the fee schedule *except* if services are provided “incident to” a physician’s professional services. In that instance, reimbursement is required to be at 100% of the fee schedule. The following criteria are identified as establishing the “incident to” exception:
 - a. The Physician Assistant and Nurse Practitioner must work under the direct supervision of a physician,
 - b. The Physician must initially see that patient and establish a plan of care for that patient (“treatment plan”),
 - c. Subsequent service provided by the Physician Assistant and Nurse Practitioner must be a part of the documented treatment plan, and
 - d. The Physician must always be involved in the patient’s treatment plan and see the patient often enough to demonstrate that the Physician is actively participating in and managing the patient’s care.
3. For purposes of the Fee Schedule, the Commission recognizes that direct supervision of a Physician Assistant or Nurse Practitioner by a Physician can be accomplished through the use modern technology and telecommunications (telemedicine) and may not require the on-site presence of the Physician when the Physician Assistant or Nurse Practitioner sees the patient. In all instances, however, and regardless of the extent to which telemedicine is used, the Physician must actively participate in and manage the patient’s care if services provided by a Physician Assistant or Nurse Practitioner are billed at 100% of the fee schedule under the “incident to” exception.
4. It is the responsibility of the Physician to document if the services provided by a Physician Assistant and Nurse Practitioner are “incident to” the Physician’s professional service. If either the incident to criteria is not met, or the documentation submitted fails to support the “incident to” criteria, the reimbursement should be made at 85% of the fee schedule.

D. DIRECTED CARE AND USE OF NETWORKS

The Arizona Workers’ Compensation Act only permits private self-insured employers to direct medical care. A.R.S. § 23-1070(A); See also *Southwest Gas Corp. v. Industrial Commission of Arizona*, 200 Ariz. 292, 25 P.3d 1164 (2001). This limitation on the scope of directed care means that employees of private self-insured employers do not have an unrestricted right to choose their own medical providers, while employees of all other employers do (including public self-insured employers).¹ Notwithstanding an employee’s right to choose, many workers’ compensation insurance carriers (“carriers”) and public self-insured employers (“employers”) have taken advantage of “networks” to reduce their costs. This is done by either creating their own network of “preferred providers” or by contracting with a third party to access private health-care networks.

¹ It should be noted that the law governing directed care is not limited to “medical doctors,” but instead applies to medical, surgical, and hospital benefits. See A.R.S. § 23-1070. The phrase, “medical, surgical, and hospital benefits” is defined in A.R.S. § 23-1062(A), which states: “Promptly, upon notice to the employer, every injured employee shall receive medical, surgical and hospital benefits or other treatment, nursing, medicine, surgical supplies, crutches and other apparatus, including artificial members, reasonable required at the time of the injury, and during the period of disability. Such benefits shall be termed ‘medical, surgical and hospital benefits.’”

Actions or conduct that impair or limit the right of an employee to choose their medical provider may rise to the level of bad faith and/or unfair claims processing practices under A.R.S. § 23-930. The Commission will investigate a complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a carrier, employer, or TPA has engaged in conduct that results in directing a claimant to a “network” provider. The following are examples of conduct that the Commission would consider appropriate for investigation under A.R.S. § 23-930.

- A claimant is told that they must to see a physician (or other provider) that is “in the network;”
- A claimant is told that care from a “non-network” physician (or other provider) is not authorized;
- A “network” physician (or other provider) is told that referrals are required to be made to another “network” physician (or other provider);
- A “network” physician (or other provider) is told that they may not recommend a “non-network” provider to a patient;
- A “non-network” physician (or other provider) is told that care will only be authorized if provided by a “network” provider; and
- A “non-network” provider is told that reimbursement will be made according to “network” discounts.

E. TREATMENT OF INDUSTRIAL INJURIES AND DISEASES

1. The term “physician” in relation to workers’ compensation cases includes the following: doctors of medicine, doctors of osteopathy, doctors of chiropractic, doctors of naturopathic medicine, certified registered nurse anesthesiologists, physician assistants and nurse practitioners.
2. Only physicians and surgeons licensed in the State of Arizona are permitted to treat injured or disabled employees under the jurisdiction of the Commission, unless others are specifically authorized.
3. An employee who sustains an injury arising out of, or in the course of, employment is entitled, under Arizona law, to select a physician of his/her own choice unless that employee is employed by a private self-insured employer as described in A.R.S. § 23-1070. Employers described in A.R.S. § 23-1070, excluding the State or Political Subdivisions thereof, are allowed to direct medical care.
4. The attending physician’s promptness and professional exactness in the completion and filing of workers’ compensation forms are extremely important to the employee being treated. The injured or disabled employee’s claim to medical benefits and compensation can rest on the conscientious attention of the physician in processing the required reports. Rules addressing the completion of

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these forms are found in the Title 20, Chapter 5, Article 1 of the *Arizona Administrative Code*, which can be obtained at: http://apps.azsos.gov/public_services/Title_20/20-05.pdf

5. The Commission, the employer and the insurance carrier may, at any time, designate a physician or physicians to examine an employee. Additionally, upon application of the employer, employee, or insurance carrier, the Commission may order a change of physician or a change of conditions of treatment when there are reasonable grounds for belief that the employee's health or progress can thus be improved.
6. A claimant may not change doctors without the written authorization of the insurance carrier, the Commission or the attending physician. A claimant may not transfer from one hospital to another without the written authorization of the insurance carrier or the Commission. If the patient's employment requires leaving the locale in which he/she is receiving treatment, the attending physician should arrange for continued treatment and notify the carrier of such arrangement. It is the responsibility of the physician or the hospital to which a patient has transferred to ascertain whether such a change has been authorized.
7. Treatment of conditions unrelated to the injuries sustained in the industrial accident may be denied as unauthorized if the treatment seems directed principally toward the non-industrial condition or if the treatment does not seem necessary for the patient's physical rehabilitation from the industrial injury.
8. If the patient refuses to submit to medical examination or to cooperate with the physician's treatments, the carrier or self-insured employer should be notified.
9. If an employee is capable of some form of gainful employment, it is proper for the physician to release the employee to light work and make a specific report to the carrier or self-insured employer as to the date of such release. It can be to the employee's economic advantage to be released to light work, since he/she can receive compensation based on 66 2/3% of the difference between one's earnings and one's established wage. On the other hand, it would not be to the employee's economic advantage to be released to light work if, in fact, the employee is not capable of performing such work. The physician's judgment in such matters is extremely important.
10. If the employee no longer requires active medical care for the industrial injury and is discharged from treatment, the physician is required to provide a signed report with the date of discharge to the carrier or self-insured employer, even if, as a private patient, the employee may require further medical care for conditions unrelated to the industrial accident. This final report and discharge date are necessary for closing the claim file.
11. When a physician discharges a claimant from treatment, the physician shall determine whether the employee has suffered any impairment of function, or disfigurement about the head or face, including injury to or loss of teeth, and include this information in the final signed report provided to the carrier or self-insured employer. The Rules of Procedure Before the Industrial Commission of Arizona require that any rating of the percentage of functional impairment should be made in accordance with the standards of evaluation published in the most recent edition of the American Medical Association Guides to the Evaluation of Permanent Impairment.
12. Once an exposure to blood-borne pathogen occurs, the workers' compensation insurance carrier/self-insured employer is responsible for payment of the accepted treatment protocol which includes the HBIG vaccination (Hepatitis B Immune Globulin), and, if necessary, the three (3) Hepatitis B vaccinations.
When a work-related incident occurs that may have exposed an employee to Hepatitis, the insurance carrier/self-insured employer is responsible for paying for the testing and/or treatment of Hepatitis B or C. As to treatment of HIV, if a bona fide claim exists under A.R.S. § 23-1043.02, then the insurance carrier/self-insured employer is responsible for paying for the treatment.
13. It is the employer's responsibility, in accordance with existing OSHA standards, to pay for HIV testing. The insurance carrier may seek reimbursement from the employer for the costs associated with providing the series of three (3) Hepatitis B vaccinations if the employer failed to provide them in violation of federal and state laws.

F. REOPENING OF CLAIMS

1. Whether or not the employee has suffered a permanent disability, on a claim that has been previously accepted, the claim may be reopened on the basis of a new, additional or previously undiscovered disability or condition, but:
 - a. The claimant should use the form of petition prescribed by the Commission;
 - b. The petition must be personally signed by the worker or his authorized representative and must be filed at any office of the Industrial Commission of Arizona;
 - c. The petition, in order to be considered, must be accompanied by the physician's medical report.
2. If the claim is reopened, the payment for such reasonable and necessary medical, hospital and laboratory work expenses shall be paid by the insurance carrier if such expenses are incurred within 15 days of the filing of the petition to reopen.
3. No monetary compensation is payable for any period prior to the date of filing of the petition to reopen. Surgical benefits are not payable for any period prior to the date of filing of a petition to reopen, except that surgical benefits are payable for a period prior to the date of filing not to exceed seven (7) days if a bona fide medical emergency precludes the employee from filing a petition to reopen prior to the surgery. Other information relative to reopening rights may be found at A.R.S. § 23-1061(H).
4. If a claim is approved for reopening, the carrier must notify the attending physician of that approval.

G. NO-INSURANCE CLAIMS

"No-Insurance" claims are workers' compensation claims involving injuries to employees of employers who do not have workers' compensation insurance coverage as required by Arizona law. In such cases, all claims and reports are to be addressed to the No-Insurance Section of the Special Fund of The Industrial Commission of Arizona.

H. CONSULTATIONS

Workers' compensation cases can present additional medical and legal problems that justify consultation sooner and more frequently than for the average private patient. In difficult problems and in cases requiring an estimate of general or unscheduled disability, consultation with

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specialists in the appropriate field may be requested by any interested party. The Industrial Commission continues to recognize the necessity for consultations in workers' compensation and establishes relative value units and rates for consultation codes.

I. DEFINITIONS OF SELECT UNIT VALUES

1. **BY REPORT "BR" ITEMS:** "BR" in the value column indicates that the value of this service is to be determined "by report", because the service is too unusual or variable to be assigned a unit relativity. Pertinent information concerning the nature, intent and need for the procedure or service, the time, the skill and equipment necessary, etc., is to be furnished. A detailed clinical record is not necessary.
2. **RELATIVITY NOT ESTABLISHED "RNE" ITEMS:** "RNE" in the value column indicates new or infrequently performed services for which sufficient data has not been collected to allow establishment of a relativity. "RNE" items are clearly definable and not inherently variable as are BR procedures. A report may be necessary.
3. **SERVICE "SV" ITEMS:** "SV" in the value column indicates the value is to be calculated as the sum of the various services rendered (e.g., office, home, nursing home or hospital visits, consultation or detention, etc.), according to the ground rules covering those services. Identify by using the code number of the "SV" item. The Value is established by identifying each individual service, listing the code number and its value.
4. **MATERIALS AND SUPPLIES:** A physician is not entitled to be reimbursed for supplies and materials normally necessary to perform the service. A physician may charge for other supplies and materials using code 99070². A physician may use an applicable HCPCS code in lieu of code 99070 if the HCPCS code more accurately describes the materials and supplies provided by the physician; however, the Commission has not adopted the RVUs for HCPCS codes. Examples of those items that are and are not reimbursable are listed below. Documentation showing actual costs (i.e. manufacturer's current invoice) associated with providing supplies and materials plus fifteen percent (15%) to cover overhead costs will be adequate justification for payment. This provision does not apply to retail operations involving drugs or supplies. Administration of drugs to patients in a clinical setting is covered under code 99070. Prescription drugs provided to patients as a part of the overall treatment regimen but outside of the clinical setting are not included under this code.

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Examples of supplies that are usually not separately reimbursable include:

- Applied hot or cold packs
- Eye patches, injections or debridement trays
- Steristrips
- Needles
- Syringes
- Eye/ear trays
- Drapes
- Sterile gloves
- Applied eye wash or eye drops
- Creams (massage)
- Fluorescein
- Ultrasound pads and gel
- Tissues
- Urine collection kits
- Gauze
- Cotton balls/fluff
- Sterile water
- Band-Aids and dressings for simple wound occlusion
- Head sheets
- Aspiration trays
- Sterile trays for laceration repair and more complex surgeries
- Tape for dressings

Examples of material and supplies that are generally reimbursable include:

- Cast and strapping materials
- Applied dressings beyond simple wound occlusion
- Taping supplies for sprains
- Iontophoresis electrodes
- Reusable patient specific electrodes
- Dispensed items, including:
 - Canes
 - Braces
 - Slings
 - Ace wraps
 - TENS electrodes
 - Crutches
 - Splints
 - Back support
 - Dressings
 - Hot or cold packs

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5. “Modifiers: A two-digit (numeric or alpha) sequence that provides the means by which the reporting physician can specify that a procedure performed has been altered under a procedure performed has been altered under a special circumstance. This allows defining the modifying circumstance of the service or procedure without creating a separate procedure or listing.

Modifier Examples

Professional Component (PC): Certain procedures are a combination of a physician, or Professional component and a technical component. When modifier “-26” is added to an Appropriate code a PC allowable amount will be paid.

Technical Component (TC): The TC component reflects the technical portion of the procedure code. When the technical component is provided by a health care provider other than the one providing the professional component, the health care provider bills for the technical component by adding Modifier “-TC” to the applicable code.

J. LIST OF ACRONYMS

AMA	American Medical Association
AS	Assistant Surgeon
AWP	Average Wholesale Price
BR	By Report
CCI	Current Coding Initiative (National)
CF	Conversion Factor
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
DME	Durable Medical Equipment
E/M	Evaluation and management services
FCE	Functional Capacity Evaluation
FUD	Follow-up day(s)
HCPCS	Healthcare Common Procedure Coding System
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
IME	Independent medical examination
MPFS	Medicare physician fee schedule
MRI	Magnetic resonance imaging
NCCI	(see CCI)
NP	Nurse practitioner
OTC	Over-the-counter
PA	Physician assistant
RBRVS	Resource based relative value scale
RVU	Relative value unit

Historical Note

New Appendix A, Introduction made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Introduction will remain in effect though September 30, 2020 (Supp. 19-3).

PHARMACEUTICAL FEE SCHEDULE**I. GENERAL PROVISIONS AND APPLICABILITY OF THE PHARMACEUTICAL FEE SCHEDULE.**

- A. The Pharmaceutical Fee Schedule (PFS) applies to prescription and over-the-counter (OTC) medications required to treat an injured employee, whether dispensed by a pharmacy (including online or mail order pharmacies) or by a medical practitioner.
- B. Medications are not reimbursable unless “reasonably required” at the time of injury or during the period of disability. See A.R.S. § 23-1062(A); A.A.C. R20-5-1303(A). The Industrial Commission of Arizona has adopted the Official Disability Guidelines (ODG), including ODG’s Drug Formulary Appendix A (ODG Formulary), as the standard reference for evidence-based medicine used in treating injured employees within the context of Arizona’s workers’ compensation system. Effective October 1, 2018, ODG applies to all body parts and conditions. See A.A.C. R20-5-1301(B), (E). ODG is to be used as a tool to support clinical decision making and quality health care delivery to injured employees. The ODG Formulary sets forth pharmaceutical guidelines that are generally considered reasonable and are presumed correct if the guidelines provide recommendations related to a particular medication. See A.A.C. R20-5-1301(H). Medical practitioners are encouraged to consult the ODG Formulary before dispensing or prescribing medications to injured employees.
- C. Generic drugs must be dispensed to injured employees when appropriate, consistent with A.R.S. § 32-1963.01(A),¹ (B), and (D) through (L).² See A.R.S. § 23-908(C). For purposes of this subsection, the definitions in A.R.S. § 32-1963.01(L) apply.³ As a cost reducing measure, medical practitioners should prescribe less costly drugs whenever possible.

¹ A.R.S. § 32-1963.01(A) states: “If a medical practitioner prescribes a brand name drug and does not indicate an intent to prevent substitution as prescribed in subsection E of this section, a pharmacist may fill the prescription with a generic equivalent drug.”

² A.R.S. § 32-1963.01(E) states: “A prescription generated in this state must be dispensed as written only if the prescriber writes or clearly displays ‘DAW’, ‘dispense as written’, ‘do not substitute’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form. A prescription from out of state or from agencies of the United States government must be dispensed as written only if the prescriber writes or clearly displays ‘do not substitute’, ‘dispense as written’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form.”

³ A.R.S. § 32-1963.01(L) states, in part:

2. “Brand name drug” means a drug with a proprietary name assigned to it by the manufacturer or distributor.

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4. "Generic equivalent" or "generically equivalent" means a drug that has an identical amount of the same active chemical ingredients in the same dosage form, that meets applicable standards of strength, quality and purity according to the United States pharmacopeia or other nationally recognized compendium and that, if administered in the same amounts, will provide comparable therapeutic effects. Generic equivalent or generically equivalent does not include a drug that is listed by the United States food and drug administration as having unresolved bioequivalence concerns according to the administration's most recent publication of approved drug products with therapeutic equivalence evaluations.

II. DEFINITIONS.

- A. "Administer" has the meaning set forth in A.R.S. § 32-1901(1).
- B. "Average Wholesale Price" or "AWP" means the wholesale price charged on a specific commodity that is assigned by the drug manufacturer and is listed in a nationally-recognized drug pricing file.
- C. "Commercially available" means a drug product is widely available for purchase in pharmacies accessible to the general public, including in brick and mortar pharmacies accessible to the general public.
- D. "Compound medication" means a pharmaceutical product created by virtue of mixing or combining drugs and/or components to meet the unique needs of an individual patient when the finished product does not recreate a commercially-available product.
- E. "Dispense" or "dispensing" means to deliver to an ultimate user by or pursuant to the lawful order of a medical practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare for that delivery. See A.R.S. § 32-1901(27).
- F. "Drug" has the meaning set forth in A.R.S. § 32-1901(31).
- G. "Hospital" means any institution for the care and treatment of the sick and injured that is approved and licensed as a hospital by: (1) the Arizona Department of Health Services; or (2) an equivalent regulatory agency in another U.S. state, territory, or district. See A.R.S. § 32-1901(42).
- H. "Medical practitioner" means any person who is permitted/licensed and authorized by law to use and prescribe prescription medications, acting within the scope of such authority, for the treatment of sick and injured human beings or for the diagnosis or prevention of sickness in human beings in the State of Arizona or any U.S. state, territory or district. See A.R.S. § 32-1901(53).
- I. "Non-traditional strength" medication means a finished drug product in a strength (i.e. dosage) that is not commercially available in pharmacies accessible to the general public.
- J. "Over-the-counter medication" or "OTC medication" means a finished drug product, including label and container according to context, that does not require a prescription order.
- K. "Pharmacy" has the meaning set forth in A.R.S. § 32-1901(71).
- L. "Pharmacy accessible to the general public" means a pharmacy that is readily accessible and provides pharmaceutical services (including prescription medication services) to all segments of the general public without restricting services to a defined or exclusive group of consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner.
- M. "Pharmacy not accessible to the general public" means a pharmacy that provides services only to a defined or exclusive group of consumers who have access to pharmaceutical services (including prescription medication services) because they are treated by or have an affiliation with a specific entity or medical practitioner. "Pharmacy not accessible to the general public" does not include a hospital pharmacy.
- N. "Prescription" means either a prescription order or a prescription medication. See A.R.S. § 32-1901(80).
- O. "Prescription medication" means any drug, including label and container according to context, that is dispensed pursuant to a prescription order. See A.R.S. § 32-1901(81).
- P. "Prescription order" shall have the meaning set forth in A.R.S. § 32-1901(84).
- Q. "Repackaged medication" means a finished drug product removed from the container in which it was distributed by the original manufacturer and placed into a different container without further manipulation of the drug. The term also includes the act of placing the contents of multiple containers of the same finished drug product into one container. The term also includes "co-pack drug" products which contain two or more separate finished medications that are contained in a single package or unit. The term does not include a drug that is manipulated in any other way, including if the drug is reconstituted, diluted, mixed, or combined with another ingredient.
- R. "Traditional strength" medication means a finished drug product in a formulation that is commercially available in pharmacies accessible to the general public.
- S. "Ultimate user" means a person who lawfully possesses a prescription medication for that person's own use or for the use of a member of that person's household. See A.R.S. § 32-1901(95).

III. GENERAL GUIDELINES FOR BILLING AND REIMBURSEMENT OF PRESCRIPTION MEDICATIONS.

- A. Except as permitted in Section VII of the current PFS, an insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications only if all of the following apply:
 1. The prescription medication is dispensed by an individual who is currently licensed to practice the profession of pharmacy by either: (i) the Arizona State Board of Pharmacy; or (ii) an equivalent regulatory agency in another U.S. state, territory, or district; and
 2. The prescription medication is dispensed by a pharmacy accessible to the general public, including online or mail-order pharmacies that are accessible to the general public.
- B. Reimbursement for prescription medications shall be based on the actual medication dispensed, including a substituted medication that is dispensed pursuant to A.R.S. § 32-1963.01.
- C. Except as specified in Sections IV and V of the current PFS, a pharmaceutical bill submitted for a prescription medication must include the National Drug Code (NDC) of the original manufacturer registered with the U.S. Food & Drug Administration (FDA), the quantity dispensed, and the reimbursement value of the medication. Under no circumstance shall an NDC other than the original manufacturer's NDC be used.

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- D. The reimbursement value for prescription medications shall be based on the current PFS methodology in the absence of a contractual agreement between the pharmacy or medical practitioner and payer governing reimbursement. Network discounts may not be applied in the absence of a contractual agreement with the pharmacy or medical practitioner authorizing such discounts.
- E. The reimbursement value for a prescription medication shall be based on a discount from the applicable AWP, as determined by reference to the original manufacturer's NDC. AWP shall be determined on the date a drug is dispensed from pricing published in the most recent issue, as updated in the most recent update, of a nationally-recognized pharmaceutical publication designated by the Commission. For purposes of determining AWP, the Commission has selected Medi-span for the 2019/2020 PFS.
- F. The reimbursement value for a prescription medication shall be calculated on a per unit basis based on the applicable AWP per unit and the following methodology:
 - 1. Generic drugs: (85% of AWP per unit) x (number of units dispensed).
 - 2. Brand name drugs: (85% of AWP per unit) x (number of units dispensed).
- G. Reimbursement for non-traditional strength prescription medications shall be calculated on a per unit basis, as of the date of dispensing, based on the original manufacturer's NDC and corresponding AWP of the most therapeutically-similar traditional strength form of the same medication. Under no circumstance shall the NDC of the non-traditional strength medication be used.

IV. BILLING AND REIMBURSEMENT FOR REPACKAGED MEDICATIONS.

- A. A pharmaceutical bill submitted for a repackaged medication must identify the NDC of the repackaged medication, the NDC of the original manufacturer registered with the U.S. FDA, the quantity dispensed, and the reimbursement value of the repackaged medication. Under no circumstances shall the reimbursement value of a repackaged medication be based upon an NDC other than the original manufacturer's NDC. A repackaged NDC shall not be used for calculating the reimbursement value of a repackaged medication and shall not be considered the original manufacturer's NDC.
- B. If a pharmaceutical bill for a repackaged medication is submitted without the original manufacturer's NDC, the payer has the discretion to determine the appropriate NDC (and corresponding AWP) to use or, alternatively, may deny coverage until the appropriate NDC is furnished.
- C. The reimbursement value for a repackaged medication shall be based on the current PFS reimbursement methodology contained in Section III of the PFS, utilizing the NDC(s) and corresponding AWP(s) of the original manufacturer(s).
- D. Any component of a co-pack drug product for which there is no NDC shall not be reimbursed.

V. BILLING AND REIMBURSEMENT FOR COMPOUND MEDICATIONS.

- A. A pharmaceutical bill submitted for a compound medication must identify each reimbursable component ingredient, the applicable NDC of each reimbursable component ingredient, the corresponding quantity of each component ingredient, and the calculated reimbursement value of each component ingredient. All component ingredients of a compound medication must be billed on a single bill.
- B. The reimbursement value for a compound medication shall be calculated at the component ingredient level. The reimbursement value for a compound medication shall be based on the sum of the reimbursement values of each component ingredient and the corresponding component ingredient's NDC, based on the current PFS reimbursement methodology set forth in Section III.
- C. Any component ingredient in a compound medication for which there is no NDC shall not be reimbursed.
- D. Any component ingredient in a topical compound medication that is not FDA approved for topical use shall not be reimbursed.
- E. If any component ingredient in a compound medication is a repackaged medication, the reimbursement value for the repackaged medication ingredient shall be determined based on the current PFS reimbursement methodology set forth in Section III, using the AWP corresponding to the NDC of the original manufacturer. See Section IV.
- F. The maximum reimbursement value for a topical compound medication shall be the lesser of: (1) two hundred (\$200) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days); or (2) the reimbursement value of the compound medication calculated under this section.

VI. BILLING AND REIMBURSEMENT FOR MEDICATIONS ADMINISTERED BY A MEDICAL PRACTITIONER.

- A. A pharmaceutical bill submitted for a medication administered by a medical practitioner must comply with billing procedures outlined in Sections III, IV, and V of the current PFS, as applicable.
- B. The reimbursement value for a medication administered by a medical practitioner shall be based on the current PFS reimbursement methodology contained in Sections III, IV, and V of the PFS, as applicable.

VII. REIMBURSEMENT FOR MEDICATIONS DISPENSED BY A MEDICAL PRACTITIONER OR IN A PHARMACY NOT ACCESSIBLE TO THE GENERAL PUBLIC.^{4,5}

- A. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if all of the following apply:
 - 1. The prescription medication is dispensed by a medical practitioner to the injured employee within seven days of the date of the industrial injury;
 - 2. The prescription medication is limited to no more than a one-time, ten-day supply;
 - 3. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.
- B. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if all of the following apply:
 - 1. The injured employee does not have access to a pharmacy accessible to the general public within 20 miles of the injured employee's home address, work address, or the address of the prescribing medical practitioner;
 - 2. The injured employee cannot reasonably acquire the prescription medication from an online or mail order pharmacy accessible to the general public; and

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3. The prescription medication conforms to dosages and formulations which are commercially available in pharmacies accessible to the general public.
- C. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if the dispensing of a prescription medication for an individual claim and specified duration has been preapproved in writing by the insurance carrier, self-insured employer, or the Special Fund of the Commission. Nothing in this section requires an insurance carrier, self-insured employer, or the Special Fund of the Commission to preapprove the dispensing of prescription medications under this subsection.
- D. The guidelines in this section do not apply to prescription medications dispensed during in-patient hospital care or upon discharge from in-patient hospital care.
- E. The reimbursement value for OTC medications dispensed by a medical practitioner or in a pharmacy not accessible to the general public shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the OTC medication in settings where the medication is commercially available.
- F. The reimbursement value for OTC medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public and that are not commercially available in pharmacies accessible to the general public shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the most therapeutically-similar OTC medication commercially available in pharmacies accessible to the general public. Under no circumstance shall the NDC or AWP of the non-commercially-available OTC medication be used.
- G. Subject to the limitations in this section, medications that have been provided as free samples to a medical practitioner may be dispensed to an injured employee when appropriate, but are not reimbursable.

⁴Dispensing pursuant to Section VII is subject to the Arizona Opioid Epidemic Act, which imposes statutory limits on the prescribing and dispensing of schedule II opioids. For more information about the Arizona Opioid Epidemic Act, please see the FAQs published by the Arizona State Board of Pharmacy, available at <https://drive.google.com/file/d/1JCIIs8VwtdJ1T-DyGfJN3WWUm4KhDMXe/view>.

⁵Section VII sets forth reimbursement guidelines for medications dispensed in settings that are not accessible to the general public in Arizona's worker's compensation system and does not interfere with a medical practitioner's ability to dispense medications pursuant to A.R.S. § 32-1491 or seek payment from sources unrelated to workers' compensation.

VIII. DISPENSING FEE.

- A. If a prescription medication is dispensed by a pharmacy accessible to the general public pursuant to a prescription order, a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. The dispensing fee does not apply to OTC medications that are not prescribed by a medical practitioner.
- B. If a prescription medication is dispensed by a medical practitioner or in a pharmacy not accessible to the general public pursuant to Section VII(A), (B), or (C), a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. If an OTC medication is dispensed by a medical practitioner or by a pharmacy not accessible to the general public, a dispensing fee is not permitted.
- C. If a prescription or OTC medication is administered by a medical practitioner, a dispensing fee is not permitted.

IX. ADDITIONAL BILLING GUIDELINES.

- A. Paper billing by a medical practitioner:

The following is an example of how to report both the repackaged NDC and original NDC on the CMS 1500 form using the shaded area of line 24. The information is reported in the following order: qualifier (N4), NDC code, one space, unit/basis of measurement qualifier, quantity, one space, ORIG, qualifier (N4), NDC code.”

III. A. DATE(S) OF SERVICE				B. C. PLACE OF SERVICE		D. PROCEDURES, SERVICES, OR SUPPLIES				E. DIAGNOSIS		F. CHARGES		G. DAYS OF SERVICE		H. I. RENDERING PROVIDER		J. RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPHCPCS	MODIFIER	DIAGNOSIS	PORTER	\$ CHARGES	UNIT	PER	DAY	TYPE	QUAL	PROVIDER ID #	PROVIDER ID #
N455280047590 UN30 ORIGN400025152531																			
10	01	05	10	01	05	11		J3490			A	500	00	30	N	G2	12345678901	0123456789	

If a physician does not bill using the CMS 1500 form, or is not able to include all the required information on the CMS 1500 form (due to software/system limitations), then the physician may provide the required information (in the required order) separately or as an attachment to the CMS 1500 form.

- B. Paper billing by non-physician entities.

A non-physician entity using paper billing to bill for medications shall use the most recent version of the Workers' Compensation/Property & Casualty Universal claim Form (WC/PC UCF) adopted by the National Council for Prescription Drug Programs.

X. SEVERABILITY CLAUSE.

If any provision of Pharmaceutical Fee Schedule or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or application of the Pharmaceutical Fee Schedule which can be given effect without the invalid provisions or application, and to this end the provisions of this Pharmaceutical Fee Schedule are severable.

Historical Note

New Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pharmaceutical Fee Schedule will remain in effect through September 30, 2020 (Supp. 19-3).

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

APPENDIX CATEGORIES

ANESTHESIA

ANESTHESIA GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2019 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx.

The Commission has also adopted by reference the unit values and guidance for consultative, diagnostic and therapeutic services published in the most recent edition of *Relative Value Guide*, American Society of Anesthesiologists. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for anesthesia services. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. CERTIFIED REGISTERED NURSE ANESTHETISTS:** Are reimbursed at 85% of the fee schedule when billed with modifier QZ.
- B. ANESTHESIA MODIFIERS:** Anesthesia modifiers, which may include physical status and other optional modifiers, may be added to the basic values. Unit values for physical status modifiers are as follows:

	Unit Values
P1 – A normal healthy patient	0
P2 – A patient with mild systemic disease	0
P3 – A patient with severe systemic disease	1
P4 – A patient with severe systemic disease that is a constant threat to life	2
P5 – A moribund patient who is not expected to survive without the operation	3
P6 – A declared brain-dead patient whose organs are being removed for donor purposes	0

AA - Anesthesia services personally performed by an anesthesiologist Reimbursed at 100% of the lesser of billed charges or fee schedule calculation

AD - Medical supervision by a physician: more than four (4) concurrent Anesthesia reimbursed at 50% of the lesser of billed charges or fee schedule calculation

QK - Medical direction of two, three or four concurrent anesthesia procedures Involving qualified individuals reimbursed at 50% of the lesser of billed charges or fee schedule

QX - Qualified nonphysician anesthetist with medical direction by a physician reimbursed at 50% of fee schedule calculation

QZ - CRNA without medical direction by a physician reimbursed at 85% of the lesser of billed charges or fee schedule calculation

- C. REPORTING OF TIME:** Time reporting is described in the Anesthesia Guidelines of the CPT® book. IN ARIZONA, TIME UNITS WILL BE ADDED TO THE BASIC VALUE AND MODIFYING UNITS AS IS CUSTOMARY IN THE LOCAL AREA USING THE FOLLOWING UNIT VALUES:

1 unit value is equal to Fifteen (15) minutes or any Seven (7) minute portion thereof.

- D. UNIT VALUES FOR OTHER QUALIFYING CIRCUMSTANCES:** (more than one may be selected)
Qualifying circumstances are described in the Anesthesia Guidelines of the CPT® book. The unit values for these procedures, which are reported as an additional service and may be added to the basic unit values, are as follows:

Code	Unit Value
99100	1
99116	5
99135	5
99140	2

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Historical Note

New Appendix A. Anesthesia Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Anesthesia Guidelines will remain in effect through September 30, 2020 (Supp. 19-3).

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Anesthesia Codes

ARIZONA PHYSICIANS' FEE SCHEDULE

ANESTHESIA CODES 2019-2020

Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
00100	Anesthesia	5	\$ 305.00
00102	Anesthesia	6	\$ 366.00
00103	Anesthesia	5	\$ 305.00
00104	Anesthesia	4	\$ 244.00
00120	Anesthesia	5	\$ 305.00
00124	Anesthesia	4	\$ 244.00
00126	Anesthesia	4	\$ 244.00
00140	Anesthesia	5	\$ 305.00
00142	Anesthesia	4	\$ 244.00
00144	Anesthesia	6	\$ 366.00
00145	Anesthesia	6	\$ 366.00
00147	Anesthesia	4	\$ 244.00
00148	Anesthesia	4	\$ 244.00
00160	Anesthesia	5	\$ 305.00
00162	Anesthesia	7	\$ 427.00
00164	Anesthesia	4	\$ 244.00
00170	Anesthesia	5	\$ 305.00
00172	Anesthesia	6	\$ 366.00
00174	Anesthesia	6	\$ 366.00
00176	Anesthesia	7	\$ 427.00
00190	Anesthesia	5	\$ 305.00
00192	Anesthesia	7	\$ 427.00
00210	Anesthesia	11	\$ 671.00
00211	Anesthesia	10	\$ 610.00
00212	Anesthesia	5	\$ 305.00
00214	Anesthesia	9	\$ 549.00
00215	Anesthesia	9	\$ 549.00
00216	Anesthesia	15	\$ 915.00
00218	Anesthesia	13	\$ 793.00
00220	Anesthesia	10	\$ 610.00
00222	Anesthesia	6	\$ 366.00
00300	Anesthesia	5	\$ 305.00
00320	Anesthesia	6	\$ 366.00
00322	Anesthesia	3	\$ 183.00
00326	Anesthesia	7	\$ 427.00
00350	Anesthesia	10	\$ 610.00
00352	Anesthesia	5	\$ 305.00
00400	Anesthesia	3	\$ 183.00
00402	Anesthesia	5	\$ 305.00
00404	Anesthesia	5	\$ 305.00
00406	Anesthesia	13	\$ 793.00
00410	Anesthesia	4	\$ 244.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

ANESTHESIA CODES 2019-2020
 Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
00450	Anesthesia	5	\$ 305.00
00454	Anesthesia	3	\$ 183.00
00470	Anesthesia	6	\$ 366.00
00472	Anesthesia	10	\$ 610.00
00474	Anesthesia	13	\$ 793.00
00500	Anesthesia	15	\$ 915.00
00520	Anesthesia	6	\$ 366.00
00522	Anesthesia	4	\$ 244.00
00524	Anesthesia	4	\$ 244.00
00528	Anesthesia	8	\$ 488.00
00529	Anesthesia	11	\$ 671.00
00530	Anesthesia	4	\$ 244.00
00532	Anesthesia	4	\$ 244.00
00534	Anesthesia	7	\$ 427.00
00537	Anesthesia	7	\$ 427.00
00539	Anesthesia	18	\$ 1,098.00
00540	Anesthesia	12	\$ 732.00
00541	Anesthesia	15	\$ 915.00
00542	Anesthesia	15	\$ 915.00
00546	Anesthesia	15	\$ 915.00
00548	Anesthesia	17	\$ 1,037.00
00550	Anesthesia	10	\$ 610.00
00560	Anesthesia	15	\$ 915.00
00561	Anesthesia	25	\$ 1,525.00
00562	Anesthesia	20	\$ 1,220.00
00563	Anesthesia	25	\$ 1,525.00
00566	Anesthesia	25	\$ 1,525.00
00567	Anesthesia	18	\$ 1,098.00
00580	Anesthesia	20	\$ 1,220.00
00600	Anesthesia	10	\$ 610.00
00604	Anesthesia	13	\$ 793.00
00620	Anesthesia	10	\$ 610.00
00625	Anesthesia	13	\$ 793.00
00626	Anesthesia	15	\$ 915.00
00630	Anesthesia	8	\$ 488.00
00632	Anesthesia	7	\$ 427.00
00635	Anesthesia	4	\$ 244.00
00640	Anesthesia	3	\$ 183.00
00670	Anesthesia	13	\$ 793.00
00700	Anesthesia	4	\$ 244.00
00702	Anesthesia	4	\$ 244.00
00730	Anesthesia	5	\$ 305.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

ANESTHESIA CODES 2019-2020
Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
00731	Anesthesia	5	\$ 305.00
00732	Anesthesia	6	\$ 366.00
00750	Anesthesia	4	\$ 244.00
00752	Anesthesia	6	\$ 366.00
00754	Anesthesia	7	\$ 427.00
00756	Anesthesia	7	\$ 427.00
00770	Anesthesia	15	\$ 915.00
00790	Anesthesia	7	\$ 427.00
00792	Anesthesia	13	\$ 793.00
00794	Anesthesia	8	\$ 488.00
00796	Anesthesia	30	\$ 1,830.00
00797	Anesthesia	11	\$ 671.00
00800	Anesthesia	4	\$ 244.00
00802	Anesthesia	5	\$ 305.00
00811	Anesthesia	4	\$ 244.00
00812	Anesthesia	3	\$ 183.00
00813	Anesthesia	5	\$ 305.00
00820	Anesthesia	5	\$ 305.00
00830	Anesthesia	4	\$ 244.00
00832	Anesthesia	6	\$ 366.00
00834	Anesthesia	5	\$ 305.00
00836	Anesthesia	6	\$ 366.00
00840	Anesthesia	6	\$ 366.00
00842	Anesthesia	4	\$ 244.00
00844	Anesthesia	7	\$ 427.00
00846	Anesthesia	8	\$ 488.00
00848	Anesthesia	8	\$ 488.00
00851	Anesthesia	6	\$ 366.00
00860	Anesthesia	6	\$ 366.00
00862	Anesthesia	7	\$ 427.00
00864	Anesthesia	8	\$ 488.00
00865	Anesthesia	7	\$ 427.00
00866	Anesthesia	10	\$ 610.00
00868	Anesthesia	10	\$ 610.00
00870	Anesthesia	5	\$ 305.00
00872	Anesthesia	7	\$ 427.00
00873	Anesthesia	5	\$ 305.00
00880	Anesthesia	15	\$ 915.00
00882	Anesthesia	10	\$ 610.00
00902	Anesthesia	5	\$ 305.00
00904	Anesthesia	7	\$ 427.00
00906	Anesthesia	4	\$ 244.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

ANESTHESIA CODES 2019-2020

Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
00908	Anesthesia	6	\$ 366.00
00910	Anesthesia	3	\$ 183.00
00912	Anesthesia	5	\$ 305.00
00914	Anesthesia	5	\$ 305.00
00916	Anesthesia	5	\$ 305.00
00918	Anesthesia	5	\$ 305.00
00920	Anesthesia	3	\$ 183.00
00921	Anesthesia	3	\$ 183.00
00922	Anesthesia	6	\$ 366.00
00924	Anesthesia	4	\$ 244.00
00926	Anesthesia	4	\$ 244.00
00928	Anesthesia	6	\$ 366.00
00930	Anesthesia	4	\$ 244.00
00932	Anesthesia	4	\$ 244.00
00934	Anesthesia	6	\$ 366.00
00936	Anesthesia	8	\$ 488.00
00938	Anesthesia	4	\$ 244.00
00940	Anesthesia	3	\$ 183.00
00942	Anesthesia	4	\$ 244.00
00944	Anesthesia	6	\$ 366.00
00948	Anesthesia	4	\$ 244.00
00950	Anesthesia	5	\$ 305.00
00952	Anesthesia	4	\$ 244.00
01112	Anesthesia	5	\$ 305.00
01120	Anesthesia	6	\$ 366.00
01130	Anesthesia	3	\$ 183.00
01140	Anesthesia	15	\$ 915.00
01150	Anesthesia	10	\$ 610.00
01160	Anesthesia	4	\$ 244.00
01170	Anesthesia	8	\$ 488.00
01173	Anesthesia	12	\$ 732.00
01200	Anesthesia	4	\$ 244.00
01202	Anesthesia	4	\$ 244.00
01210	Anesthesia	6	\$ 366.00
01212	Anesthesia	10	\$ 610.00
01214	Anesthesia	8	\$ 488.00
01215	Anesthesia	10	\$ 610.00
01220	Anesthesia	4	\$ 244.00
01230	Anesthesia	6	\$ 366.00
01232	Anesthesia	5	\$ 305.00
01234	Anesthesia	8	\$ 488.00
01250	Anesthesia	4	\$ 244.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

ANESTHESIA CODES 2019-2020
Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
01260	Anesthesia	3	\$ 183.00
01270	Anesthesia	8	\$ 488.00
01272	Anesthesia	4	\$ 244.00
01274	Anesthesia	6	\$ 366.00
01320	Anesthesia	4	\$ 244.00
01340	Anesthesia	4	\$ 244.00
01360	Anesthesia	5	\$ 305.00
01380	Anesthesia	3	\$ 183.00
01382	Anesthesia	3	\$ 183.00
01390	Anesthesia	3	\$ 183.00
01392	Anesthesia	4	\$ 244.00
01400	Anesthesia	4	\$ 244.00
01402	Anesthesia	7	\$ 427.00
01404	Anesthesia	5	\$ 305.00
01420	Anesthesia	3	\$ 183.00
01430	Anesthesia	3	\$ 183.00
01432	Anesthesia	6	\$ 366.00
01440	Anesthesia	8	\$ 488.00
01442	Anesthesia	8	\$ 488.00
01444	Anesthesia	8	\$ 488.00
01462	Anesthesia	3	\$ 183.00
01464	Anesthesia	3	\$ 183.00
01470	Anesthesia	3	\$ 183.00
01472	Anesthesia	5	\$ 305.00
01474	Anesthesia	5	\$ 305.00
01480	Anesthesia	3	\$ 183.00
01482	Anesthesia	4	\$ 244.00
01484	Anesthesia	4	\$ 244.00
01486	Anesthesia	7	\$ 427.00
01490	Anesthesia	3	\$ 183.00
01500	Anesthesia	8	\$ 488.00
01502	Anesthesia	6	\$ 366.00
01520	Anesthesia	3	\$ 183.00
01522	Anesthesia	5	\$ 305.00
01610	Anesthesia	5	\$ 305.00
01620	Anesthesia	4	\$ 244.00
01622	Anesthesia	4	\$ 244.00
01630	Anesthesia	5	\$ 305.00
01634	Anesthesia	9	\$ 549.00
01636	Anesthesia	15	\$ 915.00
01638	Anesthesia	10	\$ 610.00
01650	Anesthesia	6	\$ 366.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

ANESTHESIA CODES 2019-2020
Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
01652	Anesthesia	10	\$ 610.00
01654	Anesthesia	8	\$ 488.00
01656	Anesthesia	10	\$ 610.00
01670	Anesthesia	4	\$ 244.00
01680	Anesthesia	3	\$ 183.00
01710	Anesthesia	3	\$ 183.00
01712	Anesthesia	5	\$ 305.00
01714	Anesthesia	5	\$ 305.00
01716	Anesthesia	5	\$ 305.00
01730	Anesthesia	3	\$ 183.00
01732	Anesthesia	3	\$ 183.00
01740	Anesthesia	4	\$ 244.00
01742	Anesthesia	5	\$ 305.00
01744	Anesthesia	5	\$ 305.00
01756	Anesthesia	6	\$ 366.00
01758	Anesthesia	5	\$ 305.00
01760	Anesthesia	7	\$ 427.00
01770	Anesthesia	6	\$ 366.00
01772	Anesthesia	6	\$ 366.00
01780	Anesthesia	3	\$ 183.00
01782	Anesthesia	4	\$ 244.00
01810	Anesthesia	3	\$ 183.00
01820	Anesthesia	3	\$ 183.00
01829	Anesthesia	3	\$ 183.00
01830	Anesthesia	3	\$ 183.00
01832	Anesthesia	6	\$ 366.00
01840	Anesthesia	6	\$ 366.00
01842	Anesthesia	6	\$ 366.00
01844	Anesthesia	6	\$ 366.00
01850	Anesthesia	3	\$ 183.00
01852	Anesthesia	4	\$ 244.00
01860	Anesthesia	3	\$ 183.00
01916	Anesthesia	5	\$ 305.00
01920	Anesthesia	7	\$ 427.00
01922	Anesthesia	7	\$ 427.00
01924	Anesthesia	5	\$ 305.00
01925	Anesthesia	7	\$ 427.00
01926	Anesthesia	8	\$ 488.00
01930	Anesthesia	5	\$ 305.00
01931	Anesthesia	7	\$ 427.00
01932	Anesthesia	6	\$ 366.00
01933	Anesthesia	7	\$ 427.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

ANESTHESIA CODES 2019-2020

Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
01935	Anesthesia	5	\$ 305.00
01936	Anesthesia	5	\$ 305.00
01951	Anesthesia	3	\$ 183.00
01952	Anesthesia	5	\$ 305.00
01953	Anesthesia	1	\$ 61.00
01958	Anesthesia	5	\$ 305.00
01960	Anesthesia	5	\$ 305.00
01961	Anesthesia	7	\$ 427.00
01962	Anesthesia	8	\$ 488.00
01963	Anesthesia	8	\$ 488.00
01965	Anesthesia	4	\$ 244.00
01966	Anesthesia	4	\$ 244.00
01967	Anesthesia	5	\$ 305.00
01968	Anesthesia	2	\$ 122.00
01969	Anesthesia	5	\$ 305.00
01990	Anesthesia	7	\$ 427.00
01991	Anesthesia	3	\$ 183.00
01992	Anesthesia	5	\$ 305.00
01996	Anesthesia	3	\$ 183.00
01999	Anesthesia	-	BR

Historical Note

Anesthesia Codes 2019- 2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Anesthesia Codes 2019-2020 will remain in effect though September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

SURGERY

SURGERY GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2019 Editions of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx.

The Commission has also adopted by reference: 1) The 1995 and 1997 *Documentation Guidelines for Evaluation and Management Services*, Centers for Medicare and Medicaid Services (CMS) <https://www.cms.gov>; 2) 2019 Optum 360 The Essential RBRVS <https://www.optum360.com/>; 3) The National Correct Coding Initiative Edits, CMS <https://www.cms.gov/Medicare/Coding/NationalCorrectCodingInitiative/index.html>. and, 4) Physicians as Assistants at Surgery Update 2018 <https://www.facs.org/>. The RBRVS-based fee schedule adopts surgical global periods published by CMS. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for surgical services. To the extent that a conflict may exist between CMS, an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. **MATERIALS AND SUPPLIES:** A physician may charge for materials and supplies as described in subsection (I) (4) of the Introduction Section of the Physician's Fee Schedule.
- B. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same date by separate entries. However, the primary procedure code is the code that determines the follow-up days when a surgery has multiple procedures. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes.
- C. **SPECIAL REPORT:** A typical request for more detailed information from an insurance carrier regarding a billing does not constitute a "special report", which is defined in the CPT® book.
- D. **MODIFIERS:** Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate modifier code, which may be reported in either of two ways. The modifier may be reported by a two-digit number placed after the usual procedure number from which it is separated by a hyphen. Or the modifier may be reported by a separate five-digit code that is used in addition to the procedure code. If more than one modifier is used, the "Multiple Modifiers" code placed first after the procedure code indicates that one or more additional modifier codes will follow.

Modifiers either unique to Arizona or containing explanatory language specific to Arizona are as follows:

- Δ-22 Increased Procedural Services: Use of this modifier will result in a twenty-five percent (25%) increase in the listed value for the listed procedure.
- Δ-25 Separately Identifiable Evaluation and Management Service by same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service. It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). As such, different diagnoses are not required for reporting of the E/M services on the same date. The circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.
- Δ-47 Anesthesia by Surgeon: The value shall be fifty percent (50%) of the calculated American Society of Anesthesiologists Relative Value Guide value.
- Δ-50 Bilateral Procedure: Unless otherwise identified in the listings, when bilateral procedures which add significant time or complexity to patient care are provided at the same operative session, identify and value the first or major procedure as listed. Identify the secondary or lesser procedure(s) by adding this modifier '-50' to the usual procedure number(s) and value at fifty percent (50%) of the listed value(s). If, however, the procedures are independently complex and involve different parts of the body, including digits, the bilateral procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value.
- Δ-51 Multiple Procedures: When multiple procedures are performed during the same operative session*, the procedures should be valued at the appropriate percent of its listed value, as shown below:
 - 100% (full value) for the first or major procedure
 - 50% for the second and multiple procedure(s)
 - Sixth and subsequent procedures – by report

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*Multiple Procedure Guidelines do not apply to codes specifically identified as “Add-on/Additional Procedures, Global indicator”ZZZ”.

The major or primary procedure is defined as the procedure with the highest value and is the code that determines the follow-up days when a surgery has multiple procedures. The second procedure is the procedure with the next highest value, the third the next highest value and so on. **

**If, however, the procedures are independently complex such as digits, tendons, nerves or artery repair, the multiple procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value.

Δ-57 Decision for Surgery: An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

Δ-62 Two Surgeons: By prior agreement, the total value of services performed by two surgeons working together as primary surgeons may be apportioned in relation to the responsibility and work done, provided the patient is made aware of the fee distribution according to medical ethics. If no apportionment listed, the fee should be split evenly between the co-surgeons. The total value may be increased by twenty-five percent (25%) in lieu of the usual assistant's charge. Under these circumstances the services of each surgeon should be identified by adding this modifier ‘-62’ to the joint procedure number(s) and valued as agreed upon. (Usual charges for surgical assistance may be warranted if still another physician is required as part of the surgical team.) The value of the procedure should be 125 percent of the customary value listed. Payment of 125% of the maximum allowable would be divided between the participating surgeons.

Two Surgeons – When 2 surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on codes(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported with modifier -62 added. **Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Δ-80 Assistant Surgeons: These services are valued at twenty percent (20%) of the listed value of the surgical procedure(s).

– OR –

Δ-81 Minimum Assistant Surgeons: These services are valued at ten percent (10%) of the listed value of the surgical procedure(s).

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Historical Note

New Appendix A. Surgery Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A., Surgery Guidelines will remain in effect through September 30, 2020 (Supp. 19-3).

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Surgery Codes

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
10004 00	Surgery	1.49	1.25	\$ 122.75	\$ 102.98
10005 00	Surgery	3.59	2.1	\$ 295.76	\$ 173.01
10006 00	Surgery	1.71	1.43	\$ 140.88	\$ 117.81
10007 00	Surgery	8.09	2.7	\$ 666.49	\$ 222.44
10008 00	Surgery	4.56	1.76	\$ 375.67	\$ 145.00
10009 00	Surgery	13.24	3.27	\$ 1,090.77	\$ 269.40
10010 00	Surgery	7.98	2.39	\$ 657.43	\$ 196.90
10011 00	Surgery	0	0	\$ 0.00	\$ 0.00
10012 00	Surgery	0	0	\$ 0.00	\$ 0.00
10021 00	Surgery	2.78	1.61	\$ 229.03	\$ 132.64
10030 00	Surgery	16.27	3.97	\$ 1,340.40	\$ 327.07
10035 00	Surgery	13.67	2.48	\$ 1,126.20	\$ 204.31
10036 00	Surgery	11.79	1.25	\$ 971.32	\$ 102.98
10040 00	Surgery	3.09	1.66	\$ 254.57	\$ 136.76
10060 00	Surgery	3.37	2.81	\$ 277.64	\$ 231.50
10061 00	Surgery	5.87	5.16	\$ 483.60	\$ 425.11
10080 00	Surgery	5.23	2.93	\$ 430.87	\$ 241.39
10081 00	Surgery	7.84	4.87	\$ 645.90	\$ 401.21
10120 00	Surgery	4.32	2.96	\$ 355.90	\$ 243.86
10121 00	Surgery	7.77	5.32	\$ 640.13	\$ 438.29
10140 00	Surgery	4.77	3.4	\$ 392.98	\$ 280.11
10160 00	Surgery	3.7	2.72	\$ 304.82	\$ 224.09
10180 00	Surgery	7.12	5.1	\$ 586.58	\$ 420.16
11000 00	Surgery	1.57	0.82	\$ 129.34	\$ 67.56
11001 00	Surgery	0.62	0.41	\$ 51.08	\$ 33.78
11004 00	Surgery	16.69	16.69	\$ 1,375.00	\$ 1,375.00
11005 00	Surgery	22.64	22.64	\$ 1,865.19	\$ 1,865.19
11006 00	Surgery	20.44	20.44	\$ 1,683.94	\$ 1,683.94
11008 00	Surgery	7.96	7.96	\$ 655.78	\$ 655.78
11010 00	Surgery	13.82	8.01	\$ 1,138.56	\$ 659.90
11011 00	Surgery	15.26	8.68	\$ 1,257.19	\$ 715.10
11012 00	Surgery	19.79	12.19	\$ 1,630.39	\$ 1,004.27
11042 00	Surgery	3.46	1.76	\$ 285.05	\$ 145.00
11043 00	Surgery	6.57	4.45	\$ 541.27	\$ 366.61
11044 00	Surgery	8.93	6.58	\$ 735.70	\$ 542.09
11045 00	Surgery	1.18	0.76	\$ 97.21	\$ 62.61
11046 00	Surgery	2.09	1.61	\$ 172.18	\$ 132.64
11047 00	Surgery	3.53	2.85	\$ 290.82	\$ 234.80
11055 00	Surgery	1.59	0.46	\$ 130.99	\$ 37.90
11056 00	Surgery	1.9	0.65	\$ 156.53	\$ 53.55

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SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
11057 00	Surgery	2.11	0.85	\$ 173.83	\$ 70.03
11102 00	Surgery	2.8	1.14	\$ 230.68	\$ 93.92
11103 00	Surgery	1.51	0.66	\$ 124.40	\$ 54.37
11104 00	Surgery	3.52	1.43	\$ 289.99	\$ 117.81
11105 00	Surgery	1.73	0.78	\$ 142.53	\$ 64.26
11106 00	Surgery	4.26	1.74	\$ 350.96	\$ 143.35
11107 00	Surgery	2.04	0.93	\$ 168.06	\$ 76.62
11200 00	Surgery	2.51	2.1	\$ 206.79	\$ 173.01
11201 00	Surgery	0.54	0.48	\$ 44.49	\$ 39.54
11300 00	Surgery	2.77	1.01	\$ 228.21	\$ 83.21
11301 00	Surgery	3.4	1.53	\$ 280.11	\$ 126.05
11302 00	Surgery	3.98	1.8	\$ 327.89	\$ 148.29
11303 00	Surgery	4.39	2.13	\$ 361.67	\$ 175.48
11305 00	Surgery	2.9	1.12	\$ 238.92	\$ 92.27
11306 00	Surgery	3.45	1.49	\$ 284.23	\$ 122.75
11307 00	Surgery	4.09	1.92	\$ 336.95	\$ 158.18
11308 00	Surgery	4.34	2.14	\$ 357.55	\$ 176.30
11310 00	Surgery	3.23	1.36	\$ 266.10	\$ 112.04
11311 00	Surgery	3.86	1.88	\$ 318.01	\$ 154.88
11312 00	Surgery	4.52	2.23	\$ 372.38	\$ 183.72
11313 00	Surgery	5.3	2.89	\$ 436.64	\$ 238.09
11400 00	Surgery	3.53	2.33	\$ 290.82	\$ 191.96
11401 00	Surgery	4.3	2.99	\$ 354.25	\$ 246.33
11402 00	Surgery	4.78	3.29	\$ 393.80	\$ 271.05
11403 00	Surgery	5.53	4.25	\$ 455.59	\$ 350.14
11404 00	Surgery	6.27	4.67	\$ 516.55	\$ 384.74
11406 00	Surgery	9.02	7.11	\$ 743.11	\$ 585.76
11420 00	Surgery	3.53	2.33	\$ 290.82	\$ 191.96
11421 00	Surgery	4.49	3.15	\$ 369.91	\$ 259.51
11422 00	Surgery	5.06	3.9	\$ 416.87	\$ 321.30
11423 00	Surgery	5.77	4.48	\$ 475.36	\$ 369.08
11424 00	Surgery	6.69	5.16	\$ 551.15	\$ 425.11
11426 00	Surgery	9.59	7.93	\$ 790.07	\$ 653.31
11440 00	Surgery	3.91	2.96	\$ 322.12	\$ 243.86
11441 00	Surgery	4.83	3.76	\$ 397.92	\$ 309.77
11442 00	Surgery	5.39	4.16	\$ 444.05	\$ 342.72
11443 00	Surgery	6.42	5.11	\$ 528.91	\$ 420.99
11444 00	Surgery	8.05	6.51	\$ 663.20	\$ 536.32
11446 00	Surgery	11.16	9.33	\$ 919.41	\$ 768.65
11450 00	Surgery	11.25	7.33	\$ 926.83	\$ 603.88
11451 00	Surgery	14.15	9.37	\$ 1,165.74	\$ 771.95

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ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
11462 00	Surgery	10.96	6.98	\$ 902.94	\$ 575.05
11463 00	Surgery	14.32	9.42	\$ 1,179.75	\$ 776.06
11470 00	Surgery	12.03	8.08	\$ 991.09	\$ 665.67
11471 00	Surgery	14.71	9.99	\$ 1,211.88	\$ 823.02
11600 00	Surgery	5.53	3.45	\$ 455.59	\$ 284.23
11601 00	Surgery	6.52	4.29	\$ 537.15	\$ 353.43
11602 00	Surgery	7.06	4.7	\$ 581.64	\$ 387.21
11603 00	Surgery	8.07	5.63	\$ 664.85	\$ 463.83
11604 00	Surgery	8.95	6.19	\$ 737.34	\$ 509.96
11606 00	Surgery	12.85	9.24	\$ 1,058.64	\$ 761.24
11620 00	Surgery	5.57	3.49	\$ 458.88	\$ 287.52
11621 00	Surgery	6.55	4.32	\$ 539.62	\$ 355.90
11622 00	Surgery	7.3	4.93	\$ 601.41	\$ 406.16
11623 00	Surgery	8.55	6.1	\$ 704.39	\$ 502.55
11624 00	Surgery	9.67	6.92	\$ 796.66	\$ 570.10
11626 00	Surgery	11.64	8.48	\$ 958.96	\$ 698.62
11640 00	Surgery	5.74	3.61	\$ 472.89	\$ 297.41
11641 00	Surgery	6.78	4.5	\$ 558.57	\$ 370.73
11642 00	Surgery	7.73	5.3	\$ 636.83	\$ 436.64
11643 00	Surgery	9.09	6.62	\$ 748.88	\$ 545.39
11644 00	Surgery	11.22	8.21	\$ 924.36	\$ 676.38
11646 00	Surgery	14.64	11.39	\$ 1,206.11	\$ 938.36
11719 00	Surgery	0.41	0.22	\$ 33.78	\$ 18.12
11720 00	Surgery	0.94	0.42	\$ 77.44	\$ 34.60
11721 00	Surgery	1.29	0.71	\$ 106.28	\$ 58.49
11730 00	Surgery	3.09	1.58	\$ 254.57	\$ 130.17
11732 00	Surgery	0.93	0.51	\$ 76.62	\$ 42.02
11740 00	Surgery	1.46	0.92	\$ 120.28	\$ 75.79
11750 00	Surgery	4.41	2.92	\$ 364.14	\$ 240.56
11755 00	Surgery	3.47	1.79	\$ 285.88	\$ 147.47
11760 00	Surgery	5.46	3.27	\$ 449.82	\$ 269.40
11762 00	Surgery	8.15	5.33	\$ 671.44	\$ 439.11
11765 00	Surgery	4.8	2.67	\$ 395.45	\$ 219.97
11770 00	Surgery	8.1	5.31	\$ 667.32	\$ 437.46
11771 00	Surgery	16.79	12.61	\$ 1,383.24	\$ 1,038.87
11772 00	Surgery	20.1	16.6	\$ 1,655.93	\$ 1,367.59
11900 00	Surgery	1.54	0.9	\$ 126.87	\$ 74.15
11901 00	Surgery	1.95	1.39	\$ 160.65	\$ 114.51
11920 00	Surgery	5.1	3.24	\$ 420.16	\$ 266.93
11921 00	Surgery	5.84	3.8	\$ 481.13	\$ 313.06
11922 00	Surgery	1.73	0.85	\$ 235.55	\$ 90.77

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ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
11950 00	Surgery	1.95	1.35	\$ 160.65	\$ 111.22
11951 00	Surgery	2.8	1.98	\$ 245.25	\$ 170.39
11952 00	Surgery	3.78	2.8	\$ 416.25	\$ 274.25
11954 00	Surgery	4.41	3.21	\$ 363.32	\$ 264.46
11960 00	Surgery	27.71	27.71	\$ 2,282.88	\$ 2,282.88
11970 00	Surgery	17.47	17.47	\$ 1,439.26	\$ 1,439.26
11971 00	Surgery	13.52	9.16	\$ 1,113.84	\$ 754.64
11976 00	Surgery	4.11	2.66	\$ 338.60	\$ 219.14
11980 00	Surgery	2.69	1.61	\$ 221.62	\$ 132.64
11981 00	Surgery	4.05	2.4	\$ 333.66	\$ 197.72
11982 00	Surgery	4.49	2.87	\$ 369.91	\$ 236.44
11983 00	Surgery	6.56	5.12	\$ 540.44	\$ 421.81
12001 00	Surgery	2.53	1.27	\$ 208.43	\$ 104.63
12002 00	Surgery	3.08	1.67	\$ 253.75	\$ 137.58
12004 00	Surgery	3.61	2.09	\$ 297.41	\$ 172.18
12005 00	Surgery	4.69	2.71	\$ 386.38	\$ 223.26
12006 00	Surgery	5.54	3.33	\$ 456.41	\$ 274.34
12007 00	Surgery	6.37	4.15	\$ 524.79	\$ 341.90
12011 00	Surgery	3.09	1.57	\$ 254.57	\$ 129.34
12013 00	Surgery	3.23	1.66	\$ 266.10	\$ 136.76
12014 00	Surgery	3.88	2.14	\$ 319.65	\$ 176.30
12015 00	Surgery	4.69	2.69	\$ 386.38	\$ 221.62
12016 00	Surgery	5.92	3.67	\$ 487.72	\$ 302.35
12017 00	Surgery	4.34	4.34	\$ 452.77	\$ 452.77
12018 00	Surgery	4.92	4.92	\$ 492.75	\$ 492.75
12020 00	Surgery	8.17	5.41	\$ 673.08	\$ 445.70
12021 00	Surgery	4.76	3.98	\$ 392.15	\$ 327.89
12031 00	Surgery	6.98	4.4	\$ 575.05	\$ 362.49
12032 00	Surgery	8.65	5.58	\$ 712.63	\$ 459.71
12034 00	Surgery	9.07	5.96	\$ 747.23	\$ 491.01
12035 00	Surgery	10.93	6.91	\$ 900.47	\$ 569.28
12036 00	Surgery	12.1	8.05	\$ 996.86	\$ 663.20
12037 00	Surgery	13.7	9.41	\$ 1,128.67	\$ 775.24
12041 00	Surgery	6.97	4.29	\$ 574.22	\$ 353.43
12042 00	Surgery	8.41	5.75	\$ 692.86	\$ 473.71
12044 00	Surgery	10.41	6.17	\$ 857.63	\$ 508.31
12045 00	Surgery	11.46	7.71	\$ 944.13	\$ 635.19
12046 00	Surgery	13.8	8.97	\$ 1,136.91	\$ 738.99
12047 00	Surgery	15.15	9.99	\$ 1,248.13	\$ 823.02
12051 00	Surgery	7.55	4.92	\$ 622.00	\$ 405.33
12052 00	Surgery	8.55	5.85	\$ 704.39	\$ 481.95

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
12053 00	Surgery	10	6.26	\$ 823.85	\$ 515.73
12054 00	Surgery	10.46	6.37	\$ 861.74	\$ 524.79
12055 00	Surgery	13.57	8.67	\$ 1,117.96	\$ 714.28
12056 00	Surgery	15.98	11	\$ 1,316.51	\$ 906.23
12057 00	Surgery	16.93	12.21	\$ 1,394.77	\$ 1,005.92
13100 00	Surgery	9.66	5.9	\$ 795.84	\$ 486.07
13101 00	Surgery	11.39	7.27	\$ 938.36	\$ 598.94
13102 00	Surgery	3.46	2.14	\$ 285.05	\$ 176.30
13120 00	Surgery	10.09	6.78	\$ 831.26	\$ 558.57
13121 00	Surgery	12.26	7.67	\$ 1,010.04	\$ 631.89
13122 00	Surgery	3.78	2.47	\$ 311.41	\$ 203.49
13131 00	Surgery	11.09	7.17	\$ 913.65	\$ 590.70
13132 00	Surgery	13.66	9.03	\$ 1,125.38	\$ 743.93
13133 00	Surgery	5.06	3.77	\$ 416.87	\$ 310.59
13151 00	Surgery	12.13	8.25	\$ 999.33	\$ 679.67
13152 00	Surgery	14.48	9.99	\$ 1,192.93	\$ 823.02
13153 00	Surgery	5.5	4.07	\$ 453.12	\$ 335.31
13160 00	Surgery	22.96	22.96	\$ 1,891.55	\$ 1,891.55
14000 00	Surgery	17.8	14.38	\$ 1,466.45	\$ 1,184.69
14001 00	Surgery	22.82	18.72	\$ 1,880.02	\$ 1,542.24
14020 00	Surgery	19.87	16.26	\$ 1,636.99	\$ 1,339.58
14021 00	Surgery	24.79	20.58	\$ 2,042.32	\$ 1,695.48
14040 00	Surgery	21.7	18.1	\$ 1,787.75	\$ 1,491.16
14041 00	Surgery	26.75	22.31	\$ 2,203.79	\$ 1,838.00
14060 00	Surgery	22.11	19.3	\$ 1,821.53	\$ 1,590.03
14061 00	Surgery	28.77	23.87	\$ 2,370.21	\$ 1,966.52
14301 00	Surgery	30.79	25.25	\$ 2,536.63	\$ 2,080.22
14302 00	Surgery	6.34	6.34	\$ 636.00	\$ 636.00
14350 00	Surgery	19.62	19.62	\$ 1,616.39	\$ 1,616.39
15002 00	Surgery	9.94	6.47	\$ 818.90	\$ 533.03
15003 00	Surgery	2.11	1.32	\$ 173.83	\$ 108.75
15004 00	Surgery	11.38	7.68	\$ 937.54	\$ 632.72
15005 00	Surgery	3.52	2.64	\$ 289.99	\$ 217.50
15040 00	Surgery	7.29	3.62	\$ 600.58	\$ 298.23
15050 00	Surgery	16.14	12.76	\$ 1,329.69	\$ 1,051.23
15100 00	Surgery	24.58	20.53	\$ 2,025.02	\$ 1,691.36
15101 00	Surgery	5.31	3.22	\$ 437.46	\$ 265.28
15110 00	Surgery	22.82	19.82	\$ 1,880.02	\$ 1,632.87
15111 00	Surgery	3.32	3	\$ 273.52	\$ 247.15
15115 00	Surgery	22.65	19.67	\$ 1,866.01	\$ 1,620.51
15116 00	Surgery	4.8	4.38	\$ 395.45	\$ 360.85

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ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
15120 00	Surgery	24.29	20.01	\$ 2,001.13	\$ 1,648.52
15121 00	Surgery	5.95	3.86	\$ 490.19	\$ 318.01
15130 00	Surgery	19.02	15.96	\$ 1,566.96	\$ 1,314.86
15131 00	Surgery	2.85	2.63	\$ 234.80	\$ 216.67
15135 00	Surgery	24.52	21.46	\$ 2,020.07	\$ 1,767.98
15136 00	Surgery	2.82	2.63	\$ 232.33	\$ 216.67
15150 00	Surgery	20.05	18.32	\$ 1,651.81	\$ 1,509.29
15151 00	Surgery	3.45	3.19	\$ 284.23	\$ 262.81
15152 00	Surgery	4.25	3.98	\$ 350.14	\$ 327.89
15155 00	Surgery	22.84	21.05	\$ 1,881.67	\$ 1,734.20
15156 00	Surgery	4.65	4.38	\$ 383.09	\$ 360.85
15157 00	Surgery	5.17	4.78	\$ 425.93	\$ 393.80
15200 00	Surgery	23.83	19.34	\$ 1,963.23	\$ 1,593.32
15201 00	Surgery	4.14	2.26	\$ 341.07	\$ 186.19
15220 00	Surgery	22.06	17.67	\$ 1,817.41	\$ 1,455.74
15221 00	Surgery	3.87	2.05	\$ 318.83	\$ 168.89
15240 00	Surgery	26.68	23.01	\$ 2,198.03	\$ 1,895.67
15241 00	Surgery	5.22	3.18	\$ 430.05	\$ 261.98
15260 00	Surgery	28.88	24.65	\$ 2,379.27	\$ 2,030.78
15261 00	Surgery	6.05	4.01	\$ 498.43	\$ 330.36
15271 00	Surgery	4.14	2.42	\$ 341.07	\$ 199.37
15272 00	Surgery	0.76	0.5	\$ 62.61	\$ 41.19
15273 00	Surgery	8.73	5.84	\$ 719.22	\$ 481.13
15274 00	Surgery	2.15	1.33	\$ 177.13	\$ 109.57
15275 00	Surgery	4.37	2.74	\$ 360.02	\$ 225.73
15276 00	Surgery	0.98	0.73	\$ 80.74	\$ 60.14
15277 00	Surgery	9.55	6.6	\$ 786.77	\$ 543.74
15278 00	Surgery	2.54	1.66	\$ 209.26	\$ 136.76
15570 00	Surgery	26.04	21.07	\$ 2,145.30	\$ 1,735.85
15572 00	Surgery	25.33	21.36	\$ 2,086.81	\$ 1,759.74
15574 00	Surgery	25.85	21.79	\$ 2,129.65	\$ 1,795.16
15576 00	Surgery	22.93	19.17	\$ 1,889.08	\$ 1,579.32
15600 00	Surgery	9.3	5.91	\$ 766.18	\$ 486.89
15610 00	Surgery	10.16	6.86	\$ 837.03	\$ 565.16
15620 00	Surgery	12.52	9.27	\$ 1,031.46	\$ 763.71
15630 00	Surgery	13.09	9.87	\$ 1,078.42	\$ 813.14
15650 00	Surgery	14.52	11.01	\$ 1,196.23	\$ 907.06
15730 00	Surgery	43.66	26.46	\$ 3,596.92	\$ 2,179.90
15731 00	Surgery	32.04	28.76	\$ 2,639.61	\$ 2,369.39
15733 00	Surgery	30.12	30.12	\$ 2,481.43	\$ 2,481.43
15734 00	Surgery	43.47	43.47	\$ 3,581.27	\$ 3,581.27

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
15736 00	Surgery	35.3	35.3	\$ 2,908.18	\$ 2,908.18
15738 00	Surgery	37.65	37.65	\$ 3,101.79	\$ 3,101.79
15740 00	Surgery	28.83	24.27	\$ 2,375.15	\$ 1,999.48
15750 00	Surgery	26.39	26.39	\$ 2,174.13	\$ 2,174.13
15756 00	Surgery	66.21	66.21	\$ 5,454.70	\$ 5,454.70
15757 00	Surgery	65.51	65.51	\$ 5,397.03	\$ 5,397.03
15758 00	Surgery	66.09	66.09	\$ 5,444.81	\$ 5,444.81
15760 00	Surgery	24.26	20.26	\$ 1,998.65	\$ 1,669.12
15770 00	Surgery	19.09	19.09	\$ 1,572.73	\$ 1,572.73
15775 00	Surgery	8.74	6.42	\$ 720.04	\$ 528.91
15776 00	Surgery	12.57	9.12	\$ 1,035.58	\$ 751.35
15777 00	Surgery	6.25	6.25	\$ 514.90	\$ 514.90
15780 00	Surgery	26.16	20.13	\$ 2,155.19	\$ 1,658.41
15781 00	Surgery	15.71	12.33	\$ 1,294.26	\$ 1,015.80
15782 00	Surgery	16.36	11.91	\$ 1,347.81	\$ 981.20
15783 00	Surgery	13.62	10.62	\$ 1,122.08	\$ 874.93
15786 00	Surgery	6.98	3.91	\$ 575.05	\$ 322.12
15787 00	Surgery	1.27	0.5	\$ 104.63	\$ 41.19
15788 00	Surgery	12.75	6.81	\$ 1,050.41	\$ 561.04
15789 00	Surgery	15.75	11.88	\$ 1,297.56	\$ 978.73
15792 00	Surgery	11.8	7.02	\$ 972.14	\$ 578.34
15793 00	Surgery	14.08	10.37	\$ 1,159.98	\$ 854.33
15819 00	Surgery	22.76	22.76	\$ 1,875.08	\$ 1,875.08
15820 00	Surgery	16.21	14.55	\$ 1,335.46	\$ 1,198.70
15821 00	Surgery	17.38	15.54	\$ 1,431.85	\$ 1,280.26
15822 00	Surgery	12.74	11.12	\$ 1,049.58	\$ 916.12
15823 00	Surgery	17.37	15.51	\$ 1,431.02	\$ 1,277.79
15824 00	Surgery	32.59	32.59	\$ 2,684.92	\$ 2,684.92
15825 00	Surgery	36.68	36.68	\$ 3,021.87	\$ 3,021.87
15826 00	Surgery	26.48	26.48	\$ 2,181.55	\$ 2,181.55
15828 00	Surgery	69.27	69.27	\$ 5,706.79	\$ 5,706.79
15829 00	Surgery	77.41	77.41	\$ 6,377.40	\$ 6,377.40
15830 00	Surgery	33.75	33.75	\$ 2,780.49	\$ 2,780.49
15832 00	Surgery	26.4	26.4	\$ 2,174.96	\$ 2,174.96
15833 00	Surgery	24.96	24.96	\$ 2,056.32	\$ 2,056.32
15834 00	Surgery	25.52	25.52	\$ 2,102.46	\$ 2,102.46
15835 00	Surgery	26.84	26.84	\$ 2,211.21	\$ 2,211.21
15836 00	Surgery	22.65	22.65	\$ 1,866.01	\$ 1,866.01
15837 00	Surgery	24.7	20.62	\$ 2,034.90	\$ 1,698.77
15838 00	Surgery	18.34	18.34	\$ 1,510.94	\$ 1,510.94
15839 00	Surgery	25.27	21.15	\$ 2,081.86	\$ 1,742.44

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
15840 00	Surgery	28.86	28.86	\$ 2,377.62	\$ 2,377.62
15841 00	Surgery	51.22	51.22	\$ 4,219.75	\$ 4,219.75
15842 00	Surgery	78.04	78.04	\$ 6,429.31	\$ 6,429.31
15845 00	Surgery	28.87	28.87	\$ 2,378.45	\$ 2,378.45
15847 00	Surgery	14.26	14.26	\$ 1,227.23	\$ 1,227.23
15850 00	Surgery	0	0	Bundled Code	Bundled Code
15851 00	Surgery	2.85	1.31	\$ 234.80	\$ 107.92
15852 00	Surgery	1.33	1.33	\$ 130.97	\$ 130.97
15860 00	Surgery	3.1	3.1	\$ 255.39	\$ 255.39
15876 00	Surgery	0	0	\$ 0.00	\$ 0.00
15877 00	Surgery	0	0	\$ 0.00	\$ 0.00
15878 00	Surgery	0	0	\$ 0.00	\$ 0.00
15879 00	Surgery	0	0	\$ 0.00	\$ 0.00
15920 00	Surgery	17.84	17.84	\$ 1,469.74	\$ 1,469.74
15922 00	Surgery	22.5	22.5	\$ 1,853.66	\$ 1,853.66
15931 00	Surgery	19.94	19.94	\$ 1,642.75	\$ 1,642.75
15933 00	Surgery	24.58	24.58	\$ 2,025.02	\$ 2,025.02
15934 00	Surgery	27.15	27.15	\$ 2,236.75	\$ 2,236.75
15935 00	Surgery	31.64	31.64	\$ 2,606.65	\$ 2,606.65
15936 00	Surgery	25.72	25.72	\$ 2,118.94	\$ 2,118.94
15937 00	Surgery	29.85	29.85	\$ 2,459.19	\$ 2,459.19
15940 00	Surgery	20.15	20.15	\$ 1,660.05	\$ 1,660.05
15941 00	Surgery	26.09	26.09	\$ 2,149.42	\$ 2,149.42
15944 00	Surgery	25.83	25.83	\$ 2,128.00	\$ 2,128.00
15945 00	Surgery	28.46	28.46	\$ 2,344.67	\$ 2,344.67
15946 00	Surgery	46.87	46.87	\$ 3,861.37	\$ 3,861.37
15950 00	Surgery	17.32	17.32	\$ 1,426.90	\$ 1,426.90
15951 00	Surgery	25.29	25.29	\$ 2,083.51	\$ 2,083.51
15952 00	Surgery	25.97	25.97	\$ 2,139.53	\$ 2,139.53
15953 00	Surgery	28.66	28.66	\$ 2,361.15	\$ 2,361.15
15956 00	Surgery	33.38	33.38	\$ 2,750.00	\$ 2,750.00
15958 00	Surgery	34.06	34.06	\$ 2,806.03	\$ 2,806.03
15999 00	Surgery	-	-	BR	BR
16000 00	Surgery	2	1.32	\$ 164.77	\$ 108.75
16020 00	Surgery	2.32	1.55	\$ 191.13	\$ 127.70
16025 00	Surgery	4.26	3.16	\$ 350.96	\$ 260.34
16030 00	Surgery	5.4	3.82	\$ 444.88	\$ 314.71
16035 00	Surgery	5.65	5.65	\$ 465.47	\$ 465.47
16036 00	Surgery	2.36	2.36	\$ 194.43	\$ 194.43
17000 00	Surgery	1.85	1.53	\$ 152.41	\$ 126.05
17003 00	Surgery	0.16	0.07	\$ 14.25	\$ 6.09

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
17004 00	Surgery	4.31	2.85	\$ 355.08	\$ 234.80
17106 00	Surgery	9.78	7.93	\$ 805.72	\$ 653.31
17107 00	Surgery	12.67	10.17	\$ 1,043.82	\$ 837.85
17108 00	Surgery	18.35	15.21	\$ 1,511.76	\$ 1,253.07
17110 00	Surgery	3.13	1.96	\$ 257.86	\$ 161.47
17111 00	Surgery	3.71	2.41	\$ 305.65	\$ 198.55
17250 00	Surgery	2.31	1.05	\$ 190.31	\$ 86.50
17260 00	Surgery	2.71	2.03	\$ 223.26	\$ 167.24
17261 00	Surgery	4.11	2.58	\$ 338.60	\$ 212.55
17262 00	Surgery	5.01	3.3	\$ 412.75	\$ 271.87
17263 00	Surgery	5.47	3.66	\$ 450.64	\$ 301.53
17264 00	Surgery	5.85	3.9	\$ 481.95	\$ 321.30
17266 00	Surgery	6.66	4.6	\$ 548.68	\$ 378.97
17270 00	Surgery	4.24	2.84	\$ 349.31	\$ 233.97
17271 00	Surgery	4.67	3.14	\$ 384.74	\$ 258.69
17272 00	Surgery	5.33	3.63	\$ 439.11	\$ 299.06
17273 00	Surgery	5.94	4.11	\$ 489.37	\$ 338.60
17274 00	Surgery	7.01	5.04	\$ 577.52	\$ 415.22
17276 00	Surgery	8.11	6.02	\$ 668.14	\$ 495.96
17280 00	Surgery	3.97	2.58	\$ 327.07	\$ 212.55
17281 00	Surgery	5.09	3.54	\$ 419.34	\$ 291.64
17282 00	Surgery	5.84	4.1	\$ 481.13	\$ 337.78
17283 00	Surgery	6.99	5.13	\$ 575.87	\$ 422.63
17284 00	Surgery	7.97	5.97	\$ 656.61	\$ 491.84
17286 00	Surgery	10.22	8.03	\$ 841.97	\$ 661.55
17311 00	Surgery	18.98	10.82	\$ 1,563.66	\$ 891.40
17312 00	Surgery	11.26	5.76	\$ 927.65	\$ 474.54
17313 00	Surgery	17.75	9.7	\$ 1,462.33	\$ 799.13
17314 00	Surgery	10.75	5.34	\$ 885.64	\$ 439.93
17315 00	Surgery	2.26	1.52	\$ 186.19	\$ 125.22
17340 00	Surgery	1.49	1.4	\$ 122.75	\$ 115.34
17360 00	Surgery	3.61	2.77	\$ 297.41	\$ 228.21
17380 00	Surgery	2.19	2.19	\$ 180.42	\$ 180.42
17999 00	Surgery	-	-	BR	BR
19000 00	Surgery	3.12	1.26	\$ 257.04	\$ 103.80
19001 00	Surgery	0.77	0.62	\$ 63.44	\$ 51.08
19020 00	Surgery	13.5	8.84	\$ 1,112.19	\$ 728.28
19030 00	Surgery	4.74	2.23	\$ 390.50	\$ 183.72
19081 00	Surgery	18.42	4.85	\$ 1,517.53	\$ 399.57
19082 00	Surgery	15.03	2.44	\$ 1,238.24	\$ 201.02
19083 00	Surgery	18.04	4.57	\$ 1,486.22	\$ 376.50

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
19084 00	Surgery	14.49	2.28	\$ 1,193.76	\$ 187.84
19085 00	Surgery	27.39	5.3	\$ 2,256.52	\$ 436.64
19086 00	Surgery	21.97	2.65	\$ 1,809.99	\$ 218.32
19100 00	Surgery	4.32	2.03	\$ 355.90	\$ 167.24
19101 00	Surgery	9.64	6.39	\$ 794.19	\$ 526.44
19105 00	Surgery	80.5	6.13	\$ 6,631.97	\$ 505.02
19110 00	Surgery	13.96	9.94	\$ 1,150.09	\$ 818.90
19112 00	Surgery	13.15	9.04	\$ 1,083.36	\$ 744.76
19120 00	Surgery	14.3	11.92	\$ 1,178.10	\$ 982.03
19125 00	Surgery	15.84	13.23	\$ 1,304.97	\$ 1,089.95
19126 00	Surgery	4.68	4.68	\$ 385.56	\$ 385.56
19260 00	Surgery	34.34	34.34	\$ 2,829.09	\$ 2,829.09
19271 00	Surgery	46.15	46.15	\$ 3,802.06	\$ 3,802.06
19272 00	Surgery	50.33	50.33	\$ 4,146.43	\$ 4,146.43
19281 00	Surgery	6.9	2.91	\$ 568.45	\$ 239.74
19282 00	Surgery	4.82	1.46	\$ 397.09	\$ 120.28
19283 00	Surgery	7.73	2.93	\$ 636.83	\$ 241.39
19284 00	Surgery	5.87	1.5	\$ 483.60	\$ 123.58
19285 00	Surgery	13.79	2.5	\$ 1,136.09	\$ 205.96
19286 00	Surgery	11.91	1.25	\$ 981.20	\$ 102.98
19287 00	Surgery	23.3	3.72	\$ 1,919.57	\$ 306.47
19288 00	Surgery	18.66	1.87	\$ 1,537.30	\$ 154.06
19294 00	Surgery	4.71	4.71	\$ 388.03	\$ 388.03
19296 00	Surgery	113.15	6.09	\$ 9,321.84	\$ 501.72
19297 00	Surgery	2.75	2.75	\$ 226.56	\$ 226.56
19298 00	Surgery	28.24	9.17	\$ 2,326.55	\$ 755.47
19300 00	Surgery	15.35	11.97	\$ 1,264.61	\$ 986.15
19301 00	Surgery	18.86	18.86	\$ 1,553.78	\$ 1,553.78
19302 00	Surgery	25.97	25.97	\$ 2,139.53	\$ 2,139.53
19303 00	Surgery	27.69	27.69	\$ 2,281.23	\$ 2,281.23
19304 00	Surgery	16.81	16.81	\$ 1,384.89	\$ 1,384.89
19305 00	Surgery	32.73	32.73	\$ 2,696.45	\$ 2,696.45
19306 00	Surgery	34.68	34.68	\$ 2,857.10	\$ 2,857.10
19307 00	Surgery	34.61	34.61	\$ 2,851.34	\$ 2,851.34
19316 00	Surgery	22.17	22.17	\$ 1,826.47	\$ 1,826.47
19318 00	Surgery	31.59	31.59	\$ 2,602.53	\$ 2,602.53
19324 00	Surgery	15.15	15.15	\$ 1,248.13	\$ 1,248.13
19325 00	Surgery	18.46	18.46	\$ 1,520.82	\$ 1,520.82
19328 00	Surgery	14.27	14.27	\$ 1,175.63	\$ 1,175.63
19330 00	Surgery	18.18	18.18	\$ 1,497.76	\$ 1,497.76
19340 00	Surgery	28.6	28.6	\$ 2,356.20	\$ 2,356.20

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
19342 00	Surgery	26.53	26.53	\$ 2,185.67	\$ 2,185.67
19350 00	Surgery	23.61	19.31	\$ 1,945.10	\$ 1,590.85
19355 00	Surgery	21.53	17.76	\$ 1,773.74	\$ 1,463.15
19357 00	Surgery	43.16	43.16	\$ 3,555.73	\$ 3,555.73
19361 00	Surgery	45.22	45.22	\$ 3,725.44	\$ 3,725.44
19364 00	Surgery	79.21	79.21	\$ 6,525.70	\$ 6,525.70
19366 00	Surgery	40.38	40.38	\$ 3,326.70	\$ 3,326.70
19367 00	Surgery	51.34	51.34	\$ 4,229.63	\$ 4,229.63
19368 00	Surgery	63.22	63.22	\$ 5,208.37	\$ 5,208.37
19369 00	Surgery	58.68	58.68	\$ 4,834.34	\$ 4,834.34
19370 00	Surgery	19.73	19.73	\$ 1,625.45	\$ 1,625.45
19371 00	Surgery	22.56	22.56	\$ 1,858.60	\$ 1,858.60
19380 00	Surgery	22.26	22.26	\$ 1,833.88	\$ 1,833.88
19396 00	Surgery	8.23	4.17	\$ 678.03	\$ 343.54
19499 00	Surgery	-	-	BR	BR
20100 00	Surgery	17.54	17.54	\$ 1,445.03	\$ 1,445.03
20101 00	Surgery	12.96	6.04	\$ 1,067.71	\$ 497.60
20102 00	Surgery	14.04	7.39	\$ 1,156.68	\$ 608.82
20103 00	Surgery	16.61	9.99	\$ 1,368.41	\$ 823.02
20150 00	Surgery	29.09	29.09	\$ 2,396.57	\$ 2,396.57
20200 00	Surgery	5.95	2.73	\$ 490.19	\$ 224.91
20205 00	Surgery	8.35	4.48	\$ 687.91	\$ 369.08
20206 00	Surgery	6.71	1.68	\$ 552.80	\$ 138.41
20220 00	Surgery	4.79	2.06	\$ 394.62	\$ 169.71
20225 00	Surgery	14.71	3.07	\$ 1,211.88	\$ 252.92
20240 00	Surgery	4.31	4.31	\$ 373.13	\$ 373.13
20245 00	Surgery	10.13	10.13	\$ 834.56	\$ 834.56
20250 00	Surgery	11.5	11.5	\$ 947.42	\$ 947.42
20251 00	Surgery	12.45	12.45	\$ 1,025.69	\$ 1,025.69
20500 00	Surgery	3.09	2.45	\$ 254.57	\$ 201.84
20501 00	Surgery	3.62	1.09	\$ 298.23	\$ 89.80
20520 00	Surgery	5.87	4.2	\$ 483.60	\$ 346.02
20525 00	Surgery	13.63	7.11	\$ 1,122.90	\$ 585.76
20526 00	Surgery	2.2	1.66	\$ 181.25	\$ 136.76
20527 00	Surgery	2.39	1.9	\$ 196.90	\$ 156.53
20550 00	Surgery	1.51	1.13	\$ 124.40	\$ 93.09
20551 00	Surgery	1.53	1.15	\$ 126.05	\$ 94.74
20552 00	Surgery	1.57	1.09	\$ 129.34	\$ 89.80
20553 00	Surgery	1.81	1.24	\$ 149.12	\$ 102.16
20555 00	Surgery	9.49	9.49	\$ 781.83	\$ 781.83
20600 00	Surgery	1.38	1.03	\$ 113.69	\$ 84.86

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
20604 00	Surgery	2.1	1.34	\$ 173.01	\$ 110.40
20605 00	Surgery	1.44	1.07	\$ 118.63	\$ 88.15
20606 00	Surgery	2.32	1.53	\$ 191.13	\$ 126.05
20610 00	Surgery	1.71	1.32	\$ 140.88	\$ 108.75
20611 00	Surgery	2.61	1.75	\$ 215.02	\$ 144.17
20612 00	Surgery	1.71	1.2	\$ 140.88	\$ 98.86
20615 00	Surgery	6.95	4.63	\$ 572.57	\$ 381.44
20650 00	Surgery	6.07	4.58	\$ 500.08	\$ 377.32
20660 00	Surgery	7.07	7.07	\$ 582.46	\$ 582.46
20661 00	Surgery	14.53	14.53	\$ 1,197.05	\$ 1,197.05
20662 00	Surgery	14.75	14.75	\$ 1,215.18	\$ 1,215.18
20663 00	Surgery	13.55	13.55	\$ 1,116.31	\$ 1,116.31
20664 00	Surgery	25.32	25.32	\$ 2,085.98	\$ 2,085.98
20665 00	Surgery	3.13	2.65	\$ 257.86	\$ 218.32
20670 00	Surgery	10.67	4.19	\$ 879.05	\$ 345.19
20680 00	Surgery	17.62	12.14	\$ 1,451.62	\$ 1,000.15
20690 00	Surgery	17.2	17.2	\$ 1,417.02	\$ 1,417.02
20692 00	Surgery	32.27	32.27	\$ 2,658.56	\$ 2,658.56
20693 00	Surgery	12.75	12.75	\$ 1,050.41	\$ 1,050.41
20694 00	Surgery	12.21	9.73	\$ 1,005.92	\$ 801.60
20696 00	Surgery	34.49	34.49	\$ 2,841.45	\$ 2,841.45
20697 00	Surgery	58.91	58.91	\$ 4,853.29	\$ 4,853.29
20802 00	Surgery	79.69	79.69	\$ 6,565.24	\$ 6,565.24
20805 00	Surgery	94.89	94.89	\$ 7,817.49	\$ 7,817.49
20808 00	Surgery	114.8	114.8	\$ 9,457.77	\$ 9,457.77
20816 00	Surgery	59.68	59.68	\$ 4,916.72	\$ 4,916.72
20822 00	Surgery	51.28	51.28	\$ 4,224.69	\$ 4,224.69
20824 00	Surgery	59.78	59.78	\$ 4,924.96	\$ 4,924.96
20827 00	Surgery	52.37	52.37	\$ 4,314.49	\$ 4,314.49
20838 00	Surgery	80.69	80.69	\$ 6,647.63	\$ 6,647.63
20900 00	Surgery	11.72	5.37	\$ 965.55	\$ 442.41
20902 00	Surgery	8.2	8.2	\$ 675.56	\$ 675.56
20910 00	Surgery	13.46	13.46	\$ 1,108.90	\$ 1,108.90
20912 00	Surgery	13.6	13.6	\$ 1,120.43	\$ 1,120.43
20920 00	Surgery	11.51	11.51	\$ 948.25	\$ 948.25
20922 00	Surgery	17.02	14.05	\$ 1,402.19	\$ 1,157.51
20924 00	Surgery	14.55	14.55	\$ 1,198.70	\$ 1,198.70
20926 00	Surgery	12.07	12.07	\$ 994.38	\$ 994.38
20930 00	Surgery	3.46	3.46	\$ 285.05	\$ 285.05
20931 00	Surgery	3.26	3.26	\$ 268.57	\$ 268.57
20932 00	Surgery	20.54	20.54	\$ 1,692.18	\$ 1,692.18

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
20933 00	Surgery	18.84	18.84	\$ 1,552.13	\$ 1,552.13
20934 00	Surgery	20.53	20.53	\$ 1,691.36	\$ 1,691.36
20936 00	Surgery	3.66	3.66	\$ 301.53	\$ 301.53
20937 00	Surgery	4.88	4.88	\$ 402.04	\$ 402.04
20938 00	Surgery	5.4	5.4	\$ 444.88	\$ 444.88
20939 00	Surgery	1.92	1.92	\$ 158.18	\$ 158.18
20950 00	Surgery	7.41	2.6	\$ 610.47	\$ 214.20
20955 00	Surgery	71.69	71.69	\$ 5,906.16	\$ 5,906.16
20956 00	Surgery	76.12	76.12	\$ 6,271.13	\$ 6,271.13
20957 00	Surgery	79.73	79.73	\$ 6,568.54	\$ 6,568.54
20962 00	Surgery	77.04	77.04	\$ 6,346.92	\$ 6,346.92
20969 00	Surgery	79.14	79.14	\$ 6,519.93	\$ 6,519.93
20970 00	Surgery	82.38	82.38	\$ 6,786.86	\$ 6,786.86
20972 00	Surgery	82.66	82.66	\$ 6,809.92	\$ 6,809.92
20973 00	Surgery	87.31	87.31	\$ 7,193.01	\$ 7,193.01
20974 00	Surgery	2.24	1.46	\$ 232.07	\$ 138.76
20975 00	Surgery	5.18	5.18	\$ 426.75	\$ 426.75
20979 00	Surgery	1.49	0.93	\$ 122.75	\$ 76.62
20982 00	Surgery	110.14	10.58	\$ 9,073.86	\$ 871.63
20983 00	Surgery	163.74	10.17	\$ 13,489.68	\$ 837.85
20985 00	Surgery	4.24	4.24	\$ 349.31	\$ 349.31
20999 00	Surgery	-	-	BR	BR
21010 00	Surgery	21.99	21.99	\$ 1,811.64	\$ 1,811.64
21011 00	Surgery	10.12	7.39	\$ 833.73	\$ 608.82
21012 00	Surgery	9.75	9.75	\$ 803.25	\$ 803.25
21013 00	Surgery	15.03	11.55	\$ 1,238.24	\$ 951.54
21014 00	Surgery	15.01	15.01	\$ 1,236.60	\$ 1,236.60
21015 00	Surgery	20.3	20.3	\$ 1,672.41	\$ 1,672.41
21016 00	Surgery	29.15	29.15	\$ 2,401.52	\$ 2,401.52
21025 00	Surgery	24.87	21.07	\$ 2,048.91	\$ 1,735.85
21026 00	Surgery	17.02	13.84	\$ 1,402.19	\$ 1,140.21
21029 00	Surgery	22.08	18.26	\$ 1,819.06	\$ 1,504.35
21030 00	Surgery	14.63	11.71	\$ 1,205.29	\$ 964.73
21031 00	Surgery	11.31	8.34	\$ 931.77	\$ 687.09
21032 00	Surgery	11.38	8.21	\$ 937.54	\$ 676.38
21034 00	Surgery	37.5	33.01	\$ 3,089.43	\$ 2,719.52
21040 00	Surgery	14.74	11.73	\$ 1,214.35	\$ 966.37
21044 00	Surgery	25.08	25.08	\$ 2,066.21	\$ 2,066.21
21045 00	Surgery	35.12	35.12	\$ 2,893.35	\$ 2,893.35
21046 00	Surgery	31.57	31.57	\$ 2,600.89	\$ 2,600.89
21047 00	Surgery	37.69	37.69	\$ 3,105.08	\$ 3,105.08

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
21048 00	Surgery	32.07	32.07	\$ 2,642.08	\$ 2,642.08
21049 00	Surgery	34.66	34.66	\$ 2,855.46	\$ 2,855.46
21050 00	Surgery	25.92	25.92	\$ 2,135.41	\$ 2,135.41
21060 00	Surgery	23.58	23.58	\$ 1,942.63	\$ 1,942.63
21070 00	Surgery	18.32	18.32	\$ 1,509.29	\$ 1,509.29
21073 00	Surgery	11.02	7.3	\$ 907.88	\$ 601.41
21076 00	Surgery	27.6	23.16	\$ 2,273.82	\$ 1,908.03
21077 00	Surgery	68.8	57.99	\$ 5,668.07	\$ 4,777.49
21079 00	Surgery	46.66	38.85	\$ 3,844.07	\$ 3,200.65
21080 00	Surgery	52.73	43.38	\$ 4,344.15	\$ 3,573.85
21081 00	Surgery	48.53	39.8	\$ 3,998.13	\$ 3,278.91
21082 00	Surgery	45.33	36.89	\$ 3,734.50	\$ 3,039.17
21083 00	Surgery	43.22	34.3	\$ 3,560.67	\$ 2,825.80
21084 00	Surgery	49.49	39.64	\$ 4,077.22	\$ 3,265.73
21085 00	Surgery	21.05	15.71	\$ 1,734.20	\$ 1,294.26
21086 00	Surgery	51.1	42.77	\$ 4,209.86	\$ 3,523.60
21087 00	Surgery	51.1	42.77	\$ 4,209.86	\$ 3,523.60
21088 00	Surgery	83.69	83.69	\$ 6,894.78	\$ 6,894.78
21089 00	Surgery	-	-	BR	BR
21100 00	Surgery	19.89	11.35	\$ 1,638.63	\$ 935.07
21110 00	Surgery	23.38	19.59	\$ 1,926.16	\$ 1,613.92
21116 00	Surgery	5.08	1.38	\$ 418.51	\$ 113.69
21120 00	Surgery	19.31	15.23	\$ 1,590.85	\$ 1,254.72
21121 00	Surgery	20.95	17.88	\$ 1,725.96	\$ 1,473.04
21122 00	Surgery	22.38	22.38	\$ 1,843.77	\$ 1,843.77
21123 00	Surgery	26.12	26.12	\$ 2,151.89	\$ 2,151.89
21125 00	Surgery	82.77	21.34	\$ 6,818.99	\$ 1,758.09
21127 00	Surgery	112.2	24.67	\$ 9,243.57	\$ 2,032.43
21137 00	Surgery	21.62	21.62	\$ 1,781.16	\$ 1,781.16
21138 00	Surgery	26.41	26.41	\$ 2,175.78	\$ 2,175.78
21139 00	Surgery	32.15	32.15	\$ 2,648.67	\$ 2,648.67
21141 00	Surgery	39.46	39.46	\$ 3,250.90	\$ 3,250.90
21142 00	Surgery	40.56	40.56	\$ 3,341.53	\$ 3,341.53
21143 00	Surgery	42.32	42.32	\$ 3,486.52	\$ 3,486.52
21145 00	Surgery	46.24	46.24	\$ 3,809.47	\$ 3,809.47
21146 00	Surgery	48.08	48.08	\$ 3,961.06	\$ 3,961.06
21147 00	Surgery	50.84	50.84	\$ 4,188.44	\$ 4,188.44
21150 00	Surgery	47.68	47.68	\$ 3,928.11	\$ 3,928.11
21151 00	Surgery	52.48	52.48	\$ 4,323.55	\$ 4,323.55
21154 00	Surgery	56.46	56.46	\$ 4,651.44	\$ 4,651.44
21155 00	Surgery	62.64	62.64	\$ 5,160.58	\$ 5,160.58

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
21159 00	Surgery	75.09	75.09	\$ 6,186.27	\$ 6,186.27
21160 00	Surgery	81.45	81.45	\$ 6,710.24	\$ 6,710.24
21172 00	Surgery	60.59	60.59	\$ 4,991.69	\$ 4,991.69
21175 00	Surgery	63.82	63.82	\$ 5,257.80	\$ 5,257.80
21179 00	Surgery	43.6	43.6	\$ 3,591.98	\$ 3,591.98
21180 00	Surgery	49.06	49.06	\$ 4,041.80	\$ 4,041.80
21181 00	Surgery	21.29	21.29	\$ 1,753.97	\$ 1,753.97
21182 00	Surgery	61.01	61.01	\$ 5,026.29	\$ 5,026.29
21183 00	Surgery	66.75	66.75	\$ 5,499.18	\$ 5,499.18
21184 00	Surgery	71.86	71.86	\$ 5,920.17	\$ 5,920.17
21188 00	Surgery	48.06	48.06	\$ 3,959.41	\$ 3,959.41
21193 00	Surgery	36.78	36.78	\$ 3,030.11	\$ 3,030.11
21194 00	Surgery	42.39	42.39	\$ 3,492.29	\$ 3,492.29
21195 00	Surgery	41.01	41.01	\$ 3,378.60	\$ 3,378.60
21196 00	Surgery	42.18	42.18	\$ 3,474.99	\$ 3,474.99
21198 00	Surgery	33.08	33.08	\$ 2,725.29	\$ 2,725.29
21199 00	Surgery	30.95	30.95	\$ 2,549.81	\$ 2,549.81
21206 00	Surgery	34.14	34.14	\$ 2,812.62	\$ 2,812.62
21208 00	Surgery	49.91	23.27	\$ 4,111.82	\$ 1,917.09
21209 00	Surgery	25.75	19.29	\$ 2,121.41	\$ 1,589.20
21210 00	Surgery	60.28	23.92	\$ 4,966.15	\$ 1,970.64
21215 00	Surgery	114.71	24.93	\$ 9,450.36	\$ 2,053.85
21230 00	Surgery	21.35	21.35	\$ 1,758.91	\$ 1,758.91
21235 00	Surgery	20.77	16.24	\$ 1,711.13	\$ 1,337.93
21240 00	Surgery	32.15	32.15	\$ 2,648.67	\$ 2,648.67
21242 00	Surgery	29.92	29.92	\$ 2,464.95	\$ 2,464.95
21243 00	Surgery	48.92	48.92	\$ 4,030.26	\$ 4,030.26
21244 00	Surgery	30.02	30.02	\$ 2,473.19	\$ 2,473.19
21245 00	Surgery	34.87	27.49	\$ 2,872.76	\$ 2,264.76
21246 00	Surgery	25.44	25.44	\$ 2,095.87	\$ 2,095.87
21247 00	Surgery	47.04	47.04	\$ 3,875.38	\$ 3,875.38
21248 00	Surgery	31.11	25.36	\$ 2,562.99	\$ 2,089.28
21249 00	Surgery	44.9	36.7	\$ 3,699.08	\$ 3,023.52
21255 00	Surgery	40.68	40.68	\$ 3,351.41	\$ 3,351.41
21256 00	Surgery	35.79	35.79	\$ 2,948.55	\$ 2,948.55
21260 00	Surgery	40.19	40.19	\$ 3,311.04	\$ 3,311.04
21261 00	Surgery	71.19	71.19	\$ 5,864.97	\$ 5,864.97
21263 00	Surgery	65.82	65.82	\$ 5,422.57	\$ 5,422.57
21267 00	Surgery	46.85	46.85	\$ 3,859.73	\$ 3,859.73
21268 00	Surgery	58.91	58.91	\$ 4,853.29	\$ 4,853.29
21270 00	Surgery	29.06	21.63	\$ 2,394.10	\$ 1,781.98

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
21275 00	Surgery	24.18	24.18	\$ 1,992.06	\$ 1,992.06
21280 00	Surgery	16.4	16.4	\$ 1,351.11	\$ 1,351.11
21282 00	Surgery	11.01	11.01	\$ 907.06	\$ 907.06
21295 00	Surgery	5.37	5.37	\$ 459.83	\$ 459.83
21296 00	Surgery	11.64	11.64	\$ 958.96	\$ 958.96
21299 00	Surgery	-	-	BR	BR
21310 00	Surgery	3.76	0.78	\$ 309.77	\$ 64.26
21315 00	Surgery	7.84	4.32	\$ 645.90	\$ 355.90
21320 00	Surgery	7.23	3.83	\$ 595.64	\$ 315.53
21325 00	Surgery	13.39	13.39	\$ 1,103.13	\$ 1,103.13
21330 00	Surgery	16.17	16.17	\$ 1,332.16	\$ 1,332.16
21335 00	Surgery	20.53	20.53	\$ 1,691.36	\$ 1,691.36
21336 00	Surgery	18.39	18.39	\$ 1,515.06	\$ 1,515.06
21337 00	Surgery	11.62	8.42	\$ 957.31	\$ 693.68
21338 00	Surgery	18.88	18.88	\$ 1,555.42	\$ 1,555.42
21339 00	Surgery	21.38	21.38	\$ 1,761.39	\$ 1,761.39
21340 00	Surgery	21.34	21.34	\$ 1,758.09	\$ 1,758.09
21343 00	Surgery	30.82	30.82	\$ 2,539.10	\$ 2,539.10
21344 00	Surgery	39.66	39.66	\$ 3,267.38	\$ 3,267.38
21345 00	Surgery	22.25	17.92	\$ 1,833.06	\$ 1,476.34
21346 00	Surgery	26.6	26.6	\$ 2,191.43	\$ 2,191.43
21347 00	Surgery	29.03	29.03	\$ 2,391.63	\$ 2,391.63
21348 00	Surgery	31.05	31.05	\$ 2,558.05	\$ 2,558.05
21355 00	Surgery	12.19	9.17	\$ 1,004.27	\$ 755.47
21356 00	Surgery	14.31	10.85	\$ 1,178.93	\$ 893.87
21360 00	Surgery	14.6	14.6	\$ 1,202.82	\$ 1,202.82
21365 00	Surgery	31.95	31.95	\$ 2,632.19	\$ 2,632.19
21366 00	Surgery	36.59	36.59	\$ 3,014.46	\$ 3,014.46
21385 00	Surgery	21.65	21.65	\$ 1,783.63	\$ 1,783.63
21386 00	Surgery	19.98	19.98	\$ 1,646.05	\$ 1,646.05
21387 00	Surgery	22.58	22.58	\$ 1,860.25	\$ 1,860.25
21390 00	Surgery	22.96	22.96	\$ 1,891.55	\$ 1,891.55
21395 00	Surgery	29.07	29.07	\$ 2,394.93	\$ 2,394.93
21400 00	Surgery	5.73	4.59	\$ 472.06	\$ 378.15
21401 00	Surgery	14.75	9.23	\$ 1,215.18	\$ 760.41
21406 00	Surgery	16.54	16.54	\$ 1,362.64	\$ 1,362.64
21407 00	Surgery	18.53	18.53	\$ 1,526.59	\$ 1,526.59
21408 00	Surgery	25.95	25.95	\$ 2,137.88	\$ 2,137.88
21421 00	Surgery	20.33	17.21	\$ 1,674.88	\$ 1,417.84
21422 00	Surgery	18.97	18.97	\$ 1,562.84	\$ 1,562.84
21423 00	Surgery	22.22	22.22	\$ 1,830.59	\$ 1,830.59

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
21431 00	Surgery	20.6	20.6	\$ 1,697.13	\$ 1,697.13
21432 00	Surgery	20.58	20.58	\$ 1,695.48	\$ 1,695.48
21433 00	Surgery	50.17	50.17	\$ 4,133.24	\$ 4,133.24
21435 00	Surgery	40.33	40.33	\$ 3,322.58	\$ 3,322.58
21436 00	Surgery	58.83	58.83	\$ 4,846.70	\$ 4,846.70
21440 00	Surgery	17.33	14.05	\$ 1,427.73	\$ 1,157.51
21445 00	Surgery	22.26	18.07	\$ 1,833.88	\$ 1,488.69
21450 00	Surgery	16.44	13.47	\$ 1,354.41	\$ 1,109.72
21451 00	Surgery	21.75	18.28	\$ 1,791.87	\$ 1,505.99
21452 00	Surgery	19.17	11.42	\$ 1,579.32	\$ 940.83
21453 00	Surgery	27.62	23.64	\$ 2,275.47	\$ 1,947.58
21454 00	Surgery	15.69	15.69	\$ 1,292.62	\$ 1,292.62
21461 00	Surgery	59.44	28.1	\$ 4,896.95	\$ 2,315.01
21462 00	Surgery	63.37	31.25	\$ 5,220.72	\$ 2,574.52
21465 00	Surgery	25.87	25.87	\$ 2,131.29	\$ 2,131.29
21470 00	Surgery	34.54	34.54	\$ 2,845.57	\$ 2,845.57
21480 00	Surgery	3.07	0.91	\$ 252.92	\$ 74.97
21485 00	Surgery	23.79	19.53	\$ 1,959.93	\$ 1,608.97
21490 00	Surgery	25.56	25.56	\$ 2,105.75	\$ 2,105.75
21497 00	Surgery	19.62	16.51	\$ 1,616.39	\$ 1,360.17
21499 00	Surgery	-	-	BR	BR
21501 00	Surgery	13.18	9.29	\$ 1,085.83	\$ 765.35
21502 00	Surgery	14.52	14.52	\$ 1,196.23	\$ 1,196.23
21510 00	Surgery	12.74	12.74	\$ 1,049.58	\$ 1,049.58
21550 00	Surgery	7.46	4.51	\$ 614.59	\$ 371.56
21552 00	Surgery	12.86	12.86	\$ 1,059.47	\$ 1,059.47
21554 00	Surgery	21.06	21.06	\$ 1,735.02	\$ 1,735.02
21555 00	Surgery	12.07	8.78	\$ 994.38	\$ 723.34
21556 00	Surgery	15.19	15.19	\$ 1,251.42	\$ 1,251.42
21557 00	Surgery	27.48	27.48	\$ 2,263.93	\$ 2,263.93
21558 00	Surgery	38.76	38.76	\$ 3,193.23	\$ 3,193.23
21600 00	Surgery	15.85	15.85	\$ 1,305.80	\$ 1,305.80
21610 00	Surgery	34.7	34.7	\$ 2,858.75	\$ 2,858.75
21615 00	Surgery	17.58	17.58	\$ 1,448.32	\$ 1,448.32
21616 00	Surgery	20.56	20.56	\$ 1,693.83	\$ 1,693.83
21620 00	Surgery	14.52	14.52	\$ 1,196.23	\$ 1,196.23
21627 00	Surgery	15.49	15.49	\$ 1,276.14	\$ 1,276.14
21630 00	Surgery	35.44	35.44	\$ 2,919.72	\$ 2,919.72
21632 00	Surgery	34.89	34.89	\$ 2,874.40	\$ 2,874.40
21685 00	Surgery	28.21	28.21	\$ 2,324.07	\$ 2,324.07
21700 00	Surgery	10.24	10.24	\$ 843.62	\$ 843.62

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
21705 00	Surgery	15.39	15.39	\$ 1,267.90	\$ 1,267.90
21720 00	Surgery	14.77	14.77	\$ 1,216.82	\$ 1,216.82
21725 00	Surgery	15.58	15.58	\$ 1,283.55	\$ 1,283.55
21740 00	Surgery	29.72	29.72	\$ 2,448.48	\$ 2,448.48
21742 00	Surgery	34.82	34.82	\$ 2,868.64	\$ 2,868.64
21743 00	Surgery	45.83	45.83	\$ 3,775.69	\$ 3,775.69
21750 00	Surgery	19.71	19.71	\$ 1,623.80	\$ 1,623.80
21811 00	Surgery	17.18	17.18	\$ 1,415.37	\$ 1,415.37
21812 00	Surgery	21.07	21.07	\$ 1,735.85	\$ 1,735.85
21813 00	Surgery	28.4	28.4	\$ 2,339.73	\$ 2,339.73
21820 00	Surgery	4.08	4.1	\$ 336.13	\$ 337.78
21825 00	Surgery	15.59	15.59	\$ 1,284.38	\$ 1,284.38
21899 00	Surgery	-	-	BR	BR
21920 00	Surgery	7.3	4.55	\$ 601.41	\$ 374.85
21925 00	Surgery	13.1	10.3	\$ 1,079.24	\$ 848.56
21930 00	Surgery	13.83	10.49	\$ 1,139.38	\$ 864.22
21931 00	Surgery	13.56	13.56	\$ 1,117.14	\$ 1,117.14
21932 00	Surgery	19.07	19.07	\$ 1,571.08	\$ 1,571.08
21933 00	Surgery	21.29	21.29	\$ 1,753.97	\$ 1,753.97
21935 00	Surgery	29.65	29.65	\$ 2,442.71	\$ 2,442.71
21936 00	Surgery	40.96	40.96	\$ 3,374.48	\$ 3,374.48
22010 00	Surgery	27.73	27.73	\$ 2,284.53	\$ 2,284.53
22015 00	Surgery	27.4	27.4	\$ 2,257.34	\$ 2,257.34
22100 00	Surgery	24.88	24.88	\$ 2,049.73	\$ 2,049.73
22101 00	Surgery	24.8	24.8	\$ 2,043.14	\$ 2,043.14
22102 00	Surgery	23.48	23.48	\$ 1,934.39	\$ 1,934.39
22103 00	Surgery	4.1	4.1	\$ 337.78	\$ 337.78
22110 00	Surgery	30.29	30.29	\$ 2,495.43	\$ 2,495.43
22112 00	Surgery	32.05	32.05	\$ 2,640.43	\$ 2,640.43
22114 00	Surgery	32.44	32.44	\$ 2,672.56	\$ 2,672.56
22116 00	Surgery	4.12	4.12	\$ 339.43	\$ 339.43
22206 00	Surgery	71.33	71.33	\$ 5,876.51	\$ 5,876.51
22207 00	Surgery	69.89	69.89	\$ 5,757.87	\$ 5,757.87
22208 00	Surgery	17.28	17.28	\$ 1,423.61	\$ 1,423.61
22210 00	Surgery	52.06	52.06	\$ 4,288.95	\$ 4,288.95
22212 00	Surgery	43.22	43.22	\$ 3,560.67	\$ 3,560.67
22214 00	Surgery	43.4	43.4	\$ 3,575.50	\$ 3,575.50
22216 00	Surgery	10.61	10.61	\$ 874.10	\$ 874.10
22220 00	Surgery	47.04	47.04	\$ 3,875.38	\$ 3,875.38
22222 00	Surgery	50.03	50.03	\$ 4,121.71	\$ 4,121.71
22224 00	Surgery	45.9	45.9	\$ 3,781.46	\$ 3,781.46

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
22226 00	Surgery	10.58	10.58	\$ 871.63	\$ 871.63
22310 00	Surgery	8.82	8.17	\$ 726.63	\$ 673.08
22315 00	Surgery	25.37	22.22	\$ 2,090.10	\$ 1,830.59
22318 00	Surgery	47.65	47.65	\$ 3,925.63	\$ 3,925.63
22319 00	Surgery	52.77	52.77	\$ 4,347.44	\$ 4,347.44
22325 00	Surgery	41.97	41.97	\$ 3,457.69	\$ 3,457.69
22326 00	Surgery	43.47	43.47	\$ 3,581.27	\$ 3,581.27
22327 00	Surgery	43.88	43.88	\$ 3,615.04	\$ 3,615.04
22328 00	Surgery	8.25	8.25	\$ 679.67	\$ 679.67
22505 00	Surgery	3.79	3.79	\$ 312.24	\$ 312.24
22510 00	Surgery	49.83	12.54	\$ 4,105.23	\$ 1,033.10
22511 00	Surgery	49.33	11.76	\$ 4,064.04	\$ 968.84
22512 00	Surgery	25.6	5.99	\$ 2,109.05	\$ 493.48
22513 00	Surgery	195.55	14.96	\$ 16,110.34	\$ 1,232.48
22514 00	Surgery	194.92	13.94	\$ 16,058.44	\$ 1,148.44
22515 00	Surgery	113.15	6.46	\$ 9,321.84	\$ 532.21
22526 00	Surgery	65.01	9.76	\$ 5,355.83	\$ 804.08
22527 00	Surgery	54.63	4.61	\$ 4,500.68	\$ 379.79
22532 00	Surgery	52.4	52.4	\$ 4,316.96	\$ 4,316.96
22533 00	Surgery	48.12	48.12	\$ 3,964.36	\$ 3,964.36
22534 00	Surgery	10.52	10.52	\$ 866.69	\$ 866.69
22548 00	Surgery	56.95	56.95	\$ 4,691.81	\$ 4,691.81
22551 00	Surgery	49.66	49.66	\$ 4,091.23	\$ 4,091.23
22552 00	Surgery	11.64	11.64	\$ 958.96	\$ 958.96
22554 00	Surgery	36.4	36.4	\$ 3,207.75	\$ 3,207.75
22556 00	Surgery	48.58	48.58	\$ 4,002.25	\$ 4,002.25
22558 00	Surgery	44.49	44.49	\$ 3,665.30	\$ 3,665.30
22585 00	Surgery	9.55	9.55	\$ 786.77	\$ 786.77
22586 00	Surgery	58.94	58.94	\$ 4,855.76	\$ 4,855.76
22590 00	Surgery	45.99	45.99	\$ 3,788.88	\$ 3,788.88
22595 00	Surgery	43.88	43.88	\$ 4,045.50	\$ 4,045.50
22600 00	Surgery	37.48	37.48	\$ 3,087.78	\$ 3,087.78
22610 00	Surgery	36.78	36.78	\$ 3,030.11	\$ 3,030.11
22612 00	Surgery	46.06	46.06	\$ 3,794.64	\$ 3,794.64
22614 00	Surgery	11.42	11.42	\$ 940.83	\$ 940.83
22630 00	Surgery	45.8	45.8	\$ 3,773.22	\$ 3,773.22
22632 00	Surgery	9.4	9.4	\$ 774.42	\$ 774.42
22633 00	Surgery	53.85	53.85	\$ 4,436.42	\$ 4,436.42
22634 00	Surgery	14.48	14.48	\$ 1,192.93	\$ 1,192.93
22800 00	Surgery	39.34	39.34	\$ 3,276.75	\$ 3,276.75
22802 00	Surgery	61.11	61.11	\$ 5,034.53	\$ 5,034.53

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
22804 00	Surgery	70.64	70.64	\$ 5,819.66	\$ 5,819.66
22808 00	Surgery	53.76	53.76	\$ 4,429.01	\$ 4,429.01
22810 00	Surgery	60.28	60.28	\$ 4,966.15	\$ 4,966.15
22812 00	Surgery	63.28	63.28	\$ 5,213.31	\$ 5,213.31
22818 00	Surgery	62.49	62.49	\$ 5,148.22	\$ 5,148.22
22819 00	Surgery	71.5	71.5	\$ 5,890.51	\$ 5,890.51
22830 00	Surgery	23.62	23.62	\$ 1,945.93	\$ 1,945.93
22840 00	Surgery	22.2	22.2	\$ 1,828.94	\$ 1,828.94
22841 00	Surgery	11.17	11.17	\$ 920.24	\$ 920.24
22842 00	Surgery	22.32	22.32	\$ 2,878.20	\$ 2,878.20
22843 00	Surgery	23.87	23.87	\$ 1,966.52	\$ 1,966.52
22844 00	Surgery	28.82	28.82	\$ 2,374.33	\$ 2,374.33
22845 00	Surgery	21.33	21.33	\$ 1,757.27	\$ 1,757.27
22846 00	Surgery	22.15	22.15	\$ 1,824.82	\$ 1,824.82
22847 00	Surgery	23.37	23.37	\$ 1,925.33	\$ 1,925.33
22848 00	Surgery	10.5	10.5	\$ 865.04	\$ 865.04
22849 00	Surgery	37.73	37.73	\$ 3,108.38	\$ 3,108.38
22850 00	Surgery	21.04	21.04	\$ 1,733.38	\$ 1,733.38
22852 00	Surgery	20.21	20.21	\$ 1,770.00	\$ 1,770.00
22853 00	Surgery	7.55	7.55	\$ 622.00	\$ 622.00
22854 00	Surgery	9.78	9.78	\$ 805.72	\$ 805.72
22855 00	Surgery	32.19	32.19	\$ 2,651.97	\$ 2,651.97
22856 00	Surgery	47.66	47.66	\$ 3,926.46	\$ 3,926.46
22857 00	Surgery	50.85	50.85	\$ 4,189.27	\$ 4,189.27
22858 00	Surgery	14.93	14.93	\$ 1,230.00	\$ 1,230.00
22859 00	Surgery	9.78	9.78	\$ 805.72	\$ 805.72
22861 00	Surgery	64.93	64.93	\$ 5,349.24	\$ 5,349.24
22862 00	Surgery	54.94	54.94	\$ 4,526.22	\$ 4,526.22
22864 00	Surgery	59.95	59.95	\$ 4,938.97	\$ 4,938.97
22865 00	Surgery	56.38	56.38	\$ 4,644.85	\$ 4,644.85
22867 00	Surgery	28.21	28.21	\$ 2,324.07	\$ 2,324.07
22868 00	Surgery	7.06	7.06	\$ 581.64	\$ 581.64
22869 00	Surgery	13.25	13.25	\$ 1,091.60	\$ 1,091.60
22870 00	Surgery	3.62	3.62	\$ 298.23	\$ 298.23
22899 00	Surgery	-	-	BR	BR
22900 00	Surgery	16.24	16.24	\$ 1,337.93	\$ 1,337.93
22901 00	Surgery	19.2	19.2	\$ 1,581.79	\$ 1,581.79
22902 00	Surgery	12.85	9.53	\$ 1,058.64	\$ 785.13
22903 00	Surgery	12.68	12.68	\$ 1,044.64	\$ 1,044.64
22904 00	Surgery	30.49	30.49	\$ 2,511.91	\$ 2,511.91
22905 00	Surgery	38.54	38.54	\$ 3,175.11	\$ 3,175.11

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
22999 00	Surgery	-	-	BR	BR
23000 00	Surgery	16.08	10.34	\$ 1,324.75	\$ 851.86
23020 00	Surgery	19.85	19.85	\$ 1,635.34	\$ 1,635.34
23030 00	Surgery	12.43	7.2	\$ 1,024.04	\$ 593.17
23031 00	Surgery	11.44	5.99	\$ 942.48	\$ 493.48
23035 00	Surgery	19.48	19.48	\$ 1,604.86	\$ 1,604.86
23040 00	Surgery	20.64	20.64	\$ 1,700.42	\$ 1,700.42
23044 00	Surgery	16.31	16.31	\$ 1,343.70	\$ 1,343.70
23065 00	Surgery	6.34	4.81	\$ 522.32	\$ 396.27
23066 00	Surgery	16.18	10.4	\$ 1,332.99	\$ 856.80
23071 00	Surgery	12.09	12.09	\$ 996.03	\$ 996.03
23073 00	Surgery	20.04	20.04	\$ 1,650.99	\$ 1,650.99
23075 00	Surgery	13.9	9.41	\$ 1,145.15	\$ 775.24
23076 00	Surgery	15.6	15.6	\$ 1,285.20	\$ 1,285.20
23077 00	Surgery	32.81	32.81	\$ 2,703.04	\$ 2,703.04
23078 00	Surgery	41.48	41.48	\$ 3,417.32	\$ 3,417.32
23100 00	Surgery	14.4	14.4	\$ 1,186.34	\$ 1,186.34
23101 00	Surgery	13.14	13.14	\$ 1,082.54	\$ 1,082.54
23105 00	Surgery	18.34	18.34	\$ 1,510.94	\$ 1,510.94
23106 00	Surgery	14.32	14.32	\$ 1,179.75	\$ 1,179.75
23107 00	Surgery	19.01	19.01	\$ 1,566.13	\$ 1,566.13
23120 00	Surgery	16.8	16.8	\$ 1,384.06	\$ 1,384.06
23125 00	Surgery	20.32	20.32	\$ 1,674.06	\$ 1,674.06
23130 00	Surgery	17.62	17.62	\$ 1,451.62	\$ 1,451.62
23140 00	Surgery	15.9	15.9	\$ 1,309.92	\$ 1,309.92
23145 00	Surgery	19.78	19.78	\$ 1,629.57	\$ 1,629.57
23146 00	Surgery	17.63	17.63	\$ 1,452.44	\$ 1,452.44
23150 00	Surgery	18.94	18.94	\$ 1,560.37	\$ 1,560.37
23155 00	Surgery	22.7	22.7	\$ 1,870.13	\$ 1,870.13
23156 00	Surgery	19.46	19.46	\$ 1,603.21	\$ 1,603.21
23170 00	Surgery	16.16	16.16	\$ 1,331.34	\$ 1,331.34
23172 00	Surgery	16.23	16.23	\$ 1,337.10	\$ 1,337.10
23174 00	Surgery	21.83	21.83	\$ 1,798.46	\$ 1,798.46
23180 00	Surgery	18.99	18.99	\$ 1,564.49	\$ 1,564.49
23182 00	Surgery	18.95	18.95	\$ 1,561.19	\$ 1,561.19
23184 00	Surgery	21.1	21.1	\$ 1,738.32	\$ 1,738.32
23190 00	Surgery	16.43	16.43	\$ 1,353.58	\$ 1,353.58
23195 00	Surgery	21.47	21.47	\$ 1,768.80	\$ 1,768.80
23200 00	Surgery	43.64	43.64	\$ 3,595.27	\$ 3,595.27
23210 00	Surgery	51.26	51.26	\$ 4,223.04	\$ 4,223.04
23220 00	Surgery	56.33	56.33	\$ 4,640.73	\$ 4,640.73

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
23330 00	Surgery	8	4.76	\$ 659.08	\$ 392.15
23333 00	Surgery	13.27	13.27	\$ 1,093.25	\$ 1,093.25
23334 00	Surgery	30.88	30.88	\$ 2,544.04	\$ 2,544.04
23335 00	Surgery	36.86	36.86	\$ 3,036.70	\$ 3,036.70
23350 00	Surgery	3.97	1.47	\$ 327.07	\$ 121.11
23395 00	Surgery	36.97	36.97	\$ 3,045.76	\$ 3,045.76
23397 00	Surgery	32.67	32.67	\$ 2,691.51	\$ 2,691.51
23400 00	Surgery	27.53	27.53	\$ 2,268.05	\$ 2,268.05
23405 00	Surgery	17.77	17.77	\$ 1,463.98	\$ 1,463.98
23406 00	Surgery	22.2	22.2	\$ 1,828.94	\$ 1,828.94
23410 00	Surgery	23.64	23.64	\$ 1,947.58	\$ 1,947.58
23412 00	Surgery	24.53	24.53	\$ 2,020.90	\$ 2,020.90
23415 00	Surgery	20.11	20.11	\$ 1,656.76	\$ 1,656.76
23420 00	Surgery	27.98	27.98	\$ 2,305.13	\$ 2,305.13
23430 00	Surgery	21.41	21.41	\$ 1,763.86	\$ 1,763.86
23440 00	Surgery	21.7	21.7	\$ 1,787.75	\$ 1,787.75
23450 00	Surgery	27.16	27.16	\$ 2,237.57	\$ 2,237.57
23455 00	Surgery	28.74	28.74	\$ 2,367.74	\$ 2,367.74
23460 00	Surgery	31.26	31.26	\$ 2,575.35	\$ 2,575.35
23462 00	Surgery	30.37	30.37	\$ 2,502.03	\$ 2,502.03
23465 00	Surgery	32.16	32.16	\$ 2,649.49	\$ 2,649.49
23466 00	Surgery	32.11	32.11	\$ 2,645.37	\$ 2,645.37
23470 00	Surgery	34.59	34.59	\$ 2,849.69	\$ 2,849.69
23472 00	Surgery	41.93	41.93	\$ 3,454.39	\$ 3,454.39
23473 00	Surgery	46.78	46.78	\$ 3,853.96	\$ 3,853.96
23474 00	Surgery	50.53	50.53	\$ 4,162.90	\$ 4,162.90
23480 00	Surgery	23.7	23.7	\$ 1,952.52	\$ 1,952.52
23485 00	Surgery	27.5	27.5	\$ 2,265.58	\$ 2,265.58
23490 00	Surgery	24.67	24.67	\$ 2,032.43	\$ 2,032.43
23491 00	Surgery	29.26	29.26	\$ 2,410.58	\$ 2,410.58
23500 00	Surgery	6.24	6.37	\$ 514.08	\$ 524.79
23505 00	Surgery	10.15	9.51	\$ 836.21	\$ 783.48
23515 00	Surgery	20.7	20.7	\$ 1,705.36	\$ 1,705.36
23520 00	Surgery	6.72	6.73	\$ 553.63	\$ 554.45
23525 00	Surgery	11.12	10.25	\$ 916.12	\$ 844.44
23530 00	Surgery	16.38	16.38	\$ 1,349.46	\$ 1,349.46
23532 00	Surgery	17.79	17.79	\$ 1,465.63	\$ 1,465.63
23540 00	Surgery	6.54	6.56	\$ 538.80	\$ 540.44
23545 00	Surgery	9.89	8.91	\$ 814.79	\$ 734.05
23550 00	Surgery	16.35	16.35	\$ 1,346.99	\$ 1,346.99
23552 00	Surgery	18.81	18.81	\$ 1,549.66	\$ 1,549.66

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
23570 00	Surgery	6.62	6.83	\$ 545.39	\$ 562.69
23575 00	Surgery	11.54	10.76	\$ 950.72	\$ 886.46
23585 00	Surgery	28.21	28.21	\$ 2,324.07	\$ 2,324.07
23600 00	Surgery	9.37	8.82	\$ 771.95	\$ 726.63
23605 00	Surgery	13.33	12.17	\$ 1,098.19	\$ 1,002.62
23615 00	Surgery	25.46	25.46	\$ 2,097.52	\$ 2,097.52
23616 00	Surgery	35.73	35.73	\$ 2,964.75	\$ 2,964.75
23620 00	Surgery	7.65	7.32	\$ 630.24	\$ 603.06
23625 00	Surgery	10.92	10.09	\$ 899.64	\$ 831.26
23630 00	Surgery	22.47	22.47	\$ 1,851.19	\$ 1,851.19
23650 00	Surgery	9.1	8.29	\$ 749.70	\$ 682.97
23655 00	Surgery	11.57	11.57	\$ 953.19	\$ 953.19
23660 00	Surgery	16.75	16.75	\$ 1,379.94	\$ 1,379.94
23665 00	Surgery	12.25	11.36	\$ 1,009.21	\$ 935.89
23670 00	Surgery	25.21	25.21	\$ 2,076.92	\$ 2,076.92
23675 00	Surgery	15.76	14.33	\$ 1,298.38	\$ 1,180.57
23680 00	Surgery	26.74	26.74	\$ 2,202.97	\$ 2,202.97
23700 00	Surgery	5.64	5.64	\$ 464.65	\$ 464.65
23800 00	Surgery	29.5	29.5	\$ 2,430.35	\$ 2,430.35
23802 00	Surgery	36.8	36.8	\$ 3,031.76	\$ 3,031.76
23900 00	Surgery	39.97	39.97	\$ 3,292.92	\$ 3,292.92
23920 00	Surgery	32.47	32.47	\$ 2,675.03	\$ 2,675.03
23921 00	Surgery	13.47	13.47	\$ 1,109.72	\$ 1,109.72
23929 00	Surgery	-	-	BR	BR
23930 00	Surgery	10.16	6.13	\$ 837.03	\$ 505.02
23931 00	Surgery	8.19	4.48	\$ 674.73	\$ 369.08
23935 00	Surgery	14.61	14.61	\$ 1,203.64	\$ 1,203.64
24000 00	Surgery	13.71	13.71	\$ 1,129.50	\$ 1,129.50
24006 00	Surgery	20.56	20.56	\$ 1,693.83	\$ 1,693.83
24065 00	Surgery	7.4	4.78	\$ 609.65	\$ 393.80
24066 00	Surgery	18.06	12.06	\$ 1,487.87	\$ 993.56
24071 00	Surgery	11.7	11.7	\$ 963.90	\$ 963.90
24073 00	Surgery	19.99	19.99	\$ 1,646.87	\$ 1,646.87
24075 00	Surgery	14.45	9.48	\$ 1,190.46	\$ 781.01
24076 00	Surgery	15.67	15.67	\$ 1,290.97	\$ 1,290.97
24077 00	Surgery	29.93	29.93	\$ 2,465.78	\$ 2,465.78
24079 00	Surgery	38.24	38.24	\$ 3,150.39	\$ 3,150.39
24100 00	Surgery	11.97	11.97	\$ 986.15	\$ 986.15
24101 00	Surgery	14.38	14.38	\$ 1,184.69	\$ 1,184.69
24102 00	Surgery	17.73	17.73	\$ 1,460.68	\$ 1,460.68
24105 00	Surgery	10.12	10.12	\$ 833.73	\$ 833.73

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
24110 00	Surgery	16.86	16.86	\$ 1,389.01	\$ 1,389.01
24115 00	Surgery	21.03	21.03	\$ 1,732.55	\$ 1,732.55
24116 00	Surgery	24.8	24.8	\$ 2,043.14	\$ 2,043.14
24120 00	Surgery	15.25	15.25	\$ 1,256.37	\$ 1,256.37
24125 00	Surgery	17.89	17.89	\$ 1,473.86	\$ 1,473.86
24126 00	Surgery	18.52	18.52	\$ 1,525.77	\$ 1,525.77
24130 00	Surgery	14.67	14.67	\$ 1,208.58	\$ 1,208.58
24134 00	Surgery	21.49	21.49	\$ 1,770.45	\$ 1,770.45
24136 00	Surgery	18.19	18.19	\$ 1,498.58	\$ 1,498.58
24138 00	Surgery	19.47	19.47	\$ 1,604.03	\$ 1,604.03
24140 00	Surgery	20.21	20.21	\$ 1,665.00	\$ 1,665.00
24145 00	Surgery	17.07	17.07	\$ 1,406.31	\$ 1,406.31
24147 00	Surgery	17.94	17.94	\$ 1,477.98	\$ 1,477.98
24149 00	Surgery	33.86	33.86	\$ 2,789.55	\$ 2,789.55
24150 00	Surgery	44.83	44.83	\$ 3,693.31	\$ 3,693.31
24152 00	Surgery	38.35	38.35	\$ 3,159.46	\$ 3,159.46
24155 00	Surgery	24.47	24.47	\$ 2,015.96	\$ 2,015.96
24160 00	Surgery	36.46	36.46	\$ 3,003.75	\$ 3,003.75
24164 00	Surgery	20.89	20.89	\$ 1,721.02	\$ 1,721.02
24200 00	Surgery	6.02	3.99	\$ 495.96	\$ 328.72
24201 00	Surgery	15.82	10.47	\$ 1,303.33	\$ 862.57
24220 00	Surgery	4.71	1.95	\$ 388.03	\$ 160.65
24300 00	Surgery	12.07	12.07	\$ 994.38	\$ 994.38
24301 00	Surgery	21.62	21.62	\$ 1,781.16	\$ 1,781.16
24305 00	Surgery	16.59	16.59	\$ 1,366.76	\$ 1,366.76
24310 00	Surgery	13.43	13.43	\$ 1,106.43	\$ 1,106.43
24320 00	Surgery	22.3	22.3	\$ 1,837.18	\$ 1,837.18
24330 00	Surgery	20.63	20.63	\$ 1,699.60	\$ 1,699.60
24331 00	Surgery	22.24	22.24	\$ 1,832.24	\$ 1,832.24
24332 00	Surgery	17.66	17.66	\$ 1,454.92	\$ 1,454.92
24340 00	Surgery	17.6	17.6	\$ 1,449.97	\$ 1,449.97
24341 00	Surgery	21.42	21.42	\$ 1,764.68	\$ 1,764.68
24342 00	Surgery	22.34	22.34	\$ 1,840.48	\$ 1,840.48
24343 00	Surgery	20.41	20.41	\$ 1,681.47	\$ 1,681.47
24344 00	Surgery	31.45	31.45	\$ 2,591.00	\$ 2,591.00
24345 00	Surgery	20.25	20.25	\$ 1,668.29	\$ 1,668.29
24346 00	Surgery	31.6	31.6	\$ 2,603.36	\$ 2,603.36
24357 00	Surgery	11.96	11.96	\$ 985.32	\$ 985.32
24358 00	Surgery	15.05	15.05	\$ 1,239.89	\$ 1,239.89
24359 00	Surgery	19.01	19.01	\$ 1,566.13	\$ 1,566.13
24360 00	Surgery	25.94	25.94	\$ 2,137.06	\$ 2,137.06

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
24361 00	Surgery	29.03	29.03	\$ 2,391.63	\$ 2,391.63
24362 00	Surgery	30.61	30.61	\$ 2,521.80	\$ 2,521.80
24363 00	Surgery	41.96	41.96	\$ 3,456.86	\$ 3,456.86
24365 00	Surgery	18.39	18.39	\$ 1,515.06	\$ 1,515.06
24366 00	Surgery	19.6	19.6	\$ 1,614.74	\$ 1,614.74
24370 00	Surgery	44.72	44.72	\$ 3,684.25	\$ 3,684.25
24371 00	Surgery	51.37	51.37	\$ 4,232.11	\$ 4,232.11
24400 00	Surgery	23.72	23.72	\$ 1,954.17	\$ 1,954.17
24410 00	Surgery	30.53	30.53	\$ 2,515.21	\$ 2,515.21
24420 00	Surgery	28.59	28.59	\$ 2,355.38	\$ 2,355.38
24430 00	Surgery	30.4	30.4	\$ 2,504.50	\$ 2,504.50
24435 00	Surgery	31.02	31.02	\$ 2,555.58	\$ 2,555.58
24470 00	Surgery	19.35	19.35	\$ 1,594.15	\$ 1,594.15
24495 00	Surgery	21.27	21.27	\$ 1,752.32	\$ 1,752.32
24498 00	Surgery	24.96	24.96	\$ 2,056.32	\$ 2,056.32
24500 00	Surgery	10.21	9.35	\$ 841.15	\$ 770.30
24505 00	Surgery	14.27	12.86	\$ 1,175.63	\$ 1,059.47
24515 00	Surgery	25.27	25.27	\$ 2,081.86	\$ 2,081.86
24516 00	Surgery	24.77	24.77	\$ 2,040.67	\$ 2,040.67
24530 00	Surgery	10.85	9.89	\$ 893.87	\$ 814.79
24535 00	Surgery	17.68	16.3	\$ 1,456.56	\$ 1,342.87
24538 00	Surgery	21.51	21.51	\$ 1,772.10	\$ 1,772.10
24545 00	Surgery	26.78	26.78	\$ 2,206.26	\$ 2,206.26
24546 00	Surgery	29.95	29.95	\$ 2,467.42	\$ 2,467.42
24560 00	Surgery	9.29	8.28	\$ 765.35	\$ 682.15
24565 00	Surgery	15.33	14.05	\$ 1,262.96	\$ 1,157.51
24566 00	Surgery	20.67	20.67	\$ 1,702.89	\$ 1,702.89
24575 00	Surgery	21.06	21.06	\$ 1,735.02	\$ 1,735.02
24576 00	Surgery	9.8	8.75	\$ 807.37	\$ 720.87
24577 00	Surgery	15.8	14.45	\$ 1,301.68	\$ 1,190.46
24579 00	Surgery	24.06	24.06	\$ 1,982.18	\$ 1,982.18
24582 00	Surgery	23.34	23.34	\$ 1,922.86	\$ 1,922.86
24586 00	Surgery	31.23	31.23	\$ 2,572.88	\$ 2,572.88
24587 00	Surgery	31.35	31.35	\$ 2,582.76	\$ 2,582.76
24600 00	Surgery	10.56	9.6	\$ 869.98	\$ 790.89
24605 00	Surgery	13.59	13.59	\$ 1,119.61	\$ 1,119.61
24615 00	Surgery	20.53	20.53	\$ 1,691.36	\$ 1,691.36
24620 00	Surgery	15.88	15.88	\$ 1,308.27	\$ 1,308.27
24635 00	Surgery	19.39	19.39	\$ 1,597.44	\$ 1,597.44
24640 00	Surgery	2.86	2.23	\$ 255.00	\$ 194.19
24650 00	Surgery	7.45	6.89	\$ 613.77	\$ 567.63

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
24655 00	Surgery	12.66	11.47	\$ 1,042.99	\$ 944.95
24665 00	Surgery	18.78	18.78	\$ 1,547.19	\$ 1,547.19
24666 00	Surgery	21.09	21.09	\$ 1,737.49	\$ 1,737.49
24670 00	Surgery	8.28	7.53	\$ 682.15	\$ 620.36
24675 00	Surgery	13.12	11.93	\$ 1,080.89	\$ 982.85
24685 00	Surgery	18.81	18.81	\$ 1,549.66	\$ 1,549.66
24800 00	Surgery	23.79	23.79	\$ 1,959.93	\$ 1,959.93
24802 00	Surgery	28.93	28.93	\$ 2,383.39	\$ 2,383.39
24900 00	Surgery	21.21	21.21	\$ 1,747.38	\$ 1,747.38
24920 00	Surgery	21.16	21.16	\$ 1,743.26	\$ 1,743.26
24925 00	Surgery	16.31	16.31	\$ 1,343.70	\$ 1,343.70
24930 00	Surgery	22.25	22.25	\$ 1,833.06	\$ 1,833.06
24931 00	Surgery	26.94	26.94	\$ 2,219.45	\$ 2,219.45
24935 00	Surgery	33.63	33.63	\$ 2,770.60	\$ 2,770.60
24940 00	Surgery	30.79	30.79	\$ 2,536.63	\$ 2,536.63
24999 00	Surgery	-	-	BR	BR
25000 00	Surgery	9.7	9.7	\$ 799.13	\$ 799.13
25001 00	Surgery	9.88	9.88	\$ 813.96	\$ 813.96
25020 00	Surgery	16.43	16.43	\$ 1,353.58	\$ 1,353.58
25023 00	Surgery	31.83	31.83	\$ 2,622.31	\$ 2,622.31
25024 00	Surgery	22.45	22.45	\$ 1,849.54	\$ 1,849.54
25025 00	Surgery	34.81	34.81	\$ 2,867.81	\$ 2,867.81
25028 00	Surgery	15.13	15.13	\$ 1,246.48	\$ 1,246.48
25031 00	Surgery	10	10	\$ 823.85	\$ 823.85
25035 00	Surgery	16.81	16.81	\$ 1,384.89	\$ 1,384.89
25040 00	Surgery	16.14	16.14	\$ 1,329.69	\$ 1,329.69
25065 00	Surgery	7.32	4.64	\$ 603.06	\$ 382.27
25066 00	Surgery	10.3	10.3	\$ 848.56	\$ 848.56
25071 00	Surgery	12.23	12.23	\$ 1,007.57	\$ 1,007.57
25073 00	Surgery	15.35	15.35	\$ 1,264.61	\$ 1,264.61
25075 00	Surgery	14.09	9.09	\$ 1,160.80	\$ 748.88
25076 00	Surgery	14.89	14.89	\$ 1,226.71	\$ 1,226.71
25077 00	Surgery	25.43	25.43	\$ 2,095.04	\$ 2,095.04
25078 00	Surgery	33.68	33.68	\$ 2,774.72	\$ 2,774.72
25085 00	Surgery	12.9	12.9	\$ 1,062.76	\$ 1,062.76
25100 00	Surgery	9.95	9.95	\$ 819.73	\$ 819.73
25101 00	Surgery	11.61	11.61	\$ 956.49	\$ 956.49
25105 00	Surgery	13.89	13.89	\$ 1,144.32	\$ 1,144.32
25107 00	Surgery	17.7	17.7	\$ 1,458.21	\$ 1,458.21
25109 00	Surgery	15.46	15.46	\$ 1,273.67	\$ 1,273.67
25110 00	Surgery	9.82	9.82	\$ 809.02	\$ 809.02

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
25111 00	Surgery	9.21	9.21	\$ 758.76	\$ 758.76
25112 00	Surgery	11.13	11.13	\$ 916.94	\$ 916.94
25115 00	Surgery	21.8	21.8	\$ 1,795.99	\$ 1,795.99
25116 00	Surgery	17.25	17.25	\$ 1,421.14	\$ 1,421.14
25118 00	Surgery	10.94	10.94	\$ 901.29	\$ 901.29
25119 00	Surgery	14.21	14.21	\$ 1,170.69	\$ 1,170.69
25120 00	Surgery	14.3	14.3	\$ 1,178.10	\$ 1,178.10
25125 00	Surgery	16.94	16.94	\$ 1,395.60	\$ 1,395.60
25126 00	Surgery	17.11	17.11	\$ 1,409.60	\$ 1,409.60
25130 00	Surgery	12.83	12.83	\$ 1,057.00	\$ 1,057.00
25135 00	Surgery	15.99	15.99	\$ 1,317.33	\$ 1,317.33
25136 00	Surgery	14.06	14.06	\$ 1,158.33	\$ 1,158.33
25145 00	Surgery	14.84	14.84	\$ 1,222.59	\$ 1,222.59
25150 00	Surgery	16.29	16.29	\$ 1,342.05	\$ 1,342.05
25151 00	Surgery	16.71	16.71	\$ 1,376.65	\$ 1,376.65
25170 00	Surgery	42.57	42.57	\$ 3,507.12	\$ 3,507.12
25210 00	Surgery	14.01	14.01	\$ 1,154.21	\$ 1,154.21
25215 00	Surgery	17.76	17.76	\$ 1,463.15	\$ 1,463.15
25230 00	Surgery	12.45	12.45	\$ 1,025.69	\$ 1,025.69
25240 00	Surgery	12.31	12.31	\$ 1,014.16	\$ 1,014.16
25246 00	Surgery	4.88	2.16	\$ 402.04	\$ 177.95
25248 00	Surgery	11.88	11.88	\$ 978.73	\$ 978.73
25250 00	Surgery	15.21	15.21	\$ 1,253.07	\$ 1,253.07
25251 00	Surgery	20.68	20.68	\$ 2,463.75	\$ 2,463.75
25259 00	Surgery	12.02	12.02	\$ 990.26	\$ 990.26
25260 00	Surgery	18.1	18.1	\$ 1,491.16	\$ 1,491.16
25263 00	Surgery	18.02	18.02	\$ 1,484.57	\$ 1,484.57
25265 00	Surgery	21.47	21.47	\$ 1,768.80	\$ 1,768.80
25270 00	Surgery	14.06	14.06	\$ 1,158.33	\$ 1,158.33
25272 00	Surgery	15.92	15.92	\$ 1,311.57	\$ 1,311.57
25274 00	Surgery	19.16	19.16	\$ 1,578.49	\$ 1,578.49
25275 00	Surgery	19.25	19.25	\$ 1,585.91	\$ 1,585.91
25280 00	Surgery	16.19	16.19	\$ 1,333.81	\$ 1,333.81
25290 00	Surgery	12.53	12.53	\$ 1,032.28	\$ 1,032.28
25295 00	Surgery	15.11	15.11	\$ 1,244.83	\$ 1,244.83
25300 00	Surgery	19.57	19.57	\$ 1,612.27	\$ 1,612.27
25301 00	Surgery	18.49	18.49	\$ 1,523.29	\$ 1,523.29
25310 00	Surgery	17.79	17.79	\$ 1,465.63	\$ 1,465.63
25312 00	Surgery	20.64	20.64	\$ 1,700.42	\$ 1,700.42
25315 00	Surgery	22.13	22.13	\$ 1,823.17	\$ 1,823.17
25316 00	Surgery	26.4	26.4	\$ 2,174.96	\$ 2,174.96

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
25320 00	Surgery	28.32	28.32	\$ 2,333.14	\$ 2,333.14
25332 00	Surgery	24.22	24.22	\$ 1,995.36	\$ 1,995.36
25335 00	Surgery	27.24	27.24	\$ 2,244.16	\$ 2,244.16
25337 00	Surgery	25.61	25.61	\$ 2,109.87	\$ 2,109.87
25350 00	Surgery	19.39	19.39	\$ 1,597.44	\$ 1,597.44
25355 00	Surgery	21.8	21.8	\$ 1,795.99	\$ 1,795.99
25360 00	Surgery	18.84	18.84	\$ 1,552.13	\$ 1,552.13
25365 00	Surgery	26.25	26.25	\$ 2,162.60	\$ 2,162.60
25370 00	Surgery	29.09	29.09	\$ 2,396.57	\$ 2,396.57
25375 00	Surgery	27.52	27.52	\$ 2,267.23	\$ 2,267.23
25390 00	Surgery	22.12	22.12	\$ 1,822.35	\$ 1,822.35
25391 00	Surgery	28.72	28.72	\$ 2,366.09	\$ 2,366.09
25392 00	Surgery	28.49	28.49	\$ 2,347.14	\$ 2,347.14
25393 00	Surgery	32.28	32.28	\$ 2,659.38	\$ 2,659.38
25394 00	Surgery	22.49	22.49	\$ 1,852.83	\$ 1,852.83
25400 00	Surgery	23.12	23.12	\$ 1,904.74	\$ 1,904.74
25405 00	Surgery	29.9	29.9	\$ 2,463.30	\$ 2,463.30
25415 00	Surgery	27.81	27.81	\$ 2,291.12	\$ 2,291.12
25420 00	Surgery	33.58	33.58	\$ 2,766.48	\$ 2,766.48
25425 00	Surgery	27.67	27.67	\$ 2,279.59	\$ 2,279.59
25426 00	Surgery	32.46	32.46	\$ 2,674.21	\$ 2,674.21
25430 00	Surgery	21.06	21.06	\$ 1,735.02	\$ 1,735.02
25431 00	Surgery	22.65	22.65	\$ 1,866.01	\$ 1,866.01
25440 00	Surgery	22.13	22.13	\$ 1,823.17	\$ 1,823.17
25441 00	Surgery	26.97	26.97	\$ 2,221.92	\$ 2,221.92
25442 00	Surgery	23.23	23.23	\$ 1,913.80	\$ 1,913.80
25443 00	Surgery	22.29	22.29	\$ 1,836.36	\$ 1,836.36
25444 00	Surgery	23.75	23.75	\$ 1,956.64	\$ 1,956.64
25445 00	Surgery	20.78	20.78	\$ 1,711.96	\$ 1,711.96
25446 00	Surgery	33.83	33.83	\$ 2,787.08	\$ 2,787.08
25447 00	Surgery	23.83	23.83	\$ 1,963.23	\$ 1,963.23
25449 00	Surgery	29.73	29.73	\$ 2,449.30	\$ 2,449.30
25450 00	Surgery	17.75	17.75	\$ 1,462.33	\$ 1,462.33
25455 00	Surgery	20.94	20.94	\$ 1,725.14	\$ 1,725.14
25490 00	Surgery	20.7	20.7	\$ 1,705.36	\$ 1,705.36
25491 00	Surgery	21.33	21.33	\$ 1,757.27	\$ 1,757.27
25492 00	Surgery	26.11	26.11	\$ 2,151.07	\$ 2,151.07
25500 00	Surgery	7.87	7.16	\$ 648.37	\$ 589.87
25505 00	Surgery	14.29	13.03	\$ 1,177.28	\$ 1,073.47
25515 00	Surgery	19.25	19.25	\$ 1,585.91	\$ 1,585.91
25520 00	Surgery	16.28	15.39	\$ 1,341.22	\$ 1,267.90

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
25525 00	Surgery	22.69	22.69	\$ 1,869.31	\$ 1,869.31
25526 00	Surgery	27.47	27.47	\$ 2,709.00	\$ 2,709.00
25530 00	Surgery	7.46	6.8	\$ 614.59	\$ 560.22
25535 00	Surgery	14.03	12.99	\$ 1,155.86	\$ 1,070.18
25545 00	Surgery	17.91	17.91	\$ 1,475.51	\$ 1,475.51
25560 00	Surgery	8.03	7.22	\$ 661.55	\$ 594.82
25565 00	Surgery	14.72	13.26	\$ 1,212.70	\$ 1,092.42
25574 00	Surgery	19.39	19.39	\$ 1,597.44	\$ 1,597.44
25575 00	Surgery	25.96	25.96	\$ 2,138.71	\$ 2,138.71
25600 00	Surgery	9.4	8.93	\$ 774.42	\$ 735.70
25605 00	Surgery	15.45	14.57	\$ 1,272.84	\$ 1,200.35
25606 00	Surgery	19.07	19.07	\$ 1,571.08	\$ 1,571.08
25607 00	Surgery	21.14	21.14	\$ 1,741.61	\$ 1,741.61
25608 00	Surgery	23.72	23.72	\$ 1,954.17	\$ 1,954.17
25609 00	Surgery	30.19	30.19	\$ 2,487.20	\$ 2,487.20
25622 00	Surgery	8.7	7.98	\$ 716.75	\$ 657.43
25624 00	Surgery	13.78	12.53	\$ 1,135.26	\$ 1,032.28
25628 00	Surgery	20.71	20.71	\$ 1,706.19	\$ 1,706.19
25630 00	Surgery	8.69	8.04	\$ 715.92	\$ 662.37
25635 00	Surgery	13.12	11.94	\$ 1,080.89	\$ 983.67
25645 00	Surgery	16.33	16.33	\$ 1,345.34	\$ 1,345.34
25650 00	Surgery	9.2	8.57	\$ 757.94	\$ 706.04
25651 00	Surgery	13.94	13.94	\$ 1,148.44	\$ 1,148.44
25652 00	Surgery	17.91	17.91	\$ 1,475.51	\$ 1,475.51
25660 00	Surgery	11.83	11.83	\$ 974.61	\$ 974.61
25670 00	Surgery	17.4	17.4	\$ 1,433.49	\$ 1,433.49
25671 00	Surgery	15.18	15.18	\$ 1,250.60	\$ 1,250.60
25675 00	Surgery	12.52	11.35	\$ 1,031.46	\$ 935.07
25676 00	Surgery	18.08	18.08	\$ 1,489.52	\$ 1,489.52
25680 00	Surgery	14.93	14.93	\$ 1,230.00	\$ 1,230.00
25685 00	Surgery	21.17	21.17	\$ 1,744.09	\$ 1,744.09
25690 00	Surgery	13.87	13.87	\$ 1,142.68	\$ 1,142.68
25695 00	Surgery	18.2	18.2	\$ 1,499.40	\$ 1,499.40
25800 00	Surgery	21.02	21.02	\$ 1,731.73	\$ 1,731.73
25805 00	Surgery	24.33	24.33	\$ 2,004.42	\$ 2,004.42
25810 00	Surgery	24.96	24.96	\$ 2,056.32	\$ 2,056.32
25820 00	Surgery	17.81	17.81	\$ 1,467.27	\$ 1,467.27
25825 00	Surgery	21.93	21.93	\$ 1,806.70	\$ 1,806.70
25830 00	Surgery	27.09	27.09	\$ 2,231.80	\$ 2,231.80
25900 00	Surgery	20.45	20.45	\$ 1,684.77	\$ 1,684.77
25905 00	Surgery	20.09	20.09	\$ 1,655.11	\$ 1,655.11

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
25907 00	Surgery	17.5	17.5	\$ 1,441.73	\$ 1,441.73
25909 00	Surgery	19.66	19.66	\$ 1,619.68	\$ 1,619.68
25915 00	Surgery	33.83	33.83	\$ 2,787.08	\$ 2,787.08
25920 00	Surgery	20.2	20.2	\$ 1,664.17	\$ 1,664.17
25922 00	Surgery	17.74	17.74	\$ 1,461.51	\$ 1,461.51
25924 00	Surgery	19.44	19.44	\$ 1,601.56	\$ 1,601.56
25927 00	Surgery	23.16	23.16	\$ 1,908.03	\$ 1,908.03
25929 00	Surgery	17.19	17.19	\$ 1,416.19	\$ 1,416.19
25931 00	Surgery	21.33	21.33	\$ 1,757.27	\$ 1,757.27
25999 00	Surgery	-	-	BR	BR
26010 00	Surgery	7.74	3.9	\$ 637.66	\$ 321.30
26011 00	Surgery	11.49	5.28	\$ 946.60	\$ 434.99
26020 00	Surgery	12.48	12.48	\$ 1,028.16	\$ 1,028.16
26025 00	Surgery	12.11	12.11	\$ 997.68	\$ 997.68
26030 00	Surgery	14.09	14.09	\$ 1,160.80	\$ 1,160.80
26034 00	Surgery	15.62	15.62	\$ 1,286.85	\$ 1,286.85
26035 00	Surgery	24.73	24.73	\$ 2,037.38	\$ 2,037.38
26037 00	Surgery	16.27	16.27	\$ 1,340.40	\$ 1,340.40
26040 00	Surgery	8.96	8.96	\$ 738.17	\$ 738.17
26045 00	Surgery	13.49	13.49	\$ 1,111.37	\$ 1,111.37
26055 00	Surgery	16.18	8.91	\$ 1,332.99	\$ 734.05
26060 00	Surgery	7.36	7.36	\$ 606.35	\$ 606.35
26070 00	Surgery	9.19	9.19	\$ 757.12	\$ 757.12
26075 00	Surgery	9.59	9.59	\$ 790.07	\$ 790.07
26080 00	Surgery	11.25	11.25	\$ 926.83	\$ 926.83
26100 00	Surgery	9.64	9.64	\$ 794.19	\$ 794.19
26105 00	Surgery	9.68	9.68	\$ 797.48	\$ 797.48
26110 00	Surgery	9.25	9.25	\$ 762.06	\$ 762.06
26111 00	Surgery	11.98	11.98	\$ 986.97	\$ 986.97
26113 00	Surgery	15.74	15.74	\$ 1,296.74	\$ 1,296.74
26115 00	Surgery	14.85	9.54	\$ 1,223.41	\$ 785.95
26116 00	Surgery	15.13	15.13	\$ 1,246.48	\$ 1,246.48
26117 00	Surgery	21.38	21.38	\$ 1,761.39	\$ 1,761.39
26118 00	Surgery	30.27	30.27	\$ 2,493.79	\$ 2,493.79
26121 00	Surgery	17.18	17.18	\$ 1,415.37	\$ 1,415.37
26123 00	Surgery	24	24	\$ 1,977.23	\$ 1,977.23
26125 00	Surgery	7.89	7.89	\$ 650.02	\$ 650.02
26130 00	Surgery	13.19	13.19	\$ 1,086.66	\$ 1,086.66
26135 00	Surgery	15.83	15.83	\$ 1,304.15	\$ 1,304.15
26140 00	Surgery	14.52	14.52	\$ 1,196.23	\$ 1,196.23
26145 00	Surgery	14.75	14.75	\$ 1,215.18	\$ 1,215.18

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
26160 00	Surgery	16.66	9.59	\$ 1,372.53	\$ 790.07
26170 00	Surgery	11.67	11.67	\$ 961.43	\$ 961.43
26180 00	Surgery	12.78	12.78	\$ 1,052.88	\$ 1,052.88
26185 00	Surgery	15.82	15.82	\$ 1,303.33	\$ 1,303.33
26200 00	Surgery	12.92	12.92	\$ 1,064.41	\$ 1,064.41
26205 00	Surgery	17.36	17.36	\$ 1,430.20	\$ 1,430.20
26210 00	Surgery	12.73	12.73	\$ 1,048.76	\$ 1,048.76
26215 00	Surgery	16.24	16.24	\$ 1,337.93	\$ 1,337.93
26230 00	Surgery	14.32	14.32	\$ 1,179.75	\$ 1,179.75
26235 00	Surgery	14.15	14.15	\$ 1,165.74	\$ 1,165.74
26236 00	Surgery	12.67	12.67	\$ 1,043.82	\$ 1,043.82
26250 00	Surgery	30.85	30.85	\$ 2,541.57	\$ 2,541.57
26260 00	Surgery	23.06	23.06	\$ 1,899.79	\$ 1,899.79
26262 00	Surgery	18.15	18.15	\$ 1,495.28	\$ 1,495.28
26320 00	Surgery	9.98	9.98	\$ 822.20	\$ 822.20
26340 00	Surgery	9.67	9.67	\$ 796.66	\$ 796.66
26341 00	Surgery	2.9	2.17	\$ 238.92	\$ 178.77
26350 00	Surgery	20.05	20.05	\$ 1,651.81	\$ 1,651.81
26352 00	Surgery	23.01	23.01	\$ 1,895.67	\$ 1,895.67
26356 00	Surgery	22.81	22.81	\$ 1,879.20	\$ 1,879.20
26357 00	Surgery	25.5	25.5	\$ 2,100.81	\$ 2,100.81
26358 00	Surgery	28.21	28.21	\$ 2,324.07	\$ 2,324.07
26370 00	Surgery	21.29	21.29	\$ 1,753.97	\$ 1,753.97
26372 00	Surgery	24.91	24.91	\$ 2,052.20	\$ 2,052.20
26373 00	Surgery	23.91	23.91	\$ 1,969.82	\$ 1,969.82
26390 00	Surgery	23.65	23.65	\$ 1,948.40	\$ 1,948.40
26392 00	Surgery	27.49	27.49	\$ 2,264.76	\$ 2,264.76
26410 00	Surgery	15.88	15.88	\$ 1,308.27	\$ 1,308.27
26412 00	Surgery	19.1	19.1	\$ 1,573.55	\$ 1,573.55
26415 00	Surgery	23.01	23.01	\$ 1,895.67	\$ 1,895.67
26416 00	Surgery	25.05	25.05	\$ 2,063.74	\$ 2,063.74
26418 00	Surgery	16.25	16.25	\$ 1,338.75	\$ 1,338.75
26420 00	Surgery	19.92	19.92	\$ 1,641.10	\$ 1,641.10
26426 00	Surgery	14.4	14.4	\$ 1,186.34	\$ 1,186.34
26428 00	Surgery	21.31	21.31	\$ 1,755.62	\$ 1,755.62
26432 00	Surgery	13.99	13.99	\$ 1,152.56	\$ 1,152.56
26433 00	Surgery	14.88	14.88	\$ 1,225.89	\$ 1,225.89
26434 00	Surgery	18.24	18.24	\$ 1,502.70	\$ 1,502.70
26437 00	Surgery	17.57	17.57	\$ 1,447.50	\$ 1,447.50
26440 00	Surgery	17.41	17.41	\$ 1,434.32	\$ 1,434.32
26442 00	Surgery	27.18	27.18	\$ 2,239.22	\$ 2,239.22

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
26445 00	Surgery	16.15	16.15	\$ 1,330.51	\$ 1,330.51
26449 00	Surgery	19.96	19.96	\$ 1,644.40	\$ 1,644.40
26450 00	Surgery	11.46	11.46	\$ 944.13	\$ 944.13
26455 00	Surgery	11.36	11.36	\$ 935.89	\$ 935.89
26460 00	Surgery	11.12	11.12	\$ 916.12	\$ 916.12
26471 00	Surgery	17.36	17.36	\$ 1,430.20	\$ 1,430.20
26474 00	Surgery	16.96	16.96	\$ 1,397.25	\$ 1,397.25
26476 00	Surgery	16.75	16.75	\$ 1,379.94	\$ 1,379.94
26477 00	Surgery	16.36	16.36	\$ 1,347.81	\$ 1,347.81
26478 00	Surgery	17.42	17.42	\$ 1,435.14	\$ 1,435.14
26479 00	Surgery	17.62	17.62	\$ 1,451.62	\$ 1,451.62
26480 00	Surgery	21.14	21.14	\$ 1,741.61	\$ 1,741.61
26483 00	Surgery	23.72	23.72	\$ 1,954.17	\$ 1,954.17
26485 00	Surgery	22.71	22.71	\$ 1,870.96	\$ 1,870.96
26489 00	Surgery	26.36	26.36	\$ 2,171.66	\$ 2,171.66
26490 00	Surgery	22.5	22.5	\$ 1,853.66	\$ 1,853.66
26492 00	Surgery	25.01	25.01	\$ 2,060.44	\$ 2,060.44
26494 00	Surgery	22.53	22.53	\$ 1,856.13	\$ 1,856.13
26496 00	Surgery	24.24	24.24	\$ 1,997.01	\$ 1,997.01
26497 00	Surgery	24.49	24.49	\$ 2,017.60	\$ 2,017.60
26498 00	Surgery	32.47	32.47	\$ 2,675.03	\$ 2,675.03
26499 00	Surgery	23.44	23.44	\$ 1,931.10	\$ 1,931.10
26500 00	Surgery	17.46	17.46	\$ 1,438.44	\$ 1,438.44
26502 00	Surgery	20.04	20.04	\$ 1,650.99	\$ 1,650.99
26508 00	Surgery	17.78	17.78	\$ 1,464.80	\$ 1,464.80
26510 00	Surgery	16.75	16.75	\$ 1,379.94	\$ 1,379.94
26516 00	Surgery	19.75	19.75	\$ 1,627.10	\$ 1,627.10
26517 00	Surgery	23.23	23.23	\$ 1,913.80	\$ 1,913.80
26518 00	Surgery	23.6	23.6	\$ 1,944.28	\$ 1,944.28
26520 00	Surgery	18.21	18.21	\$ 1,500.23	\$ 1,500.23
26525 00	Surgery	18.3	18.3	\$ 1,507.64	\$ 1,507.64
26530 00	Surgery	15.44	15.44	\$ 1,272.02	\$ 1,272.02
26531 00	Surgery	17.96	17.96	\$ 1,479.63	\$ 1,479.63
26535 00	Surgery	12.34	12.34	\$ 1,016.63	\$ 1,016.63
26536 00	Surgery	20.09	20.09	\$ 1,655.11	\$ 1,655.11
26540 00	Surgery	18.52	18.52	\$ 1,525.77	\$ 1,525.77
26541 00	Surgery	22.58	22.58	\$ 1,860.25	\$ 1,860.25
26542 00	Surgery	19.15	19.15	\$ 1,577.67	\$ 1,577.67
26545 00	Surgery	19.9	19.9	\$ 1,639.46	\$ 1,639.46
26546 00	Surgery	28.13	28.13	\$ 2,317.48	\$ 2,317.48
26548 00	Surgery	21.41	21.41	\$ 1,763.86	\$ 1,763.86

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
26550 00	Surgery	46.81	46.81	\$ 3,856.43	\$ 3,856.43
26551 00	Surgery	94.63	94.63	\$ 7,796.07	\$ 7,796.07
26553 00	Surgery	93.99	93.99	\$ 7,743.34	\$ 7,743.34
26554 00	Surgery	109.72	109.72	\$ 9,039.26	\$ 9,039.26
26555 00	Surgery	38.96	38.96	\$ 3,209.71	\$ 3,209.71
26556 00	Surgery	97.69	97.69	\$ 8,048.17	\$ 8,048.17
26560 00	Surgery	16.51	16.51	\$ 1,360.17	\$ 1,360.17
26561 00	Surgery	26.73	26.73	\$ 2,202.14	\$ 2,202.14
26562 00	Surgery	38.18	38.18	\$ 3,145.45	\$ 3,145.45
26565 00	Surgery	19.05	19.05	\$ 1,569.43	\$ 1,569.43
26567 00	Surgery	19.21	19.21	\$ 1,582.61	\$ 1,582.61
26568 00	Surgery	25.36	25.36	\$ 2,089.28	\$ 2,089.28
26580 00	Surgery	43.09	43.09	\$ 3,549.96	\$ 3,549.96
26587 00	Surgery	30	30	\$ 2,471.54	\$ 2,471.54
26590 00	Surgery	40.07	40.07	\$ 3,301.16	\$ 3,301.16
26591 00	Surgery	12.36	12.36	\$ 1,018.28	\$ 1,018.28
26593 00	Surgery	16.92	16.92	\$ 1,393.95	\$ 1,393.95
26596 00	Surgery	21.5	21.5	\$ 1,771.27	\$ 1,771.27
26600 00	Surgery	8.39	7.94	\$ 691.21	\$ 654.14
26605 00	Surgery	9.24	8.38	\$ 761.24	\$ 690.38
26607 00	Surgery	13.45	13.45	\$ 1,108.08	\$ 1,108.08
26608 00	Surgery	13.72	13.72	\$ 1,130.32	\$ 1,130.32
26615 00	Surgery	16.52	16.52	\$ 1,361.00	\$ 1,361.00
26641 00	Surgery	10.74	9.72	\$ 884.81	\$ 800.78
26645 00	Surgery	12.3	11.26	\$ 1,013.33	\$ 927.65
26650 00	Surgery	13.74	13.74	\$ 1,131.97	\$ 1,131.97
26665 00	Surgery	17.98	17.98	\$ 1,481.28	\$ 1,481.28
26670 00	Surgery	9.86	8.86	\$ 812.31	\$ 729.93
26675 00	Surgery	13.11	12.03	\$ 1,080.06	\$ 991.09
26676 00	Surgery	14.45	14.45	\$ 1,190.46	\$ 1,190.46
26685 00	Surgery	16.49	16.49	\$ 1,358.52	\$ 1,358.52
26686 00	Surgery	17.88	17.88	\$ 1,473.04	\$ 1,473.04
26700 00	Surgery	9.38	8.73	\$ 772.77	\$ 719.22
26705 00	Surgery	11.98	10.93	\$ 986.97	\$ 900.47
26706 00	Surgery	12.67	12.67	\$ 1,043.82	\$ 1,043.82
26715 00	Surgery	16.44	16.44	\$ 1,354.41	\$ 1,354.41
26720 00	Surgery	5.62	5.26	\$ 463.00	\$ 433.34
26725 00	Surgery	9.66	8.66	\$ 795.84	\$ 713.45
26727 00	Surgery	13.52	13.52	\$ 1,113.84	\$ 1,113.84
26735 00	Surgery	17.1	17.1	\$ 1,408.78	\$ 1,408.78
26740 00	Surgery	6.56	6.19	\$ 540.44	\$ 509.96

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
26742 00	Surgery	10.62	9.57	\$ 874.93	\$ 788.42
26746 00	Surgery	21.34	21.34	\$ 1,758.09	\$ 1,758.09
26750 00	Surgery	5.25	5.28	\$ 432.52	\$ 434.99
26755 00	Surgery	8.99	7.77	\$ 740.64	\$ 640.13
26756 00	Surgery	11.98	11.98	\$ 986.97	\$ 986.97
26765 00	Surgery	14.38	14.38	\$ 1,184.69	\$ 1,184.69
26770 00	Surgery	7.94	7.29	\$ 654.14	\$ 600.58
26775 00	Surgery	10.99	9.91	\$ 905.41	\$ 816.43
26776 00	Surgery	12.71	12.71	\$ 1,047.11	\$ 1,047.11
26785 00	Surgery	15.71	15.71	\$ 1,294.26	\$ 1,294.26
26820 00	Surgery	22.17	22.17	\$ 1,826.47	\$ 1,826.47
26841 00	Surgery	20.49	20.49	\$ 1,688.06	\$ 1,688.06
26842 00	Surgery	22.08	22.08	\$ 1,819.06	\$ 1,819.06
26843 00	Surgery	20.83	20.83	\$ 1,716.07	\$ 1,716.07
26844 00	Surgery	23.14	23.14	\$ 1,906.38	\$ 1,906.38
26850 00	Surgery	19.49	19.49	\$ 1,605.68	\$ 1,605.68
26852 00	Surgery	22.42	22.42	\$ 1,847.07	\$ 1,847.07
26860 00	Surgery	15.91	15.91	\$ 1,310.74	\$ 1,310.74
26861 00	Surgery	2.98	2.98	\$ 245.51	\$ 245.51
26862 00	Surgery	20.47	20.47	\$ 1,686.42	\$ 1,686.42
26863 00	Surgery	6.62	6.62	\$ 545.39	\$ 545.39
26910 00	Surgery	20.44	20.44	\$ 1,683.94	\$ 1,683.94
26951 00	Surgery	18.42	18.42	\$ 1,517.53	\$ 1,517.53
26952 00	Surgery	18.18	18.18	\$ 1,497.76	\$ 1,497.76
26989 00	Surgery	-	-	BR	BR
26990 00	Surgery	18.33	18.33	\$ 1,510.11	\$ 1,510.11
26991 00	Surgery	20.22	15.02	\$ 1,665.82	\$ 1,237.42
26992 00	Surgery	27.9	27.9	\$ 2,298.54	\$ 2,298.54
27000 00	Surgery	11.68	11.68	\$ 962.25	\$ 962.25
27001 00	Surgery	15.45	15.45	\$ 1,272.84	\$ 1,272.84
27003 00	Surgery	17.08	17.08	\$ 1,407.13	\$ 1,407.13
27005 00	Surgery	20.8	20.8	\$ 1,713.60	\$ 1,713.60
27006 00	Surgery	20.76	20.76	\$ 1,710.31	\$ 1,710.31
27025 00	Surgery	26.37	26.37	\$ 2,172.49	\$ 2,172.49
27027 00	Surgery	25.48	25.48	\$ 2,099.16	\$ 2,099.16
27030 00	Surgery	27.02	27.02	\$ 2,226.04	\$ 2,226.04
27033 00	Surgery	28.03	28.03	\$ 2,309.25	\$ 2,309.25
27035 00	Surgery	32.82	32.82	\$ 2,703.87	\$ 2,703.87
27036 00	Surgery	29.16	29.16	\$ 2,402.34	\$ 2,402.34
27040 00	Surgery	9.83	5.7	\$ 809.84	\$ 469.59
27041 00	Surgery	20.11	20.11	\$ 1,656.76	\$ 1,656.76

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27043 00	Surgery	13.54	13.54	\$ 1,115.49	\$ 1,115.49
27045 00	Surgery	21.38	21.38	\$ 1,761.39	\$ 1,761.39
27047 00	Surgery	13.63	10.4	\$ 1,122.90	\$ 856.80
27048 00	Surgery	17.6	17.6	\$ 1,449.97	\$ 1,449.97
27049 00	Surgery	38.62	38.62	\$ 3,181.70	\$ 3,181.70
27050 00	Surgery	11.58	11.58	\$ 954.02	\$ 954.02
27052 00	Surgery	16.59	16.59	\$ 1,366.76	\$ 1,366.76
27054 00	Surgery	19.74	19.74	\$ 1,626.28	\$ 1,626.28
27057 00	Surgery	29.14	29.14	\$ 2,400.69	\$ 2,400.69
27059 00	Surgery	52.65	52.65	\$ 4,337.56	\$ 4,337.56
27060 00	Surgery	13.38	13.38	\$ 1,102.31	\$ 1,102.31
27062 00	Surgery	13.11	13.11	\$ 1,080.06	\$ 1,080.06
27065 00	Surgery	14.94	14.94	\$ 1,230.83	\$ 1,230.83
27066 00	Surgery	23.13	23.13	\$ 1,905.56	\$ 1,905.56
27067 00	Surgery	29.87	29.87	\$ 2,460.83	\$ 2,460.83
27070 00	Surgery	24.68	24.68	\$ 2,033.26	\$ 2,033.26
27071 00	Surgery	26.67	26.67	\$ 2,197.20	\$ 2,197.20
27075 00	Surgery	60.56	60.56	\$ 4,989.22	\$ 4,989.22
27076 00	Surgery	73.3	73.3	\$ 6,038.80	\$ 6,038.80
27077 00	Surgery	82.07	82.07	\$ 6,761.32	\$ 6,761.32
27078 00	Surgery	59.71	59.71	\$ 4,919.19	\$ 4,919.19
27080 00	Surgery	14.73	14.73	\$ 1,213.53	\$ 1,213.53
27086 00	Surgery	8.61	4.81	\$ 709.33	\$ 396.27
27087 00	Surgery	17.69	17.69	\$ 1,457.39	\$ 1,457.39
27090 00	Surgery	23.94	23.94	\$ 1,972.29	\$ 1,972.29
27091 00	Surgery	46.07	46.07	\$ 3,795.47	\$ 3,795.47
27093 00	Surgery	5.72	2.01	\$ 471.24	\$ 165.59
27095 00	Surgery	7.62	2.41	\$ 627.77	\$ 198.55
27096 00	Surgery	4.56	2.38	\$ 399.30	\$ 204.78
27097 00	Surgery	19.63	19.63	\$ 1,617.21	\$ 1,617.21
27098 00	Surgery	20.01	20.01	\$ 1,648.52	\$ 1,648.52
27100 00	Surgery	23.67	23.67	\$ 1,950.05	\$ 1,950.05
27105 00	Surgery	24.91	24.91	\$ 2,052.20	\$ 2,052.20
27110 00	Surgery	27.81	27.81	\$ 2,291.12	\$ 2,291.12
27111 00	Surgery	25.99	25.99	\$ 2,141.18	\$ 2,141.18
27120 00	Surgery	37.33	37.33	\$ 3,075.42	\$ 3,075.42
27122 00	Surgery	31.76	31.76	\$ 2,616.54	\$ 2,616.54
27125 00	Surgery	32.71	32.71	\$ 2,694.81	\$ 2,694.81
27130 00	Surgery	39.09	39.09	\$ 3,220.42	\$ 3,220.42
27132 00	Surgery	48.33	48.33	\$ 3,981.66	\$ 3,981.66
27134 00	Surgery	55.28	55.28	\$ 4,554.23	\$ 4,554.23

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27137 00	Surgery	42.48	42.48	\$ 3,499.70	\$ 3,499.70
27138 00	Surgery	44.14	44.14	\$ 3,636.46	\$ 3,636.46
27140 00	Surgery	25.69	25.69	\$ 2,116.46	\$ 2,116.46
27146 00	Surgery	36.84	36.84	\$ 3,035.05	\$ 3,035.05
27147 00	Surgery	41.98	41.98	\$ 3,458.51	\$ 3,458.51
27151 00	Surgery	45.97	45.97	\$ 3,787.23	\$ 3,787.23
27156 00	Surgery	48.94	48.94	\$ 4,031.91	\$ 4,031.91
27158 00	Surgery	39.79	39.79	\$ 3,278.09	\$ 3,278.09
27161 00	Surgery	35	35	\$ 2,883.47	\$ 2,883.47
27165 00	Surgery	39.45	39.45	\$ 3,250.08	\$ 3,250.08
27170 00	Surgery	33.82	33.82	\$ 2,786.25	\$ 2,786.25
27175 00	Surgery	19.22	19.22	\$ 1,583.44	\$ 1,583.44
27176 00	Surgery	26.4	26.4	\$ 2,174.96	\$ 2,174.96
27177 00	Surgery	31.13	31.13	\$ 2,564.64	\$ 2,564.64
27178 00	Surgery	26.54	26.54	\$ 2,186.49	\$ 2,186.49
27179 00	Surgery	27.87	27.87	\$ 2,296.06	\$ 2,296.06
27181 00	Surgery	31.56	31.56	\$ 2,600.06	\$ 2,600.06
27185 00	Surgery	20.71	20.71	\$ 1,706.19	\$ 1,706.19
27187 00	Surgery	28.65	28.65	\$ 2,360.32	\$ 2,360.32
27197 00	Surgery	3.57	3.57	\$ 294.11	\$ 294.11
27198 00	Surgery	8.67	8.67	\$ 714.28	\$ 714.28
27200 00	Surgery	5.26	5.39	\$ 433.34	\$ 444.05
27202 00	Surgery	15.14	15.14	\$ 1,247.31	\$ 1,247.31
27215 00	Surgery	18	18	\$ 1,518.75	\$ 1,518.75
27216 00	Surgery	26.72	26.72	\$ 2,640.00	\$ 2,640.00
27217 00	Surgery	25.07	25.07	\$ 2,625.00	\$ 2,625.00
27218 00	Surgery	34.63	34.63	\$ 3,759.00	\$ 3,759.00
27220 00	Surgery	15.31	15.1	\$ 1,261.31	\$ 1,244.01
27222 00	Surgery	28.04	28.04	\$ 2,310.07	\$ 2,310.07
27226 00	Surgery	30.47	30.47	\$ 2,510.26	\$ 2,510.26
27227 00	Surgery	47.95	47.95	\$ 5,470.50	\$ 5,470.50
27228 00	Surgery	54.36	54.36	\$ 7,148.25	\$ 7,148.25
27230 00	Surgery	13.75	13.58	\$ 1,132.79	\$ 1,118.79
27232 00	Surgery	21.44	21.44	\$ 1,766.33	\$ 1,766.33
27235 00	Surgery	26.23	26.23	\$ 2,160.95	\$ 2,160.95
27236 00	Surgery	34.49	34.49	\$ 2,841.45	\$ 2,841.45
27238 00	Surgery	13.27	13.27	\$ 1,093.25	\$ 1,093.25
27240 00	Surgery	27.6	27.6	\$ 2,273.82	\$ 2,273.82
27244 00	Surgery	35.51	35.51	\$ 2,925.48	\$ 2,925.48
27245 00	Surgery	35.49	35.49	\$ 2,923.84	\$ 2,923.84
27246 00	Surgery	11.12	11.09	\$ 916.12	\$ 913.65

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27248 00	Surgery	21.45	21.45	\$ 1,767.15	\$ 1,767.15
27250 00	Surgery	5.17	5.17	\$ 491.22	\$ 491.22
27252 00	Surgery	21.8	21.8	\$ 1,795.99	\$ 1,795.99
27253 00	Surgery	27.18	27.18	\$ 2,239.22	\$ 2,239.22
27254 00	Surgery	36.46	36.46	\$ 3,003.75	\$ 3,003.75
27256 00	Surgery	8.7	6.75	\$ 716.75	\$ 556.10
27257 00	Surgery	10.46	10.46	\$ 1,011.00	\$ 1,011.00
27258 00	Surgery	32.01	32.01	\$ 2,637.14	\$ 2,637.14
27259 00	Surgery	44.82	44.82	\$ 3,692.49	\$ 3,692.49
27265 00	Surgery	11.52	11.52	\$ 949.07	\$ 949.07
27266 00	Surgery	16.75	16.75	\$ 1,379.94	\$ 1,379.94
27267 00	Surgery	12.44	12.44	\$ 1,024.87	\$ 1,024.87
27268 00	Surgery	15.48	15.48	\$ 1,275.32	\$ 1,275.32
27269 00	Surgery	35.84	35.84	\$ 2,952.67	\$ 2,952.67
27275 00	Surgery	5.27	5.27	\$ 434.17	\$ 434.17
27279 00	Surgery	19.99	19.99	\$ 1,646.87	\$ 1,646.87
27280 00	Surgery	39.22	39.22	\$ 3,231.13	\$ 3,231.13
27282 00	Surgery	24.72	24.72	\$ 2,036.55	\$ 2,036.55
27284 00	Surgery	45.92	45.92	\$ 3,783.11	\$ 3,783.11
27286 00	Surgery	47.75	47.75	\$ 3,933.87	\$ 3,933.87
27290 00	Surgery	46.91	46.91	\$ 3,864.67	\$ 3,864.67
27295 00	Surgery	36.36	36.36	\$ 2,995.51	\$ 2,995.51
27299 00	Surgery	-	-	BR	BR
27301 00	Surgery	19.37	14.5	\$ 1,595.79	\$ 1,194.58
27303 00	Surgery	18.43	18.43	\$ 1,518.35	\$ 1,518.35
27305 00	Surgery	13.82	13.82	\$ 1,138.56	\$ 1,138.56
27306 00	Surgery	9.89	9.89	\$ 814.79	\$ 814.79
27307 00	Surgery	13.81	13.81	\$ 1,137.73	\$ 1,137.73
27310 00	Surgery	21.05	21.05	\$ 1,734.20	\$ 1,734.20
27323 00	Surgery	7.91	5.15	\$ 651.66	\$ 424.28
27324 00	Surgery	11.59	11.59	\$ 954.84	\$ 954.84
27325 00	Surgery	16	16	\$ 1,318.16	\$ 1,318.16
27326 00	Surgery	14.76	14.76	\$ 1,216.00	\$ 1,216.00
27327 00	Surgery	13.52	9	\$ 1,113.84	\$ 741.46
27328 00	Surgery	17.99	17.99	\$ 1,482.10	\$ 1,482.10
27329 00	Surgery	29.93	29.93	\$ 2,465.78	\$ 2,465.78
27330 00	Surgery	11.97	11.97	\$ 986.15	\$ 986.15
27331 00	Surgery	13.66	13.66	\$ 1,125.38	\$ 1,125.38
27332 00	Surgery	18.46	18.46	\$ 1,520.82	\$ 1,520.82
27333 00	Surgery	16.88	16.88	\$ 1,440.00	\$ 1,440.00
27334 00	Surgery	19.71	19.71	\$ 1,623.80	\$ 1,623.80

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27335 00	Surgery	21.97	21.97	\$ 1,809.99	\$ 1,809.99
27337 00	Surgery	12.06	12.06	\$ 993.56	\$ 993.56
27339 00	Surgery	21.73	21.73	\$ 1,790.22	\$ 1,790.22
27340 00	Surgery	10.68	10.68	\$ 879.87	\$ 879.87
27345 00	Surgery	13.82	13.82	\$ 1,138.56	\$ 1,138.56
27347 00	Surgery	15.19	15.19	\$ 1,251.42	\$ 1,251.42
27350 00	Surgery	18.71	18.71	\$ 1,541.42	\$ 1,541.42
27355 00	Surgery	17.4	17.4	\$ 1,433.49	\$ 1,433.49
27356 00	Surgery	21.24	21.24	\$ 1,749.85	\$ 1,749.85
27357 00	Surgery	23.44	23.44	\$ 1,931.10	\$ 1,931.10
27358 00	Surgery	8.04	8.04	\$ 725.39	\$ 725.39
27360 00	Surgery	24.77	24.77	\$ 2,040.67	\$ 2,040.67
27364 00	Surgery	45.22	45.22	\$ 3,725.44	\$ 3,725.44
27365 00	Surgery	59.63	59.63	\$ 4,912.60	\$ 4,912.60
27369 00	Surgery	4.06	1.17	\$ 334.48	\$ 96.39
27372 00	Surgery	17.07	11.47	\$ 1,406.31	\$ 944.95
27380 00	Surgery	17.18	17.18	\$ 1,415.37	\$ 1,415.37
27381 00	Surgery	23.03	23.03	\$ 1,897.32	\$ 1,897.32
27385 00	Surgery	16.61	16.61	\$ 1,368.41	\$ 1,368.41
27386 00	Surgery	23.99	23.99	\$ 1,976.41	\$ 1,976.41
27390 00	Surgery	12.86	12.86	\$ 1,059.47	\$ 1,059.47
27391 00	Surgery	16.49	16.49	\$ 1,358.52	\$ 1,358.52
27392 00	Surgery	20.42	20.42	\$ 1,682.30	\$ 1,682.30
27393 00	Surgery	14.68	14.68	\$ 1,209.41	\$ 1,209.41
27394 00	Surgery	18.5	18.5	\$ 1,524.12	\$ 1,524.12
27395 00	Surgery	25.26	25.26	\$ 2,081.04	\$ 2,081.04
27396 00	Surgery	17.64	17.64	\$ 1,453.27	\$ 1,453.27
27397 00	Surgery	26.33	26.33	\$ 2,169.19	\$ 2,169.19
27400 00	Surgery	19.83	19.83	\$ 1,633.69	\$ 1,633.69
27403 00	Surgery	18.44	18.44	\$ 1,519.18	\$ 1,519.18
27405 00	Surgery	19.45	19.45	\$ 1,602.38	\$ 1,602.38
27407 00	Surgery	22.59	22.59	\$ 1,861.07	\$ 1,861.07
27409 00	Surgery	27.69	27.69	\$ 2,281.23	\$ 2,281.23
27412 00	Surgery	47.13	47.13	\$ 3,882.79	\$ 3,882.79
27415 00	Surgery	38.97	38.97	\$ 3,210.53	\$ 3,210.53
27416 00	Surgery	28	28	\$ 2,306.77	\$ 2,306.77
27418 00	Surgery	23.85	23.85	\$ 1,964.88	\$ 1,964.88
27420 00	Surgery	21.39	21.39	\$ 1,762.21	\$ 1,762.21
27422 00	Surgery	21.39	21.39	\$ 1,762.21	\$ 1,762.21
27424 00	Surgery	21.51	21.51	\$ 1,772.10	\$ 1,772.10
27425 00	Surgery	12.93	12.93	\$ 1,350.00	\$ 1,350.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27427 00	Surgery	20.49	20.49	\$ 1,688.06	\$ 1,688.06
27428 00	Surgery	32.09	32.09	\$ 2,643.73	\$ 2,643.73
27429 00	Surgery	36.07	36.07	\$ 2,971.62	\$ 2,971.62
27430 00	Surgery	21.28	21.28	\$ 1,753.15	\$ 1,753.15
27435 00	Surgery	23.27	23.27	\$ 1,917.09	\$ 1,917.09
27437 00	Surgery	19.02	19.02	\$ 1,566.96	\$ 1,566.96
27438 00	Surgery	24.17	24.17	\$ 1,991.24	\$ 1,991.24
27440 00	Surgery	22.92	22.92	\$ 1,888.26	\$ 1,888.26
27441 00	Surgery	23.74	23.74	\$ 1,955.81	\$ 1,955.81
27442 00	Surgery	25.03	25.03	\$ 2,062.09	\$ 2,062.09
27443 00	Surgery	23.4	23.4	\$ 2,027.25	\$ 2,027.25
27445 00	Surgery	36.12	36.12	\$ 2,975.74	\$ 2,975.74
27446 00	Surgery	33.42	33.42	\$ 2,753.30	\$ 2,753.30
27447 00	Surgery	39.07	39.07	\$ 3,218.77	\$ 3,218.77
27448 00	Surgery	22.37	22.37	\$ 1,842.95	\$ 1,842.95
27450 00	Surgery	29.3	29.3	\$ 2,413.87	\$ 2,413.87
27454 00	Surgery	37.37	37.37	\$ 3,078.72	\$ 3,078.72
27455 00	Surgery	26.99	26.99	\$ 2,223.56	\$ 2,223.56
27457 00	Surgery	27.69	27.69	\$ 2,281.23	\$ 2,281.23
27465 00	Surgery	36.16	36.16	\$ 2,979.03	\$ 2,979.03
27466 00	Surgery	34.04	34.04	\$ 2,804.38	\$ 2,804.38
27468 00	Surgery	38.81	38.81	\$ 3,197.35	\$ 3,197.35
27470 00	Surgery	33.94	33.94	\$ 2,796.14	\$ 2,796.14
27472 00	Surgery	36.42	36.42	\$ 3,000.45	\$ 3,000.45
27475 00	Surgery	19.09	19.09	\$ 1,572.73	\$ 1,572.73
27477 00	Surgery	21.17	21.17	\$ 1,744.09	\$ 1,744.09
27479 00	Surgery	26.57	26.57	\$ 2,188.96	\$ 2,188.96
27485 00	Surgery	19.35	19.35	\$ 1,594.15	\$ 1,594.15
27486 00	Surgery	40.54	40.54	\$ 3,339.88	\$ 3,339.88
27487 00	Surgery	50.73	50.73	\$ 4,179.38	\$ 4,179.38
27488 00	Surgery	34.64	34.64	\$ 2,853.81	\$ 2,853.81
27495 00	Surgery	32.51	32.51	\$ 2,678.33	\$ 2,678.33
27496 00	Surgery	15.66	15.66	\$ 1,290.15	\$ 1,290.15
27497 00	Surgery	16.72	16.72	\$ 1,377.47	\$ 1,377.47
27498 00	Surgery	18.84	18.84	\$ 1,552.13	\$ 1,552.13
27499 00	Surgery	20.1	20.1	\$ 1,655.93	\$ 1,655.93
27500 00	Surgery	14.92	13.77	\$ 1,229.18	\$ 1,134.44
27501 00	Surgery	14.5	14.31	\$ 1,194.58	\$ 1,178.93
27502 00	Surgery	21.85	21.85	\$ 1,800.11	\$ 1,800.11
27503 00	Surgery	23.04	23.04	\$ 1,898.15	\$ 1,898.15
27506 00	Surgery	38.6	38.6	\$ 3,180.05	\$ 3,180.05

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27507 00	Surgery	28.04	28.04	\$ 2,310.07	\$ 2,310.07
27508 00	Surgery	15.01	14.17	\$ 1,236.60	\$ 1,167.39
27509 00	Surgery	18.64	18.64	\$ 1,535.65	\$ 1,535.65
27510 00	Surgery	19.64	19.64	\$ 1,618.04	\$ 1,618.04
27511 00	Surgery	28.77	28.77	\$ 2,370.21	\$ 2,370.21
27513 00	Surgery	35.81	35.81	\$ 2,950.20	\$ 2,950.20
27514 00	Surgery	27.93	27.93	\$ 2,301.01	\$ 2,301.01
27516 00	Surgery	14.64	13.74	\$ 1,206.11	\$ 1,131.97
27517 00	Surgery	19.6	19.6	\$ 1,614.74	\$ 1,614.74
27519 00	Surgery	25.73	25.73	\$ 2,119.76	\$ 2,119.76
27520 00	Surgery	9.21	8.46	\$ 758.76	\$ 696.98
27524 00	Surgery	21.66	21.66	\$ 1,784.45	\$ 1,784.45
27530 00	Surgery	8.63	8.05	\$ 710.98	\$ 663.20
27532 00	Surgery	17.7	16.59	\$ 1,458.21	\$ 1,366.76
27535 00	Surgery	25.92	25.92	\$ 2,135.41	\$ 2,135.41
27536 00	Surgery	34.29	34.29	\$ 2,824.97	\$ 2,824.97
27538 00	Surgery	13.68	12.76	\$ 1,127.02	\$ 1,051.23
27540 00	Surgery	23.44	23.44	\$ 1,931.10	\$ 1,931.10
27550 00	Surgery	14.9	13.81	\$ 1,227.53	\$ 1,137.73
27552 00	Surgery	18.05	18.05	\$ 1,487.05	\$ 1,487.05
27556 00	Surgery	25.27	25.27	\$ 2,081.86	\$ 2,081.86
27557 00	Surgery	30.09	30.09	\$ 2,478.96	\$ 2,478.96
27558 00	Surgery	34.28	34.28	\$ 2,824.15	\$ 2,824.15
27560 00	Surgery	10.5	9.66	\$ 865.04	\$ 795.84
27562 00	Surgery	13.89	13.89	\$ 1,144.32	\$ 1,144.32
27566 00	Surgery	25.68	25.68	\$ 2,115.64	\$ 2,115.64
27570 00	Surgery	4.34	4.34	\$ 357.55	\$ 357.55
27580 00	Surgery	41.58	41.58	\$ 3,425.56	\$ 3,425.56
27590 00	Surgery	22.95	22.95	\$ 1,890.73	\$ 1,890.73
27591 00	Surgery	27.81	27.81	\$ 2,291.12	\$ 2,291.12
27592 00	Surgery	19.65	19.65	\$ 1,618.86	\$ 1,618.86
27594 00	Surgery	14.62	14.62	\$ 1,204.47	\$ 1,204.47
27596 00	Surgery	20.73	20.73	\$ 1,707.84	\$ 1,707.84
27598 00	Surgery	20.51	20.51	\$ 1,689.71	\$ 1,689.71
27599 00	Surgery	-	-	BR	BR
27600 00	Surgery	11.68	11.68	\$ 962.25	\$ 962.25
27601 00	Surgery	12.82	12.82	\$ 1,056.17	\$ 1,056.17
27602 00	Surgery	13.96	13.96	\$ 1,150.09	\$ 1,150.09
27603 00	Surgery	15.25	11.19	\$ 1,256.37	\$ 921.89
27604 00	Surgery	13.65	9.61	\$ 1,124.55	\$ 791.72
27605 00	Surgery	9.88	5.36	\$ 813.96	\$ 441.58

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27606 00	Surgery	8.01	8.01	\$ 659.90	\$ 659.90
27607 00	Surgery	17.55	17.55	\$ 1,445.85	\$ 1,445.85
27610 00	Surgery	18.74	18.74	\$ 1,543.89	\$ 1,543.89
27612 00	Surgery	16.33	16.33	\$ 1,345.34	\$ 1,345.34
27613 00	Surgery	7.19	4.62	\$ 592.35	\$ 380.62
27614 00	Surgery	16.54	11.64	\$ 1,362.64	\$ 958.96
27615 00	Surgery	29.57	29.57	\$ 2,436.12	\$ 2,436.12
27616 00	Surgery	36.69	36.69	\$ 3,022.70	\$ 3,022.70
27618 00	Surgery	13.24	8.83	\$ 1,090.77	\$ 727.46
27619 00	Surgery	13.33	13.33	\$ 1,098.19	\$ 1,098.19
27620 00	Surgery	13	13	\$ 1,071.00	\$ 1,071.00
27625 00	Surgery	16.42	16.42	\$ 1,352.76	\$ 1,352.76
27626 00	Surgery	17.52	17.52	\$ 1,443.38	\$ 1,443.38
27630 00	Surgery	15.95	10.44	\$ 1,314.04	\$ 860.10
27632 00	Surgery	11.92	11.92	\$ 982.03	\$ 982.03
27634 00	Surgery	19.56	19.56	\$ 1,611.45	\$ 1,611.45
27635 00	Surgery	16.71	16.71	\$ 1,376.65	\$ 1,376.65
27637 00	Surgery	21.47	21.47	\$ 1,768.80	\$ 1,768.80
27638 00	Surgery	22.05	22.05	\$ 1,816.58	\$ 1,816.58
27640 00	Surgery	23.97	23.97	\$ 1,974.76	\$ 1,974.76
27641 00	Surgery	19.09	19.09	\$ 1,572.73	\$ 1,572.73
27645 00	Surgery	51.34	51.34	\$ 4,229.63	\$ 4,229.63
27646 00	Surgery	44.36	44.36	\$ 3,654.59	\$ 3,654.59
27647 00	Surgery	29.34	29.34	\$ 2,417.17	\$ 2,417.17
27648 00	Surgery	5.22	1.52	\$ 430.05	\$ 125.22
27650 00	Surgery	18.9	18.9	\$ 1,557.07	\$ 1,557.07
27652 00	Surgery	19.37	19.37	\$ 1,595.79	\$ 1,595.79
27654 00	Surgery	20.41	20.41	\$ 1,681.47	\$ 1,681.47
27656 00	Surgery	18.22	11.4	\$ 1,501.05	\$ 939.19
27658 00	Surgery	10.69	10.69	\$ 880.69	\$ 880.69
27659 00	Surgery	13.59	13.59	\$ 1,119.61	\$ 1,119.61
27664 00	Surgery	10.4	10.4	\$ 856.80	\$ 856.80
27665 00	Surgery	11.92	11.92	\$ 982.03	\$ 982.03
27675 00	Surgery	14.11	14.11	\$ 1,162.45	\$ 1,162.45
27676 00	Surgery	17.27	17.27	\$ 1,422.78	\$ 1,422.78
27680 00	Surgery	12.2	12.2	\$ 1,005.09	\$ 1,005.09
27681 00	Surgery	15.78	15.78	\$ 1,300.03	\$ 1,300.03
27685 00	Surgery	19.04	13.34	\$ 1,568.61	\$ 1,099.01
27686 00	Surgery	15.7	15.7	\$ 1,293.44	\$ 1,293.44
27687 00	Surgery	13.07	13.07	\$ 1,076.77	\$ 1,076.77
27690 00	Surgery	18.38	18.38	\$ 1,514.23	\$ 1,514.23

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27691 00	Surgery	21.46	21.46	\$ 1,767.98	\$ 1,767.98
27692 00	Surgery	3.02	3.02	\$ 248.80	\$ 248.80
27695 00	Surgery	13.64	13.64	\$ 1,123.73	\$ 1,123.73
27696 00	Surgery	15.94	15.94	\$ 1,313.21	\$ 1,313.21
27698 00	Surgery	18.34	18.34	\$ 1,510.94	\$ 1,510.94
27700 00	Surgery	17.59	17.59	\$ 1,449.15	\$ 1,449.15
27702 00	Surgery	27.71	27.71	\$ 2,282.88	\$ 2,282.88
27703 00	Surgery	31.98	31.98	\$ 2,634.66	\$ 2,634.66
27704 00	Surgery	16.51	16.51	\$ 1,360.17	\$ 1,360.17
27705 00	Surgery	21.88	21.88	\$ 1,802.58	\$ 1,802.58
27707 00	Surgery	11.51	11.51	\$ 948.25	\$ 948.25
27709 00	Surgery	33.65	33.65	\$ 2,772.25	\$ 2,772.25
27712 00	Surgery	31.63	31.63	\$ 2,605.83	\$ 2,605.83
27715 00	Surgery	30.88	30.88	\$ 2,544.04	\$ 2,544.04
27720 00	Surgery	25.19	25.19	\$ 2,075.27	\$ 2,075.27
27722 00	Surgery	25.62	25.62	\$ 2,110.70	\$ 2,110.70
27724 00	Surgery	36.49	36.49	\$ 3,006.22	\$ 3,006.22
27725 00	Surgery	35.09	35.09	\$ 2,890.88	\$ 2,890.88
27726 00	Surgery	27.71	27.71	\$ 2,282.88	\$ 2,282.88
27727 00	Surgery	29.09	29.09	\$ 2,396.57	\$ 2,396.57
27730 00	Surgery	16.91	16.91	\$ 1,393.13	\$ 1,393.13
27732 00	Surgery	12.92	12.92	\$ 1,064.41	\$ 1,064.41
27734 00	Surgery	18.93	18.93	\$ 1,559.54	\$ 1,559.54
27740 00	Surgery	20.43	20.43	\$ 1,683.12	\$ 1,683.12
27742 00	Surgery	22.44	22.44	\$ 1,848.71	\$ 1,848.71
27745 00	Surgery	21.74	21.74	\$ 1,791.04	\$ 1,791.04
27750 00	Surgery	9.87	9.11	\$ 813.14	\$ 750.53
27752 00	Surgery	15.36	14.14	\$ 1,265.43	\$ 1,164.92
27756 00	Surgery	16.61	16.61	\$ 1,368.41	\$ 1,368.41
27758 00	Surgery	25.73	25.73	\$ 2,119.76	\$ 2,119.76
27759 00	Surgery	28.82	28.82	\$ 2,374.33	\$ 2,374.33
27760 00	Surgery	9.5	8.72	\$ 782.66	\$ 718.40
27762 00	Surgery	13.63	12.36	\$ 1,122.90	\$ 1,018.28
27766 00	Surgery	17.45	17.45	\$ 1,437.61	\$ 1,437.61
27767 00	Surgery	8.08	8.08	\$ 665.67	\$ 665.67
27768 00	Surgery	12.67	12.67	\$ 1,043.82	\$ 1,043.82
27769 00	Surgery	21.02	21.02	\$ 1,731.73	\$ 1,731.73
27780 00	Surgery	8.71	7.98	\$ 717.57	\$ 657.43
27781 00	Surgery	12.3	11.36	\$ 1,013.33	\$ 935.89
27784 00	Surgery	20.6	20.6	\$ 1,697.13	\$ 1,697.13
27786 00	Surgery	8.97	8.17	\$ 738.99	\$ 673.08

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27788 00	Surgery	12.1	11.01	\$ 996.86	\$ 907.06
27792 00	Surgery	18.69	18.69	\$ 1,539.77	\$ 1,539.77
27808 00	Surgery	9.53	8.62	\$ 785.13	\$ 710.16
27810 00	Surgery	13.39	12.11	\$ 1,103.13	\$ 997.68
27814 00	Surgery	22.15	22.15	\$ 1,824.82	\$ 1,824.82
27816 00	Surgery	9.27	8.28	\$ 763.71	\$ 682.15
27818 00	Surgery	13.91	12.44	\$ 1,145.97	\$ 1,024.87
27822 00	Surgery	24.72	24.72	\$ 2,036.55	\$ 2,036.55
27823 00	Surgery	28.02	28.02	\$ 2,308.42	\$ 2,308.42
27824 00	Surgery	9.02	8.71	\$ 743.11	\$ 717.57
27825 00	Surgery	15.7	14.23	\$ 1,293.44	\$ 1,172.34
27826 00	Surgery	24.24	24.24	\$ 1,997.01	\$ 1,997.01
27827 00	Surgery	31.74	31.74	\$ 2,614.89	\$ 2,614.89
27828 00	Surgery	37.87	37.87	\$ 3,119.91	\$ 3,119.91
27829 00	Surgery	20	20	\$ 1,647.70	\$ 1,647.70
27830 00	Surgery	10.94	10.13	\$ 901.29	\$ 834.56
27831 00	Surgery	11.58	11.58	\$ 954.02	\$ 954.02
27832 00	Surgery	21.71	21.71	\$ 1,788.57	\$ 1,788.57
27840 00	Surgery	10.71	10.71	\$ 882.34	\$ 882.34
27842 00	Surgery	14.07	14.07	\$ 1,159.15	\$ 1,159.15
27846 00	Surgery	20.72	20.72	\$ 1,707.01	\$ 1,707.01
27848 00	Surgery	23	23	\$ 1,894.85	\$ 1,894.85
27860 00	Surgery	4.92	4.92	\$ 405.33	\$ 405.33
27870 00	Surgery	29.56	29.56	\$ 2,435.29	\$ 2,435.29
27871 00	Surgery	19.8	19.8	\$ 1,631.22	\$ 1,631.22
27880 00	Surgery	26.3	26.3	\$ 2,166.72	\$ 2,166.72
27881 00	Surgery	24.9	24.9	\$ 2,051.38	\$ 2,051.38
27882 00	Surgery	17.2	17.2	\$ 1,417.02	\$ 1,417.02
27884 00	Surgery	16.42	16.42	\$ 1,352.76	\$ 1,352.76
27886 00	Surgery	18.89	18.89	\$ 1,556.25	\$ 1,556.25
27888 00	Surgery	19.06	19.06	\$ 1,570.25	\$ 1,570.25
27889 00	Surgery	18.64	18.64	\$ 1,535.65	\$ 1,535.65
27892 00	Surgery	15.84	15.84	\$ 1,304.97	\$ 1,304.97
27893 00	Surgery	17.55	17.55	\$ 1,445.85	\$ 1,445.85
27894 00	Surgery	24.33	24.33	\$ 2,004.42	\$ 2,004.42
27899 00	Surgery	-	-	BR	BR
28001 00	Surgery	8.03	4.9	\$ 661.55	\$ 403.69
28002 00	Surgery	12.79	9.2	\$ 1,053.70	\$ 757.94
28003 00	Surgery	20.14	16.07	\$ 1,659.23	\$ 1,323.92
28005 00	Surgery	16.62	16.62	\$ 1,369.23	\$ 1,369.23
28008 00	Surgery	12.51	8.46	\$ 1,030.63	\$ 696.98

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
28010 00	Surgery	6.69	5.99	\$ 551.15	\$ 493.48
28011 00	Surgery	9.14	8.14	\$ 753.00	\$ 670.61
28020 00	Surgery	15.59	10.41	\$ 1,284.38	\$ 857.63
28022 00	Surgery	14.05	9.32	\$ 1,157.51	\$ 767.83
28024 00	Surgery	13.14	8.67	\$ 1,082.54	\$ 714.28
28035 00	Surgery	15.29	10.26	\$ 1,259.66	\$ 845.27
28039 00	Surgery	14.39	9.94	\$ 1,185.52	\$ 818.90
28041 00	Surgery	13.08	13.08	\$ 1,077.59	\$ 1,077.59
28043 00	Surgery	11.49	7.56	\$ 946.60	\$ 622.83
28045 00	Surgery	14.23	10	\$ 1,172.34	\$ 823.85
28046 00	Surgery	20.82	20.82	\$ 1,715.25	\$ 1,715.25
28047 00	Surgery	30.18	30.18	\$ 2,486.37	\$ 2,486.37
28050 00	Surgery	12.25	8.05	\$ 1,009.21	\$ 663.20
28052 00	Surgery	12.8	8.15	\$ 1,054.53	\$ 671.44
28054 00	Surgery	10.84	6.77	\$ 893.05	\$ 557.74
28055 00	Surgery	11	11	\$ 906.23	\$ 906.23
28060 00	Surgery	15.03	10.32	\$ 1,238.24	\$ 850.21
28062 00	Surgery	16.87	11.7	\$ 1,389.83	\$ 963.90
28070 00	Surgery	15.47	10.29	\$ 1,274.49	\$ 847.74
28072 00	Surgery	14.13	9.26	\$ 1,164.10	\$ 762.88
28080 00	Surgery	15.19	10.58	\$ 1,251.42	\$ 871.63
28086 00	Surgery	15.73	10.35	\$ 1,295.91	\$ 852.68
28088 00	Surgery	13.04	8.22	\$ 1,074.30	\$ 677.20
28090 00	Surgery	13.59	8.86	\$ 1,119.61	\$ 729.93
28092 00	Surgery	12.32	7.79	\$ 1,014.98	\$ 641.78
28100 00	Surgery	17.68	11.97	\$ 1,456.56	\$ 986.15
28102 00	Surgery	17.43	17.43	\$ 1,435.97	\$ 1,435.97
28103 00	Surgery	11.25	11.25	\$ 926.83	\$ 926.83
28104 00	Surgery	15.41	10.27	\$ 1,269.55	\$ 846.09
28106 00	Surgery	12.34	12.34	\$ 1,016.63	\$ 1,016.63
28107 00	Surgery	14.88	10.03	\$ 1,225.89	\$ 826.32
28108 00	Surgery	12.74	8.3	\$ 1,049.58	\$ 683.79
28110 00	Surgery	13.45	8.37	\$ 1,108.08	\$ 689.56
28111 00	Surgery	14.14	9.32	\$ 1,164.92	\$ 767.83
28112 00	Surgery	14.11	8.99	\$ 1,162.45	\$ 740.64
28113 00	Surgery	17.02	12.2	\$ 1,402.19	\$ 1,005.09
28114 00	Surgery	30.74	23.96	\$ 2,532.51	\$ 1,973.94
28116 00	Surgery	22.06	16.61	\$ 1,817.41	\$ 1,368.41
28118 00	Surgery	17.28	11.96	\$ 1,423.61	\$ 985.32
28119 00	Surgery	15.13	10.37	\$ 1,246.48	\$ 854.33
28120 00	Surgery	19.57	14.34	\$ 1,612.27	\$ 1,181.40

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
28122 00	Surgery	17.27	12.65	\$ 1,422.78	\$ 1,042.17
28124 00	Surgery	13.83	9.54	\$ 1,139.38	\$ 785.95
28126 00	Surgery	11.43	7.14	\$ 941.66	\$ 588.23
28130 00	Surgery	18.36	18.36	\$ 1,512.58	\$ 1,512.58
28140 00	Surgery	17.1	12.59	\$ 1,408.78	\$ 1,037.22
28150 00	Surgery	12.25	8.04	\$ 1,009.21	\$ 662.37
28153 00	Surgery	11.96	7.63	\$ 985.32	\$ 628.60
28160 00	Surgery	12.05	7.7	\$ 992.74	\$ 634.36
28171 00	Surgery	32.2	32.2	\$ 2,652.79	\$ 2,652.79
28173 00	Surgery	21.31	21.31	\$ 1,755.62	\$ 1,755.62
28175 00	Surgery	13.7	13.7	\$ 1,128.67	\$ 1,128.67
28190 00	Surgery	7.35	3.85	\$ 605.53	\$ 317.18
28192 00	Surgery	13.53	8.99	\$ 1,114.67	\$ 740.64
28193 00	Surgery	15.38	10.64	\$ 1,267.08	\$ 876.57
28200 00	Surgery	14.27	9.32	\$ 1,175.63	\$ 767.83
28202 00	Surgery	17.51	12.44	\$ 1,442.56	\$ 1,024.87
28208 00	Surgery	13.91	9.09	\$ 1,145.97	\$ 748.88
28210 00	Surgery	17.04	12.06	\$ 1,403.84	\$ 993.56
28220 00	Surgery	13.09	8.73	\$ 1,078.42	\$ 719.22
28222 00	Surgery	14.95	10.24	\$ 1,231.65	\$ 843.62
28225 00	Surgery	12.16	7.65	\$ 1,001.80	\$ 630.24
28226 00	Surgery	17.69	11.36	\$ 1,457.39	\$ 935.89
28230 00	Surgery	12.59	8.17	\$ 1,037.22	\$ 673.08
28232 00	Surgery	11.19	6.98	\$ 921.89	\$ 575.05
28234 00	Surgery	11.82	7.59	\$ 973.79	\$ 625.30
28238 00	Surgery	19.34	14.01	\$ 1,593.32	\$ 1,154.21
28240 00	Surgery	13.2	8.59	\$ 1,087.48	\$ 707.69
28250 00	Surgery	16.69	11.59	\$ 1,375.00	\$ 954.84
28260 00	Surgery	19.84	14.69	\$ 1,634.51	\$ 1,210.23
28261 00	Surgery	29.69	23.38	\$ 2,446.00	\$ 1,926.16
28262 00	Surgery	40.42	32.57	\$ 3,329.99	\$ 2,683.27
28264 00	Surgery	29.1	22.13	\$ 2,397.40	\$ 1,823.17
28270 00	Surgery	14.27	9.64	\$ 1,175.63	\$ 794.19
28272 00	Surgery	11.34	7.27	\$ 934.24	\$ 598.94
28280 00	Surgery	14.87	10.01	\$ 1,225.06	\$ 824.67
28285 00	Surgery	15.5	10.91	\$ 1,276.96	\$ 898.82
28286 00	Surgery	12.98	8.57	\$ 1,069.35	\$ 706.04
28288 00	Surgery	17.6	12.46	\$ 1,449.97	\$ 1,026.51
28289 00	Surgery	21.06	13.28	\$ 1,735.02	\$ 1,094.07
28291 00	Surgery	21.01	13.86	\$ 1,730.90	\$ 1,141.85
28292 00	Surgery	21.37	13.99	\$ 1,760.56	\$ 1,152.56

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
28295 00	Surgery	27.6	15.66	\$ 2,273.82	\$ 1,290.15
28296 00	Surgery	26.32	14.82	\$ 2,168.37	\$ 1,220.94
28297 00	Surgery	30.27	17.35	\$ 2,493.79	\$ 1,429.38
28298 00	Surgery	24.52	14.33	\$ 2,020.07	\$ 1,180.57
28299 00	Surgery	29.19	16.8	\$ 2,404.81	\$ 1,384.06
28300 00	Surgery	18.72	18.72	\$ 1,542.24	\$ 1,542.24
28302 00	Surgery	20.57	20.57	\$ 1,694.65	\$ 1,694.65
28304 00	Surgery	23.69	17.38	\$ 1,951.70	\$ 1,431.85
28305 00	Surgery	19.02	19.02	\$ 1,566.96	\$ 1,566.96
28306 00	Surgery	17.68	11.61	\$ 1,456.56	\$ 956.49
28307 00	Surgery	18.59	12.31	\$ 1,531.53	\$ 1,014.16
28308 00	Surgery	16.44	10.92	\$ 1,354.41	\$ 899.64
28309 00	Surgery	25.56	25.56	\$ 2,105.75	\$ 2,105.75
28310 00	Surgery	15.74	10.28	\$ 1,296.74	\$ 846.92
28312 00	Surgery	14.54	9.11	\$ 1,197.87	\$ 750.53
28313 00	Surgery	15.04	10.18	\$ 1,239.07	\$ 838.68
28315 00	Surgery	13.93	9.37	\$ 1,147.62	\$ 771.95
28320 00	Surgery	17.56	17.56	\$ 1,446.68	\$ 1,446.68
28322 00	Surgery	22.68	16.58	\$ 1,868.49	\$ 1,365.94
28340 00	Surgery	16.68	11.88	\$ 1,374.18	\$ 978.73
28341 00	Surgery	19.34	14.15	\$ 1,593.32	\$ 1,165.74
28344 00	Surgery	12.34	8.07	\$ 1,016.63	\$ 664.85
28345 00	Surgery	15.08	10.5	\$ 1,242.36	\$ 865.04
28360 00	Surgery	31.42	31.42	\$ 2,588.53	\$ 2,588.53
28400 00	Surgery	7.09	6.52	\$ 584.11	\$ 537.15
28405 00	Surgery	11.23	10.17	\$ 925.18	\$ 837.85
28406 00	Surgery	15.16	15.16	\$ 1,248.95	\$ 1,248.95
28415 00	Surgery	32.16	32.16	\$ 2,649.49	\$ 2,649.49
28420 00	Surgery	36.7	36.7	\$ 3,023.52	\$ 3,023.52
28430 00	Surgery	6.81	6.01	\$ 561.04	\$ 495.13
28435 00	Surgery	10.43	9.28	\$ 859.27	\$ 764.53
28436 00	Surgery	12.99	12.99	\$ 1,070.18	\$ 1,070.18
28445 00	Surgery	30.27	30.27	\$ 2,493.79	\$ 2,493.79
28446 00	Surgery	35.19	35.19	\$ 2,899.12	\$ 2,899.12
28450 00	Surgery	6.09	5.47	\$ 501.72	\$ 450.64
28455 00	Surgery	8.28	7.41	\$ 682.15	\$ 610.47
28456 00	Surgery	9.25	9.25	\$ 762.06	\$ 762.06
28465 00	Surgery	18.17	18.17	\$ 1,496.93	\$ 1,496.93
28470 00	Surgery	6.26	5.83	\$ 515.73	\$ 480.30
28475 00	Surgery	7.35	6.5	\$ 605.53	\$ 535.50
28476 00	Surgery	10.11	10.11	\$ 832.91	\$ 832.91

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
28485 00	Surgery	15.66	15.66	\$ 1,290.15	\$ 1,290.15
28490 00	Surgery	4.12	3.57	\$ 339.43	\$ 294.11
28495 00	Surgery	5.13	4.28	\$ 422.63	\$ 352.61
28496 00	Surgery	13.26	7.03	\$ 1,092.42	\$ 579.16
28505 00	Surgery	19.17	14.33	\$ 1,579.32	\$ 1,180.57
28510 00	Surgery	3.51	3.43	\$ 289.17	\$ 282.58
28515 00	Surgery	4.67	4.08	\$ 384.74	\$ 336.13
28525 00	Surgery	16.45	11.54	\$ 1,355.23	\$ 950.72
28530 00	Surgery	3.34	2.95	\$ 275.17	\$ 243.04
28531 00	Surgery	9.85	5.23	\$ 811.49	\$ 430.87
28540 00	Surgery	5.56	5	\$ 458.06	\$ 411.92
28545 00	Surgery	8.58	7.56	\$ 706.86	\$ 622.83
28546 00	Surgery	16.67	9.78	\$ 1,373.35	\$ 805.72
28555 00	Surgery	24.9	18.9	\$ 2,051.38	\$ 1,557.07
28570 00	Surgery	6.54	5.51	\$ 538.80	\$ 453.94
28575 00	Surgery	10.58	9.53	\$ 871.63	\$ 785.13
28576 00	Surgery	11.26	11.26	\$ 927.65	\$ 927.65
28585 00	Surgery	25.04	19.6	\$ 2,062.91	\$ 1,614.74
28600 00	Surgery	6.26	5.35	\$ 515.73	\$ 440.76
28605 00	Surgery	9.5	8.49	\$ 782.66	\$ 699.45
28606 00	Surgery	11.25	11.25	\$ 926.83	\$ 926.83
28615 00	Surgery	23.29	23.29	\$ 1,918.74	\$ 1,918.74
28630 00	Surgery	4.49	3.15	\$ 369.91	\$ 259.51
28635 00	Surgery	5.08	3.82	\$ 418.51	\$ 314.71
28636 00	Surgery	9.25	5.91	\$ 762.06	\$ 486.89
28645 00	Surgery	18.97	13.99	\$ 1,562.84	\$ 1,152.56
28660 00	Surgery	3.38	2.56	\$ 278.46	\$ 210.91
28665 00	Surgery	4.45	3.76	\$ 366.61	\$ 309.77
28666 00	Surgery	4.53	4.53	\$ 402.75	\$ 402.75
28675 00	Surgery	16.45	11.59	\$ 1,355.23	\$ 954.84
28705 00	Surgery	35.54	35.54	\$ 2,927.95	\$ 2,927.95
28715 00	Surgery	27.11	27.11	\$ 2,233.45	\$ 2,233.45
28725 00	Surgery	22.46	22.46	\$ 1,850.36	\$ 1,850.36
28730 00	Surgery	21.15	21.15	\$ 1,742.44	\$ 1,742.44
28735 00	Surgery	22.45	22.45	\$ 1,849.54	\$ 1,849.54
28737 00	Surgery	20.03	20.03	\$ 1,650.17	\$ 1,650.17
28740 00	Surgery	24.32	17.91	\$ 2,003.60	\$ 1,475.51
28750 00	Surgery	23.13	16.83	\$ 1,905.56	\$ 1,386.54
28755 00	Surgery	14.74	9.56	\$ 1,214.35	\$ 787.60
28760 00	Surgery	22.88	16.72	\$ 1,884.96	\$ 1,377.47
28800 00	Surgery	15.39	15.39	\$ 1,267.90	\$ 1,267.90

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
28805 00	Surgery	20.93	20.93	\$ 1,724.31	\$ 1,724.31
28810 00	Surgery	12.36	12.36	\$ 1,018.28	\$ 1,018.28
28820 00	Surgery	16.18	11.33	\$ 1,332.99	\$ 933.42
28825 00	Surgery	15.49	10.64	\$ 1,276.14	\$ 876.57
28890 00	Surgery	9.32	6.4	\$ 767.83	\$ 527.26
28899 00	Surgery	-	-	BR	BR
29000 00	Surgery	9.9	5.7	\$ 815.61	\$ 469.59
29010 00	Surgery	7.73	4.61	\$ 636.83	\$ 379.79
29015 00	Surgery	8.32	5.21	\$ 685.44	\$ 429.22
29035 00	Surgery	7.24	4.14	\$ 596.47	\$ 341.07
29040 00	Surgery	8.29	4.98	\$ 682.97	\$ 410.28
29044 00	Surgery	8.12	4.81	\$ 668.96	\$ 396.27
29046 00	Surgery	8.91	5.4	\$ 734.05	\$ 444.88
29049 00	Surgery	2.82	2	\$ 232.33	\$ 164.77
29055 00	Surgery	6.28	3.95	\$ 517.38	\$ 325.42
29058 00	Surgery	3.51	2.69	\$ 289.17	\$ 221.62
29065 00	Surgery	2.72	1.94	\$ 224.09	\$ 159.83
29075 00	Surgery	2.46	1.77	\$ 202.67	\$ 145.82
29085 00	Surgery	2.7	1.92	\$ 222.44	\$ 158.18
29086 00	Surgery	2.24	1.45	\$ 184.54	\$ 119.46
29105 00	Surgery	2.33	1.38	\$ 191.96	\$ 113.69
29125 00	Surgery	1.83	1.13	\$ 150.76	\$ 93.09
29126 00	Surgery	2.18	1.39	\$ 179.60	\$ 114.51
29130 00	Surgery	1.17	0.83	\$ 96.39	\$ 68.38
29131 00	Surgery	1.46	0.96	\$ 120.28	\$ 79.09
29200 00	Surgery	0.91	0.54	\$ 74.97	\$ 44.49
29240 00	Surgery	0.87	0.54	\$ 85.40	\$ 49.85
29260 00	Surgery	0.85	0.56	\$ 70.03	\$ 46.14
29280 00	Surgery	0.87	0.58	\$ 71.67	\$ 47.78
29305 00	Surgery	7.02	4.57	\$ 578.34	\$ 376.50
29325 00	Surgery	7.75	5.11	\$ 638.48	\$ 420.99
29345 00	Surgery	3.85	2.87	\$ 317.18	\$ 236.44
29355 00	Surgery	4.03	3.06	\$ 332.01	\$ 252.10
29358 00	Surgery	4.54	2.96	\$ 374.03	\$ 243.86
29365 00	Surgery	3.49	2.51	\$ 287.52	\$ 206.79
29405 00	Surgery	2.3	1.7	\$ 189.48	\$ 140.05
29425 00	Surgery	2.2	1.6	\$ 181.25	\$ 131.82
29435 00	Surgery	3.35	2.38	\$ 275.99	\$ 196.08
29440 00	Surgery	1.24	0.82	\$ 102.16	\$ 67.56
29445 00	Surgery	3.73	2.94	\$ 307.30	\$ 242.21
29450 00	Surgery	4.15	3.26	\$ 341.90	\$ 268.57

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
29505 00	Surgery	2.43	1.45	\$ 200.19	\$ 119.46
29515 00	Surgery	2.03	1.42	\$ 167.24	\$ 116.99
29520 00	Surgery	0.97	0.55	\$ 79.91	\$ 45.31
29530 00	Surgery	0.86	0.54	\$ 70.85	\$ 44.49
29540 00	Surgery	0.82	0.52	\$ 67.56	\$ 42.84
29550 00	Surgery	0.55	0.33	\$ 45.92	\$ 27.46
29580 00	Surgery	1.78	0.79	\$ 146.64	\$ 65.08
29581 00	Surgery	2.47	0.8	\$ 203.49	\$ 65.91
29584 00	Surgery	2.29	0.47	\$ 188.66	\$ 38.72
29700 00	Surgery	1.82	0.96	\$ 149.94	\$ 79.09
29705 00	Surgery	1.85	1.33	\$ 152.41	\$ 109.57
29710 00	Surgery	3.51	2.41	\$ 289.17	\$ 198.55
29720 00	Surgery	2.41	1.28	\$ 198.55	\$ 105.45
29730 00	Surgery	1.79	1.27	\$ 147.47	\$ 104.63
29740 00	Surgery	2.82	2.02	\$ 232.33	\$ 166.42
29750 00	Surgery	3.07	2.26	\$ 252.92	\$ 186.19
29799 00	Surgery	-	-	BR	BR
29800 00	Surgery	15.21	15.21	\$ 1,253.07	\$ 1,253.07
29804 00	Surgery	18.43	18.43	\$ 1,518.35	\$ 1,518.35
29805 00	Surgery	13.57	13.57	\$ 1,117.96	\$ 1,117.96
29806 00	Surgery	30.56	30.56	\$ 2,517.68	\$ 2,517.68
29807 00	Surgery	29.88	29.88	\$ 2,461.66	\$ 2,461.66
29819 00	Surgery	16.88	16.88	\$ 1,575.00	\$ 1,575.00
29820 00	Surgery	15.35	15.35	\$ 1,335.00	\$ 1,335.00
29821 00	Surgery	16.84	16.84	\$ 1,597.50	\$ 1,597.50
29822 00	Surgery	16.35	16.35	\$ 1,408.50	\$ 1,408.50
29823 00	Surgery	17.78	17.78	\$ 1,597.50	\$ 1,597.50
29824 00	Surgery	19.17	19.17	\$ 1,579.32	\$ 1,579.32
29825 00	Surgery	16.6	16.6	\$ 1,367.59	\$ 1,367.59
29826 00	Surgery	5.07	5.07	\$ 1,836.00	\$ 1,836.00
29827 00	Surgery	30.36	30.36	\$ 2,501.20	\$ 2,501.20
29828 00	Surgery	26.15	26.15	\$ 2,154.36	\$ 2,154.36
29830 00	Surgery	13.08	13.08	\$ 1,077.59	\$ 1,077.59
29834 00	Surgery	13.97	13.97	\$ 1,654.79	\$ 1,654.79
29835 00	Surgery	14.48	14.48	\$ 1,405.50	\$ 1,405.50
29836 00	Surgery	16.45	16.45	\$ 1,774.50	\$ 1,774.50
29837 00	Surgery	15.09	15.09	\$ 1,283.25	\$ 1,283.25
29838 00	Surgery	16.93	16.93	\$ 1,698.75	\$ 1,698.75
29840 00	Surgery	12.94	12.94	\$ 1,066.06	\$ 1,066.06
29843 00	Surgery	13.9	13.9	\$ 1,145.15	\$ 1,145.15
29844 00	Surgery	14.28	14.28	\$ 1,176.45	\$ 1,176.45

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
29845 00	Surgery	16.6	16.6	\$ 1,367.59	\$ 1,367.59
29846 00	Surgery	14.97	14.97	\$ 1,425.75	\$ 1,425.75
29847 00	Surgery	15.41	15.41	\$ 1,425.75	\$ 1,425.75
29848 00	Surgery	14.71	14.71	\$ 1,211.88	\$ 1,211.88
29850 00	Surgery	17.93	17.93	\$ 1,477.16	\$ 1,477.16
29851 00	Surgery	26.78	26.78	\$ 2,206.26	\$ 2,206.26
29855 00	Surgery	22.56	22.56	\$ 1,858.60	\$ 1,858.60
29856 00	Surgery	28.57	28.57	\$ 2,353.73	\$ 2,353.73
29860 00	Surgery	19.04	19.04	\$ 1,568.61	\$ 1,568.61
29861 00	Surgery	20.63	20.63	\$ 1,699.60	\$ 1,699.60
29862 00	Surgery	23.16	23.16	\$ 1,908.03	\$ 1,908.03
29863 00	Surgery	23.2	23.2	\$ 1,911.33	\$ 1,911.33
29866 00	Surgery	30.33	30.33	\$ 2,498.73	\$ 2,498.73
29867 00	Surgery	36.74	36.74	\$ 3,026.82	\$ 3,026.82
29868 00	Surgery	48.4	48.4	\$ 3,987.42	\$ 3,987.42
29870 00	Surgery	16.43	11.77	\$ 1,353.58	\$ 969.67
29871 00	Surgery	14.82	14.82	\$ 1,220.94	\$ 1,220.94
29873 00	Surgery	15.14	15.14	\$ 1,247.31	\$ 1,247.31
29874 00	Surgery	15.44	15.44	\$ 1,290.00	\$ 1,290.00
29875 00	Surgery	14.26	14.26	\$ 1,452.75	\$ 1,452.75
29876 00	Surgery	18.91	18.91	\$ 1,601.25	\$ 1,601.25
29877 00	Surgery	17.89	17.89	\$ 1,601.25	\$ 1,601.25
29879 00	Surgery	19.06	19.06	\$ 1,601.25	\$ 1,601.25
29880 00	Surgery	16.16	16.16	\$ 2,100.00	\$ 2,100.00
29881 00	Surgery	15.57	15.57	\$ 1,601.25	\$ 1,601.25
29882 00	Surgery	20.1	20.1	\$ 2,073.75	\$ 2,073.75
29883 00	Surgery	24.37	24.37	\$ 2,296.50	\$ 2,296.50
29884 00	Surgery	17.65	17.65	\$ 1,601.25	\$ 1,601.25
29885 00	Surgery	21.42	21.42	\$ 1,932.75	\$ 1,932.75
29886 00	Surgery	18.37	18.37	\$ 1,545.75	\$ 1,545.75
29887 00	Surgery	21.51	21.51	\$ 1,772.10	\$ 1,772.10
29888 00	Surgery	28.35	28.35	\$ 3,054.00	\$ 3,054.00
29889 00	Surgery	35.26	35.26	\$ 2,904.89	\$ 2,904.89
29891 00	Surgery	19.33	19.33	\$ 1,592.50	\$ 1,592.50
29892 00	Surgery	18.85	18.85	\$ 1,552.95	\$ 1,552.95
29893 00	Surgery	17.89	12.33	\$ 1,473.86	\$ 1,015.80
29894 00	Surgery	14.21	14.21	\$ 1,307.25	\$ 1,307.25
29895 00	Surgery	13.48	13.48	\$ 1,221.00	\$ 1,221.00
29897 00	Surgery	14.48	14.48	\$ 1,221.00	\$ 1,221.00
29898 00	Surgery	16.18	16.18	\$ 1,654.79	\$ 1,654.79
29899 00	Surgery	29.8	29.8	\$ 2,455.07	\$ 2,455.07

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
29900 00	Surgery	14.32	14.32	\$ 1,179.75	\$ 1,179.75
29901 00	Surgery	15.3	15.3	\$ 1,260.49	\$ 1,260.49
29902 00	Surgery	16.37	16.37	\$ 1,348.64	\$ 1,348.64
29904 00	Surgery	18.18	18.18	\$ 1,497.76	\$ 1,497.76
29905 00	Surgery	14.92	14.92	\$ 1,229.18	\$ 1,229.18
29906 00	Surgery	19.5	19.5	\$ 1,606.50	\$ 1,606.50
29907 00	Surgery	25.21	25.21	\$ 2,076.92	\$ 2,076.92
29914 00	Surgery	28.31	28.31	\$ 2,332.31	\$ 2,332.31
29915 00	Surgery	29.19	29.19	\$ 2,404.81	\$ 2,404.81
29916 00	Surgery	29.1	29.1	\$ 2,397.40	\$ 2,397.40
29999 00	Surgery	-	-	BR	BR
30000 00	Surgery	6.83	3.37	\$ 562.69	\$ 277.64
30020 00	Surgery	6.9	3.37	\$ 568.45	\$ 277.64
30100 00	Surgery	4	1.93	\$ 329.54	\$ 159.00
30110 00	Surgery	6.65	3.69	\$ 547.86	\$ 304.00
30115 00	Surgery	12.47	12.47	\$ 1,027.34	\$ 1,027.34
30117 00	Surgery	25.65	9.56	\$ 2,113.17	\$ 787.60
30118 00	Surgery	22.14	22.14	\$ 1,824.00	\$ 1,824.00
30120 00	Surgery	14.68	12.34	\$ 1,209.41	\$ 1,016.63
30124 00	Surgery	8.19	8.19	\$ 674.73	\$ 674.73
30125 00	Surgery	17.57	17.57	\$ 1,447.50	\$ 1,447.50
30130 00	Surgery	11.02	11.02	\$ 907.88	\$ 907.88
30140 00	Surgery	7.92	5.12	\$ 708.33	\$ 446.75
30150 00	Surgery	22.07	22.07	\$ 1,818.23	\$ 1,818.23
30160 00	Surgery	22.2	22.2	\$ 1,828.94	\$ 1,828.94
30200 00	Surgery	3.18	1.66	\$ 261.98	\$ 136.76
30210 00	Surgery	4.25	2.82	\$ 350.14	\$ 232.33
30220 00	Surgery	8.6	3.55	\$ 708.51	\$ 292.47
30300 00	Surgery	5.26	3.14	\$ 433.34	\$ 258.69
30310 00	Surgery	5.77	5.77	\$ 475.36	\$ 475.36
30320 00	Surgery	13.03	13.03	\$ 1,073.47	\$ 1,073.47
30400 00	Surgery	30.98	30.98	\$ 2,552.28	\$ 2,552.28
30410 00	Surgery	35.78	35.78	\$ 2,947.73	\$ 2,947.73
30420 00	Surgery	39.42	39.42	\$ 3,247.61	\$ 3,247.61
30430 00	Surgery	27.24	27.24	\$ 2,244.16	\$ 2,244.16
30435 00	Surgery	33.79	33.79	\$ 2,783.78	\$ 2,783.78
30450 00	Surgery	44.91	44.91	\$ 3,699.90	\$ 3,699.90
30460 00	Surgery	23.51	23.51	\$ 1,936.87	\$ 1,936.87
30462 00	Surgery	45.19	45.19	\$ 3,722.97	\$ 3,722.97
30465 00	Surgery	28.13	28.13	\$ 2,317.48	\$ 2,317.48
30520 00	Surgery	18.04	18.04	\$ 1,486.22	\$ 1,486.22

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
30540 00	Surgery	19.85	19.85	\$ 1,635.34	\$ 1,635.34
30545 00	Surgery	27.14	27.14	\$ 2,235.92	\$ 2,235.92
30560 00	Surgery	7.96	3.95	\$ 655.78	\$ 325.42
30580 00	Surgery	18.33	14.29	\$ 1,510.11	\$ 1,177.28
30600 00	Surgery	16.2	12.48	\$ 1,334.63	\$ 1,028.16
30620 00	Surgery	18.24	18.24	\$ 1,502.70	\$ 1,502.70
30630 00	Surgery	18.07	18.07	\$ 1,488.69	\$ 1,488.69
30801 00	Surgery	6.32	3.98	\$ 520.67	\$ 327.89
30802 00	Surgery	8.03	5.48	\$ 661.55	\$ 451.47
30901 00	Surgery	3.91	1.62	\$ 322.12	\$ 133.46
30903 00	Surgery	6.16	2.25	\$ 507.49	\$ 185.37
30905 00	Surgery	9.36	3.01	\$ 771.12	\$ 247.98
30906 00	Surgery	9.79	3.9	\$ 806.55	\$ 321.30
30915 00	Surgery	16.53	16.53	\$ 1,361.82	\$ 1,361.82
30920 00	Surgery	24.03	24.03	\$ 1,979.71	\$ 1,979.71
30930 00	Surgery	3.43	3.43	\$ 282.58	\$ 282.58
30999 00	Surgery	-	-	BR	BR
31000 00	Surgery	5.17	3.02	\$ 425.93	\$ 248.80
31002 00	Surgery	5.39	5.39	\$ 444.05	\$ 444.05
31020 00	Surgery	13.69	10.44	\$ 1,127.85	\$ 860.10
31030 00	Surgery	19.14	15	\$ 1,576.84	\$ 1,235.77
31032 00	Surgery	16.52	16.52	\$ 1,361.00	\$ 1,361.00
31040 00	Surgery	22.06	22.06	\$ 1,817.41	\$ 1,817.41
31050 00	Surgery	13.94	13.94	\$ 1,148.44	\$ 1,148.44
31051 00	Surgery	18.63	18.63	\$ 1,534.83	\$ 1,534.83
31070 00	Surgery	12.67	12.67	\$ 1,043.82	\$ 1,043.82
31075 00	Surgery	22.46	22.46	\$ 1,850.36	\$ 1,850.36
31080 00	Surgery	29.55	29.55	\$ 2,434.47	\$ 2,434.47
31081 00	Surgery	31.83	31.83	\$ 2,622.31	\$ 2,622.31
31084 00	Surgery	32.87	32.87	\$ 2,707.99	\$ 2,707.99
31085 00	Surgery	34.12	34.12	\$ 2,810.97	\$ 2,810.97
31086 00	Surgery	32.17	32.17	\$ 2,650.32	\$ 2,650.32
31087 00	Surgery	30.89	30.89	\$ 2,544.87	\$ 2,544.87
31090 00	Surgery	29.68	29.68	\$ 2,445.18	\$ 2,445.18
31200 00	Surgery	16.74	16.74	\$ 1,379.12	\$ 1,379.12
31201 00	Surgery	21.48	21.48	\$ 1,769.62	\$ 1,769.62
31205 00	Surgery	26.11	26.11	\$ 2,151.07	\$ 2,151.07
31225 00	Surgery	52.8	52.8	\$ 4,349.92	\$ 4,349.92
31230 00	Surgery	58.35	58.35	\$ 4,807.15	\$ 4,807.15
31231 00	Surgery	5.69	1.86	\$ 468.77	\$ 153.24
31233 00	Surgery	7.41	3.87	\$ 610.47	\$ 318.83

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
31235 00	Surgery	8.47	4.58	\$ 697.80	\$ 377.32
31237 00	Surgery	7.26	4.58	\$ 598.11	\$ 377.32
31238 00	Surgery	7.17	4.8	\$ 590.70	\$ 395.45
31239 00	Surgery	17.57	17.57	\$ 1,447.50	\$ 1,447.50
31240 00	Surgery	4.56	4.56	\$ 375.67	\$ 375.67
31241 00	Surgery	12.84	12.84	\$ 1,057.82	\$ 1,057.82
31253 00	Surgery	14.44	14.44	\$ 1,189.64	\$ 1,189.64
31254 00	Surgery	11.78	7.01	\$ 970.49	\$ 577.52
31255 00	Surgery	9.33	9.33	\$ 975.00	\$ 975.00
31256 00	Surgery	5.19	5.19	\$ 660.00	\$ 660.00
31257 00	Surgery	12.88	12.88	\$ 1,061.12	\$ 1,061.12
31259 00	Surgery	13.64	13.64	\$ 1,123.73	\$ 1,123.73
31267 00	Surgery	7.65	7.65	\$ 653.24	\$ 653.24
31276 00	Surgery	10.92	10.92	\$ 962.87	\$ 962.87
31287 00	Surgery	5.8	5.8	\$ 547.50	\$ 547.50
31288 00	Surgery	6.75	6.75	\$ 644.40	\$ 644.40
31290 00	Surgery	32.81	32.81	\$ 2,703.04	\$ 2,703.04
31291 00	Surgery	34.95	34.95	\$ 2,879.35	\$ 2,879.35
31292 00	Surgery	28.36	28.36	\$ 2,336.43	\$ 2,336.43
31293 00	Surgery	30.81	30.81	\$ 2,538.27	\$ 2,538.27
31294 00	Surgery	35.28	35.28	\$ 2,906.53	\$ 2,906.53
31295 00	Surgery	55.63	4.55	\$ 4,583.06	\$ 374.85
31296 00	Surgery	56.36	5.17	\$ 4,643.21	\$ 425.93
31297 00	Surgery	55.23	4.14	\$ 4,550.11	\$ 341.07
31298 00	Surgery	106.61	7.37	\$ 8,783.04	\$ 607.18
31299 00	Surgery	-	-	BR	BR
31300 00	Surgery	36.62	36.62	\$ 3,016.93	\$ 3,016.93
31360 00	Surgery	59.8	59.8	\$ 4,926.61	\$ 4,926.61
31365 00	Surgery	73.82	73.82	\$ 6,081.64	\$ 6,081.64
31367 00	Surgery	63.23	63.23	\$ 5,209.19	\$ 5,209.19
31368 00	Surgery	70.23	70.23	\$ 5,785.88	\$ 5,785.88
31370 00	Surgery	59.46	59.46	\$ 4,898.60	\$ 4,898.60
31375 00	Surgery	56.34	56.34	\$ 4,641.56	\$ 4,641.56
31380 00	Surgery	55.62	55.62	\$ 4,582.24	\$ 4,582.24
31382 00	Surgery	61.02	61.02	\$ 5,027.12	\$ 5,027.12
31390 00	Surgery	81.9	81.9	\$ 6,747.31	\$ 6,747.31
31395 00	Surgery	86.42	86.42	\$ 7,119.69	\$ 7,119.69
31400 00	Surgery	28.12	28.12	\$ 2,316.66	\$ 2,316.66
31420 00	Surgery	23.58	23.58	\$ 1,942.63	\$ 1,942.63
31500 00	Surgery	4.07	4.07	\$ 335.31	\$ 335.31
31502 00	Surgery	1.01	1.01	\$ 83.21	\$ 83.21

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
31505 00	Surgery	2.4	1.39	\$ 197.72	\$ 114.51
31510 00	Surgery	6.01	3.46	\$ 495.13	\$ 285.05
31511 00	Surgery	6.01	3.78	\$ 495.13	\$ 311.41
31512 00	Surgery	5.92	3.7	\$ 487.72	\$ 304.82
31513 00	Surgery	3.76	3.76	\$ 309.77	\$ 309.77
31515 00	Surgery	5.79	3.12	\$ 477.01	\$ 257.04
31520 00	Surgery	4.48	4.48	\$ 369.08	\$ 369.08
31525 00	Surgery	7.12	4.56	\$ 586.58	\$ 375.67
31526 00	Surgery	4.49	4.49	\$ 369.91	\$ 369.91
31527 00	Surgery	5.58	5.58	\$ 459.71	\$ 459.71
31528 00	Surgery	4.13	4.13	\$ 340.25	\$ 340.25
31529 00	Surgery	4.62	4.62	\$ 380.62	\$ 380.62
31530 00	Surgery	5.71	5.71	\$ 470.42	\$ 470.42
31531 00	Surgery	6.08	6.08	\$ 500.90	\$ 500.90
31535 00	Surgery	5.42	5.42	\$ 446.53	\$ 446.53
31536 00	Surgery	6.04	6.04	\$ 497.60	\$ 497.60
31540 00	Surgery	6.91	6.91	\$ 569.28	\$ 569.28
31541 00	Surgery	7.55	7.55	\$ 622.00	\$ 622.00
31545 00	Surgery	10.39	10.39	\$ 855.98	\$ 855.98
31546 00	Surgery	15.77	15.77	\$ 1,299.21	\$ 1,299.21
31551 00	Surgery	41.2	41.2	\$ 3,394.25	\$ 3,394.25
31552 00	Surgery	41.47	41.47	\$ 3,416.50	\$ 3,416.50
31553 00	Surgery	45.26	45.26	\$ 3,728.73	\$ 3,728.73
31554 00	Surgery	47.36	47.36	\$ 3,901.74	\$ 3,901.74
31560 00	Surgery	8.97	8.97	\$ 1,066.50	\$ 1,066.50
31561 00	Surgery	9.82	9.82	\$ 1,397.25	\$ 1,397.25
31570 00	Surgery	9.63	6.56	\$ 793.37	\$ 540.44
31571 00	Surgery	7.14	7.14	\$ 588.23	\$ 588.23
31572 00	Surgery	14.41	5.18	\$ 1,187.16	\$ 426.75
31573 00	Surgery	7.61	4.27	\$ 626.95	\$ 351.78
31574 00	Surgery	28.79	4.27	\$ 2,371.86	\$ 351.78
31575 00	Surgery	3.31	1.91	\$ 272.69	\$ 157.35
31576 00	Surgery	7.54	3.39	\$ 621.18	\$ 279.28
31577 00	Surgery	7.89	3.84	\$ 650.02	\$ 316.36
31578 00	Surgery	8.59	4.27	\$ 707.69	\$ 351.78
31579 00	Surgery	5.23	3.42	\$ 430.87	\$ 281.76
31580 00	Surgery	35.78	35.78	\$ 2,947.73	\$ 2,947.73
31584 00	Surgery	39.66	39.66	\$ 3,267.38	\$ 3,267.38
31587 00	Surgery	33.19	33.19	\$ 2,734.35	\$ 2,734.35
31590 00	Surgery	25.07	25.07	\$ 2,065.39	\$ 2,065.39
31591 00	Surgery	30.08	30.08	\$ 2,478.13	\$ 2,478.13

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
31592 00	Surgery	49.24	49.24	\$ 4,056.63	\$ 4,056.63
31599 00	Surgery	-	-	BR	BR
31600 00	Surgery	8.91	8.91	\$ 734.05	\$ 734.05
31601 00	Surgery	12.98	12.98	\$ 1,069.35	\$ 1,069.35
31603 00	Surgery	9.31	9.31	\$ 767.00	\$ 767.00
31605 00	Surgery	9.61	9.61	\$ 791.72	\$ 791.72
31610 00	Surgery	27.24	27.24	\$ 2,244.16	\$ 2,244.16
31611 00	Surgery	15.22	15.22	\$ 1,253.90	\$ 1,253.90
31612 00	Surgery	2.39	1.39	\$ 196.90	\$ 114.51
31613 00	Surgery	12.67	12.67	\$ 1,043.82	\$ 1,043.82
31614 00	Surgery	21.06	21.06	\$ 1,735.02	\$ 1,735.02
31615 00	Surgery	4.83	3.29	\$ 397.92	\$ 271.05
31622 00	Surgery	6.84	3.78	\$ 563.51	\$ 311.41
31623 00	Surgery	7.51	3.81	\$ 618.71	\$ 313.89
31624 00	Surgery	7.1	3.86	\$ 584.93	\$ 318.01
31625 00	Surgery	9.59	4.49	\$ 790.07	\$ 369.91
31626 00	Surgery	23.94	5.72	\$ 1,972.29	\$ 471.24
31627 00	Surgery	37.82	2.8	\$ 3,115.79	\$ 230.68
31628 00	Surgery	10.18	5.06	\$ 838.68	\$ 416.87
31629 00	Surgery	12.59	5.38	\$ 1,037.22	\$ 443.23
31630 00	Surgery	5.71	5.71	\$ 537.00	\$ 537.00
31631 00	Surgery	6.58	6.58	\$ 542.09	\$ 542.09
31632 00	Surgery	1.81	1.41	\$ 149.12	\$ 116.16
31633 00	Surgery	2.27	1.83	\$ 187.01	\$ 150.76
31634 00	Surgery	49.4	5.53	\$ 4,069.81	\$ 455.59
31635 00	Surgery	8.03	5.06	\$ 661.55	\$ 416.87
31636 00	Surgery	6.35	6.35	\$ 523.14	\$ 523.14
31637 00	Surgery	2.22	2.22	\$ 182.89	\$ 182.89
31638 00	Surgery	7.21	7.21	\$ 593.99	\$ 593.99
31640 00	Surgery	7.22	7.22	\$ 594.82	\$ 594.82
31641 00	Surgery	7.39	7.39	\$ 722.09	\$ 722.09
31643 00	Surgery	5.09	5.09	\$ 419.34	\$ 419.34
31645 00	Surgery	7.42	4.21	\$ 611.29	\$ 346.84
31646 00	Surgery	4.09	4.09	\$ 401.66	\$ 401.66
31647 00	Surgery	6.1	6.1	\$ 502.55	\$ 502.55
31648 00	Surgery	5.8	5.8	\$ 477.83	\$ 477.83
31649 00	Surgery	1.94	1.94	\$ 159.83	\$ 159.83
31651 00	Surgery	2.13	2.13	\$ 175.48	\$ 175.48
31652 00	Surgery	27.42	6.39	\$ 2,258.99	\$ 526.44
31653 00	Surgery	28.73	7.08	\$ 2,366.91	\$ 583.28
31654 00	Surgery	3.53	1.94	\$ 290.82	\$ 159.83

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
31660 00	Surgery	5.62	5.62	\$ 463.00	\$ 463.00
31661 00	Surgery	5.93	5.93	\$ 488.54	\$ 488.54
31717 00	Surgery	7.98	3.18	\$ 657.43	\$ 261.98
31720 00	Surgery	1.43	1.43	\$ 117.81	\$ 117.81
31725 00	Surgery	2.29	2.29	\$ 216.53	\$ 216.53
31730 00	Surgery	34.24	4.32	\$ 2,820.85	\$ 355.90
31750 00	Surgery	39.53	39.53	\$ 3,256.67	\$ 3,256.67
31755 00	Surgery	49.99	49.99	\$ 4,118.41	\$ 4,118.41
31760 00	Surgery	39.58	39.58	\$ 3,260.79	\$ 3,260.79
31766 00	Surgery	51.48	51.48	\$ 4,241.17	\$ 4,241.17
31770 00	Surgery	38.29	38.29	\$ 3,154.51	\$ 3,154.51
31775 00	Surgery	40.48	40.48	\$ 3,334.94	\$ 3,334.94
31780 00	Surgery	34.3	34.3	\$ 2,825.80	\$ 2,825.80
31781 00	Surgery	39.89	39.89	\$ 3,286.33	\$ 3,286.33
31785 00	Surgery	30.91	30.91	\$ 2,546.51	\$ 2,546.51
31786 00	Surgery	41.74	41.74	\$ 3,438.74	\$ 3,438.74
31800 00	Surgery	20.62	20.62	\$ 1,698.77	\$ 1,698.77
31805 00	Surgery	23.42	23.42	\$ 1,929.45	\$ 1,929.45
31820 00	Surgery	12.37	9.35	\$ 1,019.10	\$ 770.30
31825 00	Surgery	17.16	13.71	\$ 1,413.72	\$ 1,129.50
31830 00	Surgery	12.76	9.87	\$ 1,051.23	\$ 813.14
31899 00	Surgery	-	-	BR	BR
32035 00	Surgery	20.81	20.81	\$ 1,714.43	\$ 1,714.43
32036 00	Surgery	22.39	22.39	\$ 1,844.59	\$ 1,844.59
32096 00	Surgery	23.2	23.2	\$ 1,911.33	\$ 1,911.33
32097 00	Surgery	23.19	23.19	\$ 1,910.50	\$ 1,910.50
32098 00	Surgery	21.97	21.97	\$ 1,809.99	\$ 1,809.99
32100 00	Surgery	23.39	23.39	\$ 1,926.98	\$ 1,926.98
32110 00	Surgery	42.44	42.44	\$ 3,496.41	\$ 3,496.41
32120 00	Surgery	25.17	25.17	\$ 2,073.62	\$ 2,073.62
32124 00	Surgery	26.71	26.71	\$ 2,200.50	\$ 2,200.50
32140 00	Surgery	28.56	28.56	\$ 2,352.91	\$ 2,352.91
32141 00	Surgery	44.05	44.05	\$ 3,629.05	\$ 3,629.05
32150 00	Surgery	28.98	28.98	\$ 2,387.51	\$ 2,387.51
32151 00	Surgery	28.84	28.84	\$ 2,375.98	\$ 2,375.98
32160 00	Surgery	22.95	22.95	\$ 1,890.73	\$ 1,890.73
32200 00	Surgery	32.74	32.74	\$ 2,697.28	\$ 2,697.28
32215 00	Surgery	22.94	22.94	\$ 1,889.91	\$ 1,889.91
32220 00	Surgery	45.79	45.79	\$ 3,772.40	\$ 3,772.40
32225 00	Surgery	28.68	28.68	\$ 2,362.80	\$ 2,362.80
32310 00	Surgery	26.33	26.33	\$ 2,169.19	\$ 2,169.19

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
32320 00	Surgery	46.13	46.13	\$ 3,800.41	\$ 3,800.41
32400 00	Surgery	4.41	2.5	\$ 363.32	\$ 205.96
32405 00	Surgery	11.15	2.61	\$ 918.59	\$ 215.02
32440 00	Surgery	45.17	45.17	\$ 3,721.32	\$ 3,721.32
32442 00	Surgery	88.9	88.9	\$ 7,324.01	\$ 7,324.01
32445 00	Surgery	102.35	102.35	\$ 8,432.08	\$ 8,432.08
32480 00	Surgery	42.67	42.67	\$ 3,515.36	\$ 3,515.36
32482 00	Surgery	45.63	45.63	\$ 3,759.22	\$ 3,759.22
32484 00	Surgery	41.35	41.35	\$ 3,406.61	\$ 3,406.61
32486 00	Surgery	68.13	68.13	\$ 5,612.87	\$ 5,612.87
32488 00	Surgery	69.11	69.11	\$ 5,693.61	\$ 5,693.61
32491 00	Surgery	42.49	42.49	\$ 3,500.53	\$ 3,500.53
32501 00	Surgery	7.07	7.07	\$ 617.25	\$ 617.25
32503 00	Surgery	51.92	51.92	\$ 4,277.42	\$ 4,277.42
32504 00	Surgery	59.24	59.24	\$ 4,880.47	\$ 4,880.47
32505 00	Surgery	26.88	26.88	\$ 2,214.50	\$ 2,214.50
32506 00	Surgery	4.53	4.53	\$ 373.20	\$ 373.20
32507 00	Surgery	4.52	4.52	\$ 372.38	\$ 372.38
32540 00	Surgery	49.69	49.69	\$ 4,093.70	\$ 4,093.70
32550 00	Surgery	21.29	5.98	\$ 1,753.97	\$ 492.66
32551 00	Surgery	4.53	4.53	\$ 373.20	\$ 373.20
32552 00	Surgery	5.26	4.55	\$ 433.34	\$ 374.85
32553 00	Surgery	14.89	5.18	\$ 1,226.71	\$ 426.75
32554 00	Surgery	6.01	2.58	\$ 495.13	\$ 212.55
32555 00	Surgery	8.51	3.22	\$ 701.09	\$ 265.28
32556 00	Surgery	17.41	3.55	\$ 1,434.32	\$ 292.47
32557 00	Surgery	16.05	4.39	\$ 1,322.28	\$ 361.67
32560 00	Surgery	7.17	2.25	\$ 590.70	\$ 185.37
32561 00	Surgery	2.66	1.97	\$ 219.14	\$ 162.30
32562 00	Surgery	2.38	1.76	\$ 196.08	\$ 145.00
32601 00	Surgery	8.9	8.9	\$ 733.22	\$ 733.22
32604 00	Surgery	13.9	13.9	\$ 1,145.15	\$ 1,145.15
32606 00	Surgery	13.35	13.35	\$ 1,099.84	\$ 1,099.84
32607 00	Surgery	8.89	8.89	\$ 732.40	\$ 732.40
32608 00	Surgery	10.91	10.91	\$ 898.82	\$ 898.82
32609 00	Surgery	7.45	7.45	\$ 613.77	\$ 613.77
32650 00	Surgery	19.19	19.19	\$ 1,580.96	\$ 1,580.96
32651 00	Surgery	31.6	31.6	\$ 2,603.36	\$ 2,603.36
32652 00	Surgery	47.97	47.97	\$ 3,952.00	\$ 3,952.00
32653 00	Surgery	30.61	30.61	\$ 2,521.80	\$ 2,521.80
32654 00	Surgery	33.29	33.29	\$ 2,742.59	\$ 2,742.59

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
32655 00	Surgery	27.57	27.57	\$ 2,271.35	\$ 2,271.35
32656 00	Surgery	23.09	23.09	\$ 1,902.26	\$ 1,902.26
32658 00	Surgery	20.54	20.54	\$ 1,692.18	\$ 1,692.18
32659 00	Surgery	21.1	21.1	\$ 1,738.32	\$ 1,738.32
32661 00	Surgery	22.91	22.91	\$ 1,887.44	\$ 1,887.44
32662 00	Surgery	25.75	25.75	\$ 2,121.41	\$ 2,121.41
32663 00	Surgery	40.42	40.42	\$ 3,329.99	\$ 3,329.99
32664 00	Surgery	24.45	24.45	\$ 2,014.31	\$ 2,014.31
32665 00	Surgery	35.29	35.29	\$ 2,907.36	\$ 2,907.36
32666 00	Surgery	25.11	25.11	\$ 2,068.68	\$ 2,068.68
32667 00	Surgery	4.54	4.54	\$ 374.03	\$ 374.03
32668 00	Surgery	4.54	4.54	\$ 374.03	\$ 374.03
32669 00	Surgery	38.79	38.79	\$ 3,195.71	\$ 3,195.71
32670 00	Surgery	46.28	46.28	\$ 3,812.77	\$ 3,812.77
32671 00	Surgery	51.1	51.1	\$ 4,209.86	\$ 4,209.86
32672 00	Surgery	44.09	44.09	\$ 3,632.34	\$ 3,632.34
32673 00	Surgery	35.02	35.02	\$ 2,885.11	\$ 2,885.11
32674 00	Surgery	6.24	6.24	\$ 514.08	\$ 514.08
32701 00	Surgery	6.21	6.21	\$ 511.61	\$ 511.61
32800 00	Surgery	27.05	27.05	\$ 2,228.51	\$ 2,228.51
32810 00	Surgery	25.91	25.91	\$ 2,134.59	\$ 2,134.59
32815 00	Surgery	81.05	81.05	\$ 6,677.29	\$ 6,677.29
32820 00	Surgery	38.38	38.38	\$ 3,161.93	\$ 3,161.93
32850 00	Surgery	-	-	BR	BR
32851 00	Surgery	95.35	95.35	\$ 7,855.39	\$ 7,855.39
32852 00	Surgery	103.66	103.66	\$ 8,540.01	\$ 8,540.01
32853 00	Surgery	133.52	133.52	\$ 11,000.01	\$ 11,000.01
32854 00	Surgery	141.71	141.71	\$ 11,674.75	\$ 11,674.75
32855 00	Surgery	7.89	7.89	\$ 650.02	\$ 650.02
32856 00	Surgery	9.69	9.69	\$ 798.31	\$ 798.31
32900 00	Surgery	40.88	40.88	\$ 3,367.89	\$ 3,367.89
32905 00	Surgery	38.27	38.27	\$ 3,152.87	\$ 3,152.87
32906 00	Surgery	47.59	47.59	\$ 3,920.69	\$ 3,920.69
32940 00	Surgery	35.42	35.42	\$ 2,918.07	\$ 2,918.07
32960 00	Surgery	3.61	2.63	\$ 297.41	\$ 216.67
32994 00	Surgery	159.51	13.21	\$ 13,141.19	\$ 1,088.30
32997 00	Surgery	9.84	9.84	\$ 810.67	\$ 810.67
32998 00	Surgery	100.62	12.82	\$ 8,289.56	\$ 1,056.17
32999 00	Surgery	-	-	BR	BR
33010 00	Surgery	3.11	3.11	\$ 256.22	\$ 256.22
33011 00	Surgery	3.13	3.13	\$ 257.86	\$ 257.86

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33015 00	Surgery	14.77	14.77	\$ 1,216.82	\$ 1,216.82
33020 00	Surgery	25.38	25.38	\$ 2,090.93	\$ 2,090.93
33025 00	Surgery	23.02	23.02	\$ 1,896.50	\$ 1,896.50
33030 00	Surgery	57.85	57.85	\$ 4,765.96	\$ 4,765.96
33031 00	Surgery	71.57	71.57	\$ 5,896.28	\$ 5,896.28
33050 00	Surgery	28.98	28.98	\$ 2,387.51	\$ 2,387.51
33120 00	Surgery	60.67	60.67	\$ 4,998.28	\$ 4,998.28
33130 00	Surgery	39.67	39.67	\$ 3,268.20	\$ 3,268.20
33140 00	Surgery	45.17	45.17	\$ 3,721.32	\$ 3,721.32
33141 00	Surgery	3.8	3.8	\$ 1,175.25	\$ 1,175.25
33202 00	Surgery	22.38	22.38	\$ 1,843.77	\$ 1,843.77
33203 00	Surgery	23.44	23.44	\$ 1,931.10	\$ 1,931.10
33206 00	Surgery	13.15	13.15	\$ 1,083.36	\$ 1,083.36
33207 00	Surgery	13.97	13.97	\$ 1,150.92	\$ 1,150.92
33208 00	Surgery	15.15	15.15	\$ 1,248.13	\$ 1,248.13
33210 00	Surgery	4.76	4.76	\$ 392.15	\$ 392.15
33211 00	Surgery	4.95	4.95	\$ 407.80	\$ 407.80
33212 00	Surgery	9.31	9.31	\$ 767.00	\$ 767.00
33213 00	Surgery	9.74	9.74	\$ 802.43	\$ 802.43
33214 00	Surgery	13.9	13.9	\$ 1,145.15	\$ 1,145.15
33215 00	Surgery	9.02	9.02	\$ 743.11	\$ 743.11
33216 00	Surgery	10.76	10.76	\$ 886.46	\$ 886.46
33217 00	Surgery	10.6	10.6	\$ 873.28	\$ 873.28
33218 00	Surgery	11.25	11.25	\$ 926.83	\$ 926.83
33220 00	Surgery	11.33	11.33	\$ 933.42	\$ 933.42
33221 00	Surgery	10.44	10.44	\$ 860.10	\$ 860.10
33222 00	Surgery	9.81	9.81	\$ 808.19	\$ 808.19
33223 00	Surgery	11.87	11.87	\$ 977.91	\$ 977.91
33224 00	Surgery	15.02	15.02	\$ 1,237.42	\$ 1,237.42
33225 00	Surgery	13.67	13.67	\$ 1,126.20	\$ 1,126.20
33226 00	Surgery	14.45	14.45	\$ 1,190.46	\$ 1,190.46
33227 00	Surgery	9.82	9.82	\$ 809.02	\$ 809.02
33228 00	Surgery	10.26	10.26	\$ 845.27	\$ 845.27
33229 00	Surgery	10.87	10.87	\$ 895.52	\$ 895.52
33230 00	Surgery	11.09	11.09	\$ 913.65	\$ 913.65
33231 00	Surgery	11.65	11.65	\$ 959.78	\$ 959.78
33233 00	Surgery	6.68	6.68	\$ 550.33	\$ 550.33
33234 00	Surgery	14.1	14.1	\$ 1,289.25	\$ 1,289.25
33235 00	Surgery	18.52	18.52	\$ 1,525.77	\$ 1,525.77
33236 00	Surgery	22.41	22.41	\$ 1,846.24	\$ 1,846.24
33237 00	Surgery	24.19	24.19	\$ 1,992.89	\$ 1,992.89

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33238 00	Surgery	27.09	27.09	\$ 2,231.80	\$ 2,231.80
33240 00	Surgery	10.61	10.61	\$ 1,011.00	\$ 1,011.00
33241 00	Surgery	6.24	6.24	\$ 732.53	\$ 732.53
33243 00	Surgery	39.69	39.69	\$ 3,269.85	\$ 3,269.85
33244 00	Surgery	25.09	25.09	\$ 2,067.03	\$ 2,067.03
33249 00	Surgery	26.67	26.67	\$ 2,197.20	\$ 2,197.20
33250 00	Surgery	41.79	41.79	\$ 3,442.86	\$ 3,442.86
33251 00	Surgery	46.93	46.93	\$ 3,866.32	\$ 3,866.32
33254 00	Surgery	39.14	39.14	\$ 3,224.54	\$ 3,224.54
33255 00	Surgery	47.32	47.32	\$ 3,898.45	\$ 3,898.45
33256 00	Surgery	56.19	56.19	\$ 4,629.20	\$ 4,629.20
33257 00	Surgery	16.81	16.81	\$ 1,384.89	\$ 1,384.89
33258 00	Surgery	18.86	18.86	\$ 1,553.78	\$ 1,553.78
33259 00	Surgery	24.41	24.41	\$ 2,011.01	\$ 2,011.01
33261 00	Surgery	46.76	46.76	\$ 3,852.31	\$ 3,852.31
33262 00	Surgery	10.82	10.82	\$ 891.40	\$ 891.40
33263 00	Surgery	11.27	11.27	\$ 928.48	\$ 928.48
33264 00	Surgery	11.76	11.76	\$ 968.84	\$ 968.84
33265 00	Surgery	39.3	39.3	\$ 3,237.72	\$ 3,237.72
33266 00	Surgery	53.47	53.47	\$ 4,405.11	\$ 4,405.11
33270 00	Surgery	16.47	16.47	\$ 1,356.88	\$ 1,356.88
33271 00	Surgery	13.25	13.25	\$ 1,091.60	\$ 1,091.60
33272 00	Surgery	10.08	10.08	\$ 830.44	\$ 830.44
33273 00	Surgery	11.68	11.68	\$ 962.25	\$ 962.25
33274 00	Surgery	14.21	14.21	\$ 1,170.69	\$ 1,170.69
33275 00	Surgery	15.1	15.1	\$ 1,244.01	\$ 1,244.01
33285 00	Surgery	146.07	2.59	\$ 12,033.94	\$ 213.38
33286 00	Surgery	3.8	2.54	\$ 313.06	\$ 209.26
33289 00	Surgery	9.51	9.51	\$ 783.48	\$ 783.48
33300 00	Surgery	71.02	71.02	\$ 5,850.97	\$ 5,850.97
33305 00	Surgery	119.07	119.07	\$ 9,809.55	\$ 9,809.55
33310 00	Surgery	33.91	33.91	\$ 2,793.67	\$ 2,793.67
33315 00	Surgery	55.36	55.36	\$ 4,560.82	\$ 4,560.82
33320 00	Surgery	30.54	30.54	\$ 2,516.03	\$ 2,516.03
33321 00	Surgery	33.97	33.97	\$ 2,798.61	\$ 2,798.61
33322 00	Surgery	40.02	40.02	\$ 3,297.04	\$ 3,297.04
33330 00	Surgery	41.34	41.34	\$ 3,405.79	\$ 3,405.79
33335 00	Surgery	54.61	54.61	\$ 4,499.03	\$ 4,499.03
33340 00	Surgery	23.01	23.01	\$ 1,895.67	\$ 1,895.67
33361 00	Surgery	39.48	39.48	\$ 3,252.55	\$ 3,252.55
33362 00	Surgery	43.1	43.1	\$ 3,550.78	\$ 3,550.78

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33363 00	Surgery	44.64	44.64	\$ 3,677.66	\$ 3,677.66
33364 00	Surgery	46.14	46.14	\$ 3,801.23	\$ 3,801.23
33365 00	Surgery	51.83	51.83	\$ 4,270.00	\$ 4,270.00
33366 00	Surgery	56.03	56.03	\$ 4,616.02	\$ 4,616.02
33367 00	Surgery	18.29	18.29	\$ 1,506.82	\$ 1,506.82
33368 00	Surgery	21.72	21.72	\$ 1,789.40	\$ 1,789.40
33369 00	Surgery	28.67	28.67	\$ 2,361.97	\$ 2,361.97
33390 00	Surgery	55.88	55.88	\$ 4,603.66	\$ 4,603.66
33391 00	Surgery	66.13	66.13	\$ 5,448.10	\$ 5,448.10
33404 00	Surgery	51	51	\$ 4,201.62	\$ 4,201.62
33405 00	Surgery	65.69	65.69	\$ 5,411.86	\$ 5,411.86
33406 00	Surgery	83.2	83.2	\$ 6,854.41	\$ 6,854.41
33410 00	Surgery	73.65	73.65	\$ 6,067.64	\$ 6,067.64
33411 00	Surgery	97.34	97.34	\$ 8,019.33	\$ 8,019.33
33412 00	Surgery	91.08	91.08	\$ 7,503.60	\$ 7,503.60
33413 00	Surgery	92.76	92.76	\$ 7,642.01	\$ 7,642.01
33414 00	Surgery	62.02	62.02	\$ 5,109.50	\$ 5,109.50
33415 00	Surgery	58.78	58.78	\$ 4,842.58	\$ 4,842.58
33416 00	Surgery	58.6	58.6	\$ 4,827.75	\$ 4,827.75
33417 00	Surgery	48.16	48.16	\$ 3,967.65	\$ 3,967.65
33418 00	Surgery	52.39	52.39	\$ 4,316.14	\$ 4,316.14
33419 00	Surgery	12.37	12.37	\$ 1,019.10	\$ 1,019.10
33420 00	Surgery	42.3	42.3	\$ 3,484.88	\$ 3,484.88
33422 00	Surgery	48	48	\$ 3,954.47	\$ 3,954.47
33425 00	Surgery	79.04	79.04	\$ 6,511.69	\$ 6,511.69
33426 00	Surgery	68.97	68.97	\$ 5,682.08	\$ 5,682.08
33427 00	Surgery	70.8	70.8	\$ 5,832.84	\$ 5,832.84
33430 00	Surgery	81.06	81.06	\$ 6,678.11	\$ 6,678.11
33440 00	Surgery	98.1	98.1	\$ 8,081.95	\$ 8,081.95
33460 00	Surgery	69.47	69.47	\$ 5,723.27	\$ 5,723.27
33463 00	Surgery	89.51	89.51	\$ 7,374.26	\$ 7,374.26
33464 00	Surgery	70.71	70.71	\$ 5,825.43	\$ 5,825.43
33465 00	Surgery	79.91	79.91	\$ 6,583.37	\$ 6,583.37
33468 00	Surgery	69.89	69.89	\$ 5,757.87	\$ 5,757.87
33470 00	Surgery	35.9	35.9	\$ 2,957.61	\$ 2,957.61
33471 00	Surgery	38.39	38.39	\$ 3,162.75	\$ 3,162.75
33474 00	Surgery	63.29	63.29	\$ 5,214.13	\$ 5,214.13
33475 00	Surgery	67.6	67.6	\$ 5,569.21	\$ 5,569.21
33476 00	Surgery	43.21	43.21	\$ 3,559.85	\$ 3,559.85
33477 00	Surgery	39.72	39.72	\$ 3,272.32	\$ 3,272.32
33478 00	Surgery	45.36	45.36	\$ 3,736.97	\$ 3,736.97

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33496 00	Surgery	48.26	48.26	\$ 3,975.89	\$ 3,975.89
33500 00	Surgery	45.07	45.07	\$ 3,713.08	\$ 3,713.08
33501 00	Surgery	32.3	32.3	\$ 2,661.03	\$ 2,661.03
33502 00	Surgery	36.66	36.66	\$ 3,020.23	\$ 3,020.23
33503 00	Surgery	38.44	38.44	\$ 3,166.87	\$ 3,166.87
33504 00	Surgery	41.94	41.94	\$ 3,455.22	\$ 3,455.22
33505 00	Surgery	58.46	58.46	\$ 4,816.21	\$ 4,816.21
33506 00	Surgery	57.8	57.8	\$ 4,761.84	\$ 4,761.84
33507 00	Surgery	49.71	49.71	\$ 4,095.35	\$ 4,095.35
33508 00	Surgery	0.47	0.47	\$ 38.72	\$ 38.72
33510 00	Surgery	55.95	55.95	\$ 4,609.43	\$ 4,609.43
33511 00	Surgery	61.45	61.45	\$ 5,062.54	\$ 5,062.54
33512 00	Surgery	69.97	69.97	\$ 5,764.46	\$ 5,764.46
33513 00	Surgery	72.06	72.06	\$ 5,936.65	\$ 5,936.65
33514 00	Surgery	75.77	75.77	\$ 6,242.29	\$ 6,242.29
33516 00	Surgery	78.13	78.13	\$ 6,436.72	\$ 6,436.72
33517 00	Surgery	5.41	5.41	\$ 445.70	\$ 445.70
33518 00	Surgery	11.93	11.93	\$ 982.85	\$ 982.85
33519 00	Surgery	15.78	15.78	\$ 1,300.03	\$ 1,300.03
33521 00	Surgery	18.93	18.93	\$ 1,559.54	\$ 1,559.54
33522 00	Surgery	21.26	21.26	\$ 1,751.50	\$ 1,751.50
33523 00	Surgery	24	24	\$ 1,977.23	\$ 1,977.23
33530 00	Surgery	15.25	15.25	\$ 1,256.37	\$ 1,256.37
33533 00	Surgery	54.09	54.09	\$ 4,456.19	\$ 4,456.19
33534 00	Surgery	63.62	63.62	\$ 5,241.32	\$ 5,241.32
33535 00	Surgery	70.98	70.98	\$ 5,847.67	\$ 5,847.67
33536 00	Surgery	76.11	76.11	\$ 6,270.30	\$ 6,270.30
33542 00	Surgery	76.2	76.2	\$ 6,277.72	\$ 6,277.72
33545 00	Surgery	89.33	89.33	\$ 7,359.43	\$ 7,359.43
33548 00	Surgery	85.74	85.74	\$ 7,063.67	\$ 7,063.67
33572 00	Surgery	6.67	6.67	\$ 549.51	\$ 549.51
33600 00	Surgery	49.33	49.33	\$ 4,064.04	\$ 4,064.04
33602 00	Surgery	47.86	47.86	\$ 3,942.94	\$ 3,942.94
33606 00	Surgery	51.6	51.6	\$ 4,251.05	\$ 4,251.05
33608 00	Surgery	52.26	52.26	\$ 4,305.43	\$ 4,305.43
33610 00	Surgery	51.53	51.53	\$ 4,245.29	\$ 4,245.29
33611 00	Surgery	56.71	56.71	\$ 4,672.04	\$ 4,672.04
33612 00	Surgery	58.23	58.23	\$ 4,797.27	\$ 4,797.27
33615 00	Surgery	58	58	\$ 4,778.32	\$ 4,778.32
33617 00	Surgery	61.22	61.22	\$ 5,043.60	\$ 5,043.60
33619 00	Surgery	79.37	79.37	\$ 6,538.88	\$ 6,538.88

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33620 00	Surgery	47.71	47.71	\$ 3,930.58	\$ 3,930.58
33621 00	Surgery	27	27	\$ 2,224.39	\$ 2,224.39
33622 00	Surgery	100.01	100.01	\$ 8,239.30	\$ 8,239.30
33641 00	Surgery	47.38	47.38	\$ 3,903.39	\$ 3,903.39
33645 00	Surgery	49.89	49.89	\$ 4,110.18	\$ 4,110.18
33647 00	Surgery	52.15	52.15	\$ 4,296.37	\$ 4,296.37
33660 00	Surgery	50.58	50.58	\$ 4,167.02	\$ 4,167.02
33665 00	Surgery	55.62	55.62	\$ 4,582.24	\$ 4,582.24
33670 00	Surgery	57.4	57.4	\$ 4,728.89	\$ 4,728.89
33675 00	Surgery	56.34	56.34	\$ 4,641.56	\$ 4,641.56
33676 00	Surgery	58.84	58.84	\$ 4,847.52	\$ 4,847.52
33677 00	Surgery	61.11	61.11	\$ 5,034.53	\$ 5,034.53
33681 00	Surgery	53.03	53.03	\$ 4,368.86	\$ 4,368.86
33684 00	Surgery	54.89	54.89	\$ 4,522.10	\$ 4,522.10
33688 00	Surgery	54.8	54.8	\$ 4,514.69	\$ 4,514.69
33690 00	Surgery	34.78	34.78	\$ 2,865.34	\$ 2,865.34
33692 00	Surgery	56.91	56.91	\$ 4,688.52	\$ 4,688.52
33694 00	Surgery	56.71	56.71	\$ 4,672.04	\$ 4,672.04
33697 00	Surgery	59.73	59.73	\$ 4,920.84	\$ 4,920.84
33702 00	Surgery	44.21	44.21	\$ 3,642.23	\$ 3,642.23
33710 00	Surgery	59.65	59.65	\$ 4,914.25	\$ 4,914.25
33720 00	Surgery	44.67	44.67	\$ 3,680.13	\$ 3,680.13
33722 00	Surgery	47.24	47.24	\$ 3,891.86	\$ 3,891.86
33724 00	Surgery	44.21	44.21	\$ 3,642.23	\$ 3,642.23
33726 00	Surgery	59.1	59.1	\$ 4,868.94	\$ 4,868.94
33730 00	Surgery	56.75	56.75	\$ 4,675.34	\$ 4,675.34
33732 00	Surgery	45.43	45.43	\$ 3,742.74	\$ 3,742.74
33735 00	Surgery	37.57	37.57	\$ 3,095.20	\$ 3,095.20
33736 00	Surgery	39.63	39.63	\$ 3,264.91	\$ 3,264.91
33737 00	Surgery	37.64	37.64	\$ 3,100.96	\$ 3,100.96
33750 00	Surgery	36.63	36.63	\$ 3,017.75	\$ 3,017.75
33755 00	Surgery	38.18	38.18	\$ 3,145.45	\$ 3,145.45
33762 00	Surgery	37.21	37.21	\$ 3,065.54	\$ 3,065.54
33764 00	Surgery	38.18	38.18	\$ 3,145.45	\$ 3,145.45
33766 00	Surgery	38.68	38.68	\$ 3,186.64	\$ 3,186.64
33767 00	Surgery	41.31	41.31	\$ 3,403.31	\$ 3,403.31
33768 00	Surgery	12.1	12.1	\$ 996.86	\$ 996.86
33770 00	Surgery	61.57	61.57	\$ 5,072.43	\$ 5,072.43
33771 00	Surgery	63.38	63.38	\$ 5,221.55	\$ 5,221.55
33774 00	Surgery	52.23	52.23	\$ 4,302.96	\$ 4,302.96
33775 00	Surgery	53.84	53.84	\$ 4,435.60	\$ 4,435.60

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33776 00	Surgery	54.96	54.96	\$ 4,527.87	\$ 4,527.87
33777 00	Surgery	54.96	54.96	\$ 4,527.87	\$ 4,527.87
33778 00	Surgery	68.3	68.3	\$ 5,626.88	\$ 5,626.88
33779 00	Surgery	67.68	67.68	\$ 5,575.80	\$ 5,575.80
33780 00	Surgery	66.46	66.46	\$ 5,475.29	\$ 5,475.29
33781 00	Surgery	67.3	67.3	\$ 5,544.49	\$ 5,544.49
33782 00	Surgery	94.02	94.02	\$ 7,745.82	\$ 7,745.82
33783 00	Surgery	101.66	101.66	\$ 8,375.24	\$ 8,375.24
33786 00	Surgery	66.21	66.21	\$ 5,454.70	\$ 5,454.70
33788 00	Surgery	44.51	44.51	\$ 3,666.95	\$ 3,666.95
33800 00	Surgery	28.32	28.32	\$ 2,333.14	\$ 2,333.14
33802 00	Surgery	31.45	31.45	\$ 2,591.00	\$ 2,591.00
33803 00	Surgery	33.4	33.4	\$ 2,751.65	\$ 2,751.65
33813 00	Surgery	34.2	34.2	\$ 2,817.56	\$ 2,817.56
33814 00	Surgery	44.19	44.19	\$ 3,640.58	\$ 3,640.58
33820 00	Surgery	27.78	27.78	\$ 2,288.65	\$ 2,288.65
33822 00	Surgery	29.62	29.62	\$ 2,440.24	\$ 2,440.24
33824 00	Surgery	34.2	34.2	\$ 2,817.56	\$ 2,817.56
33840 00	Surgery	35.94	35.94	\$ 2,960.91	\$ 2,960.91
33845 00	Surgery	37.92	37.92	\$ 3,124.03	\$ 3,124.03
33851 00	Surgery	36.9	36.9	\$ 3,040.00	\$ 3,040.00
33852 00	Surgery	38.58	38.58	\$ 3,178.40	\$ 3,178.40
33853 00	Surgery	51.86	51.86	\$ 4,272.47	\$ 4,272.47
33860 00	Surgery	93.2	93.2	\$ 7,678.26	\$ 7,678.26
33863 00	Surgery	91.38	91.38	\$ 7,528.32	\$ 7,528.32
33864 00	Surgery	93.61	93.61	\$ 7,712.04	\$ 7,712.04
33866 00	Surgery	29.85	29.85	\$ 2,459.19	\$ 2,459.19
33870 00	Surgery	73.37	73.37	\$ 6,044.57	\$ 6,044.57
33875 00	Surgery	79.72	79.72	\$ 6,567.71	\$ 6,567.71
33877 00	Surgery	105.15	105.15	\$ 8,662.76	\$ 8,662.76
33880 00	Surgery	52.01	52.01	\$ 4,284.83	\$ 4,284.83
33881 00	Surgery	44.64	44.64	\$ 3,677.66	\$ 3,677.66
33883 00	Surgery	32.32	32.32	\$ 2,662.68	\$ 2,662.68
33884 00	Surgery	11.41	11.41	\$ 940.01	\$ 940.01
33886 00	Surgery	27.7	27.7	\$ 2,282.06	\$ 2,282.06
33889 00	Surgery	22.85	22.85	\$ 1,882.49	\$ 1,882.49
33891 00	Surgery	27.71	27.71	\$ 2,282.88	\$ 2,282.88
33910 00	Surgery	76.22	76.22	\$ 6,279.37	\$ 6,279.37
33915 00	Surgery	39.75	39.75	\$ 3,274.79	\$ 3,274.79
33916 00	Surgery	123.17	123.17	\$ 10,147.33	\$ 10,147.33
33917 00	Surgery	42.09	42.09	\$ 3,467.57	\$ 3,467.57

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33920 00	Surgery	52.61	52.61	\$ 4,334.26	\$ 4,334.26
33922 00	Surgery	39.91	39.91	\$ 3,287.98	\$ 3,287.98
33924 00	Surgery	8.2	8.2	\$ 675.56	\$ 675.56
33925 00	Surgery	49.91	49.91	\$ 4,111.82	\$ 4,111.82
33926 00	Surgery	70.3	70.3	\$ 5,791.65	\$ 5,791.65
33927 00	Surgery	74.27	74.27	\$ 6,118.72	\$ 6,118.72
33928 00	Surgery	72.8	72.8	\$ 5,997.61	\$ 5,997.61
33929 00	Surgery	46.86	46.86	\$ 3,860.55	\$ 3,860.55
33930 00	Surgery	-	-	BR	BR
33933 00	Surgery	11.22	11.22	\$ 924.36	\$ 924.36
33935 00	Surgery	143.9	143.9	\$ 14,108.25	\$ 14,108.25
33940 00	Surgery	-	-	BR	BR
33944 00	Surgery	9.09	9.09	\$ 748.88	\$ 748.88
33945 00	Surgery	141.34	141.34	\$ 11,644.26	\$ 11,644.26
33946 00	Surgery	8.99	8.99	\$ 740.64	\$ 740.64
33947 00	Surgery	9.97	9.97	\$ 821.38	\$ 821.38
33948 00	Surgery	6.91	6.91	\$ 569.28	\$ 569.28
33949 00	Surgery	6.72	6.72	\$ 553.63	\$ 553.63
33951 00	Surgery	12.38	12.38	\$ 1,019.92	\$ 1,019.92
33952 00	Surgery	12.43	12.43	\$ 1,024.04	\$ 1,024.04
33953 00	Surgery	13.84	13.84	\$ 1,140.21	\$ 1,140.21
33954 00	Surgery	13.88	13.88	\$ 1,143.50	\$ 1,143.50
33955 00	Surgery	24.26	24.26	\$ 1,998.65	\$ 1,998.65
33956 00	Surgery	24.22	24.22	\$ 1,995.36	\$ 1,995.36
33957 00	Surgery	5.38	5.38	\$ 443.23	\$ 443.23
33958 00	Surgery	5.37	5.37	\$ 456.76	\$ 456.76
33959 00	Surgery	6.84	6.84	\$ 563.51	\$ 563.51
33962 00	Surgery	6.8	6.8	\$ 560.22	\$ 560.22
33963 00	Surgery	13.68	13.68	\$ 1,127.02	\$ 1,127.02
33964 00	Surgery	14.27	14.27	\$ 1,175.63	\$ 1,175.63
33965 00	Surgery	5.38	5.38	\$ 443.23	\$ 443.23
33966 00	Surgery	6.91	6.91	\$ 569.28	\$ 569.28
33967 00	Surgery	7.56	7.56	\$ 622.83	\$ 622.83
33968 00	Surgery	0.98	0.98	\$ 194.25	\$ 194.25
33969 00	Surgery	7.98	7.98	\$ 657.43	\$ 657.43
33970 00	Surgery	10.28	10.28	\$ 846.92	\$ 846.92
33971 00	Surgery	20.51	20.51	\$ 1,689.71	\$ 1,689.71
33973 00	Surgery	15.03	15.03	\$ 1,238.24	\$ 1,238.24
33974 00	Surgery	25.8	25.8	\$ 2,125.53	\$ 2,125.53
33975 00	Surgery	37.95	37.95	\$ 3,126.50	\$ 3,126.50
33976 00	Surgery	46.27	46.27	\$ 3,811.94	\$ 3,811.94

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33977 00	Surgery	32.65	32.65	\$ 2,689.86	\$ 2,689.86
33978 00	Surgery	38.89	38.89	\$ 3,203.94	\$ 3,203.94
33979 00	Surgery	56.67	56.67	\$ 4,668.74	\$ 4,668.74
33980 00	Surgery	51.82	51.82	\$ 4,269.18	\$ 4,269.18
33981 00	Surgery	24.32	24.32	\$ 2,003.60	\$ 2,003.60
33982 00	Surgery	57.03	57.03	\$ 4,698.40	\$ 4,698.40
33983 00	Surgery	67.13	67.13	\$ 5,530.49	\$ 5,530.49
33984 00	Surgery	8.25	8.25	\$ 679.67	\$ 679.67
33985 00	Surgery	15.02	15.02	\$ 1,237.42	\$ 1,237.42
33986 00	Surgery	15.15	15.15	\$ 1,248.13	\$ 1,248.13
33987 00	Surgery	6.07	6.07	\$ 500.08	\$ 500.08
33988 00	Surgery	22.53	22.53	\$ 1,856.13	\$ 1,856.13
33989 00	Surgery	14.11	14.11	\$ 1,162.45	\$ 1,162.45
33990 00	Surgery	12.4	12.4	\$ 1,021.57	\$ 1,021.57
33991 00	Surgery	18.19	18.19	\$ 1,498.58	\$ 1,498.58
33992 00	Surgery	5.8	5.8	\$ 477.83	\$ 477.83
33993 00	Surgery	5.09	5.09	\$ 419.34	\$ 419.34
33999 00	Surgery	-	-	BR	BR
34001 00	Surgery	27.87	27.87	\$ 2,296.06	\$ 2,296.06
34051 00	Surgery	28.65	28.65	\$ 2,360.32	\$ 2,360.32
34101 00	Surgery	17.32	17.32	\$ 1,426.90	\$ 1,426.90
34111 00	Surgery	17.39	17.39	\$ 1,432.67	\$ 1,432.67
34151 00	Surgery	40.4	40.4	\$ 3,328.34	\$ 3,328.34
34201 00	Surgery	29.78	29.78	\$ 2,453.42	\$ 2,453.42
34203 00	Surgery	27.53	27.53	\$ 2,268.05	\$ 2,268.05
34401 00	Surgery	42.4	42.4	\$ 3,493.11	\$ 3,493.11
34421 00	Surgery	21.34	21.34	\$ 1,758.09	\$ 1,758.09
34451 00	Surgery	41.09	41.09	\$ 3,385.19	\$ 3,385.19
34471 00	Surgery	31.11	31.11	\$ 2,562.99	\$ 2,562.99
34490 00	Surgery	18.56	18.56	\$ 1,529.06	\$ 1,529.06
34501 00	Surgery	25.55	25.55	\$ 2,104.93	\$ 2,104.93
34502 00	Surgery	44.68	44.68	\$ 3,680.95	\$ 3,680.95
34510 00	Surgery	29.45	29.45	\$ 2,426.23	\$ 2,426.23
34520 00	Surgery	28.3	28.3	\$ 2,331.49	\$ 2,331.49
34530 00	Surgery	25.97	25.97	\$ 2,139.53	\$ 2,139.53
34701 00	Surgery	35.85	35.85	\$ 2,953.49	\$ 2,953.49
34702 00	Surgery	53.54	53.54	\$ 4,410.88	\$ 4,410.88
34703 00	Surgery	40.36	40.36	\$ 3,325.05	\$ 3,325.05
34704 00	Surgery	67.26	67.26	\$ 5,541.20	\$ 5,541.20
34705 00	Surgery	44.39	44.39	\$ 3,657.06	\$ 3,657.06
34706 00	Surgery	66.88	66.88	\$ 5,509.89	\$ 5,509.89

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
34707 00	Surgery	33.44	33.44	\$ 2,754.95	\$ 2,754.95
34708 00	Surgery	53.68	53.68	\$ 4,422.41	\$ 4,422.41
34709 00	Surgery	9.38	9.38	\$ 772.77	\$ 772.77
34710 00	Surgery	23.24	23.24	\$ 1,914.62	\$ 1,914.62
34711 00	Surgery	8.66	8.66	\$ 713.45	\$ 713.45
34712 00	Surgery	19.85	19.85	\$ 1,635.34	\$ 1,635.34
34713 00	Surgery	3.73	3.73	\$ 307.30	\$ 307.30
34714 00	Surgery	7.84	7.84	\$ 645.90	\$ 645.90
34715 00	Surgery	8.79	8.79	\$ 724.16	\$ 724.16
34716 00	Surgery	10.87	10.87	\$ 895.52	\$ 895.52
34808 00	Surgery	6.11	6.11	\$ 503.37	\$ 503.37
34812 00	Surgery	6	6	\$ 682.50	\$ 682.50
34813 00	Surgery	6.85	6.85	\$ 609.00	\$ 609.00
34820 00	Surgery	10.09	10.09	\$ 984.75	\$ 984.75
34830 00	Surgery	50.8	50.8	\$ 4,185.15	\$ 4,185.15
34831 00	Surgery	55.99	55.99	\$ 4,612.72	\$ 4,612.72
34832 00	Surgery	53.96	53.96	\$ 4,445.48	\$ 4,445.48
34833 00	Surgery	11.72	11.72	\$ 1,213.50	\$ 1,213.50
34834 00	Surgery	3.75	3.75	\$ 541.50	\$ 541.50
34839 00	Surgery	0	0	Bundled Code	Bundled Code
34841 00	Surgery	42.51	42.51	\$ 3,502.18	\$ 3,502.18
34842 00	Surgery	46.53	46.53	\$ 3,833.36	\$ 3,833.36
34843 00	Surgery	51.06	51.06	\$ 4,206.57	\$ 4,206.57
34844 00	Surgery	56.5	56.5	\$ 4,654.74	\$ 4,654.74
34845 00	Surgery	48.49	48.49	\$ 3,994.84	\$ 3,994.84
34846 00	Surgery	53.06	53.06	\$ 4,371.34	\$ 4,371.34
34847 00	Surgery	56.31	56.31	\$ 4,639.09	\$ 4,639.09
34848 00	Surgery	60.33	60.33	\$ 4,970.27	\$ 4,970.27
35001 00	Surgery	32.2	32.2	\$ 2,652.79	\$ 2,652.79
35002 00	Surgery	32.56	32.56	\$ 2,682.45	\$ 2,682.45
35005 00	Surgery	28.68	28.68	\$ 2,362.80	\$ 2,362.80
35011 00	Surgery	29.05	29.05	\$ 2,393.28	\$ 2,393.28
35013 00	Surgery	36.35	36.35	\$ 2,994.69	\$ 2,994.69
35021 00	Surgery	36.41	36.41	\$ 2,999.63	\$ 2,999.63
35022 00	Surgery	40.67	40.67	\$ 3,350.59	\$ 3,350.59
35045 00	Surgery	28.45	28.45	\$ 2,343.85	\$ 2,343.85
35081 00	Surgery	50.22	50.22	\$ 4,137.36	\$ 4,137.36
35082 00	Surgery	63.37	63.37	\$ 5,220.72	\$ 5,220.72
35091 00	Surgery	51.82	51.82	\$ 4,269.18	\$ 4,269.18
35092 00	Surgery	75.54	75.54	\$ 6,223.35	\$ 6,223.35
35102 00	Surgery	54.51	54.51	\$ 4,490.79	\$ 4,490.79

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
35103 00	Surgery	64.99	64.99	\$ 5,354.19	\$ 5,354.19
35111 00	Surgery	38.11	38.11	\$ 3,139.68	\$ 3,139.68
35112 00	Surgery	47.2	47.2	\$ 3,888.56	\$ 3,888.56
35121 00	Surgery	48.3	48.3	\$ 3,979.18	\$ 3,979.18
35122 00	Surgery	54.63	54.63	\$ 4,500.68	\$ 4,500.68
35131 00	Surgery	40.22	40.22	\$ 3,313.52	\$ 3,313.52
35132 00	Surgery	47.01	47.01	\$ 3,872.91	\$ 3,872.91
35141 00	Surgery	31.97	31.97	\$ 2,633.84	\$ 2,633.84
35142 00	Surgery	38.51	38.51	\$ 3,172.64	\$ 3,172.64
35151 00	Surgery	35.88	35.88	\$ 2,955.97	\$ 2,955.97
35152 00	Surgery	39.94	39.94	\$ 3,290.45	\$ 3,290.45
35180 00	Surgery	25.44	25.44	\$ 2,095.87	\$ 2,095.87
35182 00	Surgery	51.91	51.91	\$ 4,276.59	\$ 4,276.59
35184 00	Surgery	27.76	27.76	\$ 2,287.00	\$ 2,287.00
35188 00	Surgery	37.08	37.08	\$ 3,054.83	\$ 3,054.83
35189 00	Surgery	43.22	43.22	\$ 3,560.67	\$ 3,560.67
35190 00	Surgery	22.03	22.03	\$ 1,814.94	\$ 1,814.94
35201 00	Surgery	27.28	27.28	\$ 2,247.46	\$ 2,247.46
35206 00	Surgery	22.67	22.67	\$ 1,867.66	\$ 1,867.66
35207 00	Surgery	21.76	21.76	\$ 1,792.69	\$ 1,792.69
35211 00	Surgery	40.04	40.04	\$ 3,298.69	\$ 3,298.69
35216 00	Surgery	59.71	59.71	\$ 4,919.19	\$ 4,919.19
35221 00	Surgery	42.48	42.48	\$ 3,499.70	\$ 3,499.70
35226 00	Surgery	24.15	24.15	\$ 1,989.59	\$ 1,989.59
35231 00	Surgery	35.76	35.76	\$ 2,946.08	\$ 2,946.08
35236 00	Surgery	29.02	29.02	\$ 2,390.81	\$ 2,390.81
35241 00	Surgery	41.69	41.69	\$ 3,434.62	\$ 3,434.62
35246 00	Surgery	45.26	45.26	\$ 3,728.73	\$ 3,728.73
35251 00	Surgery	50.4	50.4	\$ 4,152.19	\$ 4,152.19
35256 00	Surgery	29.69	29.69	\$ 2,446.00	\$ 2,446.00
35261 00	Surgery	28.22	28.22	\$ 2,324.90	\$ 2,324.90
35266 00	Surgery	25.14	25.14	\$ 2,071.15	\$ 2,071.15
35271 00	Surgery	40.02	40.02	\$ 3,297.04	\$ 3,297.04
35276 00	Surgery	42.31	42.31	\$ 3,485.70	\$ 3,485.70
35281 00	Surgery	46.83	46.83	\$ 3,858.08	\$ 3,858.08
35286 00	Surgery	26.98	26.98	\$ 2,222.74	\$ 2,222.74
35301 00	Surgery	32.79	32.79	\$ 2,701.40	\$ 2,701.40
35302 00	Surgery	32.5	32.5	\$ 2,677.50	\$ 2,677.50
35303 00	Surgery	35.95	35.95	\$ 2,961.73	\$ 2,961.73
35304 00	Surgery	37.02	37.02	\$ 3,049.88	\$ 3,049.88
35305 00	Surgery	35.61	35.61	\$ 2,933.72	\$ 2,933.72

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
35306 00	Surgery	12.85	12.85	\$ 1,058.64	\$ 1,058.64
35311 00	Surgery	45.09	45.09	\$ 3,714.73	\$ 3,714.73
35321 00	Surgery	25.86	25.86	\$ 2,130.47	\$ 2,130.47
35331 00	Surgery	42.35	42.35	\$ 3,488.99	\$ 3,488.99
35341 00	Surgery	39.94	39.94	\$ 3,290.45	\$ 3,290.45
35351 00	Surgery	37.09	37.09	\$ 3,055.65	\$ 3,055.65
35355 00	Surgery	29.88	29.88	\$ 2,461.66	\$ 2,461.66
35361 00	Surgery	43.8	43.8	\$ 3,608.45	\$ 3,608.45
35363 00	Surgery	46.83	46.83	\$ 3,858.08	\$ 3,858.08
35371 00	Surgery	23.7	23.7	\$ 1,952.52	\$ 1,952.52
35372 00	Surgery	28.37	28.37	\$ 2,337.26	\$ 2,337.26
35390 00	Surgery	4.61	4.61	\$ 384.38	\$ 384.38
35400 00	Surgery	4.32	4.32	\$ 383.98	\$ 383.98
35500 00	Surgery	9.29	9.29	\$ 765.35	\$ 765.35
35501 00	Surgery	43.34	43.34	\$ 3,570.56	\$ 3,570.56
35506 00	Surgery	36.64	36.64	\$ 3,018.58	\$ 3,018.58
35508 00	Surgery	37.76	37.76	\$ 3,110.85	\$ 3,110.85
35509 00	Surgery	40.64	40.64	\$ 3,348.12	\$ 3,348.12
35510 00	Surgery	35.33	35.33	\$ 2,910.65	\$ 2,910.65
35511 00	Surgery	31.7	31.7	\$ 2,611.60	\$ 2,611.60
35512 00	Surgery	34.82	34.82	\$ 2,868.64	\$ 2,868.64
35515 00	Surgery	36.27	36.27	\$ 2,988.10	\$ 2,988.10
35516 00	Surgery	35.23	35.23	\$ 2,902.42	\$ 2,902.42
35518 00	Surgery	32.73	32.73	\$ 2,696.45	\$ 2,696.45
35521 00	Surgery	35.32	35.32	\$ 2,909.83	\$ 2,909.83
35522 00	Surgery	34.97	34.97	\$ 2,881.00	\$ 2,881.00
35523 00	Surgery	37.12	37.12	\$ 3,058.12	\$ 3,058.12
35525 00	Surgery	33.08	33.08	\$ 2,725.29	\$ 2,725.29
35526 00	Surgery	50.5	50.5	\$ 4,160.43	\$ 4,160.43
35531 00	Surgery	56.15	56.15	\$ 4,625.90	\$ 4,625.90
35533 00	Surgery	43.34	43.34	\$ 3,570.56	\$ 3,570.56
35535 00	Surgery	54.99	54.99	\$ 4,530.34	\$ 4,530.34
35536 00	Surgery	48.83	48.83	\$ 4,022.85	\$ 4,022.85
35537 00	Surgery	59.77	59.77	\$ 4,924.14	\$ 4,924.14
35538 00	Surgery	67.05	67.05	\$ 5,523.90	\$ 5,523.90
35539 00	Surgery	62.91	62.91	\$ 5,182.83	\$ 5,182.83
35540 00	Surgery	70.68	70.68	\$ 5,822.96	\$ 5,822.96
35556 00	Surgery	40.52	40.52	\$ 3,338.23	\$ 3,338.23
35558 00	Surgery	35.63	35.63	\$ 2,935.37	\$ 2,935.37
35560 00	Surgery	48.57	48.57	\$ 4,001.43	\$ 4,001.43
35563 00	Surgery	38.2	38.2	\$ 3,147.10	\$ 3,147.10

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
35565 00	Surgery	38.11	38.11	\$ 3,139.68	\$ 3,139.68
35566 00	Surgery	48.36	48.36	\$ 3,984.13	\$ 3,984.13
35570 00	Surgery	43.73	43.73	\$ 3,602.69	\$ 3,602.69
35571 00	Surgery	38.35	38.35	\$ 3,159.46	\$ 3,159.46
35572 00	Surgery	10.05	10.05	\$ 827.97	\$ 827.97
35583 00	Surgery	41.84	41.84	\$ 3,446.98	\$ 3,446.98
35585 00	Surgery	48.47	48.47	\$ 3,993.19	\$ 3,993.19
35587 00	Surgery	39.51	39.51	\$ 3,255.02	\$ 3,255.02
35600 00	Surgery	7.43	7.43	\$ 612.12	\$ 612.12
35601 00	Surgery	40.48	40.48	\$ 3,334.94	\$ 3,334.94
35606 00	Surgery	34.01	34.01	\$ 2,801.91	\$ 2,801.91
35612 00	Surgery	29.95	29.95	\$ 2,467.42	\$ 2,467.42
35616 00	Surgery	31.65	31.65	\$ 2,607.48	\$ 2,607.48
35621 00	Surgery	31.75	31.75	\$ 2,615.72	\$ 2,615.72
35623 00	Surgery	37.83	37.83	\$ 3,116.62	\$ 3,116.62
35626 00	Surgery	46.01	46.01	\$ 3,790.52	\$ 3,790.52
35631 00	Surgery	53.72	53.72	\$ 4,425.71	\$ 4,425.71
35632 00	Surgery	51.72	51.72	\$ 4,260.94	\$ 4,260.94
35633 00	Surgery	57.81	57.81	\$ 4,762.66	\$ 4,762.66
35634 00	Surgery	50.86	50.86	\$ 4,190.09	\$ 4,190.09
35636 00	Surgery	46.05	46.05	\$ 3,793.82	\$ 3,793.82
35637 00	Surgery	47.76	47.76	\$ 3,934.70	\$ 3,934.70
35638 00	Surgery	50.92	50.92	\$ 4,195.03	\$ 4,195.03
35642 00	Surgery	28.46	28.46	\$ 2,344.67	\$ 2,344.67
35645 00	Surgery	27.31	27.31	\$ 2,249.93	\$ 2,249.93
35646 00	Surgery	49.74	49.74	\$ 4,097.82	\$ 4,097.82
35647 00	Surgery	45.03	45.03	\$ 3,709.79	\$ 3,709.79
35650 00	Surgery	31.38	31.38	\$ 2,585.23	\$ 2,585.23
35654 00	Surgery	39.67	39.67	\$ 3,268.20	\$ 3,268.20
35656 00	Surgery	31.34	31.34	\$ 2,581.94	\$ 2,581.94
35661 00	Surgery	31.43	31.43	\$ 2,589.35	\$ 2,589.35
35663 00	Surgery	35.06	35.06	\$ 2,888.41	\$ 2,888.41
35665 00	Surgery	34	34	\$ 2,801.08	\$ 2,801.08
35666 00	Surgery	36.64	36.64	\$ 3,018.58	\$ 3,018.58
35671 00	Surgery	32.29	32.29	\$ 2,660.20	\$ 2,660.20
35681 00	Surgery	2.34	2.34	\$ 908.25	\$ 908.25
35682 00	Surgery	10.22	10.22	\$ 841.97	\$ 841.97
35683 00	Surgery	11.83	11.83	\$ 974.61	\$ 974.61
35685 00	Surgery	5.76	5.76	\$ 474.54	\$ 474.54
35686 00	Surgery	4.64	4.64	\$ 382.27	\$ 382.27
35691 00	Surgery	27.27	27.27	\$ 2,246.63	\$ 2,246.63

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
35693 00	Surgery	23.6	23.6	\$ 1,944.28	\$ 1,944.28
35694 00	Surgery	28.44	28.44	\$ 2,343.02	\$ 2,343.02
35695 00	Surgery	29.29	29.29	\$ 2,413.05	\$ 2,413.05
35697 00	Surgery	4.3	4.3	\$ 354.25	\$ 354.25
35700 00	Surgery	4.42	4.42	\$ 386.72	\$ 386.72
35701 00	Surgery	16.4	16.4	\$ 1,351.11	\$ 1,351.11
35721 00	Surgery	13.19	13.19	\$ 1,086.66	\$ 1,086.66
35741 00	Surgery	15	15	\$ 1,235.77	\$ 1,235.77
35761 00	Surgery	11.38	11.38	\$ 937.54	\$ 937.54
35800 00	Surgery	20.84	20.84	\$ 1,716.90	\$ 1,716.90
35820 00	Surgery	58.32	58.32	\$ 4,804.68	\$ 4,804.68
35840 00	Surgery	34.64	34.64	\$ 2,853.81	\$ 2,853.81
35860 00	Surgery	24.25	24.25	\$ 1,997.83	\$ 1,997.83
35870 00	Surgery	35.79	35.79	\$ 2,948.55	\$ 2,948.55
35875 00	Surgery	17.25	17.25	\$ 1,421.14	\$ 1,421.14
35876 00	Surgery	27.42	27.42	\$ 2,258.99	\$ 2,258.99
35879 00	Surgery	26.83	26.83	\$ 2,210.38	\$ 2,210.38
35881 00	Surgery	29.48	29.48	\$ 2,428.70	\$ 2,428.70
35883 00	Surgery	34.81	34.81	\$ 2,867.81	\$ 2,867.81
35884 00	Surgery	35.74	35.74	\$ 2,944.43	\$ 2,944.43
35901 00	Surgery	13.55	13.55	\$ 1,116.31	\$ 1,116.31
35903 00	Surgery	16.33	16.33	\$ 1,345.34	\$ 1,345.34
35905 00	Surgery	48.29	48.29	\$ 3,978.36	\$ 3,978.36
35907 00	Surgery	55.25	55.25	\$ 4,551.76	\$ 4,551.76
36000 00	Surgery	0	0	Bundled Code	Bundled Code
36002 00	Surgery	4.49	3.04	\$ 369.91	\$ 250.45
36005 00	Surgery	8.76	1.4	\$ 721.69	\$ 115.34
36010 00	Surgery	14.28	3.19	\$ 1,176.45	\$ 262.81
36011 00	Surgery	24.02	4.54	\$ 1,978.88	\$ 374.03
36012 00	Surgery	24.5	5.03	\$ 2,018.43	\$ 414.40
36013 00	Surgery	21.84	3.52	\$ 1,799.28	\$ 289.99
36014 00	Surgery	23.06	4.38	\$ 1,899.79	\$ 360.85
36015 00	Surgery	24.98	4.98	\$ 2,057.97	\$ 410.28
36100 00	Surgery	14.81	4.54	\$ 1,220.12	\$ 374.03
36140 00	Surgery	12.73	2.62	\$ 1,048.76	\$ 215.85
36160 00	Surgery	14.61	3.59	\$ 1,203.64	\$ 295.76
36200 00	Surgery	16.23	4.05	\$ 1,337.10	\$ 333.66
36215 00	Surgery	29.4	6.16	\$ 2,422.11	\$ 507.49
36216 00	Surgery	31.68	7.93	\$ 2,609.95	\$ 653.31
36217 00	Surgery	53.12	9.51	\$ 4,376.28	\$ 783.48
36218 00	Surgery	6.89	1.51	\$ 567.63	\$ 124.40

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
36221 00	Surgery	29.31	5.8	\$ 2,414.70	\$ 477.83
36222 00	Surgery	34.73	8.22	\$ 2,861.22	\$ 677.20
36223 00	Surgery	43.95	9.18	\$ 3,620.81	\$ 756.29
36224 00	Surgery	56.87	10.48	\$ 4,685.22	\$ 863.39
36225 00	Surgery	42.34	9.16	\$ 3,488.17	\$ 754.64
36226 00	Surgery	53.78	10.33	\$ 4,430.65	\$ 851.03
36227 00	Surgery	7.23	3.41	\$ 595.64	\$ 280.93
36228 00	Surgery	37.64	7.03	\$ 3,100.96	\$ 579.16
36245 00	Surgery	37.43	6.89	\$ 3,083.66	\$ 567.63
36246 00	Surgery	23.8	7.39	\$ 1,960.76	\$ 608.82
36247 00	Surgery	42.6	8.78	\$ 3,509.59	\$ 723.34
36248 00	Surgery	4.11	1.42	\$ 338.60	\$ 116.99
36251 00	Surgery	39.22	7.55	\$ 3,231.13	\$ 622.00
36252 00	Surgery	42.43	10.49	\$ 3,495.59	\$ 864.22
36253 00	Surgery	62.6	10.37	\$ 5,157.29	\$ 854.33
36254 00	Surgery	60.82	12.13	\$ 5,010.64	\$ 999.33
36260 00	Surgery	18.8	18.8	\$ 1,548.83	\$ 1,548.83
36261 00	Surgery	11.64	11.64	\$ 958.96	\$ 958.96
36262 00	Surgery	8.9	8.9	\$ 733.22	\$ 733.22
36299 00	Surgery	-	-	BR	BR
36400 00	Surgery	0.75	0.53	\$ 61.79	\$ 43.66
36405 00	Surgery	0.66	0.44	\$ 54.37	\$ 36.25
36406 00	Surgery	0.47	0.25	\$ 48.71	\$ 23.76
36410 00	Surgery	0.49	0.27	\$ 40.37	\$ 22.24
36415 00	Surgery	0.08	0.08	\$ 13.50	\$ 13.50
36416 00	Surgery	0	0	Bundled Code	Bundled Code
36420 00	Surgery	1.35	1.35	\$ 111.22	\$ 111.22
36425 00	Surgery	1.16	1.16	\$ 95.57	\$ 95.57
36430 00	Surgery	0.99	0.99	\$ 81.56	\$ 81.56
36440 00	Surgery	1.46	1.46	\$ 120.28	\$ 120.28
36450 00	Surgery	4.94	4.94	\$ 468.68	\$ 468.68
36455 00	Surgery	3.68	3.68	\$ 648.00	\$ 648.00
36456 00	Surgery	3.03	3.03	\$ 249.63	\$ 249.63
36460 00	Surgery	9.84	9.84	\$ 810.67	\$ 810.67
36465 00	Surgery	43.64	3.45	\$ 3,595.27	\$ 284.23
36466 00	Surgery	45.87	4.39	\$ 3,778.99	\$ 361.67
36468 00	Surgery	-	-	BR	BR
36470 00	Surgery	3.02	1.11	\$ 248.80	\$ 91.45
36471 00	Surgery	5.47	2.21	\$ 450.64	\$ 182.07
36473 00	Surgery	41.4	5.15	\$ 3,410.73	\$ 424.28
36474 00	Surgery	7.87	2.57	\$ 648.37	\$ 211.73

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
36475 00	Surgery	40.6	8.11	\$ 3,344.82	\$ 668.14
36476 00	Surgery	8.55	3.93	\$ 704.39	\$ 323.77
36478 00	Surgery	32.1	8.06	\$ 2,644.55	\$ 664.02
36479 00	Surgery	9.03	3.95	\$ 743.93	\$ 325.42
36481 00	Surgery	55.44	9.67	\$ 4,567.41	\$ 796.66
36482 00	Surgery	57.99	5.12	\$ 4,777.49	\$ 421.81
36483 00	Surgery	4.26	2.57	\$ 350.96	\$ 211.73
36500 00	Surgery	5.3	5.3	\$ 436.64	\$ 436.64
36510 00	Surgery	2.34	1.54	\$ 192.78	\$ 126.87
36511 00	Surgery	3.1	3.1	\$ 255.39	\$ 255.39
36512 00	Surgery	3.11	3.11	\$ 256.22	\$ 256.22
36513 00	Surgery	3.16	3.16	\$ 260.34	\$ 260.34
36514 00	Surgery	20.5	2.76	\$ 1,688.89	\$ 227.38
36516 00	Surgery	56.27	2.46	\$ 4,635.79	\$ 202.67
36522 00	Surgery	61.22	2.79	\$ 5,043.60	\$ 229.85
36555 00	Surgery	5.33	2.46	\$ 439.11	\$ 202.67
36556 00	Surgery	5.99	2.45	\$ 493.48	\$ 201.84
36557 00	Surgery	29.06	9.18	\$ 2,394.10	\$ 756.29
36558 00	Surgery	21.7	7.54	\$ 1,787.75	\$ 621.18
36560 00	Surgery	37.15	11.04	\$ 3,060.59	\$ 909.53
36561 00	Surgery	30.61	9.74	\$ 2,521.80	\$ 802.43
36563 00	Surgery	34.47	10.6	\$ 2,839.80	\$ 873.28
36565 00	Surgery	24.85	9.63	\$ 2,047.26	\$ 793.37
36566 00	Surgery	135.77	10.46	\$ 11,185.38	\$ 861.74
36568 00	Surgery	2.65	2.65	\$ 218.32	\$ 218.32
36569 00	Surgery	2.72	2.72	\$ 404.36	\$ 404.36
36570 00	Surgery	40.88	9.56	\$ 3,367.89	\$ 787.60
36571 00	Surgery	35.88	9	\$ 2,955.97	\$ 741.46
36572 00	Surgery	11.9	2.65	\$ 980.38	\$ 218.32
36573 00	Surgery	11.2	2.45	\$ 922.71	\$ 201.84
36575 00	Surgery	4.59	1.01	\$ 378.15	\$ 83.21
36576 00	Surgery	9.31	5.33	\$ 767.00	\$ 439.11
36578 00	Surgery	13.06	5.86	\$ 1,075.95	\$ 482.77
36580 00	Surgery	6.13	1.92	\$ 505.02	\$ 158.18
36581 00	Surgery	21.48	5.31	\$ 1,769.62	\$ 437.46
36582 00	Surgery	28.35	8.38	\$ 2,335.61	\$ 690.38
36583 00	Surgery	35.9	9.44	\$ 2,957.61	\$ 777.71
36584 00	Surgery	9.78	1.73	\$ 805.72	\$ 142.53
36585 00	Surgery	30.51	7.8	\$ 2,513.56	\$ 642.60
36589 00	Surgery	4.71	3.96	\$ 388.03	\$ 326.24
36590 00	Surgery	6.34	5.49	\$ 522.32	\$ 452.29

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
36591 00	Surgery	0.69	0.69	\$ 56.85	\$ 56.85
36592 00	Surgery	0.77	0.77	\$ 63.44	\$ 63.44
36593 00	Surgery	0.89	0.89	\$ 73.32	\$ 73.32
36595 00	Surgery	17.3	5.3	\$ 1,425.26	\$ 436.64
36596 00	Surgery	3.57	1.28	\$ 294.11	\$ 105.45
36597 00	Surgery	3.69	1.77	\$ 304.00	\$ 145.82
36598 00	Surgery	3.3	1.06	\$ 271.87	\$ 87.33
36600 00	Surgery	0.87	0.45	\$ 71.67	\$ 37.07
36620 00	Surgery	1.28	1.28	\$ 105.45	\$ 105.45
36625 00	Surgery	3.05	3.05	\$ 251.27	\$ 251.27
36640 00	Surgery	3.3	3.3	\$ 271.87	\$ 271.87
36660 00	Surgery	1.98	1.98	\$ 163.12	\$ 163.12
36680 00	Surgery	1.69	1.69	\$ 139.23	\$ 139.23
36800 00	Surgery	3.53	3.53	\$ 290.82	\$ 290.82
36810 00	Surgery	6.05	6.05	\$ 498.43	\$ 498.43
36815 00	Surgery	3.91	3.91	\$ 336.11	\$ 336.11
36818 00	Surgery	20.11	20.11	\$ 1,656.76	\$ 1,656.76
36819 00	Surgery	21.19	21.19	\$ 1,745.73	\$ 1,745.73
36820 00	Surgery	21.25	21.25	\$ 1,750.68	\$ 1,750.68
36821 00	Surgery	19.25	19.25	\$ 1,585.91	\$ 1,585.91
36823 00	Surgery	40.4	40.4	\$ 3,328.34	\$ 3,328.34
36825 00	Surgery	23.05	23.05	\$ 1,898.97	\$ 1,898.97
36830 00	Surgery	19.34	19.34	\$ 1,593.32	\$ 1,593.32
36831 00	Surgery	17.85	17.85	\$ 1,470.57	\$ 1,470.57
36832 00	Surgery	21.9	21.9	\$ 1,804.23	\$ 1,804.23
36833 00	Surgery	23.54	23.54	\$ 1,939.34	\$ 1,939.34
36835 00	Surgery	13.85	13.85	\$ 1,141.03	\$ 1,141.03
36838 00	Surgery	33.15	33.15	\$ 2,731.06	\$ 2,731.06
36860 00	Surgery	7.17	3.2	\$ 590.70	\$ 263.63
36861 00	Surgery	4.02	4.02	\$ 331.19	\$ 331.19
36901 00	Surgery	18.33	4.88	\$ 1,510.11	\$ 402.04
36902 00	Surgery	36.09	6.98	\$ 2,973.27	\$ 575.05
36903 00	Surgery	152.21	9.23	\$ 12,539.79	\$ 760.41
36904 00	Surgery	53.11	10.77	\$ 4,375.46	\$ 887.28
36905 00	Surgery	66.8	12.91	\$ 5,503.30	\$ 1,063.59
36906 00	Surgery	186.56	14.9	\$ 15,369.70	\$ 1,227.53
36907 00	Surgery	20.43	4.26	\$ 1,683.12	\$ 350.96
36908 00	Surgery	68.02	6.03	\$ 5,603.81	\$ 496.78
36909 00	Surgery	54.98	5.84	\$ 4,529.51	\$ 481.13
37140 00	Surgery	67.4	67.4	\$ 5,552.73	\$ 5,552.73
37145 00	Surgery	62.5	62.5	\$ 5,149.05	\$ 5,149.05

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
37160 00	Surgery	64.22	64.22	\$ 5,290.75	\$ 5,290.75
37180 00	Surgery	61.73	61.73	\$ 5,085.61	\$ 5,085.61
37181 00	Surgery	67.4	67.4	\$ 5,552.73	\$ 5,552.73
37182 00	Surgery	23.79	23.79	\$ 1,959.93	\$ 1,959.93
37183 00	Surgery	170.36	10.88	\$ 14,035.07	\$ 896.35
37184 00	Surgery	60.24	12.97	\$ 4,962.86	\$ 1,068.53
37185 00	Surgery	18.56	4.85	\$ 1,529.06	\$ 399.57
37186 00	Surgery	37.46	7.1	\$ 3,086.13	\$ 584.93
37187 00	Surgery	55.56	11.4	\$ 4,577.30	\$ 939.19
37188 00	Surgery	46.73	8.03	\$ 3,849.84	\$ 661.55
37191 00	Surgery	69.95	6.49	\$ 5,762.81	\$ 534.68
37192 00	Surgery	37.49	9.98	\$ 3,088.60	\$ 822.20
37193 00	Surgery	44.06	10.15	\$ 3,629.87	\$ 836.21
37195 00	Surgery	28.57	28.57	\$ 2,353.73	\$ 2,353.73
37197 00	Surgery	43.4	8.78	\$ 3,575.50	\$ 723.34
37200 00	Surgery	6.3	6.3	\$ 519.02	\$ 519.02
37211 00	Surgery	11.21	11.21	\$ 923.53	\$ 923.53
37212 00	Surgery	9.81	9.81	\$ 808.19	\$ 808.19
37213 00	Surgery	6.76	6.76	\$ 556.92	\$ 556.92
37214 00	Surgery	3.57	3.57	\$ 294.11	\$ 294.11
37215 00	Surgery	29.21	29.21	\$ 2,406.46	\$ 2,406.46
37216 00	Surgery	29.29	29.29	\$ 3,438.54	\$ 3,438.54
37217 00	Surgery	31.39	31.39	\$ 2,586.06	\$ 2,586.06
37218 00	Surgery	23.74	23.74	\$ 1,955.81	\$ 1,955.81
37220 00	Surgery	83.76	11.68	\$ 6,900.55	\$ 962.25
37221 00	Surgery	118.87	14.43	\$ 9,793.08	\$ 1,188.81
37222 00	Surgery	22.64	5.42	\$ 1,865.19	\$ 446.53
37223 00	Surgery	62.61	6.2	\$ 5,158.11	\$ 510.79
37224 00	Surgery	100.68	12.94	\$ 8,294.50	\$ 1,066.06
37225 00	Surgery	345.29	17.61	\$ 28,446.64	\$ 1,450.80
37226 00	Surgery	299.49	15.18	\$ 24,673.41	\$ 1,250.60
37227 00	Surgery	444.9	21.17	\$ 36,652.98	\$ 1,744.09
37228 00	Surgery	145.94	15.81	\$ 12,023.23	\$ 1,302.50
37229 00	Surgery	345.48	20.56	\$ 28,462.29	\$ 1,693.83
37230 00	Surgery	294.13	20.39	\$ 24,231.83	\$ 1,679.83
37231 00	Surgery	422.6	22.16	\$ 34,815.80	\$ 1,825.65
37232 00	Surgery	31.13	5.85	\$ 2,564.64	\$ 481.95
37233 00	Surgery	37.93	9.53	\$ 3,124.85	\$ 785.13
37234 00	Surgery	109.75	8.32	\$ 9,041.73	\$ 685.44
37235 00	Surgery	119.07	11.68	\$ 9,809.55	\$ 962.25
37236 00	Surgery	101.62	12.94	\$ 8,371.94	\$ 1,066.06

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
37237 00	Surgery	60.34	6.19	\$ 4,971.10	\$ 509.96
37238 00	Surgery	102.64	8.82	\$ 8,455.97	\$ 726.63
37239 00	Surgery	48.97	4.42	\$ 4,034.38	\$ 364.14
37241 00	Surgery	137.34	12.86	\$ 11,314.72	\$ 1,059.47
37242 00	Surgery	211.5	13.86	\$ 17,424.38	\$ 1,141.85
37243 00	Surgery	273.62	16.33	\$ 22,542.12	\$ 1,345.34
37244 00	Surgery	195.67	19.31	\$ 16,120.23	\$ 1,590.85
37246 00	Surgery	59.28	10.12	\$ 4,883.77	\$ 833.73
37247 00	Surgery	22.59	4.97	\$ 1,861.07	\$ 409.45
37248 00	Surgery	42.38	8.66	\$ 3,491.47	\$ 713.45
37249 00	Surgery	16.77	4.22	\$ 1,381.59	\$ 347.66
37252 00	Surgery	35.78	2.65	\$ 2,947.73	\$ 218.32
37253 00	Surgery	5.6	2.13	\$ 461.35	\$ 175.48
37500 00	Surgery	18.3	18.3	\$ 1,507.64	\$ 1,507.64
37501 00	Surgery	-	-	BR	BR
37565 00	Surgery	20.78	20.78	\$ 1,711.96	\$ 1,711.96
37600 00	Surgery	21.07	21.07	\$ 1,735.85	\$ 1,735.85
37605 00	Surgery	21.22	21.22	\$ 1,748.20	\$ 1,748.20
37606 00	Surgery	20.44	20.44	\$ 1,683.94	\$ 1,683.94
37607 00	Surgery	10.83	10.83	\$ 892.23	\$ 892.23
37609 00	Surgery	8.87	5.94	\$ 730.75	\$ 489.37
37615 00	Surgery	15.16	15.16	\$ 1,248.95	\$ 1,248.95
37616 00	Surgery	32.05	32.05	\$ 2,640.43	\$ 2,640.43
37617 00	Surgery	38.84	38.84	\$ 3,199.82	\$ 3,199.82
37618 00	Surgery	11.11	11.11	\$ 915.29	\$ 915.29
37619 00	Surgery	50.05	50.05	\$ 4,123.36	\$ 4,123.36
37650 00	Surgery	13.22	13.22	\$ 1,089.13	\$ 1,089.13
37660 00	Surgery	38.07	38.07	\$ 3,136.39	\$ 3,136.39
37700 00	Surgery	7.07	7.07	\$ 582.46	\$ 582.46
37718 00	Surgery	12.45	12.45	\$ 1,025.69	\$ 1,025.69
37722 00	Surgery	13.72	13.72	\$ 1,130.32	\$ 1,130.32
37735 00	Surgery	16.75	16.75	\$ 1,379.94	\$ 1,379.94
37760 00	Surgery	18.08	18.08	\$ 1,489.52	\$ 1,489.52
37761 00	Surgery	15.65	15.65	\$ 1,289.32	\$ 1,289.32
37765 00	Surgery	18.52	12.96	\$ 1,525.77	\$ 1,067.71
37766 00	Surgery	22.01	15.82	\$ 1,813.29	\$ 1,303.33
37780 00	Surgery	6.75	6.75	\$ 556.10	\$ 556.10
37785 00	Surgery	10.07	7.45	\$ 829.61	\$ 613.77
37788 00	Surgery	36.58	36.58	\$ 3,013.63	\$ 3,013.63
37790 00	Surgery	14.09	14.09	\$ 1,340.01	\$ 1,340.01
37799 00	Surgery	-	-	BR	BR

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
38100 00	Surgery	33.45	33.45	\$ 2,755.77	\$ 2,755.77
38101 00	Surgery	33.54	33.54	\$ 2,763.19	\$ 2,763.19
38102 00	Surgery	7.65	7.65	\$ 630.24	\$ 630.24
38115 00	Surgery	37.04	37.04	\$ 3,051.53	\$ 3,051.53
38120 00	Surgery	30.52	30.52	\$ 2,514.38	\$ 2,514.38
38129 00	Surgery	-	-	BR	BR
38200 00	Surgery	3.84	3.84	\$ 316.36	\$ 316.36
38204 00	Surgery	0	0	Bundled Code	Bundled Code
38205 00	Surgery	2.38	2.38	\$ 196.08	\$ 196.08
38206 00	Surgery	2.39	2.39	\$ 196.90	\$ 196.90
38207 00	Surgery	1.35	1.35	\$ 111.22	\$ 111.22
38208 00	Surgery	0.86	0.86	\$ 70.85	\$ 70.85
38209 00	Surgery	0.36	0.36	\$ 53.25	\$ 53.25
38210 00	Surgery	2.4	2.4	\$ 197.72	\$ 197.72
38211 00	Surgery	2.16	2.16	\$ 177.95	\$ 177.95
38212 00	Surgery	1.43	1.43	\$ 117.81	\$ 117.81
38213 00	Surgery	0.36	0.36	\$ 53.25	\$ 53.25
38214 00	Surgery	1.23	1.23	\$ 101.33	\$ 101.33
38215 00	Surgery	1.43	1.43	\$ 117.81	\$ 117.81
38220 00	Surgery	4.71	1.99	\$ 388.03	\$ 163.95
38221 00	Surgery	4.39	2	\$ 361.67	\$ 164.77
38222 00	Surgery	4.87	2.24	\$ 401.21	\$ 184.54
38230 00	Surgery	5.97	5.97	\$ 531.05	\$ 531.05
38232 00	Surgery	5.75	5.75	\$ 473.71	\$ 473.71
38240 00	Surgery	6.53	6.53	\$ 537.97	\$ 537.97
38241 00	Surgery	4.88	4.88	\$ 402.04	\$ 402.04
38242 00	Surgery	3.45	3.45	\$ 284.23	\$ 284.23
38243 00	Surgery	3.47	3.47	\$ 285.88	\$ 285.88
38300 00	Surgery	9.19	5.85	\$ 757.12	\$ 481.95
38305 00	Surgery	14	14	\$ 1,153.39	\$ 1,153.39
38308 00	Surgery	13	13	\$ 1,071.00	\$ 1,071.00
38380 00	Surgery	16.3	16.3	\$ 1,342.87	\$ 1,342.87
38381 00	Surgery	23.21	23.21	\$ 1,912.15	\$ 1,912.15
38382 00	Surgery	19.42	19.42	\$ 1,599.91	\$ 1,599.91
38500 00	Surgery	9.58	7.36	\$ 789.25	\$ 606.35
38505 00	Surgery	3.56	2.02	\$ 293.29	\$ 166.42
38510 00	Surgery	14.95	12.08	\$ 1,231.65	\$ 995.21
38520 00	Surgery	13.4	13.4	\$ 1,103.96	\$ 1,103.96
38525 00	Surgery	12.64	12.64	\$ 1,041.34	\$ 1,041.34
38530 00	Surgery	16.13	16.13	\$ 1,328.87	\$ 1,328.87
38531 00	Surgery	12.6	12.6	\$ 1,038.05	\$ 1,038.05

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
38542 00	Surgery	14.89	14.89	\$ 1,226.71	\$ 1,226.71
38550 00	Surgery	14.78	14.78	\$ 1,217.65	\$ 1,217.65
38555 00	Surgery	29.19	29.19	\$ 2,404.81	\$ 2,404.81
38562 00	Surgery	20.49	20.49	\$ 1,688.06	\$ 1,688.06
38564 00	Surgery	20.43	20.43	\$ 1,683.12	\$ 1,683.12
38570 00	Surgery	14.73	14.73	\$ 1,213.53	\$ 1,213.53
38571 00	Surgery	19.16	19.16	\$ 1,578.49	\$ 1,578.49
38572 00	Surgery	26.7	26.7	\$ 2,199.67	\$ 2,199.67
38573 00	Surgery	33.77	33.77	\$ 2,782.13	\$ 2,782.13
38589 00	Surgery	-	-	BR	BR
38700 00	Surgery	23.11	23.11	\$ 1,903.91	\$ 1,903.91
38720 00	Surgery	38.6	38.6	\$ 3,180.05	\$ 3,180.05
38724 00	Surgery	41.67	41.67	\$ 3,432.97	\$ 3,432.97
38740 00	Surgery	20.16	20.16	\$ 1,660.88	\$ 1,660.88
38745 00	Surgery	25.44	25.44	\$ 2,095.87	\$ 2,095.87
38746 00	Surgery	6.23	6.23	\$ 513.26	\$ 513.26
38747 00	Surgery	7.77	7.77	\$ 640.13	\$ 640.13
38760 00	Surgery	24.37	24.37	\$ 2,007.72	\$ 2,007.72
38765 00	Surgery	37.63	37.63	\$ 3,100.14	\$ 3,100.14
38770 00	Surgery	23.41	23.41	\$ 1,928.63	\$ 1,928.63
38780 00	Surgery	29.78	29.78	\$ 2,453.42	\$ 2,453.42
38790 00	Surgery	2.39	2.39	\$ 216.62	\$ 216.62
38792 00	Surgery	2.34	0.96	\$ 192.78	\$ 79.09
38794 00	Surgery	8.57	8.57	\$ 706.04	\$ 706.04
38900 00	Surgery	4	4	\$ 329.54	\$ 329.54
38999 00	Surgery	-	-	BR	BR
39000 00	Surgery	14.36	14.36	\$ 1,183.05	\$ 1,183.05
39010 00	Surgery	22.73	22.73	\$ 1,872.61	\$ 1,872.61
39200 00	Surgery	25.08	25.08	\$ 2,066.21	\$ 2,066.21
39220 00	Surgery	32.78	32.78	\$ 2,700.57	\$ 2,700.57
39401 00	Surgery	8.96	8.96	\$ 738.17	\$ 738.17
39402 00	Surgery	11.73	11.73	\$ 966.37	\$ 966.37
39499 00	Surgery	-	-	BR	BR
39501 00	Surgery	24.65	24.65	\$ 2,030.78	\$ 2,030.78
39503 00	Surgery	173.79	173.79	\$ 14,317.65	\$ 14,317.65
39540 00	Surgery	25.2	25.2	\$ 2,076.10	\$ 2,076.10
39541 00	Surgery	27.25	27.25	\$ 2,244.98	\$ 2,244.98
39545 00	Surgery	25.71	25.71	\$ 2,118.11	\$ 2,118.11
39560 00	Surgery	23.18	23.18	\$ 1,909.68	\$ 1,909.68
39561 00	Surgery	35.93	35.93	\$ 2,960.08	\$ 2,960.08
39599 00	Surgery	-	-	BR	BR

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
40490 00	Surgery	3.59	2.09	\$ 295.76	\$ 172.18
40500 00	Surgery	14.65	10.47	\$ 1,206.94	\$ 862.57
40510 00	Surgery	13.96	10.19	\$ 1,150.09	\$ 839.50
40520 00	Surgery	14.16	10.29	\$ 1,166.57	\$ 847.74
40525 00	Surgery	15.87	15.87	\$ 1,307.45	\$ 1,307.45
40527 00	Surgery	17.71	17.71	\$ 1,459.03	\$ 1,459.03
40530 00	Surgery	15.55	11.57	\$ 1,281.08	\$ 953.19
40650 00	Surgery	13.02	8.71	\$ 1,072.65	\$ 717.57
40652 00	Surgery	14.27	10.17	\$ 1,175.63	\$ 837.85
40654 00	Surgery	16.49	12.25	\$ 1,358.52	\$ 1,009.21
40700 00	Surgery	29.08	29.08	\$ 2,395.75	\$ 2,395.75
40701 00	Surgery	34.46	34.46	\$ 2,838.98	\$ 2,838.98
40702 00	Surgery	28.91	28.91	\$ 2,381.74	\$ 2,381.74
40720 00	Surgery	29.71	29.71	\$ 2,447.65	\$ 2,447.65
40761 00	Surgery	31.33	31.33	\$ 2,581.11	\$ 2,581.11
40799 00	Surgery	-	-	BR	BR
40800 00	Surgery	6.08	3.72	\$ 500.90	\$ 306.47
40801 00	Surgery	8.86	6.26	\$ 729.93	\$ 515.73
40804 00	Surgery	5.47	3.36	\$ 450.64	\$ 276.81
40805 00	Surgery	8.91	6.43	\$ 734.05	\$ 529.73
40806 00	Surgery	2.91	0.93	\$ 239.74	\$ 76.62
40808 00	Surgery	5.37	3.06	\$ 442.41	\$ 252.10
40810 00	Surgery	5.99	3.64	\$ 493.48	\$ 299.88
40812 00	Surgery	8.3	5.63	\$ 683.79	\$ 463.83
40814 00	Surgery	11.09	8.71	\$ 913.65	\$ 717.57
40816 00	Surgery	11.54	9.02	\$ 950.72	\$ 743.11
40818 00	Surgery	10.5	7.91	\$ 865.04	\$ 651.66
40819 00	Surgery	9.05	6.79	\$ 745.58	\$ 559.39
40820 00	Surgery	7.54	4.91	\$ 621.18	\$ 404.51
40830 00	Surgery	7.78	4.79	\$ 640.95	\$ 394.62
40831 00	Surgery	9.95	6.55	\$ 819.73	\$ 539.62
40840 00	Surgery	23.56	18.09	\$ 1,940.99	\$ 1,490.34
40842 00	Surgery	22.8	17.7	\$ 1,878.37	\$ 1,458.21
40843 00	Surgery	30.12	23.63	\$ 2,481.43	\$ 1,946.75
40844 00	Surgery	39.25	31.81	\$ 3,233.60	\$ 2,620.66
40845 00	Surgery	42.21	35.25	\$ 3,477.46	\$ 2,904.06
40899 00	Surgery	-	-	BR	BR
41000 00	Surgery	4.65	3.22	\$ 383.09	\$ 265.28
41005 00	Surgery	6.34	3.54	\$ 522.32	\$ 291.64
41006 00	Surgery	10.2	7.36	\$ 840.32	\$ 606.35
41007 00	Surgery	10.01	7.12	\$ 824.67	\$ 586.58

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
41008 00	Surgery	11.08	7.74	\$ 912.82	\$ 637.66
41009 00	Surgery	11.86	8.46	\$ 977.08	\$ 696.98
41010 00	Surgery	5.9	3.11	\$ 486.07	\$ 256.22
41015 00	Surgery	12.06	9.53	\$ 993.56	\$ 785.13
41016 00	Surgery	12.81	10.06	\$ 1,055.35	\$ 828.79
41017 00	Surgery	13.01	10.17	\$ 1,071.83	\$ 837.85
41018 00	Surgery	14.73	11.87	\$ 1,213.53	\$ 977.91
41019 00	Surgery	13.77	13.77	\$ 1,134.44	\$ 1,134.44
41100 00	Surgery	4.94	3.07	\$ 406.98	\$ 252.92
41105 00	Surgery	5.02	3.19	\$ 413.57	\$ 262.81
41108 00	Surgery	4.37	2.58	\$ 360.02	\$ 212.55
41110 00	Surgery	6.21	3.77	\$ 511.61	\$ 310.59
41112 00	Surgery	9.65	7.22	\$ 795.01	\$ 594.82
41113 00	Surgery	10.51	7.98	\$ 865.86	\$ 657.43
41114 00	Surgery	18.1	18.1	\$ 1,491.16	\$ 1,491.16
41115 00	Surgery	7.17	4.17	\$ 590.70	\$ 343.54
41116 00	Surgery	9.55	6.31	\$ 786.77	\$ 519.85
41120 00	Surgery	30.86	30.86	\$ 2,542.39	\$ 2,542.39
41130 00	Surgery	38.09	38.09	\$ 3,138.04	\$ 3,138.04
41135 00	Surgery	62.92	62.92	\$ 5,183.65	\$ 5,183.65
41140 00	Surgery	63.01	63.01	\$ 5,191.06	\$ 5,191.06
41145 00	Surgery	79.82	79.82	\$ 6,575.95	\$ 6,575.95
41150 00	Surgery	63.52	63.52	\$ 5,233.08	\$ 5,233.08
41153 00	Surgery	68.85	68.85	\$ 5,672.19	\$ 5,672.19
41155 00	Surgery	87.23	87.23	\$ 7,186.42	\$ 7,186.42
41250 00	Surgery	7.84	4.42	\$ 645.90	\$ 364.14
41251 00	Surgery	8.76	5.3	\$ 721.69	\$ 436.64
41252 00	Surgery	9.13	6.01	\$ 752.17	\$ 495.13
41510 00	Surgery	13.01	13.01	\$ 1,071.83	\$ 1,071.83
41512 00	Surgery	18.95	18.95	\$ 1,561.19	\$ 1,561.19
41520 00	Surgery	10.11	7.11	\$ 832.91	\$ 585.76
41530 00	Surgery	27.44	10.72	\$ 4,266.71	\$ 1,194.59
41599 00	Surgery	-	-	BR	BR
41800 00	Surgery	8.29	4.35	\$ 682.97	\$ 358.37
41805 00	Surgery	8.27	5.43	\$ 681.32	\$ 447.35
41806 00	Surgery	11.31	7.91	\$ 931.77	\$ 651.66
41820 00	Surgery	7.01	7.01	\$ 577.52	\$ 577.52
41821 00	Surgery	1.58	1.58	\$ 130.17	\$ 130.17
41822 00	Surgery	8.17	5.08	\$ 673.08	\$ 418.51
41823 00	Surgery	12.61	9.27	\$ 1,038.87	\$ 763.71
41825 00	Surgery	6.19	3.53	\$ 509.96	\$ 290.82

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
41826 00	Surgery	9.09	6.1	\$ 748.88	\$ 502.55
41827 00	Surgery	12.83	8.85	\$ 1,057.00	\$ 729.11
41828 00	Surgery	9.02	6.05	\$ 743.11	\$ 498.43
41830 00	Surgery	11.42	8.07	\$ 940.83	\$ 664.85
41850 00	Surgery	3.5	3.5	\$ 288.35	\$ 288.35
41870 00	Surgery	8.77	8.77	\$ 722.51	\$ 722.51
41872 00	Surgery	11.21	7.69	\$ 923.53	\$ 633.54
41874 00	Surgery	11.18	7.41	\$ 921.06	\$ 610.47
41899 00	Surgery	-	-	BR	BR
42000 00	Surgery	4.44	2.97	\$ 365.79	\$ 244.68
42100 00	Surgery	4.28	3.14	\$ 352.61	\$ 258.69
42104 00	Surgery	6.2	3.98	\$ 510.79	\$ 327.89
42106 00	Surgery	7.79	5.06	\$ 641.78	\$ 416.87
42107 00	Surgery	13.36	9.94	\$ 1,107.45	\$ 818.90
42120 00	Surgery	29.14	29.14	\$ 2,400.69	\$ 2,400.69
42140 00	Surgery	7.67	4.46	\$ 631.89	\$ 367.44
42145 00	Surgery	19.99	19.99	\$ 1,646.87	\$ 1,646.87
42160 00	Surgery	6.69	4.21	\$ 551.15	\$ 346.84
42180 00	Surgery	7.07	5.27	\$ 582.46	\$ 434.17
42182 00	Surgery	9.24	7.33	\$ 761.24	\$ 603.88
42200 00	Surgery	27.26	27.26	\$ 2,245.81	\$ 2,245.81
42205 00	Surgery	28.46	28.46	\$ 2,344.67	\$ 2,344.67
42210 00	Surgery	31.72	31.72	\$ 2,613.24	\$ 2,613.24
42215 00	Surgery	20.71	20.71	\$ 1,706.19	\$ 1,706.19
42220 00	Surgery	17.07	17.07	\$ 1,406.31	\$ 1,406.31
42225 00	Surgery	28.42	28.42	\$ 2,341.38	\$ 2,341.38
42226 00	Surgery	25.32	25.32	\$ 2,085.98	\$ 2,085.98
42227 00	Surgery	23.85	23.85	\$ 1,964.88	\$ 1,964.88
42235 00	Surgery	20.82	20.82	\$ 1,715.25	\$ 1,715.25
42260 00	Surgery	23.53	18.97	\$ 1,938.51	\$ 1,562.84
42280 00	Surgery	5.1	3.21	\$ 420.16	\$ 264.46
42281 00	Surgery	6.56	4.75	\$ 540.44	\$ 391.33
42299 00	Surgery	-	-	BR	BR
42300 00	Surgery	6.02	4.38	\$ 495.96	\$ 360.85
42305 00	Surgery	12.31	12.31	\$ 1,014.16	\$ 1,014.16
42310 00	Surgery	5.08	3.92	\$ 418.51	\$ 322.95
42320 00	Surgery	7.24	5.05	\$ 596.47	\$ 416.04
42330 00	Surgery	6.65	4.72	\$ 547.86	\$ 388.86
42335 00	Surgery	11.14	7.38	\$ 917.77	\$ 608.00
42340 00	Surgery	13.82	9.73	\$ 1,138.56	\$ 801.60
42400 00	Surgery	2.95	1.55	\$ 243.04	\$ 127.70

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
42405 00	Surgery	8.59	6.5	\$ 707.69	\$ 535.50
42408 00	Surgery	14.75	10.24	\$ 1,215.18	\$ 843.62
42409 00	Surgery	9.99	6.41	\$ 823.02	\$ 528.09
42410 00	Surgery	17.91	17.91	\$ 1,475.51	\$ 1,475.51
42415 00	Surgery	30.31	30.31	\$ 2,497.08	\$ 2,497.08
42420 00	Surgery	34.06	34.06	\$ 2,806.03	\$ 2,806.03
42425 00	Surgery	23.98	23.98	\$ 1,975.59	\$ 1,975.59
42426 00	Surgery	38.81	38.81	\$ 3,197.35	\$ 3,197.35
42440 00	Surgery	11.83	11.83	\$ 974.61	\$ 974.61
42450 00	Surgery	13.01	10.26	\$ 1,071.83	\$ 845.27
42500 00	Surgery	12.49	9.8	\$ 1,028.99	\$ 807.37
42505 00	Surgery	15.99	12.99	\$ 1,317.33	\$ 1,070.18
42507 00	Surgery	14.49	14.49	\$ 1,193.76	\$ 1,193.76
42509 00	Surgery	23.96	23.96	\$ 1,973.94	\$ 1,973.94
42510 00	Surgery	17.78	17.78	\$ 1,464.80	\$ 1,464.80
42550 00	Surgery	4.17	1.84	\$ 343.54	\$ 151.59
42600 00	Surgery	14.15	10.01	\$ 1,165.74	\$ 824.67
42650 00	Surgery	2.31	1.66	\$ 190.31	\$ 136.76
42660 00	Surgery	3.61	2.57	\$ 297.41	\$ 211.73
42665 00	Surgery	9.42	5.96	\$ 776.06	\$ 491.01
42699 00	Surgery	-	-	BR	BR
42700 00	Surgery	5.43	3.88	\$ 447.35	\$ 319.65
42720 00	Surgery	13.03	11.26	\$ 1,073.47	\$ 927.65
42725 00	Surgery	23.5	23.5	\$ 1,936.04	\$ 1,936.04
42800 00	Surgery	4.5	3.23	\$ 370.73	\$ 266.10
42804 00	Surgery	5.65	3.28	\$ 465.47	\$ 270.22
42806 00	Surgery	6.32	3.81	\$ 520.67	\$ 313.89
42808 00	Surgery	6.52	4.67	\$ 537.15	\$ 384.74
42809 00	Surgery	5.75	3.53	\$ 473.71	\$ 290.82
42810 00	Surgery	11.06	8.2	\$ 911.18	\$ 675.56
42815 00	Surgery	15.79	15.79	\$ 1,300.86	\$ 1,300.86
42820 00	Surgery	8.3	8.3	\$ 683.79	\$ 683.79
42821 00	Surgery	8.62	8.62	\$ 710.16	\$ 710.16
42825 00	Surgery	7.51	7.51	\$ 618.71	\$ 618.71
42826 00	Surgery	7.21	7.21	\$ 593.99	\$ 593.99
42830 00	Surgery	5.95	5.95	\$ 490.19	\$ 490.19
42831 00	Surgery	6.43	6.43	\$ 529.73	\$ 529.73
42835 00	Surgery	5.53	5.53	\$ 455.59	\$ 455.59
42836 00	Surgery	6.89	6.89	\$ 567.63	\$ 567.63
42842 00	Surgery	29.06	29.06	\$ 2,394.10	\$ 2,394.10
42844 00	Surgery	39.95	39.95	\$ 3,291.27	\$ 3,291.27

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
42845 00	Surgery	64.32	64.32	\$ 5,298.99	\$ 5,298.99
42860 00	Surgery	5.39	5.39	\$ 444.05	\$ 444.05
42870 00	Surgery	17.01	17.01	\$ 1,401.36	\$ 1,401.36
42890 00	Surgery	41.27	41.27	\$ 3,400.02	\$ 3,400.02
42892 00	Surgery	54.17	54.17	\$ 4,462.78	\$ 4,462.78
42894 00	Surgery	68.55	68.55	\$ 5,647.48	\$ 5,647.48
42900 00	Surgery	9.65	9.65	\$ 795.01	\$ 795.01
42950 00	Surgery	23.28	23.28	\$ 1,917.92	\$ 1,917.92
42953 00	Surgery	27.92	27.92	\$ 2,300.18	\$ 2,300.18
42955 00	Surgery	22.06	22.06	\$ 1,817.41	\$ 1,817.41
42960 00	Surgery	4.83	4.83	\$ 397.92	\$ 397.92
42961 00	Surgery	11.98	11.98	\$ 986.97	\$ 986.97
42962 00	Surgery	14.83	14.83	\$ 1,221.77	\$ 1,221.77
42970 00	Surgery	11.79	11.79	\$ 971.32	\$ 971.32
42971 00	Surgery	13.05	13.05	\$ 1,075.12	\$ 1,075.12
42972 00	Surgery	14.61	14.61	\$ 1,203.64	\$ 1,203.64
42999 00	Surgery	-	-	BR	BR
43020 00	Surgery	16.17	16.17	\$ 1,332.16	\$ 1,332.16
43030 00	Surgery	14.92	14.92	\$ 1,229.18	\$ 1,229.18
43045 00	Surgery	37.67	37.67	\$ 3,103.43	\$ 3,103.43
43100 00	Surgery	17.97	17.97	\$ 1,480.45	\$ 1,480.45
43101 00	Surgery	29.05	29.05	\$ 2,393.28	\$ 2,393.28
43107 00	Surgery	86.5	86.5	\$ 7,126.28	\$ 7,126.28
43108 00	Surgery	129.92	129.92	\$ 10,703.43	\$ 10,703.43
43112 00	Surgery	101.65	101.65	\$ 8,374.41	\$ 8,374.41
43113 00	Surgery	126.83	126.83	\$ 10,448.86	\$ 10,448.86
43116 00	Surgery	145.63	145.63	\$ 11,997.69	\$ 11,997.69
43117 00	Surgery	94.39	94.39	\$ 7,776.30	\$ 7,776.30
43118 00	Surgery	105.7	105.7	\$ 8,708.07	\$ 8,708.07
43121 00	Surgery	82.3	82.3	\$ 6,780.27	\$ 6,780.27
43122 00	Surgery	74.11	74.11	\$ 6,105.54	\$ 6,105.54
43123 00	Surgery	130.02	130.02	\$ 10,711.67	\$ 10,711.67
43124 00	Surgery	110.47	110.47	\$ 9,101.05	\$ 9,101.05
43130 00	Surgery	22.63	22.63	\$ 1,864.37	\$ 1,864.37
43135 00	Surgery	42.55	42.55	\$ 3,505.47	\$ 3,505.47
43180 00	Surgery	15.75	15.75	\$ 1,297.56	\$ 1,297.56
43191 00	Surgery	4.47	4.47	\$ 368.26	\$ 368.26
43192 00	Surgery	4.88	4.88	\$ 402.04	\$ 402.04
43193 00	Surgery	4.88	4.88	\$ 402.04	\$ 402.04
43194 00	Surgery	5.58	5.58	\$ 459.71	\$ 459.71
43195 00	Surgery	5.32	5.32	\$ 438.29	\$ 438.29

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
43196 00	Surgery	5.67	5.67	\$ 467.12	\$ 467.12
43197 00	Surgery	5.34	2.4	\$ 439.93	\$ 197.72
43198 00	Surgery	5.88	2.86	\$ 484.42	\$ 235.62
43200 00	Surgery	6.5	2.53	\$ 535.50	\$ 208.43
43201 00	Surgery	6.55	2.99	\$ 539.62	\$ 246.33
43202 00	Surgery	9.16	3	\$ 754.64	\$ 247.15
43204 00	Surgery	3.96	3.96	\$ 433.26	\$ 433.26
43205 00	Surgery	4.13	4.13	\$ 441.39	\$ 441.39
43206 00	Surgery	7.85	3.9	\$ 646.72	\$ 321.30
43210 00	Surgery	12.55	12.55	\$ 1,033.93	\$ 1,033.93
43211 00	Surgery	6.87	6.87	\$ 565.98	\$ 565.98
43212 00	Surgery	5.54	5.54	\$ 456.41	\$ 456.41
43213 00	Surgery	33.85	7.56	\$ 2,788.72	\$ 622.83
43214 00	Surgery	5.61	5.61	\$ 462.18	\$ 462.18
43215 00	Surgery	10.58	4.14	\$ 871.63	\$ 341.07
43216 00	Surgery	10.63	3.86	\$ 875.75	\$ 318.01
43217 00	Surgery	11.15	4.69	\$ 918.59	\$ 386.38
43220 00	Surgery	29.58	3.43	\$ 2,436.94	\$ 282.58
43226 00	Surgery	9.59	3.8	\$ 790.07	\$ 313.06
43227 00	Surgery	17.79	4.84	\$ 1,465.63	\$ 398.74
43229 00	Surgery	19.09	5.77	\$ 1,572.73	\$ 475.36
43231 00	Surgery	9.79	4.65	\$ 806.55	\$ 383.09
43232 00	Surgery	11.89	5.82	\$ 979.55	\$ 479.48
43233 00	Surgery	6.68	6.68	\$ 550.33	\$ 550.33
43235 00	Surgery	7.61	3.58	\$ 626.95	\$ 294.94
43236 00	Surgery	10.01	4.05	\$ 824.67	\$ 333.66
43237 00	Surgery	5.73	5.73	\$ 472.06	\$ 472.06
43238 00	Surgery	6.81	6.81	\$ 561.04	\$ 561.04
43239 00	Surgery	10.19	4.05	\$ 839.50	\$ 333.66
43240 00	Surgery	11.5	11.5	\$ 947.42	\$ 947.42
43241 00	Surgery	4.17	4.17	\$ 343.54	\$ 343.54
43242 00	Surgery	7.69	7.69	\$ 737.78	\$ 737.78
43243 00	Surgery	6.94	6.94	\$ 571.75	\$ 571.75
43244 00	Surgery	7.17	7.17	\$ 590.70	\$ 590.70
43245 00	Surgery	16.22	5.13	\$ 1,336.28	\$ 422.63
43246 00	Surgery	5.86	5.86	\$ 518.77	\$ 518.77
43247 00	Surgery	10.24	5.18	\$ 843.62	\$ 426.75
43248 00	Surgery	10.52	4.86	\$ 866.69	\$ 400.39
43249 00	Surgery	29.99	4.49	\$ 2,470.72	\$ 369.91
43250 00	Surgery	11.8	4.97	\$ 972.14	\$ 409.45
43251 00	Surgery	13.04	5.74	\$ 1,074.30	\$ 472.89

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
43252 00	Surgery	8.96	4.95	\$ 831.48	\$ 442.13
43253 00	Surgery	7.7	7.7	\$ 634.36	\$ 634.36
43254 00	Surgery	7.91	7.91	\$ 651.66	\$ 651.66
43255 00	Surgery	18.77	5.87	\$ 1,546.36	\$ 483.60
43257 00	Surgery	6.8	6.8	\$ 574.80	\$ 574.80
43259 00	Surgery	6.62	6.62	\$ 606.18	\$ 606.18
43260 00	Surgery	9.45	9.45	\$ 778.54	\$ 778.54
43261 00	Surgery	9.92	9.92	\$ 817.26	\$ 817.26
43262 00	Surgery	10.46	10.46	\$ 861.74	\$ 861.74
43263 00	Surgery	10.47	10.47	\$ 862.57	\$ 862.57
43264 00	Surgery	10.66	10.66	\$ 953.00	\$ 953.00
43265 00	Surgery	12.69	12.69	\$ 1,045.46	\$ 1,045.46
43266 00	Surgery	6.39	6.39	\$ 745.46	\$ 745.46
43270 00	Surgery	19.65	6.57	\$ 1,618.86	\$ 541.27
43273 00	Surgery	3.49	3.49	\$ 287.52	\$ 287.52
43274 00	Surgery	13.56	13.56	\$ 1,117.14	\$ 1,117.14
43275 00	Surgery	11.04	11.04	\$ 909.53	\$ 909.53
43276 00	Surgery	14.12	14.12	\$ 1,163.27	\$ 1,163.27
43277 00	Surgery	11.09	11.09	\$ 913.65	\$ 913.65
43278 00	Surgery	12.68	12.68	\$ 1,044.64	\$ 1,044.64
43279 00	Surgery	37.39	37.39	\$ 3,080.37	\$ 3,080.37
43280 00	Surgery	31.33	31.33	\$ 2,581.11	\$ 2,581.11
43281 00	Surgery	44.78	44.78	\$ 3,689.19	\$ 3,689.19
43282 00	Surgery	50.35	50.35	\$ 4,148.07	\$ 4,148.07
43283 00	Surgery	4.6	4.6	\$ 378.97	\$ 378.97
43284 00	Surgery	18.68	18.68	\$ 1,538.95	\$ 1,538.95
43285 00	Surgery	19	19	\$ 1,565.31	\$ 1,565.31
43286 00	Surgery	90.99	90.99	\$ 7,496.19	\$ 7,496.19
43287 00	Surgery	104.14	104.14	\$ 8,579.55	\$ 8,579.55
43288 00	Surgery	108.45	108.45	\$ 8,934.63	\$ 8,934.63
43289 00	Surgery	-	-	BR	BR
43300 00	Surgery	17.65	17.65	\$ 1,454.09	\$ 1,454.09
43305 00	Surgery	31.3	31.3	\$ 2,578.64	\$ 2,578.64
43310 00	Surgery	42.92	42.92	\$ 3,535.95	\$ 3,535.95
43312 00	Surgery	46.14	46.14	\$ 3,801.23	\$ 3,801.23
43313 00	Surgery	79.32	79.32	\$ 6,534.76	\$ 6,534.76
43314 00	Surgery	82.46	82.46	\$ 6,793.45	\$ 6,793.45
43320 00	Surgery	40.46	40.46	\$ 3,333.29	\$ 3,333.29
43325 00	Surgery	39.36	39.36	\$ 3,242.66	\$ 3,242.66
43327 00	Surgery	23.76	23.76	\$ 1,957.46	\$ 1,957.46
43328 00	Surgery	32.6	32.6	\$ 2,685.74	\$ 2,685.74

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
43330 00	Surgery	38.7	38.7	\$ 3,188.29	\$ 3,188.29
43331 00	Surgery	38.73	38.73	\$ 3,190.76	\$ 3,190.76
43332 00	Surgery	33.6	33.6	\$ 2,768.13	\$ 2,768.13
43333 00	Surgery	36.58	36.58	\$ 3,013.63	\$ 3,013.63
43334 00	Surgery	36.21	36.21	\$ 2,983.15	\$ 2,983.15
43335 00	Surgery	38.74	38.74	\$ 3,191.59	\$ 3,191.59
43336 00	Surgery	43.82	43.82	\$ 3,610.10	\$ 3,610.10
43337 00	Surgery	44.59	44.59	\$ 3,673.54	\$ 3,673.54
43338 00	Surgery	3.37	3.37	\$ 277.64	\$ 277.64
43340 00	Surgery	39.87	39.87	\$ 3,284.68	\$ 3,284.68
43341 00	Surgery	40.6	40.6	\$ 3,344.82	\$ 3,344.82
43351 00	Surgery	37.68	37.68	\$ 3,104.26	\$ 3,104.26
43352 00	Surgery	30.88	30.88	\$ 2,544.04	\$ 2,544.04
43360 00	Surgery	65.23	65.23	\$ 5,373.96	\$ 5,373.96
43361 00	Surgery	78.32	78.32	\$ 6,452.38	\$ 6,452.38
43400 00	Surgery	44.24	44.24	\$ 3,644.70	\$ 3,644.70
43401 00	Surgery	44.16	44.16	\$ 3,638.11	\$ 3,638.11
43405 00	Surgery	41.99	41.99	\$ 3,459.34	\$ 3,459.34
43410 00	Surgery	29.44	29.44	\$ 2,425.41	\$ 2,425.41
43415 00	Surgery	74.66	74.66	\$ 6,150.85	\$ 6,150.85
43420 00	Surgery	29.19	29.19	\$ 2,404.81	\$ 2,404.81
43425 00	Surgery	41.64	41.64	\$ 3,430.50	\$ 3,430.50
43450 00	Surgery	4.7	2.31	\$ 387.21	\$ 190.31
43453 00	Surgery	25.45	2.5	\$ 2,096.69	\$ 205.96
43460 00	Surgery	6.22	6.22	\$ 512.43	\$ 512.43
43496 00	Surgery	57	57	\$ 4,695.93	\$ 4,695.93
43499 00	Surgery	-	-	BR	BR
43500 00	Surgery	22.74	22.74	\$ 1,873.43	\$ 1,873.43
43501 00	Surgery	39.04	39.04	\$ 3,216.30	\$ 3,216.30
43502 00	Surgery	44	44	\$ 3,624.93	\$ 3,624.93
43510 00	Surgery	27.46	27.46	\$ 2,262.29	\$ 2,262.29
43520 00	Surgery	19.95	19.95	\$ 1,643.58	\$ 1,643.58
43605 00	Surgery	24.33	24.33	\$ 2,004.42	\$ 2,004.42
43610 00	Surgery	28.51	28.51	\$ 2,348.79	\$ 2,348.79
43611 00	Surgery	35.57	35.57	\$ 2,930.43	\$ 2,930.43
43620 00	Surgery	57	57	\$ 4,695.93	\$ 4,695.93
43621 00	Surgery	65.99	65.99	\$ 5,436.57	\$ 5,436.57
43622 00	Surgery	67	67	\$ 5,519.78	\$ 5,519.78
43631 00	Surgery	42.09	42.09	\$ 3,467.57	\$ 3,467.57
43632 00	Surgery	59.08	59.08	\$ 4,867.29	\$ 4,867.29
43633 00	Surgery	55.81	55.81	\$ 4,597.89	\$ 4,597.89

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
43634 00	Surgery	61.48	61.48	\$ 5,065.02	\$ 5,065.02
43635 00	Surgery	3.26	3.26	\$ 268.57	\$ 268.57
43640 00	Surgery	34.19	34.19	\$ 2,816.74	\$ 2,816.74
43641 00	Surgery	34.64	34.64	\$ 2,853.81	\$ 2,853.81
43644 00	Surgery	50.24	50.24	\$ 4,139.01	\$ 4,139.01
43645 00	Surgery	53.77	53.77	\$ 4,429.83	\$ 4,429.83
43647 00	Surgery	16.76	16.76	\$ 1,380.77	\$ 1,380.77
43648 00	Surgery	15.69	15.69	\$ 1,292.62	\$ 1,292.62
43651 00	Surgery	18.88	18.88	\$ 1,555.42	\$ 1,555.42
43652 00	Surgery	22.19	22.19	\$ 1,828.12	\$ 1,828.12
43653 00	Surgery	16.62	16.62	\$ 1,369.23	\$ 1,369.23
43659 00	Surgery	-	-	BR	BR
43752 00	Surgery	1.17	1.17	\$ 96.39	\$ 96.39
43753 00	Surgery	0.63	0.63	\$ 51.90	\$ 51.90
43754 00	Surgery	4.62	1.04	\$ 380.62	\$ 85.68
43755 00	Surgery	4.43	1.74	\$ 364.96	\$ 143.35
43756 00	Surgery	6.52	1.48	\$ 537.15	\$ 121.93
43757 00	Surgery	9.08	2.23	\$ 748.05	\$ 183.72
43761 00	Surgery	3.43	2.98	\$ 282.58	\$ 245.51
43762 00	Surgery	6.31	1.09	\$ 519.85	\$ 89.80
43763 00	Surgery	9.37	2.41	\$ 771.95	\$ 198.55
43770 00	Surgery	32.58	32.58	\$ 2,684.10	\$ 2,684.10
43771 00	Surgery	36.77	36.77	\$ 3,029.29	\$ 3,029.29
43772 00	Surgery	27.44	27.44	\$ 2,260.64	\$ 2,260.64
43773 00	Surgery	36.83	36.83	\$ 3,034.23	\$ 3,034.23
43774 00	Surgery	27.82	27.82	\$ 2,291.94	\$ 2,291.94
43775 00	Surgery	32.36	32.36	\$ 2,665.97	\$ 2,665.97
43800 00	Surgery	26.99	26.99	\$ 2,223.56	\$ 2,223.56
43810 00	Surgery	29.41	29.41	\$ 2,422.94	\$ 2,422.94
43820 00	Surgery	38.97	38.97	\$ 3,210.53	\$ 3,210.53
43825 00	Surgery	37.88	37.88	\$ 3,120.74	\$ 3,120.74
43830 00	Surgery	20.3	20.3	\$ 1,672.41	\$ 1,672.41
43831 00	Surgery	17.35	17.35	\$ 1,429.38	\$ 1,429.38
43832 00	Surgery	30.08	30.08	\$ 2,478.13	\$ 2,478.13
43840 00	Surgery	39.44	39.44	\$ 3,249.26	\$ 3,249.26
43842 00	Surgery	34.59	34.59	\$ 2,849.69	\$ 2,849.69
43843 00	Surgery	36.6	36.6	\$ 3,015.28	\$ 3,015.28
43845 00	Surgery	56.5	56.5	\$ 4,654.74	\$ 4,654.74
43846 00	Surgery	47.01	47.01	\$ 3,872.91	\$ 3,872.91
43847 00	Surgery	52.1	52.1	\$ 4,292.25	\$ 4,292.25
43848 00	Surgery	55.91	55.91	\$ 4,606.13	\$ 4,606.13

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
43850 00	Surgery	46.99	46.99	\$ 3,871.26	\$ 3,871.26
43855 00	Surgery	46.67	46.67	\$ 3,844.90	\$ 3,844.90
43860 00	Surgery	47.43	47.43	\$ 3,907.51	\$ 3,907.51
43865 00	Surgery	49.42	49.42	\$ 4,071.46	\$ 4,071.46
43870 00	Surgery	20.6	20.6	\$ 1,697.13	\$ 1,697.13
43880 00	Surgery	46.18	46.18	\$ 3,804.53	\$ 3,804.53
43881 00	Surgery	19.17	19.17	\$ 1,579.32	\$ 1,579.32
43882 00	Surgery	21.62	21.62	\$ 1,781.16	\$ 1,781.16
43886 00	Surgery	10.48	10.48	\$ 863.39	\$ 863.39
43887 00	Surgery	9.44	9.44	\$ 777.71	\$ 777.71
43888 00	Surgery	13.32	13.32	\$ 1,097.37	\$ 1,097.37
43999 00	Surgery	-	-	BR	BR
44005 00	Surgery	31.76	31.76	\$ 2,616.54	\$ 2,616.54
44010 00	Surgery	24.94	24.94	\$ 2,054.68	\$ 2,054.68
44015 00	Surgery	4.13	4.13	\$ 499.30	\$ 499.30
44020 00	Surgery	28.25	28.25	\$ 2,327.37	\$ 2,327.37
44021 00	Surgery	28.3	28.3	\$ 2,331.49	\$ 2,331.49
44025 00	Surgery	28.54	28.54	\$ 2,351.26	\$ 2,351.26
44050 00	Surgery	27.12	27.12	\$ 2,234.27	\$ 2,234.27
44055 00	Surgery	43.4	43.4	\$ 3,575.50	\$ 3,575.50
44100 00	Surgery	3.14	3.14	\$ 258.69	\$ 258.69
44110 00	Surgery	24.63	24.63	\$ 2,029.14	\$ 2,029.14
44111 00	Surgery	28.51	28.51	\$ 2,348.79	\$ 2,348.79
44120 00	Surgery	35.48	35.48	\$ 2,923.01	\$ 2,923.01
44121 00	Surgery	7.04	7.04	\$ 579.99	\$ 579.99
44125 00	Surgery	34.2	34.2	\$ 2,817.56	\$ 2,817.56
44126 00	Surgery	71.32	71.32	\$ 5,875.68	\$ 5,875.68
44127 00	Surgery	82.99	82.99	\$ 6,837.11	\$ 6,837.11
44128 00	Surgery	7.1	7.1	\$ 584.93	\$ 584.93
44130 00	Surgery	38.12	38.12	\$ 3,140.51	\$ 3,140.51
44132 00	Surgery	0	0	\$ 0.00	\$ 0.00
44133 00	Surgery	0	0	\$ 0.00	\$ 0.00
44135 00	Surgery	0	0	\$ 0.00	\$ 0.00
44136 00	Surgery	0	0	\$ 0.00	\$ 0.00
44137 00	Surgery	32.29	32.29	\$ 2,887.93	\$ 2,887.93
44139 00	Surgery	3.51	3.51	\$ 289.17	\$ 289.17
44140 00	Surgery	38.92	38.92	\$ 3,206.42	\$ 3,206.42
44141 00	Surgery	52.92	52.92	\$ 4,359.80	\$ 4,359.80
44143 00	Surgery	48.27	48.27	\$ 3,976.71	\$ 3,976.71
44144 00	Surgery	51.34	51.34	\$ 4,229.63	\$ 4,229.63
44145 00	Surgery	48.05	48.05	\$ 3,958.59	\$ 3,958.59

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
44146 00	Surgery	61.36	61.36	\$ 5,055.13	\$ 5,055.13
44147 00	Surgery	56.35	56.35	\$ 4,642.38	\$ 4,642.38
44150 00	Surgery	54.09	54.09	\$ 4,456.19	\$ 4,456.19
44151 00	Surgery	62.66	62.66	\$ 5,162.23	\$ 5,162.23
44155 00	Surgery	60.15	60.15	\$ 4,955.44	\$ 4,955.44
44156 00	Surgery	66.53	66.53	\$ 5,481.06	\$ 5,481.06
44157 00	Surgery	63.6	63.6	\$ 5,239.67	\$ 5,239.67
44158 00	Surgery	65.29	65.29	\$ 5,378.90	\$ 5,378.90
44160 00	Surgery	36.01	36.01	\$ 2,966.68	\$ 2,966.68
44180 00	Surgery	26.67	26.67	\$ 2,197.20	\$ 2,197.20
44186 00	Surgery	18.86	18.86	\$ 1,553.78	\$ 1,553.78
44187 00	Surgery	31.88	31.88	\$ 2,626.43	\$ 2,626.43
44188 00	Surgery	35.46	35.46	\$ 2,921.36	\$ 2,921.36
44202 00	Surgery	40.13	40.13	\$ 3,306.10	\$ 3,306.10
44203 00	Surgery	6.96	6.96	\$ 573.40	\$ 573.40
44204 00	Surgery	44.61	44.61	\$ 3,675.18	\$ 3,675.18
44205 00	Surgery	38.76	38.76	\$ 3,193.23	\$ 3,193.23
44206 00	Surgery	50.69	50.69	\$ 4,176.08	\$ 4,176.08
44207 00	Surgery	52.68	52.68	\$ 4,340.03	\$ 4,340.03
44208 00	Surgery	57.4	57.4	\$ 4,728.89	\$ 4,728.89
44210 00	Surgery	51.5	51.5	\$ 4,242.82	\$ 4,242.82
44211 00	Surgery	62.95	62.95	\$ 5,186.12	\$ 5,186.12
44212 00	Surgery	59.16	59.16	\$ 4,873.88	\$ 4,873.88
44213 00	Surgery	5.45	5.45	\$ 449.00	\$ 449.00
44227 00	Surgery	48.27	48.27	\$ 3,976.71	\$ 3,976.71
44238 00	Surgery	-	-	BR	BR
44300 00	Surgery	24.44	24.44	\$ 2,013.48	\$ 2,013.48
44310 00	Surgery	30.24	30.24	\$ 2,491.32	\$ 2,491.32
44312 00	Surgery	17.13	17.13	\$ 1,411.25	\$ 1,411.25
44314 00	Surgery	29.1	29.1	\$ 2,397.40	\$ 2,397.40
44316 00	Surgery	41.08	41.08	\$ 3,384.37	\$ 3,384.37
44320 00	Surgery	34.85	34.85	\$ 2,871.11	\$ 2,871.11
44322 00	Surgery	28.97	28.97	\$ 2,386.69	\$ 2,386.69
44340 00	Surgery	18.04	18.04	\$ 1,486.22	\$ 1,486.22
44345 00	Surgery	30.44	30.44	\$ 2,507.79	\$ 2,507.79
44346 00	Surgery	34.27	34.27	\$ 2,823.33	\$ 2,823.33
44360 00	Surgery	4.2	4.2	\$ 346.02	\$ 346.02
44361 00	Surgery	4.65	4.65	\$ 383.09	\$ 383.09
44363 00	Surgery	5.62	5.62	\$ 463.00	\$ 463.00
44364 00	Surgery	5.99	5.99	\$ 493.48	\$ 493.48
44365 00	Surgery	5.32	5.32	\$ 438.29	\$ 438.29

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
44366 00	Surgery	7.02	7.02	\$ 578.34	\$ 578.34
44369 00	Surgery	7.19	7.19	\$ 592.35	\$ 592.35
44370 00	Surgery	7.8	7.8	\$ 642.60	\$ 642.60
44372 00	Surgery	7.02	7.02	\$ 578.34	\$ 578.34
44373 00	Surgery	5.62	5.62	\$ 495.77	\$ 495.77
44376 00	Surgery	8.33	8.33	\$ 686.27	\$ 686.27
44377 00	Surgery	8.77	8.77	\$ 722.51	\$ 722.51
44378 00	Surgery	11.28	11.28	\$ 929.30	\$ 929.30
44379 00	Surgery	11.99	11.99	\$ 987.79	\$ 987.79
44380 00	Surgery	4.97	1.64	\$ 409.45	\$ 135.11
44381 00	Surgery	27.08	2.44	\$ 2,230.98	\$ 201.02
44382 00	Surgery	7.8	2.14	\$ 642.60	\$ 176.30
44384 00	Surgery	4.47	4.47	\$ 598.98	\$ 598.98
44385 00	Surgery	5.6	2.09	\$ 461.35	\$ 172.18
44386 00	Surgery	8.36	2.6	\$ 688.74	\$ 214.20
44388 00	Surgery	8.42	4.56	\$ 693.68	\$ 375.67
44389 00	Surgery	11.08	5.02	\$ 912.82	\$ 413.57
44390 00	Surgery	10.96	6.17	\$ 902.94	\$ 508.31
44391 00	Surgery	19.31	6.72	\$ 1,590.85	\$ 553.63
44392 00	Surgery	10.25	5.82	\$ 844.44	\$ 479.48
44394 00	Surgery	11.79	6.6	\$ 971.32	\$ 543.74
44401 00	Surgery	86.23	7.09	\$ 7,104.04	\$ 584.11
44402 00	Surgery	7.66	7.66	\$ 631.07	\$ 631.07
44403 00	Surgery	8.89	8.89	\$ 732.40	\$ 732.40
44404 00	Surgery	10.8	5.03	\$ 889.76	\$ 414.40
44405 00	Surgery	15.57	5.37	\$ 1,282.73	\$ 442.41
44406 00	Surgery	6.73	6.73	\$ 554.45	\$ 554.45
44407 00	Surgery	8.08	8.08	\$ 665.67	\$ 665.67
44408 00	Surgery	6.79	6.79	\$ 559.39	\$ 559.39
44500 00	Surgery	0.56	0.56	\$ 73.28	\$ 73.28
44602 00	Surgery	40.96	40.96	\$ 3,374.48	\$ 3,374.48
44603 00	Surgery	47.01	47.01	\$ 3,872.91	\$ 3,872.91
44604 00	Surgery	30.71	30.71	\$ 2,530.04	\$ 2,530.04
44605 00	Surgery	37.78	37.78	\$ 3,112.50	\$ 3,112.50
44615 00	Surgery	31.14	31.14	\$ 2,565.46	\$ 2,565.46
44620 00	Surgery	25.14	25.14	\$ 2,071.15	\$ 2,071.15
44625 00	Surgery	29.43	29.43	\$ 2,424.58	\$ 2,424.58
44626 00	Surgery	46.43	46.43	\$ 3,825.12	\$ 3,825.12
44640 00	Surgery	40.65	40.65	\$ 3,348.94	\$ 3,348.94
44650 00	Surgery	41.87	41.87	\$ 3,449.45	\$ 3,449.45
44660 00	Surgery	38.7	38.7	\$ 3,188.29	\$ 3,188.29

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
44661 00	Surgery	44.98	44.98	\$	3,705.67	\$	3,705.67
44680 00	Surgery	31.07	31.07	\$	2,559.69	\$	2,559.69
44700 00	Surgery	29.16	29.16	\$	2,402.34	\$	2,402.34
44701 00	Surgery	4.94	4.94	\$	406.98	\$	406.98
44705 00	Surgery	3.25	2.16	\$	267.75	\$	177.95
44715 00	Surgery	10	10	\$	823.85	\$	823.85
44720 00	Surgery	7.99	7.99	\$	658.25	\$	658.25
44721 00	Surgery	11.17	11.17	\$	920.24	\$	920.24
44799 00	Surgery	-	-	BR		BR	
44800 00	Surgery	22.23	22.23	\$	1,831.41	\$	1,831.41
44820 00	Surgery	24.27	24.27	\$	1,999.48	\$	1,999.48
44850 00	Surgery	21.7	21.7	\$	1,787.75	\$	1,787.75
44899 00	Surgery	-	-	BR		BR	
44900 00	Surgery	22.41	22.41	\$	1,846.24	\$	1,846.24
44950 00	Surgery	18.62	18.62	\$	1,534.00	\$	1,534.00
44955 00	Surgery	2.45	2.45	\$	201.84	\$	201.84
44960 00	Surgery	25.41	25.41	\$	2,093.40	\$	2,093.40
44970 00	Surgery	17.42	17.42	\$	1,435.14	\$	1,435.14
44979 00	Surgery	-	-	BR		BR	
45000 00	Surgery	12.27	12.27	\$	1,010.86	\$	1,010.86
45005 00	Surgery	8.14	4.66	\$	670.61	\$	383.91
45020 00	Surgery	16.58	16.58	\$	1,365.94	\$	1,365.94
45100 00	Surgery	8.64	8.64	\$	711.80	\$	711.80
45108 00	Surgery	10.7	10.7	\$	881.52	\$	881.52
45110 00	Surgery	53.33	53.33	\$	4,393.58	\$	4,393.58
45111 00	Surgery	31.48	31.48	\$	2,593.47	\$	2,593.47
45112 00	Surgery	54.02	54.02	\$	4,450.43	\$	4,450.43
45113 00	Surgery	54.69	54.69	\$	4,505.62	\$	4,505.62
45114 00	Surgery	52.61	52.61	\$	4,334.26	\$	4,334.26
45116 00	Surgery	45.12	45.12	\$	3,717.20	\$	3,717.20
45119 00	Surgery	55.95	55.95	\$	4,609.43	\$	4,609.43
45120 00	Surgery	46.04	46.04	\$	3,792.99	\$	3,792.99
45121 00	Surgery	49.97	49.97	\$	4,116.77	\$	4,116.77
45123 00	Surgery	32.49	32.49	\$	2,676.68	\$	2,676.68
45126 00	Surgery	80.56	80.56	\$	6,636.92	\$	6,636.92
45130 00	Surgery	31.47	31.47	\$	2,592.65	\$	2,592.65
45135 00	Surgery	37.69	37.69	\$	3,105.08	\$	3,105.08
45136 00	Surgery	53.38	53.38	\$	4,397.70	\$	4,397.70
45150 00	Surgery	12.02	12.02	\$	990.26	\$	990.26
45160 00	Surgery	29.7	29.7	\$	2,446.83	\$	2,446.83
45171 00	Surgery	17.43	17.43	\$	1,435.97	\$	1,435.97

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
45172 00	Surgery	23.51	23.51	\$ 1,936.87	\$ 1,936.87
45190 00	Surgery	20.16	20.16	\$ 1,660.88	\$ 1,660.88
45300 00	Surgery	3.47	1.41	\$ 285.88	\$ 116.16
45303 00	Surgery	26.34	2.47	\$ 2,170.01	\$ 203.49
45305 00	Surgery	4.38	2.11	\$ 360.85	\$ 173.83
45307 00	Surgery	5.03	2.79	\$ 414.40	\$ 229.85
45308 00	Surgery	4.93	2.43	\$ 406.16	\$ 200.19
45309 00	Surgery	5.11	2.59	\$ 420.99	\$ 213.38
45315 00	Surgery	5.61	3.07	\$ 462.18	\$ 252.92
45317 00	Surgery	5.52	3.24	\$ 454.76	\$ 266.93
45320 00	Surgery	5.47	3.04	\$ 450.64	\$ 250.45
45321 00	Surgery	2.99	2.99	\$ 246.33	\$ 246.33
45327 00	Surgery	3.38	3.38	\$ 347.39	\$ 347.39
45330 00	Surgery	4.88	1.63	\$ 402.04	\$ 134.29
45331 00	Surgery	7.6	2.08	\$ 626.12	\$ 171.36
45332 00	Surgery	7.36	3.06	\$ 606.35	\$ 252.10
45333 00	Surgery	8.67	2.73	\$ 714.28	\$ 224.91
45334 00	Surgery	15.37	3.44	\$ 1,266.25	\$ 283.40
45335 00	Surgery	7.15	1.93	\$ 589.05	\$ 159.00
45337 00	Surgery	3.37	3.37	\$ 277.64	\$ 277.64
45338 00	Surgery	7.89	3.5	\$ 650.02	\$ 288.35
45340 00	Surgery	12.62	2.26	\$ 1,039.70	\$ 186.19
45341 00	Surgery	3.61	3.61	\$ 336.75	\$ 336.75
45342 00	Surgery	4.96	4.96	\$ 452.00	\$ 452.00
45346 00	Surgery	82.38	4.7	\$ 6,786.86	\$ 387.21
45347 00	Surgery	4.52	4.52	\$ 411.80	\$ 411.80
45349 00	Surgery	5.8	5.8	\$ 477.83	\$ 477.83
45350 00	Surgery	16.4	2.94	\$ 1,351.11	\$ 242.21
45378 00	Surgery	9.18	5.41	\$ 756.29	\$ 445.70
45379 00	Surgery	11.86	7	\$ 977.08	\$ 576.69
45380 00	Surgery	11.79	5.87	\$ 971.32	\$ 483.60
45381 00	Surgery	11.52	5.87	\$ 949.07	\$ 483.60
45382 00	Surgery	20.23	7.58	\$ 1,666.64	\$ 624.48
45384 00	Surgery	13.13	6.68	\$ 1,081.71	\$ 550.33
45385 00	Surgery	12.38	7.45	\$ 1,019.92	\$ 613.77
45386 00	Surgery	17	6.2	\$ 1,400.54	\$ 510.79
45388 00	Surgery	86.87	7.92	\$ 7,156.76	\$ 652.49
45389 00	Surgery	8.49	8.49	\$ 699.45	\$ 699.45
45390 00	Surgery	9.74	9.74	\$ 802.43	\$ 802.43
45391 00	Surgery	7.55	7.55	\$ 622.00	\$ 622.00
45392 00	Surgery	8.91	8.91	\$ 734.05	\$ 734.05

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
45393 00	Surgery	7.41	7.41	\$ 610.47	\$ 610.47
45395 00	Surgery	57.13	57.13	\$ 4,706.64	\$ 4,706.64
45397 00	Surgery	62.15	62.15	\$ 5,120.21	\$ 5,120.21
45398 00	Surgery	20.87	6.88	\$ 1,719.37	\$ 566.81
45399 00	Surgery	-	-	BR	BR
45400 00	Surgery	32.96	32.96	\$ 2,715.40	\$ 2,715.40
45402 00	Surgery	43.83	43.83	\$ 3,610.92	\$ 3,610.92
45499 00	Surgery	-	-	BR	BR
45500 00	Surgery	16.16	16.16	\$ 1,331.34	\$ 1,331.34
45505 00	Surgery	17.16	17.16	\$ 1,413.72	\$ 1,413.72
45520 00	Surgery	4.41	1.16	\$ 363.32	\$ 95.57
45540 00	Surgery	30.61	30.61	\$ 2,521.80	\$ 2,521.80
45541 00	Surgery	27.33	27.33	\$ 2,251.58	\$ 2,251.58
45550 00	Surgery	42.41	42.41	\$ 3,493.94	\$ 3,493.94
45560 00	Surgery	19.77	19.77	\$ 1,628.75	\$ 1,628.75
45562 00	Surgery	32.45	32.45	\$ 2,673.39	\$ 2,673.39
45563 00	Surgery	47.73	47.73	\$ 3,932.22	\$ 3,932.22
45800 00	Surgery	36.49	36.49	\$ 3,006.22	\$ 3,006.22
45805 00	Surgery	42.56	42.56	\$ 3,506.30	\$ 3,506.30
45820 00	Surgery	36.7	36.7	\$ 3,023.52	\$ 3,023.52
45825 00	Surgery	44.44	44.44	\$ 3,661.18	\$ 3,661.18
45900 00	Surgery	5.83	5.83	\$ 480.30	\$ 480.30
45905 00	Surgery	4.87	4.87	\$ 401.21	\$ 401.21
45910 00	Surgery	5.53	5.53	\$ 455.59	\$ 455.59
45915 00	Surgery	9.7	6.59	\$ 799.13	\$ 542.92
45990 00	Surgery	3.09	3.09	\$ 254.57	\$ 254.57
45999 00	Surgery	-	-	BR	BR
46020 00	Surgery	8	6.79	\$ 659.08	\$ 559.39
46030 00	Surgery	4.04	2.59	\$ 332.83	\$ 213.38
46040 00	Surgery	15.5	12.04	\$ 1,276.96	\$ 991.91
46045 00	Surgery	12.59	12.59	\$ 1,037.22	\$ 1,037.22
46050 00	Surgery	5.98	2.82	\$ 492.66	\$ 232.33
46060 00	Surgery	13.84	13.84	\$ 1,140.21	\$ 1,140.21
46070 00	Surgery	7.52	7.52	\$ 619.53	\$ 619.53
46080 00	Surgery	7.41	4.59	\$ 610.47	\$ 378.15
46083 00	Surgery	5.24	3.08	\$ 431.70	\$ 253.75
46200 00	Surgery	13	9.45	\$ 1,071.00	\$ 778.54
46220 00	Surgery	6.22	3.44	\$ 512.43	\$ 283.40
46221 00	Surgery	7.77	5.51	\$ 640.13	\$ 453.94
46230 00	Surgery	8.11	4.99	\$ 668.14	\$ 411.10
46250 00	Surgery	13.44	9.13	\$ 1,107.25	\$ 752.17

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
46255 00	Surgery	14.71	10.26	\$ 1,211.88	\$ 845.27
46257 00	Surgery	12.24	12.24	\$ 1,008.39	\$ 1,008.39
46258 00	Surgery	13.56	13.56	\$ 1,117.14	\$ 1,117.14
46260 00	Surgery	13.79	13.79	\$ 1,136.09	\$ 1,136.09
46261 00	Surgery	15.08	15.08	\$ 1,242.36	\$ 1,242.36
46262 00	Surgery	16.01	16.01	\$ 1,318.98	\$ 1,318.98
46270 00	Surgery	14.81	11.37	\$ 1,220.12	\$ 936.71
46275 00	Surgery	15.63	11.99	\$ 1,287.67	\$ 987.79
46280 00	Surgery	13.65	13.65	\$ 1,124.55	\$ 1,124.55
46285 00	Surgery	15.56	11.99	\$ 1,281.91	\$ 987.79
46288 00	Surgery	15.86	15.86	\$ 1,306.62	\$ 1,306.62
46320 00	Surgery	5.43	3.22	\$ 447.35	\$ 265.28
46500 00	Surgery	8.23	5.12	\$ 678.03	\$ 421.81
46505 00	Surgery	8.35	6.93	\$ 687.91	\$ 570.93
46600 00	Surgery	2.72	1.18	\$ 224.09	\$ 97.21
46601 00	Surgery	3.97	2.7	\$ 327.07	\$ 222.44
46604 00	Surgery	18.3	1.9	\$ 1,507.64	\$ 156.53
46606 00	Surgery	6.89	2.17	\$ 567.63	\$ 178.77
46607 00	Surgery	5.59	3.64	\$ 460.53	\$ 299.88
46608 00	Surgery	7.26	2.43	\$ 598.11	\$ 200.19
46610 00	Surgery	6.89	2.32	\$ 567.63	\$ 191.13
46611 00	Surgery	5.43	2.33	\$ 447.35	\$ 191.96
46612 00	Surgery	8.38	2.74	\$ 690.38	\$ 225.73
46614 00	Surgery	3.97	1.87	\$ 327.07	\$ 154.06
46615 00	Surgery	4.34	2.64	\$ 357.55	\$ 217.50
46700 00	Surgery	18.98	18.98	\$ 1,563.66	\$ 1,563.66
46705 00	Surgery	16.11	16.11	\$ 1,327.22	\$ 1,327.22
46706 00	Surgery	5.1	5.1	\$ 420.16	\$ 420.16
46707 00	Surgery	14.19	14.19	\$ 1,169.04	\$ 1,169.04
46710 00	Surgery	32.12	32.12	\$ 2,646.20	\$ 2,646.20
46712 00	Surgery	64.74	64.74	\$ 5,333.59	\$ 5,333.59
46715 00	Surgery	15.77	15.77	\$ 1,299.21	\$ 1,299.21
46716 00	Surgery	35.12	35.12	\$ 2,893.35	\$ 2,893.35
46730 00	Surgery	57.05	57.05	\$ 4,700.05	\$ 4,700.05
46735 00	Surgery	65.84	65.84	\$ 5,424.21	\$ 5,424.21
46740 00	Surgery	62.35	62.35	\$ 5,136.69	\$ 5,136.69
46742 00	Surgery	72.23	72.23	\$ 5,950.65	\$ 5,950.65
46744 00	Surgery	101.25	101.25	\$ 8,341.46	\$ 8,341.46
46746 00	Surgery	113.07	113.07	\$ 9,315.25	\$ 9,315.25
46748 00	Surgery	122.73	122.73	\$ 10,111.08	\$ 10,111.08
46750 00	Surgery	21.6	21.6	\$ 1,779.51	\$ 1,779.51

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
46751 00	Surgery	19.01	19.01	\$ 1,566.13	\$ 1,566.13
46753 00	Surgery	17.76	17.76	\$ 1,463.15	\$ 1,463.15
46754 00	Surgery	9.03	6.75	\$ 743.93	\$ 556.10
46760 00	Surgery	31.6	31.6	\$ 2,603.36	\$ 2,603.36
46761 00	Surgery	26.43	26.43	\$ 2,177.43	\$ 2,177.43
46900 00	Surgery	6.76	3.92	\$ 556.92	\$ 322.95
46910 00	Surgery	7.39	3.86	\$ 608.82	\$ 318.01
46916 00	Surgery	6.83	4.14	\$ 562.69	\$ 341.07
46917 00	Surgery	12.27	3.73	\$ 1,010.86	\$ 307.30
46922 00	Surgery	8	3.92	\$ 659.08	\$ 322.95
46924 00	Surgery	15.1	5.21	\$ 1,244.01	\$ 429.22
46930 00	Surgery	6.02	4.28	\$ 495.96	\$ 352.61
46940 00	Surgery	6.79	4.2	\$ 559.39	\$ 346.02
46942 00	Surgery	6.48	3.78	\$ 533.85	\$ 311.41
46945 00	Surgery	9.08	6.54	\$ 748.05	\$ 538.80
46946 00	Surgery	9.17	6.5	\$ 755.47	\$ 535.50
46947 00	Surgery	11.09	11.09	\$ 913.65	\$ 913.65
46999 00	Surgery	-	-	BR	BR
47000 00	Surgery	8.72	2.58	\$ 718.40	\$ 212.55
47001 00	Surgery	3.02	3.02	\$ 248.80	\$ 248.80
47010 00	Surgery	35.17	35.17	\$ 2,897.47	\$ 2,897.47
47015 00	Surgery	33.79	33.79	\$ 2,783.78	\$ 2,783.78
47100 00	Surgery	24.5	24.5	\$ 2,018.43	\$ 2,018.43
47120 00	Surgery	67.79	67.79	\$ 5,584.86	\$ 5,584.86
47122 00	Surgery	99.67	99.67	\$ 8,211.29	\$ 8,211.29
47125 00	Surgery	89.54	89.54	\$ 7,376.73	\$ 7,376.73
47130 00	Surgery	96.2	96.2	\$ 7,925.41	\$ 7,925.41
47133 00	Surgery	0	0	\$0.00	\$0.00
47135 00	Surgery	156.3	156.3	\$ 12,876.74	\$ 12,876.74
47140 00	Surgery	103.66	103.66	\$ 8,540.01	\$ 8,540.01
47141 00	Surgery	124.09	124.09	\$ 10,223.13	\$ 10,223.13
47142 00	Surgery	136.54	136.54	\$ 11,248.82	\$ 11,248.82
47143 00	Surgery	10.06	10.06	\$ 828.79	\$ 828.79
47144 00	Surgery	12.83	12.83	\$ 1,057.00	\$ 1,057.00
47145 00	Surgery	13.21	13.21	\$ 1,088.30	\$ 1,088.30
47146 00	Surgery	9.43	9.43	\$ 776.89	\$ 776.89
47147 00	Surgery	11.11	11.11	\$ 915.29	\$ 915.29
47300 00	Surgery	32.8	32.8	\$ 2,702.22	\$ 2,702.22
47350 00	Surgery	39.7	39.7	\$ 3,270.68	\$ 3,270.68
47360 00	Surgery	54.48	54.48	\$ 4,488.32	\$ 4,488.32
47361 00	Surgery	88	88	\$ 7,249.86	\$ 7,249.86

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
47362 00	Surgery	42.12	42.12	\$	3,470.05	\$	3,470.05
47370 00	Surgery	36.29	36.29	\$	2,989.74	\$	2,989.74
47371 00	Surgery	35.47	35.47	\$	2,922.19	\$	2,922.19
47379 00	Surgery	-	-	BR		BR	
47380 00	Surgery	41.84	41.84	\$	3,446.98	\$	3,446.98
47381 00	Surgery	42.47	42.47	\$	3,498.88	\$	3,498.88
47382 00	Surgery	130.67	21.54	\$	10,765.22	\$	1,774.57
47383 00	Surgery	196.18	13.25	\$	16,162.24	\$	1,091.60
47399 00	Surgery	-	-	BR		BR	
47400 00	Surgery	62.62	62.62	\$	5,158.93	\$	5,158.93
47420 00	Surgery	38.9	38.9	\$	3,204.77	\$	3,204.77
47425 00	Surgery	39.71	39.71	\$	3,271.50	\$	3,271.50
47460 00	Surgery	36.71	36.71	\$	3,024.34	\$	3,024.34
47480 00	Surgery	25.42	25.42	\$	2,094.22	\$	2,094.22
47490 00	Surgery	9.56	9.56	\$	787.60	\$	787.60
47531 00	Surgery	9.89	2.06	\$	814.79	\$	169.71
47532 00	Surgery	23.23	6.18	\$	1,913.80	\$	509.14
47533 00	Surgery	35.24	7.74	\$	2,903.24	\$	637.66
47534 00	Surgery	41.06	10.81	\$	3,382.72	\$	890.58
47535 00	Surgery	28.45	5.75	\$	2,343.85	\$	473.71
47536 00	Surgery	19.59	3.84	\$	1,613.92	\$	316.36
47537 00	Surgery	11.51	2.79	\$	948.25	\$	229.85
47538 00	Surgery	121.8	6.88	\$	10,034.46	\$	566.81
47539 00	Surgery	135.09	12.43	\$	11,129.36	\$	1,024.04
47540 00	Surgery	137.4	12.83	\$	11,319.67	\$	1,057.00
47541 00	Surgery	33.81	9.64	\$	2,785.43	\$	794.19
47542 00	Surgery	13.92	3.94	\$	1,146.80	\$	324.60
47543 00	Surgery	13.38	4.2	\$	1,102.31	\$	346.02
47544 00	Surgery	29.28	4.61	\$	2,412.23	\$	379.79
47550 00	Surgery	4.8	4.8	\$	395.45	\$	395.45
47552 00	Surgery	9.01	9.01	\$	742.29	\$	742.29
47553 00	Surgery	8.91	8.91	\$	734.05	\$	734.05
47554 00	Surgery	14.98	14.98	\$	1,234.12	\$	1,234.12
47555 00	Surgery	9.46	9.46	\$	779.36	\$	779.36
47556 00	Surgery	10.72	10.72	\$	883.16	\$	883.16
47562 00	Surgery	19.07	19.07	\$	1,571.08	\$	1,571.08
47563 00	Surgery	20.75	20.75	\$	1,709.48	\$	1,709.48
47564 00	Surgery	32.27	32.27	\$	2,658.56	\$	2,658.56
47570 00	Surgery	22.5	22.5	\$	1,853.66	\$	1,853.66
47579 00	Surgery	-	-	BR		BR	
47600 00	Surgery	30.97	30.97	\$	2,551.46	\$	2,551.46

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
47605 00	Surgery	32.6	32.6	\$ 2,685.74	\$ 2,685.74
47610 00	Surgery	36.39	36.39	\$ 2,997.98	\$ 2,997.98
47612 00	Surgery	36.68	36.68	\$ 3,021.87	\$ 3,021.87
47620 00	Surgery	39.58	39.58	\$ 3,260.79	\$ 3,260.79
47700 00	Surgery	30.62	30.62	\$ 2,522.62	\$ 2,522.62
47701 00	Surgery	49.56	49.56	\$ 4,082.99	\$ 4,082.99
47711 00	Surgery	45.13	45.13	\$ 3,718.02	\$ 3,718.02
47712 00	Surgery	57.88	57.88	\$ 4,768.43	\$ 4,768.43
47715 00	Surgery	38.46	38.46	\$ 3,168.52	\$ 3,168.52
47720 00	Surgery	33.43	33.43	\$ 2,754.12	\$ 2,754.12
47721 00	Surgery	39.35	39.35	\$ 3,241.84	\$ 3,241.84
47740 00	Surgery	37.76	37.76	\$ 3,110.85	\$ 3,110.85
47741 00	Surgery	42.77	42.77	\$ 3,523.60	\$ 3,523.60
47760 00	Surgery	65.47	65.47	\$ 5,393.73	\$ 5,393.73
47765 00	Surgery	87.97	87.97	\$ 7,247.39	\$ 7,247.39
47780 00	Surgery	71.89	71.89	\$ 5,922.64	\$ 5,922.64
47785 00	Surgery	94.43	94.43	\$ 7,779.59	\$ 7,779.59
47800 00	Surgery	45.55	45.55	\$ 3,752.63	\$ 3,752.63
47801 00	Surgery	32.33	32.33	\$ 2,663.50	\$ 2,663.50
47802 00	Surgery	44.35	44.35	\$ 3,653.76	\$ 3,653.76
47900 00	Surgery	39.75	39.75	\$ 3,274.79	\$ 3,274.79
47999 00	Surgery	-	-	BR	BR
48000 00	Surgery	54.69	54.69	\$ 4,505.62	\$ 4,505.62
48001 00	Surgery	66.67	66.67	\$ 5,492.59	\$ 5,492.59
48020 00	Surgery	34.19	34.19	\$ 2,816.74	\$ 2,816.74
48100 00	Surgery	25.83	25.83	\$ 2,128.00	\$ 2,128.00
48102 00	Surgery	15.22	6.95	\$ 1,253.90	\$ 572.57
48105 00	Surgery	82.44	82.44	\$ 6,791.80	\$ 6,791.80
48120 00	Surgery	32.08	32.08	\$ 2,642.90	\$ 2,642.90
48140 00	Surgery	45.45	45.45	\$ 3,744.39	\$ 3,744.39
48145 00	Surgery	47.34	47.34	\$ 3,900.09	\$ 3,900.09
48146 00	Surgery	54.51	54.51	\$ 4,490.79	\$ 4,490.79
48148 00	Surgery	36.18	36.18	\$ 2,980.68	\$ 2,980.68
48150 00	Surgery	90.6	90.6	\$ 7,464.06	\$ 7,464.06
48152 00	Surgery	83.88	83.88	\$ 6,910.43	\$ 6,910.43
48153 00	Surgery	90.18	90.18	\$ 7,429.46	\$ 7,429.46
48154 00	Surgery	84.39	84.39	\$ 6,952.45	\$ 6,952.45
48155 00	Surgery	52.67	52.67	\$ 4,339.21	\$ 4,339.21
48160 00	Surgery	90.57	90.57	\$ 7,461.59	\$ 7,461.59
48400 00	Surgery	3.07	3.07	\$ 252.92	\$ 252.92
48500 00	Surgery	33.42	33.42	\$ 2,753.30	\$ 2,753.30

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
48510 00	Surgery	31.79	31.79	\$ 2,619.01	\$ 2,619.01
48520 00	Surgery	31.58	31.58	\$ 2,601.71	\$ 2,601.71
48540 00	Surgery	37.86	37.86	\$ 3,119.09	\$ 3,119.09
48545 00	Surgery	38.91	38.91	\$ 3,205.59	\$ 3,205.59
48547 00	Surgery	51.9	51.9	\$ 4,275.77	\$ 4,275.77
48548 00	Surgery	48.22	48.22	\$ 3,972.59	\$ 3,972.59
48550 00	Surgery	0	0	\$0.00	\$0.00
48551 00	Surgery	6.8	6.8	\$ 560.22	\$ 560.22
48552 00	Surgery	6.87	6.87	\$ 565.98	\$ 565.98
48554 00	Surgery	73.9	73.9	\$ 6,088.23	\$ 6,088.23
48556 00	Surgery	36.95	36.95	\$ 3,044.12	\$ 3,044.12
48999 00	Surgery	-	-	BR	BR
49000 00	Surgery	22.32	22.32	\$ 1,838.83	\$ 1,838.83
49002 00	Surgery	30.34	30.34	\$ 2,499.55	\$ 2,499.55
49010 00	Surgery	26.9	26.9	\$ 2,216.15	\$ 2,216.15
49020 00	Surgery	46.13	46.13	\$ 3,800.41	\$ 3,800.41
49040 00	Surgery	28.9	28.9	\$ 2,380.92	\$ 2,380.92
49060 00	Surgery	31.84	31.84	\$ 2,623.13	\$ 2,623.13
49062 00	Surgery	21.39	21.39	\$ 1,762.21	\$ 1,762.21
49082 00	Surgery	5.67	2.12	\$ 467.12	\$ 174.66
49083 00	Surgery	8.44	3.11	\$ 695.33	\$ 256.22
49084 00	Surgery	3.13	3.13	\$ 257.86	\$ 257.86
49180 00	Surgery	4.71	2.46	\$ 388.03	\$ 202.67
49185 00	Surgery	30.28	3.48	\$ 2,494.61	\$ 286.70
49203 00	Surgery	34.7	34.7	\$ 2,858.75	\$ 2,858.75
49204 00	Surgery	44.38	44.38	\$ 3,656.24	\$ 3,656.24
49205 00	Surgery	51.05	51.05	\$ 4,205.74	\$ 4,205.74
49215 00	Surgery	64.28	64.28	\$ 5,295.69	\$ 5,295.69
49220 00	Surgery	28.21	28.21	\$ 2,324.07	\$ 2,324.07
49250 00	Surgery	17.07	17.07	\$ 1,406.31	\$ 1,406.31
49255 00	Surgery	22.93	22.93	\$ 1,889.08	\$ 1,889.08
49320 00	Surgery	9.43	9.43	\$ 776.89	\$ 776.89
49321 00	Surgery	9.97	9.97	\$ 821.38	\$ 821.38
49322 00	Surgery	10.7	10.7	\$ 881.52	\$ 881.52
49323 00	Surgery	18.3	18.3	\$ 1,507.64	\$ 1,507.64
49324 00	Surgery	11.2	11.2	\$ 922.71	\$ 922.71
49325 00	Surgery	11.95	11.95	\$ 984.50	\$ 984.50
49326 00	Surgery	5.47	5.47	\$ 450.64	\$ 450.64
49327 00	Surgery	3.77	3.77	\$ 310.59	\$ 310.59
49329 00	Surgery	-	-	BR	BR
49400 00	Surgery	3.93	2.68	\$ 323.77	\$ 220.79

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
49402 00	Surgery	24.83	24.83	\$ 2,045.61	\$ 2,045.61
49405 00	Surgery	23.93	5.72	\$ 1,971.47	\$ 471.24
49406 00	Surgery	23.92	5.72	\$ 1,970.64	\$ 471.24
49407 00	Surgery	19.43	6.06	\$ 1,600.74	\$ 499.25
49411 00	Surgery	13.75	5.34	\$ 1,132.79	\$ 439.93
49412 00	Surgery	2.41	2.41	\$ 198.55	\$ 198.55
49418 00	Surgery	36.12	5.89	\$ 2,975.74	\$ 485.25
49419 00	Surgery	12.77	12.77	\$ 1,052.05	\$ 1,052.05
49421 00	Surgery	6.64	6.64	\$ 547.03	\$ 547.03
49422 00	Surgery	6.46	6.46	\$ 593.54	\$ 593.54
49423 00	Surgery	16.14	2.07	\$ 1,329.69	\$ 170.54
49424 00	Surgery	4.35	1.1	\$ 358.37	\$ 90.62
49425 00	Surgery	20.85	20.85	\$ 1,717.72	\$ 1,717.72
49426 00	Surgery	17.86	17.86	\$ 1,493.35	\$ 1,493.35
49427 00	Surgery	1.32	1.32	\$ 142.97	\$ 142.97
49428 00	Surgery	12.51	12.51	\$ 1,030.63	\$ 1,030.63
49429 00	Surgery	13.29	13.29	\$ 1,094.89	\$ 1,094.89
49435 00	Surgery	3.45	3.45	\$ 284.23	\$ 284.23
49436 00	Surgery	5.36	5.36	\$ 441.58	\$ 441.58
49440 00	Surgery	26.99	5.96	\$ 2,223.56	\$ 491.01
49441 00	Surgery	30.63	7	\$ 2,523.45	\$ 576.69
49442 00	Surgery	25.49	6.04	\$ 2,099.99	\$ 497.60
49446 00	Surgery	25.95	4.3	\$ 2,137.88	\$ 354.25
49450 00	Surgery	18.8	1.92	\$ 1,548.83	\$ 158.18
49451 00	Surgery	20.45	2.62	\$ 1,684.77	\$ 215.85
49452 00	Surgery	25.16	4.01	\$ 2,072.80	\$ 330.36
49460 00	Surgery	20.44	1.39	\$ 1,683.94	\$ 114.51
49465 00	Surgery	4.48	0.89	\$ 369.08	\$ 73.32
49491 00	Surgery	23.04	23.04	\$ 1,898.15	\$ 1,898.15
49492 00	Surgery	27.79	27.79	\$ 2,289.47	\$ 2,289.47
49495 00	Surgery	11.86	11.86	\$ 977.08	\$ 977.08
49496 00	Surgery	17.79	17.79	\$ 1,465.63	\$ 1,465.63
49500 00	Surgery	11.7	11.7	\$ 963.90	\$ 963.90
49501 00	Surgery	17.55	17.55	\$ 1,445.85	\$ 1,445.85
49505 00	Surgery	15.07	15.07	\$ 1,241.54	\$ 1,241.54
49507 00	Surgery	16.97	16.97	\$ 1,398.07	\$ 1,398.07
49520 00	Surgery	18.31	18.31	\$ 1,508.47	\$ 1,508.47
49521 00	Surgery	20.77	20.77	\$ 1,711.13	\$ 1,711.13
49525 00	Surgery	16.61	16.61	\$ 1,368.41	\$ 1,368.41
49540 00	Surgery	19.52	19.52	\$ 1,608.15	\$ 1,608.15
49550 00	Surgery	16.68	16.68	\$ 1,374.18	\$ 1,374.18

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
49553 00	Surgery	18.31	18.31	\$ 1,508.47	\$ 1,508.47
49555 00	Surgery	17.33	17.33	\$ 1,427.73	\$ 1,427.73
49557 00	Surgery	20.97	20.97	\$ 1,727.61	\$ 1,727.61
49560 00	Surgery	21.38	21.38	\$ 1,761.39	\$ 1,761.39
49561 00	Surgery	26.94	26.94	\$ 2,219.45	\$ 2,219.45
49565 00	Surgery	22.26	22.26	\$ 1,833.88	\$ 1,833.88
49566 00	Surgery	27.18	27.18	\$ 2,239.22	\$ 2,239.22
49568 00	Surgery	7.77	7.77	\$ 640.13	\$ 640.13
49570 00	Surgery	12.07	12.07	\$ 994.38	\$ 994.38
49572 00	Surgery	14.95	14.95	\$ 1,231.65	\$ 1,231.65
49580 00	Surgery	9.37	9.37	\$ 771.95	\$ 771.95
49582 00	Surgery	13.37	13.37	\$ 1,101.48	\$ 1,101.48
49585 00	Surgery	12.87	12.87	\$ 1,060.29	\$ 1,060.29
49587 00	Surgery	13.76	13.76	\$ 1,133.61	\$ 1,133.61
49590 00	Surgery	16.58	16.58	\$ 1,365.94	\$ 1,365.94
49600 00	Surgery	21.03	21.03	\$ 1,732.55	\$ 1,732.55
49605 00	Surgery	142.52	142.52	\$ 11,741.48	\$ 11,741.48
49606 00	Surgery	32.91	32.91	\$ 2,711.28	\$ 2,711.28
49610 00	Surgery	19.99	19.99	\$ 1,646.87	\$ 1,646.87
49611 00	Surgery	17.6	17.6	\$ 1,449.97	\$ 1,449.97
49650 00	Surgery	12.41	12.41	\$ 1,022.39	\$ 1,022.39
49651 00	Surgery	16.15	16.15	\$ 1,330.51	\$ 1,330.51
49652 00	Surgery	21.55	21.55	\$ 1,775.39	\$ 1,775.39
49653 00	Surgery	26.91	26.91	\$ 2,216.97	\$ 2,216.97
49654 00	Surgery	24.49	24.49	\$ 2,017.60	\$ 2,017.60
49655 00	Surgery	29.91	29.91	\$ 2,464.13	\$ 2,464.13
49656 00	Surgery	26.56	26.56	\$ 2,188.14	\$ 2,188.14
49657 00	Surgery	38.24	38.24	\$ 3,150.39	\$ 3,150.39
49659 00	Surgery	-	-	BR	BR
49900 00	Surgery	23.64	23.64	\$ 1,947.58	\$ 1,947.58
49904 00	Surgery	40.96	40.96	\$ 3,374.48	\$ 3,374.48
49905 00	Surgery	10.25	10.25	\$ 844.44	\$ 844.44
49906 00	Surgery	64.58	64.58	\$ 5,320.41	\$ 5,320.41
49999 00	Surgery	-	-	BR	BR
50010 00	Surgery	21.22	21.22	\$ 1,748.20	\$ 1,748.20
50020 00	Surgery	29.3	29.3	\$ 2,413.87	\$ 2,413.87
50040 00	Surgery	26.8	26.8	\$ 2,207.91	\$ 2,207.91
50045 00	Surgery	26.97	26.97	\$ 2,221.92	\$ 2,221.92
50060 00	Surgery	33	33	\$ 2,718.70	\$ 2,718.70
50065 00	Surgery	34.98	34.98	\$ 2,881.82	\$ 2,881.82
50070 00	Surgery	34.31	34.31	\$ 2,826.62	\$ 2,826.62

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
50075 00	Surgery	42.13	42.13	\$ 3,470.87	\$ 3,470.87
50080 00	Surgery	25.15	25.15	\$ 2,071.98	\$ 2,071.98
50081 00	Surgery	36.96	36.96	\$ 3,044.94	\$ 3,044.94
50100 00	Surgery	30.42	30.42	\$ 2,506.14	\$ 2,506.14
50120 00	Surgery	27.46	27.46	\$ 2,262.29	\$ 2,262.29
50125 00	Surgery	28.43	28.43	\$ 2,342.20	\$ 2,342.20
50130 00	Surgery	29.87	29.87	\$ 2,460.83	\$ 2,460.83
50135 00	Surgery	32.47	32.47	\$ 2,675.03	\$ 2,675.03
50200 00	Surgery	15.28	3.71	\$ 1,258.84	\$ 305.65
50205 00	Surgery	21.86	21.86	\$ 1,800.93	\$ 1,800.93
50220 00	Surgery	30.32	30.32	\$ 2,497.91	\$ 2,497.91
50225 00	Surgery	34.86	34.86	\$ 2,871.93	\$ 2,871.93
50230 00	Surgery	37.11	37.11	\$ 3,057.30	\$ 3,057.30
50234 00	Surgery	37.71	37.71	\$ 3,106.73	\$ 3,106.73
50236 00	Surgery	42.41	42.41	\$ 3,493.94	\$ 3,493.94
50240 00	Surgery	38.35	38.35	\$ 3,159.46	\$ 3,159.46
50250 00	Surgery	35.18	35.18	\$ 2,898.30	\$ 2,898.30
50280 00	Surgery	27.67	27.67	\$ 2,279.59	\$ 2,279.59
50290 00	Surgery	25.99	25.99	\$ 2,141.18	\$ 2,141.18
50300 00	Surgery	0	0	\$ 0.00	\$0 .00
50320 00	Surgery	43.45	43.45	\$ 3,579.62	\$ 3,579.62
50323 00	Surgery	5.95	5.95	\$ 3,797.85	\$ 3,797.85
50325 00	Surgery	5.47	5.47	\$ 4,069.13	\$ 4,069.13
50327 00	Surgery	6.29	6.29	\$ 518.20	\$ 518.20
50328 00	Surgery	5.51	5.51	\$ 453.94	\$ 453.94
50329 00	Surgery	5.24	5.24	\$ 431.70	\$ 431.70
50340 00	Surgery	27.47	27.47	\$ 2,263.11	\$ 2,263.11
50360 00	Surgery	70.07	70.07	\$ 5,772.70	\$ 5,772.70
50365 00	Surgery	83.01	83.01	\$ 6,838.76	\$ 6,838.76
50370 00	Surgery	34.88	34.88	\$ 2,873.58	\$ 2,873.58
50380 00	Surgery	57.85	57.85	\$ 4,765.96	\$ 4,765.96
50382 00	Surgery	31.35	7.46	\$ 2,582.76	\$ 614.59
50384 00	Surgery	25.04	6.68	\$ 2,062.91	\$ 550.33
50385 00	Surgery	30.77	6.34	\$ 2,534.98	\$ 522.32
50386 00	Surgery	20.31	4.7	\$ 1,673.23	\$ 387.21
50387 00	Surgery	14.66	2.43	\$ 1,207.76	\$ 200.19
50389 00	Surgery	9.49	1.56	\$ 781.83	\$ 128.52
50390 00	Surgery	2.78	2.78	\$ 229.03	\$ 229.03
50391 00	Surgery	3.52	2.84	\$ 289.99	\$ 233.97
50396 00	Surgery	3.38	3.38	\$ 278.46	\$ 278.46
50400 00	Surgery	33.56	33.56	\$ 2,764.83	\$ 2,764.83

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
50405 00	Surgery	40.37	40.37	\$ 3,325.87	\$ 3,325.87
50430 00	Surgery	14.53	4.46	\$ 1,197.05	\$ 367.44
50431 00	Surgery	6.03	1.9	\$ 496.78	\$ 156.53
50432 00	Surgery	23.52	5.98	\$ 1,937.69	\$ 492.66
50433 00	Surgery	31.25	7.44	\$ 2,574.52	\$ 612.94
50434 00	Surgery	24.66	5.6	\$ 2,031.61	\$ 461.35
50435 00	Surgery	14.63	2.9	\$ 1,205.29	\$ 238.92
50436 00	Surgery	4.37	4.37	\$ 360.02	\$ 360.02
50437 00	Surgery	7.29	7.29	\$ 600.58	\$ 600.58
50500 00	Surgery	37.32	37.32	\$ 3,074.60	\$ 3,074.60
50520 00	Surgery	33.6	33.6	\$ 2,768.13	\$ 2,768.13
50525 00	Surgery	42.64	42.64	\$ 3,512.89	\$ 3,512.89
50526 00	Surgery	45.71	45.71	\$ 3,765.81	\$ 3,765.81
50540 00	Surgery	33.1	33.1	\$ 2,726.94	\$ 2,726.94
50541 00	Surgery	26.59	26.59	\$ 2,190.61	\$ 2,190.61
50542 00	Surgery	33.76	33.76	\$ 2,781.31	\$ 2,781.31
50543 00	Surgery	43.07	43.07	\$ 3,548.31	\$ 3,548.31
50544 00	Surgery	36.03	36.03	\$ 2,968.32	\$ 2,968.32
50545 00	Surgery	38.77	38.77	\$ 3,194.06	\$ 3,194.06
50546 00	Surgery	34.85	34.85	\$ 2,871.11	\$ 2,871.11
50547 00	Surgery	46.49	46.49	\$ 3,830.07	\$ 3,830.07
50548 00	Surgery	38.99	38.99	\$ 3,212.18	\$ 3,212.18
50549 00	Surgery	-	-	BR	BR
50551 00	Surgery	10.43	8.54	\$ 859.27	\$ 703.57
50553 00	Surgery	11.14	9.09	\$ 917.77	\$ 748.88
50555 00	Surgery	11.91	9.88	\$ 981.20	\$ 813.96
50557 00	Surgery	12.12	10.01	\$ 998.50	\$ 824.67
50561 00	Surgery	13.72	11.41	\$ 1,130.32	\$ 940.01
50562 00	Surgery	16.81	16.81	\$ 1,384.89	\$ 1,384.89
50570 00	Surgery	14.23	14.23	\$ 1,172.34	\$ 1,172.34
50572 00	Surgery	15.4	15.4	\$ 1,268.73	\$ 1,268.73
50574 00	Surgery	16.38	16.38	\$ 1,349.46	\$ 1,349.46
50575 00	Surgery	20.68	20.68	\$ 1,703.72	\$ 1,703.72
50576 00	Surgery	16.34	16.34	\$ 1,346.17	\$ 1,346.17
50580 00	Surgery	17.59	17.59	\$ 1,449.15	\$ 1,449.15
50590 00	Surgery	21	16.45	\$ 2,156.25	\$ 1,556.12
50592 00	Surgery	92.39	9.93	\$ 7,611.53	\$ 818.08
50593 00	Surgery	125.49	13.34	\$ 10,338.46	\$ 1,099.01
50600 00	Surgery	27.16	27.16	\$ 2,237.57	\$ 2,237.57
50605 00	Surgery	28.67	28.67	\$ 2,361.97	\$ 2,361.97
50606 00	Surgery	18.8	4.43	\$ 1,548.83	\$ 364.96

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
50610 00	Surgery	27.27	27.27	\$ 2,246.63	\$ 2,246.63
50620 00	Surgery	26.1	26.1	\$ 2,150.24	\$ 2,150.24
50630 00	Surgery	25.83	25.83	\$ 2,128.00	\$ 2,128.00
50650 00	Surgery	30.03	30.03	\$ 2,474.01	\$ 2,474.01
50660 00	Surgery	33.05	33.05	\$ 2,722.82	\$ 2,722.82
50684 00	Surgery	3.1	1.45	\$ 255.39	\$ 119.46
50686 00	Surgery	3.99	2.55	\$ 328.72	\$ 210.08
50688 00	Surgery	2.25	2.25	\$ 185.37	\$ 185.37
50690 00	Surgery	2.87	2.02	\$ 236.44	\$ 166.42
50693 00	Surgery	28.74	5.94	\$ 2,367.74	\$ 489.37
50694 00	Surgery	31.7	7.77	\$ 2,611.60	\$ 640.13
50695 00	Surgery	38.71	9.95	\$ 3,189.11	\$ 819.73
50700 00	Surgery	26.77	26.77	\$ 2,205.44	\$ 2,205.44
50705 00	Surgery	56.82	5.69	\$ 4,681.10	\$ 468.77
50706 00	Surgery	27.41	5.31	\$ 2,258.17	\$ 437.46
50715 00	Surgery	35.25	35.25	\$ 2,904.06	\$ 2,904.06
50722 00	Surgery	29.09	29.09	\$ 2,396.57	\$ 2,396.57
50725 00	Surgery	31.9	31.9	\$ 2,628.07	\$ 2,628.07
50727 00	Surgery	14.71	14.71	\$ 1,211.88	\$ 1,211.88
50728 00	Surgery	21.23	21.23	\$ 1,749.03	\$ 1,749.03
50740 00	Surgery	35.48	35.48	\$ 2,923.01	\$ 2,923.01
50750 00	Surgery	33.39	33.39	\$ 2,750.83	\$ 2,750.83
50760 00	Surgery	32.64	32.64	\$ 2,689.04	\$ 2,689.04
50770 00	Surgery	33.35	33.35	\$ 2,747.53	\$ 2,747.53
50780 00	Surgery	31.98	31.98	\$ 2,634.66	\$ 2,634.66
50782 00	Surgery	31.07	31.07	\$ 2,559.69	\$ 2,559.69
50783 00	Surgery	32.63	32.63	\$ 2,688.21	\$ 2,688.21
50785 00	Surgery	35.14	35.14	\$ 2,895.00	\$ 2,895.00
50800 00	Surgery	26.86	26.86	\$ 2,212.85	\$ 2,212.85
50810 00	Surgery	40.57	40.57	\$ 3,342.35	\$ 3,342.35
50815 00	Surgery	35.37	35.37	\$ 2,913.95	\$ 2,913.95
50820 00	Surgery	38.03	38.03	\$ 3,133.09	\$ 3,133.09
50825 00	Surgery	48.08	48.08	\$ 3,961.06	\$ 3,961.06
50830 00	Surgery	52.15	52.15	\$ 4,296.37	\$ 4,296.37
50840 00	Surgery	35.56	35.56	\$ 2,929.60	\$ 2,929.60
50845 00	Surgery	36.16	36.16	\$ 2,979.03	\$ 2,979.03
50860 00	Surgery	27.33	27.33	\$ 2,251.58	\$ 2,251.58
50900 00	Surgery	24.35	24.35	\$ 2,006.07	\$ 2,006.07
50920 00	Surgery	25.38	25.38	\$ 2,090.93	\$ 2,090.93
50930 00	Surgery	31.89	31.89	\$ 2,627.25	\$ 2,627.25
50940 00	Surgery	25.63	25.63	\$ 2,111.52	\$ 2,111.52

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
50945 00	Surgery	28.1	28.1	\$ 2,315.01	\$ 2,315.01
50947 00	Surgery	40.18	40.18	\$ 3,310.22	\$ 3,310.22
50948 00	Surgery	36.86	36.86	\$ 3,036.70	\$ 3,036.70
50949 00	Surgery	-	-	BR	BR
50951 00	Surgery	10.9	8.89	\$ 897.99	\$ 732.40
50953 00	Surgery	11.53	9.46	\$ 949.90	\$ 779.36
50955 00	Surgery	12.3	10.2	\$ 1,013.33	\$ 840.32
50957 00	Surgery	12.41	10.26	\$ 1,022.39	\$ 845.27
50961 00	Surgery	11.19	9.17	\$ 921.89	\$ 755.47
50970 00	Surgery	10.72	10.72	\$ 883.16	\$ 883.16
50972 00	Surgery	10.37	10.37	\$ 854.33	\$ 854.33
50974 00	Surgery	13.69	13.69	\$ 1,127.85	\$ 1,127.85
50976 00	Surgery	13.51	13.51	\$ 1,113.02	\$ 1,113.02
50980 00	Surgery	10.31	10.31	\$ 849.39	\$ 849.39
51020 00	Surgery	13.51	13.51	\$ 1,113.02	\$ 1,113.02
51030 00	Surgery	13.61	13.61	\$ 1,121.26	\$ 1,121.26
51040 00	Surgery	8.36	8.36	\$ 737.21	\$ 737.21
51045 00	Surgery	14.2	14.2	\$ 1,169.86	\$ 1,169.86
51050 00	Surgery	13.66	13.66	\$ 1,125.38	\$ 1,125.38
51060 00	Surgery	16.82	16.82	\$ 1,512.65	\$ 1,512.65
51065 00	Surgery	16.76	16.76	\$ 1,483.52	\$ 1,483.52
51080 00	Surgery	11.81	11.81	\$ 972.96	\$ 972.96
51100 00	Surgery	1.84	1.13	\$ 151.59	\$ 93.09
51101 00	Surgery	3.79	1.5	\$ 312.24	\$ 123.58
51102 00	Surgery	6.6	4.18	\$ 543.74	\$ 344.37
51500 00	Surgery	18.4	18.4	\$ 1,515.88	\$ 1,515.88
51520 00	Surgery	17.2	17.2	\$ 1,417.02	\$ 1,417.02
51525 00	Surgery	24.84	24.84	\$ 2,046.44	\$ 2,046.44
51530 00	Surgery	22.25	22.25	\$ 1,833.06	\$ 1,833.06
51535 00	Surgery	22.54	22.54	\$ 1,856.95	\$ 1,856.95
51550 00	Surgery	27.9	27.9	\$ 2,298.54	\$ 2,298.54
51555 00	Surgery	36.69	36.69	\$ 3,022.70	\$ 3,022.70
51565 00	Surgery	37.55	37.55	\$ 3,093.55	\$ 3,093.55
51570 00	Surgery	42.64	42.64	\$ 3,512.89	\$ 3,512.89
51575 00	Surgery	52.76	52.76	\$ 4,346.62	\$ 4,346.62
51580 00	Surgery	54.77	54.77	\$ 4,512.21	\$ 4,512.21
51585 00	Surgery	61.05	61.05	\$ 5,029.59	\$ 5,029.59
51590 00	Surgery	55.97	55.97	\$ 4,611.08	\$ 4,611.08
51595 00	Surgery	63.35	63.35	\$ 5,219.08	\$ 5,219.08
51596 00	Surgery	68.17	68.17	\$ 5,616.17	\$ 5,616.17
51597 00	Surgery	66.36	66.36	\$ 5,467.05	\$ 5,467.05

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
51600 00	Surgery	5.57	1.29	\$ 458.88	\$ 106.28
51605 00	Surgery	1.11	1.11	\$ 91.45	\$ 91.45
51610 00	Surgery	3.21	1.85	\$ 264.46	\$ 152.41
51700 00	Surgery	2.12	0.87	\$ 174.66	\$ 71.67
51701 00	Surgery	1.27	0.73	\$ 104.63	\$ 60.14
51702 00	Surgery	1.76	0.73	\$ 145.00	\$ 60.14
51703 00	Surgery	3.78	2.23	\$ 311.41	\$ 183.72
51705 00	Surgery	2.67	1.5	\$ 219.97	\$ 123.58
51710 00	Surgery	3.69	2.3	\$ 304.00	\$ 189.48
51715 00	Surgery	9.07	5.76	\$ 747.23	\$ 474.54
51720 00	Surgery	2.4	1.27	\$ 197.72	\$ 104.63
51725 00	Surgery	5.69	5.69	\$ 468.77	\$ 468.77
51725 26	Surgery	2.19	2.19	\$ 180.42	\$ 180.42
51725 TC	Surgery	3.5	3.5	\$ 288.35	\$ 288.35
51726 00	Surgery	7.94	7.94	\$ 654.14	\$ 654.14
51726 26	Surgery	2.46	2.46	\$ 202.67	\$ 202.67
51726 TC	Surgery	5.48	5.48	\$ 451.47	\$ 451.47
51727 00	Surgery	9.39	9.39	\$ 773.59	\$ 773.59
51727 26	Surgery	3.06	3.06	\$ 252.10	\$ 252.10
51727 TC	Surgery	6.33	6.33	\$ 521.50	\$ 521.50
51728 00	Surgery	9.55	9.55	\$ 786.77	\$ 786.77
51728 26	Surgery	3.01	3.01	\$ 247.98	\$ 247.98
51728 TC	Surgery	6.54	6.54	\$ 549.32	\$ 549.32
51729 00	Surgery	10.21	10.21	\$ 907.50	\$ 907.50
51729 26	Surgery	3.63	3.63	\$ 299.06	\$ 299.06
51729 TC	Surgery	6.58	6.58	\$ 675.27	\$ 675.27
51736 00	Surgery	0.4	0.4	\$ 78.00	\$ 78.00
51736 26	Surgery	0.24	0.24	\$ 41.60	\$ 41.60
51736 TC	Surgery	0.16	0.16	\$ 36.41	\$ 36.41
51741 00	Surgery	0.41	0.41	\$ 124.50	\$ 124.50
51741 26	Surgery	0.24	0.24	\$ 83.19	\$ 83.19
51741 TC	Surgery	0.17	0.17	\$ 41.31	\$ 41.31
51784 00	Surgery	1.93	1.93	\$ 355.90	\$ 355.90
51784 26	Surgery	1.08	1.08	\$ 153.48	\$ 153.48
51784 TC	Surgery	0.85	0.85	\$ 202.42	\$ 202.42
51785 00	Surgery	9.17	9.17	\$ 755.47	\$ 755.47
51785 26	Surgery	2.66	2.66	\$ 219.14	\$ 219.14
51785 TC	Surgery	6.51	6.51	\$ 536.32	\$ 536.32
51792 00	Surgery	6.57	6.57	\$ 541.27	\$ 541.27
51792 26	Surgery	1.59	1.59	\$ 206.03	\$ 206.03
51792 TC	Surgery	4.98	4.98	\$ 410.28	\$ 410.28

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
51797 00	Surgery	3.95	3.95	\$ 404.25	\$ 404.25
51797 26	Surgery	1.16	1.16	\$ 138.68	\$ 138.68
51797 TC	Surgery	2.79	2.79	\$ 265.57	\$ 265.57
51798 00	Surgery	0.36	0.36	\$ 30.41	\$ 30.41
51800 00	Surgery	30.39	30.39	\$ 2,503.67	\$ 2,503.67
51820 00	Surgery	31.37	31.37	\$ 2,584.41	\$ 2,584.41
51840 00	Surgery	19.3	19.3	\$ 1,590.03	\$ 1,590.03
51841 00	Surgery	22.47	22.47	\$ 1,851.19	\$ 1,851.19
51845 00	Surgery	16.83	16.83	\$ 1,386.54	\$ 1,386.54
51860 00	Surgery	21.55	21.55	\$ 1,775.39	\$ 1,775.39
51865 00	Surgery	25.95	25.95	\$ 2,137.88	\$ 2,137.88
51880 00	Surgery	13.51	13.51	\$ 1,113.02	\$ 1,113.02
51900 00	Surgery	23.82	23.82	\$ 1,962.41	\$ 1,962.41
51920 00	Surgery	22.08	22.08	\$ 1,819.06	\$ 1,819.06
51925 00	Surgery	29.53	29.53	\$ 2,432.82	\$ 2,432.82
51940 00	Surgery	47.52	47.52	\$ 3,914.92	\$ 3,914.92
51960 00	Surgery	40.05	40.05	\$ 3,299.51	\$ 3,299.51
51980 00	Surgery	20.62	20.62	\$ 1,698.77	\$ 1,698.77
51990 00	Surgery	21.63	21.63	\$ 1,781.98	\$ 1,781.98
51992 00	Surgery	24.02	24.02	\$ 1,978.88	\$ 1,978.88
51999 00	Surgery	-	-	BR	BR
52000 00	Surgery	5.39	2.34	\$ 444.05	\$ 192.78
52001 00	Surgery	11.32	8.31	\$ 932.60	\$ 684.62
52005 00	Surgery	8.05	3.84	\$ 663.20	\$ 316.36
52007 00	Surgery	13.18	4.8	\$ 1,085.83	\$ 395.45
52010 00	Surgery	10.98	4.78	\$ 904.58	\$ 393.80
52204 00	Surgery	10.81	4.08	\$ 890.58	\$ 336.13
52214 00	Surgery	20	5.1	\$ 1,647.70	\$ 420.16
52224 00	Surgery	20.9	5.89	\$ 1,721.84	\$ 485.25
52234 00	Surgery	7.12	7.12	\$ 586.58	\$ 586.58
52235 00	Surgery	8.34	8.34	\$ 687.09	\$ 687.09
52240 00	Surgery	11.34	11.34	\$ 1,073.25	\$ 1,073.25
52250 00	Surgery	6.92	6.92	\$ 570.10	\$ 570.10
52260 00	Surgery	6.07	6.07	\$ 500.08	\$ 500.08
52265 00	Surgery	10.63	4.67	\$ 875.75	\$ 384.74
52270 00	Surgery	10.91	5.27	\$ 898.82	\$ 434.17
52275 00	Surgery	14.46	7.19	\$ 1,191.28	\$ 592.35
52276 00	Surgery	7.65	7.65	\$ 630.24	\$ 630.24
52277 00	Surgery	9.35	9.35	\$ 770.30	\$ 770.30
52281 00	Surgery	8.53	4.4	\$ 702.74	\$ 362.49
52282 00	Surgery	9.76	9.76	\$ 804.08	\$ 804.08

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
52283 00	Surgery	8.68	5.83	\$ 715.10	\$ 480.30
52285 00	Surgery	8.66	5.66	\$ 713.45	\$ 466.30
52287 00	Surgery	9.65	4.89	\$ 795.01	\$ 402.86
52290 00	Surgery	7.07	7.07	\$ 582.46	\$ 582.46
52300 00	Surgery	8.09	8.09	\$ 666.49	\$ 666.49
52301 00	Surgery	8.38	8.38	\$ 690.38	\$ 690.38
52305 00	Surgery	8.06	8.06	\$ 664.02	\$ 664.02
52310 00	Surgery	7.68	4.38	\$ 632.72	\$ 360.85
52315 00	Surgery	12.62	7.94	\$ 1,039.70	\$ 654.14
52317 00	Surgery	24.11	10.05	\$ 1,986.30	\$ 827.97
52318 00	Surgery	13.71	13.71	\$ 1,129.50	\$ 1,129.50
52320 00	Surgery	7.13	7.13	\$ 587.40	\$ 587.40
52325 00	Surgery	9.27	9.27	\$ 763.71	\$ 763.71
52327 00	Surgery	7.59	7.59	\$ 727.22	\$ 727.22
52330 00	Surgery	15.46	7.63	\$ 1,273.67	\$ 628.60
52332 00	Surgery	13.53	4.5	\$ 1,114.67	\$ 370.73
52334 00	Surgery	5.3	5.3	\$ 482.25	\$ 482.25
52341 00	Surgery	8.21	8.21	\$ 676.38	\$ 676.38
52342 00	Surgery	8.93	8.93	\$ 735.70	\$ 735.70
52343 00	Surgery	9.96	9.96	\$ 820.55	\$ 820.55
52344 00	Surgery	10.69	10.69	\$ 880.69	\$ 880.69
52345 00	Surgery	11.41	11.41	\$ 940.01	\$ 940.01
52346 00	Surgery	12.92	12.92	\$ 1,064.41	\$ 1,064.41
52351 00	Surgery	8.75	8.75	\$ 720.87	\$ 720.87
52352 00	Surgery	10.26	10.26	\$ 845.27	\$ 845.27
52353 00	Surgery	11.34	11.34	\$ 934.24	\$ 934.24
52354 00	Surgery	12.08	12.08	\$ 995.21	\$ 995.21
52355 00	Surgery	13.53	13.53	\$ 1,114.67	\$ 1,114.67
52356 00	Surgery	12.05	12.05	\$ 1,073.47	\$ 1,073.47
52400 00	Surgery	13.83	13.83	\$ 1,139.38	\$ 1,139.38
52402 00	Surgery	7.73	7.73	\$ 636.83	\$ 636.83
52441 00	Surgery	36.17	6.55	\$ 2,979.86	\$ 539.62
52442 00	Surgery	27.13	1.75	\$ 2,235.10	\$ 144.17
52450 00	Surgery	13.59	13.59	\$ 1,119.61	\$ 1,119.61
52500 00	Surgery	14.13	14.13	\$ 1,164.10	\$ 1,164.10
52601 00	Surgery	21.09	21.09	\$ 1,737.49	\$ 1,737.49
52630 00	Surgery	11.59	11.59	\$ 1,206.13	\$ 1,206.13
52640 00	Surgery	9.14	9.14	\$ 753.00	\$ 753.00
52647 00	Surgery	46.29	18.74	\$ 3,813.59	\$ 1,543.89
52648 00	Surgery	47.74	19.97	\$ 3,933.05	\$ 1,645.22
52649 00	Surgery	23.84	23.84	\$ 1,964.05	\$ 1,964.05

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
52700 00	Surgery	12.76	12.76	\$ 1,051.23	\$ 1,051.23
53000 00	Surgery	4.28	4.28	\$ 352.61	\$ 352.61
53010 00	Surgery	8.51	8.51	\$ 701.09	\$ 701.09
53020 00	Surgery	2.8	2.8	\$ 230.68	\$ 230.68
53025 00	Surgery	1.97	1.97	\$ 162.30	\$ 162.30
53040 00	Surgery	11.35	11.35	\$ 935.07	\$ 935.07
53060 00	Surgery	5.24	4.69	\$ 431.70	\$ 386.38
53080 00	Surgery	12.15	12.15	\$ 1,000.97	\$ 1,000.97
53085 00	Surgery	18.78	18.78	\$ 1,547.19	\$ 1,547.19
53200 00	Surgery	4.55	4.12	\$ 374.85	\$ 339.43
53210 00	Surgery	22.26	22.26	\$ 1,833.88	\$ 1,833.88
53215 00	Surgery	26.85	26.85	\$ 2,212.03	\$ 2,212.03
53220 00	Surgery	13.06	13.06	\$ 1,075.95	\$ 1,075.95
53230 00	Surgery	17.51	17.51	\$ 1,442.56	\$ 1,442.56
53235 00	Surgery	18.29	18.29	\$ 1,506.82	\$ 1,506.82
53240 00	Surgery	12.28	12.28	\$ 1,011.68	\$ 1,011.68
53250 00	Surgery	11.44	11.44	\$ 942.48	\$ 942.48
53260 00	Surgery	5.83	5.2	\$ 480.30	\$ 428.40
53265 00	Surgery	6.36	5.38	\$ 523.97	\$ 443.23
53270 00	Surgery	5.98	5.32	\$ 492.66	\$ 438.29
53275 00	Surgery	7.58	7.58	\$ 624.48	\$ 624.48
53400 00	Surgery	23.13	23.13	\$ 1,905.56	\$ 1,905.56
53405 00	Surgery	25.27	25.27	\$ 2,081.86	\$ 2,081.86
53410 00	Surgery	28.3	28.3	\$ 2,331.49	\$ 2,331.49
53415 00	Surgery	32.7	32.7	\$ 2,693.98	\$ 2,693.98
53420 00	Surgery	24.34	24.34	\$ 2,005.25	\$ 2,005.25
53425 00	Surgery	27.1	27.1	\$ 2,232.63	\$ 2,232.63
53430 00	Surgery	27.95	27.95	\$ 2,302.65	\$ 2,302.65
53431 00	Surgery	33.38	33.38	\$ 2,750.00	\$ 2,750.00
53440 00	Surgery	21.78	21.78	\$ 1,794.34	\$ 1,794.34
53442 00	Surgery	22.64	22.64	\$ 1,865.19	\$ 1,865.19
53444 00	Surgery	22.93	22.93	\$ 1,889.08	\$ 1,889.08
53445 00	Surgery	21.78	21.78	\$ 1,891.14	\$ 1,891.14
53446 00	Surgery	18.57	18.57	\$ 1,529.89	\$ 1,529.89
53447 00	Surgery	23.37	23.37	\$ 1,925.33	\$ 1,925.33
53448 00	Surgery	36.98	36.98	\$ 3,046.59	\$ 3,046.59
53449 00	Surgery	17.69	17.69	\$ 1,457.39	\$ 1,457.39
53450 00	Surgery	11.82	11.82	\$ 973.79	\$ 973.79
53460 00	Surgery	13.24	13.24	\$ 1,090.77	\$ 1,090.77
53500 00	Surgery	21.54	21.54	\$ 1,774.57	\$ 1,774.57
53502 00	Surgery	14.06	14.06	\$ 1,158.33	\$ 1,158.33

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
53505 00	Surgery	14.05	14.05	\$ 1,157.51	\$ 1,157.51
53510 00	Surgery	18.26	18.26	\$ 1,504.35	\$ 1,504.35
53515 00	Surgery	23.02	23.02	\$ 1,896.50	\$ 1,896.50
53520 00	Surgery	16.12	16.12	\$ 1,328.04	\$ 1,328.04
53600 00	Surgery	2.39	1.84	\$ 196.90	\$ 151.59
53601 00	Surgery	2.29	1.55	\$ 188.66	\$ 127.70
53605 00	Surgery	1.87	1.87	\$ 154.06	\$ 154.06
53620 00	Surgery	3.79	2.52	\$ 312.24	\$ 207.61
53621 00	Surgery	3.56	2.09	\$ 293.29	\$ 172.18
53660 00	Surgery	1.99	1.2	\$ 163.95	\$ 98.86
53661 00	Surgery	1.96	1.17	\$ 161.47	\$ 96.39
53665 00	Surgery	1.12	1.12	\$ 92.27	\$ 92.27
53850 00	Surgery	45.41	10.1	\$ 3,741.09	\$ 832.09
53852 00	Surgery	43.97	10.86	\$ 3,622.46	\$ 894.70
53854 00	Surgery	52.05	10.89	\$ 4,288.13	\$ 897.17
53855 00	Surgery	21.78	2.39	\$ 1,794.34	\$ 196.90
53860 00	Surgery	52.72	6.48	\$ 4,343.32	\$ 533.85
53899 00	Surgery	-	-	BR	BR
54000 00	Surgery	4.4	3.14	\$ 362.49	\$ 258.69
54001 00	Surgery	5.44	4.02	\$ 448.17	\$ 331.19
54015 00	Surgery	8.92	8.92	\$ 734.87	\$ 734.87
54050 00	Surgery	3.8	3.05	\$ 313.06	\$ 251.27
54055 00	Surgery	3.49	2.69	\$ 287.52	\$ 221.62
54056 00	Surgery	4.03	3.18	\$ 332.01	\$ 261.98
54057 00	Surgery	3.97	2.76	\$ 327.07	\$ 227.38
54060 00	Surgery	5.29	3.76	\$ 435.82	\$ 309.77
54065 00	Surgery	6.31	4.97	\$ 519.85	\$ 409.45
54100 00	Surgery	5.64	3.59	\$ 464.65	\$ 295.76
54105 00	Surgery	7.68	6.16	\$ 632.72	\$ 507.49
54110 00	Surgery	18.05	18.05	\$ 1,487.05	\$ 1,487.05
54111 00	Surgery	23.11	23.11	\$ 1,903.91	\$ 1,903.91
54112 00	Surgery	27.14	27.14	\$ 2,235.92	\$ 2,235.92
54115 00	Surgery	13.09	12.28	\$ 1,078.42	\$ 1,011.68
54120 00	Surgery	18.29	18.29	\$ 1,506.82	\$ 1,506.82
54125 00	Surgery	23.57	23.57	\$ 1,941.81	\$ 1,941.81
54130 00	Surgery	34.54	34.54	\$ 2,845.57	\$ 2,845.57
54135 00	Surgery	43.76	43.76	\$ 3,605.16	\$ 3,605.16
54150 00	Surgery	4.42	2.83	\$ 364.14	\$ 233.15
54160 00	Surgery	6.32	4.17	\$ 520.67	\$ 343.54
54161 00	Surgery	5.7	5.7	\$ 469.59	\$ 469.59
54162 00	Surgery	7.42	5.77	\$ 611.29	\$ 475.36

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
54163 00	Surgery	6.31	6.31	\$ 519.85	\$ 519.85
54164 00	Surgery	5.6	5.6	\$ 461.35	\$ 461.35
54200 00	Surgery	3.13	2.42	\$ 257.86	\$ 199.37
54205 00	Surgery	15.4	15.4	\$ 1,268.73	\$ 1,268.73
54220 00	Surgery	5.97	3.87	\$ 491.84	\$ 318.83
54230 00	Surgery	2.82	2.3	\$ 232.33	\$ 189.48
54231 00	Surgery	4.08	3.36	\$ 336.13	\$ 276.81
54235 00	Surgery	2.56	2.11	\$ 210.91	\$ 173.83
54240 00	Surgery	2.97	2.97	\$ 244.68	\$ 244.68
54240 26	Surgery	1.93	1.93	\$ 159.00	\$ 159.00
54240 TC	Surgery	1.04	1.04	\$ 85.68	\$ 85.68
54250 00	Surgery	3.5	3.5	\$ 288.35	\$ 288.35
54250 26	Surgery	3.16	3.16	\$ 260.34	\$ 260.34
54250 TC	Surgery	0.34	0.34	\$ 28.01	\$ 28.01
54300 00	Surgery	18.65	18.65	\$ 1,536.48	\$ 1,536.48
54304 00	Surgery	21.67	21.67	\$ 1,785.28	\$ 1,785.28
54308 00	Surgery	20.69	20.69	\$ 1,704.54	\$ 1,704.54
54312 00	Surgery	23.68	23.68	\$ 1,950.87	\$ 1,950.87
54316 00	Surgery	28.87	28.87	\$ 2,378.45	\$ 2,378.45
54318 00	Surgery	20.56	20.56	\$ 1,693.83	\$ 1,693.83
54322 00	Surgery	22.6	22.6	\$ 1,861.90	\$ 1,861.90
54324 00	Surgery	28.03	28.03	\$ 2,309.25	\$ 2,309.25
54326 00	Surgery	27.35	27.35	\$ 2,253.22	\$ 2,253.22
54328 00	Surgery	27.17	27.17	\$ 2,238.39	\$ 2,238.39
54332 00	Surgery	29.34	29.34	\$ 2,417.17	\$ 2,417.17
54336 00	Surgery	34.43	34.43	\$ 2,836.51	\$ 2,836.51
54340 00	Surgery	16.48	16.48	\$ 1,357.70	\$ 1,357.70
54344 00	Surgery	27.41	27.41	\$ 2,258.17	\$ 2,258.17
54348 00	Surgery	29.34	29.34	\$ 2,417.17	\$ 2,417.17
54352 00	Surgery	41.01	41.01	\$ 3,378.60	\$ 3,378.60
54360 00	Surgery	20.84	20.84	\$ 1,716.90	\$ 1,716.90
54380 00	Surgery	23.13	23.13	\$ 1,905.56	\$ 1,905.56
54385 00	Surgery	26.88	26.88	\$ 2,214.50	\$ 2,214.50
54390 00	Surgery	35.93	35.93	\$ 2,960.08	\$ 2,960.08
54400 00	Surgery	15.34	15.34	\$ 1,263.78	\$ 1,263.78
54401 00	Surgery	18.98	18.98	\$ 1,563.66	\$ 1,563.66
54405 00	Surgery	23.4	23.4	\$ 1,927.80	\$ 1,927.80
54406 00	Surgery	21.13	21.13	\$ 1,740.79	\$ 1,740.79
54408 00	Surgery	22.87	22.87	\$ 1,884.14	\$ 1,884.14
54410 00	Surgery	24.89	24.89	\$ 2,050.56	\$ 2,050.56
54411 00	Surgery	29.7	29.7	\$ 2,446.83	\$ 2,446.83

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
54415 00	Surgery	15.3	15.3	\$ 1,260.49	\$ 1,260.49
54416 00	Surgery	20.58	20.58	\$ 1,695.48	\$ 1,695.48
54417 00	Surgery	25.97	25.97	\$ 2,139.53	\$ 2,139.53
54420 00	Surgery	20.36	20.36	\$ 1,677.35	\$ 1,677.35
54430 00	Surgery	18.53	18.53	\$ 1,526.59	\$ 1,526.59
54435 00	Surgery	12.03	12.03	\$ 991.09	\$ 991.09
54437 00	Surgery	19.48	19.48	\$ 1,604.86	\$ 1,604.86
54438 00	Surgery	38.73	38.73	\$ 3,190.76	\$ 3,190.76
54440 00	Surgery	16.2	16.2	\$ 1,334.63	\$ 1,334.63
54450 00	Surgery	1.99	1.67	\$ 163.95	\$ 137.58
54500 00	Surgery	2.15	2.15	\$ 177.13	\$ 177.13
54505 00	Surgery	6.07	6.07	\$ 500.08	\$ 500.08
54512 00	Surgery	15.61	15.61	\$ 1,286.03	\$ 1,286.03
54520 00	Surgery	9.45	9.45	\$ 778.54	\$ 778.54
54522 00	Surgery	17.05	17.05	\$ 1,404.66	\$ 1,404.66
54530 00	Surgery	14.63	14.63	\$ 1,205.29	\$ 1,205.29
54535 00	Surgery	21.49	21.49	\$ 1,770.45	\$ 1,770.45
54550 00	Surgery	14.23	14.23	\$ 1,172.34	\$ 1,172.34
54560 00	Surgery	19.87	19.87	\$ 1,636.99	\$ 1,636.99
54600 00	Surgery	13.1	13.1	\$ 1,079.24	\$ 1,079.24
54620 00	Surgery	8.66	8.66	\$ 713.45	\$ 713.45
54640 00	Surgery	13.84	13.84	\$ 1,140.21	\$ 1,140.21
54650 00	Surgery	20.57	20.57	\$ 1,694.65	\$ 1,694.65
54660 00	Surgery	10.33	10.33	\$ 851.03	\$ 851.03
54670 00	Surgery	11.75	11.75	\$ 968.02	\$ 968.02
54680 00	Surgery	22.78	22.78	\$ 1,876.73	\$ 1,876.73
54690 00	Surgery	18.99	18.99	\$ 1,564.49	\$ 1,564.49
54692 00	Surgery	21.94	21.94	\$ 1,807.52	\$ 1,807.52
54699 00	Surgery	-	-	BR	BR
54700 00	Surgery	6.16	6.16	\$ 507.49	\$ 507.49
54800 00	Surgery	3.64	3.64	\$ 299.88	\$ 299.88
54830 00	Surgery	10.78	10.78	\$ 888.11	\$ 888.11
54840 00	Surgery	9.29	9.29	\$ 765.35	\$ 765.35
54860 00	Surgery	12.12	12.12	\$ 998.50	\$ 998.50
54861 00	Surgery	16.39	16.39	\$ 1,350.29	\$ 1,350.29
54865 00	Surgery	10.37	10.37	\$ 854.33	\$ 854.33
54900 00	Surgery	23.17	23.17	\$ 1,908.86	\$ 1,908.86
54901 00	Surgery	30.59	30.59	\$ 2,520.15	\$ 2,520.15
55000 00	Surgery	3.34	2.45	\$ 275.17	\$ 201.84
55040 00	Surgery	9.77	9.77	\$ 804.90	\$ 804.90
55041 00	Surgery	14.77	14.77	\$ 1,216.82	\$ 1,216.82

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
55060 00	Surgery	11.01	11.01	\$ 907.06	\$ 907.06
55100 00	Surgery	6.28	4.8	\$ 517.38	\$ 395.45
55110 00	Surgery	11.2	11.2	\$ 922.71	\$ 922.71
55120 00	Surgery	10.23	10.23	\$ 842.80	\$ 842.80
55150 00	Surgery	14.23	14.23	\$ 1,172.34	\$ 1,172.34
55175 00	Surgery	10.5	10.5	\$ 865.04	\$ 865.04
55180 00	Surgery	19.92	19.92	\$ 1,641.10	\$ 1,641.10
55200 00	Surgery	12.13	8.04	\$ 999.33	\$ 662.37
55250 00	Surgery	10.66	6.58	\$ 878.22	\$ 542.09
55300 00	Surgery	5.42	5.42	\$ 446.53	\$ 446.53
55400 00	Surgery	14.39	14.39	\$ 1,371.14	\$ 1,371.14
55500 00	Surgery	11.42	11.42	\$ 940.83	\$ 940.83
55520 00	Surgery	13.12	13.12	\$ 1,080.89	\$ 1,080.89
55530 00	Surgery	10.17	10.17	\$ 837.85	\$ 837.85
55535 00	Surgery	12.44	12.44	\$ 1,024.87	\$ 1,024.87
55540 00	Surgery	16	16	\$ 1,318.16	\$ 1,318.16
55550 00	Surgery	12.39	12.39	\$ 1,020.75	\$ 1,020.75
55559 00	Surgery	-	-	BR	BR
55600 00	Surgery	12.19	12.19	\$ 1,004.27	\$ 1,004.27
55605 00	Surgery	15.1	15.1	\$ 1,244.01	\$ 1,244.01
55650 00	Surgery	20.72	20.72	\$ 1,707.01	\$ 1,707.01
55680 00	Surgery	9.92	9.92	\$ 1,511.87	\$ 1,511.87
55700 00	Surgery	7.12	3.77	\$ 586.58	\$ 310.59
55705 00	Surgery	7.68	7.68	\$ 632.72	\$ 632.72
55706 00	Surgery	10.78	10.78	\$ 888.11	\$ 888.11
55720 00	Surgery	13.06	13.06	\$ 1,075.95	\$ 1,075.95
55725 00	Surgery	17.18	17.18	\$ 1,415.37	\$ 1,415.37
55801 00	Surgery	31.64	31.64	\$ 2,606.65	\$ 2,606.65
55810 00	Surgery	38.02	38.02	\$ 3,132.27	\$ 3,132.27
55812 00	Surgery	46.58	46.58	\$ 3,837.48	\$ 3,837.48
55815 00	Surgery	50.87	50.87	\$ 4,190.91	\$ 4,190.91
55821 00	Surgery	25.28	25.28	\$ 2,082.69	\$ 2,082.69
55831 00	Surgery	27.35	27.35	\$ 2,253.22	\$ 2,253.22
55840 00	Surgery	33.91	33.91	\$ 2,793.67	\$ 2,793.67
55842 00	Surgery	33.94	33.94	\$ 2,796.14	\$ 2,796.14
55845 00	Surgery	39.48	39.48	\$ 3,252.55	\$ 3,252.55
55860 00	Surgery	25.33	25.33	\$ 2,086.81	\$ 2,086.81
55862 00	Surgery	31.74	31.74	\$ 2,614.89	\$ 2,614.89
55865 00	Surgery	38.38	38.38	\$ 3,161.93	\$ 3,161.93
55866 00	Surgery	41.78	41.78	\$ 3,442.04	\$ 3,442.04
55870 00	Surgery	5.04	4.1	\$ 415.22	\$ 337.78

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
55873 00	Surgery	176.53	22.11	\$ 14,543.38	\$ 1,821.53
55874 00	Surgery	98.64	4.8	\$ 8,126.43	\$ 395.45
55875 00	Surgery	22.14	22.14	\$ 1,824.00	\$ 1,824.00
55876 00	Surgery	4.05	2.91	\$ 333.66	\$ 239.74
55899 00	Surgery	-	-	BR	BR
55920 00	Surgery	13.01	13.01	\$ 1,071.83	\$ 1,071.83
55970 00	Surgery	0	0	\$0.00	\$0.00
55980 00	Surgery	0	0	\$0.00	\$0.00
56405 00	Surgery	3.25	3.22	\$ 267.75	\$ 265.28
56420 00	Surgery	3.86	2.75	\$ 318.01	\$ 226.56
56440 00	Surgery	5.15	5.15	\$ 424.28	\$ 424.28
56441 00	Surgery	4.33	4.09	\$ 356.73	\$ 336.95
56442 00	Surgery	1.34	1.34	\$ 110.40	\$ 110.40
56501 00	Surgery	4.1	3.41	\$ 337.78	\$ 280.93
56515 00	Surgery	6.72	5.8	\$ 553.63	\$ 477.83
56605 00	Surgery	2.43	1.71	\$ 200.19	\$ 140.88
56606 00	Surgery	1.09	0.85	\$ 89.80	\$ 70.03
56620 00	Surgery	15.5	15.5	\$ 1,276.96	\$ 1,276.96
56625 00	Surgery	18.58	18.58	\$ 1,530.71	\$ 1,530.71
56630 00	Surgery	27.26	27.26	\$ 2,245.81	\$ 2,245.81
56631 00	Surgery	34.47	34.47	\$ 2,839.80	\$ 2,839.80
56632 00	Surgery	40.68	40.68	\$ 3,351.41	\$ 3,351.41
56633 00	Surgery	35.36	35.36	\$ 2,913.13	\$ 2,913.13
56634 00	Surgery	37.89	37.89	\$ 3,121.56	\$ 3,121.56
56637 00	Surgery	43.93	43.93	\$ 3,619.16	\$ 3,619.16
56640 00	Surgery	43.6	43.6	\$ 3,591.98	\$ 3,591.98
56700 00	Surgery	5.38	5.38	\$ 443.23	\$ 443.23
56740 00	Surgery	8.66	8.66	\$ 713.45	\$ 713.45
56800 00	Surgery	6.92	6.92	\$ 570.10	\$ 570.10
56805 00	Surgery	32.5	32.5	\$ 2,677.50	\$ 2,677.50
56810 00	Surgery	7.49	7.49	\$ 617.06	\$ 617.06
56820 00	Surgery	3.28	2.46	\$ 270.22	\$ 202.67
56821 00	Surgery	4.36	3.28	\$ 359.20	\$ 270.22
57000 00	Surgery	5.44	5.44	\$ 448.17	\$ 448.17
57010 00	Surgery	12.43	12.43	\$ 1,024.04	\$ 1,024.04
57020 00	Surgery	2.77	2.29	\$ 228.21	\$ 188.66
57022 00	Surgery	4.86	4.86	\$ 400.39	\$ 400.39
57023 00	Surgery	8.83	8.83	\$ 727.46	\$ 727.46
57061 00	Surgery	3.52	2.92	\$ 289.99	\$ 240.56
57065 00	Surgery	5.88	5.08	\$ 484.42	\$ 418.51
57100 00	Surgery	2.64	1.91	\$ 217.50	\$ 157.35

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
57105 00	Surgery	4.19	3.75	\$ 345.19	\$ 308.94
57106 00	Surgery	14.54	14.54	\$ 1,197.87	\$ 1,197.87
57107 00	Surgery	41.93	41.93	\$ 3,454.39	\$ 3,454.39
57109 00	Surgery	50.89	50.89	\$ 4,192.56	\$ 4,192.56
57110 00	Surgery	25.39	25.39	\$ 2,091.75	\$ 2,091.75
57111 00	Surgery	50.98	50.98	\$ 4,199.98	\$ 4,199.98
57112 00	Surgery	54.73	54.73	\$ 4,508.92	\$ 4,508.92
57120 00	Surgery	14.6	14.6	\$ 1,202.82	\$ 1,202.82
57130 00	Surgery	5.32	4.6	\$ 438.29	\$ 378.97
57135 00	Surgery	5.8	5.05	\$ 477.83	\$ 416.04
57150 00	Surgery	1.38	0.75	\$ 113.69	\$ 61.79
57155 00	Surgery	10.68	8.09	\$ 879.87	\$ 666.49
57156 00	Surgery	5.92	4.27	\$ 487.72	\$ 351.78
57160 00	Surgery	1.79	1.33	\$ 147.47	\$ 109.57
57170 00	Surgery	1.85	1.37	\$ 152.41	\$ 112.87
57180 00	Surgery	4.37	3.11	\$ 360.02	\$ 256.22
57200 00	Surgery	8.87	8.87	\$ 730.75	\$ 730.75
57210 00	Surgery	10.63	10.63	\$ 875.75	\$ 875.75
57220 00	Surgery	9.24	9.24	\$ 761.24	\$ 761.24
57230 00	Surgery	11.34	11.34	\$ 934.24	\$ 934.24
57240 00	Surgery	17	17	\$ 1,400.54	\$ 1,400.54
57250 00	Surgery	17.04	17.04	\$ 1,403.84	\$ 1,403.84
57260 00	Surgery	21.76	21.76	\$ 1,792.69	\$ 1,792.69
57265 00	Surgery	24.43	24.43	\$ 2,012.66	\$ 2,012.66
57267 00	Surgery	7.25	7.25	\$ 597.29	\$ 597.29
57268 00	Surgery	13.94	13.94	\$ 1,148.44	\$ 1,148.44
57270 00	Surgery	23.03	23.03	\$ 1,897.32	\$ 1,897.32
57280 00	Surgery	27.27	27.27	\$ 2,246.63	\$ 2,246.63
57282 00	Surgery	14.56	14.56	\$ 1,199.52	\$ 1,199.52
57283 00	Surgery	19.62	19.62	\$ 1,616.39	\$ 1,616.39
57284 00	Surgery	23.34	23.34	\$ 1,922.86	\$ 1,922.86
57285 00	Surgery	19.28	19.28	\$ 1,588.38	\$ 1,588.38
57287 00	Surgery	19.95	19.95	\$ 1,643.58	\$ 1,643.58
57288 00	Surgery	20.63	20.63	\$ 1,699.60	\$ 1,699.60
57289 00	Surgery	21.78	21.78	\$ 1,794.34	\$ 1,794.34
57291 00	Surgery	15.09	15.09	\$ 1,796.40	\$ 1,796.40
57292 00	Surgery	23.11	23.11	\$ 2,314.10	\$ 2,314.10
57295 00	Surgery	13.77	13.77	\$ 1,134.44	\$ 1,134.44
57296 00	Surgery	26.9	26.9	\$ 2,216.15	\$ 2,216.15
57300 00	Surgery	16.48	16.48	\$ 1,357.70	\$ 1,357.70
57305 00	Surgery	27.34	27.34	\$ 2,252.40	\$ 2,252.40

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
57307 00	Surgery	29.8	29.8	\$ 2,455.07	\$ 2,455.07
57308 00	Surgery	18.98	18.98	\$ 1,563.66	\$ 1,563.66
57310 00	Surgery	13.57	13.57	\$ 1,154.03	\$ 1,154.03
57311 00	Surgery	15.43	15.43	\$ 1,271.20	\$ 1,271.20
57320 00	Surgery	15.53	15.53	\$ 1,279.44	\$ 1,279.44
57330 00	Surgery	21.62	21.62	\$ 1,781.16	\$ 1,781.16
57335 00	Surgery	32.81	32.81	\$ 2,703.04	\$ 2,703.04
57400 00	Surgery	3.81	3.81	\$ 313.89	\$ 313.89
57410 00	Surgery	3.05	3.05	\$ 251.27	\$ 251.27
57415 00	Surgery	4.7	4.7	\$ 387.21	\$ 387.21
57420 00	Surgery	3.45	2.62	\$ 284.23	\$ 215.85
57421 00	Surgery	4.62	3.52	\$ 380.62	\$ 289.99
57423 00	Surgery	26.12	26.12	\$ 2,151.89	\$ 2,151.89
57425 00	Surgery	27.68	27.68	\$ 2,280.41	\$ 2,280.41
57426 00	Surgery	24.22	24.22	\$ 1,995.36	\$ 1,995.36
57452 00	Surgery	3.25	2.62	\$ 267.75	\$ 215.85
57454 00	Surgery	4.45	3.81	\$ 366.61	\$ 313.89
57455 00	Surgery	4.2	3.12	\$ 346.02	\$ 257.04
57456 00	Surgery	3.95	2.9	\$ 325.42	\$ 238.92
57460 00	Surgery	8.3	4.58	\$ 683.79	\$ 377.32
57461 00	Surgery	9.34	5.28	\$ 769.47	\$ 434.99
57500 00	Surgery	3.8	2.13	\$ 313.06	\$ 175.48
57505 00	Surgery	3.19	2.75	\$ 262.81	\$ 226.56
57510 00	Surgery	3.9	3.24	\$ 321.30	\$ 266.93
57511 00	Surgery	4.43	3.86	\$ 364.96	\$ 318.01
57513 00	Surgery	4.61	3.99	\$ 379.79	\$ 328.72
57520 00	Surgery	9.16	8.02	\$ 754.64	\$ 660.73
57522 00	Surgery	7.79	6.98	\$ 641.78	\$ 575.05
57530 00	Surgery	10.05	10.05	\$ 827.97	\$ 827.97
57531 00	Surgery	47.87	47.87	\$ 3,943.76	\$ 3,943.76
57540 00	Surgery	21.98	21.98	\$ 1,810.82	\$ 1,810.82
57545 00	Surgery	23.3	23.3	\$ 1,919.57	\$ 1,919.57
57550 00	Surgery	11.67	11.67	\$ 961.43	\$ 961.43
57555 00	Surgery	17.11	17.11	\$ 1,409.60	\$ 1,409.60
57556 00	Surgery	16.19	16.19	\$ 1,333.81	\$ 1,333.81
57558 00	Surgery	3.8	3.33	\$ 313.06	\$ 274.34
57700 00	Surgery	9.13	9.13	\$ 752.17	\$ 752.17
57720 00	Surgery	8.89	8.89	\$ 732.40	\$ 732.40
57800 00	Surgery	1.85	1.37	\$ 152.41	\$ 112.87
58100 00	Surgery	2.64	2.01	\$ 217.50	\$ 165.59
58110 00	Surgery	1.44	1.17	\$ 118.63	\$ 96.39

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
58120 00	Surgery	7.66	6.35	\$ 631.07	\$ 523.14
58140 00	Surgery	26.18	26.18	\$ 2,156.83	\$ 2,156.83
58145 00	Surgery	15.78	15.78	\$ 1,300.03	\$ 1,300.03
58146 00	Surgery	32.55	32.55	\$ 2,681.62	\$ 2,681.62
58150 00	Surgery	29.1	29.1	\$ 2,397.40	\$ 2,397.40
58152 00	Surgery	35.59	35.59	\$ 2,932.07	\$ 2,932.07
58180 00	Surgery	27.39	27.39	\$ 2,256.52	\$ 2,256.52
58200 00	Surgery	39.71	39.71	\$ 3,271.50	\$ 3,271.50
58210 00	Surgery	53.42	53.42	\$ 4,400.99	\$ 4,400.99
58240 00	Surgery	84.82	84.82	\$ 6,987.88	\$ 6,987.88
58260 00	Surgery	23.48	23.48	\$ 1,934.39	\$ 1,934.39
58262 00	Surgery	26.1	26.1	\$ 2,150.24	\$ 2,150.24
58263 00	Surgery	28.06	28.06	\$ 2,311.72	\$ 2,311.72
58267 00	Surgery	29.85	29.85	\$ 2,459.19	\$ 2,459.19
58270 00	Surgery	25.08	25.08	\$ 2,066.21	\$ 2,066.21
58275 00	Surgery	27.92	27.92	\$ 2,300.18	\$ 2,300.18
58280 00	Surgery	29.73	29.73	\$ 2,449.30	\$ 2,449.30
58285 00	Surgery	41.86	41.86	\$ 3,448.63	\$ 3,448.63
58290 00	Surgery	32.58	32.58	\$ 2,684.10	\$ 2,684.10
58291 00	Surgery	35.6	35.6	\$ 2,932.90	\$ 2,932.90
58292 00	Surgery	37.01	37.01	\$ 3,049.06	\$ 3,049.06
58293 00	Surgery	38.55	38.55	\$ 3,175.93	\$ 3,175.93
58294 00	Surgery	34.38	34.38	\$ 2,832.39	\$ 2,832.39
58300 00	Surgery	2.28	1.54	\$ 187.84	\$ 126.87
58301 00	Surgery	2.7	1.91	\$ 222.44	\$ 157.35
58321 00	Surgery	2.2	1.38	\$ 181.25	\$ 113.69
58322 00	Surgery	2.47	1.65	\$ 203.49	\$ 135.93
58323 00	Surgery	0.43	0.35	\$ 35.43	\$ 28.83
58340 00	Surgery	4.47	1.64	\$ 368.26	\$ 135.11
58345 00	Surgery	7.94	7.94	\$ 654.14	\$ 654.14
58346 00	Surgery	13.26	13.26	\$ 1,092.42	\$ 1,092.42
58350 00	Surgery	3.07	2.34	\$ 252.92	\$ 192.78
58353 00	Surgery	28.06	6.27	\$ 2,311.72	\$ 516.55
58356 00	Surgery	52.14	9.84	\$ 4,295.54	\$ 810.67
58400 00	Surgery	12.7	12.7	\$ 1,046.29	\$ 1,046.29
58410 00	Surgery	22.79	22.79	\$ 1,877.55	\$ 1,877.55
58520 00	Surgery	22.31	22.31	\$ 1,838.00	\$ 1,838.00
58540 00	Surgery	25.71	25.71	\$ 2,118.11	\$ 2,118.11
58541 00	Surgery	20.35	20.35	\$ 1,676.53	\$ 1,676.53
58542 00	Surgery	23.29	23.29	\$ 1,918.74	\$ 1,918.74
58543 00	Surgery	23.5	23.5	\$ 1,936.04	\$ 1,936.04

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
58544 00	Surgery	25.53	25.53	\$ 2,103.28	\$ 2,103.28
58545 00	Surgery	25.62	25.62	\$ 2,110.70	\$ 2,110.70
58546 00	Surgery	31.62	31.62	\$ 2,605.01	\$ 2,605.01
58548 00	Surgery	55.06	55.06	\$ 4,536.11	\$ 4,536.11
58550 00	Surgery	24.92	24.92	\$ 2,053.03	\$ 2,053.03
58552 00	Surgery	28.05	28.05	\$ 2,310.89	\$ 2,310.89
58553 00	Surgery	31.8	31.8	\$ 2,619.84	\$ 2,619.84
58554 00	Surgery	37.61	37.61	\$ 3,098.49	\$ 3,098.49
58555 00	Surgery	8.4	4.35	\$ 692.03	\$ 358.37
58558 00	Surgery	38.87	6.63	\$ 3,202.30	\$ 546.21
58559 00	Surgery	8.2	8.2	\$ 675.56	\$ 675.56
58560 00	Surgery	8.94	8.94	\$ 736.52	\$ 736.52
58561 00	Surgery	10.26	10.26	\$ 906.73	\$ 906.73
58562 00	Surgery	10.39	6.34	\$ 855.98	\$ 522.32
58563 00	Surgery	50.21	7.05	\$ 4,136.54	\$ 580.81
58565 00	Surgery	51.8	12.41	\$ 4,267.53	\$ 1,022.39
58570 00	Surgery	22.42	22.42	\$ 1,847.07	\$ 1,847.07
58571 00	Surgery	25.83	25.83	\$ 2,128.00	\$ 2,128.00
58572 00	Surgery	29.38	29.38	\$ 2,420.46	\$ 2,420.46
58573 00	Surgery	35	35	\$ 2,883.47	\$ 2,883.47
58575 00	Surgery	54.43	54.43	\$ 4,484.20	\$ 4,484.20
58578 00	Surgery	-	-	BR	BR
58579 00	Surgery	-	-	BR	BR
58600 00	Surgery	10.33	10.33	\$ 851.03	\$ 851.03
58605 00	Surgery	9.35	9.35	\$ 770.30	\$ 770.30
58611 00	Surgery	2.17	2.17	\$ 263.95	\$ 263.95
58615 00	Surgery	6.95	6.95	\$ 670.51	\$ 670.51
58660 00	Surgery	19.21	19.21	\$ 1,582.61	\$ 1,582.61
58661 00	Surgery	18.55	18.55	\$ 1,528.24	\$ 1,528.24
58662 00	Surgery	20.22	20.22	\$ 1,665.82	\$ 1,665.82
58670 00	Surgery	10.33	10.33	\$ 907.22	\$ 907.22
58671 00	Surgery	10.34	10.34	\$ 907.40	\$ 907.40
58672 00	Surgery	20.7	20.7	\$ 1,705.36	\$ 1,705.36
58673 00	Surgery	22.44	22.44	\$ 1,848.71	\$ 1,848.71
58674 00	Surgery	23.01	23.01	\$ 1,895.67	\$ 1,895.67
58679 00	Surgery	-	-	BR	BR
58700 00	Surgery	22.37	22.37	\$ 1,842.95	\$ 1,842.95
58720 00	Surgery	21.32	21.32	\$ 1,756.44	\$ 1,756.44
58740 00	Surgery	25.54	25.54	\$ 2,104.11	\$ 2,104.11
58750 00	Surgery	25.5	25.5	\$ 2,100.81	\$ 2,100.81
58752 00	Surgery	25.43	25.43	\$ 2,095.04	\$ 2,095.04

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
58760 00	Surgery	22.94	22.94	\$ 1,889.91	\$ 1,889.91
58770 00	Surgery	24.14	24.14	\$ 1,988.77	\$ 1,988.77
58800 00	Surgery	9.34	8.54	\$ 769.47	\$ 703.57
58805 00	Surgery	11.61	11.61	\$ 966.51	\$ 966.51
58820 00	Surgery	9.02	9.02	\$ 743.11	\$ 743.11
58822 00	Surgery	19.81	19.81	\$ 1,632.04	\$ 1,632.04
58825 00	Surgery	19.67	19.67	\$ 1,620.51	\$ 1,620.51
58900 00	Surgery	11.83	11.83	\$ 974.61	\$ 974.61
58920 00	Surgery	19.86	19.86	\$ 1,636.16	\$ 1,636.16
58925 00	Surgery	21.46	21.46	\$ 1,767.98	\$ 1,767.98
58940 00	Surgery	15.31	15.31	\$ 1,261.31	\$ 1,261.31
58943 00	Surgery	34.19	34.19	\$ 2,816.74	\$ 2,816.74
58950 00	Surgery	32.97	32.97	\$ 2,716.23	\$ 2,716.23
58951 00	Surgery	42.15	42.15	\$ 3,472.52	\$ 3,472.52
58952 00	Surgery	47.82	47.82	\$ 3,939.64	\$ 3,939.64
58953 00	Surgery	58.92	58.92	\$ 4,854.11	\$ 4,854.11
58954 00	Surgery	63.98	63.98	\$ 5,270.98	\$ 5,270.98
58956 00	Surgery	39.98	39.98	\$ 3,293.74	\$ 3,293.74
58957 00	Surgery	46.29	46.29	\$ 3,813.59	\$ 3,813.59
58958 00	Surgery	51.24	51.24	\$ 4,221.40	\$ 4,221.40
58960 00	Surgery	28.26	28.26	\$ 2,328.19	\$ 2,328.19
58970 00	Surgery	6.43	5.62	\$ 529.73	\$ 463.00
58974 00	Surgery	4.19	4.19	\$ 345.19	\$ 345.19
58976 00	Surgery	7.05	6.06	\$ 580.81	\$ 499.25
58999 00	Surgery	-	-	Not Covered	Not Covered
59000 00	Surgery	3.53	2.33	\$ 290.82	\$ 191.96
59001 00	Surgery	5.15	5.15	\$ 424.28	\$ 424.28
59012 00	Surgery	5.82	5.82	\$ 479.48	\$ 479.48
59015 00	Surgery	4.47	3.78	\$ 368.26	\$ 311.41
59020 00	Surgery	1.99	1.99	\$ 163.95	\$ 163.95
59020 26	Surgery	1.06	1.06	\$ 87.33	\$ 87.33
59020 TC	Surgery	0.93	0.93	\$ 76.62	\$ 76.62
59025 00	Surgery	1.37	1.37	\$ 112.87	\$ 112.87
59025 26	Surgery	0.85	0.85	\$ 70.03	\$ 70.03
59025 TC	Surgery	0.52	0.52	\$ 42.84G	\$ 42.84
59030 00	Surgery	3.25	3.25	\$ 267.75	\$ 267.75
59050 00	Surgery	1.46	1.46	\$ 120.28	\$ 120.28
59051 00	Surgery	1.21	1.21	\$ 99.69	\$ 99.69
59070 00	Surgery	11.53	8.92	\$ 949.90	\$ 734.87
59072 00	Surgery	15.06	15.06	\$ 1,240.71	\$ 1,240.71
59074 00	Surgery	11.11	8.92	\$ 915.29	\$ 734.87

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
59076 00	Surgery	15.06	15.06	\$ 1,240.71	\$ 1,240.71
59100 00	Surgery	24.19	24.19	\$ 1,992.89	\$ 1,992.89
59120 00	Surgery	23.04	23.04	\$ 1,898.15	\$ 1,898.15
59121 00	Surgery	23.07	23.07	\$ 1,900.62	\$ 1,900.62
59130 00	Surgery	26.89	26.89	\$ 2,215.33	\$ 2,215.33
59135 00	Surgery	26.56	26.56	\$ 2,188.14	\$ 2,188.14
59136 00	Surgery	25.47	25.47	\$ 2,098.34	\$ 2,098.34
59140 00	Surgery	11.65	11.65	\$ 959.78	\$ 959.78
59150 00	Surgery	22.33	22.33	\$ 1,839.65	\$ 1,839.65
59151 00	Surgery	21.72	21.72	\$ 1,789.40	\$ 1,789.40
59160 00	Surgery	6.21	5.11	\$ 511.61	\$ 420.99
59200 00	Surgery	2.23	1.29	\$ 183.72	\$ 106.28
59300 00	Surgery	5.77	4.26	\$ 475.36	\$ 350.96
59320 00	Surgery	4.37	4.37	\$ 360.02	\$ 360.02
59325 00	Surgery	6.96	6.96	\$ 573.40	\$ 573.40
59350 00	Surgery	8.08	8.08	\$ 679.46	\$ 679.46
59400 00	Surgery	60.43	60.43	\$ 4,978.51	\$ 4,978.51
59409 00	Surgery	23.37	23.37	\$ 1,925.33	\$ 1,925.33
59410 00	Surgery	29.94	29.94	\$ 2,466.60	\$ 2,466.60
59412 00	Surgery	2.95	2.95	\$ 243.04	\$ 243.04
59414 00	Surgery	2.65	2.65	\$ 218.32	\$ 218.32
59425 00	Surgery	13.18	10.2	\$ 1,085.83	\$ 840.32
59426 00	Surgery	23.52	17.99	\$ 1,937.69	\$ 1,482.10
59430 00	Surgery	5.57	3.97	\$ 458.88	\$ 327.07
59510 00	Surgery	67	67	\$ 5,519.78	\$ 5,519.78
59514 00	Surgery	26.33	26.33	\$ 2,169.19	\$ 2,169.19
59515 00	Surgery	36.4	36.4	\$ 2,998.81	\$ 2,998.81
59525 00	Surgery	13.96	13.96	\$ 1,150.09	\$ 1,150.09
59610 00	Surgery	63.41	63.41	\$ 5,224.02	\$ 5,224.02
59612 00	Surgery	26.34	26.34	\$ 2,170.01	\$ 2,170.01
59614 00	Surgery	32.66	32.66	\$ 2,690.69	\$ 2,690.69
59618 00	Surgery	67.88	67.88	\$ 5,592.28	\$ 5,592.28
59620 00	Surgery	27.06	27.06	\$ 2,229.33	\$ 2,229.33
59622 00	Surgery	37.49	37.49	\$ 3,088.60	\$ 3,088.60
59812 00	Surgery	9.37	8.59	\$ 771.95	\$ 707.69
59820 00	Surgery	11.24	10.44	\$ 926.00	\$ 860.10
59821 00	Surgery	11.25	10.39	\$ 926.83	\$ 855.98
59830 00	Surgery	12.76	12.76	\$ 1,051.23	\$ 1,051.23
59840 00	Surgery	6.5	6.08	\$ 535.50	\$ 500.90
59841 00	Surgery	11.24	10.46	\$ 926.00	\$ 861.74
59850 00	Surgery	10.19	10.19	\$ 839.50	\$ 839.50

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
59851 00	Surgery	10.98	10.98	\$ 904.58	\$ 904.58
59852 00	Surgery	15.03	15.03	\$ 1,238.24	\$ 1,238.24
59855 00	Surgery	12	12	\$ 988.62	\$ 988.62
59856 00	Surgery	14.1	14.1	\$ 1,161.63	\$ 1,161.63
59857 00	Surgery	15.06	15.06	\$ 1,240.71	\$ 1,240.71
59866 00	Surgery	6.22	6.22	\$ 512.43	\$ 512.43
59870 00	Surgery	14.05	14.05	\$ 1,157.51	\$ 1,157.51
59871 00	Surgery	3.82	3.82	\$ 314.71	\$ 314.71
59897 00	Surgery	-	-	BR	BR
59898 00	Surgery	-	-	BR	BR
59899 00	Surgery	14.4	14.4	\$ 1,186.34	\$ 1,186.34
60000 00	Surgery	4.87	4.35	\$ 401.21	\$ 358.37
60100 00	Surgery	3.2	2.27	\$ 263.63	\$ 187.01
60200 00	Surgery	19.04	19.04	\$ 1,568.61	\$ 1,568.61
60210 00	Surgery	20.37	20.37	\$ 1,678.18	\$ 1,678.18
60212 00	Surgery	29.07	29.07	\$ 2,394.93	\$ 2,394.93
60220 00	Surgery	20.32	20.32	\$ 1,674.06	\$ 1,674.06
60225 00	Surgery	26.77	26.77	\$ 2,205.44	\$ 2,205.44
60240 00	Surgery	26.47	26.47	\$ 2,180.72	\$ 2,180.72
60252 00	Surgery	38.02	38.02	\$ 3,132.27	\$ 3,132.27
60254 00	Surgery	48.14	48.14	\$ 3,966.00	\$ 3,966.00
60260 00	Surgery	31.46	31.46	\$ 2,591.82	\$ 2,591.82
60270 00	Surgery	39.44	39.44	\$ 3,249.26	\$ 3,249.26
60271 00	Surgery	30.45	30.45	\$ 2,508.62	\$ 2,508.62
60280 00	Surgery	12.69	12.69	\$ 1,045.46	\$ 1,045.46
60281 00	Surgery	16.82	16.82	\$ 1,385.71	\$ 1,385.71
60300 00	Surgery	3.27	1.44	\$ 269.40	\$ 118.63
60500 00	Surgery	27.87	27.87	\$ 2,296.06	\$ 2,296.06
60502 00	Surgery	37.29	37.29	\$ 3,072.13	\$ 3,072.13
60505 00	Surgery	40.16	40.16	\$ 3,308.57	\$ 3,308.57
60512 00	Surgery	7.03	7.03	\$ 579.16	\$ 579.16
60520 00	Surgery	30.2	30.2	\$ 2,488.02	\$ 2,488.02
60521 00	Surgery	32.41	32.41	\$ 2,670.09	\$ 2,670.09
60522 00	Surgery	39.51	39.51	\$ 3,255.02	\$ 3,255.02
60540 00	Surgery	30.88	30.88	\$ 2,544.04	\$ 2,544.04
60545 00	Surgery	35.35	35.35	\$ 2,912.30	\$ 2,912.30
60600 00	Surgery	39.63	39.63	\$ 3,264.91	\$ 3,264.91
60605 00	Surgery	47.96	47.96	\$ 3,951.17	\$ 3,951.17
60650 00	Surgery	34.51	34.51	\$ 2,843.10	\$ 2,843.10
60659 00	Surgery	-	-	BR	BR
60699 00	Surgery	-	-	BR	BR

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
61000 00	Surgery	3.19	3.19	\$ 262.81	\$ 262.81
61001 00	Surgery	3.16	3.16	\$ 260.34	\$ 260.34
61020 00	Surgery	2.87	2.87	\$ 236.44	\$ 236.44
61026 00	Surgery	3.05	3.05	\$ 251.27	\$ 251.27
61050 00	Surgery	2.45	2.45	\$ 201.84	\$ 201.84
61055 00	Surgery	3.62	3.62	\$ 298.23	\$ 298.23
61070 00	Surgery	1.64	1.64	\$ 146.44	\$ 146.44
61105 00	Surgery	13.51	13.51	\$ 1,113.02	\$ 1,113.02
61107 00	Surgery	9.2	9.2	\$ 757.94	\$ 757.94
61108 00	Surgery	26.03	26.03	\$ 2,144.48	\$ 2,144.48
61120 00	Surgery	21.76	21.76	\$ 1,792.69	\$ 1,792.69
61140 00	Surgery	36.94	36.94	\$ 3,043.29	\$ 3,043.29
61150 00	Surgery	39.8	39.8	\$ 3,278.91	\$ 3,278.91
61151 00	Surgery	29.18	29.18	\$ 2,403.99	\$ 2,403.99
61154 00	Surgery	37.14	37.14	\$ 3,059.77	\$ 3,059.77
61156 00	Surgery	36.52	36.52	\$ 3,008.69	\$ 3,008.69
61210 00	Surgery	10.86	10.86	\$ 894.70	\$ 894.70
61215 00	Surgery	14.88	14.88	\$ 1,225.89	\$ 1,225.89
61250 00	Surgery	25.26	25.26	\$ 2,081.04	\$ 2,081.04
61253 00	Surgery	28.88	28.88	\$ 2,379.27	\$ 2,379.27
61304 00	Surgery	48.15	48.15	\$ 3,966.83	\$ 3,966.83
61305 00	Surgery	58.66	58.66	\$ 4,832.69	\$ 4,832.69
61312 00	Surgery	60.89	60.89	\$ 5,016.41	\$ 5,016.41
61313 00	Surgery	58.04	58.04	\$ 4,781.61	\$ 4,781.61
61314 00	Surgery	53.27	53.27	\$ 4,388.64	\$ 4,388.64
61315 00	Surgery	60.43	60.43	\$ 4,978.51	\$ 4,978.51
61316 00	Surgery	2.6	2.6	\$ 214.20	\$ 214.20
61320 00	Surgery	55.56	55.56	\$ 4,577.30	\$ 4,577.30
61321 00	Surgery	61.7	61.7	\$ 5,083.14	\$ 5,083.14
61322 00	Surgery	69.75	69.75	\$ 5,746.34	\$ 5,746.34
61323 00	Surgery	69.82	69.82	\$ 5,752.10	\$ 5,752.10
61330 00	Surgery	52.25	52.25	\$ 4,304.60	\$ 4,304.60
61333 00	Surgery	59.64	59.64	\$ 4,913.43	\$ 4,913.43
61340 00	Surgery	41.42	41.42	\$ 3,412.38	\$ 3,412.38
61343 00	Surgery	64.07	64.07	\$ 5,278.39	\$ 5,278.39
61345 00	Surgery	59.66	59.66	\$ 4,915.08	\$ 4,915.08
61450 00	Surgery	56	56	\$ 4,613.55	\$ 4,613.55
61458 00	Surgery	58.88	58.88	\$ 4,850.82	\$ 4,850.82
61460 00	Surgery	61.71	61.71	\$ 5,083.96	\$ 5,083.96
61500 00	Surgery	38.21	38.21	\$ 3,147.92	\$ 3,147.92
61501 00	Surgery	33.17	33.17	\$ 2,732.70	\$ 2,732.70

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
61510 00	Surgery	64.09	64.09	\$ 5,280.04	\$ 5,280.04
61512 00	Surgery	74.81	74.81	\$ 6,163.20	\$ 6,163.20
61514 00	Surgery	55.96	55.96	\$ 4,610.25	\$ 4,610.25
61516 00	Surgery	54.46	54.46	\$ 4,486.67	\$ 4,486.67
61517 00	Surgery	2.59	2.59	\$ 213.38	\$ 213.38
61518 00	Surgery	81.04	81.04	\$ 6,676.46	\$ 6,676.46
61519 00	Surgery	86.75	86.75	\$ 7,146.88	\$ 7,146.88
61520 00	Surgery	110.34	110.34	\$ 9,090.34	\$ 9,090.34
61521 00	Surgery	93.73	93.73	\$ 7,721.92	\$ 7,721.92
61522 00	Surgery	62.95	62.95	\$ 5,186.12	\$ 5,186.12
61524 00	Surgery	60.87	60.87	\$ 5,014.76	\$ 5,014.76
61526 00	Surgery	97.94	97.94	\$ 8,068.76	\$ 8,068.76
61530 00	Surgery	91.08	91.08	\$ 7,503.60	\$ 7,503.60
61531 00	Surgery	35.27	35.27	\$ 2,905.71	\$ 2,905.71
61533 00	Surgery	44.46	44.46	\$ 3,662.83	\$ 3,662.83
61534 00	Surgery	47.44	47.44	\$ 3,908.33	\$ 3,908.33
61535 00	Surgery	29.15	29.15	\$ 2,401.52	\$ 2,401.52
61536 00	Surgery	75.23	75.23	\$ 6,197.81	\$ 6,197.81
61537 00	Surgery	72.46	72.46	\$ 5,969.60	\$ 5,969.60
61538 00	Surgery	78.29	78.29	\$ 6,449.90	\$ 6,449.90
61539 00	Surgery	69.64	69.64	\$ 5,737.28	\$ 5,737.28
61540 00	Surgery	63.07	63.07	\$ 5,196.01	\$ 5,196.01
61541 00	Surgery	62.71	62.71	\$ 5,166.35	\$ 5,166.35
61543 00	Surgery	61.72	61.72	\$ 5,084.79	\$ 5,084.79
61544 00	Surgery	56	56	\$ 4,613.55	\$ 4,613.55
61545 00	Surgery	93.02	93.02	\$ 7,663.43	\$ 7,663.43
61546 00	Surgery	67.45	67.45	\$ 5,556.85	\$ 5,556.85
61548 00	Surgery	45.85	45.85	\$ 3,777.34	\$ 3,777.34
61550 00	Surgery	32.13	32.13	\$ 2,647.02	\$ 2,647.02
61552 00	Surgery	43.52	43.52	\$ 3,585.39	\$ 3,585.39
61556 00	Surgery	50.17	50.17	\$ 4,133.24	\$ 4,133.24
61557 00	Surgery	49.42	49.42	\$ 4,071.46	\$ 4,071.46
61558 00	Surgery	55.28	55.28	\$ 4,554.23	\$ 4,554.23
61559 00	Surgery	66.52	66.52	\$ 5,480.23	\$ 5,480.23
61563 00	Surgery	57.53	57.53	\$ 4,739.60	\$ 4,739.60
61564 00	Surgery	70.95	70.95	\$ 5,845.20	\$ 5,845.20
61566 00	Surgery	64.87	64.87	\$ 5,344.30	\$ 5,344.30
61567 00	Surgery	72.94	72.94	\$ 6,009.14	\$ 6,009.14
61570 00	Surgery	54.51	54.51	\$ 4,490.79	\$ 4,490.79
61571 00	Surgery	57.33	57.33	\$ 4,723.12	\$ 4,723.12
61575 00	Surgery	73.62	73.62	\$ 6,065.17	\$ 6,065.17

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
61576 00	Surgery	121.15	121.15	\$ 9,980.91	\$ 9,980.91
61580 00	Surgery	70.39	70.39	\$ 5,799.06	\$ 5,799.06
61581 00	Surgery	76.16	76.16	\$ 6,274.42	\$ 6,274.42
61582 00	Surgery	88.58	88.58	\$ 7,297.64	\$ 7,297.64
61583 00	Surgery	84.24	84.24	\$ 6,940.09	\$ 6,940.09
61584 00	Surgery	83.72	83.72	\$ 6,897.25	\$ 6,897.25
61585 00	Surgery	95.19	95.19	\$ 7,842.21	\$ 7,842.21
61586 00	Surgery	70.54	70.54	\$ 5,811.42	\$ 5,811.42
61590 00	Surgery	88.18	88.18	\$ 7,264.69	\$ 7,264.69
61591 00	Surgery	89.14	89.14	\$ 7,343.78	\$ 7,343.78
61592 00	Surgery	92.57	92.57	\$ 7,626.36	\$ 7,626.36
61595 00	Surgery	68.14	68.14	\$ 5,613.70	\$ 5,613.70
61596 00	Surgery	70.1	70.1	\$ 5,775.17	\$ 5,775.17
61597 00	Surgery	85.51	85.51	\$ 7,044.72	\$ 7,044.72
61598 00	Surgery	82.9	82.9	\$ 6,829.70	\$ 6,829.70
61600 00	Surgery	61.58	61.58	\$ 5,073.25	\$ 5,073.25
61601 00	Surgery	70.1	70.1	\$ 5,775.17	\$ 5,775.17
61605 00	Surgery	62.15	62.15	\$ 5,120.21	\$ 5,120.21
61606 00	Surgery	85.7	85.7	\$ 7,060.37	\$ 7,060.37
61607 00	Surgery	77.83	77.83	\$ 6,412.01	\$ 6,412.01
61608 00	Surgery	95.7	95.7	\$ 7,884.22	\$ 7,884.22
61611 00	Surgery	13.88	13.88	\$ 1,143.50	\$ 1,143.50
61613 00	Surgery	96.98	96.98	\$ 7,989.67	\$ 7,989.67
61615 00	Surgery	81.92	81.92	\$ 6,748.96	\$ 6,748.96
61616 00	Surgery	97.3	97.3	\$ 8,016.04	\$ 8,016.04
61618 00	Surgery	37.56	37.56	\$ 3,094.37	\$ 3,094.37
61619 00	Surgery	41.39	41.39	\$ 3,409.91	\$ 3,409.91
61623 00	Surgery	16.61	16.61	\$ 1,368.41	\$ 1,368.41
61624 00	Surgery	33.71	33.71	\$ 2,777.19	\$ 2,777.19
61626 00	Surgery	25.57	25.57	\$ 2,106.58	\$ 2,106.58
61630 00	Surgery	40.64	40.64	\$ 3,348.12	\$ 3,348.12
61635 00	Surgery	42.61	42.61	\$ 3,510.41	\$ 3,510.41
61640 00	Surgery	14.01	14.01	\$ 1,181.34	\$ 1,181.34
61641 00	Surgery	4.92	4.92	\$ 453.75	\$ 453.75
61642 00	Surgery	9.84	9.84	\$ 810.67	\$ 810.67
61645 00	Surgery	24.33	24.33	\$ 2,004.42	\$ 2,004.42
61650 00	Surgery	16.1	16.1	\$ 1,326.39	\$ 1,326.39
61651 00	Surgery	7.01	7.01	\$ 577.52	\$ 577.52
61680 00	Surgery	66.1	66.1	\$ 5,445.63	\$ 5,445.63
61682 00	Surgery	123.5	123.5	\$ 10,174.52	\$ 10,174.52
61684 00	Surgery	83.15	83.15	\$ 6,850.29	\$ 6,850.29

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
61686 00	Surgery	136.43	136.43	\$ 11,239.75	\$ 11,239.75
61690 00	Surgery	63.67	63.67	\$ 5,245.44	\$ 5,245.44
61692 00	Surgery	108.81	108.81	\$ 8,964.29	\$ 8,964.29
61697 00	Surgery	125.47	125.47	\$ 10,336.82	\$ 10,336.82
61698 00	Surgery	140.01	140.01	\$ 11,534.69	\$ 11,534.69
61700 00	Surgery	100.75	100.75	\$ 8,300.27	\$ 8,300.27
61702 00	Surgery	118.29	118.29	\$ 9,745.29	\$ 9,745.29
61703 00	Surgery	39.02	39.02	\$ 3,214.65	\$ 3,214.65
61705 00	Surgery	73.6	73.6	\$ 6,063.52	\$ 6,063.52
61708 00	Surgery	75.18	75.18	\$ 6,193.69	\$ 6,193.69
61710 00	Surgery	63.39	63.39	\$ 5,222.37	\$ 5,222.37
61711 00	Surgery	75.8	75.8	\$ 6,244.77	\$ 6,244.77
61720 00	Surgery	37.33	37.33	\$ 3,075.42	\$ 3,075.42
61735 00	Surgery	46.8	46.8	\$ 3,855.61	\$ 3,855.61
61750 00	Surgery	41.42	41.42	\$ 3,412.38	\$ 3,412.38
61751 00	Surgery	40.48	40.48	\$ 3,334.94	\$ 3,334.94
61760 00	Surgery	46.05	46.05	\$ 3,793.82	\$ 3,793.82
61770 00	Surgery	47.78	47.78	\$ 3,936.34	\$ 3,936.34
61781 00	Surgery	6.94	6.94	\$ 571.75	\$ 571.75
61782 00	Surgery	5.02	5.02	\$ 413.57	\$ 413.57
61783 00	Surgery	6.8	6.8	\$ 560.22	\$ 560.22
61790 00	Surgery	25.78	25.78	\$ 2,123.88	\$ 2,123.88
61791 00	Surgery	33.03	33.03	\$ 2,721.17	\$ 2,721.17
61796 00	Surgery	29.74	29.74	\$ 2,783.25	\$ 2,783.25
61797 00	Surgery	6.48	6.48	\$ 848.94	\$ 848.94
61798 00	Surgery	40.56	40.56	\$ 3,341.53	\$ 3,341.53
61799 00	Surgery	8.98	8.98	\$ 761.25	\$ 761.25
61800 00	Surgery	4.52	4.52	\$ 448.50	\$ 448.50
61850 00	Surgery	28.18	28.18	\$ 2,321.60	\$ 2,321.60
61860 00	Surgery	45.78	45.78	\$ 3,771.57	\$ 3,771.57
61863 00	Surgery	43.98	43.98	\$ 3,623.28	\$ 3,623.28
61864 00	Surgery	8.36	8.36	\$ 688.74	\$ 688.74
61867 00	Surgery	66.88	66.88	\$ 5,509.89	\$ 5,509.89
61868 00	Surgery	14.73	14.73	\$ 1,213.53	\$ 1,213.53
61870 00	Surgery	34.79	34.79	\$ 2,866.17	\$ 2,866.17
61880 00	Surgery	16.68	16.68	\$ 1,374.18	\$ 1,374.18
61885 00	Surgery	14.97	14.97	\$ 1,233.30	\$ 1,233.30
61886 00	Surgery	24.77	24.77	\$ 2,040.67	\$ 2,040.67
61888 00	Surgery	11.57	11.57	\$ 953.19	\$ 953.19
62000 00	Surgery	30.25	30.25	\$ 2,492.14	\$ 2,492.14
62005 00	Surgery	36.64	36.64	\$ 3,018.58	\$ 3,018.58

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
62010 00	Surgery	44.73	44.73	\$ 3,685.07	\$ 3,685.07
62100 00	Surgery	46.42	46.42	\$ 3,824.30	\$ 3,824.30
62115 00	Surgery	49.21	49.21	\$ 4,054.15	\$ 4,054.15
62117 00	Surgery	57.84	57.84	\$ 4,765.13	\$ 4,765.13
62120 00	Surgery	61.95	61.95	\$ 5,103.74	\$ 5,103.74
62121 00	Surgery	45.73	45.73	\$ 3,767.46	\$ 3,767.46
62140 00	Surgery	29.95	29.95	\$ 2,467.42	\$ 2,467.42
62141 00	Surgery	33.19	33.19	\$ 2,734.35	\$ 2,734.35
62142 00	Surgery	25.8	25.8	\$ 2,125.53	\$ 2,125.53
62143 00	Surgery	30.38	30.38	\$ 2,502.85	\$ 2,502.85
62145 00	Surgery	41.03	41.03	\$ 3,380.25	\$ 3,380.25
62146 00	Surgery	34.27	34.27	\$ 2,823.33	\$ 2,823.33
62147 00	Surgery	41.97	41.97	\$ 3,457.69	\$ 3,457.69
62148 00	Surgery	3.73	3.73	\$ 307.30	\$ 307.30
62160 00	Surgery	5.61	5.61	\$ 462.18	\$ 462.18
62161 00	Surgery	44.14	44.14	\$ 3,636.46	\$ 3,636.46
62162 00	Surgery	55.35	55.35	\$ 4,560.00	\$ 4,560.00
62163 00	Surgery	34.42	34.42	\$ 2,835.68	\$ 2,835.68
62164 00	Surgery	61.07	61.07	\$ 5,031.24	\$ 5,031.24
62165 00	Surgery	44.61	44.61	\$ 3,675.18	\$ 3,675.18
62180 00	Surgery	47.07	47.07	\$ 3,877.85	\$ 3,877.85
62190 00	Surgery	27.13	27.13	\$ 2,235.10	\$ 2,235.10
62192 00	Surgery	28.59	28.59	\$ 2,355.38	\$ 2,355.38
62194 00	Surgery	14.17	14.17	\$ 1,167.39	\$ 1,167.39
62200 00	Surgery	40.29	40.29	\$ 3,319.28	\$ 3,319.28
62201 00	Surgery	35.39	35.39	\$ 2,915.60	\$ 2,915.60
62220 00	Surgery	29.28	29.28	\$ 2,412.23	\$ 2,412.23
62223 00	Surgery	30.36	30.36	\$ 2,501.20	\$ 2,501.20
62225 00	Surgery	15.38	15.38	\$ 1,267.08	\$ 1,267.08
62230 00	Surgery	24.55	24.55	\$ 2,022.55	\$ 2,022.55
62252 00	Surgery	2.34	2.34	\$ 192.78	\$ 192.78
62252 26	Surgery	1.35	1.35	\$ 111.22	\$ 111.22
62252 TC	Surgery	0.99	0.99	\$ 81.56	\$ 81.56
62256 00	Surgery	17.54	17.54	\$ 1,445.03	\$ 1,445.03
62258 00	Surgery	32.56	32.56	\$ 2,682.45	\$ 2,682.45
62263 00	Surgery	17.12	8.92	\$ 1,410.43	\$ 734.87
62264 00	Surgery	12.22	6.89	\$ 1,006.74	\$ 567.63
62267 00	Surgery	7.34	4.55	\$ 604.70	\$ 374.85
62268 00	Surgery	7.4	7.4	\$ 1,060.60	\$ 1,060.60
62269 00	Surgery	7.66	7.66	\$ 1,160.80	\$ 1,160.80
62270 00	Surgery	4.22	2.23	\$ 347.66	\$ 183.72

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
62272 00	Surgery	5.57	2.41	\$ 458.88	\$ 198.55
62273 00	Surgery	4.93	3.26	\$ 406.16	\$ 268.57
62280 00	Surgery	9.45	4.76	\$ 778.54	\$ 392.15
62281 00	Surgery	6.94	4.58	\$ 571.75	\$ 377.32
62282 00	Surgery	8.63	4.16	\$ 710.98	\$ 342.72
62284 00	Surgery	5.61	2.54	\$ 462.18	\$ 209.26
62287 00	Surgery	16.73	16.73	\$ 1,378.30	\$ 1,378.30
62290 00	Surgery	9.62	4.81	\$ 792.54	\$ 396.27
62291 00	Surgery	9.28	4.65	\$ 764.53	\$ 383.09
62292 00	Surgery	16.46	16.46	\$ 1,356.05	\$ 1,356.05
62294 00	Surgery	27.85	27.85	\$ 2,294.42	\$ 2,294.42
62302 00	Surgery	7.13	3.51	\$ 587.40	\$ 289.17
62303 00	Surgery	7.29	3.51	\$ 600.58	\$ 289.17
62304 00	Surgery	7.04	3.45	\$ 579.99	\$ 284.23
62305 00	Surgery	7.65	3.6	\$ 630.24	\$ 296.59
62320 00	Surgery	4.68	2.85	\$ 385.56	\$ 234.80
62321 00	Surgery	7.19	3.07	\$ 592.35	\$ 252.92
62322 00	Surgery	4.36	2.46	\$ 359.20	\$ 202.67
62323 00	Surgery	7.11	2.84	\$ 585.76	\$ 233.97
62324 00	Surgery	4.12	2.6	\$ 339.43	\$ 214.20
62325 00	Surgery	6.67	3.08	\$ 549.51	\$ 253.75
62326 00	Surgery	4.28	2.56	\$ 352.61	\$ 210.91
62327 00	Surgery	6.69	2.78	\$ 551.15	\$ 229.03
62350 00	Surgery	11.5	11.5	\$ 947.42	\$ 947.42
62351 00	Surgery	24.89	24.89	\$ 2,050.56	\$ 2,050.56
62355 00	Surgery	7.73	7.73	\$ 636.83	\$ 636.83
62360 00	Surgery	9.13	9.13	\$ 752.17	\$ 752.17
62361 00	Surgery	12.46	12.46	\$ 1,026.51	\$ 1,026.51
62362 00	Surgery	11.04	11.04	\$ 909.53	\$ 909.53
62365 00	Surgery	8.52	8.52	\$ 701.92	\$ 701.92
62367 00	Surgery	1.14	0.72	\$ 93.92	\$ 59.32
62368 00	Surgery	1.57	1.01	\$ 129.34	\$ 83.21
62369 00	Surgery	3.34	1.01	\$ 275.17	\$ 83.21
62370 00	Surgery	3.47	1.33	\$ 285.88	\$ 109.57
62380 00	Surgery	23.77	23.77	\$ 1,958.29	\$ 1,958.29
63001 00	Surgery	36.08	36.08	\$ 3,882.75	\$ 3,882.75
63003 00	Surgery	36.02	36.02	\$ 3,609.75	\$ 3,609.75
63005 00	Surgery	34.46	34.46	\$ 2,838.98	\$ 2,838.98
63011 00	Surgery	31.66	31.66	\$ 2,608.30	\$ 2,608.30
63012 00	Surgery	34.66	34.66	\$ 3,300.00	\$ 3,300.00
63015 00	Surgery	43.2	43.2	\$ 4,002.00	\$ 4,002.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
63016 00	Surgery	44.39	44.39	\$ 3,814.50	\$ 3,814.50
63017 00	Surgery	36.7	36.7	\$ 3,675.00	\$ 3,675.00
63020 00	Surgery	33.69	33.69	\$ 3,375.00	\$ 3,375.00
63030 00	Surgery	28.2	28.2	\$ 2,850.00	\$ 2,850.00
63035 00	Surgery	5.58	5.58	\$ 629.25	\$ 629.25
63040 00	Surgery	40.48	40.48	\$ 3,750.00	\$ 3,750.00
63042 00	Surgery	37.63	37.63	\$ 3,750.00	\$ 3,750.00
63043 00	Surgery	17.54	17.54	\$ 1,445.03	\$ 1,445.03
63044 00	Surgery	16.67	16.67	\$ 1,373.35	\$ 1,373.35
63045 00	Surgery	37.39	37.39	\$ 3,750.00	\$ 3,750.00
63046 00	Surgery	35.64	35.64	\$ 3,750.00	\$ 3,750.00
63047 00	Surgery	31.97	31.97	\$ 3,750.00	\$ 3,750.00
63048 00	Surgery	6.17	6.17	\$ 988.79	\$ 988.79
63050 00	Surgery	43.5	43.5	\$ 3,583.74	\$ 3,583.74
63051 00	Surgery	49.71	49.71	\$ 4,095.35	\$ 4,095.35
63055 00	Surgery	47.49	47.49	\$ 3,912.45	\$ 3,912.45
63056 00	Surgery	43.29	43.29	\$ 3,566.44	\$ 3,566.44
63057 00	Surgery	9.32	9.32	\$ 767.83	\$ 767.83
63064 00	Surgery	51.9	51.9	\$ 4,275.77	\$ 4,275.77
63066 00	Surgery	6.03	6.03	\$ 644.25	\$ 644.25
63075 00	Surgery	39.28	39.28	\$ 3,236.07	\$ 3,236.07
63076 00	Surgery	7.2	7.2	\$ 696.75	\$ 696.75
63077 00	Surgery	44.24	44.24	\$ 3,644.70	\$ 3,644.70
63078 00	Surgery	6.06	6.06	\$ 675.00	\$ 675.00
63081 00	Surgery	51.14	51.14	\$ 4,213.16	\$ 4,213.16
63082 00	Surgery	7.77	7.77	\$ 753.77	\$ 753.77
63085 00	Surgery	55.99	55.99	\$ 4,612.72	\$ 4,612.72
63086 00	Surgery	5.58	5.58	\$ 808.02	\$ 808.02
63087 00	Surgery	70.32	70.32	\$ 5,793.30	\$ 5,793.30
63088 00	Surgery	7.53	7.53	\$ 808.02	\$ 808.02
63090 00	Surgery	56.98	56.98	\$ 4,694.28	\$ 4,694.28
63091 00	Surgery	5.18	5.18	\$ 719.84	\$ 719.84
63101 00	Surgery	67.82	67.82	\$ 5,587.33	\$ 5,587.33
63102 00	Surgery	66.07	66.07	\$ 5,443.16	\$ 5,443.16
63103 00	Surgery	8.6	8.6	\$ 708.51	\$ 708.51
63170 00	Surgery	46.43	46.43	\$ 3,825.12	\$ 3,825.12
63172 00	Surgery	40.46	40.46	\$ 3,333.29	\$ 3,333.29
63173 00	Surgery	50.11	50.11	\$ 4,128.30	\$ 4,128.30
63180 00	Surgery	41.65	41.65	\$ 3,431.33	\$ 3,431.33
63182 00	Surgery	44.03	44.03	\$ 3,627.40	\$ 3,627.40
63185 00	Surgery	33.24	33.24	\$ 2,738.47	\$ 2,738.47

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
63190 00	Surgery	35.99	35.99	\$ 2,965.03	\$ 2,965.03
63191 00	Surgery	40.52	40.52	\$ 3,338.23	\$ 3,338.23
63194 00	Surgery	46.95	46.95	\$ 3,867.96	\$ 3,867.96
63195 00	Surgery	45.15	45.15	\$ 3,719.67	\$ 3,719.67
63196 00	Surgery	52.42	52.42	\$ 4,318.61	\$ 4,318.61
63197 00	Surgery	46.16	46.16	\$ 3,802.88	\$ 3,802.88
63198 00	Surgery	61.58	61.58	\$ 5,073.25	\$ 5,073.25
63199 00	Surgery	64.53	64.53	\$ 5,316.29	\$ 5,316.29
63200 00	Surgery	44.71	44.71	\$ 3,683.42	\$ 3,683.42
63250 00	Surgery	85.63	85.63	\$ 7,054.61	\$ 7,054.61
63251 00	Surgery	89.44	89.44	\$ 7,368.49	\$ 7,368.49
63252 00	Surgery	88.92	88.92	\$ 7,325.65	\$ 7,325.65
63265 00	Surgery	48.65	48.65	\$ 4,008.02	\$ 4,008.02
63266 00	Surgery	50.27	50.27	\$ 4,141.48	\$ 4,141.48
63267 00	Surgery	39.83	39.83	\$ 3,281.39	\$ 3,281.39
63268 00	Surgery	41.2	41.2	\$ 3,394.25	\$ 3,394.25
63270 00	Surgery	60.43	60.43	\$ 4,978.51	\$ 4,978.51
63271 00	Surgery	60.43	60.43	\$ 4,978.51	\$ 4,978.51
63272 00	Surgery	55.18	55.18	\$ 4,545.99	\$ 4,545.99
63273 00	Surgery	54.46	54.46	\$ 4,486.67	\$ 4,486.67
63275 00	Surgery	52.61	52.61	\$ 4,334.26	\$ 4,334.26
63276 00	Surgery	52.27	52.27	\$ 4,306.25	\$ 4,306.25
63277 00	Surgery	45.36	45.36	\$ 3,736.97	\$ 3,736.97
63278 00	Surgery	46.29	46.29	\$ 3,813.59	\$ 3,813.59
63280 00	Surgery	61.95	61.95	\$ 5,103.74	\$ 5,103.74
63281 00	Surgery	61.23	61.23	\$ 5,044.42	\$ 5,044.42
63282 00	Surgery	57.7	57.7	\$ 4,753.60	\$ 4,753.60
63283 00	Surgery	55.33	55.33	\$ 4,558.35	\$ 4,558.35
63285 00	Surgery	76.82	76.82	\$ 6,328.80	\$ 6,328.80
63286 00	Surgery	75.66	75.66	\$ 6,233.23	\$ 6,233.23
63287 00	Surgery	80.13	80.13	\$ 6,601.49	\$ 6,601.49
63290 00	Surgery	81.34	81.34	\$ 6,701.18	\$ 6,701.18
63295 00	Surgery	9.76	9.76	\$ 804.08	\$ 804.08
63300 00	Surgery	53.62	53.62	\$ 4,417.47	\$ 4,417.47
63301 00	Surgery	64.17	64.17	\$ 5,286.63	\$ 5,286.63
63302 00	Surgery	63.31	63.31	\$ 5,215.78	\$ 5,215.78
63303 00	Surgery	63.19	63.19	\$ 5,205.89	\$ 5,205.89
63304 00	Surgery	67.52	67.52	\$ 5,562.62	\$ 5,562.62
63305 00	Surgery	73.79	73.79	\$ 6,079.17	\$ 6,079.17
63306 00	Surgery	70.25	70.25	\$ 5,787.53	\$ 5,787.53
63307 00	Surgery	71	71	\$ 5,849.32	\$ 5,849.32

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
63308 00	Surgery	9.46	9.46	\$ 779.36	\$ 779.36
63600 00	Surgery	32.07	32.07	\$ 2,642.08	\$ 2,642.08
63610 00	Surgery	17.15	17.15	\$ 1,750.97	\$ 1,750.97
63620 00	Surgery	32.89	32.89	\$ 2,709.64	\$ 2,709.64
63621 00	Surgery	7.48	7.48	\$ 622.85	\$ 622.85
63650 00	Surgery	45.98	11.82	\$ 3,788.05	\$ 973.79
63655 00	Surgery	24.1	24.1	\$ 1,985.47	\$ 1,985.47
63661 00	Surgery	17.51	9.32	\$ 1,442.56	\$ 767.83
63662 00	Surgery	24.4	24.4	\$ 2,010.19	\$ 2,010.19
63663 00	Surgery	23.44	12.95	\$ 1,931.10	\$ 1,066.88
63664 00	Surgery	25.29	25.29	\$ 2,083.51	\$ 2,083.51
63685 00	Surgery	10.4	10.4	\$ 856.80	\$ 856.80
63688 00	Surgery	10.73	10.73	\$ 883.99	\$ 883.99
63700 00	Surgery	37.98	37.98	\$ 3,128.97	\$ 3,128.97
63702 00	Surgery	41.83	41.83	\$ 3,446.15	\$ 3,446.15
63704 00	Surgery	46.62	46.62	\$ 3,840.78	\$ 3,840.78
63706 00	Surgery	51.69	51.69	\$ 4,258.47	\$ 4,258.47
63707 00	Surgery	26.98	26.98	\$ 2,222.74	\$ 2,222.74
63709 00	Surgery	32.05	32.05	\$ 2,640.43	\$ 2,640.43
63710 00	Surgery	31.6	31.6	\$ 2,603.36	\$ 2,603.36
63740 00	Surgery	28.39	28.39	\$ 2,338.90	\$ 2,338.90
63741 00	Surgery	19.7	19.7	\$ 1,622.98	\$ 1,622.98
63744 00	Surgery	19.52	19.52	\$ 1,608.15	\$ 1,608.15
63746 00	Surgery	17.38	17.38	\$ 1,431.85	\$ 1,431.85
64400 00	Surgery	3.88	2.08	\$ 319.65	\$ 171.36
64402 00	Surgery	4.29	2.45	\$ 353.43	\$ 201.84
64405 00	Surgery	2.37	1.54	\$ 195.25	\$ 126.87
64408 00	Surgery	3.35	2.44	\$ 275.99	\$ 201.02
64410 00	Surgery	4.43	2.42	\$ 364.96	\$ 199.37
64413 00	Surgery	3.6	2.34	\$ 296.59	\$ 192.78
64415 00	Surgery	3.38	1.87	\$ 278.46	\$ 154.06
64416 00	Surgery	2.28	2.28	\$ 303.00	\$ 303.00
64417 00	Surgery	3.76	2.02	\$ 309.77	\$ 166.42
64418 00	Surgery	2.71	1.64	\$ 228.90	\$ 137.61
64420 00	Surgery	3.15	1.92	\$ 259.51	\$ 158.18
64421 00	Surgery	4.46	2.64	\$ 367.44	\$ 217.50
64425 00	Surgery	3.93	2.72	\$ 323.77	\$ 224.09
64430 00	Surgery	4.14	2.3	\$ 341.07	\$ 189.48
64435 00	Surgery	4	2.35	\$ 329.54	\$ 193.60
64445 00	Surgery	3.89	2.09	\$ 320.48	\$ 172.18
64446 00	Surgery	2.28	2.28	\$ 307.50	\$ 307.50

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
64447 00	Surgery	3.46	1.91	\$ 285.05	\$ 157.35
64448 00	Surgery	2.05	2.05	\$ 282.75	\$ 282.75
64449 00	Surgery	2.44	2.44	\$ 220.70	\$ 220.70
64450 00	Surgery	2.19	1.28	\$ 180.42	\$ 105.45
64455 00	Surgery	1.36	1	\$ 112.04	\$ 82.38
64461 00	Surgery	3.96	2.33	\$ 326.24	\$ 191.96
64462 00	Surgery	2.2	1.47	\$ 181.25	\$ 121.11
64463 00	Surgery	5.13	2.42	\$ 422.63	\$ 199.37
64479 00	Surgery	6.95	3.76	\$ 572.57	\$ 309.77
64480 00	Surgery	3.42	1.8	\$ 281.76	\$ 148.29
64483 00	Surgery	6.44	3.19	\$ 530.56	\$ 262.81
64484 00	Surgery	2.79	1.49	\$ 229.85	\$ 122.75
64486 00	Surgery	3.12	1.61	\$ 257.04	\$ 132.64
64487 00	Surgery	4.49	1.87	\$ 369.91	\$ 154.06
64488 00	Surgery	3.83	2.02	\$ 315.53	\$ 166.42
64489 00	Surgery	6.65	2.27	\$ 547.86	\$ 187.01
64490 00	Surgery	5.39	3.03	\$ 444.05	\$ 249.63
64491 00	Surgery	2.68	1.72	\$ 220.79	\$ 141.70
64492 00	Surgery	2.7	1.74	\$ 222.44	\$ 143.35
64493 00	Surgery	4.91	2.58	\$ 404.51	\$ 212.55
64494 00	Surgery	2.49	1.49	\$ 205.14	\$ 122.75
64495 00	Surgery	2.49	1.51	\$ 205.14	\$ 124.40
64505 00	Surgery	3.36	2.69	\$ 276.81	\$ 221.62
64510 00	Surgery	3.78	2.13	\$ 311.41	\$ 175.48
64517 00	Surgery	5.43	3.6	\$ 447.35	\$ 296.59
64520 00	Surgery	5.75	2.34	\$ 473.71	\$ 192.78
64530 00	Surgery	5.73	2.63	\$ 472.06	\$ 216.67
64553 00	Surgery	48.81	10.18	\$ 4,021.20	\$ 838.68
64555 00	Surgery	44.31	9.85	\$ 3,650.47	\$ 811.49
64561 00	Surgery	20.92	8.75	\$ 1,723.49	\$ 720.87
64566 00	Surgery	3.62	0.87	\$ 298.23	\$ 71.67
64568 00	Surgery	18.43	18.43	\$ 1,518.35	\$ 1,518.35
64569 00	Surgery	22.11	22.11	\$ 1,821.53	\$ 1,821.53
64570 00	Surgery	21.29	21.29	\$ 1,753.97	\$ 1,753.97
64575 00	Surgery	9.6	9.6	\$ 790.89	\$ 790.89
64580 00	Surgery	8.86	8.86	\$ 729.93	\$ 729.93
64581 00	Surgery	19.09	19.09	\$ 1,572.73	\$ 1,572.73
64585 00	Surgery	7.03	4.14	\$ 579.16	\$ 341.07
64590 00	Surgery	7.6	4.64	\$ 626.12	\$ 382.27
64595 00	Surgery	6.89	3.63	\$ 567.63	\$ 299.06
64600 00	Surgery	12.35	6.66	\$ 1,017.45	\$ 548.68

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
64605 00	Surgery	16.89	10.09	\$ 1,391.48	\$ 831.26
64610 00	Surgery	22.09	14.27	\$ 1,819.88	\$ 1,175.63
64611 00	Surgery	3.45	3.03	\$ 284.23	\$ 249.63
64612 00	Surgery	3.83	3.39	\$ 315.53	\$ 279.28
64615 00	Surgery	4.27	3.58	\$ 351.78	\$ 294.94
64616 00	Surgery	3.8	3.18	\$ 313.06	\$ 261.98
64617 00	Surgery	4.62	3.14	\$ 380.62	\$ 258.69
64620 00	Surgery	5.91	5	\$ 486.89	\$ 411.92
64630 00	Surgery	6.77	5.47	\$ 557.74	\$ 450.64
64632 00	Surgery	2.45	1.96	\$ 201.84	\$ 161.47
64633 00	Surgery	11.89	6.43	\$ 979.55	\$ 529.73
64634 00	Surgery	5.34	1.95	\$ 439.93	\$ 160.65
64635 00	Surgery	11.76	6.34	\$ 968.84	\$ 522.32
64636 00	Surgery	4.85	1.71	\$ 399.57	\$ 140.88
64640 00	Surgery	3.86	2.69	\$ 318.01	\$ 221.62
64642 00	Surgery	4.15	3.12	\$ 341.90	\$ 257.04
64643 00	Surgery	2.65	2.08	\$ 218.32	\$ 171.36
64644 00	Surgery	4.82	3.42	\$ 397.09	\$ 281.76
64645 00	Surgery	3.33	2.4	\$ 274.34	\$ 197.72
64646 00	Surgery	4.35	3.34	\$ 358.37	\$ 275.17
64647 00	Surgery	5.12	3.96	\$ 421.81	\$ 326.24
64650 00	Surgery	2.25	1.21	\$ 185.37	\$ 99.69
64653 00	Surgery	2.76	1.55	\$ 227.38	\$ 127.70
64680 00	Surgery	9.07	4.66	\$ 747.23	\$ 383.91
64681 00	Surgery	16.43	7.87	\$ 1,353.58	\$ 648.37
64702 00	Surgery	14.47	14.47	\$ 1,192.11	\$ 1,192.11
64704 00	Surgery	9.23	9.23	\$ 760.41	\$ 760.41
64708 00	Surgery	14.42	14.42	\$ 1,187.99	\$ 1,187.99
64712 00	Surgery	16.79	16.79	\$ 1,383.24	\$ 1,383.24
64713 00	Surgery	22.48	22.48	\$ 1,852.01	\$ 1,852.01
64714 00	Surgery	20.81	20.81	\$ 1,714.43	\$ 1,714.43
64716 00	Surgery	15	15	\$ 1,575.00	\$ 1,575.00
64718 00	Surgery	17.04	17.04	\$ 1,403.84	\$ 1,403.84
64719 00	Surgery	11.56	11.56	\$ 952.37	\$ 952.37
64721 00	Surgery	12.45	12.32	\$ 1,025.69	\$ 1,014.98
64722 00	Surgery	10.25	10.25	\$ 1,056.15	\$ 1,056.15
64726 00	Surgery	7.8	7.8	\$ 642.60	\$ 642.60
64727 00	Surgery	5.31	5.31	\$ 437.46	\$ 437.46
64732 00	Surgery	12.89	12.89	\$ 1,061.94	\$ 1,061.94
64734 00	Surgery	14.57	14.57	\$ 1,200.35	\$ 1,200.35
64736 00	Surgery	10.73	10.73	\$ 883.99	\$ 883.99

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
64738 00	Surgery	13.37	13.37	\$ 1,101.48	\$ 1,101.48
64740 00	Surgery	14.01	14.01	\$ 1,154.21	\$ 1,154.21
64742 00	Surgery	14.11	14.11	\$ 1,162.45	\$ 1,162.45
64744 00	Surgery	14.29	14.29	\$ 1,177.28	\$ 1,177.28
64746 00	Surgery	12.42	12.42	\$ 1,023.22	\$ 1,023.22
64755 00	Surgery	26.31	26.31	\$ 2,167.54	\$ 2,167.54
64760 00	Surgery	14.78	14.78	\$ 1,217.65	\$ 1,217.65
64763 00	Surgery	14.76	14.76	\$ 1,216.00	\$ 1,216.00
64766 00	Surgery	17.88	17.88	\$ 1,473.04	\$ 1,473.04
64771 00	Surgery	17.09	17.09	\$ 1,407.96	\$ 1,407.96
64772 00	Surgery	16.25	16.25	\$ 1,338.75	\$ 1,338.75
64774 00	Surgery	11.71	11.71	\$ 964.73	\$ 964.73
64776 00	Surgery	11.18	11.18	\$ 921.06	\$ 921.06
64778 00	Surgery	5.3	5.3	\$ 436.64	\$ 436.64
64782 00	Surgery	13.22	13.22	\$ 1,089.13	\$ 1,089.13
64783 00	Surgery	6.33	6.33	\$ 521.50	\$ 521.50
64784 00	Surgery	20.92	20.92	\$ 1,723.49	\$ 1,723.49
64786 00	Surgery	28.98	28.98	\$ 2,387.51	\$ 2,387.51
64787 00	Surgery	6.96	6.96	\$ 573.40	\$ 573.40
64788 00	Surgery	11.55	11.55	\$ 951.54	\$ 951.54
64790 00	Surgery	24.19	24.19	\$ 1,992.89	\$ 1,992.89
64792 00	Surgery	31.47	31.47	\$ 2,592.65	\$ 2,592.65
64795 00	Surgery	5.64	5.64	\$ 464.65	\$ 464.65
64802 00	Surgery	24.34	24.34	\$ 2,005.25	\$ 2,005.25
64804 00	Surgery	34.19	34.19	\$ 2,816.74	\$ 2,816.74
64809 00	Surgery	31.03	31.03	\$ 2,556.40	\$ 2,556.40
64818 00	Surgery	22.55	22.55	\$ 1,857.78	\$ 1,857.78
64820 00	Surgery	20.58	20.58	\$ 1,695.48	\$ 1,695.48
64821 00	Surgery	20.01	20.01	\$ 1,648.52	\$ 1,648.52
64822 00	Surgery	20.01	20.01	\$ 1,648.52	\$ 1,648.52
64823 00	Surgery	22.76	22.76	\$ 1,875.08	\$ 1,875.08
64831 00	Surgery	19.79	19.79	\$ 1,630.39	\$ 1,630.39
64832 00	Surgery	9.73	9.73	\$ 801.60	\$ 801.60
64834 00	Surgery	21.39	21.39	\$ 1,762.21	\$ 1,762.21
64835 00	Surgery	23.47	23.47	\$ 1,933.57	\$ 1,933.57
64836 00	Surgery	23.49	23.49	\$ 1,935.22	\$ 1,935.22
64837 00	Surgery	10.65	10.65	\$ 877.40	\$ 877.40
64840 00	Surgery	27.82	27.82	\$ 2,291.94	\$ 2,291.94
64856 00	Surgery	29.23	29.23	\$ 2,408.11	\$ 2,408.11
64857 00	Surgery	30.44	30.44	\$ 2,507.79	\$ 2,507.79
64858 00	Surgery	34.07	34.07	\$ 2,806.85	\$ 2,806.85

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
64859 00	Surgery	7.19	7.19	\$ 592.35	\$ 592.35
64861 00	Surgery	44.52	44.52	\$ 3,667.77	\$ 3,667.77
64862 00	Surgery	39.31	39.31	\$ 3,238.55	\$ 3,238.55
64864 00	Surgery	24.91	24.91	\$ 2,052.20	\$ 2,052.20
64865 00	Surgery	31.4	31.4	\$ 2,586.88	\$ 2,586.88
64866 00	Surgery	36.79	36.79	\$ 3,030.94	\$ 3,030.94
64868 00	Surgery	28.85	28.85	\$ 2,376.80	\$ 2,376.80
64872 00	Surgery	3.39	3.39	\$ 279.28	\$ 279.28
64874 00	Surgery	5.06	5.06	\$ 416.87	\$ 416.87
64876 00	Surgery	5.75	5.75	\$ 473.71	\$ 473.71
64885 00	Surgery	32.14	32.14	\$ 2,647.85	\$ 2,647.85
64886 00	Surgery	37.28	37.28	\$ 3,071.30	\$ 3,071.30
64890 00	Surgery	31.21	31.21	\$ 2,571.23	\$ 2,571.23
64891 00	Surgery	33.11	33.11	\$ 2,727.76	\$ 2,727.76
64892 00	Surgery	30.13	30.13	\$ 2,482.25	\$ 2,482.25
64893 00	Surgery	32.45	32.45	\$ 2,673.39	\$ 2,673.39
64895 00	Surgery	38.28	38.28	\$ 3,153.69	\$ 3,153.69
64896 00	Surgery	41.47	41.47	\$ 3,416.50	\$ 3,416.50
64897 00	Surgery	36.49	36.49	\$ 3,006.22	\$ 3,006.22
64898 00	Surgery	39.64	39.64	\$ 3,265.73	\$ 3,265.73
64901 00	Surgery	17.41	17.41	\$ 1,434.32	\$ 1,434.32
64902 00	Surgery	20.15	20.15	\$ 1,660.05	\$ 1,660.05
64905 00	Surgery	29.47	29.47	\$ 2,427.88	\$ 2,427.88
64907 00	Surgery	37.72	37.72	\$ 3,107.55	\$ 3,107.55
64910 00	Surgery	22.89	22.89	\$ 1,885.79	\$ 1,885.79
64911 00	Surgery	29.54	29.54	\$ 2,433.65	\$ 2,433.65
64912 00	Surgery	22.32	22.32	\$ 1,838.83	\$ 1,838.83
64913 00	Surgery	4.5	4.5	\$ 370.73	\$ 370.73
64999 00	Surgery	-	-	BR	BR
65091 00	Surgery	18.4	18.4	\$ 1,515.88	\$ 1,515.88
65093 00	Surgery	18.21	18.21	\$ 1,500.23	\$ 1,500.23
65101 00	Surgery	21.37	21.37	\$ 1,760.56	\$ 1,760.56
65103 00	Surgery	22.25	22.25	\$ 1,833.06	\$ 1,833.06
65105 00	Surgery	24.49	24.49	\$ 2,017.60	\$ 2,017.60
65110 00	Surgery	35.05	35.05	\$ 2,887.59	\$ 2,887.59
65112 00	Surgery	40.58	40.58	\$ 3,343.17	\$ 3,343.17
65114 00	Surgery	42.52	42.52	\$ 3,503.00	\$ 3,503.00
65125 00	Surgery	13.03	8.32	\$ 1,073.47	\$ 685.44
65130 00	Surgery	21.17	21.17	\$ 1,744.09	\$ 1,744.09
65135 00	Surgery	21.47	21.47	\$ 1,768.80	\$ 1,768.80
65140 00	Surgery	23.32	23.32	\$ 1,921.21	\$ 1,921.21

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
65150 00	Surgery	16.8	16.8	\$ 1,384.06	\$ 1,384.06
65155 00	Surgery	24.4	24.4	\$ 2,010.19	\$ 2,010.19
65175 00	Surgery	19.05	19.05	\$ 1,569.43	\$ 1,569.43
65205 00	Surgery	1.31	1.02	\$ 107.92	\$ 84.03
65210 00	Surgery	1.6	1.22	\$ 131.82	\$ 100.51
65220 00	Surgery	1.68	1.19	\$ 138.41	\$ 98.04
65222 00	Surgery	1.93	1.48	\$ 159.00	\$ 121.93
65235 00	Surgery	20.26	20.26	\$ 1,669.12	\$ 1,669.12
65260 00	Surgery	27.41	27.41	\$ 2,258.17	\$ 2,258.17
65265 00	Surgery	30.79	30.79	\$ 2,536.63	\$ 2,536.63
65270 00	Surgery	7.79	4.01	\$ 641.78	\$ 330.36
65272 00	Surgery	14.56	10.02	\$ 1,199.52	\$ 825.50
65273 00	Surgery	10.85	10.85	\$ 893.87	\$ 893.87
65275 00	Surgery	16.55	13.15	\$ 1,363.47	\$ 1,083.36
65280 00	Surgery	19.1	19.1	\$ 1,573.55	\$ 1,573.55
65285 00	Surgery	31.57	31.57	\$ 2,600.89	\$ 2,600.89
65286 00	Surgery	20.07	14.12	\$ 1,653.46	\$ 1,163.27
65290 00	Surgery	13.96	13.96	\$ 1,150.09	\$ 1,150.09
65400 00	Surgery	19.44	17.14	\$ 1,601.56	\$ 1,412.07
65410 00	Surgery	4.11	2.96	\$ 366.53	\$ 257.80
65420 00	Surgery	14.93	10.75	\$ 1,230.00	\$ 885.64
65426 00	Surgery	18.76	13.6	\$ 1,545.54	\$ 1,120.43
65430 00	Surgery	3.31	2.94	\$ 272.69	\$ 242.21
65435 00	Surgery	2.32	1.98	\$ 191.13	\$ 163.12
65436 00	Surgery	11.05	10.55	\$ 910.35	\$ 869.16
65450 00	Surgery	9.3	9.15	\$ 766.18	\$ 753.82
65600 00	Surgery	11.38	9.74	\$ 937.54	\$ 802.43
65710 00	Surgery	31.76	31.76	\$ 2,616.54	\$ 2,616.54
65730 00	Surgery	35.15	35.15	\$ 2,895.82	\$ 2,895.82
65750 00	Surgery	35.32	35.32	\$ 2,909.83	\$ 2,909.83
65755 00	Surgery	35.14	35.14	\$ 2,895.00	\$ 2,895.00
65756 00	Surgery	33.65	33.65	\$ 2,772.25	\$ 2,772.25
65757 00	Surgery	3.63	3.63	\$ 299.06	\$ 299.06
65760 00	Surgery	33.28	33.28	\$ 2,741.77	\$ 2,741.77
65765 00	Surgery	48.26	48.26	\$ 3,975.89	\$ 3,975.89
65767 00	Surgery	44.92	44.92	\$ 3,700.72	\$ 3,700.72
65770 00	Surgery	39.63	39.63	\$ 3,264.91	\$ 3,264.91
65771 00	Surgery	18.3	18.3	\$ 1,507.64	\$ 1,507.64
65772 00	Surgery	12.88	11.55	\$ 1,061.12	\$ 951.54
65775 00	Surgery	15.82	15.82	\$ 1,303.37	\$ 1,303.37
65778 00	Surgery	40.08	1.58	\$ 3,301.98	\$ 130.17

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
65779 00	Surgery	34.51	4.32	\$ 2,843.10	\$ 355.90
65780 00	Surgery	18.95	18.95	\$ 1,561.19	\$ 1,561.19
65781 00	Surgery	37.91	37.91	\$ 3,123.21	\$ 3,123.21
65782 00	Surgery	32.68	32.68	\$ 2,692.33	\$ 2,692.33
65785 00	Surgery	69.56	12.58	\$ 5,730.68	\$ 1,036.40
65800 00	Surgery	3.42	2.59	\$ 281.76	\$ 213.38
65810 00	Surgery	13.23	13.23	\$ 1,089.95	\$ 1,089.95
65815 00	Surgery	18.26	13.57	\$ 1,504.35	\$ 1,117.96
65820 00	Surgery	21.54	21.54	\$ 1,774.57	\$ 1,774.57
65850 00	Surgery	23.87	23.87	\$ 1,966.52	\$ 1,966.52
65855 00	Surgery	7.01	5.91	\$ 722.97	\$ 560.36
65860 00	Surgery	8.81	7.18	\$ 725.81	\$ 591.52
65865 00	Surgery	13.46	13.46	\$ 1,108.90	\$ 1,108.90
65870 00	Surgery	16.78	16.78	\$ 1,382.42	\$ 1,382.42
65875 00	Surgery	17.92	17.92	\$ 1,476.34	\$ 1,476.34
65880 00	Surgery	18.86	18.86	\$ 1,553.78	\$ 1,553.78
65900 00	Surgery	27.63	27.63	\$ 2,276.29	\$ 2,276.29
65920 00	Surgery	22.41	22.41	\$ 1,846.24	\$ 1,846.24
65930 00	Surgery	18.09	18.09	\$ 1,490.34	\$ 1,490.34
66020 00	Surgery	5.43	3.74	\$ 447.35	\$ 308.12
66030 00	Surgery	4.87	3.16	\$ 401.21	\$ 260.34
66130 00	Surgery	19.95	16.16	\$ 1,643.58	\$ 1,331.34
66150 00	Surgery	24.94	24.94	\$ 2,054.68	\$ 2,054.68
66155 00	Surgery	24.92	24.92	\$ 2,053.03	\$ 2,053.03
66160 00	Surgery	28.1	28.1	\$ 2,315.01	\$ 2,315.01
66170 00	Surgery	31.12	31.12	\$ 2,563.81	\$ 2,563.81
66172 00	Surgery	33.9	33.9	\$ 2,792.84	\$ 2,792.84
66174 00	Surgery	26.94	26.94	\$ 2,314.17	\$ 2,314.17
66175 00	Surgery	28.22	28.22	\$ 2,687.41	\$ 2,687.41
66179 00	Surgery	30.66	30.66	\$ 2,525.92	\$ 2,525.92
66180 00	Surgery	32.35	32.35	\$ 2,665.15	\$ 2,665.15
66183 00	Surgery	29.29	29.29	\$ 2,413.05	\$ 2,413.05
66184 00	Surgery	22.34	22.34	\$ 1,840.48	\$ 1,840.48
66185 00	Surgery	24.05	24.05	\$ 1,981.35	\$ 1,981.35
66225 00	Surgery	26.48	26.48	\$ 2,181.55	\$ 2,181.55
66250 00	Surgery	21.41	15.83	\$ 1,763.86	\$ 1,304.15
66500 00	Surgery	10.2	10.2	\$ 840.32	\$ 840.32
66505 00	Surgery	11.17	11.17	\$ 920.24	\$ 920.24
66600 00	Surgery	23.94	23.94	\$ 1,972.29	\$ 1,972.29
66605 00	Surgery	30.34	30.34	\$ 2,499.55	\$ 2,499.55
66625 00	Surgery	12.2	12.2	\$ 1,005.09	\$ 1,005.09

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
66630 00	Surgery	16.17	16.17	\$ 1,332.16	\$ 1,332.16
66635 00	Surgery	16.33	16.33	\$ 1,345.34	\$ 1,345.34
66680 00	Surgery	14.71	14.71	\$ 1,211.88	\$ 1,211.88
66682 00	Surgery	18.39	18.39	\$ 1,515.06	\$ 1,515.06
66700 00	Surgery	12.86	11.17	\$ 1,059.47	\$ 920.24
66710 00	Surgery	12.6	11.17	\$ 1,038.05	\$ 920.24
66711 00	Surgery	18.28	18.28	\$ 1,505.99	\$ 1,505.99
66720 00	Surgery	13.16	11.63	\$ 1,084.18	\$ 958.13
66740 00	Surgery	12.5	11.17	\$ 1,029.81	\$ 920.24
66761 00	Surgery	8.5	6.71	\$ 777.16	\$ 593.82
66762 00	Surgery	13.57	12.09	\$ 1,117.96	\$ 996.03
66770 00	Surgery	15.07	13.71	\$ 1,241.54	\$ 1,129.50
66820 00	Surgery	11.46	11.46	\$ 944.13	\$ 944.13
66821 00	Surgery	9.42	8.85	\$ 776.06	\$ 729.11
66825 00	Surgery	21.85	21.85	\$ 1,800.11	\$ 1,800.11
66830 00	Surgery	20.15	20.15	\$ 1,660.05	\$ 1,660.05
66840 00	Surgery	19.79	19.79	\$ 1,630.39	\$ 1,630.39
66850 00	Surgery	22.52	22.52	\$ 1,855.30	\$ 1,855.30
66852 00	Surgery	23.99	23.99	\$ 1,976.41	\$ 1,976.41
66920 00	Surgery	21.41	21.41	\$ 1,763.86	\$ 1,763.86
66930 00	Surgery	24.33	24.33	\$ 2,004.42	\$ 2,004.42
66940 00	Surgery	22.23	22.23	\$ 1,831.41	\$ 1,831.41
66982 00	Surgery	22.56	22.56	\$ 2,146.70	\$ 2,146.70
66983 00	Surgery	21.09	21.09	\$ 1,738.88	\$ 1,738.88
66984 00	Surgery	18.16	18.16	\$ 1,766.96	\$ 1,766.96
66985 00	Surgery	21.86	21.86	\$ 1,800.93	\$ 1,800.93
66986 00	Surgery	25.83	25.83	\$ 2,128.00	\$ 2,128.00
66990 00	Surgery	2.56	2.56	\$ 210.91	\$ 210.91
66999 00	Surgery	-	-	BR	BR
67005 00	Surgery	13.43	13.43	\$ 1,270.21	\$ 1,270.21
67010 00	Surgery	15.42	15.42	\$ 2,240.25	\$ 2,240.25
67015 00	Surgery	16.58	16.58	\$ 1,365.94	\$ 1,365.94
67025 00	Surgery	20.85	17.97	\$ 1,717.72	\$ 1,480.45
67027 00	Surgery	24.22	24.22	\$ 1,995.36	\$ 1,995.36
67028 00	Surgery	2.89	2.83	\$ 478.90	\$ 321.08
67030 00	Surgery	15.21	15.21	\$ 1,253.07	\$ 1,253.07
67031 00	Surgery	11.11	10.14	\$ 915.29	\$ 835.38
67036 00	Surgery	25.61	25.61	\$ 2,403.73	\$ 2,403.73
67039 00	Surgery	27.43	27.43	\$ 2,438.89	\$ 2,438.89
67040 00	Surgery	29.64	29.64	\$ 2,666.36	\$ 2,666.36
67041 00	Surgery	32.75	32.75	\$ 2,698.10	\$ 2,698.10

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
67042 00	Surgery	32.75	32.75	\$ 2,698.10	\$ 2,698.10
67043 00	Surgery	34.55	34.55	\$ 2,846.39	\$ 2,846.39
67101 00	Surgery	9.4	8.1	\$ 1,647.91	\$ 932.61
67105 00	Surgery	8.45	7.82	\$ 1,486.04	\$ 901.08
67107 00	Surgery	32.19	32.19	\$ 2,651.97	\$ 2,651.97
67108 00	Surgery	34.1	34.1	\$ 2,965.37	\$ 2,965.37
67110 00	Surgery	25.09	23.12	\$ 2,067.03	\$ 1,904.74
67113 00	Surgery	38.06	38.06	\$ 3,135.56	\$ 3,135.56
67115 00	Surgery	14.19	14.19	\$ 1,169.04	\$ 1,169.04
67120 00	Surgery	18.86	15.83	\$ 1,553.78	\$ 1,304.15
67121 00	Surgery	25.81	25.81	\$ 2,126.35	\$ 2,126.35
67141 00	Surgery	14.92	13.84	\$ 1,229.18	\$ 1,140.21
67145 00	Surgery	15.02	14.14	\$ 1,237.42	\$ 1,164.92
67208 00	Surgery	17.07	16.42	\$ 1,406.31	\$ 1,352.76
67210 00	Surgery	14.72	14.21	\$ 1,212.70	\$ 1,170.69
67218 00	Surgery	39.38	39.38	\$ 3,244.31	\$ 3,244.31
67220 00	Surgery	15.18	14.21	\$ 1,465.50	\$ 1,299.44
67221 00	Surgery	8.07	6.05	\$ 664.85	\$ 498.43
67225 00	Surgery	0.84	0.8	\$ 69.20	\$ 65.91
67227 00	Surgery	8.34	7.3	\$ 1,092.83	\$ 768.87
67228 00	Surgery	9.73	8.72	\$ 1,580.12	\$ 983.86
67229 00	Surgery	33.14	33.14	\$ 2,730.23	\$ 2,730.23
67250 00	Surgery	22.61	22.61	\$ 1,862.72	\$ 1,862.72
67255 00	Surgery	19.42	19.42	\$ 1,669.64	\$ 1,669.64
67299 00	Surgery	-	-	BR	BR
67311 00	Surgery	16.96	16.96	\$ 1,397.25	\$ 1,397.25
67312 00	Surgery	20.23	20.23	\$ 1,666.64	\$ 1,666.64
67314 00	Surgery	19.1	19.1	\$ 1,573.55	\$ 1,573.55
67316 00	Surgery	22.74	22.74	\$ 1,873.43	\$ 1,873.43
67318 00	Surgery	19.96	19.96	\$ 1,644.40	\$ 1,644.40
67320 00	Surgery	9.17	9.17	\$ 1,257.06	\$ 1,257.06
67331 00	Surgery	8.7	8.7	\$ 1,070.75	\$ 1,070.75
67332 00	Surgery	9.44	9.44	\$ 1,314.92	\$ 1,314.92
67334 00	Surgery	8.59	8.59	\$ 963.79	\$ 963.79
67335 00	Surgery	4.21	4.21	\$ 374.94	\$ 374.94
67340 00	Surgery	10.19	10.19	\$ 1,214.09	\$ 1,214.09
67343 00	Surgery	18.54	18.54	\$ 1,527.41	\$ 1,527.41
67345 00	Surgery	6.96	6.22	\$ 573.40	\$ 512.43
67346 00	Surgery	5.5	5.5	\$ 453.12	\$ 453.12
67399 00	Surgery	-	-	BR	BR
67400 00	Surgery	26.79	26.79	\$ 2,207.09	\$ 2,207.09

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
67405 00	Surgery	22.86	22.86	\$ 1,883.32	\$ 1,883.32
67412 00	Surgery	24.68	24.68	\$ 2,033.26	\$ 2,033.26
67413 00	Surgery	24.7	24.7	\$ 2,034.90	\$ 2,034.90
67414 00	Surgery	38.12	38.12	\$ 3,140.51	\$ 3,140.51
67415 00	Surgery	2.97	2.97	\$ 251.24	\$ 251.24
67420 00	Surgery	46.28	46.28	\$ 3,812.77	\$ 3,812.77
67430 00	Surgery	35.94	35.94	\$ 2,960.91	\$ 2,960.91
67440 00	Surgery	34.78	34.78	\$ 2,865.34	\$ 2,865.34
67445 00	Surgery	40.32	40.32	\$ 3,321.75	\$ 3,321.75
67450 00	Surgery	36.15	36.15	\$ 2,978.21	\$ 2,978.21
67500 00	Surgery	2.02	1.73	\$ 166.42	\$ 142.53
67505 00	Surgery	2.38	2.03	\$ 196.08	\$ 167.24
67515 00	Surgery	2.24	2.06	\$ 184.54	\$ 169.71
67550 00	Surgery	27.82	27.82	\$ 2,291.94	\$ 2,291.94
67560 00	Surgery	28.51	28.51	\$ 2,348.79	\$ 2,348.79
67570 00	Surgery	33.95	33.95	\$ 2,796.96	\$ 2,796.96
67599 00	Surgery	-	-	BR	BR
67700 00	Surgery	7.82	3.31	\$ 644.25	\$ 272.69
67710 00	Surgery	6.56	2.77	\$ 540.44	\$ 228.21
67715 00	Surgery	7.07	3.08	\$ 582.46	\$ 253.75
67800 00	Surgery	3.64	2.93	\$ 299.88	\$ 241.39
67801 00	Surgery	4.64	3.79	\$ 382.27	\$ 312.24
67805 00	Surgery	5.76	4.67	\$ 474.54	\$ 384.74
67808 00	Surgery	10.45	10.45	\$ 860.92	\$ 860.92
67810 00	Surgery	4.99	2.03	\$ 411.10	\$ 167.24
67820 00	Surgery	0.93	0.99	\$ 76.62	\$ 81.56
67825 00	Surgery	3.71	3.46	\$ 305.65	\$ 285.05
67830 00	Surgery	7.64	3.92	\$ 629.42	\$ 322.95
67835 00	Surgery	12.47	12.47	\$ 1,027.34	\$ 1,027.34
67840 00	Surgery	7.91	4.49	\$ 651.66	\$ 369.91
67850 00	Surgery	6.13	3.84	\$ 505.02	\$ 316.36
67875 00	Surgery	4.96	2.75	\$ 408.63	\$ 226.56
67880 00	Surgery	13.12	10.47	\$ 1,080.89	\$ 862.57
67882 00	Surgery	16.1	13.41	\$ 1,326.39	\$ 1,104.78
67900 00	Surgery	18.28	14.46	\$ 1,505.99	\$ 1,191.28
67901 00	Surgery	21.92	16.54	\$ 1,805.87	\$ 1,362.64
67902 00	Surgery	20.54	20.54	\$ 1,692.18	\$ 1,692.18
67903 00	Surgery	16.98	13.74	\$ 1,398.89	\$ 1,131.97
67904 00	Surgery	20.94	16.99	\$ 1,725.14	\$ 1,399.72
67906 00	Surgery	14.44	14.44	\$ 1,189.64	\$ 1,189.64
67908 00	Surgery	14.17	12.11	\$ 1,167.39	\$ 997.68

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
67909 00	Surgery	15.36	12.46	\$ 1,265.43	\$ 1,026.51
67911 00	Surgery	15.97	15.97	\$ 1,321.07	\$ 1,321.07
67912 00	Surgery	25.42	13.88	\$ 2,094.22	\$ 1,143.50
67914 00	Surgery	13.53	9.29	\$ 1,114.67	\$ 765.35
67915 00	Surgery	8.52	5.62	\$ 701.92	\$ 463.00
67916 00	Surgery	17.05	12.24	\$ 1,404.66	\$ 1,008.39
67917 00	Surgery	17.36	13.01	\$ 1,430.20	\$ 1,071.83
67921 00	Surgery	13.28	8.82	\$ 1,094.07	\$ 726.63
67922 00	Surgery	8.37	5.6	\$ 689.56	\$ 461.35
67923 00	Surgery	17.05	12.25	\$ 1,404.66	\$ 1,009.21
67924 00	Surgery	18.16	13.01	\$ 1,496.11	\$ 1,071.83
67930 00	Surgery	10.43	6.82	\$ 859.27	\$ 561.86
67935 00	Surgery	16.96	12.6	\$ 1,397.25	\$ 1,038.05
67938 00	Surgery	7.19	3.31	\$ 592.35	\$ 272.69
67950 00	Surgery	16.39	13.16	\$ 1,350.29	\$ 1,084.18
67961 00	Surgery	16.47	12.93	\$ 1,356.88	\$ 1,065.24
67966 00	Surgery	21.96	18.7	\$ 1,809.17	\$ 1,540.60
67971 00	Surgery	20.58	20.58	\$ 1,695.48	\$ 1,695.48
67973 00	Surgery	26.47	26.47	\$ 2,180.72	\$ 2,180.72
67974 00	Surgery	26.41	26.41	\$ 2,175.78	\$ 2,175.78
67975 00	Surgery	19.47	19.47	\$ 1,604.03	\$ 1,604.03
67999 00	Surgery	-	-	BR	BR
68020 00	Surgery	3.44	3.15	\$ 283.40	\$ 259.51
68040 00	Surgery	1.78	1.41	\$ 146.64	\$ 116.16
68100 00	Surgery	4.97	2.75	\$ 409.45	\$ 226.56
68110 00	Surgery	6.56	4.22	\$ 540.44	\$ 347.66
68115 00	Surgery	9.07	5.23	\$ 747.23	\$ 430.87
68130 00	Surgery	15.48	11.73	\$ 1,275.32	\$ 966.37
68135 00	Surgery	4.49	4.28	\$ 369.91	\$ 352.61
68200 00	Surgery	1.18	0.99	\$ 97.21	\$ 81.56
68320 00	Surgery	20.82	15.33	\$ 1,715.25	\$ 1,262.96
68325 00	Surgery	18.69	18.69	\$ 1,539.77	\$ 1,539.77
68326 00	Surgery	18.35	18.35	\$ 1,511.76	\$ 1,511.76
68328 00	Surgery	20.12	20.12	\$ 1,657.58	\$ 1,657.58
68330 00	Surgery	17.39	13.1	\$ 1,432.67	\$ 1,079.24
68335 00	Surgery	18.42	18.42	\$ 1,517.53	\$ 1,517.53
68340 00	Surgery	16.03	11.34	\$ 1,320.63	\$ 934.24
68360 00	Surgery	15.3	11.73	\$ 1,260.49	\$ 966.37
68362 00	Surgery	18.67	18.67	\$ 1,538.12	\$ 1,538.12
68371 00	Surgery	11.74	11.74	\$ 967.20	\$ 967.20
68399 00	Surgery	-	-	BR	BR

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
68400 00	Surgery	8.24	3.76	\$ 678.85	\$ 309.77
68420 00	Surgery	9.28	4.78	\$ 764.53	\$ 393.80
68440 00	Surgery	2.92	2.81	\$ 240.56	\$ 231.50
68500 00	Surgery	27.87	27.87	\$ 2,296.06	\$ 2,296.06
68505 00	Surgery	27.74	27.74	\$ 2,285.35	\$ 2,285.35
68510 00	Surgery	12.84	8.33	\$ 1,057.82	\$ 686.27
68520 00	Surgery	19.6	19.6	\$ 1,614.74	\$ 1,614.74
68525 00	Surgery	7.52	7.52	\$ 619.53	\$ 619.53
68530 00	Surgery	12.26	7.29	\$ 1,010.04	\$ 600.58
68540 00	Surgery	26.51	26.51	\$ 2,184.02	\$ 2,184.02
68550 00	Surgery	32.53	32.53	\$ 2,679.98	\$ 2,679.98
68700 00	Surgery	17.17	17.17	\$ 1,414.55	\$ 1,414.55
68705 00	Surgery	6.99	4.72	\$ 575.87	\$ 388.86
68720 00	Surgery	21.6	21.6	\$ 1,779.51	\$ 1,779.51
68745 00	Surgery	21.69	21.69	\$ 1,786.93	\$ 1,786.93
68750 00	Surgery	22.49	22.49	\$ 1,852.83	\$ 1,852.83
68760 00	Surgery	5.92	4.15	\$ 487.72	\$ 341.90
68761 00	Surgery	4.22	3.36	\$ 347.66	\$ 276.81
68770 00	Surgery	17.88	17.88	\$ 1,473.04	\$ 1,473.04
68801 00	Surgery	2.57	2.22	\$ 211.73	\$ 182.89
68810 00	Surgery	4.47	3.64	\$ 368.26	\$ 299.88
68811 00	Surgery	3.87	3.87	\$ 361.97	\$ 361.97
68815 00	Surgery	11.21	6.31	\$ 923.53	\$ 519.85
68816 00	Surgery	20.5	4.49	\$ 1,688.89	\$ 369.91
68840 00	Surgery	3.67	3.31	\$ 302.35	\$ 272.69
68850 00	Surgery	1.79	1.59	\$ 147.47	\$ 130.99
68899 00	Surgery	-	-	BR	BR
69000 00	Surgery	5.29	3.42	\$ 435.82	\$ 281.76
69005 00	Surgery	6.13	4.5	\$ 505.02	\$ 370.73
69020 00	Surgery	6.57	4.03	\$ 541.27	\$ 332.01
69090 00	Surgery	0.88	0.88	\$ 72.50	\$ 72.50
69100 00	Surgery	2.79	1.4	\$ 229.85	\$ 115.34
69105 00	Surgery	3.99	1.79	\$ 328.72	\$ 147.47
69110 00	Surgery	13	9.21	\$ 1,071.00	\$ 758.76
69120 00	Surgery	11.38	11.38	\$ 937.54	\$ 937.54
69140 00	Surgery	25.02	25.02	\$ 2,061.27	\$ 2,061.27
69145 00	Surgery	11.14	7.04	\$ 917.77	\$ 579.99
69150 00	Surgery	29.5	29.5	\$ 2,430.35	\$ 2,430.35
69155 00	Surgery	47.03	47.03	\$ 3,874.56	\$ 3,874.56
69200 00	Surgery	2.32	1.35	\$ 191.13	\$ 111.22
69205 00	Surgery	2.82	2.82	\$ 232.33	\$ 232.33

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
69209 00	Surgery	0.4	0.4	\$ 32.95	\$ 32.95
69210 00	Surgery	1.34	0.94	\$ 110.40	\$ 77.44
69220 00	Surgery	2.29	1.47	\$ 188.66	\$ 121.11
69222 00	Surgery	6.12	3.84	\$ 504.19	\$ 316.36
69300 00	Surgery	18.18	13.85	\$ 1,497.76	\$ 1,141.03
69310 00	Surgery	31.04	31.04	\$ 2,557.22	\$ 2,557.22
69320 00	Surgery	43.55	43.55	\$ 3,587.86	\$ 3,587.86
69399 00	Surgery	-	-	BR	BR
69420 00	Surgery	5.36	3.41	\$ 441.58	\$ 280.93
69421 00	Surgery	4.22	4.22	\$ 347.66	\$ 347.66
69424 00	Surgery	3.63	1.75	\$ 299.06	\$ 144.17
69433 00	Surgery	5.67	3.75	\$ 467.12	\$ 308.94
69436 00	Surgery	4.51	4.51	\$ 371.56	\$ 371.56
69440 00	Surgery	19.55	19.55	\$ 1,610.62	\$ 1,610.62
69450 00	Surgery	15.47	15.47	\$ 1,274.49	\$ 1,274.49
69501 00	Surgery	20.62	20.62	\$ 1,698.77	\$ 1,698.77
69502 00	Surgery	27.36	27.36	\$ 2,254.05	\$ 2,254.05
69505 00	Surgery	34.28	34.28	\$ 2,824.15	\$ 2,824.15
69511 00	Surgery	35.13	35.13	\$ 2,894.18	\$ 2,894.18
69530 00	Surgery	47.13	47.13	\$ 3,882.79	\$ 3,882.79
69535 00	Surgery	76.71	76.71	\$ 6,319.74	\$ 6,319.74
69540 00	Surgery	5.87	3.59	\$ 483.60	\$ 295.76
69550 00	Surgery	29.65	29.65	\$ 2,442.71	\$ 2,442.71
69552 00	Surgery	44.75	44.75	\$ 3,686.72	\$ 3,686.72
69554 00	Surgery	71.85	71.85	\$ 5,919.35	\$ 5,919.35
69601 00	Surgery	29.5	29.5	\$ 2,430.35	\$ 2,430.35
69602 00	Surgery	30.95	30.95	\$ 2,549.81	\$ 2,549.81
69603 00	Surgery	35.93	35.93	\$ 2,960.08	\$ 2,960.08
69604 00	Surgery	31.66	31.66	\$ 2,608.30	\$ 2,608.30
69605 00	Surgery	44.47	44.47	\$ 3,663.65	\$ 3,663.65
69610 00	Surgery	10.83	8.27	\$ 892.23	\$ 681.32
69620 00	Surgery	19.82	13.89	\$ 1,632.87	\$ 1,144.32
69631 00	Surgery	25.13	25.13	\$ 2,070.33	\$ 2,070.33
69632 00	Surgery	30.65	30.65	\$ 2,525.09	\$ 2,525.09
69633 00	Surgery	29.71	29.71	\$ 2,447.65	\$ 2,447.65
69635 00	Surgery	35.39	35.39	\$ 2,915.60	\$ 2,915.60
69636 00	Surgery	39.34	39.34	\$ 3,241.02	\$ 3,241.02
69637 00	Surgery	39.9	39.9	\$ 3,287.15	\$ 3,287.15
69641 00	Surgery	29.62	29.62	\$ 2,440.24	\$ 2,440.24
69642 00	Surgery	38.08	38.08	\$ 3,137.21	\$ 3,137.21
69643 00	Surgery	34.79	34.79	\$ 2,866.17	\$ 2,866.17

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SURGERY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
69644 00	Surgery	42.18	42.18	\$ 3,474.99	\$ 3,474.99
69645 00	Surgery	41.44	41.44	\$ 3,414.02	\$ 3,414.02
69646 00	Surgery	44.1	44.1	\$ 3,633.17	\$ 3,633.17
69650 00	Surgery	22.83	22.83	\$ 1,880.84	\$ 1,880.84
69660 00	Surgery	26.36	26.36	\$ 2,171.66	\$ 2,171.66
69661 00	Surgery	34.35	34.35	\$ 2,829.92	\$ 2,829.92
69662 00	Surgery	32.95	32.95	\$ 2,714.58	\$ 2,714.58
69666 00	Surgery	22.96	22.96	\$ 1,891.55	\$ 1,891.55
69667 00	Surgery	23.05	23.05	\$ 1,898.97	\$ 1,898.97
69670 00	Surgery	26.82	26.82	\$ 2,209.56	\$ 2,209.56
69676 00	Surgery	23.6	23.6	\$ 1,944.28	\$ 1,944.28
69700 00	Surgery	19.3	19.3	\$ 1,590.03	\$ 1,590.03
69710 00	Surgery	-	-	BR	BR
69711 00	Surgery	24.29	24.29	\$ 2,001.13	\$ 2,001.13
69714 00	Surgery	30.47	30.47	\$ 2,510.26	\$ 2,510.26
69715 00	Surgery	37.63	37.63	\$ 3,100.14	\$ 3,100.14
69717 00	Surgery	31.93	31.93	\$ 2,630.55	\$ 2,630.55
69718 00	Surgery	38.01	38.01	\$ 3,131.45	\$ 3,131.45
69720 00	Surgery	34.16	34.16	\$ 2,814.26	\$ 2,814.26
69725 00	Surgery	53.56	53.56	\$ 4,412.53	\$ 4,412.53
69740 00	Surgery	33.22	33.22	\$ 2,736.82	\$ 2,736.82
69745 00	Surgery	35.35	35.35	\$ 2,912.30	\$ 2,912.30
69799 00	Surgery	-	-	BR	BR
69801 00	Surgery	5.83	3.58	\$ 1,422.36	\$ 441.44
69805 00	Surgery	29.82	29.82	\$ 2,456.71	\$ 2,456.71
69806 00	Surgery	26.62	26.62	\$ 2,193.08	\$ 2,193.08
69905 00	Surgery	26.06	26.06	\$ 2,146.95	\$ 2,146.95
69910 00	Surgery	28.7	28.7	\$ 2,364.44	\$ 2,364.44
69915 00	Surgery	43.61	43.61	\$ 3,592.80	\$ 3,592.80
69930 00	Surgery	34.86	34.86	\$ 2,871.93	\$ 2,871.93
69949 00	Surgery	-	-	BR	BR
69950 00	Surgery	50.61	50.61	\$ 4,169.49	\$ 4,169.49
69955 00	Surgery	56.23	56.23	\$ 4,632.50	\$ 4,632.50
69960 00	Surgery	54.63	54.63	\$ 4,500.68	\$ 4,500.68
69970 00	Surgery	61.05	61.05	\$ 5,029.59	\$ 5,029.59
69979 00	Surgery	-	-	BR	BR
69990 00	Surgery	6.4	6.4	\$ 527.26	\$ 527.26

Historical Note

New Appendix A, Surgery Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Surgery Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Radiology

RADIOLOGY GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2019 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications (e.g. CMS Guidelines) adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to CMS and CPT® guidelines, and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

A. GENERAL GUIDELINES

1. Values include usual contrast media, equipment and materials. An additional charge may be warranted when special surgical trays and materials are provided by the physician.
2. Values include consultation and written reports to the referring physician.
3. X-ray findings and attending physician's written order for x-rays must be included with statement for x-ray services. Bills unsupported by findings will not be paid.
4. X-rays should be taken, reported, and be properly marked for identification and orientation in accordance with the accepted standard of radiologic practice in the State of Arizona.

B. MODIFIERS

Modifiers identify circumstances that alter or enhance the description of the service. For radiology codes, two modifiers affect the assigned unit value and are listed in *The Essential RBRVS*. However, other modifiers may be required for correct reporting of service. See CMS and the 2018 CPT®-4 publications for additional information on modifiers. Listed radiology modifiers affect the unit values as follows:

1. Total: When no modifier is listed, the unit value represents the global value of the procedure. The five-digit code is used to represent a global service inclusive of professional and technical value of providing that service. The following sections, provide additional definitions for each component.
2. Professional: Modifier 26 is used to designate professional services. The professional component includes examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation and written report of the examination, and consultation with referring physicians.
3. Technical: Modifier TC is used to designate the technical value of providing the service. The technical component includes personnel, materials, space, equipment, and other allocated facility overhead normally included in providing the service. Note that modifier TC is not CPT compatible.

C. REFERENCE TO RELATIVE VALUES

Two patterns of billing currently prevail in radiology. A total charge for the radiology service, to include both professional fees and technical costs, is made by radiologists working in offices, clinics and, under some circumstances, in hospital x-ray departments.

In a majority of voluntary hospital radiology departments, the radiologist submits a separate statement to the patient for his professional services. The hospital charges for use of the department facilities and the services of its employees. This pattern is similar to the charges made by the hospital for the use of delivery rooms or surgical suites. Such charges are entirely separate from the fees charged by obstetricians and surgeons. In most separate radiology billing situations, the total will approximate the amount billed singly by the radiologist in their office or billed singly by the hospital.

The two separate scales in Radiology Relative Values have been devised for use in radiology and are not coordinated with scales for services in other branches of medicine such as surgery, medicine or pathology. The two scales are compatible only within themselves. Within each of the two separate headings, the total dollar value and the PC or professional components dollar value, where appropriate, can be used. Some procedures are noted as a "BR" value or "By Report." This usage is intended to indicate that circumstances involving a given patient procedure may require much more than the average amount of time and effort to perform and thus a value would be unique and could not be anticipated or established. When such added involvement is claimed, a written explanation will usually be required as an addendum to the bill.

The PC values do not include charges made by the hospital in which the procedure was accomplished. Such charges by the hospital cover the services of technologists and other helpers, the films, contrast media, radioactive agents, chemical and other materials, the use of the space and facilities of the x-ray department plus any other hospital costs. Most hospitals have derived their own schedule of charges of these items. The establishment of the hospital's charges is not properly the subject of this Appendix.

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

The separation of billing in no way implies a division of responsibility, but only a division of the charge. The radiologist is a physician performing a needed medical service for a patient, and he must retain full responsibility for his own activity and also full responsibility for the supervision of technologists, the selection and maintenance of equipment, the control of radiation hazards and the general administration of the radiology department.

D. REVIEW OF DIAGNOSTIC STUDIES

No separate charge is warranted for prior studies reviewed in conjunction with a visit, consultation, record review, or other evaluation by the medical provider or other medical personnel; neither the professional component value modifier 26 nor the radiological consultation CPT code 76140 is reimbursable. The review of diagnostic tests is included in the evaluation and management codes.

Historical Note

New Appendix A. Radiology Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A. Radiology Guidelines will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Radiology Codes

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
70010 00	Radiology	1.73	1.73	\$ 277.50	\$ 277.50
70015 00	Radiology	4.35	4.35	\$ 358.37	\$ 358.37
70015 26	Radiology	1.7	1.7	\$ 140.05	\$ 140.05
70015 TC	Radiology	2.65	2.65	\$ 218.32	\$ 218.32
70030 00	Radiology	0.83	0.83	\$ 68.38	\$ 68.38
70030 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
70030 TC	Radiology	0.59	0.59	\$ 48.61	\$ 48.61
70100 00	Radiology	0.97	0.97	\$ 79.91	\$ 79.91
70100 26	Radiology	0.26	0.26	\$ 21.42	\$ 21.42
70100 TC	Radiology	0.71	0.71	\$ 58.49	\$ 58.49
70110 00	Radiology	1.13	1.13	\$ 93.09	\$ 93.09
70110 26	Radiology	0.36	0.36	\$ 29.66	\$ 29.66
70110 TC	Radiology	0.77	0.77	\$ 63.44	\$ 63.44
70120 00	Radiology	0.97	0.97	\$ 79.91	\$ 79.91
70120 26	Radiology	0.26	0.26	\$ 21.42	\$ 21.42
70120 TC	Radiology	0.71	0.71	\$ 58.49	\$ 58.49
70130 00	Radiology	1.61	1.61	\$ 132.64	\$ 132.64
70130 26	Radiology	0.49	0.49	\$ 40.37	\$ 40.37
70130 TC	Radiology	1.12	1.12	\$ 92.27	\$ 92.27
70134 00	Radiology	1.51	1.51	\$ 124.40	\$ 124.40
70134 26	Radiology	0.5	0.5	\$ 41.19	\$ 41.19
70134 TC	Radiology	1.01	1.01	\$ 83.21	\$ 83.21
70140 00	Radiology	0.86	0.86	\$ 70.85	\$ 70.85
70140 26	Radiology	0.29	0.29	\$ 23.89	\$ 23.89
70140 TC	Radiology	0.57	0.57	\$ 46.96	\$ 46.96
70150 00	Radiology	1.23	1.23	\$ 101.33	\$ 101.33
70150 26	Radiology	0.38	0.38	\$ 31.31	\$ 31.31
70150 TC	Radiology	0.85	0.85	\$ 70.03	\$ 70.03
70160 00	Radiology	0.97	0.97	\$ 79.91	\$ 79.91
70160 26	Radiology	0.25	0.25	\$ 20.60	\$ 20.60
70160 TC	Radiology	0.72	0.72	\$ 59.32	\$ 59.32
70170 00	Radiology	1.48	1.48	\$ 121.93	\$ 121.93
70170 26	Radiology	0.43	0.43	\$ 35.43	\$ 35.43
70170 TC	Radiology	1.05	1.05	\$ 86.50	\$ 86.50
70190 00	Radiology	1.03	1.03	\$ 84.86	\$ 84.86
70190 26	Radiology	0.31	0.31	\$ 25.54	\$ 25.54
70190 TC	Radiology	0.72	0.72	\$ 59.32	\$ 59.32
70200 00	Radiology	1.24	1.24	\$ 102.16	\$ 102.16
70200 26	Radiology	0.4	0.4	\$ 32.95	\$ 32.95
70200 TC	Radiology	0.84	0.84	\$ 69.20	\$ 69.20
70210 00	Radiology	0.89	0.89	\$ 73.32	\$ 73.32

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
70210 26	Radiology	0.25	0.25	\$ 20.60	\$ 20.60
70210 TC	Radiology	0.64	0.64	\$ 52.73	\$ 52.73
70220 00	Radiology	1.1	1.1	\$ 90.62	\$ 90.62
70220 26	Radiology	0.36	0.36	\$ 29.66	\$ 29.66
70220 TC	Radiology	0.74	0.74	\$ 60.96	\$ 60.96
70240 00	Radiology	0.89	0.89	\$ 73.32	\$ 73.32
70240 26	Radiology	0.28	0.28	\$ 23.07	\$ 23.07
70240 TC	Radiology	0.61	0.61	\$ 50.25	\$ 50.25
70250 00	Radiology	1.07	1.07	\$ 88.15	\$ 88.15
70250 26	Radiology	0.36	0.36	\$ 29.66	\$ 29.66
70250 TC	Radiology	0.71	0.71	\$ 58.49	\$ 58.49
70260 00	Radiology	1.34	1.34	\$ 110.40	\$ 110.40
70260 26	Radiology	0.5	0.5	\$ 41.19	\$ 41.19
70260 TC	Radiology	0.84	0.84	\$ 69.20	\$ 69.20
70300 00	Radiology	0.4	0.4	\$ 32.95	\$ 32.95
70300 26	Radiology	0.16	0.16	\$ 13.18	\$ 13.18
70300 TC	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
70310 00	Radiology	1.06	1.06	\$ 87.33	\$ 87.33
70310 26	Radiology	0.22	0.22	\$ 18.12	\$ 18.12
70310 TC	Radiology	0.84	0.84	\$ 69.20	\$ 69.20
70320 00	Radiology	1.53	1.53	\$ 126.05	\$ 126.05
70320 26	Radiology	0.35	0.35	\$ 28.83	\$ 28.83
70320 TC	Radiology	1.18	1.18	\$ 97.21	\$ 97.21
70328 00	Radiology	0.89	0.89	\$ 73.32	\$ 73.32
70328 26	Radiology	0.26	0.26	\$ 21.42	\$ 21.42
70328 TC	Radiology	0.63	0.63	\$ 51.90	\$ 51.90
70330 00	Radiology	1.39	1.39	\$ 114.51	\$ 114.51
70330 26	Radiology	0.35	0.35	\$ 28.83	\$ 28.83
70330 TC	Radiology	1.04	1.04	\$ 85.68	\$ 85.68
70332 00	Radiology	2.15	2.15	\$ 177.13	\$ 177.13
70332 26	Radiology	0.77	0.77	\$ 63.44	\$ 63.44
70332 TC	Radiology	1.38	1.38	\$ 113.69	\$ 113.69
70336 00	Radiology	8.86	8.86	\$ 729.93	\$ 729.93
70336 26	Radiology	2.09	2.09	\$ 172.18	\$ 172.18
70336 TC	Radiology	6.77	6.77	\$ 595.67	\$ 595.67
70350 00	Radiology	0.53	0.53	\$ 43.66	\$ 43.66
70350 26	Radiology	0.28	0.28	\$ 23.07	\$ 23.07
70350 TC	Radiology	0.25	0.25	\$ 21.14	\$ 21.14
70355 00	Radiology	0.56	0.56	\$ 46.50	\$ 46.50
70355 26	Radiology	0.31	0.31	\$ 25.54	\$ 25.54
70355 TC	Radiology	0.25	0.25	\$ 30.05	\$ 30.05

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
70360 00	Radiology	0.85	0.85	\$ 70.03	\$ 70.03
70360 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
70360 TC	Radiology	0.61	0.61	\$ 50.25	\$ 50.25
70370 00	Radiology	2.27	2.27	\$ 187.01	\$ 187.01
70370 26	Radiology	0.42	0.42	\$ 38.37	\$ 38.37
70370 TC	Radiology	1.85	1.85	\$ 152.41	\$ 152.41
70371 00	Radiology	2.77	2.77	\$ 228.21	\$ 228.21
70371 26	Radiology	1.21	1.21	\$ 99.69	\$ 99.69
70371 TC	Radiology	1.56	1.56	\$ 128.52	\$ 128.52
70380 00	Radiology	0.95	0.95	\$ 78.27	\$ 78.27
70380 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
70380 TC	Radiology	0.71	0.71	\$ 58.49	\$ 58.49
70390 00	Radiology	2.9	2.9	\$ 238.92	\$ 238.92
70390 26	Radiology	0.54	0.54	\$ 44.49	\$ 44.49
70390 TC	Radiology	2.36	2.36	\$ 194.43	\$ 194.43
70450 00	Radiology	3.26	3.26	\$ 331.50	\$ 331.50
70450 26	Radiology	1.21	1.21	\$ 99.69	\$ 99.69
70450 TC	Radiology	2.05	2.05	\$ 250.92	\$ 250.92
70460 00	Radiology	4.61	4.61	\$ 420.00	\$ 420.00
70460 26	Radiology	1.62	1.62	\$ 133.46	\$ 133.46
70460 TC	Radiology	2.99	2.99	\$ 329.24	\$ 329.24
70470 00	Radiology	5.39	5.39	\$ 506.25	\$ 506.25
70470 26	Radiology	1.81	1.81	\$ 149.12	\$ 149.12
70470 TC	Radiology	3.58	3.58	\$ 403.52	\$ 403.52
70480 00	Radiology	6.55	6.55	\$ 539.62	\$ 539.62
70480 26	Radiology	1.82	1.82	\$ 149.94	\$ 149.94
70480 TC	Radiology	4.73	4.73	\$ 389.68	\$ 389.68
70481 00	Radiology	7.76	7.76	\$ 639.31	\$ 639.31
70481 26	Radiology	1.97	1.97	\$ 162.30	\$ 162.30
70481 TC	Radiology	5.79	5.79	\$ 477.01	\$ 477.01
70482 00	Radiology	8.45	8.45	\$ 696.15	\$ 696.15
70482 26	Radiology	2.06	2.06	\$ 169.71	\$ 169.71
70482 TC	Radiology	6.39	6.39	\$ 526.44	\$ 526.44
70486 00	Radiology	3.92	3.92	\$ 399.00	\$ 399.00
70486 26	Radiology	1.22	1.22	\$ 100.51	\$ 100.51
70486 TC	Radiology	2.7	2.7	\$ 309.51	\$ 309.51
70487 00	Radiology	4.71	4.71	\$ 479.25	\$ 479.25
70487 26	Radiology	1.6	1.6	\$ 131.82	\$ 131.82
70487 TC	Radiology	3.11	3.11	\$ 378.02	\$ 378.02
70488 00	Radiology	5.74	5.74	\$ 582.75	\$ 582.75
70488 26	Radiology	1.81	1.81	\$ 149.12	\$ 149.12

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
70488 TC	Radiology	3.93	3.93	\$ 473.51	\$ 473.51
70490 00	Radiology	4.63	4.63	\$ 400.50	\$ 400.50
70490 26	Radiology	1.82	1.82	\$ 149.94	\$ 149.94
70490 TC	Radiology	2.81	2.81	\$ 299.90	\$ 299.90
70491 00	Radiology	5.71	5.71	\$ 476.25	\$ 476.25
70491 26	Radiology	1.97	1.97	\$ 162.30	\$ 162.30
70491 TC	Radiology	3.74	3.74	\$ 369.43	\$ 369.43
70492 00	Radiology	6.88	6.88	\$ 576.00	\$ 576.00
70492 26	Radiology	2.3	2.3	\$ 189.48	\$ 189.48
70492 TC	Radiology	4.58	4.58	\$ 461.45	\$ 461.45
70496 00	Radiology	8.31	8.31	\$ 832.50	\$ 832.50
70496 26	Radiology	2.49	2.49	\$ 205.14	\$ 205.14
70496 TC	Radiology	5.82	5.82	\$ 657.00	\$ 657.00
70498 00	Radiology	8.29	8.29	\$ 834.75	\$ 834.75
70498 26	Radiology	2.49	2.49	\$ 205.14	\$ 205.14
70498 TC	Radiology	5.8	5.8	\$ 702.75	\$ 702.75
70540 00	Radiology	7.48	7.48	\$ 794.25	\$ 794.25
70540 26	Radiology	1.92	1.92	\$ 158.18	\$ 158.18
70540 TC	Radiology	5.56	5.56	\$ 659.99	\$ 659.99
70542 00	Radiology	8.89	8.89	\$ 837.83	\$ 837.83
70542 26	Radiology	2.31	2.31	\$ 190.31	\$ 190.31
70542 TC	Radiology	6.58	6.58	\$ 685.84	\$ 685.84
70543 00	Radiology	11.17	11.17	\$ 1,395.00	\$ 1,395.00
70543 26	Radiology	3.04	3.04	\$ 250.45	\$ 250.45
70543 TC	Radiology	8.13	8.13	\$ 1,203.06	\$ 1,203.06
70544 00	Radiology	7.84	7.84	\$ 798.75	\$ 798.75
70544 26	Radiology	1.71	1.71	\$ 140.88	\$ 140.88
70544 TC	Radiology	6.13	6.13	\$ 672.69	\$ 672.69
70545 00	Radiology	7.78	7.78	\$ 829.58	\$ 829.58
70545 26	Radiology	1.71	1.71	\$ 146.78	\$ 146.78
70545 TC	Radiology	6.07	6.07	\$ 682.80	\$ 682.80
70546 00	Radiology	11.5	11.5	\$ 1,531.50	\$ 1,531.50
70546 26	Radiology	2.1	2.1	\$ 188.76	\$ 188.76
70546 TC	Radiology	9.4	9.4	\$ 1,342.74	\$ 1,342.74
70547 00	Radiology	7.87	7.87	\$ 797.25	\$ 797.25
70547 26	Radiology	1.71	1.71	\$ 140.88	\$ 140.88
70547 TC	Radiology	6.16	6.16	\$ 671.19	\$ 671.19
70548 00	Radiology	8.66	8.66	\$ 841.50	\$ 841.50
70548 26	Radiology	2.14	2.14	\$ 176.30	\$ 176.30
70548 TC	Radiology	6.52	6.52	\$ 694.73	\$ 694.73
70549 00	Radiology	12.02	12.02	\$ 1,321.50	\$ 1,321.50

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
70549 26	Radiology	2.56	2.56	\$ 210.91	\$ 210.91
70549 TC	Radiology	9.46	9.46	\$ 1,132.74	\$ 1,132.74
70551 00	Radiology	6.38	6.38	\$ 809.25	\$ 809.25
70551 26	Radiology	2.11	2.11	\$ 173.83	\$ 173.83
70551 TC	Radiology	4.27	4.27	\$ 674.99	\$ 674.99
70552 00	Radiology	8.86	8.86	\$ 915.00	\$ 915.00
70552 26	Radiology	2.54	2.54	\$ 209.26	\$ 209.26
70552 TC	Radiology	6.32	6.32	\$ 753.86	\$ 753.86
70553 00	Radiology	10.45	10.45	\$ 1,251.75	\$ 1,251.75
70553 26	Radiology	3.25	3.25	\$ 267.75	\$ 267.75
70553 TC	Radiology	7.2	7.2	\$ 1,005.18	\$ 1,005.18
70554 00	Radiology	12.4	12.4	\$ 1,021.57	\$ 1,021.57
70554 26	Radiology	3	3	\$ 247.15	\$ 247.15
70554 TC	Radiology	9.4	9.4	\$ 774.42	\$ 774.42
70555 00	Radiology	21.06	21.06	\$ 1,735.02	\$ 1,735.02
70555 26	Radiology	3.58	3.58	\$ 294.94	\$ 294.94
70555 TC	Radiology	17.48	17.48	\$ 1,440.09	\$ 1,440.09
70557 00	Radiology	40.36	40.36	\$ 3,325.05	\$ 3,325.05
70557 26	Radiology	4.44	4.44	\$ 365.79	\$ 365.79
70557 TC	Radiology	35.92	35.92	\$ 2,959.26	\$ 2,959.26
70558 00	Radiology	44.45	44.45	\$ 3,662.00	\$ 3,662.00
70558 26	Radiology	4.89	4.89	\$ 402.86	\$ 402.86
70558 TC	Radiology	39.56	39.56	\$ 3,259.14	\$ 3,259.14
70559 00	Radiology	42.45	42.45	\$ 3,497.23	\$ 3,497.23
70559 26	Radiology	4.67	4.67	\$ 384.74	\$ 384.74
70559 TC	Radiology	37.78	37.78	\$ 3,112.50	\$ 3,112.50
71045 00	Radiology	0.7	0.7	\$ 57.67	\$ 57.67
71045 26	Radiology	0.26	0.26	\$ 21.42	\$ 21.42
71045 TC	Radiology	0.44	0.44	\$ 36.25	\$ 36.25
71046 00	Radiology	0.89	0.89	\$ 73.32	\$ 73.32
71046 26	Radiology	0.31	0.31	\$ 25.54	\$ 25.54
71046 TC	Radiology	0.58	0.58	\$ 47.78	\$ 47.78
71047 00	Radiology	1.12	1.12	\$ 92.27	\$ 92.27
71047 26	Radiology	0.4	0.4	\$ 32.95	\$ 32.95
71047 TC	Radiology	0.72	0.72	\$ 59.32	\$ 59.32
71048 00	Radiology	1.21	1.21	\$ 99.69	\$ 99.69
71048 26	Radiology	0.46	0.46	\$ 37.90	\$ 37.90
71048 TC	Radiology	0.75	0.75	\$ 61.79	\$ 61.79
71100 00	Radiology	0.97	0.97	\$ 79.91	\$ 79.91
71100 26	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
71100 TC	Radiology	0.65	0.65	\$ 53.55	\$ 53.55

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
71101 00	Radiology	1.11	1.11	\$ 91.45	\$ 91.45
71101 26	Radiology	0.39	0.39	\$ 32.13	\$ 32.13
71101 TC	Radiology	0.72	0.72	\$ 59.32	\$ 59.32
71110 00	Radiology	1.16	1.16	\$ 95.57	\$ 95.57
71110 26	Radiology	0.42	0.42	\$ 34.60	\$ 34.60
71110 TC	Radiology	0.74	0.74	\$ 60.96	\$ 60.96
71111 00	Radiology	1.38	1.38	\$ 113.69	\$ 113.69
71111 26	Radiology	0.47	0.47	\$ 38.72	\$ 38.72
71111 TC	Radiology	0.91	0.91	\$ 74.97	\$ 74.97
71120 00	Radiology	0.88	0.88	\$ 72.50	\$ 72.50
71120 26	Radiology	0.29	0.29	\$ 23.89	\$ 23.89
71120 TC	Radiology	0.59	0.59	\$ 48.61	\$ 48.61
71130 00	Radiology	1.05	1.05	\$ 86.50	\$ 86.50
71130 26	Radiology	0.31	0.31	\$ 25.54	\$ 25.54
71130 TC	Radiology	0.74	0.74	\$ 60.96	\$ 60.96
71250 00	Radiology	4.47	4.47	\$ 383.25	\$ 383.25
71250 26	Radiology	1.66	1.66	\$ 136.76	\$ 136.76
71250 TC	Radiology	2.81	2.81	\$ 280.20	\$ 280.20
71260 00	Radiology	5.53	5.53	\$ 459.00	\$ 459.00
71260 26	Radiology	1.77	1.77	\$ 145.82	\$ 145.82
71260 TC	Radiology	3.76	3.76	\$ 349.58	\$ 349.58
71270 00	Radiology	6.56	6.56	\$ 567.00	\$ 567.00
71270 26	Radiology	1.97	1.97	\$ 162.30	\$ 162.30
71270 TC	Radiology	4.59	4.59	\$ 443.37	\$ 443.37
71275 00	Radiology	8.5	8.5	\$ 700.27	\$ 700.27
71275 26	Radiology	2.59	2.59	\$ 213.38	\$ 213.38
71275 TC	Radiology	5.91	5.91	\$ 561.75	\$ 561.75
71550 00	Radiology	11.41	11.41	\$ 940.01	\$ 940.01
71550 26	Radiology	2.07	2.07	\$ 170.54	\$ 170.54
71550 TC	Radiology	9.34	9.34	\$ 769.47	\$ 769.47
71551 00	Radiology	12.63	12.63	\$ 1,040.52	\$ 1,040.52
71551 26	Radiology	2.46	2.46	\$ 202.67	\$ 202.67
71551 TC	Radiology	10.17	10.17	\$ 837.85	\$ 837.85
71552 00	Radiology	15.95	15.95	\$ 1,406.25	\$ 1,406.25
71552 26	Radiology	3.21	3.21	\$ 264.46	\$ 264.46
71552 TC	Radiology	12.74	12.74	\$ 1,212.51	\$ 1,212.51
71555 00	Radiology	11.03	11.03	\$ 908.70	\$ 908.70
71555 26	Radiology	2.54	2.54	\$ 209.26	\$ 209.26
71555 TC	Radiology	8.49	8.49	\$ 699.45	\$ 699.45
72020 00	Radiology	0.65	0.65	\$ 109.49	\$ 109.49
72020 26	Radiology	0.22	0.22	\$ 34.97	\$ 34.97

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
72020 TC	Radiology	0.43	0.43	\$ 74.52	\$ 74.52
72040 00	Radiology	1.03	1.03	\$ 84.86	\$ 84.86
72040 26	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
72040 TC	Radiology	0.71	0.71	\$ 58.49	\$ 58.49
72050 00	Radiology	1.42	1.42	\$ 116.99	\$ 116.99
72050 26	Radiology	0.45	0.45	\$ 37.07	\$ 37.07
72050 TC	Radiology	0.97	0.97	\$ 79.91	\$ 79.91
72052 00	Radiology	1.69	1.69	\$ 139.23	\$ 139.23
72052 26	Radiology	0.52	0.52	\$ 42.84	\$ 42.84
72052 TC	Radiology	1.17	1.17	\$ 96.39	\$ 96.39
72070 00	Radiology	0.96	0.96	\$ 79.09	\$ 79.09
72070 26	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
72070 TC	Radiology	0.64	0.64	\$ 52.73	\$ 52.73
72072 00	Radiology	1.02	1.02	\$ 84.03	\$ 84.03
72072 26	Radiology	0.31	0.31	\$ 25.54	\$ 25.54
72072 TC	Radiology	0.71	0.71	\$ 58.49	\$ 58.49
72074 00	Radiology	1.12	1.12	\$ 92.27	\$ 92.27
72074 26	Radiology	0.31	0.31	\$ 25.54	\$ 25.54
72074 TC	Radiology	0.81	0.81	\$ 66.73	\$ 66.73
72080 00	Radiology	0.95	0.95	\$ 78.27	\$ 78.27
72080 26	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
72080 TC	Radiology	0.63	0.63	\$ 51.90	\$ 51.90
72081 00	Radiology	1.14	1.14	\$ 93.92	\$ 93.92
72081 26	Radiology	0.39	0.39	\$ 32.13	\$ 32.13
72081 TC	Radiology	0.75	0.75	\$ 61.79	\$ 61.79
72082 00	Radiology	1.83	1.83	\$ 150.76	\$ 150.76
72082 26	Radiology	0.46	0.46	\$ 37.90	\$ 37.90
72082 TC	Radiology	1.37	1.37	\$ 112.87	\$ 112.87
72083 00	Radiology	2.16	2.16	\$ 177.95	\$ 177.95
72083 26	Radiology	0.52	0.52	\$ 42.84	\$ 42.84
72083 TC	Radiology	1.64	1.64	\$ 135.11	\$ 135.11
72084 00	Radiology	2.52	2.52	\$ 207.61	\$ 207.61
72084 26	Radiology	0.6	0.6	\$ 49.43	\$ 49.43
72084 TC	Radiology	1.92	1.92	\$ 158.18	\$ 158.18
72100 00	Radiology	1.03	1.03	\$ 84.86	\$ 84.86
72100 26	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
72100 TC	Radiology	0.71	0.71	\$ 58.49	\$ 58.49
72110 00	Radiology	1.44	1.44	\$ 118.63	\$ 118.63
72110 26	Radiology	0.45	0.45	\$ 37.07	\$ 37.07
72110 TC	Radiology	0.99	0.99	\$ 81.56	\$ 81.56
72114 00	Radiology	1.64	1.64	\$ 135.11	\$ 135.11

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
72114 26	Radiology	0.47	0.47	\$ 38.72	\$ 38.72
72114 TC	Radiology	1.17	1.17	\$ 96.39	\$ 96.39
72120 00	Radiology	1.21	1.21	\$ 99.69	\$ 99.69
72120 26	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
72120 TC	Radiology	0.89	0.89	\$ 73.32	\$ 73.32
72125 00	Radiology	5.18	5.18	\$ 428.25	\$ 428.25
72125 26	Radiology	1.52	1.52	\$ 125.22	\$ 125.22
72125 TC	Radiology	3.66	3.66	\$ 325.89	\$ 325.89
72126 00	Radiology	6.4	6.4	\$ 527.26	\$ 527.26
72126 26	Radiology	1.74	1.74	\$ 143.35	\$ 143.35
72126 TC	Radiology	4.66	4.66	\$ 396.55	\$ 396.55
72127 00	Radiology	7.58	7.58	\$ 624.48	\$ 624.48
72127 26	Radiology	1.8	1.8	\$ 148.29	\$ 148.29
72127 TC	Radiology	5.78	5.78	\$ 491.98	\$ 491.98
72128 00	Radiology	5.08	5.08	\$ 428.25	\$ 428.25
72128 26	Radiology	1.43	1.43	\$ 117.81	\$ 117.81
72128 TC	Radiology	3.65	3.65	\$ 325.89	\$ 325.89
72129 00	Radiology	6.44	6.44	\$ 530.56	\$ 530.56
72129 26	Radiology	1.74	1.74	\$ 143.35	\$ 143.35
72129 TC	Radiology	4.7	4.7	\$ 396.55	\$ 396.55
72130 00	Radiology	7.59	7.59	\$ 625.30	\$ 625.30
72130 26	Radiology	1.8	1.8	\$ 148.29	\$ 148.29
72130 TC	Radiology	5.79	5.79	\$ 492.73	\$ 492.73
72131 00	Radiology	5.06	5.06	\$ 427.50	\$ 427.50
72131 26	Radiology	1.43	1.43	\$ 117.81	\$ 117.81
72131 TC	Radiology	3.63	3.63	\$ 325.14	\$ 325.14
72132 00	Radiology	6.41	6.41	\$ 528.09	\$ 528.09
72132 26	Radiology	1.74	1.74	\$ 143.35	\$ 143.35
72132 TC	Radiology	4.67	4.67	\$ 396.55	\$ 396.55
72133 00	Radiology	7.56	7.56	\$ 622.83	\$ 622.83
72133 26	Radiology	1.81	1.81	\$ 149.12	\$ 149.12
72133 TC	Radiology	5.75	5.75	\$ 491.98	\$ 491.98
72141 00	Radiology	6.22	6.22	\$ 773.25	\$ 773.25
72141 26	Radiology	2.12	2.12	\$ 174.66	\$ 174.66
72141 TC	Radiology	4.1	4.1	\$ 638.55	\$ 638.55
72142 00	Radiology	9.03	9.03	\$ 931.50	\$ 931.50
72142 26	Radiology	2.55	2.55	\$ 210.08	\$ 210.08
72142 TC	Radiology	6.48	6.48	\$ 769.88	\$ 769.88
72146 00	Radiology	6.23	6.23	\$ 759.00	\$ 759.00
72146 26	Radiology	2.12	2.12	\$ 174.66	\$ 174.66
72146 TC	Radiology	4.11	4.11	\$ 621.50	\$ 621.50

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
72147 00	Radiology	8.98	8.98	\$ 868.50	\$ 868.50
72147 26	Radiology	2.54	2.54	\$ 209.26	\$ 209.26
72147 TC	Radiology	6.44	6.44	\$ 706.88	\$ 706.88
72148 00	Radiology	6.23	6.23	\$ 754.50	\$ 754.50
72148 26	Radiology	2.12	2.12	\$ 174.66	\$ 174.66
72148 TC	Radiology	4.11	4.11	\$ 617.44	\$ 617.44
72149 00	Radiology	8.92	8.92	\$ 902.25	\$ 902.25
72149 26	Radiology	2.55	2.55	\$ 210.08	\$ 210.08
72149 TC	Radiology	6.37	6.37	\$ 741.11	\$ 741.11
72156 00	Radiology	10.52	10.52	\$ 1,259.25	\$ 1,259.25
72156 26	Radiology	3.25	3.25	\$ 267.75	\$ 267.75
72156 TC	Radiology	7.27	7.27	\$ 1,010.54	\$ 1,010.54
72157 00	Radiology	10.55	10.55	\$ 1,230.00	\$ 1,230.00
72157 26	Radiology	3.25	3.25	\$ 267.75	\$ 267.75
72157 TC	Radiology	7.3	7.3	\$ 981.29	\$ 981.29
72158 00	Radiology	10.5	10.5	\$ 1,244.25	\$ 1,244.25
72158 26	Radiology	3.25	3.25	\$ 267.75	\$ 267.75
72158 TC	Radiology	7.25	7.25	\$ 997.68	\$ 997.68
72159 00	Radiology	11.43	11.43	\$ 941.66	\$ 941.66
72159 26	Radiology	2.56	2.56	\$ 210.91	\$ 210.91
72159 TC	Radiology	8.87	8.87	\$ 730.75	\$ 730.75
72170 00	Radiology	0.93	0.93	\$ 76.62	\$ 76.62
72170 26	Radiology	0.25	0.25	\$ 20.60	\$ 20.60
72170 TC	Radiology	0.68	0.68	\$ 56.02	\$ 56.02
72190 00	Radiology	1.12	1.12	\$ 92.27	\$ 92.27
72190 26	Radiology	0.31	0.31	\$ 25.54	\$ 25.54
72190 TC	Radiology	0.81	0.81	\$ 66.73	\$ 66.73
72191 00	Radiology	8.85	8.85	\$ 729.11	\$ 729.11
72191 26	Radiology	2.56	2.56	\$ 210.91	\$ 210.91
72191 TC	Radiology	6.29	6.29	\$ 544.50	\$ 544.50
72192 00	Radiology	4.1	4.1	\$ 384.00	\$ 384.00
72192 26	Radiology	1.55	1.55	\$ 127.70	\$ 127.70
72192 TC	Radiology	2.55	2.55	\$ 285.55	\$ 285.55
72193 00	Radiology	6.59	6.59	\$ 542.92	\$ 542.92
72193 26	Radiology	1.66	1.66	\$ 136.76	\$ 136.76
72193 TC	Radiology	4.93	4.93	\$ 406.16	\$ 406.16
72194 00	Radiology	7.48	7.48	\$ 616.24	\$ 616.24
72194 26	Radiology	1.73	1.73	\$ 142.53	\$ 142.53
72194 TC	Radiology	5.75	5.75	\$ 473.71	\$ 473.71
72195 00	Radiology	7.62	7.62	\$ 757.50	\$ 757.50
72195 26	Radiology	2.08	2.08	\$ 171.36	\$ 171.36

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
72195 TC	Radiology	5.54	5.54	\$ 628.74	\$ 628.74
72196 00	Radiology	8.9	8.9	\$ 862.50	\$ 862.50
72196 26	Radiology	2.47	2.47	\$ 203.49	\$ 203.49
72196 TC	Radiology	6.43	6.43	\$ 707.09	\$ 707.09
72197 00	Radiology	11.24	11.24	\$ 1,403.25	\$ 1,403.25
72197 26	Radiology	3.13	3.13	\$ 257.86	\$ 257.86
72197 TC	Radiology	8.11	8.11	\$ 1,209.51	\$ 1,209.51
72198 00	Radiology	11.09	11.09	\$ 913.65	\$ 913.65
72198 26	Radiology	2.53	2.53	\$ 208.43	\$ 208.43
72198 TC	Radiology	8.56	8.56	\$ 705.21	\$ 705.21
72200 00	Radiology	0.87	0.87	\$ 71.67	\$ 71.67
72200 26	Radiology	0.25	0.25	\$ 20.60	\$ 20.60
72200 TC	Radiology	0.62	0.62	\$ 51.08	\$ 51.08
72202 00	Radiology	0.98	0.98	\$ 80.74	\$ 80.74
72202 26	Radiology	0.27	0.27	\$ 22.24	\$ 22.24
72202 TC	Radiology	0.71	0.71	\$ 58.49	\$ 58.49
72220 00	Radiology	0.86	0.86	\$ 70.85	\$ 70.85
72220 26	Radiology	0.25	0.25	\$ 20.60	\$ 20.60
72220 TC	Radiology	0.61	0.61	\$ 50.25	\$ 50.25
72240 00	Radiology	2.94	2.94	\$ 256.50	\$ 256.50
72240 26	Radiology	1.29	1.29	\$ 106.28	\$ 106.28
72240 TC	Radiology	1.65	1.65	\$ 166.50	\$ 166.50
72255 00	Radiology	2.99	2.99	\$ 246.33	\$ 246.33
72255 26	Radiology	1.35	1.35	\$ 111.22	\$ 111.22
72255 TC	Radiology	1.64	1.64	\$ 157.50	\$ 157.50
72265 00	Radiology	2.75	2.75	\$ 226.56	\$ 226.56
72265 26	Radiology	1.16	1.16	\$ 95.57	\$ 95.57
72265 TC	Radiology	1.59	1.59	\$ 147.00	\$ 147.00
72270 00	Radiology	3.82	3.82	\$ 357.00	\$ 357.00
72270 26	Radiology	1.92	1.92	\$ 158.18	\$ 158.18
72270 TC	Radiology	1.9	1.9	\$ 235.50	\$ 235.50
72275 00	Radiology	3.48	3.48	\$ 286.70	\$ 286.70
72275 26	Radiology	1.11	1.11	\$ 91.45	\$ 91.45
72275 TC	Radiology	2.37	2.37	\$ 195.25	\$ 195.25
72285 00	Radiology	3.32	3.32	\$ 465.00	\$ 465.00
72285 26	Radiology	1.69	1.69	\$ 139.23	\$ 139.23
72285 TC	Radiology	1.63	1.63	\$ 346.24	\$ 346.24
72295 00	Radiology	2.9	2.9	\$ 434.25	\$ 434.25
72295 26	Radiology	1.23	1.23	\$ 113.30	\$ 113.30
72295 TC	Radiology	1.67	1.67	\$ 320.96	\$ 320.96
73000 00	Radiology	0.82	0.82	\$ 67.56	\$ 67.56

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
73000 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
73000 TC	Radiology	0.58	0.58	\$ 47.78	\$ 47.78
73010 00	Radiology	0.9	0.9	\$ 74.15	\$ 74.15
73010 26	Radiology	0.26	0.26	\$ 21.42	\$ 21.42
73010 TC	Radiology	0.64	0.64	\$ 52.73	\$ 52.73
73020 00	Radiology	0.67	0.67	\$ 55.20	\$ 55.20
73020 26	Radiology	0.23	0.23	\$ 18.95	\$ 18.95
73020 TC	Radiology	0.44	0.44	\$ 36.25	\$ 36.25
73030 00	Radiology	0.85	0.85	\$ 70.03	\$ 70.03
73030 26	Radiology	0.27	0.27	\$ 22.24	\$ 22.24
73030 TC	Radiology	0.58	0.58	\$ 47.78	\$ 47.78
73040 00	Radiology	3.12	3.12	\$ 257.04	\$ 257.04
73040 26	Radiology	0.78	0.78	\$ 64.26	\$ 64.26
73040 TC	Radiology	2.34	2.34	\$ 192.78	\$ 192.78
73050 00	Radiology	1.05	1.05	\$ 86.50	\$ 86.50
73050 26	Radiology	0.3	0.3	\$ 24.72	\$ 24.72
73050 TC	Radiology	0.75	0.75	\$ 61.79	\$ 61.79
73060 00	Radiology	0.85	0.85	\$ 70.03	\$ 70.03
73060 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
73060 TC	Radiology	0.61	0.61	\$ 50.25	\$ 50.25
73070 00	Radiology	0.76	0.76	\$ 62.61	\$ 62.61
73070 26	Radiology	0.23	0.23	\$ 18.95	\$ 18.95
73070 TC	Radiology	0.53	0.53	\$ 43.66	\$ 43.66
73080 00	Radiology	0.84	0.84	\$ 69.20	\$ 69.20
73080 26	Radiology	0.25	0.25	\$ 20.60	\$ 20.60
73080 TC	Radiology	0.59	0.59	\$ 48.61	\$ 48.61
73085 00	Radiology	2.99	2.99	\$ 246.33	\$ 246.33
73085 26	Radiology	0.82	0.82	\$ 67.56	\$ 67.56
73085 TC	Radiology	2.17	2.17	\$ 178.77	\$ 178.77
73090 00	Radiology	0.79	0.79	\$ 65.08	\$ 65.08
73090 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
73090 TC	Radiology	0.55	0.55	\$ 45.31	\$ 45.31
73092 00	Radiology	0.81	0.81	\$ 66.73	\$ 66.73
73092 26	Radiology	0.23	0.23	\$ 18.95	\$ 18.95
73092 TC	Radiology	0.58	0.58	\$ 47.78	\$ 47.78
73100 00	Radiology	0.9	0.9	\$ 74.15	\$ 74.15
73100 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
73100 TC	Radiology	0.66	0.66	\$ 54.37	\$ 54.37
73110 00	Radiology	1.03	1.03	\$ 84.86	\$ 84.86
73110 26	Radiology	0.25	0.25	\$ 20.60	\$ 20.60
73110 TC	Radiology	0.78	0.78	\$ 64.26	\$ 64.26

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
73115 00	Radiology	3.33	3.33	\$ 274.34	\$ 274.34
73115 26	Radiology	0.81	0.81	\$ 66.73	\$ 66.73
73115 TC	Radiology	2.52	2.52	\$ 207.61	\$ 207.61
73120 00	Radiology	0.82	0.82	\$ 67.56	\$ 67.56
73120 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
73120 TC	Radiology	0.58	0.58	\$ 47.78	\$ 47.78
73130 00	Radiology	0.94	0.94	\$ 77.44	\$ 77.44
73130 26	Radiology	0.25	0.25	\$ 20.60	\$ 20.60
73130 TC	Radiology	0.69	0.69	\$ 56.85	\$ 56.85
73140 00	Radiology	0.95	0.95	\$ 78.27	\$ 78.27
73140 26	Radiology	0.2	0.2	\$ 16.48	\$ 16.48
73140 TC	Radiology	0.75	0.75	\$ 61.79	\$ 61.79
73200 00	Radiology	5.05	5.05	\$ 416.04	\$ 416.04
73200 26	Radiology	1.43	1.43	\$ 117.81	\$ 117.81
73200 TC	Radiology	3.62	3.62	\$ 298.23	\$ 298.23
73201 00	Radiology	6.28	6.28	\$ 517.38	\$ 517.38
73201 26	Radiology	1.66	1.66	\$ 136.76	\$ 136.76
73201 TC	Radiology	4.62	4.62	\$ 380.62	\$ 380.62
73202 00	Radiology	7.82	7.82	\$ 644.25	\$ 644.25
73202 26	Radiology	1.74	1.74	\$ 143.35	\$ 143.35
73202 TC	Radiology	6.08	6.08	\$ 500.90	\$ 500.90
73206 00	Radiology	9.24	9.24	\$ 761.24	\$ 761.24
73206 26	Radiology	2.55	2.55	\$ 210.08	\$ 210.08
73206 TC	Radiology	6.69	6.69	\$ 551.15	\$ 551.15
73218 00	Radiology	10.12	10.12	\$ 833.73	\$ 833.73
73218 26	Radiology	1.93	1.93	\$ 159.00	\$ 159.00
73218 TC	Radiology	8.19	8.19	\$ 674.73	\$ 674.73
73219 00	Radiology	11.11	11.11	\$ 915.29	\$ 915.29
73219 26	Radiology	2.31	2.31	\$ 190.31	\$ 190.31
73219 TC	Radiology	8.8	8.8	\$ 724.99	\$ 724.99
73220 00	Radiology	13.75	13.75	\$ 1,144.50	\$ 1,144.50
73220 26	Radiology	3.05	3.05	\$ 251.27	\$ 251.27
73220 TC	Radiology	10.7	10.7	\$ 952.44	\$ 952.44
73221 00	Radiology	6.57	6.57	\$ 759.75	\$ 759.75
73221 26	Radiology	1.94	1.94	\$ 159.83	\$ 159.83
73221 TC	Radiology	4.63	4.63	\$ 627.37	\$ 627.37
73222 00	Radiology	10.47	10.47	\$ 862.57	\$ 862.57
73222 26	Radiology	2.32	2.32	\$ 191.13	\$ 191.13
73222 TC	Radiology	8.15	8.15	\$ 679.16	\$ 679.16
73223 00	Radiology	12.99	12.99	\$ 1,392.00	\$ 1,392.00
73223 26	Radiology	3.06	3.06	\$ 252.10	\$ 252.10

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
73223 TC	Radiology	9.93	9.93	\$ 1,199.94	\$ 1,199.94
73225 00	Radiology	10.95	10.95	\$ 902.11	\$ 902.11
73225 26	Radiology	2.41	2.41	\$ 198.55	\$ 198.55
73225 TC	Radiology	8.54	8.54	\$ 704.52	\$ 704.52
73501 00	Radiology	0.87	0.87	\$ 71.67	\$ 71.67
73501 26	Radiology	0.27	0.27	\$ 22.24	\$ 22.24
73501 TC	Radiology	0.6	0.6	\$ 49.43	\$ 49.43
73502 00	Radiology	1.21	1.21	\$ 99.69	\$ 99.69
73502 26	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
73502 TC	Radiology	0.89	0.89	\$ 73.32	\$ 73.32
73503 00	Radiology	1.51	1.51	\$ 124.40	\$ 124.40
73503 26	Radiology	0.4	0.4	\$ 32.95	\$ 32.95
73503 TC	Radiology	1.11	1.11	\$ 91.45	\$ 91.45
73521 00	Radiology	1.08	1.08	\$ 88.98	\$ 88.98
73521 26	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
73521 TC	Radiology	0.76	0.76	\$ 62.61	\$ 62.61
73522 00	Radiology	1.41	1.41	\$ 116.16	\$ 116.16
73522 26	Radiology	0.43	0.43	\$ 35.43	\$ 35.43
73522 TC	Radiology	0.98	0.98	\$ 80.74	\$ 80.74
73523 00	Radiology	1.65	1.65	\$ 135.93	\$ 135.93
73523 26	Radiology	0.46	0.46	\$ 37.90	\$ 37.90
73523 TC	Radiology	1.19	1.19	\$ 98.04	\$ 98.04
73525 00	Radiology	3.18	3.18	\$ 261.98	\$ 261.98
73525 26	Radiology	0.83	0.83	\$ 68.38	\$ 68.38
73525 TC	Radiology	2.35	2.35	\$ 193.60	\$ 193.60
73551 00	Radiology	0.8	0.8	\$ 65.91	\$ 65.91
73551 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
73551 TC	Radiology	0.56	0.56	\$ 46.14	\$ 46.14
73552 00	Radiology	0.94	0.94	\$ 77.44	\$ 77.44
73552 26	Radiology	0.26	0.26	\$ 21.42	\$ 21.42
73552 TC	Radiology	0.68	0.68	\$ 56.02	\$ 56.02
73560 00	Radiology	0.91	0.91	\$ 74.97	\$ 74.97
73560 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
73560 TC	Radiology	0.67	0.67	\$ 55.20	\$ 55.20
73562 00	Radiology	1.05	1.05	\$ 86.50	\$ 86.50
73562 26	Radiology	0.27	0.27	\$ 22.24	\$ 22.24
73562 TC	Radiology	0.78	0.78	\$ 64.26	\$ 64.26
73564 00	Radiology	1.17	1.17	\$ 96.39	\$ 96.39
73564 26	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
73564 TC	Radiology	0.85	0.85	\$ 70.03	\$ 70.03
73565 00	Radiology	1.05	1.05	\$ 86.50	\$ 86.50

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
73565 26	Radiology	0.25	0.25	\$ 20.60	\$ 20.60
73565 TC	Radiology	0.8	0.8	\$ 65.91	\$ 65.91
73580 00	Radiology	3.59	3.59	\$ 295.76	\$ 295.76
73580 26	Radiology	0.82	0.82	\$ 67.56	\$ 67.56
73580 TC	Radiology	2.77	2.77	\$ 228.21	\$ 228.21
73590 00	Radiology	0.83	0.83	\$ 68.38	\$ 68.38
73590 26	Radiology	0.23	0.23	\$ 18.95	\$ 18.95
73590 TC	Radiology	0.6	0.6	\$ 49.43	\$ 49.43
73592 00	Radiology	0.81	0.81	\$ 66.73	\$ 66.73
73592 26	Radiology	0.23	0.23	\$ 18.95	\$ 18.95
73592 TC	Radiology	0.58	0.58	\$ 47.78	\$ 47.78
73600 00	Radiology	0.87	0.87	\$ 71.67	\$ 71.67
73600 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
73600 TC	Radiology	0.63	0.63	\$ 51.90	\$ 51.90
73610 00	Radiology	0.94	0.94	\$ 77.44	\$ 77.44
73610 26	Radiology	0.25	0.25	\$ 20.60	\$ 20.60
73610 TC	Radiology	0.69	0.69	\$ 56.85	\$ 56.85
73615 00	Radiology	3.34	3.34	\$ 275.17	\$ 275.17
73615 26	Radiology	0.83	0.83	\$ 68.38	\$ 68.38
73615 TC	Radiology	2.51	2.51	\$ 206.79	\$ 206.79
73620 00	Radiology	0.76	0.76	\$ 62.61	\$ 62.61
73620 26	Radiology	0.22	0.22	\$ 18.12	\$ 18.12
73620 TC	Radiology	0.54	0.54	\$ 44.49	\$ 44.49
73630 00	Radiology	0.88	0.88	\$ 72.50	\$ 72.50
73630 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
73630 TC	Radiology	0.64	0.64	\$ 52.73	\$ 52.73
73650 00	Radiology	0.76	0.76	\$ 62.61	\$ 62.61
73650 26	Radiology	0.23	0.23	\$ 18.95	\$ 18.95
73650 TC	Radiology	0.53	0.53	\$ 43.66	\$ 43.66
73660 00	Radiology	0.81	0.81	\$ 66.73	\$ 66.73
73660 26	Radiology	0.19	0.19	\$ 15.65	\$ 15.65
73660 TC	Radiology	0.62	0.62	\$ 51.08	\$ 51.08
73700 00	Radiology	5.06	5.06	\$ 416.87	\$ 416.87
73700 26	Radiology	1.43	1.43	\$ 117.81	\$ 117.81
73700 TC	Radiology	3.63	3.63	\$ 299.06	\$ 299.06
73701 00	Radiology	6.36	6.36	\$ 523.97	\$ 523.97
73701 26	Radiology	1.66	1.66	\$ 136.76	\$ 136.76
73701 TC	Radiology	4.7	4.7	\$ 387.21	\$ 387.21
73702 00	Radiology	7.7	7.7	\$ 634.36	\$ 634.36
73702 26	Radiology	1.73	1.73	\$ 142.53	\$ 142.53
73702 TC	Radiology	5.97	5.97	\$ 491.84	\$ 491.84

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
73706 00	Radiology	10.01	10.01	\$ 824.67	\$ 824.67
73706 26	Radiology	2.68	2.68	\$ 220.79	\$ 220.79
73706 TC	Radiology	7.33	7.33	\$ 603.88	\$ 603.88
73718 00	Radiology	7.39	7.39	\$ 750.00	\$ 750.00
73718 26	Radiology	1.92	1.92	\$ 158.18	\$ 158.18
73718 TC	Radiology	5.47	5.47	\$ 623.40	\$ 623.40
73719 00	Radiology	8.74	8.74	\$ 838.13	\$ 838.13
73719 26	Radiology	2.31	2.31	\$ 190.31	\$ 190.31
73719 TC	Radiology	6.43	6.43	\$ 686.02	\$ 686.02
73720 00	Radiology	11.21	11.21	\$ 1,143.75	\$ 1,143.75
73720 26	Radiology	3.05	3.05	\$ 251.27	\$ 251.27
73720 TC	Radiology	8.16	8.16	\$ 951.81	\$ 951.81
73721 00	Radiology	6.57	6.57	\$ 742.50	\$ 742.50
73721 26	Radiology	1.94	1.94	\$ 159.83	\$ 159.83
73721 TC	Radiology	4.63	4.63	\$ 610.12	\$ 610.12
73722 00	Radiology	10.52	10.52	\$ 866.69	\$ 866.69
73722 26	Radiology	2.32	2.32	\$ 191.13	\$ 191.13
73722 TC	Radiology	8.2	8.2	\$ 680.51	\$ 680.51
73723 00	Radiology	12.96	12.96	\$ 1,333.50	\$ 1,333.50
73723 26	Radiology	3.05	3.05	\$ 251.27	\$ 251.27
73723 TC	Radiology	9.91	9.91	\$ 1,141.56	\$ 1,141.56
73725 00	Radiology	11.1	11.1	\$ 914.47	\$ 914.47
73725 26	Radiology	2.55	2.55	\$ 210.08	\$ 210.08
73725 TC	Radiology	8.55	8.55	\$ 704.39	\$ 704.39
74018 00	Radiology	0.8	0.8	\$ 65.91	\$ 65.91
74018 26	Radiology	0.26	0.26	\$ 21.42	\$ 21.42
74018 TC	Radiology	0.54	0.54	\$ 44.49	\$ 44.49
74019 00	Radiology	0.98	0.98	\$ 80.74	\$ 80.74
74019 26	Radiology	0.33	0.33	\$ 27.19	\$ 27.19
74019 TC	Radiology	0.65	0.65	\$ 53.55	\$ 53.55
74021 00	Radiology	1.13	1.13	\$ 93.09	\$ 93.09
74021 26	Radiology	0.39	0.39	\$ 32.13	\$ 32.13
74021 TC	Radiology	0.74	0.74	\$ 60.96	\$ 60.96
74022 00	Radiology	1.31	1.31	\$ 107.92	\$ 107.92
74022 26	Radiology	0.46	0.46	\$ 37.90	\$ 37.90
74022 TC	Radiology	0.85	0.85	\$ 70.03	\$ 70.03
74150 00	Radiology	4.22	4.22	\$ 379.50	\$ 379.50
74150 26	Radiology	1.7	1.7	\$ 140.05	\$ 140.05
74150 TC	Radiology	2.52	2.52	\$ 278.51	\$ 278.51
74160 00	Radiology	6.72	6.72	\$ 553.63	\$ 553.63
74160 26	Radiology	1.81	1.81	\$ 149.12	\$ 149.12

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
74160 TC	Radiology	4.91	4.91	\$ 404.51	\$ 404.51
74170 00	Radiology	7.62	7.62	\$ 639.00	\$ 639.00
74170 26	Radiology	1.99	1.99	\$ 163.95	\$ 163.95
74170 TC	Radiology	5.63	5.63	\$ 520.46	\$ 520.46
74174 00	Radiology	11.16	11.16	\$ 919.41	\$ 919.41
74174 26	Radiology	3.1	3.1	\$ 255.39	\$ 255.39
74174 TC	Radiology	8.06	8.06	\$ 664.02	\$ 664.02
74175 00	Radiology	8.87	8.87	\$ 730.75	\$ 730.75
74175 26	Radiology	2.57	2.57	\$ 211.73	\$ 211.73
74175 TC	Radiology	6.3	6.3	\$ 576.75	\$ 576.75
74176 00	Radiology	5.65	5.65	\$ 465.47	\$ 465.47
74176 26	Radiology	2.48	2.48	\$ 204.31	\$ 204.31
74176 TC	Radiology	3.17	3.17	\$ 261.16	\$ 261.16
74177 00	Radiology	8.99	8.99	\$ 740.64	\$ 740.64
74177 26	Radiology	2.6	2.6	\$ 214.20	\$ 214.20
74177 TC	Radiology	6.39	6.39	\$ 526.44	\$ 526.44
74178 00	Radiology	10.15	10.15	\$ 836.21	\$ 836.21
74178 26	Radiology	2.85	2.85	\$ 234.80	\$ 234.80
74178 TC	Radiology	7.3	7.3	\$ 601.41	\$ 601.41
74181 00	Radiology	6.88	6.88	\$ 730.65	\$ 730.65
74181 26	Radiology	2.08	2.08	\$ 171.36	\$ 171.36
74181 TC	Radiology	4.8	4.8	\$ 595.95	\$ 595.95
74182 00	Radiology	10.11	10.11	\$ 909.75	\$ 909.75
74182 26	Radiology	2.47	2.47	\$ 203.49	\$ 203.49
74182 TC	Radiology	7.64	7.64	\$ 755.96	\$ 755.96
74183 00	Radiology	11.25	11.25	\$ 1,403.25	\$ 1,403.25
74183 26	Radiology	3.13	3.13	\$ 257.86	\$ 257.86
74183 TC	Radiology	8.12	8.12	\$ 1,209.51	\$ 1,209.51
74185 00	Radiology	11.13	11.13	\$ 916.94	\$ 916.94
74185 26	Radiology	2.54	2.54	\$ 209.26	\$ 209.26
74185 TC	Radiology	8.59	8.59	\$ 707.69	\$ 707.69
74190 00	Radiology	1.65	1.65	\$ 200.21	\$ 200.21
74190 26	Radiology	0.66	0.66	\$ 68.35	\$ 68.35
74190 TC	Radiology	0.99	0.99	\$ 131.87	\$ 131.87
74210 00	Radiology	2.49	2.49	\$ 205.14	\$ 205.14
74210 26	Radiology	0.84	0.84	\$ 69.20	\$ 69.20
74210 TC	Radiology	1.65	1.65	\$ 135.93	\$ 135.93
74220 00	Radiology	2.73	2.73	\$ 224.91	\$ 224.91
74220 26	Radiology	0.96	0.96	\$ 79.09	\$ 79.09
74220 TC	Radiology	1.77	1.77	\$ 145.82	\$ 145.82
74230 00	Radiology	3.59	3.59	\$ 295.76	\$ 295.76

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
74230 26	Radiology	0.76	0.76	\$ 62.61	\$ 62.61
74230 TC	Radiology	2.83	2.83	\$ 233.15	\$ 233.15
74235 00	Radiology	4.86	4.86	\$ 400.39	\$ 400.39
74235 26	Radiology	1.7	1.7	\$ 140.05	\$ 140.05
74235 TC	Radiology	3.16	3.16	\$ 260.34	\$ 260.34
74240 00	Radiology	3.45	3.45	\$ 284.23	\$ 284.23
74240 26	Radiology	0.99	0.99	\$ 81.56	\$ 81.56
74240 TC	Radiology	2.46	2.46	\$ 202.67	\$ 202.67
74241 00	Radiology	3.59	3.59	\$ 295.76	\$ 295.76
74241 26	Radiology	0.98	0.98	\$ 80.74	\$ 80.74
74241 TC	Radiology	2.61	2.61	\$ 215.02	\$ 215.02
74245 00	Radiology	5.24	5.24	\$ 431.70	\$ 431.70
74245 26	Radiology	1.29	1.29	\$ 106.28	\$ 106.28
74245 TC	Radiology	3.95	3.95	\$ 325.42	\$ 325.42
74246 00	Radiology	3.84	3.84	\$ 316.36	\$ 316.36
74246 26	Radiology	0.98	0.98	\$ 80.74	\$ 80.74
74246 TC	Radiology	2.86	2.86	\$ 235.62	\$ 235.62
74247 00	Radiology	4.32	4.32	\$ 355.90	\$ 355.90
74247 26	Radiology	0.98	0.98	\$ 80.74	\$ 80.74
74247 TC	Radiology	3.34	3.34	\$ 275.17	\$ 275.17
74249 00	Radiology	5.62	5.62	\$ 463.00	\$ 463.00
74249 26	Radiology	1.29	1.29	\$ 106.28	\$ 106.28
74249 TC	Radiology	4.33	4.33	\$ 356.73	\$ 356.73
74250 00	Radiology	3.18	3.18	\$ 261.98	\$ 261.98
74250 26	Radiology	0.67	0.67	\$ 55.20	\$ 55.20
74250 TC	Radiology	2.51	2.51	\$ 206.79	\$ 206.79
74251 00	Radiology	12.16	12.16	\$ 1,001.80	\$ 1,001.80
74251 26	Radiology	0.98	0.98	\$ 80.74	\$ 80.74
74251 TC	Radiology	11.18	11.18	\$ 921.06	\$ 921.06
74260 00	Radiology	9.92	9.92	\$ 817.26	\$ 817.26
74260 26	Radiology	0.72	0.72	\$ 59.32	\$ 59.32
74260 TC	Radiology	9.2	9.2	\$ 757.94	\$ 757.94
74261 00	Radiology	13.58	13.58	\$ 1,118.79	\$ 1,118.79
74261 26	Radiology	3.42	3.42	\$ 281.76	\$ 281.76
74261 TC	Radiology	10.16	10.16	\$ 837.03	\$ 837.03
74262 00	Radiology	15.25	15.25	\$ 1,256.37	\$ 1,256.37
74262 26	Radiology	3.56	3.56	\$ 293.29	\$ 293.29
74262 TC	Radiology	11.69	11.69	\$ 963.08	\$ 963.08
74263 00	Radiology	21.3	21.3	\$ 1,754.80	\$ 1,754.80
74263 26	Radiology	3.22	3.22	\$ 265.28	\$ 265.28
74263 TC	Radiology	18.08	18.08	\$ 1,489.52	\$ 1,489.52

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RRVS NF RATE	RRVS FAC RATE
74270 00	Radiology	4.54	4.54	\$ 374.03	\$ 374.03
74270 26	Radiology	0.98	0.98	\$ 80.74	\$ 80.74
74270 TC	Radiology	3.56	3.56	\$ 293.29	\$ 293.29
74280 00	Radiology	6.41	6.41	\$ 528.09	\$ 528.09
74280 26	Radiology	1.41	1.41	\$ 116.16	\$ 116.16
74280 TC	Radiology	5	5	\$ 411.92	\$ 411.92
74283 00	Radiology	6.61	6.61	\$ 544.56	\$ 544.56
74283 26	Radiology	2.94	2.94	\$ 242.21	\$ 242.21
74283 TC	Radiology	3.67	3.67	\$ 302.35	\$ 302.35
74290 00	Radiology	2.15	2.15	\$ 177.13	\$ 177.13
74290 26	Radiology	0.46	0.46	\$ 37.90	\$ 37.90
74290 TC	Radiology	1.69	1.69	\$ 139.23	\$ 139.23
74300 00	Radiology	1.49	1.49	\$ 122.75	\$ 122.75
74300 26	Radiology	0.52	0.52	\$ 42.84	\$ 42.84
74300 TC	Radiology	0.97	0.97	\$ 79.91	\$ 79.91
74301 00	Radiology	0.86	0.86	\$ 70.85	\$ 70.85
74301 26	Radiology	0.3	0.3	\$ 24.72	\$ 24.72
74301 TC	Radiology	0.56	0.56	\$ 46.14	\$ 46.14
74328 00	Radiology	3.37	3.37	\$ 277.64	\$ 277.64
74328 26	Radiology	1.01	1.01	\$ 83.21	\$ 83.21
74328 TC	Radiology	2.36	2.36	\$ 194.43	\$ 194.43
74329 00	Radiology	2.89	2.89	\$ 238.09	\$ 238.09
74329 26	Radiology	1.01	1.01	\$ 83.21	\$ 83.21
74329 TC	Radiology	1.88	1.88	\$ 154.88	\$ 154.88
74330 00	Radiology	4.78	4.78	\$ 393.80	\$ 393.80
74330 26	Radiology	1.29	1.29	\$ 106.28	\$ 106.28
74330 TC	Radiology	3.49	3.49	\$ 287.52	\$ 287.52
74340 00	Radiology	3.08	3.08	\$ 253.75	\$ 253.75
74340 26	Radiology	0.77	0.77	\$ 64.05	\$ 64.05
74340 TC	Radiology	2.31	2.31	\$ 190.31	\$ 190.31
74355 00	Radiology	4	4	\$ 329.54	\$ 329.54
74355 26	Radiology	1.08	1.08	\$ 88.98	\$ 88.98
74355 TC	Radiology	2.92	2.92	\$ 240.56	\$ 240.56
74360 00	Radiology	3.33	3.33	\$ 274.34	\$ 274.34
74360 26	Radiology	0.8	0.8	\$ 65.91	\$ 65.91
74360 TC	Radiology	2.53	2.53	\$ 208.43	\$ 208.43
74363 00	Radiology	3.49	3.49	\$ 387.99	\$ 387.99
74363 26	Radiology	1.22	1.22	\$ 205.79	\$ 205.79
74363 TC	Radiology	2.27	2.27	\$ 187.01	\$ 187.01
74400 00	Radiology	3.36	3.36	\$ 276.81	\$ 276.81
74400 26	Radiology	0.7	0.7	\$ 57.67	\$ 57.67

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
74400 TC	Radiology	2.66	2.66	\$ 219.14	\$ 219.14
74410 00	Radiology	3.41	3.41	\$ 280.93	\$ 280.93
74410 26	Radiology	0.69	0.69	\$ 57.89	\$ 57.89
74410 TC	Radiology	2.72	2.72	\$ 224.09	\$ 224.09
74415 00	Radiology	4.07	4.07	\$ 335.31	\$ 335.31
74415 26	Radiology	0.7	0.7	\$ 62.18	\$ 62.18
74415 TC	Radiology	3.37	3.37	\$ 277.64	\$ 277.64
74420 00	Radiology	2.02	2.02	\$ 210.94	\$ 210.94
74420 26	Radiology	0.73	0.73	\$ 62.95	\$ 62.95
74420 TC	Radiology	1.29	1.29	\$ 147.99	\$ 147.99
74425 00	Radiology	1.85	1.85	\$ 152.41	\$ 152.41
74425 26	Radiology	0.5	0.5	\$ 41.19	\$ 41.19
74425 TC	Radiology	1.35	1.35	\$ 111.22	\$ 111.22
74430 00	Radiology	1.11	1.11	\$ 104.25	\$ 104.25
74430 26	Radiology	0.46	0.46	\$ 37.90	\$ 37.90
74430 TC	Radiology	0.65	0.65	\$ 77.35	\$ 77.35
74440 00	Radiology	2.44	2.44	\$ 201.02	\$ 201.02
74440 26	Radiology	0.52	0.52	\$ 42.84	\$ 42.84
74440 TC	Radiology	1.92	1.92	\$ 158.18	\$ 158.18
74445 00	Radiology	2.75	2.75	\$ 226.56	\$ 226.56
74445 26	Radiology	1.57	1.57	\$ 129.34	\$ 129.34
74445 TC	Radiology	1.18	1.18	\$ 97.21	\$ 97.21
74450 00	Radiology	2.04	2.04	\$ 168.06	\$ 168.06
74450 26	Radiology	0.47	0.47	\$ 38.72	\$ 38.72
74450 TC	Radiology	1.57	1.57	\$ 129.34	\$ 129.34
74455 00	Radiology	2.55	2.55	\$ 210.08	\$ 210.08
74455 26	Radiology	0.47	0.47	\$ 38.72	\$ 38.72
74455 TC	Radiology	2.08	2.08	\$ 171.36	\$ 171.36
74470 00	Radiology	2.08	2.08	\$ 171.36	\$ 171.36
74470 26	Radiology	0.75	0.75	\$ 61.79	\$ 61.79
74470 TC	Radiology	1.33	1.33	\$ 109.57	\$ 109.57
74485 00	Radiology	3.02	3.02	\$ 248.80	\$ 248.80
74485 26	Radiology	1.14	1.14	\$ 93.92	\$ 93.92
74485 TC	Radiology	1.88	1.88	\$ 154.88	\$ 154.88
74710 00	Radiology	1.08	1.08	\$ 88.98	\$ 88.98
74710 26	Radiology	0.49	0.49	\$ 40.37	\$ 40.37
74710 TC	Radiology	0.59	0.59	\$ 52.50	\$ 52.50
74712 00	Radiology	13.56	13.56	\$ 1,117.14	\$ 1,117.14
74712 26	Radiology	4.27	4.27	\$ 351.78	\$ 351.78
74712 TC	Radiology	9.29	9.29	\$ 765.35	\$ 765.35
74713 00	Radiology	6.6	6.6	\$ 543.74	\$ 543.74

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
74713 26	Radiology	2.65	2.65	\$ 218.32	\$ 218.32
74713 TC	Radiology	3.95	3.95	\$ 325.42	\$ 325.42
74740 00	Radiology	2.32	2.32	\$ 191.13	\$ 191.13
74740 26	Radiology	0.54	0.54	\$ 44.49	\$ 44.49
74740 TC	Radiology	1.78	1.78	\$ 146.64	\$ 146.64
74742 00	Radiology	2.51	2.51	\$ 206.79	\$ 206.79
74742 26	Radiology	0.88	0.88	\$ 72.50	\$ 72.50
74742 TC	Radiology	1.63	1.63	\$ 134.29	\$ 134.29
74775 00	Radiology	2.47	2.47	\$ 203.49	\$ 203.49
74775 26	Radiology	0.89	0.89	\$ 73.32	\$ 73.32
74775 TC	Radiology	1.58	1.58	\$ 130.17	\$ 130.17
75557 00	Radiology	9.16	9.16	\$ 829.50	\$ 829.50
75557 26	Radiology	3.29	3.29	\$ 271.05	\$ 271.05
75557 TC	Radiology	5.87	5.87	\$ 655.50	\$ 655.50
75559 00	Radiology	12.77	12.77	\$ 1,206.00	\$ 1,206.00
75559 26	Radiology	4.05	4.05	\$ 333.66	\$ 333.66
75559 TC	Radiology	8.72	8.72	\$ 984.00	\$ 984.00
75561 00	Radiology	12.03	12.03	\$ 1,116.75	\$ 1,116.75
75561 26	Radiology	3.63	3.63	\$ 299.06	\$ 299.06
75561 TC	Radiology	8.4	8.4	\$ 924.75	\$ 924.75
75563 00	Radiology	14.26	14.26	\$ 1,383.75	\$ 1,383.75
75563 26	Radiology	4.16	4.16	\$ 342.72	\$ 342.72
75563 TC	Radiology	10.1	10.1	\$ 1,154.25	\$ 1,154.25
75565 00	Radiology	1.51	1.51	\$ 124.40	\$ 124.40
75565 26	Radiology	0.35	0.35	\$ 28.83	\$ 28.83
75565 TC	Radiology	1.16	1.16	\$ 95.57	\$ 95.57
75571 00	Radiology	2.92	2.92	\$ 483.38	\$ 483.38
75571 26	Radiology	0.82	0.82	\$ 82.34	\$ 82.34
75571 TC	Radiology	2.1	2.1	\$ 401.03	\$ 401.03
75572 00	Radiology	7.52	7.52	\$ 657.38	\$ 657.38
75572 26	Radiology	2.47	2.47	\$ 203.49	\$ 203.49
75572 TC	Radiology	5.05	5.05	\$ 534.20	\$ 534.20
75573 00	Radiology	10.18	10.18	\$ 838.68	\$ 838.68
75573 26	Radiology	3.59	3.59	\$ 295.76	\$ 295.76
75573 TC	Radiology	6.59	6.59	\$ 611.25	\$ 611.25
75574 00	Radiology	11.04	11.04	\$ 909.53	\$ 909.53
75574 26	Radiology	3.36	3.36	\$ 276.81	\$ 276.81
75574 TC	Radiology	7.68	7.68	\$ 684.00	\$ 684.00
75600 00	Radiology	5.63	5.63	\$ 463.83	\$ 463.83
75600 26	Radiology	0.69	0.69	\$ 56.85	\$ 56.85
75600 TC	Radiology	4.94	4.94	\$ 406.98	\$ 406.98

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
75605 00	Radiology	3.78	3.78	\$ 427.14	\$ 427.14
75605 26	Radiology	1.58	1.58	\$ 130.17	\$ 130.17
75605 TC	Radiology	2.2	2.2	\$ 339.13	\$ 339.13
75625 00	Radiology	3.73	3.73	\$ 482.25	\$ 482.25
75625 26	Radiology	1.58	1.58	\$ 130.17	\$ 130.17
75625 TC	Radiology	2.15	2.15	\$ 387.75	\$ 387.75
75630 00	Radiology	4.68	4.68	\$ 611.25	\$ 611.25
75630 26	Radiology	2.49	2.49	\$ 205.14	\$ 205.14
75630 TC	Radiology	2.19	2.19	\$ 457.10	\$ 457.10
75635 00	Radiology	12.45	12.45	\$ 1,025.69	\$ 1,025.69
75635 26	Radiology	3.37	3.37	\$ 277.64	\$ 277.64
75635 TC	Radiology	9.08	9.08	\$ 748.05	\$ 748.05
75705 00	Radiology	7.13	7.13	\$ 684.00	\$ 684.00
75705 26	Radiology	3.32	3.32	\$ 273.52	\$ 273.52
75705 TC	Radiology	3.81	3.81	\$ 536.25	\$ 536.25
75710 00	Radiology	4.73	4.73	\$ 389.68	\$ 389.68
75710 26	Radiology	2.45	2.45	\$ 201.84	\$ 201.84
75710 TC	Radiology	2.28	2.28	\$ 290.42	\$ 290.42
75716 00	Radiology	5.04	5.04	\$ 474.60	\$ 474.60
75716 26	Radiology	2.73	2.73	\$ 224.91	\$ 224.91
75716 TC	Radiology	2.31	2.31	\$ 379.30	\$ 379.30
75726 00	Radiology	4.08	4.08	\$ 540.75	\$ 540.75
75726 26	Radiology	1.56	1.56	\$ 128.52	\$ 128.52
75726 TC	Radiology	2.52	2.52	\$ 438.60	\$ 438.60
75731 00	Radiology	4.73	4.73	\$ 509.25	\$ 509.25
75731 26	Radiology	1.63	1.63	\$ 134.29	\$ 134.29
75731 TC	Radiology	3.1	3.1	\$ 413.25	\$ 413.25
75733 00	Radiology	5.09	5.09	\$ 572.25	\$ 572.25
75733 26	Radiology	1.81	1.81	\$ 149.12	\$ 149.12
75733 TC	Radiology	3.28	3.28	\$ 469.64	\$ 469.64
75736 00	Radiology	4.38	4.38	\$ 509.25	\$ 509.25
75736 26	Radiology	1.56	1.56	\$ 128.52	\$ 128.52
75736 TC	Radiology	2.82	2.82	\$ 414.75	\$ 414.75
75741 00	Radiology	4.13	4.13	\$ 488.25	\$ 488.25
75741 26	Radiology	1.8	1.8	\$ 148.29	\$ 148.29
75741 TC	Radiology	2.33	2.33	\$ 389.25	\$ 389.25
75743 00	Radiology	4.64	4.64	\$ 552.00	\$ 552.00
75743 26	Radiology	2.28	2.28	\$ 187.84	\$ 187.84
75743 TC	Radiology	2.36	2.36	\$ 432.75	\$ 432.75
75746 00	Radiology	4.16	4.16	\$ 342.72	\$ 342.72
75746 26	Radiology	1.58	1.58	\$ 130.17	\$ 130.17

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
75746 TC	Radiology	2.58	2.58	\$ 241.88	\$ 241.88
75756 00	Radiology	4.79	4.79	\$ 430.11	\$ 430.11
75756 26	Radiology	1.62	1.62	\$ 133.46	\$ 133.46
75756 TC	Radiology	3.17	3.17	\$ 341.79	\$ 341.79
75774 00	Radiology	2.33	2.33	\$ 335.19	\$ 335.19
75774 26	Radiology	0.49	0.49	\$ 46.41	\$ 46.41
75774 TC	Radiology	1.84	1.84	\$ 288.78	\$ 288.78
75801 00	Radiology	7.47	7.47	\$ 615.41	\$ 615.41
75801 26	Radiology	1.27	1.27	\$ 104.63	\$ 104.63
75801 TC	Radiology	6.2	6.2	\$ 510.79	\$ 510.79
75803 00	Radiology	7.64	7.64	\$ 629.42	\$ 629.42
75803 26	Radiology	1.68	1.68	\$ 138.41	\$ 138.41
75803 TC	Radiology	5.96	5.96	\$ 491.01	\$ 491.01
75805 00	Radiology	7.73	7.73	\$ 636.83	\$ 636.83
75805 26	Radiology	1.16	1.16	\$ 95.57	\$ 95.57
75805 TC	Radiology	6.57	6.57	\$ 541.27	\$ 541.27
75807 00	Radiology	8	8	\$ 659.08	\$ 659.08
75807 26	Radiology	1.6	1.6	\$ 131.82	\$ 131.82
75807 TC	Radiology	6.4	6.4	\$ 527.26	\$ 527.26
75809 00	Radiology	2.69	2.69	\$ 221.62	\$ 221.62
75809 26	Radiology	0.68	0.68	\$ 56.02	\$ 56.02
75809 TC	Radiology	2.01	2.01	\$ 165.59	\$ 165.59
75810 00	Radiology	12.73	12.73	\$ 1,048.76	\$ 1,048.76
75810 26	Radiology	1.4	1.4	\$ 115.34	\$ 115.34
75810 TC	Radiology	11.33	11.33	\$ 933.42	\$ 933.42
75820 00	Radiology	3.15	3.15	\$ 259.51	\$ 259.51
75820 26	Radiology	0.99	0.99	\$ 81.56	\$ 81.56
75820 TC	Radiology	2.16	2.16	\$ 177.95	\$ 177.95
75822 00	Radiology	3.68	3.68	\$ 303.18	\$ 303.18
75822 26	Radiology	1.47	1.47	\$ 121.11	\$ 121.11
75822 TC	Radiology	2.21	2.21	\$ 182.07	\$ 182.07
75825 00	Radiology	3.68	3.68	\$ 435.75	\$ 435.75
75825 26	Radiology	1.58	1.58	\$ 130.17	\$ 130.17
75825 TC	Radiology	2.1	2.1	\$ 341.25	\$ 341.25
75827 00	Radiology	3.82	3.82	\$ 435.00	\$ 435.00
75827 26	Radiology	1.6	1.6	\$ 131.82	\$ 131.82
75827 TC	Radiology	2.22	2.22	\$ 341.25	\$ 341.25
75831 00	Radiology	3.84	3.84	\$ 438.00	\$ 438.00
75831 26	Radiology	1.56	1.56	\$ 128.52	\$ 128.52
75831 TC	Radiology	2.28	2.28	\$ 343.43	\$ 343.43
75833 00	Radiology	4.55	4.55	\$ 474.75	\$ 474.75

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
75833 26	Radiology	2.07	2.07	\$ 170.54	\$ 170.54
75833 TC	Radiology	2.48	2.48	\$ 369.00	\$ 369.00
75840 00	Radiology	4.08	4.08	\$ 438.00	\$ 438.00
75840 26	Radiology	1.63	1.63	\$ 134.29	\$ 134.29
75840 TC	Radiology	2.45	2.45	\$ 342.95	\$ 342.95
75842 00	Radiology	4.95	4.95	\$ 474.75	\$ 474.75
75842 26	Radiology	2.13	2.13	\$ 175.48	\$ 175.48
75842 TC	Radiology	2.82	2.82	\$ 368.25	\$ 368.25
75860 00	Radiology	3.99	3.99	\$ 444.00	\$ 444.00
75860 26	Radiology	1.6	1.6	\$ 131.82	\$ 131.82
75860 TC	Radiology	2.39	2.39	\$ 349.50	\$ 349.50
75870 00	Radiology	5.3	5.3	\$ 441.00	\$ 441.00
75870 26	Radiology	1.83	1.83	\$ 150.76	\$ 150.76
75870 TC	Radiology	3.47	3.47	\$ 346.50	\$ 346.50
75872 00	Radiology	4.08	4.08	\$ 444.94	\$ 444.94
75872 26	Radiology	1.63	1.63	\$ 134.29	\$ 134.29
75872 TC	Radiology	2.45	2.45	\$ 352.78	\$ 352.78
75880 00	Radiology	3.44	3.44	\$ 283.40	\$ 283.40
75880 26	Radiology	1	1	\$ 82.38	\$ 82.38
75880 TC	Radiology	2.44	2.44	\$ 231.92	\$ 231.92
75885 00	Radiology	4.29	4.29	\$ 471.00	\$ 471.00
75885 26	Radiology	1.92	1.92	\$ 158.18	\$ 158.18
75885 TC	Radiology	2.37	2.37	\$ 366.75	\$ 366.75
75887 00	Radiology	4.31	4.31	\$ 471.75	\$ 471.75
75887 26	Radiology	1.93	1.93	\$ 159.00	\$ 159.00
75887 TC	Radiology	2.38	2.38	\$ 367.50	\$ 367.50
75889 00	Radiology	3.93	3.93	\$ 438.00	\$ 438.00
75889 26	Radiology	1.55	1.55	\$ 127.70	\$ 127.70
75889 TC	Radiology	2.38	2.38	\$ 343.50	\$ 343.50
75891 00	Radiology	3.98	3.98	\$ 438.00	\$ 438.00
75891 26	Radiology	1.57	1.57	\$ 129.34	\$ 129.34
75891 TC	Radiology	2.41	2.41	\$ 343.50	\$ 343.50
75893 00	Radiology	3.32	3.32	\$ 573.75	\$ 573.75
75893 26	Radiology	0.77	0.77	\$ 118.82	\$ 118.82
75893 TC	Radiology	2.55	2.55	\$ 454.93	\$ 454.93
75894 00	Radiology	29.43	29.43	\$ 2,424.58	\$ 2,424.58
75894 26	Radiology	2.06	2.06	\$ 169.71	\$ 169.71
75894 TC	Radiology	27.37	27.37	\$ 2,254.87	\$ 2,254.87
75898 00	Radiology	3.84	3.84	\$ 316.36	\$ 316.36
75898 26	Radiology	2.57	2.57	\$ 211.73	\$ 211.73
75898 TC	Radiology	1.27	1.27	\$ 104.63	\$ 104.63

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
75901 00	Radiology	5.62	5.62	\$ 463.00	\$ 463.00
75901 26	Radiology	0.67	0.67	\$ 55.20	\$ 55.20
75901 TC	Radiology	4.95	4.95	\$ 407.80	\$ 407.80
75902 00	Radiology	2.22	2.22	\$ 182.89	\$ 182.89
75902 26	Radiology	0.54	0.54	\$ 44.49	\$ 44.49
75902 TC	Radiology	1.68	1.68	\$ 138.41	\$ 138.41
75956 00	Radiology	9.82	9.82	\$ 809.02	\$ 809.02
75956 26	Radiology	9.82	9.82	\$ 809.02	\$ 809.02
75956 TC	Radiology	0	0	\$ 0.00	\$ 0.00
75957 00	Radiology	8.43	8.43	\$ 694.50	\$ 694.50
75957 26	Radiology	8.43	8.43	\$ 694.50	\$ 694.50
75957 TC	Radiology	0	0	\$ 0.00	\$ 0.00
75958 00	Radiology	5.6	5.6	\$ 461.35	\$ 461.35
75958 26	Radiology	5.6	5.6	\$ 461.35	\$ 461.35
75958 TC	Radiology	0	0	\$ 0.00	\$ 0.00
75959 00	Radiology	4.88	4.88	\$ 402.04	\$ 402.04
75959 26	Radiology	4.88	4.88	\$ 402.04	\$ 402.04
75959 TC	Radiology	0	0	\$ 0.00	\$ 0.00
75970 00	Radiology	12.56	12.56	\$ 1,034.75	\$ 1,034.75
75970 26	Radiology	1.13	1.13	\$ 93.09	\$ 93.09
75970 TC	Radiology	11.43	11.43	\$ 941.66	\$ 941.66
75984 00	Radiology	2.89	2.89	\$ 238.09	\$ 238.09
75984 26	Radiology	0.99	0.99	\$ 81.56	\$ 81.56
75984 TC	Radiology	1.9	1.9	\$ 156.53	\$ 156.53
75989 00	Radiology	3.42	3.42	\$ 281.76	\$ 281.76
75989 26	Radiology	1.65	1.65	\$ 175.26	\$ 175.26
75989 TC	Radiology	1.77	1.77	\$ 145.82	\$ 145.82
76000 00	Radiology	1.33	1.33	\$ 123.00	\$ 123.00
76000 26	Radiology	0.44	0.44	\$ 36.25	\$ 36.25
76000 TC	Radiology	0.89	0.89	\$ 100.98	\$ 100.98
76010 00	Radiology	0.77	0.77	\$ 63.44	\$ 63.44
76010 26	Radiology	0.26	0.26	\$ 21.42	\$ 21.42
76010 TC	Radiology	0.51	0.51	\$ 42.02	\$ 42.02
76080 00	Radiology	1.61	1.61	\$ 132.64	\$ 132.64
76080 26	Radiology	0.74	0.74	\$ 60.96	\$ 60.96
76080 TC	Radiology	0.87	0.87	\$ 71.67	\$ 71.67
76098 00	Radiology	0.47	0.47	\$ 38.72	\$ 38.72
76098 26	Radiology	0.23	0.23	\$ 18.95	\$ 18.95
76098 TC	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
76100 00	Radiology	2.67	2.67	\$ 219.97	\$ 219.97
76100 26	Radiology	0.89	0.89	\$ 73.32	\$ 73.32

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
76100 TC	Radiology	1.78	1.78	\$ 146.64	\$ 146.64
76101 00	Radiology	2.65	2.65	\$ 219.00	\$ 219.00
76101 26	Radiology	0.8	0.8	\$ 65.91	\$ 65.91
76101 TC	Radiology	1.85	1.85	\$ 170.18	\$ 170.18
76102 00	Radiology	4.88	4.88	\$ 402.04	\$ 402.04
76102 26	Radiology	0.96	0.96	\$ 79.09	\$ 79.09
76102 TC	Radiology	3.92	3.92	\$ 322.95	\$ 322.95
76120 00	Radiology	2.87	2.87	\$ 236.44	\$ 236.44
76120 26	Radiology	0.52	0.52	\$ 42.84	\$ 42.84
76120 TC	Radiology	2.35	2.35	\$ 193.60	\$ 193.60
76125 00	Radiology	1.29	1.29	\$ 106.28	\$ 106.28
76125 26	Radiology	0.4	0.4	\$ 32.95	\$ 32.95
76125 TC	Radiology	0.89	0.89	\$ 73.32	\$ 73.32
76140 00	Radiology	0	0	\$ 0.00	\$ 0.00
76376 00	Radiology	0.65	0.65	\$ 186.79	\$ 186.79
76376 26	Radiology	0.28	0.28	\$ 23.07	\$ 23.07
76376 TC	Radiology	0.37	0.37	\$ 171.04	\$ 171.04
76377 00	Radiology	2.01	2.01	\$ 241.14	\$ 241.14
76377 26	Radiology	1.13	1.13	\$ 93.09	\$ 93.09
76377 TC	Radiology	0.88	0.88	\$ 180.39	\$ 180.39
76380 00	Radiology	4.07	4.07	\$ 335.31	\$ 335.31
76380 26	Radiology	1.38	1.38	\$ 113.69	\$ 113.69
76380 TC	Radiology	2.69	2.69	\$ 221.62	\$ 221.62
76390 00	Radiology	12.31	12.31	\$ 1,014.16	\$ 1,014.16
76390 26	Radiology	1.98	1.98	\$ 163.12	\$ 163.12
76390 TC	Radiology	10.33	10.33	\$ 851.03	\$ 851.03
76391 00	Radiology	6.66	6.66	\$ 548.68	\$ 548.68
76391 26	Radiology	1.58	1.58	\$ 130.17	\$ 130.17
76391 TC	Radiology	5.08	5.08	\$ 418.51	\$ 418.51
76496 00	Radiology	1.78	1.78	\$ 146.64	\$ 146.64
76496 26	Radiology	0.62	0.62	\$ 51.08	\$ 51.08
76496 TC	Radiology	1.16	1.16	\$ 95.57	\$ 95.57
76497 00	Radiology	2.96	2.96	\$ 243.86	\$ 243.86
76497 26	Radiology	0.59	0.59	\$ 48.61	\$ 48.61
76497 TC	Radiology	2.37	2.37	\$ 195.25	\$ 195.25
76498 00	Radiology	2.58	2.58	\$ 212.55	\$ 212.55
76498 26	Radiology	0.52	0.52	\$ 42.84	\$ 42.84
76498 TC	Radiology	2.06	2.06	\$ 169.71	\$ 169.71
76499 00	Radiology	-	-	BR	BR
76499 26	Radiology	-	-	BR	BR
76499 TC	Radiology	-	-	BR	BR

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
76506 00	Radiology	3.26	3.26	\$ 268.57	\$ 268.57
76506 26	Radiology	0.91	0.91	\$ 74.97	\$ 74.97
76506 TC	Radiology	2.35	2.35	\$ 193.60	\$ 193.60
76510 00	Radiology	3.15	3.15	\$ 301.73	\$ 301.73
76510 26	Radiology	1.65	1.65	\$ 161.66	\$ 161.66
76510 TC	Radiology	1.5	1.5	\$ 140.07	\$ 140.07
76511 00	Radiology	1.93	1.93	\$ 175.55	\$ 175.55
76511 26	Radiology	1.03	1.03	\$ 90.74	\$ 90.74
76511 TC	Radiology	0.9	0.9	\$ 84.81	\$ 84.81
76512 00	Radiology	1.73	1.73	\$ 164.32	\$ 164.32
76512 26	Radiology	0.99	0.99	\$ 86.74	\$ 86.74
76512 TC	Radiology	0.74	0.74	\$ 77.58	\$ 77.58
76513 00	Radiology	2.78	2.78	\$ 229.03	\$ 229.03
76513 26	Radiology	1.02	1.02	\$ 84.03	\$ 84.03
76513 TC	Radiology	1.76	1.76	\$ 145.00	\$ 145.00
76514 00	Radiology	0.36	0.36	\$ 29.66	\$ 29.66
76514 26	Radiology	0.23	0.23	\$ 18.95	\$ 18.95
76514 TC	Radiology	0.13	0.13	\$ 10.71	\$ 10.71
76516 00	Radiology	1.53	1.53	\$ 136.66	\$ 136.66
76516 26	Radiology	0.65	0.65	\$ 54.93	\$ 54.93
76516 TC	Radiology	0.88	0.88	\$ 81.73	\$ 81.73
76519 00	Radiology	1.87	1.87	\$ 154.06	\$ 154.06
76519 26	Radiology	0.89	0.89	\$ 73.32	\$ 73.32
76519 TC	Radiology	0.98	0.98	\$ 91.26	\$ 91.26
76529 00	Radiology	2.33	2.33	\$ 191.96	\$ 191.96
76529 26	Radiology	0.94	0.94	\$ 77.44	\$ 77.44
76529 TC	Radiology	1.39	1.39	\$ 114.51	\$ 114.51
76536 00	Radiology	3.25	3.25	\$ 267.75	\$ 267.75
76536 26	Radiology	0.8	0.8	\$ 65.91	\$ 65.91
76536 TC	Radiology	2.45	2.45	\$ 201.84	\$ 201.84
76604 00	Radiology	2.51	2.51	\$ 206.79	\$ 206.79
76604 26	Radiology	0.77	0.77	\$ 63.44	\$ 63.44
76604 TC	Radiology	1.74	1.74	\$ 143.35	\$ 143.35
76641 00	Radiology	3.02	3.02	\$ 248.80	\$ 248.80
76641 26	Radiology	1.04	1.04	\$ 85.68	\$ 85.68
76641 TC	Radiology	1.98	1.98	\$ 163.12	\$ 163.12
76642 00	Radiology	2.47	2.47	\$ 203.49	\$ 203.49
76642 26	Radiology	0.97	0.97	\$ 79.91	\$ 79.91
76642 TC	Radiology	1.5	1.5	\$ 123.58	\$ 123.58
76700 00	Radiology	3.43	3.43	\$ 282.58	\$ 282.58
76700 26	Radiology	1.15	1.15	\$ 94.74	\$ 94.74

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
76700 TC	Radiology	2.28	2.28	\$ 187.84	\$ 187.84
76705 00	Radiology	2.56	2.56	\$ 210.91	\$ 210.91
76705 26	Radiology	0.83	0.83	\$ 68.38	\$ 68.38
76705 TC	Radiology	1.73	1.73	\$ 142.53	\$ 142.53
76706 00	Radiology	3.2	3.2	\$ 263.63	\$ 263.63
76770 00	Radiology	3.18	3.18	\$ 261.98	\$ 261.98
76770 26	Radiology	1.05	1.05	\$ 86.50	\$ 86.50
76770 TC	Radiology	2.13	2.13	\$ 175.48	\$ 175.48
76775 00	Radiology	1.65	1.65	\$ 149.30	\$ 149.30
76775 26	Radiology	0.82	0.82	\$ 67.56	\$ 67.56
76775 TC	Radiology	0.83	0.83	\$ 101.09	\$ 101.09
76776 00	Radiology	4.38	4.38	\$ 360.85	\$ 360.85
76776 26	Radiology	1.08	1.08	\$ 88.98	\$ 88.98
76776 TC	Radiology	3.3	3.3	\$ 271.87	\$ 271.87
76800 00	Radiology	4.04	4.04	\$ 332.83	\$ 332.83
76800 26	Radiology	1.68	1.68	\$ 138.41	\$ 138.41
76800 TC	Radiology	2.36	2.36	\$ 194.43	\$ 194.43
76801 00	Radiology	3.46	3.46	\$ 285.05	\$ 285.05
76801 26	Radiology	1.42	1.42	\$ 116.99	\$ 116.99
76801 TC	Radiology	2.04	2.04	\$ 168.06	\$ 168.06
76802 00	Radiology	1.81	1.81	\$ 149.12	\$ 149.12
76802 26	Radiology	1.2	1.2	\$ 98.86	\$ 98.86
76802 TC	Radiology	0.61	0.61	\$ 51.02	\$ 51.02
76805 00	Radiology	3.97	3.97	\$ 327.07	\$ 327.07
76805 26	Radiology	1.43	1.43	\$ 117.81	\$ 117.81
76805 TC	Radiology	2.54	2.54	\$ 209.26	\$ 209.26
76810 00	Radiology	2.63	2.63	\$ 220.31	\$ 220.31
76810 26	Radiology	1.43	1.43	\$ 117.81	\$ 117.81
76810 TC	Radiology	1.2	1.2	\$ 114.44	\$ 114.44
76811 00	Radiology	5.12	5.12	\$ 421.81	\$ 421.81
76811 26	Radiology	2.77	2.77	\$ 228.21	\$ 228.21
76811 TC	Radiology	2.35	2.35	\$ 193.60	\$ 193.60
76812 00	Radiology	5.72	5.72	\$ 471.24	\$ 471.24
76812 26	Radiology	2.62	2.62	\$ 215.85	\$ 215.85
76812 TC	Radiology	3.1	3.1	\$ 255.39	\$ 255.39
76813 00	Radiology	3.45	3.45	\$ 284.23	\$ 284.23
76813 26	Radiology	1.73	1.73	\$ 142.53	\$ 142.53
76813 TC	Radiology	1.72	1.72	\$ 141.70	\$ 141.70
76814 00	Radiology	2.27	2.27	\$ 187.01	\$ 187.01
76814 26	Radiology	1.46	1.46	\$ 120.28	\$ 120.28
76814 TC	Radiology	0.81	0.81	\$ 66.73	\$ 66.73

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
76815 00	Radiology	2.38	2.38	\$ 196.08	\$ 196.08
76815 26	Radiology	0.93	0.93	\$ 76.62	\$ 76.62
76815 TC	Radiology	1.45	1.45	\$ 119.46	\$ 119.46
76816 00	Radiology	3.23	3.23	\$ 266.10	\$ 266.10
76816 26	Radiology	1.24	1.24	\$ 102.16	\$ 102.16
76816 TC	Radiology	1.99	1.99	\$ 163.95	\$ 163.95
76817 00	Radiology	2.73	2.73	\$ 224.91	\$ 224.91
76817 26	Radiology	1.08	1.08	\$ 88.98	\$ 88.98
76817 TC	Radiology	1.65	1.65	\$ 135.93	\$ 135.93
76818 00	Radiology	3.44	3.44	\$ 283.40	\$ 283.40
76818 26	Radiology	1.54	1.54	\$ 126.87	\$ 126.87
76818 TC	Radiology	1.9	1.9	\$ 156.53	\$ 156.53
76819 00	Radiology	2.52	2.52	\$ 207.61	\$ 207.61
76819 26	Radiology	1.12	1.12	\$ 92.27	\$ 92.27
76819 TC	Radiology	1.4	1.4	\$ 115.34	\$ 115.34
76820 00	Radiology	1.35	1.35	\$ 114.07	\$ 114.07
76820 26	Radiology	0.73	0.73	\$ 60.14	\$ 60.14
76820 TC	Radiology	0.62	0.62	\$ 75.82	\$ 75.82
76821 00	Radiology	2.61	2.61	\$ 215.02	\$ 215.02
76821 26	Radiology	1.03	1.03	\$ 84.86	\$ 84.86
76821 TC	Radiology	1.58	1.58	\$ 130.17	\$ 130.17
76825 00	Radiology	7.79	7.79	\$ 641.78	\$ 641.78
76825 26	Radiology	2.38	2.38	\$ 196.08	\$ 196.08
76825 TC	Radiology	5.41	5.41	\$ 445.70	\$ 445.70
76826 00	Radiology	4.62	4.62	\$ 380.62	\$ 380.62
76826 26	Radiology	1.17	1.17	\$ 96.39	\$ 96.39
76826 TC	Radiology	3.45	3.45	\$ 284.23	\$ 284.23
76827 00	Radiology	2.11	2.11	\$ 173.83	\$ 173.83
76827 26	Radiology	0.82	0.82	\$ 67.56	\$ 67.56
76827 TC	Radiology	1.29	1.29	\$ 106.28	\$ 106.28
76828 00	Radiology	1.51	1.51	\$ 124.40	\$ 124.40
76828 26	Radiology	0.81	0.81	\$ 66.73	\$ 66.73
76828 TC	Radiology	0.7	0.7	\$ 57.67	\$ 57.67
76830 00	Radiology	3.44	3.44	\$ 283.40	\$ 283.40
76830 26	Radiology	0.99	0.99	\$ 81.56	\$ 81.56
76830 TC	Radiology	2.45	2.45	\$ 201.84	\$ 201.84
76831 00	Radiology	3.35	3.35	\$ 275.99	\$ 275.99
76831 26	Radiology	1.04	1.04	\$ 85.68	\$ 85.68
76831 TC	Radiology	2.31	2.31	\$ 190.31	\$ 190.31
76856 00	Radiology	3.09	3.09	\$ 254.57	\$ 254.57
76856 26	Radiology	0.98	0.98	\$ 80.74	\$ 80.74

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
76856 TC	Radiology	2.11	2.11	\$ 173.83	\$ 173.83
76857 00	Radiology	1.38	1.38	\$ 130.97	\$ 130.97
76857 26	Radiology	0.71	0.71	\$ 58.49	\$ 58.49
76857 TC	Radiology	0.67	0.67	\$ 98.48	\$ 98.48
76870 00	Radiology	2.97	2.97	\$ 244.68	\$ 244.68
76870 26	Radiology	0.91	0.91	\$ 74.97	\$ 74.97
76870 TC	Radiology	2.06	2.06	\$ 169.71	\$ 169.71
76872 00	Radiology	3.62	3.62	\$ 298.23	\$ 298.23
76872 26	Radiology	0.95	0.95	\$ 95.25	\$ 95.25
76872 TC	Radiology	2.67	2.67	\$ 219.97	\$ 219.97
76873 00	Radiology	4.91	4.91	\$ 404.51	\$ 404.51
76873 26	Radiology	2.22	2.22	\$ 182.89	\$ 182.89
76873 TC	Radiology	2.69	2.69	\$ 221.62	\$ 221.62
76881 00	Radiology	2.51	2.51	\$ 206.79	\$ 206.79
76881 26	Radiology	0.9	0.9	\$ 74.15	\$ 74.15
76881 TC	Radiology	1.61	1.61	\$ 152.86	\$ 152.86
76882 00	Radiology	1.62	1.62	\$ 133.46	\$ 133.46
76882 26	Radiology	0.7	0.7	\$ 57.67	\$ 57.67
76882 TC	Radiology	0.92	0.92	\$ 75.79	\$ 75.79
76885 00	Radiology	4.05	4.05	\$ 333.66	\$ 333.66
76885 26	Radiology	1.06	1.06	\$ 91.41	\$ 91.41
76885 TC	Radiology	2.99	2.99	\$ 246.33	\$ 246.33
76886 00	Radiology	2.97	2.97	\$ 244.68	\$ 244.68
76886 26	Radiology	0.89	0.89	\$ 73.32	\$ 73.32
76886 TC	Radiology	2.08	2.08	\$ 171.36	\$ 171.36
76930 00	Radiology	2.54	2.54	\$ 209.26	\$ 209.26
76930 26	Radiology	0.94	0.94	\$ 77.44	\$ 77.44
76930 TC	Radiology	1.6	1.6	\$ 131.82	\$ 131.82
76932 00	Radiology	2.54	2.54	\$ 209.26	\$ 209.26
76932 26	Radiology	0.94	0.94	\$ 77.44	\$ 77.44
76932 TC	Radiology	1.6	1.6	\$ 131.82	\$ 131.82
76936 00	Radiology	7.6	7.6	\$ 626.12	\$ 626.12
76936 26	Radiology	2.77	2.77	\$ 228.21	\$ 228.21
76936 TC	Radiology	4.83	4.83	\$ 397.92	\$ 397.92
76937 00	Radiology	0.96	0.96	\$ 79.09	\$ 79.09
76937 26	Radiology	0.41	0.41	\$ 33.78	\$ 33.78
76937 TC	Radiology	0.55	0.55	\$ 45.31	\$ 45.31
76940 00	Radiology	4.73	4.73	\$ 389.68	\$ 389.68
76940 26	Radiology	2.93	2.93	\$ 241.39	\$ 241.39
76940 TC	Radiology	1.8	1.8	\$ 148.29	\$ 148.29
76941 00	Radiology	3.65	3.65	\$ 300.70	\$ 300.70

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
76941 26	Radiology	1.97	1.97	\$ 162.30	\$ 162.30
76941 TC	Radiology	1.68	1.68	\$ 145.04	\$ 145.04
76942 00	Radiology	1.61	1.61	\$ 192.81	\$ 192.81
76942 26	Radiology	0.91	0.91	\$ 74.97	\$ 74.97
76942 TC	Radiology	0.7	0.7	\$ 152.34	\$ 152.34
76945 00	Radiology	2.75	2.75	\$ 226.56	\$ 226.56
76945 26	Radiology	0.99	0.99	\$ 81.56	\$ 81.56
76945 TC	Radiology	1.76	1.76	\$ 145.00	\$ 145.00
76946 00	Radiology	0.92	0.92	\$ 96.67	\$ 96.67
76946 26	Radiology	0.55	0.55	\$ 45.31	\$ 45.31
76946 TC	Radiology	0.37	0.37	\$ 55.40	\$ 55.40
76948 00	Radiology	2.12	2.12	\$ 174.66	\$ 174.66
76948 26	Radiology	0.99	0.99	\$ 81.56	\$ 81.56
76948 TC	Radiology	1.13	1.13	\$ 93.09	\$ 93.09
76965 00	Radiology	2.62	2.62	\$ 384.75	\$ 384.75
76965 26	Radiology	1.92	1.92	\$ 167.25	\$ 167.25
76965 TC	Radiology	0.7	0.7	\$ 217.50	\$ 217.50
76970 00	Radiology	2.54	2.54	\$ 209.26	\$ 209.26
76970 26	Radiology	0.55	0.55	\$ 45.31	\$ 45.31
76970 TC	Radiology	1.99	1.99	\$ 163.95	\$ 163.95
76975 00	Radiology	2.93	2.93	\$ 241.39	\$ 241.39
76975 26	Radiology	1.2	1.2	\$ 98.86	\$ 98.86
76975 TC	Radiology	1.73	1.73	\$ 142.53	\$ 142.53
76977 00	Radiology	0.21	0.21	\$ 56.00	\$ 56.00
76977 26	Radiology	0.08	0.08	\$ 34.86	\$ 34.86
76977 TC	Radiology	0.13	0.13	\$ 21.14	\$ 21.14
76978 00	Radiology	9.18	9.18	\$ 756.29	\$ 756.29
76978 26	Radiology	2.3	2.3	\$ 189.48	\$ 189.48
76978 TC	Radiology	6.88	6.88	\$ 566.81	\$ 566.81
76979 00	Radiology	6.23	6.23	\$ 513.26	\$ 513.26
76979 26	Radiology	1.21	1.21	\$ 99.69	\$ 99.69
76979 TC	Radiology	5.02	5.02	\$ 413.57	\$ 413.57
76981 00	Radiology	3.04	3.04	\$ 250.45	\$ 250.45
76981 26	Radiology	0.85	0.85	\$ 70.03	\$ 70.03
76981 TC	Radiology	2.19	2.19	\$ 180.42	\$ 180.42
76982 00	Radiology	2.72	2.72	\$ 224.09	\$ 224.09
76982 26	Radiology	0.85	0.85	\$ 70.03	\$ 70.03
76982 TC	Radiology	1.87	1.87	\$ 154.06	\$ 154.06
76983 00	Radiology	1.67	1.67	\$ 137.58	\$ 137.58
76983 26	Radiology	0.72	0.72	\$ 59.32	\$ 59.32
76983 TC	Radiology	0.95	0.95	\$ 78.27	\$ 78.27

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
76998 00	Radiology	1.81	1.81	\$ 206.25	\$ 206.25
76998 26	Radiology	1.81	1.81	\$ 149.12	\$ 149.12
76998 TC	Radiology	0	0	\$ 0.00	\$ 0.00
76999 00	Radiology	-	-	BR	BR
76999 26	Radiology	-	-	BR	BR
76999 TC	Radiology	-	-	BR	BR
77001 00	Radiology	2.55	2.55	\$ 210.08	\$ 210.08
77001 26	Radiology	0.53	0.53	\$ 43.66	\$ 43.66
77001 TC	Radiology	2.02	2.02	\$ 166.42	\$ 166.42
77002 00	Radiology	2.86	2.86	\$ 235.62	\$ 235.62
77002 26	Radiology	0.79	0.79	\$ 65.08	\$ 65.08
77002 TC	Radiology	2.07	2.07	\$ 170.54	\$ 170.54
77003 00	Radiology	2.77	2.77	\$ 228.21	\$ 228.21
77003 26	Radiology	0.86	0.86	\$ 70.85	\$ 70.85
77003 TC	Radiology	1.91	1.91	\$ 157.35	\$ 157.35
77011 00	Radiology	6.47	6.47	\$ 862.50	\$ 862.50
77011 26	Radiology	1.79	1.79	\$ 147.47	\$ 147.47
77011 TC	Radiology	4.68	4.68	\$ 768.89	\$ 768.89
77012 00	Radiology	4.27	4.27	\$ 462.00	\$ 462.00
77012 26	Radiology	2.1	2.1	\$ 173.01	\$ 173.01
77012 TC	Radiology	2.17	2.17	\$ 369.83	\$ 369.83
77013 00	Radiology	15.17	15.17	\$ 1,249.78	\$ 1,249.78
77013 26	Radiology	5.46	5.46	\$ 449.82	\$ 449.82
77013 TC	Radiology	9.71	9.71	\$ 799.96	\$ 799.96
77014 00	Radiology	3.41	3.41	\$ 280.93	\$ 280.93
77014 26	Radiology	1.27	1.27	\$ 104.63	\$ 104.63
77014 TC	Radiology	2.14	2.14	\$ 190.53	\$ 190.53
77021 00	Radiology	13.44	13.44	\$ 1,107.25	\$ 1,107.25
77021 26	Radiology	2.08	2.08	\$ 171.36	\$ 171.36
77021 TC	Radiology	11.36	11.36	\$ 935.89	\$ 935.89
77022 00	Radiology	19.84	19.84	\$ 1,634.51	\$ 1,634.51
77022 26	Radiology	6.15	6.15	\$ 506.67	\$ 506.67
77022 TC	Radiology	13.69	13.69	\$ 1,127.85	\$ 1,127.85
77046 00	Radiology	7.02	7.02	\$ 578.34	\$ 578.34
77046 26	Radiology	2.06	2.06	\$ 169.71	\$ 169.71
77046 TC	Radiology	4.96	4.96	\$ 408.63	\$ 408.63
77047 00	Radiology	7.21	7.21	\$ 593.99	\$ 593.99
77047 26	Radiology	2.28	2.28	\$ 187.84	\$ 187.84
77047 TC	Radiology	4.93	4.93	\$ 406.16	\$ 406.16
77048 00	Radiology	11.15	11.15	\$ 918.59	\$ 918.59
77048 26	Radiology	2.98	2.98	\$ 245.51	\$ 245.51

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
77048 TC	Radiology	8.17	8.17	\$ 673.08	\$ 673.08
77049 00	Radiology	11.39	11.39	\$ 938.36	\$ 938.36
77049 26	Radiology	3.26	3.26	\$ 268.57	\$ 268.57
77049 TC	Radiology	8.13	8.13	\$ 669.79	\$ 669.79
77053 00	Radiology	1.62	1.62	\$ 136.55	\$ 136.55
77053 26	Radiology	0.51	0.51	\$ 42.02	\$ 42.02
77053 TC	Radiology	1.11	1.11	\$ 104.30	\$ 104.30
77054 00	Radiology	2.12	2.12	\$ 193.35	\$ 193.35
77054 26	Radiology	0.65	0.65	\$ 53.55	\$ 53.55
77054 TC	Radiology	1.47	1.47	\$ 152.85	\$ 152.85
77061 00	Radiology	3.77	3.77	\$ 310.59	\$ 310.59
77061 26	Radiology	1.16	1.16	\$ 95.57	\$ 95.57
77061 TC	Radiology	2.61	2.61	\$ 215.02	\$ 215.02
77062 00	Radiology	4.77	4.77	\$ 392.98	\$ 392.98
77062 26	Radiology	1.43	1.43	\$ 117.81	\$ 117.81
77062 TC	Radiology	3.34	3.34	\$ 275.17	\$ 275.17
77063 00	Radiology	1.55	1.55	\$ 127.70	\$ 127.70
77063 26	Radiology	0.85	0.85	\$ 70.03	\$ 70.03
77063 TC	Radiology	0.7	0.7	\$ 57.67	\$ 57.67
77065 00	Radiology	3.77	3.77	\$ 310.59	\$ 310.59
77065 26	Radiology	1.16	1.16	\$ 95.57	\$ 95.57
77065 TC	Radiology	2.61	2.61	\$ 215.02	\$ 215.02
77066 00	Radiology	4.77	4.77	\$ 392.98	\$ 392.98
77066 26	Radiology	1.43	1.43	\$ 117.81	\$ 117.81
77066 TC	Radiology	3.34	3.34	\$ 275.17	\$ 275.17
77067 00	Radiology	3.84	3.84	\$ 316.36	\$ 316.36
77067 26	Radiology	1.08	1.08	\$ 88.98	\$ 88.98
77067 TC	Radiology	2.76	2.76	\$ 227.38	\$ 227.38
77071 00	Radiology	1.43	1.43	\$ 117.81	\$ 117.81
77072 00	Radiology	0.68	0.68	\$ 56.02	\$ 56.02
77072 26	Radiology	0.27	0.27	\$ 22.24	\$ 22.24
77072 TC	Radiology	0.41	0.41	\$ 33.78	\$ 33.78
77073 00	Radiology	1.06	1.06	\$ 87.33	\$ 87.33
77073 26	Radiology	0.41	0.41	\$ 33.78	\$ 33.78
77073 TC	Radiology	0.65	0.65	\$ 53.55	\$ 53.55
77074 00	Radiology	1.91	1.91	\$ 157.35	\$ 157.35
77074 26	Radiology	0.65	0.65	\$ 53.55	\$ 53.55
77074 TC	Radiology	1.26	1.26	\$ 103.80	\$ 103.80
77075 00	Radiology	2.6	2.6	\$ 214.20	\$ 214.20
77075 26	Radiology	0.77	0.77	\$ 63.44	\$ 63.44
77075 TC	Radiology	1.83	1.83	\$ 150.76	\$ 150.76

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
77076 00	Radiology	2.85	2.85	\$ 234.80	\$ 234.80
77076 26	Radiology	1	1	\$ 82.38	\$ 82.38
77076 TC	Radiology	1.85	1.85	\$ 152.41	\$ 152.41
77077 00	Radiology	1.09	1.09	\$ 89.80	\$ 89.80
77077 26	Radiology	0.46	0.46	\$ 37.90	\$ 37.90
77077 TC	Radiology	0.63	0.63	\$ 51.90	\$ 51.90
77078 00	Radiology	3.24	3.24	\$ 266.93	\$ 266.93
77078 26	Radiology	0.35	0.35	\$ 28.83	\$ 28.83
77078 TC	Radiology	2.89	2.89	\$ 238.09	\$ 238.09
77080 00	Radiology	1.13	1.13	\$ 141.66	\$ 141.66
77080 26	Radiology	0.28	0.28	\$ 23.07	\$ 23.07
77080 TC	Radiology	0.85	0.85	\$ 124.41	\$ 124.41
77081 00	Radiology	0.94	0.94	\$ 77.44	\$ 77.44
77081 26	Radiology	0.29	0.29	\$ 23.89	\$ 23.89
77081 TC	Radiology	0.65	0.65	\$ 54.21	\$ 54.21
77084 00	Radiology	10.72	10.72	\$ 883.16	\$ 883.16
77084 26	Radiology	2.29	2.29	\$ 188.66	\$ 188.66
77084 TC	Radiology	8.43	8.43	\$ 694.50	\$ 694.50
77085 00	Radiology	1.54	1.54	\$ 134.84	\$ 134.84
77085 26	Radiology	0.43	0.43	\$ 35.43	\$ 35.43
77085 TC	Radiology	1.11	1.11	\$ 91.45	\$ 91.45
77086 00	Radiology	0.99	0.99	\$ 81.56	\$ 81.56
77086 26	Radiology	0.24	0.24	\$ 19.77	\$ 19.77
77086 TC	Radiology	0.75	0.75	\$ 61.79	\$ 61.79
77261 00	Radiology	2.03	2.03	\$ 167.24	\$ 167.24
77262 00	Radiology	3.06	3.06	\$ 252.10	\$ 252.10
77263 00	Radiology	4.78	4.78	\$ 393.80	\$ 393.80
77280 00	Radiology	7.84	7.84	\$ 645.90	\$ 645.90
77280 26	Radiology	1.06	1.06	\$ 87.33	\$ 87.33
77280 TC	Radiology	6.78	6.78	\$ 558.57	\$ 558.57
77285 00	Radiology	12.97	12.97	\$ 1,068.53	\$ 1,068.53
77285 26	Radiology	1.61	1.61	\$ 132.64	\$ 132.64
77285 TC	Radiology	11.36	11.36	\$ 935.89	\$ 935.89
77290 00	Radiology	14.43	14.43	\$ 1,188.81	\$ 1,188.81
77290 26	Radiology	2.33	2.33	\$ 191.96	\$ 191.96
77290 TC	Radiology	12.1	12.1	\$ 996.86	\$ 996.86
77293 00	Radiology	13.06	13.06	\$ 1,075.95	\$ 1,075.95
77293 26	Radiology	2.99	2.99	\$ 246.33	\$ 246.33
77293 TC	Radiology	10.07	10.07	\$ 829.61	\$ 829.61
77295 00	Radiology	13.94	13.94	\$ 1,672.50	\$ 1,672.50
77295 26	Radiology	6.4	6.4	\$ 527.26	\$ 527.26

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
77295 TC	Radiology	7.54	7.54	\$ 1,233.00	\$ 1,233.00
77299 00	Radiology	-	-	BR	BR
77299 26	Radiology	-	-	BR	BR
77299 TC	Radiology	-	-	BR	BR
77300 00	Radiology	1.89	1.89	\$ 155.71	\$ 155.71
77300 26	Radiology	0.93	0.93	\$ 76.62	\$ 76.62
77300 TC	Radiology	0.96	0.96	\$ 79.09	\$ 79.09
77301 00	Radiology	55.05	55.05	\$ 4,535.28	\$ 4,535.28
77301 26	Radiology	11.92	11.92	\$ 982.03	\$ 982.03
77301 TC	Radiology	43.13	43.13	\$ 3,553.26	\$ 3,553.26
77306 00	Radiology	4.25	4.25	\$ 350.14	\$ 350.14
77306 26	Radiology	2.09	2.09	\$ 172.18	\$ 172.18
77306 TC	Radiology	2.16	2.16	\$ 177.95	\$ 177.95
77307 00	Radiology	8.22	8.22	\$ 677.20	\$ 677.20
77307 26	Radiology	4.32	4.32	\$ 355.90	\$ 355.90
77307 TC	Radiology	3.9	3.9	\$ 321.30	\$ 321.30
77316 00	Radiology	5.78	5.78	\$ 476.18	\$ 476.18
77316 26	Radiology	2.1	2.1	\$ 173.01	\$ 173.01
77316 TC	Radiology	3.68	3.68	\$ 303.18	\$ 303.18
77317 00	Radiology	7.57	7.57	\$ 623.65	\$ 623.65
77317 26	Radiology	2.73	2.73	\$ 224.91	\$ 224.91
77317 TC	Radiology	4.84	4.84	\$ 398.74	\$ 398.74
77318 00	Radiology	10.88	10.88	\$ 896.35	\$ 896.35
77318 26	Radiology	4.32	4.32	\$ 355.90	\$ 355.90
77318 TC	Radiology	6.56	6.56	\$ 540.44	\$ 540.44
77321 00	Radiology	2.66	2.66	\$ 261.75	\$ 261.75
77321 26	Radiology	1.42	1.42	\$ 116.99	\$ 116.99
77321 TC	Radiology	1.24	1.24	\$ 177.47	\$ 177.47
77331 00	Radiology	1.84	1.84	\$ 151.59	\$ 151.59
77331 26	Radiology	1.3	1.3	\$ 107.10	\$ 107.10
77331 TC	Radiology	0.54	0.54	\$ 44.49	\$ 44.49
77332 00	Radiology	1.49	1.49	\$ 144.38	\$ 144.38
77332 26	Radiology	0.68	0.68	\$ 60.14	\$ 60.14
77332 TC	Radiology	0.81	0.81	\$ 84.24	\$ 84.24
77333 00	Radiology	3.1	3.1	\$ 255.39	\$ 255.39
77333 26	Radiology	1.12	1.12	\$ 92.27	\$ 92.27
77333 TC	Radiology	1.98	1.98	\$ 163.12	\$ 163.12
77334 00	Radiology	3.64	3.64	\$ 299.88	\$ 299.88
77334 26	Radiology	1.72	1.72	\$ 141.70	\$ 141.70
77334 TC	Radiology	1.92	1.92	\$ 161.32	\$ 161.32
77336 00	Radiology	2.26	2.26	\$ 186.19	\$ 186.19

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
77338 00	Radiology	14.16	14.16	\$ 1,166.57	\$ 1,166.57
77338 26	Radiology	6.4	6.4	\$ 600.53	\$ 600.53
77338 TC	Radiology	7.76	7.76	\$ 639.31	\$ 639.31
77370 00	Radiology	3.52	3.52	\$ 289.99	\$ 289.99
77371 00	Radiology	34.27	34.27	\$ 2,823.33	\$ 2,823.33
77372 00	Radiology	30.24	30.24	\$ 2,491.32	\$ 2,491.32
77373 00	Radiology	36.61	36.61	\$ 3,016.11	\$ 3,016.11
77385 00	Radiology	10.03	10.03	\$ 885.06	\$ 885.06
77386 00	Radiology	10.06	10.06	\$ 1,263.54	\$ 1,263.54
77387 00	Radiology	2.25	2.25	\$ 198.08	\$ 198.08
77399 00	Radiology	-	-	BR	BR
77399 26	Radiology	-	-	BR	BR
77399 TC	Radiology	-	-	BR	BR
77401 00	Radiology	0.7	0.7	\$ 85.07	\$ 85.07
77402 00	Radiology	4.05	4.05	\$ 333.66	\$ 333.66
77407 00	Radiology	5.57	5.57	\$ 458.88	\$ 458.88
77412 00	Radiology	7.45	7.45	\$ 613.77	\$ 613.77
77417 00	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
77423 00	Radiology	2.71	2.71	\$ 398.53	\$ 398.53
77424 00	Radiology	0	0	\$0.00	\$0.00
77425 00	Radiology	0	0	\$0.00	\$0.00
77427 00	Radiology	5.37	5.37	\$ 442.41	\$ 442.41
77431 00	Radiology	2.96	2.96	\$ 243.86	\$ 243.86
77432 00	Radiology	12.05	12.05	\$ 992.74	\$ 992.74
77435 00	Radiology	18.17	18.17	\$ 1,496.93	\$ 1,496.93
77469 00	Radiology	9	9	\$ 741.46	\$ 741.46
77470 00	Radiology	3.75	3.75	\$ 621.00	\$ 621.00
77470 26	Radiology	3.03	3.03	\$ 249.63	\$ 249.63
77470 TC	Radiology	0.72	0.72	\$ 477.93	\$ 477.93
77499 00	Radiology	-	-	BR	BR
77499 26	Radiology	-	-	BR	BR
77499 TC	Radiology	-	-	BR	BR
77520 00	Radiology	24.83	24.83	\$ 2,045.61	\$ 2,045.61
77522 00	Radiology	24.81	24.81	\$ 2,043.97	\$ 2,043.97
77523 00	Radiology	28.75	28.75	\$ 2,368.56	\$ 2,368.56
77525 00	Radiology	31.96	31.96	\$ 2,633.02	\$ 2,633.02
77600 00	Radiology	12.76	12.76	\$ 1,051.23	\$ 1,051.23
77600 26	Radiology	2.02	2.02	\$ 166.42	\$ 166.42
77600 TC	Radiology	10.74	10.74	\$ 884.81	\$ 884.81
77605 00	Radiology	22.05	22.05	\$ 1,816.58	\$ 1,816.58
77605 26	Radiology	2.92	2.92	\$ 240.56	\$ 240.56

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
77605 TC	Radiology	19.13	19.13	\$ 1,576.02	\$ 1,576.02
77610 00	Radiology	19.6	19.6	\$ 1,614.74	\$ 1,614.74
77610 26	Radiology	1.94	1.94	\$ 159.83	\$ 159.83
77610 TC	Radiology	17.66	17.66	\$ 1,454.92	\$ 1,454.92
77615 00	Radiology	30.09	30.09	\$ 2,478.96	\$ 2,478.96
77615 26	Radiology	2.73	2.73	\$ 224.91	\$ 224.91
77615 TC	Radiology	27.36	27.36	\$ 2,254.05	\$ 2,254.05
77620 00	Radiology	14.67	14.67	\$ 1,208.58	\$ 1,208.58
77620 26	Radiology	2.46	2.46	\$ 202.67	\$ 202.67
77620 TC	Radiology	12.21	12.21	\$ 1,005.92	\$ 1,005.92
77750 00	Radiology	10.79	10.79	\$ 888.93	\$ 888.93
77750 26	Radiology	7.45	7.45	\$ 613.77	\$ 613.77
77750 TC	Radiology	3.34	3.34	\$ 275.17	\$ 275.17
77761 00	Radiology	11.33	11.33	\$ 933.42	\$ 933.42
77761 26	Radiology	5.75	5.75	\$ 473.71	\$ 473.71
77761 TC	Radiology	5.58	5.58	\$ 459.71	\$ 459.71
77762 00	Radiology	15	15	\$ 1,235.77	\$ 1,235.77
77762 26	Radiology	8.61	8.61	\$ 709.33	\$ 709.33
77762 TC	Radiology	6.39	6.39	\$ 526.44	\$ 526.44
77763 00	Radiology	21.36	21.36	\$ 1,759.74	\$ 1,759.74
77763 26	Radiology	12.96	12.96	\$ 1,067.71	\$ 1,067.71
77763 TC	Radiology	8.4	8.4	\$ 692.03	\$ 692.03
77767 00	Radiology	6.6	6.6	\$ 543.74	\$ 543.74
77767 26	Radiology	1.57	1.57	\$ 129.34	\$ 129.34
77767 TC	Radiology	5.03	5.03	\$ 414.40	\$ 414.40
77768 00	Radiology	10.14	10.14	\$ 835.38	\$ 835.38
77768 26	Radiology	2.1	2.1	\$ 173.01	\$ 173.01
77768 TC	Radiology	8.04	8.04	\$ 662.37	\$ 662.37
77770 00	Radiology	9.36	9.36	\$ 771.12	\$ 771.12
77770 26	Radiology	2.9	2.9	\$ 238.92	\$ 238.92
77770 TC	Radiology	6.46	6.46	\$ 532.21	\$ 532.21
77771 00	Radiology	17.08	17.08	\$ 1,407.13	\$ 1,407.13
77771 26	Radiology	5.68	5.68	\$ 467.95	\$ 467.95
77771 TC	Radiology	11.4	11.4	\$ 939.19	\$ 939.19
77772 00	Radiology	25.88	25.88	\$ 2,132.12	\$ 2,132.12
77772 26	Radiology	8.04	8.04	\$ 662.37	\$ 662.37
77772 TC	Radiology	17.84	17.84	\$ 1,469.74	\$ 1,469.74
77778 00	Radiology	24.07	24.07	\$ 1,983.00	\$ 1,983.00
77778 26	Radiology	13.07	13.07	\$ 1,076.77	\$ 1,076.77
77778 TC	Radiology	11	11	\$ 906.23	\$ 906.23
77789 00	Radiology	3.49	3.49	\$ 287.52	\$ 287.52

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
77789 26	Radiology	1.71	1.71	\$ 140.88	\$ 140.88
77789 TC	Radiology	1.78	1.78	\$ 146.64	\$ 146.64
77790 00	Radiology	0.43	0.43	\$ 142.73	\$ 142.73
77799 00	Radiology	-	-	BR	BR
77799 26	Radiology	-	-	BR	BR
77799 TC	Radiology	-	-	BR	BR
78012 00	Radiology	2.34	2.34	\$ 192.78	\$ 192.78
78012 26	Radiology	0.27	0.27	\$ 22.24	\$ 22.24
78012 TC	Radiology	2.07	2.07	\$ 170.54	\$ 170.54
78013 00	Radiology	5.54	5.54	\$ 456.41	\$ 456.41
78013 26	Radiology	0.52	0.52	\$ 42.84	\$ 42.84
78013 TC	Radiology	5.02	5.02	\$ 413.57	\$ 413.57
78014 00	Radiology	6.95	6.95	\$ 572.57	\$ 572.57
78014 26	Radiology	0.7	0.7	\$ 57.67	\$ 57.67
78014 TC	Radiology	6.25	6.25	\$ 514.90	\$ 514.90
78015 00	Radiology	6.47	6.47	\$ 533.03	\$ 533.03
78015 26	Radiology	0.95	0.95	\$ 78.27	\$ 78.27
78015 TC	Radiology	5.52	5.52	\$ 454.76	\$ 454.76
78016 00	Radiology	8.12	8.12	\$ 668.96	\$ 668.96
78016 26	Radiology	0.97	0.97	\$ 82.51	\$ 82.51
78016 TC	Radiology	7.15	7.15	\$ 589.05	\$ 589.05
78018 00	Radiology	9.03	9.03	\$ 743.93	\$ 743.93
78018 26	Radiology	1.17	1.17	\$ 113.48	\$ 113.48
78018 TC	Radiology	7.86	7.86	\$ 647.54	\$ 647.54
78020 00	Radiology	2.41	2.41	\$ 198.55	\$ 198.55
78020 26	Radiology	0.79	0.79	\$ 65.08	\$ 65.08
78020 TC	Radiology	1.62	1.62	\$ 133.46	\$ 133.46
78070 00	Radiology	8.61	8.61	\$ 709.33	\$ 709.33
78070 26	Radiology	1.11	1.11	\$ 91.45	\$ 91.45
78070 TC	Radiology	7.5	7.5	\$ 617.89	\$ 617.89
78071 00	Radiology	10.27	10.27	\$ 846.09	\$ 846.09
78071 26	Radiology	1.67	1.67	\$ 137.58	\$ 137.58
78071 TC	Radiology	8.6	8.6	\$ 708.51	\$ 708.51
78072 00	Radiology	11.21	11.21	\$ 923.53	\$ 923.53
78072 26	Radiology	2.19	2.19	\$ 180.42	\$ 180.42
78072 TC	Radiology	9.02	9.02	\$ 743.11	\$ 743.11
78075 00	Radiology	13	13	\$ 1,071.00	\$ 1,071.00
78075 26	Radiology	1.06	1.06	\$ 103.72	\$ 103.72
78075 TC	Radiology	11.94	11.94	\$ 983.67	\$ 983.67
78099 00	Radiology	-	-	BR	BR
78099 26	Radiology	-	-	BR	BR

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
78099 TC	Radiology	-	-	BR	BR
78102 00	Radiology	4.89	4.89	\$ 402.86	\$ 402.86
78102 26	Radiology	0.75	0.75	\$ 61.79	\$ 61.79
78102 TC	Radiology	4.14	4.14	\$ 341.07	\$ 341.07
78103 00	Radiology	6.27	6.27	\$ 516.55	\$ 516.55
78103 26	Radiology	1	1	\$ 82.38	\$ 82.38
78103 TC	Radiology	5.27	5.27	\$ 434.17	\$ 434.17
78104 00	Radiology	7.15	7.15	\$ 589.05	\$ 589.05
78104 26	Radiology	1.1	1.1	\$ 90.62	\$ 90.62
78104 TC	Radiology	6.05	6.05	\$ 498.43	\$ 498.43
78110 00	Radiology	1.99	1.99	\$ 163.95	\$ 163.95
78110 26	Radiology	0.23	0.23	\$ 18.95	\$ 18.95
78110 TC	Radiology	1.76	1.76	\$ 145.00	\$ 145.00
78111 00	Radiology	2.11	2.11	\$ 173.83	\$ 173.83
78111 26	Radiology	0.27	0.27	\$ 36.74	\$ 36.74
78111 TC	Radiology	1.84	1.84	\$ 151.59	\$ 151.59
78120 00	Radiology	2.04	2.04	\$ 168.06	\$ 168.06
78120 26	Radiology	0.28	0.28	\$ 28.13	\$ 28.13
78120 TC	Radiology	1.76	1.76	\$ 145.00	\$ 145.00
78121 00	Radiology	2.23	2.23	\$ 187.87	\$ 187.87
78121 26	Radiology	0.39	0.39	\$ 43.71	\$ 43.71
78121 TC	Radiology	1.84	1.84	\$ 151.59	\$ 151.59
78122 00	Radiology	2.73	2.73	\$ 229.68	\$ 229.68
78122 26	Radiology	0.6	0.6	\$ 53.86	\$ 53.86
78122 TC	Radiology	2.13	2.13	\$ 175.82	\$ 175.82
78130 00	Radiology	3.56	3.56	\$ 293.29	\$ 293.29
78130 26	Radiology	0.72	0.72	\$ 59.32	\$ 59.32
78130 TC	Radiology	2.84	2.84	\$ 233.97	\$ 233.97
78135 00	Radiology	8.02	8.02	\$ 660.73	\$ 660.73
78135 26	Radiology	0.76	0.76	\$ 70.79	\$ 70.79
78135 TC	Radiology	7.26	7.26	\$ 598.11	\$ 598.11
78140 00	Radiology	3.14	3.14	\$ 258.69	\$ 258.69
78140 26	Radiology	0.72	0.72	\$ 63.03	\$ 63.03
78140 TC	Radiology	2.42	2.42	\$ 199.37	\$ 199.37
78185 00	Radiology	4.87	4.87	\$ 401.21	\$ 401.21
78185 26	Radiology	0.48	0.48	\$ 40.92	\$ 40.92
78185 TC	Radiology	4.39	4.39	\$ 361.67	\$ 361.67
78191 00	Radiology	3.56	3.56	\$ 366.75	\$ 366.75
78191 26	Radiology	0.72	0.72	\$ 82.69	\$ 82.69
78191 TC	Radiology	2.84	2.84	\$ 284.06	\$ 284.06
78195 00	Radiology	10.27	10.27	\$ 846.09	\$ 846.09

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RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
78195 26	Radiology	1.67	1.67	\$ 137.58	\$ 137.58
78195 TC	Radiology	8.6	8.6	\$ 708.51	\$ 708.51
78199 00	Radiology	-	-	BR	BR
78199 26	Radiology	-	-	BR	BR
78199 TC	Radiology	-	-	BR	BR
78201 00	Radiology	5.49	5.49	\$ 452.29	\$ 452.29
78201 26	Radiology	0.6	0.6	\$ 49.43	\$ 49.43
78201 TC	Radiology	4.89	4.89	\$ 402.86	\$ 402.86
78202 00	Radiology	5.82	5.82	\$ 479.48	\$ 479.48
78202 26	Radiology	0.67	0.67	\$ 55.20	\$ 55.20
78202 TC	Radiology	5.15	5.15	\$ 424.28	\$ 424.28
78205 00	Radiology	6.08	6.08	\$ 500.90	\$ 500.90
78205 26	Radiology	0.95	0.95	\$ 86.26	\$ 86.26
78205 TC	Radiology	5.13	5.13	\$ 422.63	\$ 422.63
78206 00	Radiology	9.78	9.78	\$ 805.72	\$ 805.72
78206 26	Radiology	1.32	1.32	\$ 108.75	\$ 108.75
78206 TC	Radiology	8.46	8.46	\$ 696.98	\$ 696.98
78215 00	Radiology	5.61	5.61	\$ 462.18	\$ 462.18
78215 26	Radiology	0.69	0.69	\$ 56.85	\$ 56.85
78215 TC	Radiology	4.92	4.92	\$ 405.33	\$ 405.33
78216 00	Radiology	3.68	3.68	\$ 303.18	\$ 303.18
78216 26	Radiology	0.78	0.78	\$ 64.26	\$ 64.26
78216 TC	Radiology	2.9	2.9	\$ 238.92	\$ 238.92
78226 00	Radiology	9.52	9.52	\$ 784.30	\$ 784.30
78226 26	Radiology	1.04	1.04	\$ 132.52	\$ 132.52
78226 TC	Radiology	8.48	8.48	\$ 698.62	\$ 698.62
78227 00	Radiology	12.87	12.87	\$ 1,060.29	\$ 1,060.29
78227 26	Radiology	1.27	1.27	\$ 199.70	\$ 199.70
78227 TC	Radiology	11.6	11.6	\$ 955.66	\$ 955.66
78230 00	Radiology	5.03	5.03	\$ 414.40	\$ 414.40
78230 26	Radiology	0.65	0.65	\$ 53.55	\$ 53.55
78230 TC	Radiology	4.38	4.38	\$ 360.85	\$ 360.85
78231 00	Radiology	2.98	2.98	\$ 245.51	\$ 245.51
78231 26	Radiology	0.62	0.62	\$ 55.40	\$ 55.40
78231 TC	Radiology	2.36	2.36	\$ 194.43	\$ 194.43
78232 00	Radiology	2.92	2.92	\$ 240.56	\$ 240.56
78232 26	Radiology	0.56	0.56	\$ 46.14	\$ 46.14
78232 TC	Radiology	2.36	2.36	\$ 194.43	\$ 194.43
78258 00	Radiology	6.31	6.31	\$ 519.85	\$ 519.85
78258 26	Radiology	1.02	1.02	\$ 84.03	\$ 84.03
78258 TC	Radiology	5.29	5.29	\$ 435.82	\$ 435.82

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
78261 00	Radiology	5.83	5.83	\$ 480.30	\$ 480.30
78261 26	Radiology	0.82	0.82	\$ 72.60	\$ 72.60
78261 TC	Radiology	5.01	5.01	\$ 412.75	\$ 412.75
78262 00	Radiology	6.95	6.95	\$ 572.57	\$ 572.57
78262 26	Radiology	0.94	0.94	\$ 77.44	\$ 77.44
78262 TC	Radiology	6.01	6.01	\$ 495.13	\$ 495.13
78264 00	Radiology	9.65	9.65	\$ 795.01	\$ 795.01
78264 26	Radiology	1.1	1.1	\$ 90.62	\$ 90.62
78264 TC	Radiology	8.55	8.55	\$ 704.39	\$ 704.39
78265 00	Radiology	11.45	11.45	\$ 943.31	\$ 943.31
78265 26	Radiology	1.37	1.37	\$ 112.87	\$ 112.87
78265 TC	Radiology	10.08	10.08	\$ 830.44	\$ 830.44
78266 00	Radiology	13.58	13.58	\$ 1,118.79	\$ 1,118.79
78266 26	Radiology	1.51	1.51	\$ 124.40	\$ 124.40
78266 TC	Radiology	12.07	12.07	\$ 994.38	\$ 994.38
78267 00	Radiology	0.31	0.31	\$ 25.54	\$ 25.54
78268 00	Radiology	2.62	2.62	\$ 215.85	\$ 215.85
78278 00	Radiology	10.06	10.06	\$ 828.79	\$ 828.79
78278 26	Radiology	1.39	1.39	\$ 114.51	\$ 114.51
78278 TC	Radiology	8.67	8.67	\$ 714.28	\$ 714.28
78282 00	Radiology	1.84	1.84	\$ 155.84	\$ 155.84
78282 26	Radiology	0.46	0.46	\$ 48.57	\$ 48.57
78282 TC	Radiology	1.38	1.38	\$ 113.69	\$ 113.69
78290 00	Radiology	9.53	9.53	\$ 785.13	\$ 785.13
78290 26	Radiology	0.95	0.95	\$ 78.27	\$ 78.27
78290 TC	Radiology	8.58	8.58	\$ 706.86	\$ 706.86
78291 00	Radiology	7.39	7.39	\$ 608.82	\$ 608.82
78291 26	Radiology	1.21	1.21	\$ 99.69	\$ 99.69
78291 TC	Radiology	6.18	6.18	\$ 509.14	\$ 509.14
78299 00	Radiology	-	-	BR	BR
78299 26	Radiology	-	-	BR	BR
78299 TC	Radiology	-	-	BR	BR
78300 00	Radiology	6.63	6.63	\$ 546.21	\$ 546.21
78300 26	Radiology	0.88	0.88	\$ 72.50	\$ 72.50
78300 TC	Radiology	5.75	5.75	\$ 473.71	\$ 473.71
78305 00	Radiology	8.08	8.08	\$ 665.67	\$ 665.67
78305 26	Radiology	1.17	1.17	\$ 96.39	\$ 96.39
78305 TC	Radiology	6.91	6.91	\$ 569.28	\$ 569.28
78306 00	Radiology	8.71	8.71	\$ 717.57	\$ 717.57
78306 26	Radiology	1.2	1.2	\$ 98.86	\$ 98.86
78306 TC	Radiology	7.51	7.51	\$ 618.71	\$ 618.71

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
78315 00	Radiology	9.98	9.98	\$ 822.20	\$ 822.20
78315 26	Radiology	1.42	1.42	\$ 116.99	\$ 116.99
78315 TC	Radiology	8.56	8.56	\$ 705.21	\$ 705.21
78320 00	Radiology	6.59	6.59	\$ 542.92	\$ 542.92
78320 26	Radiology	1.44	1.44	\$ 118.63	\$ 118.63
78320 TC	Radiology	5.15	5.15	\$ 424.28	\$ 424.28
78350 00	Radiology	0.93	0.93	\$ 76.62	\$ 76.62
78350 26	Radiology	0.32	0.32	\$ 26.36	\$ 26.36
78350 TC	Radiology	0.61	0.61	\$ 50.25	\$ 50.25
78351 00	Radiology	0.44	0.44	\$ 93.00	\$ 93.00
78399 00	Radiology	-	-	BR	BR
78399 26	Radiology	-	-	BR	BR
78399 TC	Radiology	-	-	BR	BR
78414 00	Radiology	2.1	2.1	\$ 345.19	\$ 345.19
78414 26	Radiology	0.63	0.63	\$ 66.24	\$ 66.24
78414 TC	Radiology	1.47	1.47	\$ 278.95	\$ 278.95
78428 00	Radiology	5.29	5.29	\$ 435.82	\$ 435.82
78428 26	Radiology	1.07	1.07	\$ 88.15	\$ 88.15
78428 TC	Radiology	4.22	4.22	\$ 347.66	\$ 347.66
78445 00	Radiology	5.38	5.38	\$ 443.23	\$ 443.23
78445 26	Radiology	0.71	0.71	\$ 58.49	\$ 58.49
78445 TC	Radiology	4.67	4.67	\$ 384.74	\$ 384.74
78451 00	Radiology	9.77	9.77	\$ 804.90	\$ 804.90
78451 26	Radiology	1.91	1.91	\$ 157.35	\$ 157.35
78451 TC	Radiology	7.86	7.86	\$ 647.54	\$ 647.54
78452 00	Radiology	13.6	13.6	\$ 1,120.43	\$ 1,120.43
78452 26	Radiology	2.24	2.24	\$ 184.54	\$ 184.54
78452 TC	Radiology	11.36	11.36	\$ 935.89	\$ 935.89
78453 00	Radiology	8.78	8.78	\$ 723.34	\$ 723.34
78453 26	Radiology	1.41	1.41	\$ 116.16	\$ 116.16
78453 TC	Radiology	7.37	7.37	\$ 607.18	\$ 607.18
78454 00	Radiology	12.56	12.56	\$ 1,034.75	\$ 1,034.75
78454 26	Radiology	1.89	1.89	\$ 155.71	\$ 155.71
78454 TC	Radiology	10.67	10.67	\$ 879.05	\$ 879.05
78456 00	Radiology	8.93	8.93	\$ 735.70	\$ 735.70
78456 26	Radiology	1.38	1.38	\$ 113.69	\$ 113.69
78456 TC	Radiology	7.55	7.55	\$ 622.00	\$ 622.00
78457 00	Radiology	5.52	5.52	\$ 454.76	\$ 454.76
78457 26	Radiology	1.11	1.11	\$ 91.45	\$ 91.45
78457 TC	Radiology	4.41	4.41	\$ 363.32	\$ 363.32
78458 00	Radiology	5.92	5.92	\$ 487.72	\$ 487.72

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
78458 26	Radiology	1.28	1.28	\$ 105.45	\$ 105.45
78458 TC	Radiology	4.64	4.64	\$ 382.27	\$ 382.27
78459 00	Radiology	11.82	11.82	\$ 2,899.58	\$ 2,899.58
78459 26	Radiology	2.01	2.01	\$ 165.59	\$ 165.59
78459 TC	Radiology	9.81	9.81	\$ 2,761.50	\$ 2,761.50
78466 00	Radiology	5.67	5.67	\$ 467.12	\$ 467.12
78466 26	Radiology	0.99	0.99	\$ 81.56	\$ 81.56
78466 TC	Radiology	4.68	4.68	\$ 385.56	\$ 385.56
78468 00	Radiology	5.88	5.88	\$ 484.42	\$ 484.42
78468 26	Radiology	1.12	1.12	\$ 92.27	\$ 92.27
78468 TC	Radiology	4.76	4.76	\$ 392.15	\$ 392.15
78469 00	Radiology	6.5	6.5	\$ 535.50	\$ 535.50
78469 26	Radiology	1.29	1.29	\$ 106.28	\$ 106.28
78469 TC	Radiology	5.21	5.21	\$ 429.22	\$ 429.22
78472 00	Radiology	6.59	6.59	\$ 542.92	\$ 542.92
78472 26	Radiology	1.37	1.37	\$ 112.87	\$ 112.87
78472 TC	Radiology	5.22	5.22	\$ 430.05	\$ 430.05
78473 00	Radiology	8.32	8.32	\$ 685.44	\$ 685.44
78473 26	Radiology	2.02	2.02	\$ 166.42	\$ 166.42
78473 TC	Radiology	6.3	6.3	\$ 519.02	\$ 519.02
78481 00	Radiology	5.06	5.06	\$ 416.87	\$ 416.87
78481 26	Radiology	1.37	1.37	\$ 112.87	\$ 112.87
78481 TC	Radiology	3.69	3.69	\$ 304.00	\$ 304.00
78483 00	Radiology	6.83	6.83	\$ 562.69	\$ 562.69
78483 26	Radiology	2.01	2.01	\$ 165.59	\$ 165.59
78483 TC	Radiology	4.82	4.82	\$ 397.09	\$ 397.09
78491 00	Radiology	12.63	12.63	\$ 2,899.58	\$ 2,899.58
78491 26	Radiology	2.02	2.02	\$ 166.42	\$ 166.42
78491 TC	Radiology	10.61	10.61	\$ 2,761.50	\$ 2,761.50
78492 00	Radiology	15.94	15.94	\$ 2,899.58	\$ 2,899.58
78492 26	Radiology	2.55	2.55	\$ 210.08	\$ 210.08
78492 TC	Radiology	13.39	13.39	\$ 2,756.33	\$ 2,756.33
78494 00	Radiology	6.51	6.51	\$ 536.32	\$ 536.32
78494 26	Radiology	1.65	1.65	\$ 135.93	\$ 135.93
78494 TC	Radiology	4.86	4.86	\$ 400.39	\$ 400.39
78496 00	Radiology	1.25	1.25	\$ 189.00	\$ 189.00
78496 26	Radiology	0.69	0.69	\$ 56.85	\$ 56.85
78496 TC	Radiology	0.56	0.56	\$ 151.50	\$ 151.50
78499 00	Radiology	-	-	BR	BR
78499 26	Radiology	-	-	BR	BR
78499 TC	Radiology	-	-	BR	BR

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
78579 00	Radiology	5.36	5.36	\$ 441.58	\$ 441.58
78579 26	Radiology	0.68	0.68	\$ 61.61	\$ 61.61
78579 TC	Radiology	4.68	4.68	\$ 385.56	\$ 385.56
78580 00	Radiology	6.87	6.87	\$ 565.98	\$ 565.98
78580 26	Radiology	1.04	1.04	\$ 85.68	\$ 85.68
78580 TC	Radiology	5.83	5.83	\$ 480.30	\$ 480.30
78582 00	Radiology	9.64	9.64	\$ 794.19	\$ 794.19
78582 26	Radiology	1.5	1.5	\$ 166.34	\$ 166.34
78582 TC	Radiology	8.14	8.14	\$ 670.61	\$ 670.61
78597 00	Radiology	5.79	5.79	\$ 477.01	\$ 477.01
78597 26	Radiology	1.01	1.01	\$ 83.21	\$ 83.21
78597 TC	Radiology	4.78	4.78	\$ 393.80	\$ 393.80
78598 00	Radiology	8.8	8.8	\$ 724.99	\$ 724.99
78598 26	Radiology	1.17	1.17	\$ 96.65	\$ 96.65
78598 TC	Radiology	7.63	7.63	\$ 628.60	\$ 628.60
78599 00	Radiology	0	0	\$ 0.00	\$ 0.00
78599 26	Radiology	0	0	\$ 0.00	\$ 0.00
78599 TC	Radiology	0	0	\$ 0.00	\$ 0.00
78600 00	Radiology	5.32	5.32	\$ 438.29	\$ 438.29
78600 26	Radiology	0.63	0.63	\$ 51.90	\$ 51.90
78600 TC	Radiology	4.69	4.69	\$ 386.38	\$ 386.38
78601 00	Radiology	6.25	6.25	\$ 514.90	\$ 514.90
78601 26	Radiology	0.72	0.72	\$ 59.32	\$ 59.32
78601 TC	Radiology	5.53	5.53	\$ 455.59	\$ 455.59
78605 00	Radiology	5.74	5.74	\$ 472.89	\$ 472.89
78605 26	Radiology	0.76	0.76	\$ 62.61	\$ 62.61
78605 TC	Radiology	4.98	4.98	\$ 410.28	\$ 410.28
78606 00	Radiology	9.5	9.5	\$ 782.66	\$ 782.66
78606 26	Radiology	0.89	0.89	\$ 73.32	\$ 73.32
78606 TC	Radiology	8.61	8.61	\$ 709.33	\$ 709.33
78607 00	Radiology	9.99	9.99	\$ 823.02	\$ 823.02
78607 26	Radiology	1.68	1.68	\$ 138.41	\$ 138.41
78607 TC	Radiology	8.31	8.31	\$ 684.62	\$ 684.62
78608 00	Radiology	17	17	\$ 2,899.58	\$ 2,899.58
78608 26	Radiology	2.04	2.04	\$ 168.06	\$ 168.06
78608 TC	Radiology	14.96	14.96	\$ 2,761.50	\$ 2,761.50
78609 00	Radiology	2.12	2.12	\$ 2,707.31	\$ 2,707.31
78609 26	Radiology	2.12	2.12	\$ 174.66	\$ 174.66
78609 TC	Radiology	0	0	\$ 0.00	\$ 0.00
78610 00	Radiology	5.04	5.04	\$ 415.22	\$ 415.22
78610 26	Radiology	0.43	0.43	\$ 35.43	\$ 35.43

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
78610 TC	Radiology	4.61	4.61	\$ 379.79	\$ 379.79
78630 00	Radiology	9.74	9.74	\$ 802.43	\$ 802.43
78630 26	Radiology	0.96	0.96	\$ 79.09	\$ 79.09
78630 TC	Radiology	8.78	8.78	\$ 723.34	\$ 723.34
78635 00	Radiology	9.77	9.77	\$ 804.90	\$ 804.90
78635 26	Radiology	0.88	0.88	\$ 72.50	\$ 72.50
78635 TC	Radiology	8.89	8.89	\$ 732.40	\$ 732.40
78645 00	Radiology	9.37	9.37	\$ 771.95	\$ 771.95
78645 26	Radiology	0.79	0.79	\$ 65.08	\$ 65.08
78645 TC	Radiology	8.58	8.58	\$ 706.86	\$ 706.86
78647 00	Radiology	10.03	10.03	\$ 826.32	\$ 826.32
78647 26	Radiology	1.28	1.28	\$ 105.45	\$ 105.45
78647 TC	Radiology	8.75	8.75	\$ 720.87	\$ 720.87
78650 00	Radiology	7.89	7.89	\$ 650.02	\$ 650.02
78650 26	Radiology	0.72	0.72	\$ 66.97	\$ 66.97
78650 TC	Radiology	7.17	7.17	\$ 590.70	\$ 590.70
78660 00	Radiology	5.26	5.26	\$ 433.34	\$ 433.34
78660 26	Radiology	0.75	0.75	\$ 61.79	\$ 61.79
78660 TC	Radiology	4.51	4.51	\$ 371.56	\$ 371.56
78699 00	Radiology	0	0	\$ 0.00	\$ 0.00
78699 26	Radiology	0	0	\$ 0.00	\$ 0.00
78699 TC	Radiology	0	0	\$ 0.00	\$ 0.00
78700 00	Radiology	4.92	4.92	\$ 405.33	\$ 405.33
78700 26	Radiology	0.62	0.62	\$ 58.60	\$ 58.60
78700 TC	Radiology	4.3	4.3	\$ 354.25	\$ 354.25
78701 00	Radiology	6.26	6.26	\$ 515.73	\$ 515.73
78701 26	Radiology	0.69	0.69	\$ 67.50	\$ 67.50
78701 TC	Radiology	5.57	5.57	\$ 458.88	\$ 458.88
78707 00	Radiology	6.69	6.69	\$ 551.15	\$ 551.15
78707 26	Radiology	1.32	1.32	\$ 108.75	\$ 108.75
78707 TC	Radiology	5.37	5.37	\$ 442.41	\$ 442.41
78708 00	Radiology	5.09	5.09	\$ 419.34	\$ 419.34
78708 26	Radiology	1.68	1.68	\$ 138.41	\$ 138.41
78708 TC	Radiology	3.41	3.41	\$ 280.93	\$ 280.93
78709 00	Radiology	10.6	10.6	\$ 873.28	\$ 873.28
78709 26	Radiology	1.94	1.94	\$ 159.83	\$ 159.83
78709 TC	Radiology	8.66	8.66	\$ 713.45	\$ 713.45
78710 00	Radiology	5.11	5.11	\$ 420.99	\$ 420.99
78710 26	Radiology	0.78	0.78	\$ 93.81	\$ 93.81
78710 TC	Radiology	4.33	4.33	\$ 356.73	\$ 356.73
78725 00	Radiology	3.11	3.11	\$ 256.22	\$ 256.22

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
78725 26	Radiology	0.52	0.52	\$ 42.84	\$ 42.84
78725 TC	Radiology	2.59	2.59	\$ 213.38	\$ 213.38
78730 00	Radiology	2.22	2.22	\$ 182.89	\$ 182.89
78730 26	Radiology	0.23	0.23	\$ 38.36	\$ 38.36
78730 TC	Radiology	1.99	1.99	\$ 163.95	\$ 163.95
78740 00	Radiology	6.29	6.29	\$ 518.20	\$ 518.20
78740 26	Radiology	0.78	0.78	\$ 64.26	\$ 64.26
78740 TC	Radiology	5.51	5.51	\$ 453.94	\$ 453.94
78761 00	Radiology	6.08	6.08	\$ 500.90	\$ 500.90
78761 26	Radiology	1.01	1.01	\$ 83.21	\$ 83.21
78761 TC	Radiology	5.07	5.07	\$ 417.69	\$ 417.69
78799 00	Radiology	0	0	\$ 0.00	\$ 0.00
78799 26	Radiology	0	0	\$ 0.00	\$ 0.00
78799 TC	Radiology	0	0	\$ 0.00	\$ 0.00
78800 00	Radiology	5.61	5.61	\$ 462.18	\$ 462.18
78800 26	Radiology	0.96	0.96	\$ 79.09	\$ 79.09
78800 TC	Radiology	4.65	4.65	\$ 383.09	\$ 383.09
78801 00	Radiology	7.42	7.42	\$ 611.29	\$ 611.29
78801 26	Radiology	1.12	1.12	\$ 92.27	\$ 92.27
78801 TC	Radiology	6.3	6.3	\$ 519.02	\$ 519.02
78802 00	Radiology	9.29	9.29	\$ 765.35	\$ 765.35
78802 26	Radiology	1.18	1.18	\$ 97.21	\$ 97.21
78802 TC	Radiology	8.11	8.11	\$ 668.14	\$ 668.14
78803 00	Radiology	9.81	9.81	\$ 808.19	\$ 808.19
78803 26	Radiology	1.48	1.48	\$ 121.93	\$ 121.93
78803 TC	Radiology	8.33	8.33	\$ 686.27	\$ 686.27
78804 00	Radiology	16.38	16.38	\$ 1,349.46	\$ 1,349.46
78804 26	Radiology	1.48	1.48	\$ 121.93	\$ 121.93
78804 TC	Radiology	14.9	14.9	\$ 1,227.53	\$ 1,227.53
78805 00	Radiology	5.3	5.3	\$ 436.64	\$ 436.64
78805 26	Radiology	1.02	1.02	\$ 84.03	\$ 84.03
78805 TC	Radiology	4.28	4.28	\$ 352.61	\$ 352.61
78806 00	Radiology	9.59	9.59	\$ 790.07	\$ 790.07
78806 26	Radiology	1.19	1.19	\$ 103.05	\$ 103.05
78806 TC	Radiology	8.4	8.4	\$ 692.03	\$ 692.03
78807 00	Radiology	9.81	9.81	\$ 808.19	\$ 808.19
78807 26	Radiology	1.48	1.48	\$ 121.93	\$ 121.93
78807 TC	Radiology	8.33	8.33	\$ 686.27	\$ 686.27
78808 00	Radiology	1.12	1.12	\$ 92.27	\$ 92.27
78811 00	Radiology	17.83	17.83	\$ 3,607.36	\$ 3,607.36
78811 26	Radiology	2.14	2.14	\$ 176.30	\$ 176.30

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
78811 TC	Radiology	15.69	15.69	\$ 3,490.14	\$ 3,490.14
78812 00	Radiology	21.92	21.92	\$ 3,626.72	\$ 3,626.72
78812 26	Radiology	2.63	2.63	\$ 216.67	\$ 216.67
78812 TC	Radiology	19.29	19.29	\$ 3,482.72	\$ 3,482.72
78813 00	Radiology	22.67	22.67	\$ 3,630.23	\$ 3,630.23
78813 26	Radiology	2.72	2.72	\$ 224.09	\$ 224.09
78813 TC	Radiology	19.95	19.95	\$ 3,481.73	\$ 3,481.73
78814 00	Radiology	25.17	25.17	\$ 3,640.79	\$ 3,640.79
78814 26	Radiology	3.02	3.02	\$ 248.80	\$ 248.80
78814 TC	Radiology	22.15	22.15	\$ 3,477.41	\$ 3,477.41
78815 00	Radiology	28.17	28.17	\$ 3,654.87	\$ 3,654.87
78815 26	Radiology	3.38	3.38	\$ 278.46	\$ 278.46
78815 TC	Radiology	24.79	24.79	\$ 3,474.12	\$ 3,474.12
78816 00	Radiology	28.5	28.5	\$ 3,656.63	\$ 3,656.63
78816 26	Radiology	3.42	3.42	\$ 281.76	\$ 281.76
78816 TC	Radiology	25.08	25.08	\$ 3,472.13	\$ 3,472.13
78999 00	Radiology	-	-	BR	BR
78999 26	Radiology	-	-	BR	BR
78999 TC	Radiology	-	-	BR	BR
79005 00	Radiology	3.91	3.91	\$ 322.12	\$ 322.12
79005 26	Radiology	2.5	2.5	\$ 205.96	\$ 205.96
79005 TC	Radiology	1.41	1.41	\$ 116.16	\$ 116.16
79101 00	Radiology	4.18	4.18	\$ 344.37	\$ 344.37
79101 26	Radiology	2.78	2.78	\$ 229.03	\$ 229.03
79101 TC	Radiology	1.4	1.4	\$ 117.75	\$ 117.75
79200 00	Radiology	3.83	3.83	\$ 315.53	\$ 315.53
79200 26	Radiology	2.36	2.36	\$ 194.43	\$ 194.43
79200 TC	Radiology	1.47	1.47	\$ 121.11	\$ 121.11
79300 00	Radiology	3.18	3.18	\$ 448.75	\$ 448.75
79300 26	Radiology	1.91	1.91	\$ 286.85	\$ 286.85
79300 TC	Radiology	1.27	1.27	\$ 161.90	\$ 161.90
79403 00	Radiology	5.44	5.44	\$ 448.17	\$ 448.17
79403 26	Radiology	3.11	3.11	\$ 256.22	\$ 256.22
79403 TC	Radiology	2.33	2.33	\$ 191.96	\$ 191.96
79440 00	Radiology	3.45	3.45	\$ 284.23	\$ 284.23
79440 26	Radiology	2.36	2.36	\$ 194.43	\$ 194.43
79440 TC	Radiology	1.09	1.09	\$ 122.93	\$ 122.93
79445 00	Radiology	5.93	5.93	\$ 488.54	\$ 488.54
79445 26	Radiology	3.26	3.26	\$ 268.57	\$ 268.57
79445 TC	Radiology	2.67	2.67	\$ 219.97	\$ 219.97
79999 00	Radiology	-	-	BR	BR

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

RADIOLOGY CODES 2019-2020

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
79999 26	Radiology	-	-	BR	BR
79999 TC	Radiology	-	-	BR	BR

Historical Note

New Appendix A, Radiology Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Radiology Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Pathology and Laboratory

PATHOLOGY AND LABORATORY GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2019 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. The Industrial Commission has adopted the Clinical Laboratory Fee Schedule (CLAB) used by Medicare to reimburse the majority of pathology and laboratory services (see additional information regarding publications adopted by reference in the Introduction Section of the Fee Schedule).

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. A provider seeking reimbursement for presumptive or “point of care” drug testing must submit to the payer written documentation establishing:
1. That the testing is medically necessary and reasonably required;
 2. The type of drug testing utilized; and
 3. The provider's interpretation of the “point of care” testing.

For purposes of this section, presumptive or “point of care” testing is testing that is performed at or near the site of patient care (i.e. the physician's office).

CPT codes 80305- 80307 are used for reporting presumptive drug class screening. Each code represents all drugs and drug classes performed by the respective methodology per date of service.

Providers performing validity testing on urine specimens utilized for drug testing shall not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Beginning October 1, 2019 definitive drug testing may be reported with HCPC codes G0480 - G0483. These codes differ based on the number of drug classes including metabolites tested. Only one code from this group of codes may be reported per date of service. Any request for quantitative or definitive testing requires documentation that qualifies necessity.

G0480 – Definitive drug testing 1 – 7 drug class(es) including metabolites(s) if performed.

G0481 – Definitive drug testing 8 – 14 drug class(es) including metabolite(s) if performed.

G0482 – Definitive drug testing 15 – 21 drug class(es) including metabolites(s) if performed.

G0483 – Definitive drug testing 22 or more drug class(es), including metabolite(s) if performed.

Historical Note

New Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Guidelines will remain in effect though September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Pathology and Laboratory Codes
ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes 2019-2020
All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
80047 00	Pathology	0.38	0.38	\$ 43.22	\$ 43.22
80048 00	Pathology	0.26	0.26	\$ 24.00	\$ 24.00
80050 00	Pathology	1.31	1.31	\$ 84.67	\$ 84.67
80051 00	Pathology	0.22	0.22	\$ 19.50	\$ 19.50
80053 00	Pathology	0.33	0.33	\$ 30.00	\$ 30.00
80055 00	Pathology	1.47	1.47	\$ 102.08	\$ 102.08
80061 00	Pathology	0.41	0.41	\$ 38.36	\$ 38.36
80069 00	Pathology	0.27	0.27	\$ 38.97	\$ 38.97
80074 00	Pathology	1.47	1.47	\$ 116.11	\$ 116.11
80076 00	Pathology	0.25	0.25	\$ 18.02	\$ 18.02
80081 00	Pathology	2.31	2.31	\$ 149.18	\$ 149.18
80150 00	Pathology	0.46	0.46	\$ 48.00	\$ 48.00
80155 00	Pathology	1.07	1.07	\$ 69.17	\$ 69.17
80156 00	Pathology	0.45	0.45	\$ 42.00	\$ 42.00
80157 00	Pathology	0.41	0.41	\$ 28.13	\$ 28.13
80158 00	Pathology	0.56	0.56	\$ 42.00	\$ 42.00
80159 00	Pathology	0.57	0.57	\$ 50.51	\$ 50.51
80162 00	Pathology	0.41	0.41	\$ 33.75	\$ 33.75
80163 00	Pathology	0.41	0.41	\$ 26.45	\$ 26.45
80164 00	Pathology	0.42	0.42	\$ 46.50	\$ 46.50
80165 00	Pathology	0.42	0.42	\$ 26.99	\$ 26.99
80168 00	Pathology	0.50	0.50	\$ 52.50	\$ 52.50
80169 00	Pathology	0.42	0.42	\$ 50.51	\$ 50.51
80170 00	Pathology	0.51	0.51	\$ 49.50	\$ 49.50
80171 00	Pathology	0.60	0.60	\$ 50.51	\$ 50.51
80173 00	Pathology	0.45	0.45	\$ 32.39	\$ 32.39
80175 00	Pathology	0.41	0.41	\$ 50.51	\$ 50.51
80176 00	Pathology	0.45	0.45	\$ 42.00	\$ 42.00
80177 00	Pathology	0.41	0.41	\$ 50.51	\$ 50.51
80178 00	Pathology	0.20	0.20	\$ 24.00	\$ 24.00
80180 00	Pathology	0.56	0.56	\$ 50.51	\$ 50.51
80183 00	Pathology	0.41	0.41	\$ 50.51	\$ 50.51
80184 00	Pathology	0.42	0.42	\$ 42.00	\$ 42.00
80185 00	Pathology	0.41	0.41	\$ 38.25	\$ 38.25
80186 00	Pathology	0.42	0.42	\$ 45.75	\$ 45.75
80188 00	Pathology	0.51	0.51	\$ 46.50	\$ 46.50
80190 00	Pathology	1.66	1.66	\$ 107.60	\$ 107.60
80192 00	Pathology	0.52	0.52	\$ 53.25	\$ 53.25
80194 00	Pathology	0.45	0.45	\$ 43.50	\$ 43.50
80195 00	Pathology	0.42	0.42	\$ 48.00	\$ 48.00
80197 00	Pathology	0.42	0.42	\$ 33.73	\$ 33.73
80198 00	Pathology	0.44	0.44	\$ 36.00	\$ 36.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
 2019-2020 All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
80199 00	Pathology	0.75	0.75	\$ 50.51	\$ 50.51
80200 00	Pathology	0.50	0.50	\$ 39.81	\$ 39.81
80201 00	Pathology	0.37	0.37	\$ 32.25	\$ 32.25
80202 00	Pathology	0.42	0.42	\$ 51.00	\$ 51.00
80203 00	Pathology	0.41	0.41	\$ 50.51	\$ 50.51
80299 00	Pathology	0.52	0.52	\$ 51.00	\$ 51.00
80305 00	Pathology	0.35	0.35	\$ 22.60	\$ 22.60
80306 00	Pathology	0.48	0.48	\$ 30.74	\$ 30.74
80307 00	Pathology	1.79	1.79	\$ 115.94	\$ 115.94
80320 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80321 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80322 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80323 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80324 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80325 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80326 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80327 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80328 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80329 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80330 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80331 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80332 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80333 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80334 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80335 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80336 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80337 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80338 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80339 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80340 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80341 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80342 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80343 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80344 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80345 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80346 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80347 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80348 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80349 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80350 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80351 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80352 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
 2019-2020 All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
80353 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80354 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80355 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80356 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80357 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80358 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80359 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80360 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80361 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80362 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80363 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80364 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80365 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80366 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80367 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80368 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80369 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80370 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80371 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80372 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80373 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80374 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80375 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80376 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80377 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80400 00	Pathology	1.01	1.01	\$ 91.57	\$ 91.57
80402 00	Pathology	2.68	2.68	\$ 201.56	\$ 201.56
80406 00	Pathology	2.41	2.41	\$ 203.33	\$ 203.33
80408 00	Pathology	3.87	3.87	\$ 250.07	\$ 250.07
80410 00	Pathology	2.48	2.48	\$ 188.11	\$ 188.11
80412 00	Pathology	22.24	22.24	\$ 1,437.64	\$ 1,437.64
80414 00	Pathology	1.59	1.59	\$ 102.89	\$ 102.89
80415 00	Pathology	1.72	1.72	\$ 111.35	\$ 111.35
80416 00	Pathology	5.81	5.81	\$ 375.40	\$ 375.40
80417 00	Pathology	1.36	1.36	\$ 236.67	\$ 236.67
80418 00	Pathology	17.87	17.87	\$ 1,283.97	\$ 1,283.97
80420 00	Pathology	4.49	4.49	\$ 290.32	\$ 290.32
80422 00	Pathology	1.42	1.42	\$ 100.29	\$ 100.29
80424 00	Pathology	1.56	1.56	\$ 114.11	\$ 114.11
80426 00	Pathology	4.58	4.58	\$ 309.31	\$ 309.31
80428 00	Pathology	2.06	2.06	\$ 147.80	\$ 147.80
80430 00	Pathology	3.59	3.59	\$ 231.94	\$ 231.94

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
 2019-2020 All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
80432 00	Pathology	4.60	4.60	\$	329.06	\$	329.06
80434 00	Pathology	7.91	7.91	\$	511.18	\$	511.18
80435 00	Pathology	3.18	3.18	\$	222.19	\$	222.19
80436 00	Pathology	2.81	2.81	\$	184.70	\$	184.70
80438 00	Pathology	1.55	1.55	\$	120.27	\$	120.27
80439 00	Pathology	2.07	2.07	\$	164.64	\$	164.64
80500 00	Pathology	0.65	0.56	\$	42.01	\$	36.19
80502 00	Pathology	2.10	2.01	\$	135.73	\$	129.91
81000 00	Pathology	0.11	0.11	\$	9.00	\$	9.00
81001 00	Pathology	0.10	0.10	\$	7.73	\$	7.73
81002 00	Pathology	0.10	0.10	\$	6.24	\$	6.24
81003 00	Pathology	0.07	0.07	\$	5.49	\$	5.49
81005 00	Pathology	0.07	0.07	\$	4.98	\$	4.98
81007 00	Pathology	0.83	0.83	\$	53.77	\$	53.77
81015 00	Pathology	0.09	0.09	\$	6.83	\$	6.83
81020 00	Pathology	0.13	0.13	\$	10.50	\$	10.50
81025 00	Pathology	0.24	0.24	\$	15.44	\$	15.44
81050 00	Pathology	0.10	0.10	\$	32.65	\$	32.65
81099 00	Pathology	-	-	BR		BR	
81105 00	Pathology	3.77	3.77	\$	243.55	\$	243.55
81106 00	Pathology	3.77	3.77	\$	243.55	\$	243.55
81107 00	Pathology	3.77	3.77	\$	243.55	\$	243.55
81108 00	Pathology	3.77	3.77	\$	243.55	\$	243.55
81109 00	Pathology	3.77	3.77	\$	243.55	\$	243.55
81110 00	Pathology	3.77	3.77	\$	243.55	\$	243.55
81111 00	Pathology	3.77	3.77	\$	243.55	\$	243.55
81112 00	Pathology	3.77	3.77	\$	243.55	\$	243.55
81120 00	Pathology	5.36	5.36	\$	346.58	\$	346.58
81121 00	Pathology	8.21	8.21	\$	530.47	\$	530.47
81161 00	Pathology	7.74	7.74	\$	500.36	\$	500.36
81162 00	Pathology	56.26	56.26	\$	3,636.40	\$	3,636.40
81163 00	Pathology	12.99	12.99	\$	839.58	\$	839.58
81164 00	Pathology	16.21	16.21	\$	1,047.70	\$	1,047.70
81165 00	Pathology	7.85	7.85	\$	507.37	\$	507.37
81166 00	Pathology	8.36	8.36	\$	540.33	\$	540.33
81167 00	Pathology	7.85	7.85	\$	507.37	\$	507.37
81170 00	Pathology	8.32	8.32	\$	538.02	\$	538.02
81171 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81172 00	Pathology	7.63	7.63	\$	493.15	\$	493.15
81173 00	Pathology	8.36	8.36	\$	540.33	\$	540.33
81174 00	Pathology	5.14	5.14	\$	332.21	\$	332.21
81175 00	Pathology	18.77	18.77	\$	1,213.24	\$	1,213.24

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
81176 00	Pathology	7.46	7.46	\$	482.02	\$	482.02
81177 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81178 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81179 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81180 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81181 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81182 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81183 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81184 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81185 00	Pathology	23.48	23.48	\$	1,517.58	\$	1,517.58
81186 00	Pathology	5.14	5.14	\$	332.21	\$	332.21
81187 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81188 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81189 00	Pathology	7.63	7.63	\$	493.15	\$	493.15
81190 00	Pathology	5.14	5.14	\$	332.21	\$	332.21
81200 00	Pathology	1.31	1.31	\$	84.74	\$	84.74
81201 00	Pathology	21.64	21.64	\$	1,398.86	\$	1,398.86
81202 00	Pathology	7.77	7.77	\$	502.16	\$	502.16
81203 00	Pathology	5.55	5.55	\$	358.68	\$	358.68
81204 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81205 00	Pathology	2.64	2.64	\$	170.36	\$	170.36
81206 00	Pathology	5.06	5.06	\$	326.72	\$	326.72
81207 00	Pathology	4.47	4.47	\$	288.61	\$	288.61
81208 00	Pathology	5.96	5.96	\$	384.90	\$	384.90
81209 00	Pathology	1.09	1.09	\$	70.50	\$	70.50
81210 00	Pathology	4.87	4.87	\$	314.56	\$	314.56
81212 00	Pathology	12.21	12.21	\$	789.10	\$	789.10
81215 00	Pathology	10.41	10.41	\$	672.98	\$	672.98
81216 00	Pathology	5.14	5.14	\$	332.00	\$	332.00
81217 00	Pathology	10.41	10.41	\$	672.98	\$	672.98
81218 00	Pathology	7.46	7.46	\$	482.02	\$	482.02
81219 00	Pathology	3.75	3.75	\$	242.36	\$	242.36
81220 00	Pathology	15.44	15.44	\$	998.21	\$	998.21
81221 00	Pathology	2.70	2.70	\$	174.36	\$	174.36
81222 00	Pathology	12.07	12.07	\$	780.26	\$	780.26
81223 00	Pathology	13.85	13.85	\$	894.91	\$	894.91
81224 00	Pathology	4.68	4.68	\$	302.64	\$	302.64
81225 00	Pathology	8.08	8.08	\$	522.53	\$	522.53
81226 00	Pathology	12.51	12.51	\$	808.67	\$	808.67
81227 00	Pathology	4.85	4.85	\$	313.51	\$	313.51
81228 00	Pathology	24.97	24.97	\$	1,614.07	\$	1,614.07
81229 00	Pathology	32.19	32.19	\$	2,080.36	\$	2,080.36

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
 2019-2020 All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
81230 00	Pathology	4.85	4.85	\$	313.51	\$	313.51
81231 00	Pathology	4.85	4.85	\$	313.51	\$	313.51
81232 00	Pathology	4.85	4.85	\$	313.51	\$	313.51
81233 00	Pathology	4.87	4.87	\$	314.76	\$	314.76
81234 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81235 00	Pathology	9.01	9.01	\$	582.11	\$	582.11
81236 00	Pathology	7.85	7.85	\$	507.37	\$	507.37
81237 00	Pathology	4.87	4.87	\$	314.76	\$	314.76
81238 00	Pathology	16.65	16.65	\$	1,076.05	\$	1,076.05
81239 00	Pathology	7.63	7.63	\$	493.15	\$	493.15
81240 00	Pathology	1.82	1.82	\$	117.81	\$	117.81
81241 00	Pathology	2.04	2.04	\$	131.58	\$	131.58
81242 00	Pathology	1.02	1.02	\$	65.67	\$	65.67
81243 00	Pathology	1.58	1.58	\$	102.30	\$	102.30
81244 00	Pathology	1.25	1.25	\$	80.51	\$	80.51
81245 00	Pathology	4.59	4.59	\$	296.83	\$	296.83
81246 00	Pathology	2.30	2.30	\$	148.85	\$	148.85
81247 00	Pathology	4.85	4.85	\$	313.51	\$	313.51
81248 00	Pathology	10.41	10.41	\$	672.98	\$	672.98
81249 00	Pathology	16.65	16.65	\$	1,076.05	\$	1,076.05
81250 00	Pathology	1.62	1.62	\$	104.90	\$	104.90
81251 00	Pathology	1.31	1.31	\$	84.74	\$	84.74
81252 00	Pathology	2.81	2.81	\$	181.35	\$	181.35
81253 00	Pathology	1.71	1.71	\$	110.33	\$	110.33
81254 00	Pathology	0.97	0.97	\$	62.77	\$	62.77
81255 00	Pathology	1.43	1.43	\$	92.27	\$	92.27
81256 00	Pathology	2.02	2.02	\$	130.24	\$	130.24
81257 00	Pathology	2.84	2.84	\$	183.39	\$	183.39
81258 00	Pathology	10.41	10.41	\$	672.98	\$	672.98
81259 00	Pathology	16.65	16.65	\$	1,076.05	\$	1,076.05
81260 00	Pathology	1.09	1.09	\$	70.50	\$	70.50
81261 00	Pathology	6.10	6.10	\$	394.53	\$	394.53
81262 00	Pathology	1.90	1.90	\$	122.94	\$	122.94
81263 00	Pathology	9.08	9.08	\$	586.88	\$	586.88
81264 00	Pathology	4.79	4.79	\$	309.78	\$	309.78
81265 00	Pathology	6.63	6.63	\$	428.52	\$	428.52
81266 00	Pathology	8.46	8.46	\$	546.65	\$	546.65
81267 00	Pathology	6.40	6.40	\$	413.40	\$	413.40
81268 00	Pathology	8.04	8.04	\$	519.66	\$	519.66
81269 00	Pathology	5.62	5.62	\$	362.99	\$	362.99
81270 00	Pathology	2.83	2.83	\$	182.66	\$	182.66
81271 00	Pathology	3.80	3.80	\$	245.61	\$	245.61

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
81272 00	Pathology	9.14	9.14	\$	590.95	\$	590.95
81273 00	Pathology	3.46	3.46	\$	223.94	\$	223.94
81274 00	Pathology	7.63	7.63	\$	493.15	\$	493.15
81275 00	Pathology	5.36	5.36	\$	346.58	\$	346.58
81276 00	Pathology	5.36	5.36	\$	346.58	\$	346.58
81283 00	Pathology	2.04	2.04	\$	131.58	\$	131.58
81284 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81285 00	Pathology	7.63	7.63	\$	493.15	\$	493.15
81286 00	Pathology	7.63	7.63	\$	493.15	\$	493.15
81287 00	Pathology	3.46	3.46	\$	223.53	\$	223.53
81288 00	Pathology	5.34	5.34	\$	344.91	\$	344.91
81289 00	Pathology	5.14	5.14	\$	332.21	\$	332.21
81290 00	Pathology	1.09	1.09	\$	70.50	\$	70.50
81291 00	Pathology	1.81	1.81	\$	117.18	\$	117.18
81292 00	Pathology	18.74	18.74	\$	1,211.27	\$	1,211.27
81293 00	Pathology	9.18	9.18	\$	593.62	\$	593.62
81294 00	Pathology	5.62	5.62	\$	362.99	\$	362.99
81295 00	Pathology	10.59	10.59	\$	684.55	\$	684.55
81296 00	Pathology	9.37	9.37	\$	605.69	\$	605.69
81297 00	Pathology	5.92	5.92	\$	382.54	\$	382.54
81298 00	Pathology	17.81	17.81	\$	1,151.10	\$	1,151.10
81299 00	Pathology	8.55	8.55	\$	552.37	\$	552.37
81300 00	Pathology	6.60	6.60	\$	426.83	\$	426.83
81301 00	Pathology	9.67	9.67	\$	625.11	\$	625.11
81302 00	Pathology	14.65	14.65	\$	946.69	\$	946.69
81303 00	Pathology	3.33	3.33	\$	215.21	\$	215.21
81304 00	Pathology	4.16	4.16	\$	269.01	\$	269.01
81305 00	Pathology	4.87	4.87	\$	314.76	\$	314.76
81306 00	Pathology	8.08	8.08	\$	522.23	\$	522.23
81310 00	Pathology	6.84	6.84	\$	442.11	\$	442.11
81311 00	Pathology	8.21	8.21	\$	530.47	\$	530.47
81312 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81313 00	Pathology	7.08	7.08	\$	457.41	\$	457.41
81314 00	Pathology	9.14	9.14	\$	590.95	\$	590.95
81315 00	Pathology	6.39	6.39	\$	413.11	\$	413.11
81316 00	Pathology	6.39	6.39	\$	413.11	\$	413.11
81317 00	Pathology	18.77	18.77	\$	1,213.24	\$	1,213.24
81318 00	Pathology	9.18	9.18	\$	593.62	\$	593.62
81319 00	Pathology	5.65	5.65	\$	364.96	\$	364.96
81320 00	Pathology	8.08	8.08	\$	522.23	\$	522.23
81321 00	Pathology	16.65	16.65	\$	1,076.05	\$	1,076.05
81322 00	Pathology	1.32	1.32	\$	85.29	\$	85.29

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
81323 00	Pathology	8.32	8.32	\$	538.02	\$	538.02
81324 00	Pathology	21.04	21.04	\$	1,360.05	\$	1,360.05
81325 00	Pathology	21.35	21.35	\$	1,380.18	\$	1,380.18
81326 00	Pathology	1.32	1.32	\$	85.29	\$	85.29
81327 00	Pathology	5.33	5.33	\$	344.34	\$	344.34
81328 00	Pathology	4.85	4.85	\$	313.51	\$	313.51
81329 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81330 00	Pathology	1.30	1.30	\$	84.29	\$	84.29
81331 00	Pathology	1.42	1.42	\$	91.59	\$	91.59
81332 00	Pathology	1.35	1.35	\$	86.98	\$	86.98
81333 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81334 00	Pathology	9.14	9.14	\$	590.95	\$	590.95
81335 00	Pathology	4.85	4.85	\$	313.51	\$	313.51
81336 00	Pathology	8.36	8.36	\$	540.33	\$	540.33
81337 00	Pathology	5.14	5.14	\$	332.21	\$	332.21
81340 00	Pathology	6.44	6.44	\$	416.31	\$	416.31
81341 00	Pathology	1.53	1.53	\$	98.82	\$	98.82
81342 00	Pathology	6.21	6.21	\$	401.51	\$	401.51
81343 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81344 00	Pathology	3.80	3.80	\$	245.61	\$	245.61
81345 00	Pathology	5.14	5.14	\$	332.21	\$	332.21
81346 00	Pathology	4.85	4.85	\$	313.51	\$	313.51
81350 00	Pathology	6.49	6.49	\$	419.66	\$	419.66
81355 00	Pathology	2.45	2.45	\$	158.18	\$	158.18
81361 00	Pathology	4.85	4.85	\$	313.51	\$	313.51
81362 00	Pathology	10.41	10.41	\$	672.98	\$	672.98
81363 00	Pathology	5.62	5.62	\$	362.99	\$	362.99
81364 00	Pathology	9.01	9.01	\$	582.11	\$	582.11
81370 00	Pathology	12.40	12.40	\$	801.30	\$	801.30
81371 00	Pathology	11.22	11.22	\$	725.47	\$	725.47
81372 00	Pathology	11.20	11.20	\$	723.80	\$	723.80
81373 00	Pathology	3.54	3.54	\$	228.53	\$	228.53
81374 00	Pathology	2.24	2.24	\$	144.96	\$	144.96
81375 00	Pathology	6.81	6.81	\$	439.87	\$	439.87
81376 00	Pathology	3.77	3.77	\$	243.55	\$	243.55
81377 00	Pathology	2.83	2.83	\$	182.95	\$	182.95
81378 00	Pathology	10.65	10.65	\$	688.60	\$	688.60
81379 00	Pathology	10.34	10.34	\$	668.32	\$	668.32
81380 00	Pathology	5.46	5.46	\$	353.19	\$	353.19
81381 00	Pathology	4.71	4.71	\$	304.70	\$	304.70
81382 00	Pathology	3.81	3.81	\$	246.45	\$	246.45
81383 00	Pathology	3.36	3.36	\$	217.47	\$	217.47

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
81400 00	Pathology	1.77	1.77	\$	114.71	\$	114.71
81401 00	Pathology	3.80	3.80	\$	245.70	\$	245.70
81402 00	Pathology	4.17	4.17	\$	269.60	\$	269.60
81403 00	Pathology	5.14	5.14	\$	332.14	\$	332.14
81404 00	Pathology	7.63	7.63	\$	492.88	\$	492.88
81405 00	Pathology	8.36	8.36	\$	540.45	\$	540.45
81406 00	Pathology	7.85	7.85	\$	507.32	\$	507.32
81407 00	Pathology	23.48	23.48	\$	1,517.71	\$	1,517.71
81408 00	Pathology	55.50	55.50	\$	3,586.83	\$	3,586.83
81410 00	Pathology	13.98	13.98	\$	903.88	\$	903.88
81411 00	Pathology	37.46	37.46	\$	2,421.45	\$	2,421.45
81412 00	Pathology	67.94	67.94	\$	4,391.28	\$	4,391.28
81413 00	Pathology	18.03	18.03	\$	1,165.52	\$	1,165.52
81414 00	Pathology	18.03	18.03	\$	1,165.52	\$	1,165.52
81415 00	Pathology	132.63	132.63	\$	8,572.52	\$	8,572.52
81416 00	Pathology	332.97	332.97	\$	21,520.96	\$	21,520.96
81417 00	Pathology	8.88	8.88	\$	573.89	\$	573.89
81420 00	Pathology	21.06	21.06	\$	1,361.29	\$	1,361.29
81422 00	Pathology	21.06	21.06	\$	1,361.29	\$	1,361.29
81425 00	Pathology	139.60	139.60	\$	9,023.02	\$	9,023.02
81426 00	Pathology	75.19	75.19	\$	4,860.06	\$	4,860.06
81427 00	Pathology	64.86	64.86	\$	4,192.37	\$	4,192.37
81430 00	Pathology	45.09	45.09	\$	2,914.30	\$	2,914.30
81431 00	Pathology	18.86	18.86	\$	1,218.75	\$	1,218.75
81432 00	Pathology	20.94	20.94	\$	1,353.13	\$	1,353.13
81433 00	Pathology	13.53	13.53	\$	874.65	\$	874.65
81434 00	Pathology	16.59	16.59	\$	1,072.30	\$	1,072.30
81435 00	Pathology	18.03	18.03	\$	1,165.52	\$	1,165.52
81436 00	Pathology	18.03	18.03	\$	1,165.52	\$	1,165.52
81437 00	Pathology	13.53	13.53	\$	874.65	\$	874.65
81438 00	Pathology	13.53	13.53	\$	874.65	\$	874.65
81439 00	Pathology	18.03	18.03	\$	1,165.52	\$	1,165.52
81440 00	Pathology	92.23	92.23	\$	5,961.31	\$	5,961.31
81442 00	Pathology	59.48	59.48	\$	3,844.36	\$	3,844.36
81443 00	Pathology	67.94	67.94	\$	4,391.17	\$	4,391.17
81445 00	Pathology	16.59	16.59	\$	1,072.30	\$	1,072.30
81448 00	Pathology	18.03	18.03	\$	1,165.52	\$	1,165.52
81450 00	Pathology	21.08	21.08	\$	1,362.15	\$	1,362.15
81455 00	Pathology	81.01	81.01	\$	5,236.05	\$	5,236.05
81460 00	Pathology	35.71	35.71	\$	2,308.12	\$	2,308.12
81465 00	Pathology	25.97	25.97	\$	1,678.64	\$	1,678.64
81470 00	Pathology	25.36	25.36	\$	1,639.18	\$	1,639.18

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
81471 00	Pathology	25.36	25.36	\$ 1,639.18	\$ 1,639.18
81479 00	Pathology	-	-	BR	BR
81490 00	Pathology	23.33	23.33	\$ 1,507.63	\$ 1,507.63
81493 00	Pathology	29.14	29.14	\$ 1,883.08	\$ 1,883.08
81500 00	Pathology	7.23	7.23	\$ 467.18	\$ 467.18
81503 00	Pathology	24.89	24.89	\$ 1,608.69	\$ 1,608.69
81504 00	Pathology	14.43	14.43	\$ 932.58	\$ 932.58
81506 00	Pathology	2.07	2.07	\$ 133.91	\$ 133.91
81507 00	Pathology	22.06	22.06	\$ 1,425.76	\$ 1,425.76
81508 00	Pathology	1.51	1.51	\$ 97.38	\$ 97.38
81509 00	Pathology	41.27	41.27	\$ 2,667.47	\$ 2,667.47
81510 00	Pathology	1.54	1.54	\$ 99.61	\$ 99.61
81511 00	Pathology	4.26	4.26	\$ 275.29	\$ 275.29
81512 00	Pathology	1.93	1.93	\$ 124.68	\$ 124.68
81518 00	Pathology	107.47	107.47	\$ 6,946.11	\$ 6,946.11
81519 00	Pathology	107.47	107.47	\$ 6,945.89	\$ 6,945.89
81520 00	Pathology	77.39	77.39	\$ 5,002.05	\$ 5,002.05
81521 00	Pathology	107.47	107.47	\$ 6,945.89	\$ 6,945.89
81525 00	Pathology	86.46	86.46	\$ 5,588.28	\$ 5,588.28
81528 00	Pathology	14.12	14.12	\$ 912.61	\$ 912.61
81535 00	Pathology	16.08	16.08	\$ 1,039.21	\$ 1,039.21
81536 00	Pathology	4.93	4.93	\$ 318.44	\$ 318.44
81538 00	Pathology	79.66	79.66	\$ 5,148.89	\$ 5,148.89
81539 00	Pathology	21.09	21.09	\$ 1,362.99	\$ 1,362.99
81540 00	Pathology	104.05	104.05	\$ 6,725.30	\$ 6,725.30
81541 00	Pathology	107.47	107.47	\$ 6,945.89	\$ 6,945.89
81545 00	Pathology	99.89	99.89	\$ 6,456.29	\$ 6,456.29
81551 00	Pathology	56.33	56.33	\$ 3,640.63	\$ 3,640.63
81595 00	Pathology	89.90	89.90	\$ 5,810.66	\$ 5,810.66
81596 00	Pathology	2.00	2.00	\$ 129.27	\$ 129.27
81599 00	Pathology	-	-	BR	BR
81599 00	Pathology	-	-	BR	BR
82009 00	Pathology	0.14	0.14	\$ 12.00	\$ 12.00
82010 00	Pathology	0.25	0.25	\$ 27.75	\$ 27.75
82013 00	Pathology	0.34	0.34	\$ 30.00	\$ 30.00
82016 00	Pathology	0.46	0.46	\$ 32.34	\$ 32.34
82017 00	Pathology	0.52	0.52	\$ 45.75	\$ 45.75
82024 00	Pathology	1.19	1.19	\$ 83.93	\$ 83.93
82030 00	Pathology	0.80	0.80	\$ 55.58	\$ 55.58
82040 00	Pathology	0.15	0.15	\$ 15.00	\$ 15.00
82042 00	Pathology	0.22	0.22	\$ 14.25	\$ 14.25
82043 00	Pathology	0.18	0.18	\$ 20.83	\$ 20.83

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
82044 00	Pathology	0.17	0.17	\$ 11.17	\$ 11.17
82045 00	Pathology	1.05	1.05	\$ 72.44	\$ 72.44
82075 00	Pathology	0.83	0.83	\$ 53.80	\$ 53.80
82085 00	Pathology	0.30	0.30	\$ 27.00	\$ 27.00
82088 00	Pathology	1.26	1.26	\$ 108.00	\$ 108.00
82103 00	Pathology	0.41	0.41	\$ 28.76	\$ 28.76
82104 00	Pathology	0.45	0.45	\$ 33.80	\$ 33.80
82105 00	Pathology	0.52	0.52	\$ 36.11	\$ 36.11
82106 00	Pathology	0.52	0.52	\$ 36.11	\$ 36.11
82107 00	Pathology	1.99	1.99	\$ 128.35	\$ 128.35
82108 00	Pathology	0.79	0.79	\$ 55.43	\$ 55.43
82120 00	Pathology	0.17	0.17	\$ 10.74	\$ 10.74
82127 00	Pathology	0.43	0.43	\$ 32.99	\$ 32.99
82128 00	Pathology	0.43	0.43	\$ 39.00	\$ 39.00
82131 00	Pathology	0.64	0.64	\$ 84.77	\$ 84.77
82135 00	Pathology	0.51	0.51	\$ 45.75	\$ 45.75
82136 00	Pathology	0.54	0.54	\$ 45.75	\$ 45.75
82139 00	Pathology	0.52	0.52	\$ 53.11	\$ 53.11
82140 00	Pathology	0.45	0.45	\$ 45.00	\$ 45.00
82143 00	Pathology	0.26	0.26	\$ 26.59	\$ 26.59
82150 00	Pathology	0.20	0.20	\$ 20.25	\$ 20.25
82154 00	Pathology	0.89	0.89	\$ 64.04	\$ 64.04
82157 00	Pathology	0.90	0.90	\$ 69.00	\$ 69.00
82160 00	Pathology	0.77	0.77	\$ 78.00	\$ 78.00
82163 00	Pathology	0.63	0.63	\$ 44.55	\$ 44.55
82164 00	Pathology	0.45	0.45	\$ 37.50	\$ 37.50
82172 00	Pathology	0.59	0.59	\$ 37.82	\$ 37.82
82175 00	Pathology	0.58	0.58	\$ 57.75	\$ 57.75
82180 00	Pathology	0.30	0.30	\$ 31.50	\$ 31.50
82190 00	Pathology	0.46	0.46	\$ 36.79	\$ 36.79
82232 00	Pathology	0.50	0.50	\$ 45.75	\$ 45.75
82239 00	Pathology	0.53	0.53	\$ 36.12	\$ 36.12
82240 00	Pathology	0.82	0.82	\$ 60.00	\$ 60.00
82247 00	Pathology	0.15	0.15	\$ 11.36	\$ 11.36
82248 00	Pathology	0.15	0.15	\$ 11.36	\$ 11.36
82252 00	Pathology	0.14	0.14	\$ 12.75	\$ 12.75
82261 00	Pathology	0.52	0.52	\$ 44.81	\$ 44.81
82270 00	Pathology	0.12	0.12	\$ 7.86	\$ 7.86
82271 00	Pathology	0.15	0.15	\$ 9.54	\$ 9.54
82272 00	Pathology	0.12	0.12	\$ 10.50	\$ 10.50
82274 00	Pathology	0.49	0.49	\$ 31.69	\$ 31.69
82286 00	Pathology	0.16	0.16	\$ 17.88	\$ 17.88

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
82300 00	Pathology	0.71	0.71	\$ 66.76	\$ 66.76
82306 00	Pathology	0.91	0.91	\$ 94.50	\$ 94.50
82308 00	Pathology	0.83	0.83	\$ 75.00	\$ 75.00
82310 00	Pathology	0.16	0.16	\$ 13.50	\$ 13.50
82330 00	Pathology	0.42	0.42	\$ 42.75	\$ 42.75
82331 00	Pathology	0.37	0.37	\$ 23.92	\$ 23.92
82340 00	Pathology	0.19	0.19	\$ 16.50	\$ 16.50
82355 00	Pathology	0.36	0.36	\$ 36.75	\$ 36.75
82360 00	Pathology	0.40	0.40	\$ 36.75	\$ 36.75
82365 00	Pathology	0.40	0.40	\$ 36.75	\$ 36.75
82370 00	Pathology	0.39	0.39	\$ 28.50	\$ 28.50
82373 00	Pathology	0.56	0.56	\$ 35.98	\$ 35.98
82374 00	Pathology	0.15	0.15	\$ 12.00	\$ 12.00
82375 00	Pathology	0.38	0.38	\$ 41.25	\$ 41.25
82376 00	Pathology	0.39	0.39	\$ 25.23	\$ 25.23
82378 00	Pathology	0.58	0.58	\$ 40.59	\$ 40.59
82379 00	Pathology	0.52	0.52	\$ 38.79	\$ 38.79
82380 00	Pathology	0.28	0.28	\$ 26.25	\$ 26.25
82382 00	Pathology	0.76	0.76	\$ 48.96	\$ 48.96
82383 00	Pathology	0.81	0.81	\$ 74.25	\$ 74.25
82384 00	Pathology	0.78	0.78	\$ 74.25	\$ 74.25
82387 00	Pathology	0.56	0.56	\$ 45.99	\$ 45.99
82390 00	Pathology	0.33	0.33	\$ 33.00	\$ 33.00
82397 00	Pathology	0.44	0.44	\$ 31.43	\$ 31.43
82415 00	Pathology	0.39	0.39	\$ 33.75	\$ 33.75
82435 00	Pathology	0.14	0.14	\$ 12.14	\$ 12.14
82436 00	Pathology	0.16	0.16	\$ 17.25	\$ 17.25
82438 00	Pathology	0.15	0.15	\$ 16.50	\$ 16.50
82441 00	Pathology	0.19	0.19	\$ 21.30	\$ 21.30
82465 00	Pathology	0.13	0.13	\$ 10.50	\$ 10.50
82480 00	Pathology	0.24	0.24	\$ 28.50	\$ 28.50
82482 00	Pathology	0.27	0.27	\$ 33.75	\$ 33.75
82485 00	Pathology	0.64	0.64	\$ 45.99	\$ 45.99
82495 00	Pathology	0.63	0.63	\$ 57.75	\$ 57.75
82507 00	Pathology	0.86	0.86	\$ 66.75	\$ 66.75
82523 00	Pathology	0.58	0.58	\$ 46.50	\$ 46.50
82525 00	Pathology	0.38	0.38	\$ 40.50	\$ 40.50
82528 00	Pathology	0.69	0.69	\$ 49.05	\$ 49.05
82530 00	Pathology	0.52	0.52	\$ 45.75	\$ 45.75
82533 00	Pathology	0.50	0.50	\$ 42.00	\$ 42.00
82540 00	Pathology	0.14	0.14	\$ 12.00	\$ 12.00
82542 00	Pathology	0.67	0.67	\$ 43.20	\$ 43.20

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
82550 00	Pathology	0.20	0.20	\$	19.50	\$	19.50
82552 00	Pathology	0.41	0.41	\$	39.00	\$	39.00
82553 00	Pathology	0.36	0.36	\$	24.65	\$	24.65
82554 00	Pathology	0.37	0.37	\$	25.29	\$	25.29
82565 00	Pathology	0.16	0.16	\$	13.50	\$	13.50
82570 00	Pathology	0.16	0.16	\$	15.75	\$	15.75
82575 00	Pathology	0.29	0.29	\$	24.51	\$	24.51
82585 00	Pathology	0.39	0.39	\$	25.36	\$	25.36
82595 00	Pathology	0.20	0.20	\$	21.75	\$	21.75
82600 00	Pathology	0.60	0.60	\$	48.75	\$	48.75
82607 00	Pathology	0.46	0.46	\$	45.00	\$	45.00
82608 00	Pathology	0.44	0.44	\$	47.25	\$	47.25
82610 00	Pathology	0.51	0.51	\$	62.87	\$	62.87
82615 00	Pathology	0.26	0.26	\$	21.00	\$	21.00
82626 00	Pathology	0.78	0.78	\$	72.00	\$	72.00
82627 00	Pathology	0.69	0.69	\$	47.54	\$	47.54
82633 00	Pathology	0.96	0.96	\$	103.50	\$	103.50
82634 00	Pathology	0.90	0.90	\$	78.75	\$	78.75
82638 00	Pathology	0.38	0.38	\$	28.50	\$	28.50
82642 00	Pathology	0.90	0.90	\$	58.17	\$	58.17
82652 00	Pathology	1.19	1.19	\$	105.75	\$	105.75
82656 00	Pathology	0.36	0.36	\$	24.77	\$	24.77
82657 00	Pathology	0.62	0.62	\$	42.38	\$	42.38
82658 00	Pathology	1.22	1.22	\$	78.96	\$	78.96
82664 00	Pathology	1.71	1.71	\$	110.29	\$	110.29
82668 00	Pathology	0.58	0.58	\$	54.75	\$	54.75
82670 00	Pathology	0.86	0.86	\$	71.25	\$	71.25
82671 00	Pathology	1.00	1.00	\$	72.75	\$	72.75
82672 00	Pathology	0.67	0.67	\$	69.00	\$	69.00
82677 00	Pathology	0.75	0.75	\$	61.50	\$	61.50
82679 00	Pathology	0.77	0.77	\$	81.00	\$	81.00
82693 00	Pathology	0.46	0.46	\$	31.91	\$	31.91
82696 00	Pathology	0.73	0.73	\$	54.16	\$	54.16
82705 00	Pathology	0.16	0.16	\$	19.73	\$	19.73
82710 00	Pathology	0.52	0.52	\$	51.00	\$	51.00
82715 00	Pathology	0.64	0.64	\$	41.19	\$	41.19
82725 00	Pathology	0.52	0.52	\$	33.75	\$	33.75
82726 00	Pathology	0.56	0.56	\$	42.38	\$	42.38
82728 00	Pathology	0.42	0.42	\$	30.00	\$	30.00
82731 00	Pathology	1.99	1.99	\$	128.35	\$	128.35
82735 00	Pathology	0.57	0.57	\$	42.75	\$	42.75
82746 00	Pathology	0.45	0.45	\$	37.50	\$	37.50

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
82747 00	Pathology	0.53	0.53	\$ 37.04	\$ 37.04
82757 00	Pathology	0.53	0.53	\$ 42.75	\$ 42.75
82759 00	Pathology	0.66	0.66	\$ 47.74	\$ 47.74
82760 00	Pathology	0.35	0.35	\$ 33.00	\$ 33.00
82775 00	Pathology	0.65	0.65	\$ 56.25	\$ 56.25
82776 00	Pathology	0.33	0.33	\$ 21.05	\$ 21.05
82777 00	Pathology	1.23	1.23	\$ 79.36	\$ 79.36
82784 00	Pathology	0.29	0.29	\$ 21.35	\$ 21.35
82785 00	Pathology	0.51	0.51	\$ 39.00	\$ 39.00
82787 00	Pathology	0.25	0.25	\$ 64.70	\$ 64.70
82800 00	Pathology	0.31	0.31	\$ 20.99	\$ 20.99
82803 00	Pathology	0.72	0.72	\$ 50.04	\$ 50.04
82805 00	Pathology	2.19	2.19	\$ 141.27	\$ 141.27
82810 00	Pathology	0.27	0.27	\$ 25.78	\$ 25.78
82820 00	Pathology	0.37	0.37	\$ 23.92	\$ 23.92
82930 00	Pathology	0.19	0.19	\$ 12.03	\$ 12.03
82938 00	Pathology	0.55	0.55	\$ 48.00	\$ 48.00
82941 00	Pathology	0.54	0.54	\$ 51.75	\$ 51.75
82943 00	Pathology	0.44	0.44	\$ 45.75	\$ 45.75
82945 00	Pathology	0.12	0.12	\$ 12.14	\$ 12.14
82946 00	Pathology	0.49	0.49	\$ 33.00	\$ 33.00
82947 00	Pathology	0.12	0.12	\$ 12.75	\$ 12.75
82948 00	Pathology	0.14	0.14	\$ 9.04	\$ 9.04
82950 00	Pathology	0.15	0.15	\$ 16.50	\$ 16.50
82951 00	Pathology	0.40	0.40	\$ 28.01	\$ 28.01
82952 00	Pathology	0.12	0.12	\$ 12.75	\$ 12.75
82955 00	Pathology	0.30	0.30	\$ 31.50	\$ 31.50
82960 00	Pathology	0.19	0.19	\$ 14.25	\$ 14.25
82962 00	Pathology	0.09	0.09	\$ 6.14	\$ 6.14
82963 00	Pathology	0.66	0.66	\$ 65.25	\$ 65.25
82965 00	Pathology	0.36	0.36	\$ 23.58	\$ 23.58
82977 00	Pathology	0.22	0.22	\$ 15.53	\$ 15.53
82978 00	Pathology	0.44	0.44	\$ 31.50	\$ 31.50
82979 00	Pathology	0.29	0.29	\$ 22.50	\$ 22.50
82985 00	Pathology	0.47	0.47	\$ 38.81	\$ 38.81
83001 00	Pathology	0.57	0.57	\$ 47.25	\$ 47.25
83002 00	Pathology	0.57	0.57	\$ 47.25	\$ 47.25
83003 00	Pathology	0.51	0.51	\$ 33.21	\$ 33.21
83006 00	Pathology	2.10	2.10	\$ 135.58	\$ 135.58
83009 00	Pathology	2.08	2.08	\$ 150.77	\$ 150.77
83010 00	Pathology	0.39	0.39	\$ 33.00	\$ 33.00
83012 00	Pathology	0.75	0.75	\$ 48.22	\$ 48.22

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
 2019-2020 All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
83013 00	Pathology	2.08	2.08	\$ 145.62	\$ 145.62
83014 00	Pathology	0.24	0.24	\$ 19.67	\$ 19.67
83015 00	Pathology	0.58	0.58	\$ 61.50	\$ 61.50
83018 00	Pathology	0.68	0.68	\$ 67.50	\$ 67.50
83020 26	Pathology	0.52	0.52	\$ 33.61	\$ 33.61
83020 TC	Pathology	0.40	0.40	\$ 25.65	\$ 25.65
83021 00	Pathology	0.56	0.56	\$ 40.70	\$ 40.70
83026 00	Pathology	0.11	0.11	\$ 8.57	\$ 8.57
83030 00	Pathology	0.30	0.30	\$ 25.50	\$ 25.50
83033 00	Pathology	0.22	0.22	\$ 14.41	\$ 14.41
83036 00	Pathology	0.30	0.30	\$ 20.78	\$ 20.78
83037 00	Pathology	0.30	0.30	\$ 20.72	\$ 20.72
83045 00	Pathology	0.18	0.18	\$ 15.75	\$ 15.75
83050 00	Pathology	0.23	0.23	\$ 23.25	\$ 23.25
83051 00	Pathology	0.23	0.23	\$ 23.25	\$ 23.25
83060 00	Pathology	0.26	0.26	\$ 21.45	\$ 21.45
83065 00	Pathology	0.25	0.25	\$ 18.00	\$ 18.00
83068 00	Pathology	0.26	0.26	\$ 19.41	\$ 19.41
83069 00	Pathology	0.12	0.12	\$ 12.75	\$ 12.75
83070 00	Pathology	0.15	0.15	\$ 15.75	\$ 15.75
83080 00	Pathology	0.52	0.52	\$ 44.81	\$ 44.81
83088 00	Pathology	0.91	0.91	\$ 72.00	\$ 72.00
83090 00	Pathology	0.52	0.52	\$ 39.11	\$ 39.11
83150 00	Pathology	0.62	0.62	\$ 48.80	\$ 48.80
83491 00	Pathology	0.54	0.54	\$ 51.59	\$ 51.59
83497 00	Pathology	0.40	0.40	\$ 42.00	\$ 42.00
83498 00	Pathology	0.84	0.84	\$ 75.00	\$ 75.00
83500 00	Pathology	0.70	0.70	\$ 70.50	\$ 70.50
83505 00	Pathology	0.75	0.75	\$ 91.50	\$ 91.50
83516 00	Pathology	0.36	0.36	\$ 27.75	\$ 27.75
83518 00	Pathology	0.27	0.27	\$ 26.25	\$ 26.25
83519 00	Pathology	0.51	0.51	\$ 33.00	\$ 33.00
83520 00	Pathology	0.48	0.48	\$ 30.97	\$ 30.97
83525 00	Pathology	0.35	0.35	\$ 39.75	\$ 39.75
83527 00	Pathology	0.40	0.40	\$ 42.00	\$ 42.00
83528 00	Pathology	0.55	0.55	\$ 48.75	\$ 48.75
83540 00	Pathology	0.20	0.20	\$ 16.50	\$ 16.50
83550 00	Pathology	0.27	0.27	\$ 28.50	\$ 28.50
83570 00	Pathology	0.27	0.27	\$ 28.50	\$ 28.50
83582 00	Pathology	0.44	0.44	\$ 40.50	\$ 40.50
83586 00	Pathology	0.39	0.39	\$ 36.75	\$ 36.75
83593 00	Pathology	0.81	0.81	\$ 72.00	\$ 72.00

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
83605 00	Pathology	0.33	0.33	\$ 27.31	\$ 27.31
83615 00	Pathology	0.19	0.19	\$ 15.75	\$ 15.75
83625 00	Pathology	0.39	0.39	\$ 28.50	\$ 28.50
83630 00	Pathology	0.61	0.61	\$ 39.11	\$ 39.11
83631 00	Pathology	0.61	0.61	\$ 42.65	\$ 42.65
83632 00	Pathology	0.62	0.62	\$ 51.00	\$ 51.00
83633 00	Pathology	0.31	0.31	\$ 20.18	\$ 20.18
83655 00	Pathology	0.37	0.37	\$ 35.25	\$ 35.25
83661 00	Pathology	0.68	0.68	\$ 48.90	\$ 48.90
83662 00	Pathology	0.58	0.58	\$ 40.13	\$ 40.13
83663 00	Pathology	0.58	0.58	\$ 37.68	\$ 37.68
83664 00	Pathology	0.58	0.58	\$ 37.68	\$ 37.68
83670 00	Pathology	0.28	0.28	\$ 22.57	\$ 22.57
83690 00	Pathology	0.21	0.21	\$ 21.75	\$ 21.75
83695 00	Pathology	0.40	0.40	\$ 48.75	\$ 48.75
83698 00	Pathology	1.28	1.28	\$ 83.05	\$ 83.05
83700 00	Pathology	0.35	0.35	\$ 25.52	\$ 25.52
83701 00	Pathology	0.94	0.94	\$ 61.91	\$ 61.91
83704 00	Pathology	0.97	0.97	\$ 119.25	\$ 119.25
83718 00	Pathology	0.25	0.25	\$ 18.43	\$ 18.43
83719 00	Pathology	0.36	0.36	\$ 53.25	\$ 53.25
83721 00	Pathology	0.29	0.29	\$ 20.48	\$ 20.48
83722 00	Pathology	0.97	0.97	\$ 62.69	\$ 62.69
83727 00	Pathology	0.53	0.53	\$ 42.75	\$ 42.75
83735 00	Pathology	0.21	0.21	\$ 18.00	\$ 18.00
83775 00	Pathology	0.23	0.23	\$ 16.59	\$ 16.59
83785 00	Pathology	0.76	0.76	\$ 70.50	\$ 70.50
83789 00	Pathology	0.67	0.67	\$ 43.24	\$ 43.24
83825 00	Pathology	0.50	0.50	\$ 40.50	\$ 40.50
83835 00	Pathology	0.52	0.52	\$ 49.50	\$ 49.50
83857 00	Pathology	0.33	0.33	\$ 33.00	\$ 33.00
83861 00	Pathology	0.62	0.62	\$ 40.32	\$ 40.32
83864 00	Pathology	0.79	0.79	\$ 51.11	\$ 51.11
83872 00	Pathology	0.18	0.18	\$ 15.75	\$ 15.75
83873 00	Pathology	0.53	0.53	\$ 57.75	\$ 57.75
83874 00	Pathology	0.40	0.40	\$ 36.41	\$ 36.41
83876 00	Pathology	1.41	1.41	\$ 91.21	\$ 91.21
83880 00	Pathology	1.09	1.09	\$ 70.41	\$ 70.41
83883 00	Pathology	0.42	0.42	\$ 27.10	\$ 27.10
83885 00	Pathology	0.76	0.76	\$ 52.70	\$ 52.70
83915 00	Pathology	0.34	0.34	\$ 33.00	\$ 33.00
83916 00	Pathology	0.76	0.76	\$ 66.00	\$ 66.00

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
83918 00	Pathology	0.65	0.65	\$ 46.82	\$ 46.82
83919 00	Pathology	0.51	0.51	\$ 40.88	\$ 40.88
83921 00	Pathology	0.59	0.59	\$ 38.04	\$ 38.04
83930 00	Pathology	0.20	0.20	\$ 21.00	\$ 21.00
83935 00	Pathology	0.21	0.21	\$ 21.00	\$ 21.00
83937 00	Pathology	0.92	0.92	\$ 64.25	\$ 64.25
83945 00	Pathology	0.40	0.40	\$ 37.50	\$ 37.50
83950 00	Pathology	1.99	1.99	\$ 128.35	\$ 128.35
83951 00	Pathology	1.99	1.99	\$ 128.35	\$ 128.35
83970 00	Pathology	1.27	1.27	\$ 90.08	\$ 90.08
83986 00	Pathology	0.11	0.11	\$ 8.54	\$ 8.54
83987 00	Pathology	0.11	0.11	\$ 51.55	\$ 51.55
83992 00	Pathology	1.20	1.20	\$ 77.56	\$ 77.56
83993 00	Pathology	0.61	0.61	\$ 39.11	\$ 39.11
84030 00	Pathology	0.17	0.17	\$ 12.75	\$ 12.75
84035 00	Pathology	0.11	0.11	\$ 11.86	\$ 11.86
84060 00	Pathology	0.23	0.23	\$ 30.21	\$ 30.21
84066 00	Pathology	0.30	0.30	\$ 25.79	\$ 25.79
84075 00	Pathology	0.16	0.16	\$ 15.00	\$ 15.00
84078 00	Pathology	0.23	0.23	\$ 24.37	\$ 24.37
84080 00	Pathology	0.46	0.46	\$ 42.75	\$ 42.75
84081 00	Pathology	0.51	0.51	\$ 54.75	\$ 54.75
84085 00	Pathology	0.29	0.29	\$ 18.81	\$ 18.81
84087 00	Pathology	0.32	0.32	\$ 24.47	\$ 24.47
84100 00	Pathology	0.15	0.15	\$ 13.50	\$ 13.50
84105 00	Pathology	0.16	0.16	\$ 13.50	\$ 13.50
84106 00	Pathology	0.16	0.16	\$ 13.57	\$ 13.57
84110 00	Pathology	0.26	0.26	\$ 26.25	\$ 26.25
84112 00	Pathology	2.72	2.72	\$ 175.95	\$ 175.95
84119 00	Pathology	0.37	0.37	\$ 26.25	\$ 26.25
84120 00	Pathology	0.45	0.45	\$ 45.75	\$ 45.75
84126 00	Pathology	1.09	1.09	\$ 83.25	\$ 83.25
84132 00	Pathology	0.14	0.14	\$ 12.75	\$ 12.75
84133 00	Pathology	0.13	0.13	\$ 14.13	\$ 14.13
84134 00	Pathology	0.45	0.45	\$ 32.03	\$ 32.03
84135 00	Pathology	0.59	0.59	\$ 69.00	\$ 69.00
84138 00	Pathology	0.58	0.58	\$ 67.50	\$ 67.50
84140 00	Pathology	0.64	0.64	\$ 49.50	\$ 49.50
84143 00	Pathology	0.70	0.70	\$ 70.50	\$ 70.50
84144 00	Pathology	0.64	0.64	\$ 60.14	\$ 60.14
84145 00	Pathology	0.83	0.83	\$ 85.91	\$ 85.91
84146 00	Pathology	0.60	0.60	\$ 56.25	\$ 56.25

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
84150 00	Pathology	1.16	1.16	\$	81.00	\$	81.00
84152 00	Pathology	0.57	0.57	\$	41.96	\$	41.96
84153 00	Pathology	0.57	0.57	\$	39.29	\$	39.29
84154 00	Pathology	0.57	0.57	\$	39.25	\$	39.25
84155 00	Pathology	0.11	0.11	\$	16.69	\$	16.69
84156 00	Pathology	0.11	0.11	\$	13.50	\$	13.50
84157 00	Pathology	0.11	0.11	\$	13.50	\$	13.50
84160 00	Pathology	0.16	0.16	\$	13.82	\$	13.82
84163 00	Pathology	0.46	0.46	\$	39.54	\$	39.54
84165 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
84165 TC	Pathology	0.33	0.33	\$	21.40	\$	21.40
84166 26	Pathology	0.52	0.52	\$	35.13	\$	35.13
84166 TC	Pathology	0.55	0.55	\$	35.53	\$	35.53
84181 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
84181 TC	Pathology	0.52	0.52	\$	33.93	\$	33.93
84182 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
84182 TC	Pathology	0.81	0.81	\$	52.39	\$	52.39
84202 00	Pathology	0.44	0.44	\$	42.75	\$	42.75
84203 00	Pathology	0.27	0.27	\$	18.57	\$	18.57
84206 00	Pathology	0.74	0.74	\$	47.87	\$	47.87
84207 00	Pathology	0.87	0.87	\$	65.25	\$	65.25
84210 00	Pathology	0.40	0.40	\$	30.00	\$	30.00
84220 00	Pathology	0.29	0.29	\$	31.50	\$	31.50
84228 00	Pathology	0.36	0.36	\$	37.50	\$	37.50
84233 00	Pathology	2.44	2.44	\$	157.61	\$	157.61
84234 00	Pathology	2.00	2.00	\$	143.79	\$	143.79
84235 00	Pathology	1.98	1.98	\$	127.74	\$	127.74
84238 00	Pathology	1.13	1.13	\$	102.00	\$	102.00
84244 00	Pathology	0.68	0.68	\$	69.75	\$	69.75
84252 00	Pathology	0.62	0.62	\$	56.25	\$	56.25
84255 00	Pathology	0.79	0.79	\$	81.90	\$	81.90
84260 00	Pathology	0.96	0.96	\$	67.44	\$	67.44
84270 00	Pathology	0.67	0.67	\$	46.35	\$	46.35
84275 00	Pathology	0.41	0.41	\$	44.25	\$	44.25
84285 00	Pathology	0.73	0.73	\$	68.25	\$	68.25
84295 00	Pathology	0.15	0.15	\$	12.00	\$	12.00
84300 00	Pathology	0.15	0.15	\$	12.00	\$	12.00
84302 00	Pathology	0.15	0.15	\$	12.72	\$	12.72
84305 00	Pathology	0.66	0.66	\$	46.89	\$	46.89
84307 00	Pathology	0.56	0.56	\$	38.81	\$	38.81
84311 00	Pathology	0.22	0.22	\$	15.05	\$	15.05
84315 00	Pathology	0.09	0.09	\$	6.75	\$	6.75

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
84375 00	Pathology	1.08	1.08	\$	69.94	\$	69.94
84376 00	Pathology	0.17	0.17	\$	12.98	\$	12.98
84377 00	Pathology	0.17	0.17	\$	12.98	\$	12.98
84378 00	Pathology	0.36	0.36	\$	30.65	\$	30.65
84379 00	Pathology	0.36	0.36	\$	30.65	\$	30.65
84392 00	Pathology	0.15	0.15	\$	10.86	\$	10.86
84402 00	Pathology	0.79	0.79	\$	84.75	\$	84.75
84403 00	Pathology	0.80	0.80	\$	75.75	\$	75.75
84410 00	Pathology	1.58	1.58	\$	102.19	\$	102.19
84425 00	Pathology	0.65	0.65	\$	65.25	\$	65.25
84430 00	Pathology	0.36	0.36	\$	36.75	\$	36.75
84431 00	Pathology	0.97	0.97	\$	62.97	\$	62.97
84432 00	Pathology	0.50	0.50	\$	35.51	\$	35.51
84436 00	Pathology	0.21	0.21	\$	18.75	\$	18.75
84437 00	Pathology	0.20	0.20	\$	17.25	\$	17.25
84439 00	Pathology	0.28	0.28	\$	19.50	\$	19.50
84442 00	Pathology	0.46	0.46	\$	32.01	\$	32.01
84443 00	Pathology	0.52	0.52	\$	37.50	\$	37.50
84445 00	Pathology	1.57	1.57	\$	135.00	\$	135.00
84446 00	Pathology	0.44	0.44	\$	42.00	\$	42.00
84449 00	Pathology	0.55	0.55	\$	38.74	\$	38.74
84450 00	Pathology	0.16	0.16	\$	15.00	\$	15.00
84460 00	Pathology	0.16	0.16	\$	15.00	\$	15.00
84466 00	Pathology	0.39	0.39	\$	27.43	\$	27.43
84478 00	Pathology	0.18	0.18	\$	15.75	\$	15.75
84479 00	Pathology	0.20	0.20	\$	18.00	\$	18.00
84480 00	Pathology	0.44	0.44	\$	30.77	\$	30.77
84481 00	Pathology	0.52	0.52	\$	45.75	\$	45.75
84482 00	Pathology	0.49	0.49	\$	45.00	\$	45.00
84484 00	Pathology	0.35	0.35	\$	22.36	\$	22.36
84485 00	Pathology	0.22	0.22	\$	16.23	\$	16.23
84488 00	Pathology	0.23	0.23	\$	18.00	\$	18.00
84490 00	Pathology	0.28	0.28	\$	17.81	\$	17.81
84510 00	Pathology	0.32	0.32	\$	33.00	\$	33.00
84512 00	Pathology	0.28	0.28	\$	18.10	\$	18.10
84520 00	Pathology	0.12	0.12	\$	15.00	\$	15.00
84525 00	Pathology	0.14	0.14	\$	9.20	\$	9.20
84540 00	Pathology	0.15	0.15	\$	16.50	\$	16.50
84545 00	Pathology	0.20	0.20	\$	22.50	\$	22.50
84550 00	Pathology	0.14	0.14	\$	14.25	\$	14.25
84560 00	Pathology	0.15	0.15	\$	15.00	\$	15.00
84577 00	Pathology	0.52	0.52	\$	35.25	\$	35.25

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
84578 00	Pathology	0.12	0.12	\$	9.00	\$	9.00
84580 00	Pathology	0.26	0.26	\$	21.00	\$	21.00
84583 00	Pathology	0.17	0.17	\$	10.94	\$	10.94
84585 00	Pathology	0.48	0.48	\$	42.75	\$	42.75
84586 00	Pathology	1.09	1.09	\$	78.01	\$	78.01
84588 00	Pathology	1.05	1.05	\$	87.00	\$	87.00
84590 00	Pathology	0.36	0.36	\$	39.00	\$	39.00
84591 00	Pathology	0.47	0.47	\$	31.50	\$	31.50
84597 00	Pathology	0.42	0.42	\$	44.25	\$	44.25
84600 00	Pathology	0.50	0.50	\$	40.06	\$	40.06
84620 00	Pathology	0.37	0.37	\$	35.25	\$	35.25
84630 00	Pathology	0.35	0.35	\$	33.00	\$	33.00
84681 00	Pathology	0.64	0.64	\$	66.00	\$	66.00
84702 00	Pathology	0.46	0.46	\$	39.00	\$	39.00
84703 00	Pathology	0.23	0.23	\$	35.42	\$	35.42
84704 00	Pathology	0.46	0.46	\$	41.67	\$	41.67
84830 00	Pathology	0.35	0.35	\$	22.78	\$	22.78
84999 00	Pathology	-	-	BR		BR	
85002 00	Pathology	0.14	0.14	\$	13.66	\$	13.66
85004 00	Pathology	0.20	0.20	\$	101.99	\$	101.99
85007 00	Pathology	0.11	0.11	\$	7.44	\$	7.44
85008 00	Pathology	0.11	0.11	\$	7.35	\$	7.35
85009 00	Pathology	0.14	0.14	\$	10.50	\$	10.50
85013 00	Pathology	0.19	0.19	\$	12.55	\$	12.55
85014 00	Pathology	0.07	0.07	\$	5.67	\$	5.67
85018 00	Pathology	0.07	0.07	\$	6.75	\$	6.75
85025 00	Pathology	0.24	0.24	\$	20.51	\$	20.51
85027 00	Pathology	0.20	0.20	\$	18.34	\$	18.34
85032 00	Pathology	0.13	0.13	\$	10.57	\$	10.57
85041 00	Pathology	0.09	0.09	\$	7.50	\$	7.50
85044 00	Pathology	0.13	0.13	\$	12.00	\$	12.00
85045 00	Pathology	0.12	0.12	\$	8.92	\$	8.92
85046 00	Pathology	0.17	0.17	\$	13.06	\$	13.06
85048 00	Pathology	0.08	0.08	\$	7.52	\$	7.52
85049 00	Pathology	0.14	0.14	\$	10.59	\$	10.59
85055 00	Pathology	0.99	0.99	\$	64.10	\$	64.10
85060 00	Pathology	0.70	0.70	\$	45.24	\$	45.24
85097 00	Pathology	2.11	1.42	\$	136.38	\$	91.78
85130 00	Pathology	0.37	0.37	\$	25.15	\$	25.15
85170 00	Pathology	0.45	0.45	\$	29.23	\$	29.23
85175 00	Pathology	0.57	0.57	\$	36.53	\$	36.53
85210 00	Pathology	0.40	0.40	\$	36.75	\$	36.75

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
85220 00	Pathology	0.54	0.54	\$	54.00	\$	54.00
85230 00	Pathology	0.55	0.55	\$	54.00	\$	54.00
85240 00	Pathology	0.55	0.55	\$	54.00	\$	54.00
85244 00	Pathology	0.63	0.63	\$	57.75	\$	57.75
85245 00	Pathology	0.71	0.71	\$	62.25	\$	62.25
85246 00	Pathology	0.71	0.71	\$	62.25	\$	62.25
85247 00	Pathology	0.71	0.71	\$	62.25	\$	62.25
85250 00	Pathology	0.59	0.59	\$	54.00	\$	54.00
85260 00	Pathology	0.55	0.55	\$	54.00	\$	54.00
85270 00	Pathology	0.55	0.55	\$	54.00	\$	54.00
85280 00	Pathology	0.60	0.60	\$	54.00	\$	54.00
85290 00	Pathology	0.50	0.50	\$	54.00	\$	54.00
85291 00	Pathology	0.27	0.27	\$	24.75	\$	24.75
85292 00	Pathology	0.58	0.58	\$	55.50	\$	55.50
85293 00	Pathology	0.58	0.58	\$	55.50	\$	55.50
85300 00	Pathology	0.37	0.37	\$	40.97	\$	40.97
85301 00	Pathology	0.33	0.33	\$	40.97	\$	40.97
85302 00	Pathology	0.37	0.37	\$	45.52	\$	45.52
85303 00	Pathology	0.43	0.43	\$	36.97	\$	36.97
85305 00	Pathology	0.36	0.36	\$	35.19	\$	35.19
85306 00	Pathology	0.47	0.47	\$	40.17	\$	40.17
85307 00	Pathology	0.47	0.47	\$	35.15	\$	35.15
85335 00	Pathology	0.40	0.40	\$	30.35	\$	30.35
85337 00	Pathology	0.48	0.48	\$	30.97	\$	30.97
85345 00	Pathology	0.13	0.13	\$	12.75	\$	12.75
85347 00	Pathology	0.13	0.13	\$	9.75	\$	9.75
85348 00	Pathology	0.12	0.12	\$	12.00	\$	12.00
85360 00	Pathology	0.26	0.26	\$	22.76	\$	22.76
85362 00	Pathology	0.21	0.21	\$	22.50	\$	22.50
85366 00	Pathology	2.23	2.23	\$	144.30	\$	144.30
85370 00	Pathology	0.35	0.35	\$	24.26	\$	24.26
85378 00	Pathology	0.27	0.27	\$	17.43	\$	17.43
85379 00	Pathology	0.31	0.31	\$	21.95	\$	21.95
85380 00	Pathology	0.31	0.31	\$	102.05	\$	102.05
85384 00	Pathology	0.27	0.27	\$	19.50	\$	19.50
85385 00	Pathology	0.40	0.40	\$	25.93	\$	25.93
85390 26	Pathology	1.06	1.06	\$	68.51	\$	68.51
85390 TC	Pathology	0.43	0.43	\$	27.76	\$	27.76
85396 00	Pathology	0.58	0.58	\$	37.49	\$	37.49
85397 00	Pathology	0.86	0.86	\$	55.34	\$	55.34
85400 00	Pathology	0.24	0.24	\$	19.79	\$	19.79
85410 00	Pathology	0.24	0.24	\$	19.36	\$	19.36

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
85415 00	Pathology	0.53	0.53	\$	36.35	\$	36.35
85420 00	Pathology	0.20	0.20	\$	26.25	\$	26.25
85421 00	Pathology	0.31	0.31	\$	47.25	\$	47.25
85441 00	Pathology	0.13	0.13	\$	9.14	\$	9.14
85445 00	Pathology	0.21	0.21	\$	17.25	\$	17.25
85460 00	Pathology	0.24	0.24	\$	19.50	\$	19.50
85461 00	Pathology	0.26	0.26	\$	16.79	\$	16.79
85475 00	Pathology	0.27	0.27	\$	22.02	\$	22.02
85520 00	Pathology	0.40	0.40	\$	31.86	\$	31.86
85525 00	Pathology	0.36	0.36	\$	25.67	\$	25.67
85530 00	Pathology	0.40	0.40	\$	48.75	\$	48.75
85536 00	Pathology	0.20	0.20	\$	14.50	\$	14.50
85540 00	Pathology	0.27	0.27	\$	21.75	\$	21.75
85547 00	Pathology	0.27	0.27	\$	27.00	\$	27.00
85549 00	Pathology	0.58	0.58	\$	54.75	\$	54.75
85555 00	Pathology	0.21	0.21	\$	16.37	\$	16.37
85557 00	Pathology	0.41	0.41	\$	41.25	\$	41.25
85576 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
85576 TC	Pathology	0.69	0.69	\$	44.67	\$	44.67
85597 00	Pathology	0.55	0.55	\$	38.02	\$	38.02
85598 00	Pathology	0.55	0.55	\$	35.81	\$	35.81
85610 00	Pathology	0.12	0.12	\$	9.14	\$	9.14
85611 00	Pathology	0.12	0.12	\$	9.23	\$	9.23
85612 00	Pathology	0.49	0.49	\$	31.37	\$	31.37
85613 00	Pathology	0.30	0.30	\$	20.77	\$	20.77
85635 00	Pathology	0.30	0.30	\$	30.00	\$	30.00
85651 00	Pathology	0.12	0.12	\$	10.50	\$	10.50
85652 00	Pathology	0.08	0.08	\$	8.57	\$	8.57
85660 00	Pathology	0.17	0.17	\$	12.01	\$	12.01
85670 00	Pathology	0.18	0.18	\$	16.50	\$	16.50
85675 00	Pathology	0.21	0.21	\$	17.25	\$	17.25
85705 00	Pathology	0.30	0.30	\$	20.37	\$	20.37
85730 00	Pathology	0.19	0.19	\$	13.09	\$	13.09
85732 00	Pathology	0.20	0.20	\$	18.75	\$	18.75
85810 00	Pathology	0.36	0.36	\$	24.92	\$	24.92
85999 00	Pathology	-	-	BR		BR	
86000 00	Pathology	0.22	0.22	\$	22.50	\$	22.50
86001 00	Pathology	0.22	0.22	\$	14.25	\$	14.25
86003 00	Pathology	0.16	0.16	\$	24.17	\$	24.17
86005 00	Pathology	0.25	0.25	\$	16.85	\$	16.85
86008 00	Pathology	0.55	0.55	\$	35.74	\$	35.74
86021 00	Pathology	0.46	0.46	\$	44.25	\$	44.25

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
86022 00	Pathology	0.57	0.57	\$	60.75	\$	60.75
86023 00	Pathology	0.38	0.38	\$	39.45	\$	39.45
86038 00	Pathology	0.37	0.37	\$	26.27	\$	26.27
86039 00	Pathology	0.34	0.34	\$	23.81	\$	23.81
86060 00	Pathology	0.23	0.23	\$	15.96	\$	15.96
86063 00	Pathology	0.18	0.18	\$	22.50	\$	22.50
86077 00	Pathology	1.57	1.46	\$	101.47	\$	94.36
86078 00	Pathology	1.57	1.46	\$	101.47	\$	94.36
86079 00	Pathology	1.56	1.46	\$	100.83	\$	94.36
86140 00	Pathology	0.16	0.16	\$	19.50	\$	19.50
86141 00	Pathology	0.40	0.40	\$	106.90	\$	106.90
86146 00	Pathology	0.78	0.78	\$	59.54	\$	59.54
86147 00	Pathology	0.78	0.78	\$	62.82	\$	62.82
86148 00	Pathology	0.50	0.50	\$	60.81	\$	60.81
86152 00	Pathology	7.58	7.58	\$	489.60	\$	489.60
86153 26	Pathology	0.98	0.98	\$	63.34	\$	63.34
86155 00	Pathology	0.49	0.49	\$	34.18	\$	34.18
86156 00	Pathology	0.22	0.22	\$	14.47	\$	14.47
86157 00	Pathology	0.25	0.25	\$	17.37	\$	17.37
86160 00	Pathology	0.37	0.37	\$	27.53	\$	27.53
86161 00	Pathology	0.37	0.37	\$	27.53	\$	27.53
86162 00	Pathology	0.63	0.63	\$	65.25	\$	65.25
86171 00	Pathology	0.31	0.31	\$	31.50	\$	31.50
86200 00	Pathology	0.40	0.40	\$	33.96	\$	33.96
86215 00	Pathology	0.41	0.41	\$	42.75	\$	42.75
86225 00	Pathology	0.42	0.42	\$	42.75	\$	42.75
86226 00	Pathology	0.37	0.37	\$	27.58	\$	27.58
86235 00	Pathology	0.55	0.55	\$	39.00	\$	39.00
86255 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
86255 TC	Pathology	0.37	0.37	\$	24.01	\$	24.01
86256 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
86256 TC	Pathology	0.37	0.37	\$	24.01	\$	24.01
86277 00	Pathology	0.49	0.49	\$	51.00	\$	51.00
86280 00	Pathology	0.25	0.25	\$	20.25	\$	20.25
86294 00	Pathology	0.71	0.71	\$	216.44	\$	216.44
86300 00	Pathology	0.64	0.64	\$	50.06	\$	50.06
86301 00	Pathology	0.64	0.64	\$	50.06	\$	50.06
86304 00	Pathology	0.64	0.64	\$	50.06	\$	50.06
86305 00	Pathology	0.64	0.64	\$	41.48	\$	41.48
86308 00	Pathology	0.16	0.16	\$	11.31	\$	11.31
86309 00	Pathology	0.20	0.20	\$	14.99	\$	14.99
86310 00	Pathology	0.23	0.23	\$	20.25	\$	20.25

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
86316 00	Pathology	0.64	0.64	\$	45.99	\$	45.99
86317 00	Pathology	0.46	0.46	\$	36.75	\$	36.75
86318 00	Pathology	0.50	0.50	\$	33.38	\$	33.38
86320 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
86320 TC	Pathology	0.83	0.83	\$	53.66	\$	53.66
86325 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
86325 TC	Pathology	0.69	0.69	\$	50.48	\$	50.48
86327 26	Pathology	0.64	0.64	\$	41.37	\$	41.37
86327 TC	Pathology	0.83	0.83	\$	53.66	\$	53.66
86329 00	Pathology	0.43	0.43	\$	44.25	\$	44.25
86331 00	Pathology	0.37	0.37	\$	39.00	\$	39.00
86332 00	Pathology	0.75	0.75	\$	65.25	\$	65.25
86334 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
86334 TC	Pathology	0.69	0.69	\$	54.26	\$	54.26
86335 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
86335 TC	Pathology	0.90	0.90	\$	59.01	\$	59.01
86336 00	Pathology	0.48	0.48	\$	127.30	\$	127.30
86337 00	Pathology	0.66	0.66	\$	65.25	\$	65.25
86340 00	Pathology	0.46	0.46	\$	52.50	\$	52.50
86341 00	Pathology	0.65	0.65	\$	42.59	\$	42.59
86343 00	Pathology	0.38	0.38	\$	32.58	\$	32.58
86344 00	Pathology	0.29	0.29	\$	26.25	\$	26.25
86352 00	Pathology	4.19	4.19	\$	270.73	\$	270.73
86353 00	Pathology	1.51	1.51	\$	121.50	\$	121.50
86355 00	Pathology	1.16	1.16	\$	79.82	\$	79.82
86356 00	Pathology	0.83	0.83	\$	90.75	\$	90.75
86357 00	Pathology	1.16	1.16	\$	79.82	\$	79.82
86359 00	Pathology	1.16	1.16	\$	81.96	\$	81.96
86360 00	Pathology	1.45	1.45	\$	103.24	\$	103.24
86361 00	Pathology	0.83	0.83	\$	66.79	\$	66.79
86367 00	Pathology	2.16	2.16	\$	139.49	\$	139.49
86376 00	Pathology	0.45	0.45	\$	42.00	\$	42.00
86382 00	Pathology	0.52	0.52	\$	54.75	\$	54.75
86384 00	Pathology	0.38	0.38	\$	30.00	\$	30.00
86386 00	Pathology	0.60	0.60	\$	39.06	\$	39.06
86403 00	Pathology	0.32	0.32	\$	24.75	\$	24.75
86406 00	Pathology	0.33	0.33	\$	23.04	\$	23.04
86430 00	Pathology	0.17	0.17	\$	18.21	\$	18.21
86431 00	Pathology	0.17	0.17	\$	17.18	\$	17.18
86480 00	Pathology	1.91	1.91	\$	178.02	\$	178.02
86481 00	Pathology	2.77	2.77	\$	179.34	\$	179.34
86485 00	Pathology	0.57	0.57	\$	36.84	\$	36.84

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
86486 00	Pathology	0.15	0.15	\$	17.25	\$	17.25
86490 00	Pathology	2.49	2.49	\$	160.94	\$	160.94
86510 00	Pathology	0.19	0.19	\$	15.75	\$	15.75
86580 00	Pathology	0.24	0.24	\$	15.51	\$	15.51
86590 00	Pathology	0.35	0.35	\$	23.54	\$	23.54
86592 00	Pathology	0.13	0.13	\$	10.50	\$	10.50
86593 00	Pathology	0.14	0.14	\$	12.75	\$	12.75
86602 00	Pathology	0.31	0.31	\$	24.72	\$	24.72
86603 00	Pathology	0.40	0.40	\$	27.63	\$	27.63
86606 00	Pathology	0.46	0.46	\$	32.03	\$	32.03
86609 00	Pathology	0.40	0.40	\$	27.56	\$	27.56
86611 00	Pathology	0.31	0.31	\$	24.75	\$	24.75
86612 00	Pathology	0.40	0.40	\$	27.95	\$	27.95
86615 00	Pathology	0.41	0.41	\$	30.83	\$	30.83
86617 00	Pathology	0.48	0.48	\$	33.83	\$	33.83
86618 00	Pathology	0.52	0.52	\$	36.44	\$	36.44
86619 00	Pathology	0.41	0.41	\$	28.64	\$	28.64
86622 00	Pathology	0.28	0.28	\$	19.37	\$	19.37
86625 00	Pathology	0.40	0.40	\$	28.16	\$	28.16
86628 00	Pathology	0.37	0.37	\$	29.44	\$	29.44
86631 00	Pathology	0.36	0.36	\$	25.36	\$	25.36
86632 00	Pathology	0.39	0.39	\$	27.06	\$	27.06
86635 00	Pathology	0.35	0.35	\$	27.78	\$	27.78
86638 00	Pathology	0.37	0.37	\$	26.18	\$	26.18
86641 00	Pathology	0.44	0.44	\$	30.68	\$	30.68
86644 00	Pathology	0.44	0.44	\$	31.07	\$	31.07
86645 00	Pathology	0.52	0.52	\$	36.03	\$	36.03
86648 00	Pathology	0.47	0.47	\$	32.47	\$	32.47
86651 00	Pathology	0.41	0.41	\$	28.16	\$	28.16
86652 00	Pathology	0.41	0.41	\$	28.16	\$	28.16
86653 00	Pathology	0.41	0.41	\$	28.16	\$	28.16
86654 00	Pathology	0.41	0.41	\$	28.16	\$	28.16
86658 00	Pathology	0.40	0.40	\$	28.15	\$	28.15
86663 00	Pathology	0.40	0.40	\$	29.90	\$	29.90
86664 00	Pathology	0.47	0.47	\$	32.80	\$	32.80
86665 00	Pathology	0.56	0.56	\$	38.62	\$	38.62
86666 00	Pathology	0.31	0.31	\$	24.75	\$	24.75
86668 00	Pathology	0.39	0.39	\$	25.39	\$	25.39
86671 00	Pathology	0.38	0.38	\$	26.66	\$	26.66
86674 00	Pathology	0.45	0.45	\$	31.30	\$	31.30
86677 00	Pathology	0.47	0.47	\$	33.93	\$	33.93
86682 00	Pathology	0.40	0.40	\$	30.83	\$	30.83

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
86684 00	Pathology	0.49	0.49	\$ 33.88	\$ 33.88
86687 00	Pathology	0.26	0.26	\$ 18.63	\$ 18.63
86688 00	Pathology	0.43	0.43	\$ 29.66	\$ 29.66
86689 00	Pathology	0.60	0.60	\$ 40.84	\$ 40.84
86692 00	Pathology	0.53	0.53	\$ 35.68	\$ 35.68
86694 00	Pathology	0.44	0.44	\$ 30.93	\$ 30.93
86695 00	Pathology	0.41	0.41	\$ 28.44	\$ 28.44
86696 00	Pathology	0.60	0.60	\$ 44.85	\$ 44.85
86698 00	Pathology	0.39	0.39	\$ 27.10	\$ 27.10
86701 00	Pathology	0.27	0.27	\$ 19.13	\$ 19.13
86702 00	Pathology	0.42	0.42	\$ 30.94	\$ 30.94
86703 00	Pathology	0.42	0.42	\$ 29.10	\$ 29.10
86704 00	Pathology	0.37	0.37	\$ 32.08	\$ 32.08
86705 00	Pathology	0.36	0.36	\$ 39.00	\$ 39.00
86706 00	Pathology	0.33	0.33	\$ 28.50	\$ 28.50
86707 00	Pathology	0.36	0.36	\$ 28.50	\$ 28.50
86708 00	Pathology	0.38	0.38	\$ 32.25	\$ 32.25
86709 00	Pathology	0.35	0.35	\$ 29.17	\$ 29.17
86710 00	Pathology	0.42	0.42	\$ 29.06	\$ 29.06
86711 00	Pathology	0.47	0.47	\$ 30.29	\$ 30.29
86713 00	Pathology	0.47	0.47	\$ 32.74	\$ 32.74
86717 00	Pathology	0.38	0.38	\$ 26.60	\$ 26.60
86720 00	Pathology	0.45	0.45	\$ 29.05	\$ 29.05
86723 00	Pathology	0.41	0.41	\$ 28.16	\$ 28.16
86727 00	Pathology	0.40	0.40	\$ 27.63	\$ 27.63
86732 00	Pathology	0.42	0.42	\$ 28.16	\$ 28.16
86735 00	Pathology	0.40	0.40	\$ 27.77	\$ 27.77
86738 00	Pathology	0.41	0.41	\$ 28.16	\$ 28.16
86741 00	Pathology	0.41	0.41	\$ 28.16	\$ 28.16
86744 00	Pathology	0.44	0.44	\$ 28.68	\$ 28.68
86747 00	Pathology	0.46	0.46	\$ 32.39	\$ 32.39
86750 00	Pathology	0.41	0.41	\$ 28.16	\$ 28.16
86753 00	Pathology	0.38	0.38	\$ 26.66	\$ 26.66
86756 00	Pathology	0.44	0.44	\$ 28.50	\$ 28.50
86757 00	Pathology	0.60	0.60	\$ 43.99	\$ 43.99
86759 00	Pathology	0.51	0.51	\$ 32.69	\$ 32.69
86762 00	Pathology	0.44	0.44	\$ 30.68	\$ 30.68
86765 00	Pathology	0.40	0.40	\$ 30.57	\$ 30.57
86768 00	Pathology	0.41	0.41	\$ 28.16	\$ 28.16
86771 00	Pathology	0.68	0.68	\$ 43.90	\$ 43.90
86774 00	Pathology	0.46	0.46	\$ 31.91	\$ 31.91
86777 00	Pathology	0.44	0.44	\$ 30.73	\$ 30.73

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
86778 00	Pathology	0.44	0.44	\$	31.17	\$	31.17
86780 00	Pathology	0.41	0.41	\$	42.96	\$	42.96
86784 00	Pathology	0.39	0.39	\$	27.17	\$	27.17
86787 00	Pathology	0.40	0.40	\$	27.92	\$	27.92
86788 00	Pathology	0.52	0.52	\$	35.64	\$	35.64
86789 00	Pathology	0.44	0.44	\$	30.62	\$	30.62
86790 00	Pathology	0.40	0.40	\$	27.66	\$	27.66
86793 00	Pathology	0.41	0.41	\$	28.16	\$	28.16
86794 00	Pathology	0.52	0.52	\$	33.57	\$	33.57
86800 00	Pathology	0.49	0.49	\$	34.30	\$	34.30
86803 00	Pathology	0.44	0.44	\$	30.48	\$	30.48
86804 00	Pathology	0.48	0.48	\$	33.69	\$	33.69
86805 00	Pathology	5.26	5.26	\$	339.87	\$	339.87
86806 00	Pathology	1.47	1.47	\$	101.66	\$	101.66
86807 00	Pathology	2.18	2.18	\$	141.05	\$	141.05
86808 00	Pathology	0.92	0.92	\$	63.35	\$	63.35
86812 00	Pathology	0.80	0.80	\$	116.24	\$	116.24
86813 00	Pathology	1.79	1.79	\$	125.11	\$	125.11
86816 00	Pathology	0.86	0.86	\$	75.75	\$	75.75
86817 00	Pathology	2.95	2.95	\$	190.35	\$	190.35
86821 00	Pathology	1.13	1.13	\$	138.75	\$	138.75
86825 00	Pathology	3.04	3.04	\$	196.36	\$	196.36
86826 00	Pathology	1.01	1.01	\$	65.51	\$	65.51
86828 00	Pathology	1.78	1.78	\$	115.12	\$	115.12
86829 00	Pathology	1.78	1.78	\$	115.12	\$	115.12
86830 00	Pathology	2.65	2.65	\$	171.31	\$	171.31
86831 00	Pathology	2.27	2.27	\$	146.84	\$	146.84
86832 00	Pathology	8.98	8.98	\$	580.62	\$	580.62
86833 00	Pathology	9.04	9.04	\$	584.29	\$	584.29
86834 00	Pathology	11.02	11.02	\$	712.51	\$	712.51
86835 00	Pathology	9.96	9.96	\$	643.57	\$	643.57
86849 00	Pathology	-	-	BR		BR	
86850 00	Pathology	0.27	0.27	\$	23.47	\$	23.47
86860 00	Pathology	0.91	0.91	\$	58.82	\$	58.82
86870 00	Pathology	1.25	1.25	\$	80.79	\$	80.79
86880 00	Pathology	0.17	0.17	\$	15.75	\$	15.75
86885 00	Pathology	0.18	0.18	\$	14.54	\$	14.54
86886 00	Pathology	0.16	0.16	\$	19.73	\$	19.73
86890 00	Pathology	2.87	2.87	\$	185.50	\$	185.50
86891 00	Pathology	4.06	4.06	\$	262.41	\$	262.41
86900 00	Pathology	0.09	0.09	\$	11.25	\$	11.25
86901 00	Pathology	0.09	0.09	\$	14.25	\$	14.25

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
86902 00	Pathology	0.18	0.18	\$	11.39	\$	11.39
86904 00	Pathology	0.45	0.45	\$	29.30	\$	29.30
86905 00	Pathology	0.12	0.12	\$	10.50	\$	10.50
86906 00	Pathology	0.24	0.24	\$	16.16	\$	16.16
86910 00	Pathology	0.74	0.74	\$	80.75	\$	80.75
86911 00	Pathology	0.64	0.64	\$	41.37	\$	41.37
86920 00	Pathology	1.01	1.01	\$	65.28	\$	65.28
86921 00	Pathology	0.91	0.91	\$	58.82	\$	58.82
86922 00	Pathology	1.08	1.08	\$	69.80	\$	69.80
86923 00	Pathology	0.81	0.81	\$	52.35	\$	52.35
86927 00	Pathology	0.57	0.57	\$	36.84	\$	36.84
86930 00	Pathology	3.38	3.38	\$	218.46	\$	218.46
86931 00	Pathology	2.54	2.54	\$	164.17	\$	164.17
86932 00	Pathology	2.87	2.87	\$	185.50	\$	185.50
86940 00	Pathology	0.25	0.25	\$	22.50	\$	22.50
86941 00	Pathology	0.37	0.37	\$	36.75	\$	36.75
86945 00	Pathology	0.85	0.85	\$	54.94	\$	54.94
86950 00	Pathology	2.20	2.20	\$	148.61	\$	148.61
86960 00	Pathology	0.95	0.95	\$	61.40	\$	61.40
86965 00	Pathology	0.95	0.95	\$	61.40	\$	61.40
86970 00	Pathology	0.85	0.85	\$	54.94	\$	54.94
86971 00	Pathology	0.68	0.68	\$	43.95	\$	43.95
86972 00	Pathology	1.18	1.18	\$	76.27	\$	76.27
86975 00	Pathology	0.91	0.91	\$	74.35	\$	74.35
86976 00	Pathology	1.01	1.01	\$	74.35	\$	74.35
86977 00	Pathology	1.01	1.01	\$	74.35	\$	74.35
86978 00	Pathology	1.01	1.01	\$	89.52	\$	89.52
86985 00	Pathology	0.74	0.74	\$	47.83	\$	47.83
86999 00	Pathology	-	-	BR		BR	
87003 00	Pathology	0.52	0.52	\$	38.07	\$	38.07
87015 00	Pathology	0.21	0.21	\$	19.50	\$	19.50
87040 00	Pathology	0.32	0.32	\$	22.50	\$	22.50
87045 00	Pathology	0.29	0.29	\$	27.75	\$	27.75
87046 00	Pathology	0.29	0.29	\$	18.81	\$	18.81
87070 00	Pathology	0.27	0.27	\$	18.65	\$	18.65
87071 00	Pathology	0.29	0.29	\$	18.81	\$	18.81
87073 00	Pathology	0.29	0.29	\$	18.81	\$	18.81
87075 00	Pathology	0.29	0.29	\$	22.50	\$	22.50
87076 00	Pathology	0.25	0.25	\$	31.50	\$	31.50
87077 00	Pathology	0.25	0.25	\$	17.69	\$	17.69
87081 00	Pathology	0.20	0.20	\$	14.33	\$	14.33
87084 00	Pathology	0.75	0.75	\$	48.55	\$	48.55

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
87086 00	Pathology	0.25	0.25	\$	17.69	\$	17.69
87088 00	Pathology	0.25	0.25	\$	17.86	\$	17.86
87101 00	Pathology	0.24	0.24	\$	24.75	\$	24.75
87102 00	Pathology	0.26	0.26	\$	24.75	\$	24.75
87103 00	Pathology	0.57	0.57	\$	36.69	\$	36.69
87106 00	Pathology	0.32	0.32	\$	31.50	\$	31.50
87107 00	Pathology	0.32	0.32	\$	23.61	\$	23.61
87109 00	Pathology	0.47	0.47	\$	37.50	\$	37.50
87110 00	Pathology	0.60	0.60	\$	41.90	\$	41.90
87116 00	Pathology	0.33	0.33	\$	27.00	\$	27.00
87118 00	Pathology	0.41	0.41	\$	31.50	\$	31.50
87140 00	Pathology	0.17	0.17	\$	30.00	\$	30.00
87143 00	Pathology	0.39	0.39	\$	31.34	\$	31.34
87147 00	Pathology	0.16	0.16	\$	25.55	\$	25.55
87149 00	Pathology	0.62	0.62	\$	46.14	\$	46.14
87150 00	Pathology	1.08	1.08	\$	72.03	\$	72.03
87152 00	Pathology	0.21	0.21	\$	13.88	\$	13.88
87153 00	Pathology	3.56	3.56	\$	237.77	\$	237.77
87158 00	Pathology	0.21	0.21	\$	13.88	\$	13.88
87164 26	Pathology	0.57	0.57	\$	36.84	\$	36.84
87164 TC	Pathology	0.33	0.33	\$	21.40	\$	21.40
87166 00	Pathology	0.35	0.35	\$	29.25	\$	29.25
87168 00	Pathology	0.13	0.13	\$	10.03	\$	10.03
87169 00	Pathology	0.13	0.13	\$	10.03	\$	10.03
87172 00	Pathology	0.13	0.13	\$	10.03	\$	10.03
87176 00	Pathology	0.18	0.18	\$	15.18	\$	15.18
87177 00	Pathology	0.27	0.27	\$	22.50	\$	22.50
87181 00	Pathology	0.15	0.15	\$	15.75	\$	15.75
87184 00	Pathology	0.21	0.21	\$	14.81	\$	14.81
87185 00	Pathology	0.15	0.15	\$	11.35	\$	11.35
87186 00	Pathology	0.27	0.27	\$	18.65	\$	18.65
87187 00	Pathology	1.11	1.11	\$	72.04	\$	72.04
87188 00	Pathology	0.20	0.20	\$	19.50	\$	19.50
87190 00	Pathology	0.20	0.20	\$	13.11	\$	13.11
87197 00	Pathology	0.46	0.46	\$	35.25	\$	35.25
87205 00	Pathology	0.13	0.13	\$	12.75	\$	12.75
87206 00	Pathology	0.17	0.17	\$	18.00	\$	18.00
87207 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
87207 TC	Pathology	0.18	0.18	\$	11.94	\$	11.94
87209 00	Pathology	0.55	0.55	\$	35.81	\$	35.81
87210 00	Pathology	0.16	0.16	\$	10.44	\$	10.44
87220 00	Pathology	0.13	0.13	\$	14.25	\$	14.25

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
87230 00	Pathology	0.61	0.61	\$	42.83	\$	42.83
87250 00	Pathology	0.60	0.60	\$	41.90	\$	41.90
87252 00	Pathology	0.80	0.80	\$	55.61	\$	55.61
87253 00	Pathology	0.62	0.62	\$	43.01	\$	43.01
87254 00	Pathology	0.60	0.60	\$	38.97	\$	38.97
87255 00	Pathology	1.04	1.04	\$	306.46	\$	306.46
87260 00	Pathology	0.40	0.40	\$	26.87	\$	26.87
87265 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87267 00	Pathology	0.37	0.37	\$	35.91	\$	35.91
87269 00	Pathology	0.38	0.38	\$	26.43	\$	26.43
87270 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87271 00	Pathology	0.37	0.37	\$	35.91	\$	35.91
87272 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87273 00	Pathology	0.37	0.37	\$	27.92	\$	27.92
87274 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87275 00	Pathology	0.37	0.37	\$	27.92	\$	27.92
87276 00	Pathology	0.45	0.45	\$	28.82	\$	28.82
87278 00	Pathology	0.43	0.43	\$	27.98	\$	27.98
87279 00	Pathology	0.46	0.46	\$	29.47	\$	29.47
87280 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87281 00	Pathology	0.37	0.37	\$	27.92	\$	27.92
87283 00	Pathology	1.69	1.69	\$	109.04	\$	109.04
87285 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87290 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87299 00	Pathology	0.45	0.45	\$	28.87	\$	28.87
87300 00	Pathology	0.37	0.37	\$	23.89	\$	23.89
87301 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87305 00	Pathology	0.37	0.37	\$	26.48	\$	26.48
87320 00	Pathology	0.42	0.42	\$	26.90	\$	26.90
87324 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87327 00	Pathology	0.37	0.37	\$	27.92	\$	27.92
87328 00	Pathology	0.38	0.38	\$	26.87	\$	26.87
87329 00	Pathology	0.37	0.37	\$	26.43	\$	26.43
87332 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87335 00	Pathology	0.37	0.37	\$	26.87	\$	26.87
87336 00	Pathology	0.44	0.44	\$	28.69	\$	28.69
87337 00	Pathology	0.37	0.37	\$	27.92	\$	27.92
87338 00	Pathology	0.44	0.44	\$	31.27	\$	31.27
87339 00	Pathology	0.44	0.44	\$	28.69	\$	28.69
87340 00	Pathology	0.32	0.32	\$	22.17	\$	22.17
87341 00	Pathology	0.32	0.32	\$	22.31	\$	22.31
87350 00	Pathology	0.36	0.36	\$	25.14	\$	25.14

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
87380 00	Pathology	0.51	0.51	\$	35.57	\$	35.57
87385 00	Pathology	0.37	0.37	\$	26.82	\$	26.82
87389 00	Pathology	0.74	0.74	\$	59.73	\$	59.73
87390 00	Pathology	0.67	0.67	\$	43.15	\$	43.15
87391 00	Pathology	0.61	0.61	\$	39.28	\$	39.28
87400 00	Pathology	0.39	0.39	\$	25.34	\$	25.34
87420 00	Pathology	0.39	0.39	\$	26.82	\$	26.82
87425 00	Pathology	0.37	0.37	\$	26.82	\$	26.82
87427 00	Pathology	0.37	0.37	\$	27.92	\$	27.92
87430 00	Pathology	0.47	0.47	\$	30.15	\$	30.15
87449 00	Pathology	0.37	0.37	\$	26.82	\$	26.82
87450 00	Pathology	0.30	0.30	\$	21.41	\$	21.41
87451 00	Pathology	0.30	0.30	\$	20.49	\$	20.49
87471 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87472 00	Pathology	1.32	1.32	\$	93.11	\$	93.11
87475 00	Pathology	0.62	0.62	\$	43.09	\$	43.09
87476 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87480 00	Pathology	0.62	0.62	\$	43.26	\$	43.26
87481 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87482 00	Pathology	1.55	1.55	\$	99.96	\$	99.96
87483 00	Pathology	12.85	12.85	\$	830.51	\$	830.51
87485 00	Pathology	0.62	0.62	\$	43.26	\$	43.26
87486 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87487 00	Pathology	1.32	1.32	\$	93.11	\$	93.11
87490 00	Pathology	0.63	0.63	\$	43.26	\$	43.26
87491 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87492 00	Pathology	1.48	1.48	\$	95.89	\$	95.89
87493 00	Pathology	1.08	1.08	\$	100.14	\$	100.14
87495 00	Pathology	0.83	0.83	\$	53.86	\$	53.86
87496 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87497 00	Pathology	1.32	1.32	\$	93.11	\$	93.11
87498 00	Pathology	1.08	1.08	\$	75.12	\$	75.12
87500 00	Pathology	1.08	1.08	\$	77.17	\$	77.17
87501 00	Pathology	1.58	1.58	\$	117.74	\$	117.74
87502 00	Pathology	2.66	2.66	\$	194.61	\$	194.61
87503 00	Pathology	0.81	0.81	\$	52.40	\$	52.40
87505 00	Pathology	3.96	3.96	\$	255.63	\$	255.63
87506 00	Pathology	7.30	7.30	\$	471.65	\$	471.65
87507 00	Pathology	12.85	12.85	\$	830.51	\$	830.51
87510 00	Pathology	0.62	0.62	\$	43.26	\$	43.26
87511 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87512 00	Pathology	1.29	1.29	\$	90.85	\$	90.85

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
87516 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87517 00	Pathology	1.32	1.32	\$	93.11	\$	93.11
87520 00	Pathology	0.87	0.87	\$	55.99	\$	55.99
87521 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87522 00	Pathology	1.32	1.32	\$	92.60	\$	92.60
87525 00	Pathology	0.83	0.83	\$	53.44	\$	53.44
87526 00	Pathology	1.09	1.09	\$	75.57	\$	75.57
87527 00	Pathology	1.29	1.29	\$	90.85	\$	90.85
87528 00	Pathology	0.62	0.62	\$	43.26	\$	43.26
87529 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87530 00	Pathology	1.32	1.32	\$	93.11	\$	93.11
87531 00	Pathology	1.61	1.61	\$	104.02	\$	104.02
87532 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87533 00	Pathology	1.29	1.29	\$	90.85	\$	90.85
87534 00	Pathology	0.62	0.62	\$	43.26	\$	43.26
87535 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87536 00	Pathology	2.62	2.62	\$	169.57	\$	169.57
87537 00	Pathology	0.62	0.62	\$	43.26	\$	43.26
87538 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87539 00	Pathology	1.63	1.63	\$	105.13	\$	105.13
87540 00	Pathology	0.62	0.62	\$	43.26	\$	43.26
87541 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87542 00	Pathology	1.29	1.29	\$	90.85	\$	90.85
87550 00	Pathology	0.62	0.62	\$	43.26	\$	43.26
87551 00	Pathology	1.34	1.34	\$	86.51	\$	86.51
87552 00	Pathology	1.32	1.32	\$	93.11	\$	93.11
87555 00	Pathology	0.75	0.75	\$	48.21	\$	48.21
87556 00	Pathology	1.16	1.16	\$	75.57	\$	75.57
87557 00	Pathology	1.32	1.32	\$	93.11	\$	93.11
87560 00	Pathology	0.76	0.76	\$	48.94	\$	48.94
87561 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87562 00	Pathology	1.32	1.32	\$	93.11	\$	93.11
87580 00	Pathology	0.62	0.62	\$	43.26	\$	43.26
87581 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87582 00	Pathology	8.40	8.40	\$	542.72	\$	542.72
87590 00	Pathology	0.75	0.75	\$	48.21	\$	48.21
87591 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87592 00	Pathology	1.32	1.32	\$	93.11	\$	93.11
87623 00	Pathology	1.08	1.08	\$	69.93	\$	69.93
87624 00	Pathology	1.08	1.08	\$	69.93	\$	69.93
87625 00	Pathology	1.13	1.13	\$	72.72	\$	72.72
87631 00	Pathology	3.96	3.96	\$	255.79	\$	255.79

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
87632 00	Pathology	6.58	6.58	\$	425.29	\$	425.29
87633 00	Pathology	12.85	12.85	\$	830.51	\$	830.51
87634 00	Pathology	2.16	2.16	\$	139.87	\$	139.87
87640 00	Pathology	1.08	1.08	\$	75.12	\$	75.12
87641 00	Pathology	1.08	1.08	\$	75.12	\$	75.12
87650 00	Pathology	0.62	0.62	\$	43.26	\$	43.26
87651 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87652 00	Pathology	1.29	1.29	\$	90.85	\$	90.85
87653 00	Pathology	1.08	1.08	\$	75.12	\$	75.12
87660 00	Pathology	0.62	0.62	\$	42.92	\$	42.92
87661 00	Pathology	1.08	1.08	\$	69.93	\$	69.93
87662 00	Pathology	1.58	1.58	\$	102.26	\$	102.26
87797 00	Pathology	0.83	0.83	\$	53.86	\$	53.86
87798 00	Pathology	1.08	1.08	\$	75.57	\$	75.57
87799 00	Pathology	1.32	1.32	\$	93.11	\$	93.11
87800 00	Pathology	1.24	1.24	\$	79.93	\$	79.93
87801 00	Pathology	2.16	2.16	\$	139.87	\$	139.87
87802 00	Pathology	0.37	0.37	\$	37.94	\$	37.94
87803 00	Pathology	0.44	0.44	\$	37.94	\$	37.94
87804 00	Pathology	0.46	0.46	\$	37.94	\$	37.94
87806 00	Pathology	0.91	0.91	\$	58.77	\$	58.77
87807 00	Pathology	0.37	0.37	\$	102.90	\$	102.90
87808 00	Pathology	0.42	0.42	\$	102.90	\$	102.90
87809 00	Pathology	0.60	0.60	\$	39.02	\$	39.02
87810 00	Pathology	0.98	0.98	\$	63.29	\$	63.29
87850 00	Pathology	0.68	0.68	\$	44.05	\$	44.05
87880 00	Pathology	0.46	0.46	\$	29.65	\$	29.65
87899 00	Pathology	0.45	0.45	\$	28.82	\$	28.82
87900 00	Pathology	4.02	4.02	\$	374.56	\$	374.56
87901 00	Pathology	7.94	7.94	\$	590.81	\$	590.81
87902 00	Pathology	7.94	7.94	\$	513.01	\$	513.01
87903 00	Pathology	15.07	15.07	\$	1,097.58	\$	1,097.58
87904 00	Pathology	0.80	0.80	\$	83.87	\$	83.87
87905 00	Pathology	0.38	0.38	\$	25.01	\$	25.01
87906 00	Pathology	3.97	3.97	\$	256.51	\$	256.51
87910 00	Pathology	7.94	7.94	\$	513.01	\$	513.01
87912 00	Pathology	7.94	7.94	\$	513.01	\$	513.01
87999 00	Pathology	-	-	BR		BR	
88000 00	Pathology	5.87	5.87	\$	486.00	\$	486.00
88005 00	Pathology	6.85	6.85	\$	587.25	\$	587.25
88007 00	Pathology	7.17	7.17	\$	652.50	\$	652.50
88012 00	Pathology	5.87	5.87	\$	434.36	\$	434.36

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
 2019-2020 All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
88014 00	Pathology	5.38	5.38	\$	434.36	\$	434.36
88016 00	Pathology	7.50	7.50	\$	484.75	\$	484.75
88020 00	Pathology	10.11	10.11	\$	653.44	\$	653.44
88025 00	Pathology	9.78	9.78	\$	786.75	\$	786.75
88027 00	Pathology	10.43	10.43	\$	786.75	\$	786.75
88028 00	Pathology	5.87	5.87	\$	535.08	\$	535.08
88029 00	Pathology	5.87	5.87	\$	535.08	\$	535.08
88036 00	Pathology	2.93	2.93	\$	442.47	\$	442.47
88037 00	Pathology	2.61	2.61	\$	360.15	\$	360.15
88040 00	Pathology	16.30	16.30	\$	1,337.70	\$	1,337.70
88045 00	Pathology	1.63	1.63	\$	105.35	\$	105.35
88099 00	Pathology	-	-	BR		BR	
88104 00	Pathology	1.98	1.98	\$	127.97	\$	127.97
88104 26	Pathology	0.82	0.82	\$	53.00	\$	53.00
88104 TC	Pathology	1.16	1.16	\$	74.97	\$	74.97
88106 00	Pathology	1.81	1.81	\$	116.99	\$	116.99
88106 26	Pathology	0.56	0.56	\$	41.34	\$	41.34
88106 TC	Pathology	1.25	1.25	\$	80.79	\$	80.79
88108 00	Pathology	1.71	1.71	\$	114.94	\$	114.94
88108 26	Pathology	0.65	0.65	\$	67.53	\$	67.53
88108 TC	Pathology	1.06	1.06	\$	68.51	\$	68.51
88112 00	Pathology	1.90	1.90	\$	144.00	\$	144.00
88112 26	Pathology	0.81	0.81	\$	78.00	\$	78.00
88112 TC	Pathology	1.09	1.09	\$	70.45	\$	70.45
88120 00	Pathology	16.89	16.89	\$	1,091.65	\$	1,091.65
88120 26	Pathology	1.67	1.67	\$	107.94	\$	107.94
88120 TC	Pathology	15.22	15.22	\$	983.71	\$	983.71
88121 00	Pathology	13.55	13.55	\$	875.78	\$	875.78
88121 26	Pathology	1.42	1.42	\$	108.34	\$	108.34
88121 TC	Pathology	12.13	12.13	\$	784.00	\$	784.00
88125 00	Pathology	0.75	0.75	\$	52.50	\$	52.50
88125 26	Pathology	0.40	0.40	\$	25.85	\$	25.85
88125 TC	Pathology	0.35	0.35	\$	30.75	\$	30.75
88130 00	Pathology	0.55	0.55	\$	36.41	\$	36.41
88140 00	Pathology	0.25	0.25	\$	25.50	\$	25.50
88141 00	Pathology	0.90	0.90	\$	58.17	\$	58.17
88142 00	Pathology	0.62	0.62	\$	80.25	\$	80.25
88143 00	Pathology	0.64	0.64	\$	87.47	\$	87.47
88147 00	Pathology	1.40	1.40	\$	90.67	\$	90.67
88148 00	Pathology	0.47	0.47	\$	97.76	\$	97.76
88150 00	Pathology	0.42	0.42	\$	26.88	\$	26.88
88152 00	Pathology	0.77	0.77	\$	49.57	\$	49.57

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
88153 00	Pathology	0.67	0.67	\$ 77.18	\$ 77.18
88155 00	Pathology	0.41	0.41	\$ 26.27	\$ 26.27
88160 00	Pathology	2.01	2.01	\$ 129.91	\$ 129.91
88160 26	Pathology	0.75	0.75	\$ 48.47	\$ 48.47
88160 TC	Pathology	1.26	1.26	\$ 81.44	\$ 81.44
88161 00	Pathology	1.87	1.87	\$ 120.86	\$ 120.86
88161 26	Pathology	0.73	0.73	\$ 47.18	\$ 47.18
88161 TC	Pathology	1.14	1.14	\$ 73.68	\$ 73.68
88162 00	Pathology	2.70	2.70	\$ 174.51	\$ 174.51
88162 26	Pathology	1.11	1.11	\$ 71.74	\$ 71.74
88162 TC	Pathology	1.59	1.59	\$ 102.77	\$ 102.77
88164 00	Pathology	0.42	0.42	\$ 51.45	\$ 51.45
88165 00	Pathology	1.17	1.17	\$ 75.72	\$ 75.72
88166 00	Pathology	0.42	0.42	\$ 77.18	\$ 77.18
88167 00	Pathology	0.42	0.42	\$ 82.32	\$ 82.32
88172 00	Pathology	1.60	1.60	\$ 103.41	\$ 103.41
88172 26	Pathology	1.05	1.05	\$ 67.86	\$ 67.86
88172 TC	Pathology	0.55	0.55	\$ 35.55	\$ 35.55
88173 00	Pathology	4.32	4.32	\$ 279.21	\$ 279.21
88173 26	Pathology	2.05	2.05	\$ 132.50	\$ 132.50
88173 TC	Pathology	2.27	2.27	\$ 146.72	\$ 146.72
88174 00	Pathology	0.70	0.70	\$ 169.76	\$ 169.76
88175 00	Pathology	0.82	0.82	\$ 183.46	\$ 183.46
88177 00	Pathology	0.84	0.84	\$ 71.56	\$ 71.56
88177 26	Pathology	0.64	0.64	\$ 46.95	\$ 46.95
88177 TC	Pathology	0.20	0.20	\$ 24.61	\$ 24.61
88182 00	Pathology	3.79	3.79	\$ 244.96	\$ 244.96
88182 26	Pathology	1.12	1.12	\$ 72.39	\$ 72.39
88182 TC	Pathology	2.67	2.67	\$ 172.57	\$ 172.57
88184 00	Pathology	1.88	1.88	\$ 124.31	\$ 124.31
88185 00	Pathology	0.69	0.69	\$ 72.74	\$ 72.74
88187 00	Pathology	1.08	1.08	\$ 106.64	\$ 106.64
88188 00	Pathology	1.83	1.83	\$ 139.04	\$ 139.04
88189 00	Pathology	2.45	2.45	\$ 173.72	\$ 173.72
88199 00	Pathology	-	-	BR	BR
88199 26	Pathology	-	-	BR	BR
88199 TC	Pathology	-	-	BR	BR
88230 00	Pathology	3.59	3.59	\$ 248.14	\$ 248.14
88233 00	Pathology	4.34	4.34	\$ 298.37	\$ 298.37
88235 00	Pathology	4.54	4.54	\$ 307.49	\$ 307.49
88237 00	Pathology	3.99	3.99	\$ 268.86	\$ 268.86
88239 00	Pathology	4.55	4.55	\$ 312.83	\$ 312.83

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
88311 TC	Pathology	0.25	0.25	\$	16.16	\$	16.16
88312 00	Pathology	2.83	2.83	\$	182.91	\$	182.91
88312 26	Pathology	0.77	0.77	\$	49.77	\$	49.77
88312 TC	Pathology	2.06	2.06	\$	133.14	\$	133.14
88313 00	Pathology	2.05	2.05	\$	132.50	\$	132.50
88313 26	Pathology	0.35	0.35	\$	22.62	\$	22.62
88313 TC	Pathology	1.70	1.70	\$	109.88	\$	109.88
88314 00	Pathology	2.60	2.60	\$	168.05	\$	168.05
88314 26	Pathology	0.65	0.65	\$	42.01	\$	42.01
88314 TC	Pathology	1.95	1.95	\$	126.03	\$	126.03
88319 00	Pathology	2.74	2.74	\$	177.09	\$	177.09
88319 26	Pathology	0.77	0.77	\$	49.77	\$	49.77
88319 TC	Pathology	1.97	1.97	\$	127.33	\$	127.33
88321 00	Pathology	2.85	2.42	\$	184.20	\$	156.41
88323 00	Pathology	3.28	3.28	\$	212.00	\$	212.00
88323 26	Pathology	2.53	2.53	\$	163.52	\$	163.52
88323 TC	Pathology	0.75	0.75	\$	66.52	\$	66.52
88325 00	Pathology	5.12	4.29	\$	330.92	\$	277.28
88329 00	Pathology	1.47	1.04	\$	95.01	\$	67.22
88331 00	Pathology	2.75	2.75	\$	177.74	\$	177.74
88331 26	Pathology	1.82	1.82	\$	117.63	\$	117.63
88331 TC	Pathology	0.93	0.93	\$	60.11	\$	60.11
88332 00	Pathology	1.51	1.51	\$	97.60	\$	97.60
88332 26	Pathology	0.90	0.90	\$	58.17	\$	58.17
88332 TC	Pathology	0.61	0.61	\$	39.43	\$	39.43
88333 00	Pathology	2.53	2.53	\$	163.52	\$	163.52
88333 26	Pathology	1.82	1.82	\$	118.24	\$	118.24
88333 TC	Pathology	0.71	0.71	\$	45.89	\$	45.89
88334 00	Pathology	1.58	1.58	\$	102.12	\$	102.12
88334 26	Pathology	1.11	1.11	\$	71.74	\$	71.74
88334 TC	Pathology	0.47	0.47	\$	30.38	\$	30.38
88341 00	Pathology	2.62	2.62	\$	169.34	\$	169.34
88341 26	Pathology	0.83	0.83	\$	53.65	\$	53.65
88341 TC	Pathology	1.79	1.79	\$	115.69	\$	115.69
88342 00	Pathology	3.01	3.01	\$	194.55	\$	194.55
88342 26	Pathology	1.03	1.03	\$	66.57	\$	66.57
88342 TC	Pathology	1.98	1.98	\$	127.97	\$	127.97
88344 00	Pathology	4.84	4.84	\$	312.82	\$	312.82
88344 26	Pathology	1.12	1.12	\$	72.39	\$	72.39
88344 TC	Pathology	3.72	3.72	\$	240.43	\$	240.43
88346 00	Pathology	3.11	3.11	\$	201.01	\$	201.01
88346 26	Pathology	1.05	1.05	\$	103.67	\$	103.67

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ARIZONA PHYSICIANS' FEE SCHEDULE

Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
88346 TC	Pathology	2.06	2.06	\$	133.14	\$	133.14
88348 00	Pathology	10.15	10.15	\$	656.86	\$	656.86
88348 26	Pathology	2.21	2.21	\$	142.84	\$	142.84
88348 TC	Pathology	7.94	7.94	\$	546.11	\$	546.11
88350 00	Pathology	2.18	2.18	\$	140.90	\$	140.90
88350 26	Pathology	0.83	0.83	\$	53.65	\$	53.65
88350 TC	Pathology	1.35	1.35	\$	87.25	\$	87.25
88355 00	Pathology	3.75	3.75	\$	252.26	\$	252.26
88355 26	Pathology	2.37	2.37	\$	153.18	\$	153.18
88355 TC	Pathology	1.38	1.38	\$	145.40	\$	145.40
88356 00	Pathology	6.34	6.34	\$	409.77	\$	409.77
88356 26	Pathology	3.63	3.63	\$	234.62	\$	234.62
88356 TC	Pathology	2.71	2.71	\$	175.16	\$	175.16
88358 00	Pathology	3.61	3.61	\$	233.33	\$	233.33
88358 26	Pathology	1.45	1.45	\$	131.79	\$	131.79
88358 TC	Pathology	2.16	2.16	\$	139.61	\$	139.61
88360 00	Pathology	3.60	3.60	\$	232.68	\$	232.68
88360 26	Pathology	1.23	1.23	\$	99.29	\$	99.29
88360 TC	Pathology	2.37	2.37	\$	153.18	\$	153.18
88361 00	Pathology	3.72	3.72	\$	240.43	\$	240.43
88361 26	Pathology	1.32	1.32	\$	89.72	\$	89.72
88361 TC	Pathology	2.40	2.40	\$	155.12	\$	155.12
88362 00	Pathology	5.92	5.92	\$	404.80	\$	404.80
88362 26	Pathology	3.22	3.22	\$	208.12	\$	208.12
88362 TC	Pathology	2.70	2.70	\$	211.20	\$	211.20
88363 00	Pathology	0.67	0.57	\$	57.90	\$	43.81
88364 00	Pathology	3.74	3.74	\$	241.73	\$	241.73
88364 26	Pathology	1.01	1.01	\$	65.28	\$	65.28
88364 TC	Pathology	2.73	2.73	\$	176.45	\$	176.45
88365 00	Pathology	4.99	4.99	\$	322.52	\$	322.52
88365 26	Pathology	1.27	1.27	\$	82.08	\$	82.08
88365 TC	Pathology	3.72	3.72	\$	240.43	\$	240.43
88366 00	Pathology	7.44	7.44	\$	480.87	\$	480.87
88366 26	Pathology	1.80	1.80	\$	116.34	\$	116.34
88366 TC	Pathology	5.64	5.64	\$	364.53	\$	364.53
88367 00	Pathology	3.08	3.08	\$	356.84	\$	356.84
88367 26	Pathology	1.00	1.00	\$	112.18	\$	112.18
88367 TC	Pathology	2.08	2.08	\$	244.66	\$	244.66
88368 00	Pathology	3.59	3.59	\$	317.12	\$	317.12
88368 26	Pathology	1.21	1.21	\$	122.02	\$	122.02
88368 TC	Pathology	2.38	2.38	\$	195.10	\$	195.10
88369 00	Pathology	3.14	3.14	\$	202.95	\$	202.95

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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Pathology and Laboratory Codes
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
88369 26	Pathology	0.94	0.94	\$	60.76	\$	60.76
88369 TC	Pathology	2.20	2.20	\$	142.19	\$	142.19
88371 26	Pathology	0.57	0.57	\$	36.84	\$	36.84
88371 TC	Pathology	0.69	0.69	\$	50.58	\$	50.58
88372 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
88372 TC	Pathology	0.73	0.73	\$	50.07	\$	50.07
88373 00	Pathology	2.11	2.11	\$	136.38	\$	136.38
88373 26	Pathology	0.78	0.78	\$	50.41	\$	50.41
88373 TC	Pathology	1.33	1.33	\$	85.96	\$	85.96
88374 00	Pathology	9.18	9.18	\$	593.33	\$	593.33
88374 26	Pathology	1.28	1.28	\$	82.73	\$	82.73
88374 TC	Pathology	7.90	7.90	\$	510.60	\$	510.60
88375 00	Pathology	1.42	1.42	\$	91.78	\$	91.78
88377 00	Pathology	10.93	10.93	\$	706.44	\$	706.44
88377 26	Pathology	1.86	1.86	\$	120.22	\$	120.22
88377 TC	Pathology	9.07	9.07	\$	586.22	\$	586.22
88380 00	Pathology	3.78	3.78	\$	244.31	\$	244.31
88380 26	Pathology	1.59	1.59	\$	102.77	\$	102.77
88380 TC	Pathology	2.19	2.19	\$	141.55	\$	141.55
88381 00	Pathology	4.34	4.34	\$	280.51	\$	280.51
88381 26	Pathology	0.73	0.73	\$	57.00	\$	57.00
88381 TC	Pathology	3.61	3.61	\$	233.33	\$	233.33
88387 00	Pathology	1.00	1.00	\$	64.63	\$	64.63
88387 26	Pathology	0.81	0.81	\$	52.35	\$	52.35
88387 TC	Pathology	0.19	0.19	\$	12.35	\$	12.35
88388 00	Pathology	1.00	1.00	\$	64.63	\$	64.63
88388 26	Pathology	0.69	0.69	\$	44.60	\$	44.60
88388 TC	Pathology	0.31	0.31	\$	20.04	\$	20.04
88399 00	Pathology	-	-	BR		BR	
88399 26	Pathology	-	-	BR		BR	
88399 TC	Pathology	-	-	BR		BR	
88720 00	Pathology	0.15	0.15	\$	11.06	\$	11.06
88738 00	Pathology	0.15	0.15	\$	10.29	\$	10.29
88740 00	Pathology	0.26	0.26	\$	16.80	\$	16.80
88741 00	Pathology	0.26	0.26	\$	16.80	\$	16.80
88749 00	Pathology	-	-	BR		BR	
89049 00	Pathology	7.06	1.77	\$	456.31	\$	114.40
89050 00	Pathology	0.15	0.15	\$	12.00	\$	12.00
89051 00	Pathology	0.17	0.17	\$	15.75	\$	15.75
89055 00	Pathology	0.13	0.13	\$	16.02	\$	16.02
89060 26	Pathology	0.52	0.52	\$	33.61	\$	33.61
89060 TC	Pathology	0.22	0.22	\$	14.26	\$	14.26

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
89125 00	Pathology	0.16	0.16	\$	17.25	\$	17.25
89160 00	Pathology	0.13	0.13	\$	8.70	\$	8.70
89190 00	Pathology	0.16	0.16	\$	12.00	\$	12.00
89220 00	Pathology	0.46	0.46	\$	29.73	\$	29.73
89230 00	Pathology	0.08	0.08	\$	12.14	\$	12.14
89240 00	Pathology	-	-	BR		BR	
89250 00	Pathology	27.19	27.19	\$	1,757.37	\$	1,757.37
89251 00	Pathology	28.28	28.28	\$	1,827.82	\$	1,827.82
89253 00	Pathology	-	-	BR		BR	
89254 00	Pathology	-	-	BR		BR	
89255 00	Pathology	-	-	BR		BR	
89257 00	Pathology	-	-	BR		BR	
89258 00	Pathology	-	-	BR		BR	
89259 00	Pathology	-	-	BR		BR	
89260 00	Pathology	-	-	BR		BR	
89261 00	Pathology	-	-	BR		BR	
89264 00	Pathology	-	-	BR		BR	
89268 00	Pathology	-	-	BR		BR	
89272 00	Pathology	-	-	BR		BR	
89280 00	Pathology	-	-	BR		BR	
89281 00	Pathology	-	-	BR		BR	
89290 00	Pathology	-	-	BR		BR	
89291 00	Pathology	-	-	BR		BR	
89300 00	Pathology	0.28	0.28	\$	26.76	\$	26.76
89310 00	Pathology	0.27	0.27	\$	23.82	\$	23.82
89320 00	Pathology	0.37	0.37	\$	31.98	\$	31.98
89321 00	Pathology	0.37	0.37	\$	33.81	\$	33.81
89322 00	Pathology	0.48	0.48	\$	31.96	\$	31.96
89325 00	Pathology	0.33	0.33	\$	31.67	\$	31.67
89329 00	Pathology	0.60	0.60	\$	110.85	\$	110.85
89330 00	Pathology	0.30	0.30	\$	31.50	\$	31.50
89331 00	Pathology	0.60	0.60	\$	39.02	\$	39.02
89335 00	Pathology	-	-	BR		BR	
89337 00	Pathology	-	-	BR		BR	
89342 00	Pathology	-	-	BR		BR	
89343 00	Pathology	-	-	BR		BR	
89344 00	Pathology	-	-	BR		BR	
89346 00	Pathology	-	-	BR		BR	
89352 00	Pathology	-	-	BR		BR	
89353 00	Pathology	-	-	BR		BR	
89354 00	Pathology	-	-	BR		BR	
89356 00	Pathology	-	-	BR		BR	

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
89398 00	Pathology	-	-	BR	BR
G0480 00	Pathology	3.18	3.18	\$ 205.53	\$ 205.53
G0481 00	Pathology	4.35	4.35	\$ 281.15	\$ 281.15
G0482 00	Pathology	5.51	5.51	\$ 356.13	\$ 356.13
G0483 00	Pathology	6.85	6.85	\$ 442.74	\$ 442.74

Historical Note

New Appendix A, Pathology and Laboratory Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Medicine

MEDICINE GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2019 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. **MATERIALS SUPPLIED BY PHYSICIAN:** A physician may charge for materials and supplies as described in subsection (I)(4) of the Introduction Section of the Physician's Fee Schedule.
- B. **COMPLIANCE WITH THE AMERICAN'S WITH DISABILITIES ACT:** Code 99199 can be used to bill for the services of an interpreter when they are used to comply with the provisions of "The American's With Disabilities Act", i.e. interpreters for the hearing impaired.
- C. **ADD-ON CODES:** Some of the listed procedures are commonly carried out in addition to the primary procedure performed. All add-on codes found in the CPT codebook are exempt from the multiple procedure concept. They are exempt from the use of modifier -51.
- D. **SEPARATE PROCEDURES:** Some of the procedures or services listed in the CPT codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term "separate procedure". The codes designated as a "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

When a procedure or service is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59 to the specific "separate procedure" code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure.

- E. **BUNDLED CODES:** Indicates that the service is always bundled in a payment for another service. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident (e.g., a telephone call from a hospital nurse regarding the care of a patient).

Historical Note

New Appendix A, Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Guidelines will remain in effect though September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Medicine Codes

ARIZONA PHYSICIAN' FEE SCHEDULE

MEDICINE CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
90281 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90283 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90284 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90287 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90288 00	Medicine	-	-	BR	BR
90291 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90296 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90371 00	Medicine	3.32	3.32	\$ 214.58	\$ 214.58
90375 00	Medicine	8.52	8.52	\$ 550.67	\$ 550.67
90376 00	Medicine	8.66	8.66	\$ 559.72	\$ 559.72
90378 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90384 00	Medicine	2.60	2.60	\$ 168.05	\$ 168.05
90385 00	Medicine	1.19	1.19	\$ 76.91	\$ 76.91
90386 00	Medicine	2.79	2.79	\$ 180.33	\$ 180.33
90389 00	Medicine	2.42	2.42	\$ 156.41	\$ 156.41
90393 00	Medicine	-	-	BR	BR
90396 00	Medicine	2.68	2.68	\$ 173.22	\$ 173.22
90399 00	Medicine	-	-	BR	BR
90460 00	Medicine	0.47	0.47	\$ 34.90	\$ 34.90
90461 00	Medicine	0.36	0.36	\$ 23.27	\$ 23.27
90471 00	Medicine	0.47	0.47	\$ 33.86	\$ 33.86
90472 00	Medicine	0.36	0.36	\$ 23.27	\$ 23.27
90473 00	Medicine	0.47	0.47	\$ 30.38	\$ 30.38
90474 00	Medicine	0.36	0.36	\$ 23.27	\$ 23.27
90476 00	Medicine	-	-	BR	BR
90477 00	Medicine	-	-	BR	BR
90581 00	Medicine	3.10	3.10	\$ 200.36	\$ 200.36
90585 00	Medicine	3.89	3.89	\$ 251.42	\$ 251.42
90586 00	Medicine	3.89	3.89	\$ 251.42	\$ 251.42
90587 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90620 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90621 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90625 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90630 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90632 00	Medicine	1.62	1.62	\$ 104.71	\$ 104.71
90633 00	Medicine	0.74	0.74	\$ 61.69	\$ 61.69
90634 00	Medicine	0.78	0.78	\$ 61.69	\$ 61.69
90636 00	Medicine	2.05	2.05	\$ 132.50	\$ 132.50
90644 00	Medicine	0.60	0.60	\$ 38.78	\$ 38.78
90647 00	Medicine	0.63	0.63	\$ 40.72	\$ 40.72
90648 00	Medicine	0.60	0.60	\$ 38.78	\$ 38.78
90649 00	Medicine	2.83	2.83	\$ 184.50	\$ 184.50

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIAN' FEE SCHEDULE

MEDICINE CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
90650 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90651 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90653 00	Medicine	1.52	1.52	\$ 98.24	\$ 98.24
90654 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90655 00	Medicine	0.33	0.33	\$ 21.33	\$ 21.33
90656 00	Medicine	0.55	0.55	\$ 35.55	\$ 35.55
90657 00	Medicine	0.34	0.34	\$ 21.98	\$ 21.98
90658 00	Medicine	0.34	0.34	\$ 21.98	\$ 21.98
90660 00	Medicine	0.45	0.45	\$ 29.08	\$ 29.08
90661 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90662 00	Medicine	1.48	1.48	\$ 95.66	\$ 95.66
90664 00	Medicine	-	-	BR	BR
90666 00	Medicine	-	-	BR	BR
90667 00	Medicine	-	-	BR	BR
90668 00	Medicine	-	-	BR	BR
90670 00	Medicine	5.69	5.69	\$ 367.76	\$ 367.76
90672 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90673 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90674 00	Medicine	0.67	0.67	\$ 43.30	\$ 43.30
90675 00	Medicine	8.05	8.05	\$ 520.30	\$ 520.30
90676 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90680 00	Medicine	1.67	1.67	\$ 107.94	\$ 107.94
90681 00	Medicine	1.67	1.67	\$ 107.94	\$ 107.94
90682 00	Medicine	1.48	1.48	\$ 95.66	\$ 95.66
90685 00	Medicine	0.61	0.61	\$ 39.43	\$ 39.43
90686 00	Medicine	0.53	0.53	\$ 34.26	\$ 34.26
90687 00	Medicine	0.26	0.26	\$ 16.80	\$ 16.80
90688 00	Medicine	0.49	0.49	\$ 31.67	\$ 31.67
90689 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90690 00	Medicine	0.86	0.86	\$ 57.66	\$ 57.66
90691 00	Medicine	1.94	1.94	\$ 125.39	\$ 125.39
90696 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90697 00	Medicine	-	-	RNE	RNE
90698 00	Medicine	1.67	1.67	\$ 107.94	\$ 107.94
90700 00	Medicine	0.56	0.56	\$ 36.19	\$ 36.19
90702 00	Medicine	0.46	0.46	\$ 29.73	\$ 29.73
90707 00	Medicine	1.12	1.12	\$ 72.39	\$ 72.39
90710 00	Medicine	2.98	2.98	\$ 192.61	\$ 192.61
90713 00	Medicine	0.63	0.63	\$ 40.72	\$ 40.72
90714 00	Medicine	0.64	0.64	\$ 41.37	\$ 41.37
90715 00	Medicine	0.90	0.90	\$ 58.17	\$ 58.17
90716 00	Medicine	1.64	1.64	\$ 106.00	\$ 106.00

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIAN' FEE SCHEDULE

MEDICINE CODES 2019-2020
All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
90717 00	Medicine	1.90	1.90	\$ 122.80	\$ 122.80
90723 00	Medicine	1.64	1.64	\$ 106.00	\$ 106.00
90732 00	Medicine	2.99	2.99	\$ 193.25	\$ 193.25
90733 00	Medicine	2.23	2.23	\$ 144.13	\$ 144.13
90734 00	Medicine	2.12	2.12	\$ 137.02	\$ 137.02
90736 00	Medicine	3.57	3.57	\$ 230.74	\$ 230.74
90738 00	Medicine	1.48	1.48	\$ 190.46	\$ 190.46
90739 00	Medicine	3.64	3.64	\$ 235.26	\$ 235.26
90740 00	Medicine	3.61	3.61	\$ 233.33	\$ 233.33
90743 00	Medicine	1.12	1.12	\$ 72.39	\$ 72.39
90744 00	Medicine	0.73	0.73	\$ 47.18	\$ 47.18
90746 00	Medicine	1.81	1.81	\$ 116.99	\$ 116.99
90747 00	Medicine	3.61	3.61	\$ 233.33	\$ 233.33
90748 00	Medicine	1.25	1.25	\$ 80.79	\$ 80.79
90749 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90750 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
90756 00	Medicine	0.63	0.63	\$ 40.72	\$ 40.72
90785 00	Medicine	0.42	0.39	\$ 27.15	\$ 25.21
90791 00	Medicine	3.89	3.54	\$ 251.42	\$ 228.80
90792 00	Medicine	4.37	4.01	\$ 282.45	\$ 259.18
90832 00	Medicine	1.90	1.76	\$ 122.80	\$ 113.75
90833 00	Medicine	1.97	1.84	\$ 127.33	\$ 118.92
90834 00	Medicine	2.53	2.35	\$ 163.52	\$ 151.89
90836 00	Medicine	2.49	2.33	\$ 160.94	\$ 150.59
90837 00	Medicine	3.80	3.53	\$ 245.61	\$ 228.15
90838 00	Medicine	3.29	3.08	\$ 212.64	\$ 199.07
90839 00	Medicine	3.96	3.69	\$ 255.95	\$ 238.50
90840 00	Medicine	1.90	1.76	\$ 122.80	\$ 113.75
90845 00	Medicine	2.70	2.52	\$ 174.51	\$ 162.88
90846 00	Medicine	3.06	2.85	\$ 197.78	\$ 184.20
90847 00	Medicine	3.18	2.96	\$ 205.53	\$ 191.31
90849 00	Medicine	1.17	0.87	\$ 75.62	\$ 56.23
90853 00	Medicine	0.76	0.70	\$ 49.12	\$ 45.24
90863 00	Medicine	0.74	0.70	\$ 47.83	\$ 45.24
90865 00	Medicine	4.79	3.59	\$ 309.59	\$ 232.03
90867 00	Medicine	6.75	6.75	\$ 436.27	\$ 436.27
90868 00	Medicine	4.35	4.35	\$ 281.15	\$ 281.15
90869 00	Medicine	6.16	6.16	\$ 398.14	\$ 398.14
90870 00	Medicine	4.96	3.12	\$ 320.58	\$ 201.65
90875 00	Medicine	1.80	1.73	\$ 116.34	\$ 111.82
90876 00	Medicine	3.05	2.74	\$ 197.13	\$ 177.09
90880 00	Medicine	2.98	2.58	\$ 192.61	\$ 166.75

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIAN' FEE SCHEDULE

MEDICINE CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
90882 00	Medicine	2.29	2.29	\$ 148.01	\$ 148.01
90885 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90887 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90889 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90899 00	Medicine	-	-	BR	BR
90901 00	Medicine	1.13	0.57	\$ 73.04	\$ 36.84
90911 00	Medicine	2.47	1.26	\$ 159.64	\$ 81.44
90935 00	Medicine	2.07	2.07	\$ 133.79	\$ 133.79
90937 00	Medicine	2.95	2.95	\$ 247.31	\$ 247.31
90940 00	Medicine	1.67	1.67	\$ 107.94	\$ 107.94
90945 00	Medicine	2.42	2.42	\$ 156.41	\$ 156.41
90947 00	Medicine	3.51	3.51	\$ 226.86	\$ 226.86
90951 00	Medicine	26.63	26.63	\$ 1,721.18	\$ 1,721.18
90952 00	Medicine	20.70	20.70	\$ 1,337.90	\$ 1,337.90
90953 00	Medicine	13.80	13.80	\$ 891.94	\$ 891.94
90954 00	Medicine	22.96	22.96	\$ 1,483.97	\$ 1,483.97
90955 00	Medicine	12.93	12.93	\$ 835.70	\$ 835.70
90956 00	Medicine	9.00	9.00	\$ 581.70	\$ 581.70
90957 00	Medicine	18.18	18.18	\$ 1,175.03	\$ 1,175.03
90958 00	Medicine	12.34	12.34	\$ 797.57	\$ 797.57
90959 00	Medicine	8.40	8.40	\$ 542.92	\$ 542.92
90960 00	Medicine	8.02	8.02	\$ 518.36	\$ 518.36
90961 00	Medicine	6.74	6.74	\$ 435.63	\$ 435.63
90962 00	Medicine	5.21	5.21	\$ 336.74	\$ 336.74
90963 00	Medicine	15.43	15.43	\$ 997.29	\$ 997.29
90964 00	Medicine	13.47	13.47	\$ 870.61	\$ 870.61
90965 00	Medicine	12.83	12.83	\$ 829.24	\$ 829.24
90966 00	Medicine	6.72	6.72	\$ 434.33	\$ 434.33
90967 00	Medicine	0.51	0.51	\$ 32.96	\$ 32.96
90968 00	Medicine	0.45	0.45	\$ 29.08	\$ 29.08
90969 00	Medicine	0.43	0.43	\$ 27.79	\$ 27.79
90970 00	Medicine	0.22	0.22	\$ 14.22	\$ 14.22
90989 00	Medicine	10.35	10.35	\$ 668.95	\$ 668.95
90993 00	Medicine	2.24	2.24	\$ 144.78	\$ 144.78
90997 00	Medicine	2.53	2.53	\$ 348.05	\$ 348.05
90999 00	Medicine	-	-	BR	BR
91010 00	Medicine	5.38	5.38	\$ 347.73	\$ 347.73
91010 26	Medicine	1.91	1.91	\$ 123.45	\$ 123.45
91010 TC	Medicine	3.47	3.47	\$ 224.28	\$ 224.28
91013 00	Medicine	0.73	0.73	\$ 47.18	\$ 47.18
91013 26	Medicine	0.27	0.27	\$ 17.45	\$ 17.45
91013 TC	Medicine	0.46	0.46	\$ 29.73	\$ 29.73

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIAN' FEE SCHEDULE

MEDICINE CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
91020 00	Medicine	7.01	7.01	\$ 453.08	\$ 453.08
91020 26	Medicine	2.13	2.13	\$ 137.67	\$ 137.67
91020 TC	Medicine	4.88	4.88	\$ 315.41	\$ 315.41
91022 00	Medicine	4.79	4.79	\$ 309.59	\$ 309.59
91022 26	Medicine	2.13	2.13	\$ 137.67	\$ 137.67
91022 TC	Medicine	2.66	2.66	\$ 171.92	\$ 171.92
91030 00	Medicine	3.91	3.91	\$ 252.72	\$ 252.72
91030 26	Medicine	1.35	1.35	\$ 87.25	\$ 87.25
91030 TC	Medicine	2.56	2.56	\$ 165.46	\$ 165.46
91034 00	Medicine	5.39	5.39	\$ 348.37	\$ 348.37
91034 26	Medicine	1.45	1.45	\$ 93.72	\$ 93.72
91034 TC	Medicine	3.94	3.94	\$ 254.65	\$ 254.65
91035 00	Medicine	13.68	13.68	\$ 884.18	\$ 884.18
91035 26	Medicine	2.38	2.38	\$ 153.83	\$ 153.83
91035 TC	Medicine	11.30	11.30	\$ 730.35	\$ 730.35
91037 00	Medicine	4.66	4.66	\$ 301.19	\$ 301.19
91037 26	Medicine	1.45	1.45	\$ 93.72	\$ 93.72
91037 TC	Medicine	3.21	3.21	\$ 207.47	\$ 207.47
91038 00	Medicine	12.56	12.56	\$ 811.79	\$ 811.79
91038 26	Medicine	1.63	1.63	\$ 105.35	\$ 105.35
91038 TC	Medicine	10.93	10.93	\$ 706.44	\$ 706.44
91040 00	Medicine	13.55	13.55	\$ 875.78	\$ 875.78
91040 26	Medicine	1.45	1.45	\$ 93.72	\$ 93.72
91040 TC	Medicine	12.10	12.10	\$ 782.06	\$ 782.06
91065 00	Medicine	2.13	2.13	\$ 137.67	\$ 137.67
91065 26	Medicine	0.29	0.29	\$ 42.19	\$ 42.19
91065 TC	Medicine	1.84	1.84	\$ 118.92	\$ 118.92
91110 00	Medicine	24.98	24.98	\$ 1,614.53	\$ 1,614.53
91110 26	Medicine	3.68	3.68	\$ 296.53	\$ 296.53
91110 TC	Medicine	21.30	21.30	\$ 1,376.68	\$ 1,376.68
91111 00	Medicine	22.88	22.88	\$ 1,478.80	\$ 1,478.80
91111 26	Medicine	1.49	1.49	\$ 96.30	\$ 96.30
91111 TC	Medicine	21.39	21.39	\$ 1,382.50	\$ 1,382.50
91112 00	Medicine	35.81	35.81	\$ 2,314.51	\$ 2,314.51
91112 26	Medicine	3.10	3.10	\$ 200.36	\$ 200.36
91112 TC	Medicine	32.71	32.71	\$ 2,114.15	\$ 2,114.15
91117 00	Medicine	3.96	3.96	\$ 255.95	\$ 255.95
91120 00	Medicine	12.94	12.94	\$ 836.35	\$ 836.35
91120 26	Medicine	1.42	1.42	\$ 91.78	\$ 91.78
91120 TC	Medicine	11.52	11.52	\$ 744.57	\$ 744.57
91122 00	Medicine	6.85	6.85	\$ 442.74	\$ 442.74
91122 26	Medicine	2.58	2.58	\$ 166.75	\$ 166.75

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIAN' FEE SCHEDULE

MEDICINE CODES 2019-2020

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE		RBRVS FAC RATE	
91122 TC	Medicine	4.27	4.27	\$	275.98	\$	275.98
91132 00	Medicine	6.80	6.80	\$	439.50	\$	439.50
91132 26	Medicine	0.77	0.77	\$	49.77	\$	49.77
91132 TC	Medicine	6.03	6.03	\$	389.74	\$	389.74
91133 00	Medicine	7.44	7.44	\$	480.87	\$	480.87
91133 26	Medicine	0.98	0.98	\$	63.34	\$	63.34
91133 TC	Medicine	6.46	6.46	\$	417.53	\$	417.53
91200 00	Medicine	1.10	1.10	\$	71.10	\$	71.10
91200 26	Medicine	0.40	0.40	\$	25.85	\$	25.85
91200 TC	Medicine	0.70	0.70	\$	45.24	\$	45.24
91299 00	Medicine	-	-	BR		BR	
91299 26	Medicine	-	-	BR		BR	
91299 TC	Medicine	-	-	BR		BR	
92002 00	Medicine	2.37	1.36	\$	153.18	\$	87.90
92004 00	Medicine	4.26	2.81	\$	275.34	\$	181.62
92012 00	Medicine	2.49	1.49	\$	160.94	\$	96.30
92014 00	Medicine	3.57	2.25	\$	230.74	\$	145.42
92015 00	Medicine	0.56	0.55	\$	36.19	\$	35.55
92018 00	Medicine	4.13	4.13	\$	266.93	\$	266.93
92019 00	Medicine	2.05	2.05	\$	132.50	\$	132.50
92020 00	Medicine	0.78	0.60	\$	52.73	\$	40.05
92025 00	Medicine	1.07	1.07	\$	69.16	\$	69.16
92025 26	Medicine	0.57	0.57	\$	36.84	\$	36.84
92025 TC	Medicine	0.50	0.50	\$	32.32	\$	32.32
92060 00	Medicine	1.82	1.82	\$	117.63	\$	117.63
92060 26	Medicine	1.08	1.08	\$	69.80	\$	69.80
92060 TC	Medicine	0.74	0.74	\$	47.83	\$	47.83
92065 00	Medicine	1.51	1.51	\$	97.60	\$	97.60
92065 26	Medicine	0.51	0.51	\$	32.96	\$	32.96
92065 TC	Medicine	1.00	1.00	\$	64.63	\$	64.63
92071 00	Medicine	1.07	0.95	\$	69.16	\$	61.40
92072 00	Medicine	3.72	2.84	\$	240.43	\$	183.56
92081 00	Medicine	0.96	0.96	\$	64.50	\$	64.50
92081 26	Medicine	0.46	0.46	\$	31.52	\$	31.52
92081 TC	Medicine	0.50	0.50	\$	32.98	\$	32.98
92082 00	Medicine	1.35	1.35	\$	95.68	\$	95.68
92082 26	Medicine	0.61	0.61	\$	42.89	\$	42.89
92082 TC	Medicine	0.74	0.74	\$	52.79	\$	52.79
92083 00	Medicine	1.81	1.81	\$	116.99	\$	116.99
92083 26	Medicine	0.79	0.79	\$	57.35	\$	57.35
92083 TC	Medicine	1.02	1.02	\$	65.93	\$	65.93
92100 00	Medicine	2.32	0.96	\$	149.95	\$	62.05

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ARIZONA PHYSICIAN' FEE SCHEDULE

MEDICINE CODES 2019-2020
All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92132 00	Medicine	0.89	0.89	\$ 57.52	\$ 57.52
92132 26	Medicine	0.47	0.47	\$ 30.44	\$ 30.44
92132 TC	Medicine	0.42	0.42	\$ 27.15	\$ 27.15
92133 00	Medicine	1.05	1.05	\$ 67.86	\$ 67.86
92133 26	Medicine	0.63	0.63	\$ 42.41	\$ 42.41
92133 TC	Medicine	0.42	0.42	\$ 27.15	\$ 27.15
92134 00	Medicine	1.16	1.16	\$ 74.97	\$ 74.97
92134 26	Medicine	0.73	0.73	\$ 47.18	\$ 47.18
92134 TC	Medicine	0.43	0.43	\$ 27.79	\$ 27.79
92136 00	Medicine	1.98	1.98	\$ 127.97	\$ 127.97
92136 26	Medicine	0.89	0.89	\$ 57.52	\$ 57.52
92136 TC	Medicine	1.09	1.09	\$ 81.98	\$ 81.98
92145 00	Medicine	0.49	0.49	\$ 31.67	\$ 31.67
92145 26	Medicine	0.27	0.27	\$ 17.45	\$ 17.45
92145 TC	Medicine	0.22	0.22	\$ 14.22	\$ 14.22
92225 00	Medicine	0.78	0.61	\$ 50.41	\$ 39.43
92226 00	Medicine	0.72	0.54	\$ 46.54	\$ 34.90
92227 00	Medicine	0.40	0.40	\$ 25.85	\$ 25.85
92228 00	Medicine	0.97	0.97	\$ 62.69	\$ 62.69
92228 26	Medicine	0.59	0.59	\$ 38.13	\$ 38.13
92228 TC	Medicine	0.38	0.38	\$ 24.56	\$ 24.56
92230 00	Medicine	1.83	0.95	\$ 118.28	\$ 61.40
92235 00	Medicine	2.59	2.59	\$ 167.40	\$ 167.40
92235 26	Medicine	1.23	1.23	\$ 79.50	\$ 79.50
92235 TC	Medicine	1.36	1.36	\$ 87.90	\$ 87.90
92240 00	Medicine	5.83	5.83	\$ 376.81	\$ 376.81
92240 26	Medicine	1.35	1.35	\$ 90.35	\$ 90.35
92240 TC	Medicine	4.48	4.48	\$ 289.56	\$ 289.56
92242 00	Medicine	6.51	6.51	\$ 420.76	\$ 420.76
92250 00	Medicine	1.43	1.43	\$ 113.62	\$ 113.62
92250 26	Medicine	0.62	0.62	\$ 60.94	\$ 60.94
92250 TC	Medicine	0.81	0.81	\$ 52.68	\$ 52.68
92260 00	Medicine	0.55	0.31	\$ 54.67	\$ 25.29
92265 00	Medicine	2.48	2.48	\$ 160.29	\$ 160.29
92265 26	Medicine	1.33	1.33	\$ 85.96	\$ 85.96
92265 TC	Medicine	1.15	1.15	\$ 74.33	\$ 74.33
92270 00	Medicine	2.70	2.70	\$ 174.51	\$ 174.51
92270 26	Medicine	1.20	1.20	\$ 84.26	\$ 84.26
92270 TC	Medicine	1.50	1.50	\$ 96.95	\$ 96.95
92273 00	Medicine	3.78	3.78	\$ 244.31	\$ 244.31
92273 26	Medicine	1.06	1.06	\$ 68.51	\$ 68.51
92273 TC	Medicine	2.72	2.72	\$ 175.80	\$ 175.80

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIAN' FEE SCHEDULE

MEDICINE CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92274 00	Medicine	2.56	2.56	\$ 165.46	\$ 165.46
92274 26	Medicine	0.94	0.94	\$ 60.76	\$ 60.76
92274 TC	Medicine	1.62	1.62	\$ 104.71	\$ 104.71
92283 00	Medicine	1.52	1.52	\$ 98.24	\$ 98.24
92283 26	Medicine	0.26	0.26	\$ 37.28	\$ 37.28
92283 TC	Medicine	1.26	1.26	\$ 81.44	\$ 81.44
92284 00	Medicine	1.74	1.74	\$ 112.46	\$ 112.46
92284 26	Medicine	0.36	0.36	\$ 33.29	\$ 33.29
92284 TC	Medicine	1.38	1.38	\$ 89.19	\$ 89.19
92285 00	Medicine	0.61	0.61	\$ 39.43	\$ 39.43
92285 26	Medicine	0.09	0.09	\$ 17.16	\$ 17.16
92285 TC	Medicine	0.52	0.52	\$ 33.61	\$ 33.61
92286 00	Medicine	1.10	1.10	\$ 162.76	\$ 162.76
92286 26	Medicine	0.63	0.63	\$ 75.86	\$ 75.86
92286 TC	Medicine	0.47	0.47	\$ 86.90	\$ 86.90
92287 00	Medicine	4.13	4.13	\$ 266.93	\$ 266.93
92287 26	Medicine	1.33	1.33	\$ 85.96	\$ 85.96
92287 TC	Medicine	2.80	2.80	\$ 180.97	\$ 180.97
92310 00	Medicine	2.80	1.69	\$ 180.97	\$ 109.23
92311 00	Medicine	2.94	1.57	\$ 190.02	\$ 101.47
92312 00	Medicine	3.40	1.81	\$ 219.75	\$ 116.99
92313 00	Medicine	2.78	1.31	\$ 179.68	\$ 84.67
92314 00	Medicine	2.36	1.00	\$ 152.53	\$ 64.63
92315 00	Medicine	2.19	0.62	\$ 141.55	\$ 40.07
92316 00	Medicine	2.72	0.93	\$ 175.80	\$ 60.11
92317 00	Medicine	2.29	0.62	\$ 148.01	\$ 40.07
92325 00	Medicine	1.24	1.24	\$ 80.14	\$ 80.14
92326 00	Medicine	1.05	1.05	\$ 67.86	\$ 67.86
92340 00	Medicine	0.99	0.53	\$ 63.99	\$ 34.26
92341 00	Medicine	1.14	0.68	\$ 73.68	\$ 43.95
92342 00	Medicine	1.23	0.77	\$ 79.50	\$ 49.77
92352 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92353 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92354 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92355 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92358 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92370 00	Medicine	0.88	0.46	\$ 56.88	\$ 29.73
92371 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92499 00	Medicine	-	-	BR	BR
92499 26	Medicine	-	-	BR	BR
92499 TC	Medicine	-	-	BR	BR
92502 00	Medicine	2.73	2.73	\$ 176.45	\$ 176.45

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92504 00	Medicine	0.83	0.27	\$ 53.65	\$ 17.45
92507 00	Medicine	2.23	2.23	\$ 144.13	\$ 144.13
92508 00	Medicine	0.67	0.67	\$ 43.30	\$ 43.30
92511 00	Medicine	3.15	1.08	\$ 203.59	\$ 69.80
92512 00	Medicine	1.68	0.80	\$ 108.58	\$ 51.71
92516 00	Medicine	1.94	0.65	\$ 125.39	\$ 42.01
92520 00	Medicine	2.23	1.15	\$ 144.13	\$ 74.33
92521 00	Medicine	3.21	3.21	\$ 207.47	\$ 207.47
92522 00	Medicine	2.60	2.60	\$ 168.05	\$ 168.05
92523 00	Medicine	5.54	5.54	\$ 358.07	\$ 358.07
92524 00	Medicine	2.51	2.51	\$ 162.23	\$ 162.23
92526 00	Medicine	2.44	2.44	\$ 157.70	\$ 157.70
92531 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92532 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92533 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92534 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92537 00	Medicine	1.16	1.16	\$ 74.97	\$ 74.97
92537 26	Medicine	0.90	0.90	\$ 58.17	\$ 58.17
92537 TC	Medicine	0.26	0.26	\$ 16.80	\$ 16.80
92538 00	Medicine	0.60	0.60	\$ 38.78	\$ 38.78
92538 26	Medicine	0.45	0.45	\$ 29.08	\$ 29.08
92538 TC	Medicine	0.15	0.15	\$ 9.69	\$ 9.69
92540 00	Medicine	2.95	2.95	\$ 190.67	\$ 190.67
92540 26	Medicine	2.25	2.25	\$ 145.42	\$ 145.42
92540 TC	Medicine	0.70	0.70	\$ 65.18	\$ 65.18
92541 00	Medicine	0.71	0.71	\$ 68.63	\$ 68.63
92541 26	Medicine	0.60	0.60	\$ 38.78	\$ 38.78
92541 TC	Medicine	0.11	0.11	\$ 34.83	\$ 34.83
92542 00	Medicine	0.82	0.82	\$ 72.11	\$ 72.11
92542 26	Medicine	0.72	0.72	\$ 46.54	\$ 46.54
92542 TC	Medicine	0.10	0.10	\$ 42.57	\$ 42.57
92544 00	Medicine	0.49	0.49	\$ 47.54	\$ 47.54
92544 26	Medicine	0.41	0.41	\$ 26.50	\$ 26.50
92544 TC	Medicine	0.08	0.08	\$ 24.57	\$ 24.57
92545 00	Medicine	0.46	0.46	\$ 48.62	\$ 48.62
92545 26	Medicine	0.38	0.38	\$ 24.56	\$ 24.56
92545 TC	Medicine	0.08	0.08	\$ 28.93	\$ 28.93
92546 00	Medicine	2.95	2.95	\$ 190.67	\$ 190.67
92546 26	Medicine	0.43	0.43	\$ 27.79	\$ 27.79
92546 TC	Medicine	2.52	2.52	\$ 162.88	\$ 162.88
92547 00	Medicine	0.21	0.21	\$ 19.91	\$ 19.91
92548 00	Medicine	2.72	2.72	\$ 175.80	\$ 175.80

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MEDICINE CODES 2019-2020
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92548 26	Medicine	0.74	0.74	\$ 51.00	\$ 51.00
92548 TC	Medicine	1.98	1.98	\$ 127.97	\$ 127.97
92550 00	Medicine	0.62	0.62	\$ 40.07	\$ 40.07
92551 00	Medicine	0.33	0.33	\$ 21.40	\$ 21.40
92552 00	Medicine	0.89	0.89	\$ 57.52	\$ 57.52
92553 00	Medicine	1.08	1.08	\$ 69.80	\$ 69.80
92555 00	Medicine	0.68	0.68	\$ 43.95	\$ 43.95
92556 00	Medicine	1.07	1.07	\$ 69.16	\$ 69.16
92557 00	Medicine	1.08	0.93	\$ 69.80	\$ 60.11
92558 00	Medicine	0.28	0.25	\$ 30.03	\$ 20.97
92559 00	Medicine	0.85	0.85	\$ 54.94	\$ 54.94
92560 00	Medicine	0.59	0.59	\$ 38.13	\$ 38.13
92561 00	Medicine	1.10	1.10	\$ 71.10	\$ 71.10
92562 00	Medicine	1.28	1.28	\$ 82.73	\$ 82.73
92563 00	Medicine	0.87	0.87	\$ 56.23	\$ 56.23
92564 00	Medicine	0.71	0.71	\$ 45.89	\$ 45.89
92565 00	Medicine	0.43	0.43	\$ 27.79	\$ 27.79
92567 00	Medicine	0.43	0.31	\$ 27.79	\$ 20.04
92568 00	Medicine	0.45	0.44	\$ 29.08	\$ 28.44
92570 00	Medicine	0.92	0.85	\$ 59.46	\$ 54.94
92571 00	Medicine	0.76	0.76	\$ 49.12	\$ 49.12
92572 00	Medicine	1.21	1.21	\$ 78.21	\$ 78.21
92575 00	Medicine	1.79	1.79	\$ 115.69	\$ 115.69
92576 00	Medicine	1.03	1.03	\$ 66.57	\$ 66.57
92577 00	Medicine	0.39	0.39	\$ 25.21	\$ 25.21
92579 00	Medicine	1.31	1.09	\$ 84.67	\$ 70.45
92582 00	Medicine	2.06	2.06	\$ 133.14	\$ 133.14
92583 00	Medicine	1.35	1.35	\$ 87.25	\$ 87.25
92584 00	Medicine	2.09	2.09	\$ 135.08	\$ 135.08
92585 00	Medicine	3.81	3.81	\$ 246.25	\$ 246.25
92585 26	Medicine	0.76	0.76	\$ 74.69	\$ 74.69
92585 TC	Medicine	3.05	3.05	\$ 197.13	\$ 197.13
92586 00	Medicine	2.61	2.61	\$ 168.69	\$ 168.69
92587 00	Medicine	0.62	0.62	\$ 71.81	\$ 71.81
92587 26	Medicine	0.52	0.52	\$ 33.61	\$ 33.61
92587 TC	Medicine	0.10	0.10	\$ 50.42	\$ 50.42
92588 00	Medicine	0.94	0.94	\$ 104.79	\$ 104.79
92588 26	Medicine	0.82	0.82	\$ 53.00	\$ 53.00
92588 TC	Medicine	0.12	0.12	\$ 67.41	\$ 67.41
92590 00	Medicine	1.55	1.55	\$ 100.18	\$ 100.18
92591 00	Medicine	1.98	1.98	\$ 127.97	\$ 127.97
92592 00	Medicine	0.62	0.62	\$ 40.07	\$ 40.07

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92593 00	Medicine	1.02	1.02	\$ 65.93	\$ 65.93
92594 00	Medicine	0.59	0.59	\$ 38.13	\$ 38.13
92595 00	Medicine	1.27	1.27	\$ 82.08	\$ 82.08
92596 00	Medicine	1.89	1.89	\$ 122.16	\$ 122.16
92597 00	Medicine	2.06	2.06	\$ 133.14	\$ 133.14
92601 00	Medicine	4.68	3.57	\$ 302.48	\$ 230.74
92602 00	Medicine	2.92	2.02	\$ 188.73	\$ 130.56
92603 00	Medicine	4.37	3.47	\$ 282.45	\$ 224.28
92604 00	Medicine	2.60	1.94	\$ 168.05	\$ 125.39
92605 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92606 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92607 00	Medicine	3.69	3.69	\$ 238.50	\$ 238.50
92608 00	Medicine	1.47	1.47	\$ 95.01	\$ 95.01
92609 00	Medicine	3.08	3.08	\$ 199.07	\$ 199.07
92610 00	Medicine	2.45	2.06	\$ 158.35	\$ 133.14
92611 00	Medicine	2.55	2.55	\$ 164.81	\$ 164.81
92612 00	Medicine	5.42	1.94	\$ 350.31	\$ 125.39
92613 00	Medicine	1.07	1.07	\$ 69.16	\$ 69.16
92614 00	Medicine	4.03	1.90	\$ 260.47	\$ 122.80
92615 00	Medicine	0.94	0.94	\$ 60.76	\$ 60.76
92616 00	Medicine	5.85	2.84	\$ 378.10	\$ 183.56
92617 00	Medicine	1.18	1.18	\$ 76.27	\$ 76.27
92618 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92620 00	Medicine	2.67	2.32	\$ 172.57	\$ 149.95
92621 00	Medicine	0.64	0.54	\$ 41.37	\$ 34.90
92625 00	Medicine	1.99	1.78	\$ 128.62	\$ 115.05
92626 00	Medicine	2.55	2.16	\$ 164.81	\$ 139.61
92627 00	Medicine	0.64	0.51	\$ 41.37	\$ 32.96
92630 00	Medicine	-	-	BR	BR
92633 00	Medicine	-	-	BR	BR
92640 00	Medicine	3.25	2.73	\$ 210.06	\$ 176.45
92700 00	Medicine	-	-	BR	BR
92920 00	Medicine	15.49	15.49	\$ 1,001.17	\$ 1,001.17
92921 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92924 00	Medicine	18.48	18.48	\$ 1,194.42	\$ 1,194.42
92925 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92928 00	Medicine	17.24	17.24	\$ 1,114.27	\$ 1,114.27
92929 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92933 00	Medicine	19.34	19.34	\$ 1,250.00	\$ 1,250.00
92934 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92937 00	Medicine	17.23	17.23	\$ 1,113.63	\$ 1,113.63
92938 00	Medicine	0.00	0.00	Bundled Code	Bundled Code

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92941 00	Medicine	19.39	19.39	\$ 1,253.23	\$ 1,253.23
92943 00	Medicine	19.38	19.38	\$ 1,252.59	\$ 1,252.59
92944 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92950 00	Medicine	8.92	5.35	\$ 576.53	\$ 345.79
92953 00	Medicine	0.03	0.03	\$ 125.39	\$ 125.39
92960 00	Medicine	4.51	3.13	\$ 327.68	\$ 219.05
92961 00	Medicine	7.23	7.23	\$ 467.30	\$ 467.30
92970 00	Medicine	5.52	5.52	\$ 356.77	\$ 356.77
92971 00	Medicine	2.91	2.91	\$ 188.08	\$ 188.08
92973 00	Medicine	5.15	5.15	\$ 332.86	\$ 332.86
92974 00	Medicine	4.72	4.72	\$ 336.26	\$ 336.26
92975 00	Medicine	10.98	10.98	\$ 709.67	\$ 709.67
92977 00	Medicine	1.56	1.56	\$ 482.24	\$ 482.24
92978 00	Medicine	7.97	7.97	\$ 531.04	\$ 531.04
92978 26	Medicine	2.79	2.79	\$ 263.67	\$ 263.67
92978 TC	Medicine	5.18	5.18	\$ 334.80	\$ 334.80
92979 00	Medicine	4.83	4.83	\$ 312.18	\$ 312.18
92979 26	Medicine	2.22	2.22	\$ 164.87	\$ 164.87
92979 TC	Medicine	2.61	2.61	\$ 168.69	\$ 168.69
92986 00	Medicine	38.38	38.38	\$ 2,923.83	\$ 2,923.83
92987 00	Medicine	39.59	39.59	\$ 2,582.45	\$ 2,582.45
92990 00	Medicine	31.62	31.62	\$ 2,452.73	\$ 2,452.73
92992 00	Medicine	30.98	30.98	\$ 3,858.98	\$ 3,858.98
92993 00	Medicine	24.50	24.50	\$ 3,764.06	\$ 3,764.06
92997 00	Medicine	19.09	19.09	\$ 1,327.50	\$ 1,327.50
92998 00	Medicine	9.44	9.44	\$ 610.14	\$ 610.14
93000 00	Medicine	0.48	0.48	\$ 44.78	\$ 44.78
93005 00	Medicine	0.24	0.24	\$ 23.66	\$ 23.66
93010 00	Medicine	0.24	0.24	\$ 23.54	\$ 23.54
93015 00	Medicine	2.01	2.01	\$ 241.50	\$ 241.50
93016 00	Medicine	0.63	0.63	\$ 54.75	\$ 54.75
93017 00	Medicine	0.96	0.96	\$ 106.78	\$ 106.78
93018 00	Medicine	0.42	0.42	\$ 43.50	\$ 43.50
93024 00	Medicine	3.12	3.12	\$ 201.65	\$ 201.65
93024 26	Medicine	1.62	1.62	\$ 104.71	\$ 104.71
93024 TC	Medicine	1.50	1.50	\$ 96.95	\$ 96.95
93025 00	Medicine	4.23	4.23	\$ 449.50	\$ 449.50
93025 26	Medicine	1.05	1.05	\$ 67.86	\$ 67.86
93025 TC	Medicine	3.18	3.18	\$ 394.60	\$ 394.60
93040 00	Medicine	0.36	0.36	\$ 28.14	\$ 28.14
93041 00	Medicine	0.16	0.16	\$ 15.71	\$ 15.71
93042 00	Medicine	0.20	0.20	\$ 20.51	\$ 20.51

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93050 00	Medicine	0.46	0.46	\$ 29.73	\$ 29.73
93050 26	Medicine	0.24	0.24	\$ 15.51	\$ 15.51
93050 TC	Medicine	0.22	0.22	\$ 14.22	\$ 14.22
93224 00	Medicine	2.51	2.51	\$ 233.38	\$ 233.38
93225 00	Medicine	0.73	0.73	\$ 86.60	\$ 86.60
93226 00	Medicine	1.03	1.03	\$ 85.79	\$ 85.79
93227 00	Medicine	0.75	0.75	\$ 89.25	\$ 89.25
93228 00	Medicine	0.74	0.74	\$ 47.83	\$ 47.83
93229 00	Medicine	19.95	19.95	\$ 1,289.43	\$ 1,289.43
93260 00	Medicine	1.93	1.93	\$ 124.74	\$ 124.74
93260 26	Medicine	1.22	1.22	\$ 78.85	\$ 78.85
93260 TC	Medicine	0.71	0.71	\$ 45.89	\$ 45.89
93261 00	Medicine	1.77	1.77	\$ 114.40	\$ 114.40
93261 26	Medicine	1.06	1.06	\$ 68.51	\$ 68.51
93261 TC	Medicine	0.71	0.71	\$ 45.89	\$ 45.89
93264 00	Medicine	1.44	1.02	\$ 93.07	\$ 65.93
93268 00	Medicine	5.70	5.70	\$ 368.41	\$ 368.41
93270 00	Medicine	0.26	0.26	\$ 54.00	\$ 54.00
93271 00	Medicine	4.72	4.72	\$ 305.07	\$ 305.07
93272 00	Medicine	0.72	0.72	\$ 46.54	\$ 46.54
93278 00	Medicine	0.87	0.87	\$ 108.89	\$ 108.89
93278 26	Medicine	0.36	0.36	\$ 36.75	\$ 36.75
93278 TC	Medicine	0.51	0.51	\$ 72.14	\$ 72.14
93279 00	Medicine	1.56	1.56	\$ 100.83	\$ 100.83
93279 26	Medicine	0.92	0.92	\$ 59.46	\$ 59.46
93279 TC	Medicine	0.64	0.64	\$ 41.37	\$ 41.37
93280 00	Medicine	1.83	1.83	\$ 118.28	\$ 118.28
93280 26	Medicine	1.09	1.09	\$ 70.45	\$ 70.45
93280 TC	Medicine	0.74	0.74	\$ 47.83	\$ 47.83
93281 00	Medicine	1.97	1.97	\$ 127.33	\$ 127.33
93281 26	Medicine	1.22	1.22	\$ 78.85	\$ 78.85
93281 TC	Medicine	0.75	0.75	\$ 48.47	\$ 48.47
93282 00	Medicine	1.90	1.90	\$ 122.80	\$ 122.80
93282 26	Medicine	1.21	1.21	\$ 78.21	\$ 78.21
93282 TC	Medicine	0.69	0.69	\$ 44.60	\$ 44.60
93283 00	Medicine	2.39	2.39	\$ 154.47	\$ 154.47
93283 26	Medicine	1.64	1.64	\$ 106.00	\$ 106.00
93283 TC	Medicine	0.75	0.75	\$ 48.47	\$ 48.47
93284 00	Medicine	2.59	2.59	\$ 167.40	\$ 167.40
93284 26	Medicine	1.79	1.79	\$ 115.69	\$ 115.69
93284 TC	Medicine	0.80	0.80	\$ 51.71	\$ 51.71
93285 00	Medicine	1.37	1.37	\$ 88.55	\$ 88.55

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MEDICINE CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93285 26	Medicine	0.75	0.75	\$ 48.47	\$ 48.47
93285 TC	Medicine	0.62	0.62	\$ 40.07	\$ 40.07
93286 00	Medicine	0.99	0.99	\$ 63.99	\$ 63.99
93286 26	Medicine	0.43	0.43	\$ 27.79	\$ 27.79
93286 TC	Medicine	0.56	0.56	\$ 36.19	\$ 36.19
93287 00	Medicine	1.22	1.22	\$ 78.85	\$ 78.85
93287 26	Medicine	0.66	0.66	\$ 42.66	\$ 42.66
93287 TC	Medicine	0.56	0.56	\$ 36.19	\$ 36.19
93288 00	Medicine	1.25	1.25	\$ 80.79	\$ 80.79
93288 26	Medicine	0.61	0.61	\$ 39.43	\$ 39.43
93288 TC	Medicine	0.64	0.64	\$ 41.37	\$ 41.37
93289 00	Medicine	1.70	1.70	\$ 109.88	\$ 109.88
93289 26	Medicine	1.06	1.06	\$ 68.51	\$ 68.51
93289 TC	Medicine	0.64	0.64	\$ 41.37	\$ 41.37
93290 00	Medicine	1.19	1.19	\$ 76.91	\$ 76.91
93290 26	Medicine	0.62	0.62	\$ 40.07	\$ 40.07
93290 TC	Medicine	0.57	0.57	\$ 36.84	\$ 36.84
93291 00	Medicine	1.07	1.07	\$ 69.16	\$ 69.16
93291 26	Medicine	0.52	0.52	\$ 33.61	\$ 33.61
93291 TC	Medicine	0.55	0.55	\$ 35.55	\$ 35.55
93292 00	Medicine	1.14	1.14	\$ 73.68	\$ 73.68
93292 26	Medicine	0.61	0.61	\$ 39.43	\$ 39.43
93292 TC	Medicine	0.53	0.53	\$ 34.26	\$ 34.26
93293 00	Medicine	1.48	1.48	\$ 95.66	\$ 95.66
93293 26	Medicine	0.43	0.43	\$ 27.79	\$ 27.79
93293 TC	Medicine	1.05	1.05	\$ 67.86	\$ 67.86
93294 00	Medicine	0.87	0.87	\$ 56.23	\$ 56.23
93295 00	Medicine	1.26	1.26	\$ 92.25	\$ 92.25
93296 00	Medicine	0.72	0.72	\$ 46.54	\$ 46.54
93297 00	Medicine	0.75	0.75	\$ 48.47	\$ 48.47
93298 00	Medicine	0.75	0.75	\$ 48.47	\$ 48.47
93299 00	Medicine	1.54	1.54	\$ 99.53	\$ 99.53
93303 00	Medicine	6.65	6.65	\$ 429.81	\$ 429.81
93303 26	Medicine	1.81	1.81	\$ 139.12	\$ 139.12
93303 TC	Medicine	4.84	4.84	\$ 312.82	\$ 312.82
93304 00	Medicine	4.53	4.53	\$ 292.79	\$ 292.79
93304 26	Medicine	1.04	1.04	\$ 87.20	\$ 87.20
93304 TC	Medicine	3.49	3.49	\$ 225.57	\$ 225.57
93306 00	Medicine	5.84	5.84	\$ 422.19	\$ 422.19
93306 26	Medicine	2.08	2.08	\$ 179.81	\$ 179.81
93306 TC	Medicine	3.76	3.76	\$ 243.02	\$ 243.02
93307 00	Medicine	3.97	3.97	\$ 329.50	\$ 329.50

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MEDICINE CODES 2019-2020
All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93307 26	Medicine	1.28	1.28	\$ 141.75	\$ 141.75
93307 TC	Medicine	2.69	2.69	\$ 187.75	\$ 187.75
93308 00	Medicine	2.78	2.78	\$ 184.89	\$ 184.89
93308 26	Medicine	0.73	0.73	\$ 80.14	\$ 80.14
93308 TC	Medicine	2.05	2.05	\$ 132.50	\$ 132.50
93312 00	Medicine	6.97	6.97	\$ 450.49	\$ 450.49
93312 26	Medicine	3.11	3.11	\$ 201.01	\$ 201.01
93312 TC	Medicine	3.86	3.86	\$ 254.08	\$ 254.08
93313 00	Medicine	0.33	0.33	\$ 116.66	\$ 116.66
93314 00	Medicine	6.73	6.73	\$ 434.98	\$ 434.98
93314 26	Medicine	2.61	2.61	\$ 168.69	\$ 168.69
93314 TC	Medicine	4.12	4.12	\$ 295.70	\$ 295.70
93315 00	Medicine	7.32	7.32	\$ 473.11	\$ 473.11
93315 26	Medicine	3.66	3.66	\$ 236.56	\$ 236.56
93315 TC	Medicine	3.66	3.66	\$ 253.16	\$ 253.16
93316 00	Medicine	0.79	0.79	\$ 88.34	\$ 88.34
93317 00	Medicine	5.28	5.28	\$ 374.85	\$ 374.85
93317 26	Medicine	2.64	2.64	\$ 170.63	\$ 170.63
93317 TC	Medicine	2.64	2.64	\$ 230.94	\$ 230.94
93318 00	Medicine	5.96	5.96	\$ 385.21	\$ 385.21
93318 26	Medicine	2.98	2.98	\$ 199.92	\$ 199.92
93318 TC	Medicine	2.98	2.98	\$ 192.61	\$ 192.61
93320 00	Medicine	1.51	1.51	\$ 147.36	\$ 147.36
93320 26	Medicine	0.52	0.52	\$ 39.54	\$ 39.54
93320 TC	Medicine	0.99	0.99	\$ 107.82	\$ 107.82
93321 00	Medicine	0.76	0.76	\$ 87.00	\$ 87.00
93321 26	Medicine	0.21	0.21	\$ 22.15	\$ 22.15
93321 TC	Medicine	0.55	0.55	\$ 64.85	\$ 64.85
93325 00	Medicine	0.71	0.71	\$ 145.10	\$ 145.10
93325 26	Medicine	0.09	0.09	\$ 53.44	\$ 53.44
93325 TC	Medicine	0.62	0.62	\$ 91.66	\$ 91.66
93350 00	Medicine	5.31	5.31	\$ 343.20	\$ 343.20
93350 26	Medicine	2.02	2.02	\$ 137.88	\$ 137.88
93350 TC	Medicine	3.29	3.29	\$ 212.64	\$ 212.64
93351 00	Medicine	6.57	6.57	\$ 424.64	\$ 424.64
93351 26	Medicine	2.42	2.42	\$ 156.41	\$ 156.41
93351 TC	Medicine	4.15	4.15	\$ 268.23	\$ 268.23
93352 00	Medicine	0.95	0.95	\$ 61.40	\$ 61.40
93355 00	Medicine	6.57	6.57	\$ 424.64	\$ 424.64
93451 00	Medicine	22.14	22.14	\$ 1,430.97	\$ 1,430.97
93451 26	Medicine	3.79	3.79	\$ 244.96	\$ 244.96
93451 TC	Medicine	18.35	18.35	\$ 1,186.02	\$ 1,186.02

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MEDICINE CODES 2019-2020

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93452 00	Medicine	24.60	24.60	\$ 1,589.97	\$ 1,589.97
93452 26	Medicine	6.91	6.91	\$ 446.61	\$ 446.61
93452 TC	Medicine	17.69	17.69	\$ 1,143.36	\$ 1,143.36
93453 00	Medicine	31.92	31.92	\$ 2,063.09	\$ 2,063.09
93453 26	Medicine	9.28	9.28	\$ 599.79	\$ 599.79
93453 TC	Medicine	22.64	22.64	\$ 1,463.29	\$ 1,463.29
93454 00	Medicine	24.85	24.85	\$ 1,606.13	\$ 1,606.13
93454 26	Medicine	7.01	7.01	\$ 453.08	\$ 453.08
93454 TC	Medicine	17.84	17.84	\$ 1,153.05	\$ 1,153.05
93455 00	Medicine	28.64	28.64	\$ 1,851.09	\$ 1,851.09
93455 26	Medicine	8.17	8.17	\$ 528.05	\$ 528.05
93455 TC	Medicine	20.47	20.47	\$ 1,323.04	\$ 1,323.04
93456 00	Medicine	31.47	31.47	\$ 2,034.00	\$ 2,034.00
93456 26	Medicine	9.11	9.11	\$ 588.81	\$ 588.81
93456 TC	Medicine	22.36	22.36	\$ 1,445.19	\$ 1,445.19
93457 00	Medicine	35.18	35.18	\$ 2,273.79	\$ 2,273.79
93457 26	Medicine	10.24	10.24	\$ 661.84	\$ 661.84
93457 TC	Medicine	24.94	24.94	\$ 1,611.95	\$ 1,611.95
93458 00	Medicine	29.50	29.50	\$ 1,906.67	\$ 1,906.67
93458 26	Medicine	8.65	8.65	\$ 559.08	\$ 559.08
93458 TC	Medicine	20.85	20.85	\$ 1,347.60	\$ 1,347.60
93459 00	Medicine	32.40	32.40	\$ 2,094.11	\$ 2,094.11
93459 26	Medicine	9.79	9.79	\$ 632.76	\$ 632.76
93459 TC	Medicine	22.61	22.61	\$ 1,461.35	\$ 1,461.35
93460 00	Medicine	35.40	35.40	\$ 2,288.01	\$ 2,288.01
93460 26	Medicine	10.95	10.95	\$ 707.73	\$ 707.73
93460 TC	Medicine	24.45	24.45	\$ 1,580.28	\$ 1,580.28
93461 00	Medicine	40.07	40.07	\$ 2,589.84	\$ 2,589.84
93461 26	Medicine	12.12	12.12	\$ 783.35	\$ 783.35
93461 TC	Medicine	27.95	27.95	\$ 1,806.49	\$ 1,806.49
93462 00	Medicine	6.11	6.11	\$ 394.91	\$ 394.91
93463 00	Medicine	2.82	2.82	\$ 182.27	\$ 182.27
93464 00	Medicine	7.04	7.04	\$ 455.02	\$ 455.02
93464 26	Medicine	2.50	2.50	\$ 161.58	\$ 161.58
93464 TC	Medicine	4.54	4.54	\$ 293.43	\$ 293.43
93503 00	Medicine	2.55	2.55	\$ 303.00	\$ 303.00
93505 00	Medicine	19.95	19.95	\$ 1,289.43	\$ 1,289.43
93505 26	Medicine	6.40	6.40	\$ 480.33	\$ 480.33
93505 TC	Medicine	13.55	13.55	\$ 875.78	\$ 875.78
93530 00	Medicine	22.96	22.96	\$ 1,483.97	\$ 1,483.97
93530 26	Medicine	5.97	5.97	\$ 399.84	\$ 399.84
93530 TC	Medicine	16.99	16.99	\$ 1,098.11	\$ 1,098.11

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93531 00	Medicine	49.56	49.56	\$ 3,203.21	\$ 3,203.21
93531 26	Medicine	12.39	12.39	\$ 800.80	\$ 800.80
93531 TC	Medicine	37.17	37.17	\$ 2,402.41	\$ 2,402.41
93532 00	Medicine	61.88	61.88	\$ 3,999.49	\$ 3,999.49
93532 26	Medicine	15.47	15.47	\$ 999.87	\$ 999.87
93532 TC	Medicine	46.41	46.41	\$ 2,999.62	\$ 2,999.62
93533 00	Medicine	51.65	51.65	\$ 3,338.29	\$ 3,338.29
93533 26	Medicine	10.33	10.33	\$ 667.66	\$ 667.66
93533 TC	Medicine	41.32	41.32	\$ 2,670.64	\$ 2,670.64
93561 00	Medicine	2.43	2.43	\$ 187.43	\$ 187.43
93561 26	Medicine	1.31	1.31	\$ 126.00	\$ 126.00
93561 TC	Medicine	1.12	1.12	\$ 72.39	\$ 72.39
93562 00	Medicine	2.79	2.79	\$ 180.33	\$ 180.33
93562 26	Medicine	1.06	1.06	\$ 68.51	\$ 68.51
93562 TC	Medicine	1.73	1.73	\$ 111.82	\$ 111.82
93563 00	Medicine	1.69	1.69	\$ 109.23	\$ 109.23
93564 00	Medicine	1.79	1.79	\$ 115.69	\$ 115.69
93565 00	Medicine	1.31	1.31	\$ 84.67	\$ 84.67
93566 00	Medicine	4.38	1.35	\$ 283.09	\$ 87.25
93567 00	Medicine	3.71	1.53	\$ 239.79	\$ 98.89
93568 00	Medicine	3.97	1.38	\$ 256.59	\$ 89.19
93571 00	Medicine	6.40	6.40	\$ 413.65	\$ 413.65
93571 26	Medicine	2.24	2.24	\$ 152.83	\$ 152.83
93571 TC	Medicine	4.16	4.16	\$ 268.87	\$ 268.87
93572 00	Medicine	3.85	3.85	\$ 343.13	\$ 343.13
93572 26	Medicine	1.81	1.81	\$ 116.99	\$ 116.99
93572 TC	Medicine	2.04	2.04	\$ 239.44	\$ 239.44
93580 00	Medicine	28.45	28.45	\$ 1,838.81	\$ 1,838.81
93581 00	Medicine	38.77	38.77	\$ 2,505.82	\$ 2,505.82
93582 00	Medicine	19.42	19.42	\$ 1,255.17	\$ 1,255.17
93583 00	Medicine	21.64	21.64	\$ 1,398.66	\$ 1,398.66
93590 00	Medicine	31.20	31.20	\$ 2,016.55	\$ 2,016.55
93591 00	Medicine	25.70	25.70	\$ 1,661.07	\$ 1,661.07
93592 00	Medicine	11.39	11.39	\$ 736.17	\$ 736.17
93600 00	Medicine	5.76	5.76	\$ 406.09	\$ 406.09
93600 26	Medicine	3.45	3.45	\$ 222.98	\$ 222.98
93600 TC	Medicine	2.31	2.31	\$ 213.94	\$ 213.94
93602 00	Medicine	4.69	4.69	\$ 303.13	\$ 303.13
93602 26	Medicine	3.38	3.38	\$ 218.46	\$ 218.46
93602 TC	Medicine	1.31	1.31	\$ 110.15	\$ 110.15
93603 00	Medicine	5.38	5.38	\$ 347.73	\$ 347.73
93603 26	Medicine	3.39	3.39	\$ 219.11	\$ 219.11

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93603 TC	Medicine	1.99	1.99	\$ 172.74	\$ 172.74
93609 00	Medicine	11.25	11.25	\$ 905.89	\$ 905.89
93609 26	Medicine	8.10	8.10	\$ 523.53	\$ 523.53
93609 TC	Medicine	3.15	3.15	\$ 528.88	\$ 528.88
93610 00	Medicine	6.36	6.36	\$ 411.07	\$ 411.07
93610 26	Medicine	4.77	4.77	\$ 308.30	\$ 308.30
93610 TC	Medicine	1.59	1.59	\$ 165.79	\$ 165.79
93612 00	Medicine	6.56	6.56	\$ 423.99	\$ 423.99
93612 26	Medicine	4.72	4.72	\$ 305.07	\$ 305.07
93612 TC	Medicine	1.84	1.84	\$ 181.20	\$ 181.20
93613 00	Medicine	8.63	8.63	\$ 751.87	\$ 751.87
93615 00	Medicine	1.38	1.38	\$ 105.07	\$ 105.07
93615 26	Medicine	1.09	1.09	\$ 70.45	\$ 70.45
93615 TC	Medicine	0.29	0.29	\$ 42.96	\$ 42.96
93616 00	Medicine	2.28	2.28	\$ 181.03	\$ 181.03
93616 26	Medicine	1.71	1.71	\$ 110.52	\$ 110.52
93616 TC	Medicine	0.57	0.57	\$ 86.17	\$ 86.17
93618 00	Medicine	10.72	10.72	\$ 780.94	\$ 780.94
93618 26	Medicine	6.43	6.43	\$ 415.59	\$ 415.59
93618 TC	Medicine	4.29	4.29	\$ 432.95	\$ 432.95
93619 00	Medicine	19.95	19.95	\$ 1,405.69	\$ 1,405.69
93619 26	Medicine	11.37	11.37	\$ 840.65	\$ 840.65
93619 TC	Medicine	8.58	8.58	\$ 565.04	\$ 565.04
93620 00	Medicine	24.37	24.37	\$ 1,874.25	\$ 1,874.25
93620 26	Medicine	18.28	18.28	\$ 1,181.49	\$ 1,181.49
93620 TC	Medicine	6.09	6.09	\$ 718.58	\$ 718.58
93621 00	Medicine	4.52	4.52	\$ 2,068.28	\$ 2,068.28
93621 26	Medicine	3.39	3.39	\$ 1,328.57	\$ 1,328.57
93621 TC	Medicine	1.13	1.13	\$ 739.70	\$ 739.70
93622 00	Medicine	6.69	6.69	\$ 2,068.28	\$ 2,068.28
93622 26	Medicine	5.02	5.02	\$ 1,328.57	\$ 1,328.57
93622 TC	Medicine	1.67	1.67	\$ 739.70	\$ 739.70
93623 00	Medicine	6.15	6.15	\$ 531.10	\$ 531.10
93623 26	Medicine	4.61	4.61	\$ 438.75	\$ 438.75
93623 TC	Medicine	1.54	1.54	\$ 99.53	\$ 99.53
93624 00	Medicine	9.03	9.03	\$ 593.25	\$ 593.25
93624 26	Medicine	7.04	7.04	\$ 464.76	\$ 464.76
93624 TC	Medicine	1.99	1.99	\$ 128.62	\$ 128.62
93631 00	Medicine	15.32	15.32	\$ 1,078.31	\$ 1,078.31
93631 26	Medicine	11.49	11.49	\$ 742.63	\$ 742.63
93631 TC	Medicine	3.83	3.83	\$ 423.44	\$ 423.44
93640 00	Medicine	13.00	13.00	\$ 874.65	\$ 874.65

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93640 26	Medicine	5.20	5.20	\$ 414.74	\$ 414.74
93640 TC	Medicine	7.80	7.80	\$ 504.14	\$ 504.14
93641 00	Medicine	17.17	17.17	\$ 1,124.55	\$ 1,124.55
93641 26	Medicine	9.10	9.10	\$ 697.21	\$ 697.21
93641 TC	Medicine	8.07	8.07	\$ 521.59	\$ 521.59
93642 00	Medicine	9.78	9.78	\$ 968.25	\$ 968.25
93642 26	Medicine	7.46	7.46	\$ 495.97	\$ 495.97
93642 TC	Medicine	2.32	2.32	\$ 472.28	\$ 472.28
93644 00	Medicine	5.65	5.65	\$ 498.83	\$ 498.83
93644 26	Medicine	4.18	4.18	\$ 270.17	\$ 270.17
93644 TC	Medicine	1.47	1.47	\$ 95.01	\$ 95.01
93650 00	Medicine	17.20	17.20	\$ 1,357.27	\$ 1,357.27
93653 00	Medicine	24.36	24.36	\$ 1,574.46	\$ 1,574.46
93654 00	Medicine	32.60	32.60	\$ 2,107.04	\$ 2,107.04
93655 00	Medicine	12.40	12.40	\$ 801.45	\$ 801.45
93656 00	Medicine	32.70	32.70	\$ 2,113.50	\$ 2,113.50
93657 00	Medicine	12.38	12.38	\$ 800.16	\$ 800.16
93660 00	Medicine	4.51	4.51	\$ 382.33	\$ 382.33
93660 26	Medicine	2.67	2.67	\$ 187.43	\$ 187.43
93660 TC	Medicine	1.84	1.84	\$ 194.90	\$ 194.90
93662 00	Medicine	5.43	5.43	\$ 392.73	\$ 392.73
93662 26	Medicine	4.07	4.07	\$ 263.06	\$ 263.06
93662 TC	Medicine	1.36	1.36	\$ 166.72	\$ 166.72
93668 00	Medicine	0.50	0.50	\$ 32.32	\$ 32.32
93701 00	Medicine	0.71	0.71	\$ 52.22	\$ 52.22
93702 00	Medicine	3.57	3.57	\$ 230.74	\$ 230.74
93724 00	Medicine	7.89	7.89	\$ 627.86	\$ 627.86
93724 26	Medicine	6.95	6.95	\$ 449.20	\$ 449.20
93724 TC	Medicine	0.94	0.94	\$ 218.75	\$ 218.75
93740 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93745 00	Medicine	2.77	2.77	\$ 179.03	\$ 179.03
93745 26	Medicine	1.80	1.80	\$ 116.34	\$ 116.34
93745 TC	Medicine	0.97	0.97	\$ 62.69	\$ 62.69
93750 00	Medicine	1.58	1.32	\$ 102.12	\$ 85.32
93770 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93784 00	Medicine	1.51	1.51	\$ 229.71	\$ 229.71
93786 00	Medicine	0.83	0.83	\$ 56.20	\$ 56.20
93788 00	Medicine	0.15	0.15	\$ 74.25	\$ 74.25
93790 00	Medicine	0.53	0.53	\$ 91.88	\$ 91.88
93792 00	Medicine	1.48	1.48	\$ 95.66	\$ 95.66
93793 00	Medicine	0.34	0.34	\$ 21.98	\$ 21.98
93797 00	Medicine	0.46	0.25	\$ 43.10	\$ 19.92

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93798 00	Medicine	0.72	0.40	\$ 47.25	\$ 26.15
93799 00	Medicine	-	-	BR	BR
93799 26	Medicine	-	-	BR	BR
93799 TC	Medicine	-	-	BR	BR
93880 00	Medicine	5.70	5.70	\$ 368.41	\$ 368.41
93880 26	Medicine	1.14	1.14	\$ 73.68	\$ 73.68
93880 TC	Medicine	4.56	4.56	\$ 294.73	\$ 294.73
93882 00	Medicine	3.64	3.64	\$ 235.26	\$ 235.26
93882 26	Medicine	0.71	0.71	\$ 51.86	\$ 51.86
93882 TC	Medicine	2.93	2.93	\$ 189.37	\$ 189.37
93886 00	Medicine	7.67	7.67	\$ 495.74	\$ 495.74
93886 26	Medicine	1.34	1.34	\$ 86.61	\$ 86.61
93886 TC	Medicine	6.33	6.33	\$ 409.13	\$ 409.13
93888 00	Medicine	4.47	4.47	\$ 288.91	\$ 288.91
93888 26	Medicine	0.74	0.74	\$ 54.71	\$ 54.71
93888 TC	Medicine	3.73	3.73	\$ 241.08	\$ 241.08
93890 00	Medicine	7.82	7.82	\$ 505.43	\$ 505.43
93890 26	Medicine	1.46	1.46	\$ 94.36	\$ 94.36
93890 TC	Medicine	6.36	6.36	\$ 411.07	\$ 411.07
93892 00	Medicine	8.81	8.81	\$ 569.42	\$ 569.42
93892 26	Medicine	1.71	1.71	\$ 110.52	\$ 110.52
93892 TC	Medicine	7.10	7.10	\$ 458.89	\$ 458.89
93893 00	Medicine	9.81	9.81	\$ 634.05	\$ 634.05
93893 26	Medicine	1.71	1.71	\$ 110.52	\$ 110.52
93893 TC	Medicine	8.10	8.10	\$ 523.53	\$ 523.53
93895 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
93895 26	Medicine	-	-	BR	BR
93895 TC	Medicine	-	-	BR	BR
93922 00	Medicine	2.44	2.44	\$ 157.70	\$ 157.70
93922 26	Medicine	0.36	0.36	\$ 60.37	\$ 60.37
93922 TC	Medicine	2.08	2.08	\$ 134.44	\$ 134.44
93923 00	Medicine	3.78	3.78	\$ 244.31	\$ 244.31
93923 26	Medicine	0.63	0.63	\$ 91.84	\$ 91.84
93923 TC	Medicine	3.15	3.15	\$ 203.59	\$ 203.59
93924 00	Medicine	4.67	4.67	\$ 301.84	\$ 301.84
93924 26	Medicine	0.70	0.70	\$ 97.64	\$ 97.64
93924 TC	Medicine	3.97	3.97	\$ 256.59	\$ 256.59
93925 00	Medicine	7.25	7.25	\$ 468.59	\$ 468.59
93925 26	Medicine	1.12	1.12	\$ 79.04	\$ 79.04
93925 TC	Medicine	6.13	6.13	\$ 396.20	\$ 396.20
93926 00	Medicine	4.26	4.26	\$ 275.34	\$ 275.34
93926 26	Medicine	0.69	0.69	\$ 49.49	\$ 49.49

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIAN' FEE SCHEDULE

MEDICINE CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93926 TC	Medicine	3.57	3.57	\$ 230.74	\$ 230.74
93930 00	Medicine	5.82	5.82	\$ 376.16	\$ 376.16
93930 26	Medicine	1.13	1.13	\$ 73.04	\$ 73.04
93930 TC	Medicine	4.69	4.69	\$ 303.13	\$ 303.13
93931 00	Medicine	3.63	3.63	\$ 234.62	\$ 234.62
93931 26	Medicine	0.70	0.70	\$ 45.24	\$ 45.24
93931 TC	Medicine	2.93	2.93	\$ 189.37	\$ 189.37
93970 00	Medicine	5.52	5.52	\$ 356.77	\$ 356.77
93970 26	Medicine	0.98	0.98	\$ 74.81	\$ 74.81
93970 TC	Medicine	4.54	4.54	\$ 293.43	\$ 293.43
93971 00	Medicine	3.42	3.42	\$ 221.04	\$ 221.04
93971 26	Medicine	0.64	0.64	\$ 41.37	\$ 41.37
93971 TC	Medicine	2.78	2.78	\$ 179.68	\$ 179.68
93975 00	Medicine	7.88	7.88	\$ 509.31	\$ 509.31
93975 26	Medicine	1.64	1.64	\$ 120.85	\$ 120.85
93975 TC	Medicine	6.24	6.24	\$ 403.31	\$ 403.31
93976 00	Medicine	4.64	4.64	\$ 299.90	\$ 299.90
93976 26	Medicine	1.13	1.13	\$ 78.13	\$ 78.13
93976 TC	Medicine	3.51	3.51	\$ 226.86	\$ 226.86
93978 00	Medicine	5.34	5.34	\$ 345.14	\$ 345.14
93978 26	Medicine	1.12	1.12	\$ 72.39	\$ 72.39
93978 TC	Medicine	4.22	4.22	\$ 272.75	\$ 272.75
93979 00	Medicine	3.40	3.40	\$ 219.75	\$ 219.75
93979 26	Medicine	0.70	0.70	\$ 45.24	\$ 45.24
93979 TC	Medicine	2.70	2.70	\$ 174.51	\$ 174.51
93980 00	Medicine	3.53	3.53	\$ 287.50	\$ 287.50
93980 26	Medicine	1.76	1.76	\$ 123.05	\$ 123.05
93980 TC	Medicine	1.77	1.77	\$ 164.45	\$ 164.45
93981 00	Medicine	2.15	2.15	\$ 206.39	\$ 206.39
93981 26	Medicine	0.62	0.62	\$ 67.70	\$ 67.70
93981 TC	Medicine	1.53	1.53	\$ 138.68	\$ 138.68
93990 00	Medicine	4.42	4.42	\$ 285.68	\$ 285.68
93990 26	Medicine	0.70	0.70	\$ 45.24	\$ 45.24
93990 TC	Medicine	3.72	3.72	\$ 240.43	\$ 240.43
93998 00	Medicine	-	-	BR	BR
94002 00	Medicine	2.64	2.64	\$ 170.63	\$ 170.63
94003 00	Medicine	1.89	1.89	\$ 122.16	\$ 122.16
94004 00	Medicine	1.40	1.40	\$ 90.49	\$ 90.49
94005 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94010 00	Medicine	1.00	1.00	\$ 64.63	\$ 64.63
94010 26	Medicine	0.24	0.24	\$ 31.40	\$ 31.40
94010 TC	Medicine	0.76	0.76	\$ 49.12	\$ 49.12

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
94011 00	Medicine	2.48	2.48	\$ 160.29	\$ 160.29
94012 00	Medicine	4.02	4.02	\$ 259.82	\$ 259.82
94013 00	Medicine	0.55	0.55	\$ 35.55	\$ 35.55
94014 00	Medicine	1.58	1.58	\$ 102.12	\$ 102.12
94015 00	Medicine	0.86	0.86	\$ 55.58	\$ 55.58
94016 00	Medicine	0.72	0.72	\$ 46.54	\$ 46.54
94060 00	Medicine	1.68	1.68	\$ 108.58	\$ 108.58
94060 26	Medicine	0.37	0.37	\$ 39.00	\$ 39.00
94060 TC	Medicine	1.31	1.31	\$ 84.67	\$ 84.67
94070 00	Medicine	1.69	1.69	\$ 176.78	\$ 176.78
94070 26	Medicine	0.82	0.82	\$ 53.00	\$ 53.00
94070 TC	Medicine	0.87	0.87	\$ 137.34	\$ 137.34
94150 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 26	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 TC	Medicine	0.00	0.00	Bundled Code	Bundled Code
94200 00	Medicine	0.78	0.78	\$ 50.41	\$ 50.41
94200 26	Medicine	0.16	0.16	\$ 16.58	\$ 16.58
94200 TC	Medicine	0.62	0.62	\$ 40.07	\$ 40.07
94250 00	Medicine	0.78	0.78	\$ 50.41	\$ 50.41
94250 26	Medicine	0.16	0.16	\$ 10.34	\$ 10.34
94250 TC	Medicine	0.62	0.62	\$ 40.07	\$ 40.07
94375 00	Medicine	1.12	1.12	\$ 77.90	\$ 77.90
94375 26	Medicine	0.42	0.42	\$ 28.48	\$ 28.48
94375 TC	Medicine	0.70	0.70	\$ 49.42	\$ 49.42
94400 00	Medicine	1.61	1.61	\$ 117.19	\$ 117.19
94400 26	Medicine	0.56	0.56	\$ 57.42	\$ 57.42
94400 TC	Medicine	1.05	1.05	\$ 67.86	\$ 67.86
94450 00	Medicine	2.06	2.06	\$ 133.14	\$ 133.14
94450 26	Medicine	0.57	0.57	\$ 48.05	\$ 48.05
94450 TC	Medicine	1.49	1.49	\$ 96.30	\$ 96.30
94452 00	Medicine	1.55	1.55	\$ 100.18	\$ 100.18
94452 26	Medicine	0.41	0.41	\$ 26.50	\$ 26.50
94452 TC	Medicine	1.14	1.14	\$ 73.68	\$ 73.68
94453 00	Medicine	2.14	2.14	\$ 138.31	\$ 138.31
94453 26	Medicine	0.54	0.54	\$ 34.90	\$ 34.90
94453 TC	Medicine	1.60	1.60	\$ 103.41	\$ 103.41
94610 00	Medicine	1.59	1.59	\$ 102.77	\$ 102.77
94617 00	Medicine	2.66	2.66	\$ 171.92	\$ 171.92
94617 26	Medicine	0.95	0.95	\$ 61.40	\$ 61.40
94617 TC	Medicine	1.71	1.71	\$ 110.52	\$ 110.52
94618 00	Medicine	0.96	0.96	\$ 62.05	\$ 62.05
94618 26	Medicine	0.65	0.65	\$ 42.01	\$ 42.01

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
94618 TC	Medicine	0.31	0.31	\$ 20.04	\$ 20.04
94621 00	Medicine	4.54	4.54	\$ 293.43	\$ 293.43
94621 26	Medicine	1.96	1.96	\$ 126.68	\$ 126.68
94621 TC	Medicine	2.58	2.58	\$ 166.75	\$ 166.75
94640 00	Medicine	0.51	0.51	\$ 32.96	\$ 32.96
94642 00	Medicine	1.27	1.27	\$ 82.08	\$ 82.08
94644 00	Medicine	1.40	1.40	\$ 90.49	\$ 90.49
94645 00	Medicine	0.47	0.47	\$ 30.38	\$ 30.38
94660 00	Medicine	1.81	1.09	\$ 116.99	\$ 70.45
94662 00	Medicine	1.03	1.03	\$ 66.57	\$ 66.57
94664 00	Medicine	0.48	0.48	\$ 36.33	\$ 36.33
94667 00	Medicine	0.71	0.71	\$ 45.89	\$ 45.89
94668 00	Medicine	0.92	0.92	\$ 59.46	\$ 59.46
94669 00	Medicine	0.90	0.90	\$ 58.17	\$ 58.17
94680 00	Medicine	1.57	1.57	\$ 113.67	\$ 113.67
94680 26	Medicine	0.36	0.36	\$ 41.02	\$ 41.02
94680 TC	Medicine	1.21	1.21	\$ 78.21	\$ 78.21
94681 00	Medicine	1.55	1.55	\$ 249.61	\$ 249.61
94681 26	Medicine	0.29	0.29	\$ 60.94	\$ 60.94
94681 TC	Medicine	1.26	1.26	\$ 188.67	\$ 188.67
94690 00	Medicine	1.49	1.49	\$ 145.01	\$ 145.01
94690 26	Medicine	0.11	0.11	\$ 30.89	\$ 30.89
94690 TC	Medicine	1.38	1.38	\$ 114.13	\$ 114.13
94726 00	Medicine	1.52	1.52	\$ 98.24	\$ 98.24
94726 26	Medicine	0.35	0.35	\$ 22.62	\$ 22.62
94726 TC	Medicine	1.17	1.17	\$ 75.62	\$ 75.62
94727 00	Medicine	1.23	1.23	\$ 79.50	\$ 79.50
94727 26	Medicine	0.35	0.35	\$ 22.62	\$ 22.62
94727 TC	Medicine	0.88	0.88	\$ 57.63	\$ 57.63
94728 00	Medicine	1.15	1.15	\$ 74.33	\$ 74.33
94728 26	Medicine	0.36	0.36	\$ 23.27	\$ 23.27
94728 TC	Medicine	0.79	0.79	\$ 57.29	\$ 57.29
94729 00	Medicine	1.56	1.56	\$ 100.83	\$ 100.83
94729 26	Medicine	0.26	0.26	\$ 16.80	\$ 16.80
94729 TC	Medicine	1.30	1.30	\$ 84.02	\$ 84.02
94750 00	Medicine	2.40	2.40	\$ 155.12	\$ 155.12
94750 26	Medicine	0.31	0.31	\$ 34.32	\$ 34.32
94750 TC	Medicine	2.09	2.09	\$ 135.08	\$ 135.08
94760 00	Medicine	0.07	0.07	\$ 39.85	\$ 39.85
94761 00	Medicine	0.12	0.12	\$ 46.88	\$ 46.88
94762 00	Medicine	0.71	0.71	\$ 54.52	\$ 54.52
94770 00	Medicine	0.21	0.21	\$ 52.04	\$ 52.04

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
94772 00	Medicine	8.15	8.15	\$ 526.76	\$ 526.76
94772 26	Medicine	3.26	3.26	\$ 210.70	\$ 210.70
94772 TC	Medicine	4.89	4.89	\$ 316.06	\$ 316.06
94774 00	Medicine	8.41	8.41	\$ 543.56	\$ 543.56
94775 00	Medicine	1.33	1.33	\$ 85.96	\$ 85.96
94776 00	Medicine	6.29	6.29	\$ 406.54	\$ 406.54
94777 00	Medicine	0.79	0.79	\$ 51.06	\$ 51.06
94780 00	Medicine	1.45	0.68	\$ 93.72	\$ 43.95
94781 00	Medicine	0.57	0.24	\$ 36.84	\$ 15.51
94799 00	Medicine	-	-	BR	BR
94799 26	Medicine	-	-	BR	BR
94799 TC	Medicine	-	-	BR	BR
95004 00	Medicine	0.12	0.12	\$ 8.42	\$ 8.42
95012 00	Medicine	0.57	0.57	\$ 36.84	\$ 36.84
95017 00	Medicine	0.23	0.11	\$ 14.87	\$ 7.11
95018 00	Medicine	0.61	0.21	\$ 39.43	\$ 13.57
95024 00	Medicine	0.23	0.03	\$ 14.87	\$ 1.94
95027 00	Medicine	0.13	0.13	\$ 14.06	\$ 14.06
95028 00	Medicine	0.37	0.37	\$ 23.91	\$ 23.91
95044 00	Medicine	0.16	0.16	\$ 10.34	\$ 10.34
95052 00	Medicine	0.19	0.19	\$ 12.28	\$ 12.28
95056 00	Medicine	1.31	1.31	\$ 84.67	\$ 84.67
95060 00	Medicine	0.99	0.99	\$ 63.99	\$ 63.99
95065 00	Medicine	0.74	0.74	\$ 47.83	\$ 47.83
95070 00	Medicine	0.90	0.90	\$ 118.34	\$ 118.34
95071 00	Medicine	1.05	1.05	\$ 138.80	\$ 138.80
95076 00	Medicine	3.43	2.15	\$ 221.69	\$ 138.96
95079 00	Medicine	2.42	1.97	\$ 156.41	\$ 127.33
95115 00	Medicine	0.26	0.26	\$ 16.80	\$ 16.80
95117 00	Medicine	0.30	0.30	\$ 21.03	\$ 21.03
95120 00	Medicine	0.31	0.31	\$ 20.04	\$ 20.04
95125 00	Medicine	0.38	0.38	\$ 28.12	\$ 28.12
95130 00	Medicine	0.53	0.53	\$ 34.26	\$ 34.26
95131 00	Medicine	0.67	0.67	\$ 43.73	\$ 43.73
95132 00	Medicine	0.81	0.81	\$ 52.35	\$ 52.35
95133 00	Medicine	0.98	0.98	\$ 63.34	\$ 63.34
95134 00	Medicine	1.18	1.18	\$ 76.27	\$ 76.27
95144 00	Medicine	0.41	0.09	\$ 26.50	\$ 5.82
95145 00	Medicine	0.81	0.09	\$ 52.35	\$ 5.82
95146 00	Medicine	1.50	0.09	\$ 96.95	\$ 5.82
95147 00	Medicine	1.55	0.09	\$ 100.18	\$ 5.82
95148 00	Medicine	2.23	0.09	\$ 144.13	\$ 5.82

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95149 00	Medicine	2.97	0.09	\$ 191.96	\$ 5.82
95165 00	Medicine	0.40	0.09	\$ 25.85	\$ 5.82
95170 00	Medicine	0.30	0.09	\$ 19.39	\$ 5.82
95180 00	Medicine	3.92	2.96	\$ 253.36	\$ 191.31
95199 00	Medicine	-	-	BR	BR
95249 00	Medicine	1.56	1.56	\$ 100.83	\$ 100.83
95250 00	Medicine	4.26	4.26	\$ 275.34	\$ 275.34
95251 00	Medicine	1.01	1.01	\$ 65.28	\$ 65.28
95782 00	Medicine	25.65	25.65	\$ 1,657.84	\$ 1,657.84
95782 26	Medicine	3.58	3.58	\$ 231.39	\$ 231.39
95782 TC	Medicine	22.07	22.07	\$ 1,426.45	\$ 1,426.45
95783 00	Medicine	27.31	27.31	\$ 1,765.13	\$ 1,765.13
95783 26	Medicine	3.90	3.90	\$ 252.07	\$ 252.07
95783 TC	Medicine	23.41	23.41	\$ 1,513.06	\$ 1,513.06
95800 00	Medicine	4.79	4.79	\$ 1,331.55	\$ 1,331.55
95800 26	Medicine	1.20	1.20	\$ 87.09	\$ 87.09
95800 TC	Medicine	3.59	3.59	\$ 1,244.46	\$ 1,244.46
95801 00	Medicine	2.57	2.57	\$ 2,163.96	\$ 2,163.96
95801 26	Medicine	1.19	1.19	\$ 76.91	\$ 76.91
95801 TC	Medicine	1.38	1.38	\$ 2,090.09	\$ 2,090.09
95803 00	Medicine	4.06	4.06	\$ 262.41	\$ 262.41
95803 26	Medicine	1.25	1.25	\$ 80.79	\$ 80.79
95803 TC	Medicine	2.81	2.81	\$ 181.62	\$ 181.62
95805 00	Medicine	11.87	11.87	\$ 767.19	\$ 767.19
95805 26	Medicine	1.68	1.68	\$ 116.34	\$ 116.34
95805 TC	Medicine	10.19	10.19	\$ 658.61	\$ 658.61
95806 00	Medicine	3.90	3.90	\$ 422.18	\$ 422.18
95806 26	Medicine	1.41	1.41	\$ 187.43	\$ 187.43
95806 TC	Medicine	2.49	2.49	\$ 234.76	\$ 234.76
95807 00	Medicine	12.15	12.15	\$ 785.29	\$ 785.29
95807 26	Medicine	1.76	1.76	\$ 167.91	\$ 167.91
95807 TC	Medicine	10.39	10.39	\$ 671.54	\$ 671.54
95808 00	Medicine	18.96	18.96	\$ 1,225.44	\$ 1,225.44
95808 26	Medicine	2.50	2.50	\$ 194.29	\$ 194.29
95808 TC	Medicine	16.46	16.46	\$ 1,063.86	\$ 1,063.86
95810 00	Medicine	17.35	17.35	\$ 1,121.38	\$ 1,121.38
95810 26	Medicine	3.45	3.45	\$ 321.99	\$ 321.99
95810 TC	Medicine	13.90	13.90	\$ 898.40	\$ 898.40
95811 00	Medicine	18.19	18.19	\$ 1,175.67	\$ 1,175.67
95811 26	Medicine	3.58	3.58	\$ 340.20	\$ 340.20
95811 TC	Medicine	14.61	14.61	\$ 944.29	\$ 944.29
95812 00	Medicine	9.19	9.19	\$ 593.98	\$ 593.98

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95812 26	Medicine	1.65	1.65	\$ 106.64	\$ 106.64
95812 TC	Medicine	7.54	7.54	\$ 487.33	\$ 487.33
95813 00	Medicine	11.42	11.42	\$ 738.11	\$ 738.11
95813 26	Medicine	2.48	2.48	\$ 160.29	\$ 160.29
95813 TC	Medicine	8.94	8.94	\$ 577.82	\$ 577.82
95816 00	Medicine	10.27	10.27	\$ 663.78	\$ 663.78
95816 26	Medicine	1.65	1.65	\$ 106.64	\$ 106.64
95816 TC	Medicine	8.62	8.62	\$ 557.14	\$ 557.14
95819 00	Medicine	12.08	12.08	\$ 780.77	\$ 780.77
95819 26	Medicine	1.65	1.65	\$ 106.64	\$ 106.64
95819 TC	Medicine	10.43	10.43	\$ 674.12	\$ 674.12
95822 00	Medicine	10.90	10.90	\$ 704.50	\$ 704.50
95822 26	Medicine	1.66	1.66	\$ 107.29	\$ 107.29
95822 TC	Medicine	9.24	9.24	\$ 597.21	\$ 597.21
95824 00	Medicine	2.90	2.90	\$ 187.44	\$ 187.44
95824 26	Medicine	1.13	1.13	\$ 73.04	\$ 73.04
95824 TC	Medicine	1.77	1.77	\$ 114.40	\$ 114.40
95827 00	Medicine	17.20	17.20	\$ 1,111.69	\$ 1,111.69
95827 26	Medicine	1.61	1.61	\$ 104.06	\$ 104.06
95827 TC	Medicine	15.59	15.59	\$ 1,007.63	\$ 1,007.63
95829 00	Medicine	53.66	53.66	\$ 3,468.21	\$ 3,468.21
95829 26	Medicine	9.69	9.69	\$ 626.29	\$ 626.29
95829 TC	Medicine	43.97	43.97	\$ 2,841.91	\$ 2,841.91
95830 00	Medicine	10.97	2.64	\$ 709.02	\$ 170.63
95831 00	Medicine	0.92	0.42	\$ 59.46	\$ 27.15
95832 00	Medicine	0.91	0.46	\$ 58.82	\$ 29.73
95833 00	Medicine	1.20	0.63	\$ 82.50	\$ 42.55
95834 00	Medicine	1.57	0.89	\$ 101.47	\$ 57.52
95836 00	Medicine	3.14	3.14	\$ 202.95	\$ 202.95
95851 00	Medicine	0.59	0.22	\$ 38.13	\$ 14.22
95852 00	Medicine	0.53	0.17	\$ 34.26	\$ 10.99
95857 00	Medicine	1.54	0.85	\$ 99.53	\$ 54.94
95860 00	Medicine	3.43	3.43	\$ 221.69	\$ 221.69
95860 26	Medicine	1.47	1.47	\$ 102.59	\$ 102.59
95860 TC	Medicine	1.96	1.96	\$ 126.68	\$ 126.68
95861 00	Medicine	4.90	4.90	\$ 316.70	\$ 316.70
95861 26	Medicine	2.36	2.36	\$ 152.53	\$ 152.53
95861 TC	Medicine	2.54	2.54	\$ 164.17	\$ 164.17
95863 00	Medicine	6.15	6.15	\$ 397.49	\$ 397.49
95863 26	Medicine	2.85	2.85	\$ 184.20	\$ 184.20
95863 TC	Medicine	3.30	3.30	\$ 213.29	\$ 213.29
95864 00	Medicine	7.07	7.07	\$ 456.96	\$ 456.96

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95864 26	Medicine	3.05	3.05	\$ 197.13	\$ 197.13
95864 TC	Medicine	4.02	4.02	\$ 259.82	\$ 259.82
95865 00	Medicine	4.25	4.25	\$ 274.69	\$ 274.69
95865 26	Medicine	2.38	2.38	\$ 153.83	\$ 153.83
95865 TC	Medicine	1.87	1.87	\$ 120.86	\$ 120.86
95866 00	Medicine	3.90	3.90	\$ 252.07	\$ 252.07
95866 26	Medicine	1.94	1.94	\$ 125.39	\$ 125.39
95866 TC	Medicine	1.96	1.96	\$ 126.68	\$ 126.68
95867 00	Medicine	3.00	3.00	\$ 193.90	\$ 193.90
95867 26	Medicine	1.21	1.21	\$ 86.47	\$ 86.47
95867 TC	Medicine	1.79	1.79	\$ 115.69	\$ 115.69
95868 00	Medicine	3.93	3.93	\$ 254.01	\$ 254.01
95868 26	Medicine	1.81	1.81	\$ 116.99	\$ 116.99
95868 TC	Medicine	2.12	2.12	\$ 137.02	\$ 137.02
95869 00	Medicine	2.67	2.67	\$ 172.57	\$ 172.57
95869 26	Medicine	0.57	0.57	\$ 51.40	\$ 51.40
95869 TC	Medicine	2.10	2.10	\$ 135.73	\$ 135.73
95870 00	Medicine	2.58	2.58	\$ 166.75	\$ 166.75
95870 26	Medicine	0.57	0.57	\$ 39.64	\$ 39.64
95870 TC	Medicine	2.01	2.01	\$ 129.91	\$ 129.91
95872 00	Medicine	5.64	5.64	\$ 364.53	\$ 364.53
95872 26	Medicine	4.41	4.41	\$ 285.03	\$ 285.03
95872 TC	Medicine	1.23	1.23	\$ 79.50	\$ 79.50
95873 00	Medicine	2.13	2.13	\$ 137.67	\$ 137.67
95873 26	Medicine	0.57	0.57	\$ 36.84	\$ 36.84
95873 TC	Medicine	1.56	1.56	\$ 100.83	\$ 100.83
95874 00	Medicine	2.18	2.18	\$ 140.90	\$ 140.90
95874 26	Medicine	0.57	0.57	\$ 36.84	\$ 36.84
95874 TC	Medicine	1.61	1.61	\$ 104.06	\$ 104.06
95875 00	Medicine	3.75	3.75	\$ 242.37	\$ 242.37
95875 26	Medicine	1.69	1.69	\$ 109.23	\$ 109.23
95875 TC	Medicine	2.06	2.06	\$ 133.14	\$ 133.14
95885 00	Medicine	1.73	1.73	\$ 111.82	\$ 111.82
95885 26	Medicine	0.54	0.54	\$ 34.90	\$ 34.90
95885 TC	Medicine	1.19	1.19	\$ 76.91	\$ 76.91
95886 00	Medicine	2.68	2.68	\$ 173.22	\$ 173.22
95886 26	Medicine	1.32	1.32	\$ 85.32	\$ 85.32
95886 TC	Medicine	1.36	1.36	\$ 87.90	\$ 87.90
95887 00	Medicine	2.33	2.33	\$ 150.59	\$ 150.59
95887 26	Medicine	1.08	1.08	\$ 69.80	\$ 69.80
95887 TC	Medicine	1.25	1.25	\$ 80.79	\$ 80.79
95905 00	Medicine	1.80	1.80	\$ 116.34	\$ 116.34

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIAN' FEE SCHEDULE

MEDICINE CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95905 26	Medicine	0.08	0.08	\$ 15.17	\$ 5.17
95905 TC	Medicine	1.72	1.72	\$ 111.17	\$ 111.17
95907 00	Medicine	2.72	2.72	\$ 175.80	\$ 175.80
95907 26	Medicine	1.53	1.53	\$ 98.89	\$ 98.89
95907 TC	Medicine	1.19	1.19	\$ 76.91	\$ 76.91
95908 00	Medicine	3.52	3.52	\$ 227.51	\$ 227.51
95908 26	Medicine	1.93	1.93	\$ 124.74	\$ 124.74
95908 TC	Medicine	1.59	1.59	\$ 102.77	\$ 102.77
95909 00	Medicine	4.20	4.20	\$ 271.46	\$ 271.46
95909 26	Medicine	2.30	2.30	\$ 148.66	\$ 148.66
95909 TC	Medicine	1.90	1.90	\$ 122.80	\$ 122.80
95910 00	Medicine	5.51	5.51	\$ 356.13	\$ 356.13
95910 26	Medicine	3.07	3.07	\$ 198.42	\$ 198.42
95910 TC	Medicine	2.44	2.44	\$ 157.70	\$ 157.70
95911 00	Medicine	6.62	6.62	\$ 427.87	\$ 427.87
95911 26	Medicine	3.83	3.83	\$ 247.54	\$ 247.54
95911 TC	Medicine	2.79	2.79	\$ 180.33	\$ 180.33
95912 00	Medicine	7.44	7.44	\$ 480.87	\$ 480.87
95912 26	Medicine	4.56	4.56	\$ 294.73	\$ 294.73
95912 TC	Medicine	2.88	2.88	\$ 186.14	\$ 186.14
95913 00	Medicine	8.59	8.59	\$ 555.20	\$ 555.20
95913 26	Medicine	5.40	5.40	\$ 349.02	\$ 349.02
95913 TC	Medicine	3.19	3.19	\$ 206.18	\$ 206.18
95921 00	Medicine	2.36	2.36	\$ 152.53	\$ 152.53
95921 26	Medicine	1.29	1.29	\$ 83.38	\$ 83.38
95921 TC	Medicine	1.07	1.07	\$ 69.16	\$ 69.16
95922 00	Medicine	2.70	2.70	\$ 174.51	\$ 174.51
95922 26	Medicine	1.37	1.37	\$ 88.55	\$ 88.55
95922 TC	Medicine	1.33	1.33	\$ 85.96	\$ 85.96
95923 00	Medicine	3.64	3.64	\$ 253.70	\$ 253.70
95923 26	Medicine	1.31	1.31	\$ 84.67	\$ 84.67
95923 TC	Medicine	2.33	2.33	\$ 186.77	\$ 186.77
95924 00	Medicine	4.25	4.25	\$ 274.69	\$ 274.69
95924 26	Medicine	2.54	2.54	\$ 164.17	\$ 164.17
95924 TC	Medicine	1.71	1.71	\$ 110.52	\$ 110.52
95925 00	Medicine	3.73	3.73	\$ 241.08	\$ 241.08
95925 26	Medicine	0.79	0.79	\$ 51.06	\$ 51.06
95925 TC	Medicine	2.94	2.94	\$ 190.02	\$ 190.02
95926 00	Medicine	3.61	3.61	\$ 233.33	\$ 233.33
95926 26	Medicine	0.78	0.78	\$ 50.41	\$ 50.41
95926 TC	Medicine	2.83	2.83	\$ 182.91	\$ 182.91
95927 00	Medicine	3.74	3.74	\$ 241.73	\$ 241.73

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MEDICINE CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95927 26	Medicine	0.78	0.78	\$ 50.41	\$ 50.41
95927 TC	Medicine	2.96	2.96	\$ 191.31	\$ 191.31
95928 00	Medicine	6.20	6.20	\$ 400.72	\$ 400.72
95928 26	Medicine	2.27	2.27	\$ 146.72	\$ 146.72
95928 TC	Medicine	3.93	3.93	\$ 254.01	\$ 254.01
95929 00	Medicine	6.35	6.35	\$ 410.42	\$ 410.42
95929 26	Medicine	2.28	2.28	\$ 147.36	\$ 147.36
95929 TC	Medicine	4.07	4.07	\$ 263.06	\$ 263.06
95930 00	Medicine	1.94	1.94	\$ 208.04	\$ 208.04
95930 26	Medicine	0.54	0.54	\$ 36.51	\$ 36.51
95930 TC	Medicine	1.40	1.40	\$ 171.53	\$ 171.53
95933 00	Medicine	2.30	2.30	\$ 148.66	\$ 148.66
95933 26	Medicine	0.90	0.90	\$ 58.17	\$ 58.17
95933 TC	Medicine	1.40	1.40	\$ 90.49	\$ 90.49
95937 00	Medicine	2.48	2.48	\$ 160.29	\$ 160.29
95937 26	Medicine	0.98	0.98	\$ 63.34	\$ 63.34
95937 TC	Medicine	1.50	1.50	\$ 96.95	\$ 96.95
95938 00	Medicine	9.79	9.79	\$ 632.76	\$ 632.76
95938 26	Medicine	1.32	1.32	\$ 85.32	\$ 85.32
95938 TC	Medicine	8.47	8.47	\$ 547.44	\$ 547.44
95939 00	Medicine	14.55	14.55	\$ 940.41	\$ 940.41
95939 26	Medicine	3.42	3.42	\$ 221.04	\$ 221.04
95939 TC	Medicine	11.13	11.13	\$ 719.37	\$ 719.37
95940 00	Medicine	0.93	0.93	\$ 60.11	\$ 60.11
95941 00	Medicine	0.00	0.00	\$ 0.00	\$ 0.00
95943 00	Medicine	4.10	4.10	\$ 265.00	\$ 265.00
95943 26	Medicine	2.46	2.46	\$ 159.00	\$ 159.00
95943 TC	Medicine	1.64	1.64	\$ 106.00	\$ 106.00
95950 00	Medicine	8.27	8.27	\$ 534.51	\$ 534.51
95950 26	Medicine	2.24	2.24	\$ 154.07	\$ 154.07
95950 TC	Medicine	6.03	6.03	\$ 389.74	\$ 389.74
95951 00	Medicine	22.85	22.85	\$ 1,476.86	\$ 1,476.86
95951 26	Medicine	9.14	9.14	\$ 590.75	\$ 590.75
95951 TC	Medicine	13.71	13.71	\$ 886.12	\$ 886.12
95953 00	Medicine	12.56	12.56	\$ 811.79	\$ 811.79
95953 26	Medicine	4.68	4.68	\$ 302.48	\$ 302.48
95953 TC	Medicine	7.88	7.88	\$ 509.31	\$ 509.31
95954 00	Medicine	11.32	11.32	\$ 731.65	\$ 731.65
95954 26	Medicine	3.30	3.30	\$ 230.14	\$ 230.14
95954 TC	Medicine	8.02	8.02	\$ 518.36	\$ 518.36
95955 00	Medicine	5.95	5.95	\$ 384.57	\$ 384.57
95955 26	Medicine	1.55	1.55	\$ 100.18	\$ 100.18

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MEDICINE CODES 2019-2020
All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95955 TC	Medicine	4.40	4.40	\$ 284.39	\$ 284.39
95956 00	Medicine	41.21	41.21	\$ 2,663.53	\$ 2,663.53
95956 26	Medicine	5.43	5.43	\$ 350.96	\$ 350.96
95956 TC	Medicine	35.78	35.78	\$ 2,312.57	\$ 2,312.57
95957 00	Medicine	7.62	7.62	\$ 525.56	\$ 525.56
95957 26	Medicine	2.95	2.95	\$ 190.67	\$ 190.67
95957 TC	Medicine	4.67	4.67	\$ 385.69	\$ 385.69
95958 00	Medicine	16.34	16.34	\$ 1,056.10	\$ 1,056.10
95958 26	Medicine	6.48	6.48	\$ 418.82	\$ 418.82
95958 TC	Medicine	9.86	9.86	\$ 637.28	\$ 637.28
95961 00	Medicine	8.69	8.69	\$ 561.66	\$ 561.66
95961 26	Medicine	4.64	4.64	\$ 299.90	\$ 299.90
95961 TC	Medicine	4.05	4.05	\$ 261.76	\$ 261.76
95962 00	Medicine	7.46	7.46	\$ 482.16	\$ 482.16
95962 26	Medicine	4.95	4.95	\$ 319.93	\$ 319.93
95962 TC	Medicine	2.51	2.51	\$ 162.23	\$ 162.23
95965 00	Medicine	60.35	60.35	\$ 4,741.85	\$ 4,741.85
95965 26	Medicine	12.07	12.07	\$ 780.12	\$ 780.12
95965 TC	Medicine	48.28	48.28	\$ 4,224.49	\$ 4,224.49
95966 00	Medicine	30.55	30.55	\$ 1,974.54	\$ 1,974.54
95966 26	Medicine	6.11	6.11	\$ 394.91	\$ 394.91
95966 TC	Medicine	24.44	24.44	\$ 1,579.63	\$ 1,579.63
95967 00	Medicine	26.70	26.70	\$ 1,725.70	\$ 1,725.70
95967 26	Medicine	5.34	5.34	\$ 345.14	\$ 345.14
95967 TC	Medicine	21.36	21.36	\$ 1,380.56	\$ 1,380.56
95970 00	Medicine	0.54	0.53	\$ 74.21	\$ 47.86
95971 00	Medicine	1.44	1.17	\$ 93.07	\$ 75.62
95972 00	Medicine	1.62	1.19	\$ 117.18	\$ 83.05
95976 00	Medicine	1.16	1.14	\$ 74.97	\$ 73.68
95977 00	Medicine	1.54	1.52	\$ 99.53	\$ 98.24
95980 00	Medicine	1.32	1.32	\$ 85.32	\$ 85.32
95981 00	Medicine	0.97	0.51	\$ 62.69	\$ 32.96
95982 00	Medicine	1.55	1.04	\$ 100.18	\$ 67.22
95983 00	Medicine	1.46	1.44	\$ 94.36	\$ 93.07
95984 00	Medicine	1.27	1.26	\$ 82.08	\$ 81.44
95990 00	Medicine	2.62	2.62	\$ 169.34	\$ 169.34
95991 00	Medicine	3.30	1.14	\$ 213.29	\$ 73.68
95992 00	Medicine	1.25	1.07	\$ 80.79	\$ 69.16
95999 00	Medicine	-	-	BR	BR
96000 00	Medicine	2.72	2.72	\$ 175.80	\$ 175.80
96001 00	Medicine	3.65	3.65	\$ 235.91	\$ 235.91
96002 00	Medicine	0.63	0.63	\$ 40.72	\$ 40.72

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MEDICINE CODES 2019-2020
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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
96003 00	Medicine	0.49	0.49	\$ 31.67	\$ 31.67
96004 00	Medicine	3.27	3.27	\$ 211.35	\$ 211.35
96020 00	Medicine	-	-	BR	BR
96020 26	Medicine	4.67	4.67	\$ 301.84	\$ 301.84
96020 TC	Medicine	-	-	BR	BR
96040 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
96105 00	Medicine	2.96	2.96	\$ 191.31	\$ 191.31
96110 00	Medicine	0.28	0.28	\$ 24.71	\$ 24.71
96112 00	Medicine	3.83	3.61	\$ 247.54	\$ 233.33
96113 00	Medicine	1.71	1.65	\$ 110.52	\$ 106.64
96116 00	Medicine	2.70	2.41	\$ 174.51	\$ 155.77
96121 00	Medicine	2.32	2.21	\$ 149.95	\$ 142.84
96125 00	Medicine	3.12	3.12	\$ 201.65	\$ 201.65
96127 00	Medicine	0.15	0.15	\$ 35.01	\$ 35.01
96130 00	Medicine	3.30	3.10	\$ 213.29	\$ 200.36
96131 00	Medicine	2.51	2.36	\$ 162.23	\$ 152.53
96132 00	Medicine	3.71	3.04	\$ 239.79	\$ 196.48
96133 00	Medicine	2.83	2.33	\$ 182.91	\$ 150.59
96136 00	Medicine	1.33	0.70	\$ 85.96	\$ 45.24
96137 00	Medicine	1.23	0.55	\$ 79.50	\$ 35.55
96138 00	Medicine	1.08	1.08	\$ 69.80	\$ 69.80
96139 00	Medicine	1.08	1.08	\$ 69.80	\$ 69.80
96146 00	Medicine	0.06	0.06	\$ 3.88	\$ 3.88
96150 00	Medicine	0.65	0.60	\$ 42.01	\$ 38.78
96151 00	Medicine	0.64	0.60	\$ 41.37	\$ 38.78
96152 00	Medicine	0.59	0.55	\$ 38.13	\$ 35.55
96153 00	Medicine	0.14	0.12	\$ 9.05	\$ 7.76
96154 00	Medicine	0.58	0.53	\$ 37.49	\$ 34.26
96155 00	Medicine	0.64	0.64	\$ 41.37	\$ 41.37
96160 00	Medicine	0.09	0.09	\$ 5.82	\$ 5.82
96161 00	Medicine	0.09	0.09	\$ 5.82	\$ 5.82
96360 00	Medicine	1.07	1.07	\$ 78.00	\$ 78.00
96361 00	Medicine	0.38	0.38	\$ 24.56	\$ 24.56
96365 00	Medicine	2.02	2.02	\$ 130.56	\$ 130.56
96366 00	Medicine	0.61	0.61	\$ 39.43	\$ 39.43
96367 00	Medicine	0.88	0.88	\$ 56.88	\$ 56.88
96368 00	Medicine	0.59	0.59	\$ 38.13	\$ 38.13
96369 00	Medicine	4.69	4.69	\$ 303.13	\$ 303.13
96370 00	Medicine	0.44	0.44	\$ 28.44	\$ 28.44
96371 00	Medicine	1.84	1.84	\$ 118.92	\$ 118.92
96372 00	Medicine	0.47	0.47	\$ 33.86	\$ 33.86

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
96373 00	Medicine	0.53	0.53	\$ 34.26	\$ 34.26
96374 00	Medicine	1.10	1.10	\$ 76.12	\$ 76.12
96375 00	Medicine	0.47	0.47	\$ 31.66	\$ 31.66
96376 00	Medicine	0.29	0.29	\$ 23.63	\$ 23.63
96377 00	Medicine	0.57	0.57	\$ 36.84	\$ 36.84
96379 00	Medicine	-	-	BR	BR
96401 00	Medicine	2.24	2.24	\$ 144.78	\$ 144.78
96402 00	Medicine	0.87	0.87	\$ 56.23	\$ 56.23
96405 00	Medicine	2.31	0.84	\$ 149.30	\$ 54.29
96406 00	Medicine	3.46	1.31	\$ 223.63	\$ 84.67
96409 00	Medicine	3.05	3.05	\$ 197.13	\$ 197.13
96411 00	Medicine	1.65	1.65	\$ 106.64	\$ 106.64
96413 00	Medicine	3.97	3.97	\$ 256.59	\$ 256.59
96415 00	Medicine	0.86	0.86	\$ 55.58	\$ 55.58
96416 00	Medicine	3.98	3.98	\$ 257.24	\$ 257.24
96417 00	Medicine	1.92	1.92	\$ 124.10	\$ 124.10
96420 00	Medicine	2.95	2.95	\$ 190.67	\$ 190.67
96422 00	Medicine	4.85	4.85	\$ 313.47	\$ 313.47
96423 00	Medicine	2.24	2.24	\$ 144.78	\$ 144.78
96425 00	Medicine	5.14	5.14	\$ 332.21	\$ 332.21
96440 00	Medicine	23.69	3.57	\$ 1,531.16	\$ 230.74
96446 00	Medicine	5.78	0.79	\$ 373.58	\$ 51.06
96450 00	Medicine	5.13	2.27	\$ 331.57	\$ 146.72
96521 00	Medicine	4.13	4.13	\$ 266.93	\$ 266.93
96522 00	Medicine	3.39	3.39	\$ 219.11	\$ 219.11
96523 00	Medicine	0.77	0.77	\$ 49.77	\$ 49.77
96542 00	Medicine	3.77	1.19	\$ 243.67	\$ 76.91
96549 00	Medicine	-	-	BR	BR
96567 00	Medicine	3.50	3.50	\$ 226.22	\$ 226.22
96570 00	Medicine	1.48	1.48	\$ 95.66	\$ 95.66
96571 00	Medicine	0.83	0.83	\$ 53.65	\$ 53.65
96573 00	Medicine	5.70	5.70	\$ 368.41	\$ 368.41
96574 00	Medicine	7.25	7.25	\$ 468.59	\$ 468.59
96900 00	Medicine	0.61	0.61	\$ 39.43	\$ 39.43
96902 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
96904 00	Medicine	1.82	1.82	\$ 117.63	\$ 117.63
96910 00	Medicine	3.24	3.24	\$ 209.41	\$ 209.41
96912 00	Medicine	2.75	2.75	\$ 177.74	\$ 177.74
96913 00	Medicine	3.91	3.91	\$ 252.72	\$ 252.72
96920 00	Medicine	4.64	1.90	\$ 299.90	\$ 122.80
96921 00	Medicine	5.09	2.14	\$ 328.98	\$ 138.31
96922 00	Medicine	6.91	3.43	\$ 446.61	\$ 221.69

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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MEDICINE CODES 2019-2020

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
96931 00	Medicine	4.81	4.81	\$ 310.88	\$ 310.88
96932 00	Medicine	3.51	3.51	\$ 226.86	\$ 226.86
96933 00	Medicine	1.32	1.32	\$ 85.32	\$ 85.32
96934 00	Medicine	2.74	2.74	\$ 177.09	\$ 177.09
96935 00	Medicine	1.26	1.26	\$ 81.44	\$ 81.44
96936 00	Medicine	1.26	1.26	\$ 81.44	\$ 81.44
96999 00	Medicine	-	-	BR	BR

Historical Note

New Appendix A, Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Physical Medicine

PHYSICAL MEDICINE GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2019 Edition of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

General requirements in reporting services are found in the Introduction of the Fee Schedule. In addition to the definitions and commonalities preceding the coded medical procedures, several other requirements unique to this Section on PHYSICAL MEDICINE are defined or identified as follows:

- A. During the course of physical medicine treatments, only one evaluation and management billing is allowed per week, except that the following evaluations are allowed once every two calendar weeks: 97164, 97168, and 97172. Additional billing for evaluation and management procedures may be allowed when specific additional services are warranted. Approval of the payer must be obtained prior to performing additional services.
IT IS IMPORTANT TO NOTE THAT THESE LIMITATIONS DO NOT APPLY TO REFERRING PHYSICIANS OR TO PHYSICIANS WHO TREAT PATIENTS ONCE PER MONTH.
- B. When multiple modalities (97010* through 97039) are performed, the first modality is reported as listed. The second modality is identified by adding modifier “-51” to the code number. The second and each subsequent modality should be valued at 50% of its listed value.
100% - Full value for the first modality
50% - For the second and additional modalities
*97010 is always bundled in the payment for another Physical Therapy Service.
Any more than 5 additional modalities or therapeutic procedures must have prior approval of the payer.
Example: During a visit a patient receives the following care; therapeutic exercise (97110) for 45 minutes, mechanical traction (97012), electrical stimulation (97014) and moist heat (97010). Under the multiple procedure rule, you would bill 100% of the total value for (97110) therapeutic exercise (\$56.23 x 3), 100% of the total value for (97012) mechanical traction (\$27.15 x 1) and 50% of the total value for (97014) electrical stimulation (\$27.15 x 50%) and 0% (zero percent) for moist heat (97110), for a total billing of \$209.42.
- C. Codes 97010 – 97150 and 97530 -97546 are not subject to the multiple procedure rule and shall be paid at 100% of their listed value. When performing therapeutic procedure(s), excluding work hardening (97545/97546) and Functional Capacity Evaluation (FCE)(97750), a maximum of 60 minutes is allowed each day. Approval must be obtained by the payer prior to performing therapeutic procedures in excess of 60 minutes.
- D. The values for codes in this section apply to provider's time, expertise and use of equipment. Medications and disposable electrodes used in these procedures should be considered supplies, code 99070, (see item 1, Guidelines for Medicine Section regarding billing for supplies).
- E. A work hardening program is limited to 6 1/2 hours per day, not to exceed a 6 week period of time.
- F. The payer has the right to require documentation to establish that a modality or therapeutic procedure was performed. Inasmuch as these Guidelines allow for re-evaluations to be performed every two weeks, it is at that time the medical provider should be required to address the success of the treatment protocol, i.e. improvements or lack of improvements regarding stamina, flexibility and strength.

It is not appropriate for the payer on a per billing basis to require a medical provider to provide unnecessary detailed documentation to justify payment. A medical provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill. For example, the purpose of modalities like hot and cold packs, paraffin baths, and whirlpools are straightforward. Modalities are utilized as a sub-element of the over-all treatment protocol to prepare the injured worker for therapy or to minimize the impact of the therapy on the injured worker. Other than a statement that certain modalities were performed, any additional documentation such as the purpose of the application of modalities, resulting flexibility or comfort is unnecessary. Additionally, listing the amount of weight an individual is lifting, repetitions, and sets is, again, unnecessary. During a re-evaluation visit, the medical provider should provide documentation regarding changes in strength, stamina, and flexibility.

Historical Note

New Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Physical Medicine Codes
ARIZONA PHYSICIANS' FEE SCHEDULEPhysical Medicine Codes 2019-2020
All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
97010 00	Physical Medicine	0.18	0.18	\$ 11.63	\$ 11.63
97012 00	Physical Medicine	0.42	0.42	\$ 27.15	\$ 27.15
97014 00	Physical Medicine	0.42	0.42	\$ 27.15	\$ 27.15
97016 00	Physical Medicine	0.36	0.36	\$ 24.58	\$ 24.58
97018 00	Physical Medicine	0.20	0.20	\$ 16.50	\$ 16.50
97022 00	Physical Medicine	0.51	0.51	\$ 32.96	\$ 32.96
97024 00	Physical Medicine	0.20	0.20	\$ 16.50	\$ 16.50
97026 00	Physical Medicine	0.18	0.18	\$ 12.75	\$ 12.75
97028 00	Physical Medicine	0.23	0.23	\$ 16.05	\$ 16.05
97032 00	Physical Medicine	0.42	0.42	\$ 27.15	\$ 27.15
97033 00	Physical Medicine	0.59	0.59	\$ 38.13	\$ 38.13
97034 00	Physical Medicine	0.43	0.43	\$ 27.79	\$ 27.79
97035 00	Physical Medicine	0.39	0.39	\$ 25.21	\$ 25.21
97036 00	Physical Medicine	0.99	0.99	\$ 63.99	\$ 63.99
97039 00	Physical Medicine	0.35	0.35	\$ 22.62	\$ 22.62
97110 00	Physical Medicine	0.87	0.87	\$ 56.23	\$ 56.23
97112 00	Physical Medicine	0.99	0.99	\$ 63.99	\$ 63.99
97113 00	Physical Medicine	1.10	1.10	\$ 71.10	\$ 71.10
97116 00	Physical Medicine	0.86	0.86	\$ 55.58	\$ 55.58
97124 00	Physical Medicine	0.81	0.81	\$ 52.35	\$ 52.35
97127 00	Physical Medicine	0.00	0.00	\$ 0.00	\$ 0.00
97139 00	Physical Medicine	0.48	0.48	\$ 31.02	\$ 31.02
97140 00	Physical Medicine	0.79	0.79	\$ 51.06	\$ 51.06
97150 00	Physical Medicine	0.52	0.52	\$ 33.61	\$ 33.61
97151 00	Physical Medicine	0.00	0.00	\$ 0.00	\$ 0.00
97152 00	Physical Medicine	0.00	0.00	\$ 0.00	\$ 0.00
97153 00	Physical Medicine	0.00	0.00	\$ 0.00	\$ 0.00
97154 00	Physical Medicine	0.00	0.00	\$ 0.00	\$ 0.00
97155 00	Physical Medicine	0.00	0.00	\$ 0.00	\$ 0.00
97156 00	Physical Medicine	0.00	0.00	\$ 0.00	\$ 0.00
97157 00	Physical Medicine	0.00	0.00	\$ 0.00	\$ 0.00
97158 00	Physical Medicine	0.00	0.00	\$ 0.00	\$ 0.00
97161 00	Physical Medicine	2.40	2.40	\$ 155.12	\$ 155.12
97162 00	Physical Medicine	2.40	2.40	\$ 155.12	\$ 155.12
97163 00	Physical Medicine	2.40	2.40	\$ 155.12	\$ 155.12
97164 00	Physical Medicine	1.63	1.63	\$ 105.35	\$ 105.35
97165 00	Physical Medicine	2.58	2.58	\$ 166.75	\$ 166.75
97166 00	Physical Medicine	2.58	2.58	\$ 166.75	\$ 166.75
97167 00	Physical Medicine	2.58	2.58	\$ 166.75	\$ 166.75
97168 00	Physical Medicine	1.77	1.77	\$ 114.40	\$ 114.40
97169 00	Physical Medicine	1.52	1.52	\$ 98.24	\$ 98.24

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ARIZONA PHYSICIANS' FEE SCHEDULE

Physical Medicine Codes 2019-2020
All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
97170 00	Physical Medicine	1.52	1.52	\$ 98.24	\$ 98.24
97171 00	Physical Medicine	1.52	1.52	\$ 98.24	\$ 98.24
97172 00	Physical Medicine	0.77	0.77	\$ 49.77	\$ 49.77
97530 00	Physical Medicine	1.13	1.13	\$ 73.04	\$ 73.04
97533 00	Physical Medicine	1.21	1.21	\$ 78.21	\$ 78.21
97535 00	Physical Medicine	0.97	0.97	\$ 62.69	\$ 62.69
97537 00	Physical Medicine	0.93	0.93	\$ 60.11	\$ 60.11
97542 00	Physical Medicine	0.94	0.94	\$ 60.76	\$ 60.76
97545 00	Physical Medicine	4.42	4.42	\$ 285.68	\$ 285.68
97546 00	Physical Medicine	1.76	1.76	\$ 113.75	\$ 113.75
97597 00	Physical Medicine	2.52	0.68	\$ 162.88	\$ 43.95
97598 00	Physical Medicine	0.79	0.32	\$ 87.00	\$ 27.09
97602 00	Physical Medicine	1.14	1.14	\$ 73.68	\$ 73.68
97605 00	Physical Medicine	1.24	0.74	\$ 80.14	\$ 47.83
97606 00	Physical Medicine	1.46	0.80	\$ 94.36	\$ 51.71
97607 00	Physical Medicine	1.35	1.35	\$ 87.25	\$ 87.25
97608 00	Physical Medicine	1.48	1.48	\$ 95.66	\$ 95.66
97610 00	Physical Medicine	6.39	0.48	\$ 413.00	\$ 31.02
97750 00	Physical Medicine	0.99	0.99	\$ 63.99	\$ 63.99
97755 00	Physical Medicine	1.08	1.08	\$ 69.80	\$ 69.80
97760 00	Physical Medicine	1.35	1.35	\$ 87.25	\$ 87.25
97761 00	Physical Medicine	1.16	1.16	\$ 74.97	\$ 74.97
97763 00	Physical Medicine	1.43	1.43	\$ 92.43	\$ 92.43
97799 00	Physical Medicine	-	-	BR	BR
97802 00	Physical Medicine	1.05	0.96	\$ 67.86	\$ 62.05
97803 00	Physical Medicine	0.91	0.82	\$ 58.82	\$ 53.00
97804 00	Physical Medicine	0.48	0.45	\$ 31.02	\$ 29.08
97810 00	Physical Medicine	1.03	0.87	\$ 66.57	\$ 56.23
97811 00	Physical Medicine	0.78	0.72	\$ 50.41	\$ 46.54
97813 00	Physical Medicine	1.13	0.94	\$ 73.04	\$ 60.76
97814 00	Physical Medicine	0.91	0.79	\$ 58.82	\$ 51.06
98925 00	Physical Medicine	0.89	0.68	\$ 57.52	\$ 43.95
98926 00	Physical Medicine	1.28	1.02	\$ 82.73	\$ 65.93
98927 00	Physical Medicine	1.68	1.35	\$ 108.58	\$ 87.25
98928 00	Physical Medicine	2.04	1.69	\$ 131.85	\$ 109.23
98929 00	Physical Medicine	2.44	2.05	\$ 157.70	\$ 132.50
98940 00	Physical Medicine	0.80	0.64	\$ 51.71	\$ 41.37
98941 00	Physical Medicine	1.16	0.98	\$ 74.97	\$ 63.34
98942 00	Physical Medicine	1.50	1.33	\$ 96.95	\$ 85.96
98943 00	Physical Medicine	0.77	0.67	\$ 49.77	\$ 43.30
98960 00	Physical Medicine	0.77	0.77	\$ 49.77	\$ 49.77

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

Physical Medicine Codes 2019-2020
All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
98961 00	Physical Medicine	0.38	0.38	\$ 24.56	\$ 24.56
98962 00	Physical Medicine	0.28	0.28	\$ 18.10	\$ 18.10
98966 00	Physical Medicine	0.39	0.36	\$ 25.21	\$ 23.27
98967 00	Physical Medicine	0.76	0.72	\$ 49.12	\$ 46.54
98968 00	Physical Medicine	1.12	1.08	\$ 72.39	\$ 69.80
98969 00	Physical Medicine	0.66	0.66	\$ 42.66	\$ 42.66

Historical Note

New Appendix A., Physical Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Special Services

SPECIAL SERVICES GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2019 Edition of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

Historical Note

New Appendix A, Special Services Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Guidelines will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Special Services Codes

ARIZONA PHYSICIANS' FEE SCHEDULE

SPECIAL SERVICES CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99000 00	Special Services	0.16	0.16	\$ 17.62	\$ 17.62
99001 00	Special Services	0.17	0.17	\$ 11.25	\$ 11.25
99002 00	Special Services	0.00	0.00	Bundled Code	Bundled Code
99024 00	Special Services	-	-	BR	BR
99026 00	Special Services	-	-	BR	BR
99027 00	Special Services	-	-	BR	BR
99050 00	Special Services	0.51	0.51	\$ 32.96	\$ 32.96
99051 00	Special Services	0.00	0.00	Bundled Code	Bundled Code
99053 00	Special Services	0.00	0.00	Bundled Code	Bundled Code
99056 00	Special Services	0.00	0.00	Bundled Code	Bundled Code
99058 00	Special Services	0.60	0.60	\$ 38.78	\$ 38.78
99060 00	Special Services	0.00	0.00	Bundled Code	Bundled Code
99070 00	Special Services	-	-	BR	BR
99071 00	Special Services	-	-	BR	BR
99075 00	Special Services	-	-	BR	BR
99078 00	Special Services	-	-	BR	BR
99080 00	Special Services	-	-	BR	BR
99082 00	Special Services	0.78	0.78	\$ 50.41	\$ 50.41
99091 00	Special Services	1.62	1.62	\$ 104.71	\$ 104.71
99100 00	Special Services	-	-	BR	BR
99116 00	Special Services	-	-	BR	BR
99135 00	Special Services	-	-	BR	BR
99140 00	Special Services	-	-	BR	BR
99151 00	Special Services	2.12	0.72	\$ 137.02	\$ 46.54
99152 00	Special Services	1.44	0.35	\$ 93.07	\$ 22.62
99153 00	Special Services	0.30	0.30	\$ 19.39	\$ 19.39
99155 00	Special Services	2.54	2.54	\$ 164.17	\$ 164.17
99156 00	Special Services	2.24	2.24	\$ 144.78	\$ 144.78
99157 00	Special Services	1.82	1.82	\$ 117.63	\$ 117.63
99170 00	Special Services	4.48	2.47	\$ 289.56	\$ 159.64
99172 00	Special Services	0.49	0.49	\$ 51.06	\$ 51.06
99173 00	Special Services	0.08	0.08	\$ 5.17	\$ 5.17
99174 00	Special Services	0.16	0.16	\$ 30.62	\$ 30.62
99175 00	Special Services	0.73	0.73	\$ 48.00	\$ 48.00
99177 00	Special Services	0.13	0.13	\$ 8.40	\$ 8.40
99183 00	Special Services	3.12	3.12	\$ 247.34	\$ 247.34
99184 00	Special Services	6.33	6.33	\$ 780.94	\$ 780.94
99188 00	Special Services	0.35	0.29	\$ 30.17	\$ 22.26
99190 00	Special Services	12.20	12.20	\$ 788.52	\$ 788.52
99191 00	Special Services	8.53	8.53	\$ 551.32	\$ 551.32
99192 00	Special Services	6.09	6.09	\$ 393.62	\$ 393.62

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SPECIAL SERVICES CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99195 00	Special Services	2.86	2.86	\$ 184.85	\$ 184.85
99199 00	Special Services	-	-	BR	BR
99500 00	Special Services	0.00	0.00	\$0.00	\$0.00
99501 00	Special Services	0.00	0.00	\$0.00	\$0.00
99502 00	Special Services	0.00	0.00	\$0.00	\$0.00
99503 00	Special Services	0.00	0.00	\$0.00	\$0.00
99504 00	Special Services	0.00	0.00	\$0.00	\$0.00
99505 00	Special Services	0.00	0.00	\$0.00	\$0.00
99506 00	Special Services	0.00	0.00	\$0.00	\$0.00
99507 00	Special Services	0.00	0.00	\$0.00	\$0.00
99509 00	Special Services	0.00	0.00	\$0.00	\$0.00
99510 00	Special Services	0.00	0.00	\$0.00	\$0.00
99511 00	Special Services	0.00	0.00	\$0.00	\$0.00
99512 00	Special Services	0.00	0.00	\$0.00	\$0.00
99600 00	Special Services	0.00	0.00	\$0.00	\$0.00
99601 00	Special Services	0.00	0.00	\$0.00	\$0.00
99602 00	Special Services	0.00	0.00	\$0.00	\$0.00
99605 00	Special Services	-	-	BR	BR
99606 00	Special Services	-	-	BR	BR
99607 00	Special Services	-	-	BR	BR
AZ099-001 Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review.	Special Services	1.16	1.16	\$ 75.00	\$ 75.00
AZ099-002 Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review.	Special Services	1.55	1.55	\$ 100.00	\$ 100.00
AZ099-003 Meeting with NCM with patient	Special Services	1.16	1.16	\$ 75.00	\$ 75.00
AZ099-004 Meeting with NCM without patient	Special Services	1.55	1.55	\$ 100.00	\$ 100.00
AZ099-005 Completion of workers' compensation insurance forms (i.e., return-to-work status, work restrictions, supportive care recommendations), not to exceed more than one billing in a thirty (30) day period. Form must be attached to report.	Special Services	0.62	0.62	\$ 40.07	\$ 40.07
AZ099-026 Mileage charge, within a radius of 7 miles, for a collection and handling service performed outside the physician's office or laboratory.	Special Services	-	-	BR	BR
AZ099-027 Over 7 miles, per mile.	Special Services	-	-	BR	BR

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

SPECIAL SERVICES CODES 2019-2020

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
AZ099-028 When more than one patient seen, apportion mileage charge among total number of patients.	Special Services	-	-	BR	BR
AZ099-030 Mileage round-trip: each mile in excess of 8 miles of travel by physician.	Special Services	-	-	BR	BR
AZ099-031 Within large metropolitan areas a travel time basis may be appropriate. Code AZ099-031 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman and Yuma. This code would only be used when travel times are 45 minutes or more.	Special Services	-	-	BR	BR
AZ099-044 Services rendered in a night medical care facility: a charge in addition to the usual value of the procedure may be warranted.	Special Services	-	-	BR	BR
AZ099-099 Expert testimony at hearing, per hour.	Special Services	1.70	1.70	\$ 110.00	\$ 110.00

Historical Note

New Appendix A, Special Services Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Evaluation and Management

EVALUATION AND MANAGEMENT GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2019 Edition of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The evaluation and management guidelines adopted by reference may be found in the Current Procedural Terminology®, Fourth Edition ("CPT® book") published by the AMA and is reprinted, in part, below with permission. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES:** The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes. This classification is important because the nature of work varies by type of service, place of service, and the patient's status.

The basic format of the levels of E/M services is the same for most categories. First, a unique code number is listed. Second, the place and/or type of service is specified, e.g., office consultation. Third, the content of the service is defined, e.g. comprehensive history and comprehensive examination. (See "Levels of E/M Services" in 2019 AMA CPT codebook, for details on the content of E/M services). Fourth, the nature of the presenting problem(s) usually associated with a given level is described. Fifth, the time typically required to provide the service is specified.

- B. DEFINITIONS OF COMMONLY USED TERMS:** Certain key words and phrases are used throughout the E/M section. The following definitions are intended to reduce the potential for differing interpretations and to increase the consistency of reporting by physicians in differing specialties. E/M services may also be reported by other qualified health care professionals who are authorized to perform such services within the scope of their practice.

- **New and Established Patient:** Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified health care professionals who report evaluation and management services reported by a specific CPT code(s). A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

In the instance where a physician/qualified health care professional is on call for or covering for another physician/qualified health care professional, the patient's encounter will be classified as it would have been by the physician/qualified health care professional who is not available. When advanced practice nurses and physician assistants are working with physicians they are considered as working in the exact same specialty and exact same subspecialties as the physician.

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

- **Chief Complaint:** A chief complaint is a concise statement describing the symptom, problem, condition, diagnosis, or other factor that is the reason for the encounter, usually stated in the patient's words.
- **Concurrent Care and Transfer of Care:** Concurrent care is the provision of similar services (e.g., hospital visits) to the same patient by more than one physician or other qualified health care professional on the same day. When concurrent care is provided, no special reporting is required. Transfer of care is the process whereby a physician or other qualified health care professional who is providing management for some or all of a patient's problems relinquishes this responsibility to another physician or other qualified health care professional who explicitly agrees to accept this responsibility and who, from the initial encounter, is not providing consultative services. The physician or other qualified health care professional transferring care is then no longer providing care for these problems though he or she may continue providing care for other conditions when appropriate. Consultation codes should not be reported by the physician or other qualified health care professional who has agreed to accept transfer of care before an initial evaluation but are appropriate to report if the decision to accept transfer of care cannot be made until after the initial consultation evaluation, regardless of site of service.
- **Counseling:** Counseling is a discussion with a patient and/or family concerning one or more of the following areas:

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

- Diagnostic results, impressions, and/or recommended diagnostic studies;
- Prognosis;
- Risks and benefits of management (treatment) options;
- Instructions for management (treatment) and/or follow-up;
- Importance of compliance with chosen management (treatment) options;
- Risk factor reduction; and
- Patient and family education.

(For psychotherapy, see 90832-90834, 90836-90840)

- Family History: A review of medical events in the patient's family that includes significant information about:
 - The health status or cause of death of parents, siblings and children;
 - Specific diseases related to problems identified in the Chief Complaint or History of the Present Illness, and/or System Review;
 - Diseases of family members which may be hereditary or place the patient at risk.
- History of Present Illness: A chronological description of the development of the patient's present illness from the first sign and/or symptom to the present. This includes a description of location, quality, severity, timing, context, modifying factors, and associated signs and symptoms significantly related to the presenting problem(s).
- Levels of E/M Services: Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are NOT interchangeable among the different categories or subcategories of service. For example, the first level of E/M services in the subcategory of office visit, new patient, does not have the same definition as the first level of E/M services in the subcategory of office visit, established patient.

The levels of E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision, and similar medical services, such as the determination of the need and/or location for appropriate care. Medical screening includes the history, examination, and medical decision-making required to determine the need and/or location for appropriate care and treatment of the patient (e.g., office and other outpatient setting, emergency department, nursing facility). The levels of E/M services encompass the wide variations in skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health. Each level of E/M services may be used by all physicians or other qualified health care professionals.

The descriptors for the levels of E/M services recognize seven components, six of which are used in defining the levels of E/M services. These components are:

- History;
- Examination;
- Medical decision making;
- Counseling;
- Coordination of care;
- Nature of presenting problem; and
- Time.

The first three of these components (history, examination and medical decision making) are considered the key components in selecting a level of E/M services.

The next three components (counseling, coordination of care, and the nature of the presenting problem) are considered contributory factors in the majority of encounters. Although the first two of these contributory factors are important E/M services, it is not required that these services be provided at every patient encounter.

Coordination of care with other physicians, other health care professionals, or agencies without a patient encounter on that day is reported using the case management codes.

The final component, time, is discussed in the following pages.

Any specifically identifiable procedure (i.e., identified with a specific CPT code) performed on or subsequent to the date of initial or subsequent E/M services should be reported separately.

The actual performance and/or interpretation of diagnostic test/studies ordered during a patient encounter are not included in the levels of E/M services. Physician performance of diagnostic tests/studies for which specific CPT® codes are available may be reported separately, in addition to the appropriate E/M code. The physician's interpretation of the results of diagnostic tests/studies (i.e., professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code with modifier 26 appended.

The physician or other health care professional may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant separately identifiable E/M service above and beyond other ser-

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vices provided or beyond the usual preservice and post service care associated with the procedure that was performed. The E/M service may be caused or prompted by the symptoms or condition for which the procedure and/or service was provided. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. As such, different diagnoses are not required for reporting of the procedure and the E/M services on the same date.

- **Nature of Presenting Problem:** A presenting problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other reason for encounter, with or without a diagnosis being established at the time of the encounter. The E/M codes recognize five types of presenting problems that are defined as follows:
 - Minimal - A problem that may not require the presence of the physician or other qualified health care professional, but service is provided under the physician's or other qualified health care professional's supervision.
 - Self-limited or Minor - A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status OR has a good prognosis with management/compliance.
 - Low severity - A problem where the risk of morbidity without treatment is low; there is little to no risk of mortality without treatment; full recovery without functional impairment is expected.
 - Moderate severity - A problem where the risk of morbidity without treatment is moderate; there is moderate risk of mortality without treatment; uncertain prognosis OR increased probability of prolonged functional impairment.
 - High severity - A problem where the risk of morbidity without treatment is high to extreme; there is a moderate to high risk of mortality without treatment OR high probability of severe, prolonged functional impairment.
- **Past History:** A review of the patient's past experiences with illnesses, injuries, and treatments that includes significant information about:
 - Prior major illnesses and injuries;
 - Prior operations;
 - Prior hospitalizations;
 - Current medications;
 - Allergies (e.g., drug, food);
 - Age appropriate immunization status;
 - Age appropriate feeding/dietary status.
- **Social History:** An age appropriate review of past and current activities that includes significant information about:
 - Marital status and/or living arrangements;
 - Current employment;
 - Occupational history;
 - Military history;
 - Use of drugs, alcohol, and tobacco;
 - Level of education;
 - Sexual history;
 - Other relevant social factors.
- **System Review (Review of Systems):** An inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms that the patient may be experiencing or has experienced. For the purposes of CPT®, the following elements of a system review have been identified:
 - Constitutional symptoms (fever, weight loss, etc.);
 - Eyes;
 - Ears, nose, mouth, throat;
 - Cardiovascular;
 - Respiratory;
 - Gastrointestinal;
 - Genitourinary;
 - Musculoskeletal;
 - Integumentary (skin and/or breast);
 - Neurological;
 - Psychiatric;
 - Endocrine;
 - Hematologic/Lymphatic;
 - Allergic/Immunologic.

The review of systems helps define the problem, clarify the differential diagnosis, identify needed testing, or serves as baseline data on other systems that might be affected by any possible management options.

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- Time: The inclusion of time in the definitions of levels of E/M services has been implicit in prior editions of CPT®. The inclusion of time as an explicit factor beginning in CPT® 1992 is done to assist in selecting the most appropriate level of E/M services. It should be recognized that the specific times expressed in the visit code descriptors are averages and, therefore, represent a range of times which may be higher or lower depending on actual clinical circumstances.

Time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time. Therefore, it is often difficult to provide accurate estimates of the time spent face-to-face with the patient.

Studies to establish levels of E/M services employed surveys of practicing physicians to obtain data on the amount of time and work associated with typical E/M services. Since “work” is not easily quantifiable, the codes must rely on other objective, verifiable measures that correlate with physicians’ estimates of their “work.” It has been demonstrated that estimations of intraservice time (as explained below), both within and across specialties, is a variable that is predictive of the “work” of E/M services. This same research has shown there is a strong relationship between intraservice time and total time for E/M services. Intraservice time, rather than total time, was chosen for inclusion with the codes because of its relative ease of measurement and because of its direct correlation with measurements of the total amount of time and work associated with typical E/M services.

Intraservice times are defined as **face-to-face** time for office and other outpatient visits and as **unit/floor** time for hospital and other inpatient visits. This distinction is necessary because most of the work of typical office visits takes place during the face-to-face time with the patient, while most of the work of typical hospital visits takes place during the time spent on the patient’s floor or unit. When prolonged time occurs in either the office or the inpatient areas, the appropriate add-on code should be reported.

Face-to-face time (office and other outpatient visits and office consultations): For coding purposes, face-to-face time for these services is defined as only that time spent face-to-face with the patient and/or family. This includes the time spent performing such tasks as obtaining a history, performing an examination, and counseling the patient.

Time is also spent doing work before or after the face-to-face time with the patient, performing such tasks as reviewing records and tests, arranging for further services, and communicating further with other professionals and the patient through written reports and telephone contact.

This non-face-to-face time for office services – also called pre- and post-encounter time – is not included in the time component described in the E/M codes. However, the pre- and post-non-face-to-face work associated with an encounter was included in calculating the total work of typical services in physician surveys.

Thus, the face-to-face time associated with the services described by any E/M code is a valid proxy for the total work done before, during, and after the visit.

Unit/floor time (hospital observation services, inpatient hospital care, initial inpatient hospital consultations, nursing facility): For reporting purposes, intraservice time for these services is defined as unit/floor time, which includes the time present on the patient’s hospital unit and at the bedside rendering services for that patient. This includes the time to establish and/or review the patient’s chart, examine the patient, write notes, and communicate with other professionals and the patient’s family.

In the hospital, pre- and post-time includes time spent off the patient’s floor performing such tasks as reviewing pathology and radiology findings in another part of the hospital.

This pre- and post-visit time is not included in the time component described in these codes. However, the pre- and post-work performed during the time spent off the floor or unit was included in calculating the total work of typical services in physician surveys.

Thus, the unit/floor time associated with the services described by any code is a valid proxy for the total work done before, during, and after the visit.

- C. UNLISTED SERVICE: An E/M service may be provided that is not listed in this section of CPT® codebook. When reporting such a service, the appropriate unlisted code may be used to indicate the service, identifying it by “Special Report,” as discussed in item D. The “Unlisted Services” and accompanying codes for the E/M section are as follows:

99429 Unlisted preventive medicine service

99499 Unlisted evaluation and management service

- D. SPECIAL REPORT: An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service.

Additional items that may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

- E. CLINICAL EXAMPLES: Clinical examples of the codes for E/M services are provided to assist in understanding the meaning of the descriptors and selecting the correct code. The clinical examples are listed in Appendix C. (Appendix C of the CPT® has not been reprinted in this text.) Each example was developed by the specialties shown.

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The same problem, when seen by different specialties, may involve different amounts of work. Therefore, the appropriate level of encounter should be reported using the descriptors rather than the examples.

F. INSTRUCTIONS FOR SELECTING A LEVEL OF E/M SERVICE:

- Review the Reporting Instructions for the Selected Category or Subcategory: Most of the categories and many of the subcategories of service have special guidelines or instructions unique to that category or subcategory. Where these are indicated, eg, "Inpatient Hospital Care," special instructions will be presented preceding the levels of E/M services.
- Review the Level of E/M Service Descriptors and Examples in the Selected Category or Subcategory: The descriptors for the levels of E/M services recognize seven components, six of which are used in defining the levels of E/M services. These components are:
 - History;
 - Examination;
 - Medical decision making;
 - Counseling;
 - Coordination of care;
 - Nature of presenting problem;
 - Time.

The first three of these components (ie, history, examination and medical decision making) should be considered the key components in selecting the level of E/M services. An exception to this rule is in the case of visits which consist predominantly of counseling or coordination of care. (See instructions for selecting level of E/M Service).

The nature of the presenting problem and time are provided in some levels to assist the physician in determining the appropriate level of E/M service.

- Determine the Extent of History Obtained: The extent of the history is dependent upon clinical judgment and on the nature of the presenting problem(s). The levels of E/M services recognize four types of history that are defined as follows:

Problem Focused - Chief complaint; brief history of present illness or problem.

Expanded Problem Focused - Chief complaint; brief history of present illness; problem pertinent system review.

Detailed - Chief complaint; extended history of present illness; problem pertinent system review extended to include a review of a limited number of additional systems; pertinent past, family, and/or social history directly related to the patient's problems.

Comprehensive - Chief complaint; extended history of present illness; review of systems that is directly related to the problem(s) identified in the history of the present illness plus a review of all additional body systems; complete past, family, and social history.

The comprehensive history obtained as part of the preventive medicine E/M service is not problem-oriented and does not involve a chief complaint or present illness. It does, however, include a comprehensive system review and comprehensive or interval past, family, and social history as well as a comprehensive assessment/history of pertinent risk factors.

- Determine the Extent of Examination Performed: The extent of the examination performed is dependent on clinical judgment and on the nature of the presenting problem(s). The levels of E/M services recognize four types of examination that are defined as follows:

Problem Focused - A limited examination of the affected body area or organ system. Expanded Problem Focused - A limited examination of the affected body area or organ system and other symptomatic or related organ system(s).

Detailed - An extended examination of the affected body area(s) and other symptomatic or related organ system(s).

Comprehensive - A general multisystem examination or a complete examination of a single organ system. Note: The comprehensive examination performed as part of the preventive medicine E/M service is multisystem, but its extent is based on age and risk factors identified.

For the purposes of these CPT® definitions, the following body areas are recognized:

- Head, including the face;
- Neck;
- Chest, including breasts and axilla;
- Abdomen;
- Genitalia, groin, buttocks;
- Back;
- Each extremity;

For the purposes of these CPT® definitions, the following organ systems are recognized:

- Eyes;
- Ears, nose, mouth, and throat;
- Cardiovascular;

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- Respiratory;
 - Gastrointestinal;
 - Genitourinary;
 - Musculoskeletal;
 - Skin;
 - Neurologic;
 - Psychiatric;
 - Hematologic/Lymphatic/Immunologic.
- Determine the Complexity of Medical Decision Making: Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:
 - The number of possible diagnoses and/or the number of management options that must be considered;
 - The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed; and
 - The risk of significant complications, morbidity, and/or mortality, as well as comorbidities, associated with the patient's presenting problem(s), the diagnostic procedure(s) and/or the possible management options.
 Four types of medical decision making are recognized: straightforward; low complexity; moderate complexity; and high complexity. To qualify for a given type of decision making, two of the three elements in the table following must be met or exceeded.

Table 1. Complexity of Medical Decision Making

Number of Diagnoses or Management Options	Amount and/or Complexity of Data to be Reviewed	Risk of Complications and/or Morbidity or Mortality	Type of Decision Making
Minimal	Minimal or none	Minimal	Straightforward
Limited	Limited	Low	Low complexity
Multiple	Moderate	Moderate	Moderate complexity
Extensive	Extensive	High	High complexity

Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services unless their presence significantly increases the complexity of the medical decision making.

- Select the Appropriate Level of E/M Services Based on the Following:
 1. For the following categories/subcategories, all of the key components i.e., history, examination, and medical decision making, must meet or exceed the stated requirements to qualify for a particular level of E/M service: office, new patient; hospital observation services; initial hospital care; office consultations; initial inpatient consultations; emergency department services; initial nursing facility care; domiciliary care, new patient; and home, new patient.
 2. For the following categories/subcategories, two of the three key components (i.e., history, examination, and medical decision making) must meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; subsequent hospital care; subsequent nursing facility care; domiciliary care, established patient; and home, established patient.
 3. When counseling and/or coordination of care dominates (more than 50%) the encounter with the patient and/or family (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then time shall be considered the key or controlling factor to qualify for a particular level of E/M services. This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (e.g., foster parents, person acting in loco parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record.

Historical Note

New Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Guidelines will remain in effect though September 30, 2020 (Supp. 19-3).

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Evaluation and Management Codes

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99201 00	E&M	1.29	0.76	\$ 83.38	\$ 49.12
99202 00	E&M	2.15	1.43	\$ 138.96	\$ 92.43
99203 00	E&M	3.05	2.15	\$ 197.13	\$ 138.96
99204 00	E&M	4.63	3.64	\$ 299.25	\$ 235.26
99205 00	E&M	5.82	4.75	\$ 376.16	\$ 307.01
99211 00	E&M	0.64	0.26	\$ 41.37	\$ 16.80
99212 00	E&M	1.27	0.72	\$ 82.08	\$ 46.54
99213 00	E&M	2.09	1.44	\$ 135.08	\$ 93.07
99214 00	E&M	3.06	2.22	\$ 197.78	\$ 143.49
99215 00	E&M	4.10	3.13	\$ 265.00	\$ 202.30
99217 00	E&M	2.06	2.06	\$ 133.14	\$ 133.14
99218 00	E&M	2.81	2.81	\$ 181.62	\$ 181.62
99219 00	E&M	3.83	3.83	\$ 247.54	\$ 247.54
99220 00	E&M	5.23	5.23	\$ 338.03	\$ 338.03
99221 00	E&M	2.86	2.86	\$ 184.85	\$ 184.85
99222 00	E&M	3.86	3.86	\$ 249.48	\$ 249.48
99223 00	E&M	5.70	5.70	\$ 368.41	\$ 368.41
99224 00	E&M	1.12	1.12	\$ 72.39	\$ 72.39
99225 00	E&M	2.06	2.06	\$ 133.14	\$ 133.14
99226 00	E&M	2.95	2.95	\$ 190.67	\$ 190.67
99231 00	E&M	1.11	1.11	\$ 71.74	\$ 71.74
99232 00	E&M	2.05	2.05	\$ 132.50	\$ 132.50
99233 00	E&M	2.93	2.93	\$ 189.37	\$ 189.37
99234 00	E&M	3.75	3.75	\$ 242.37	\$ 242.37
99235 00	E&M	4.77	4.77	\$ 308.30	\$ 308.30
99236 00	E&M	6.13	6.13	\$ 396.20	\$ 396.20
99238 00	E&M	2.06	2.06	\$ 133.14	\$ 133.14
99239 00	E&M	3.02	3.02	\$ 208.71	\$ 208.71
99241 00	E&M	1.34	0.92	\$ 86.61	\$ 59.46
99242 00	E&M	2.52	1.93	\$ 162.88	\$ 124.74
99243 00	E&M	3.45	2.70	\$ 222.98	\$ 174.51
99244 00	E&M	5.16	4.34	\$ 333.51	\$ 280.51
99245 00	E&M	6.29	5.37	\$ 406.54	\$ 347.08
99251 00	E&M	1.38	1.38	\$ 92.18	\$ 92.18
99252 00	E&M	2.11	2.11	\$ 136.38	\$ 136.38
99253 00	E&M	3.25	3.25	\$ 210.06	\$ 210.06
99254 00	E&M	4.72	4.72	\$ 305.07	\$ 305.07
99255 00	E&M	5.68	5.68	\$ 367.12	\$ 367.12
99281 00	E&M	0.60	0.60	\$ 42.19	\$ 42.19
99282 00	E&M	1.17	1.17	\$ 75.62	\$ 75.62
99283 00	E&M	1.75	1.75	\$ 117.17	\$ 117.17

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99284 00	E&M	3.32	3.32	\$ 214.58	\$ 214.58
99285 00	E&M	4.89	4.89	\$ 316.06	\$ 316.06
99288 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99291 00	E&M	7.82	6.28	\$ 505.43	\$ 405.90
99292 00	E&M	3.46	3.15	\$ 223.63	\$ 203.59
99304 00	E&M	2.54	2.54	\$ 164.17	\$ 164.17
99305 00	E&M	3.67	3.67	\$ 237.20	\$ 237.20
99306 00	E&M	4.70	4.70	\$ 303.78	\$ 303.78
99307 00	E&M	1.24	1.24	\$ 80.14	\$ 80.14
99308 00	E&M	1.94	1.94	\$ 125.39	\$ 125.39
99309 00	E&M	2.58	2.58	\$ 166.75	\$ 166.75
99310 00	E&M	3.82	3.82	\$ 246.90	\$ 246.90
99315 00	E&M	2.07	2.07	\$ 133.79	\$ 133.79
99316 00	E&M	2.98	2.98	\$ 192.61	\$ 192.61
99318 00	E&M	2.70	2.70	\$ 174.51	\$ 174.51
99324 00	E&M	1.56	1.56	\$ 100.83	\$ 100.83
99325 00	E&M	2.26	2.26	\$ 146.07	\$ 146.07
99326 00	E&M	3.92	3.92	\$ 253.36	\$ 253.36
99327 00	E&M	5.26	5.26	\$ 339.97	\$ 339.97
99328 00	E&M	6.19	6.19	\$ 400.08	\$ 400.08
99334 00	E&M	1.70	1.70	\$ 109.88	\$ 109.88
99335 00	E&M	2.68	2.68	\$ 173.22	\$ 173.22
99336 00	E&M	3.82	3.82	\$ 246.90	\$ 246.90
99337 00	E&M	5.47	5.47	\$ 353.54	\$ 353.54
99339 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99340 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99341 00	E&M	1.56	1.56	\$ 100.83	\$ 100.83
99342 00	E&M	2.25	2.25	\$ 145.42	\$ 145.42
99343 00	E&M	3.67	3.67	\$ 237.20	\$ 237.20
99344 00	E&M	5.14	5.14	\$ 332.21	\$ 332.21
99345 00	E&M	6.25	6.25	\$ 403.96	\$ 403.96
99347 00	E&M	1.56	1.56	\$ 100.83	\$ 100.83
99348 00	E&M	2.37	2.37	\$ 153.18	\$ 153.18
99349 00	E&M	3.64	3.64	\$ 235.26	\$ 235.26
99350 00	E&M	5.05	5.05	\$ 326.40	\$ 326.40
99354 00	E&M	3.67	3.44	\$ 237.20	\$ 222.34
99355 00	E&M	2.80	2.60	\$ 180.97	\$ 168.05
99356 00	E&M	2.60	2.60	\$ 168.05	\$ 168.05
99357 00	E&M	2.61	2.61	\$ 168.69	\$ 168.69
99358 00	E&M	3.15	3.15	\$ 203.59	\$ 203.59
99359 00	E&M	1.52	1.52	\$ 98.24	\$ 98.24

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99360 00	E&M	1.73	1.73	\$ 111.82	\$ 111.82
99366 00	E&M	1.21	1.19	\$ 80.26	\$ 78.39
99367 00	E&M	1.60	1.60	\$ 135.14	\$ 135.14
99368 00	E&M	1.04	1.04	\$ 67.80	\$ 67.80
99374 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99375 00	E&M	2.94	2.50	\$ 190.02	\$ 161.58
99377 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99378 00	E&M	2.94	2.50	\$ 190.02	\$ 161.58
99379 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99380 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99381 00	E&M	-	-	BR	BR
99382 00	E&M	-	-	BR	BR
99383 00	E&M	-	-	BR	BR
99384 00	E&M	-	-	BR	BR
99385 00	E&M	-	-	BR	BR
99386 00	E&M	-	-	BR	BR
99387 00	E&M	-	-	BR	BR
99391 00	E&M	-	-	BR	BR
99392 00	E&M	-	-	BR	BR
99393 00	E&M	-	-	BR	BR
99394 00	E&M	-	-	BR	BR
99395 00	E&M	-	-	BR	BR
99396 00	E&M	-	-	BR	BR
99397 00	E&M	-	-	BR	BR
99401 00	E&M	-	-	BR	BR
99402 00	E&M	-	-	BR	BR
99403 00	E&M	-	-	BR	BR
99404 00	E&M	-	-	BR	BR
99406 00	E&M	-	-	BR	BR
99407 00	E&M	-	-	BR	BR
99408 00	E&M	-	-	BR	BR
99409 00	E&M	-	-	BR	BR
99411 00	E&M	-	-	BR	BR
99412 00	E&M	-	-	BR	BR
99415 00	E&M	0.28	0.28	\$ 18.10	\$ 18.10
99416 00	E&M	0.12	0.12	\$ 7.76	\$ 7.76
99429 00	E&M	-	-	BR	BR
99441 00	E&M	0.39	0.36	\$ 25.79	\$ 23.66
99442 00	E&M	0.76	0.72	\$ 49.12	\$ 46.54
99443 00	E&M	1.12	1.08	\$ 72.39	\$ 69.80
99444 00	E&M	0.92	0.92	\$ 59.46	\$ 59.46

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99446 00	E&M	0.51	0.51	\$ 32.96	\$ 32.96
99447 00	E&M	1.01	1.01	\$ 65.28	\$ 65.28
99448 00	E&M	1.52	1.52	\$ 98.24	\$ 98.24
99449 00	E&M	2.02	2.02	\$ 130.56	\$ 130.56
99450 00	E&M	0.00	0.00	\$0.00	\$0.00
99451 00	E&M	1.04	1.04	\$ 67.22	\$ 67.22
99452 00	E&M	1.04	1.04	\$ 67.22	\$ 67.22
99453 00	E&M	0.54	0.54	\$ 34.90	\$ 34.90
99454 00	E&M	1.78	1.78	\$ 115.05	\$ 115.05
99455 00	E&M	5.23	5.23	\$ 338.03	\$ 338.03
99456 00	E&M	6.87	6.87	\$ 444.03	\$ 444.03
99457 00	E&M	1.43	0.90	\$ 92.43	\$ 58.17
99460 00	E&M	2.71	2.71	\$ 175.16	\$ 175.16
99461 00	E&M	2.58	1.78	\$ 166.75	\$ 115.05
99462 00	E&M	1.19	1.19	\$ 76.91	\$ 76.91
99463 00	E&M	3.13	3.13	\$ 202.30	\$ 202.30
99464 00	E&M	2.12	2.12	\$ 137.02	\$ 137.02
99465 00	E&M	4.13	4.13	\$ 266.93	\$ 266.93
99466 00	E&M	6.75	6.75	\$ 436.27	\$ 436.27
99467 00	E&M	3.37	3.37	\$ 217.81	\$ 217.81
99468 00	E&M	26.00	26.00	\$ 1,680.46	\$ 1,680.46
99469 00	E&M	11.24	11.24	\$ 726.48	\$ 726.48
99471 00	E&M	22.51	22.51	\$ 1,454.89	\$ 1,454.89
99472 00	E&M	11.53	11.53	\$ 745.22	\$ 745.22
99475 00	E&M	15.84	15.84	\$ 1,023.79	\$ 1,023.79
99476 00	E&M	9.86	9.86	\$ 637.28	\$ 637.28
99477 00	E&M	9.85	9.85	\$ 636.64	\$ 636.64
99478 00	E&M	3.87	3.87	\$ 250.13	\$ 250.13
99479 00	E&M	3.52	3.52	\$ 227.51	\$ 227.51
99480 00	E&M	3.37	3.37	\$ 217.81	\$ 217.81
99483 00	E&M	7.32	5.09	\$ 473.11	\$ 328.98
99484 00	E&M	1.35	0.91	\$ 87.25	\$ 58.82
99485 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99486 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99487 00	E&M	2.58	1.47	\$ 166.75	\$ 95.01
99489 00	E&M	1.29	0.74	\$ 83.38	\$ 47.83
99490 00	E&M	1.17	0.90	\$ 75.62	\$ 58.17
99491 00	E&M	2.33	2.33	\$ 150.59	\$ 150.59
99492 00	E&M	4.50	2.51	\$ 290.85	\$ 162.23
99493 00	E&M	3.59	2.27	\$ 232.03	\$ 146.72
99494 00	E&M	1.86	1.22	\$ 120.22	\$ 78.85

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE
EVALUATION AND MANAGEMENT CODES 2019-2020
 All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99495 00	E&M	4.62	3.11	\$ 298.60	\$ 201.01
99496 00	E&M	6.52	4.51	\$ 421.41	\$ 291.49
99497 00	E&M	2.40	2.23	\$ 155.12	\$ 144.13
99498 00	E&M	2.11	2.10	\$ 136.38	\$ 135.73
99499 00	E&M	-	-	BR	BR

Historical Note

New Appendix A, Evaluation and Management Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Category III

CATEGORY III CODES GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2019 Edition of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

Category III Codes are temporary codes developed to allow collection of data for emerging technology, services, and procedures. The five character alphanumeric codes contain four numbers with one alpha character in the fifth place. If a Category III Code is available, this code must be reported instead of a Category I unlisted code.

To the extent that a conflict may exist between an adopted portion of the C15

PT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

Historical Note

New Appendix A, Category III Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Guidelines will remain in effect through September 30, 2020 (Supp. 19-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Category III Codes

ARIZONA PHYSICIANS' FEE SCHEDULE

CATEGORY III CODES 2019-2020

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0212T 00	Category III	-	-	RNE	RNE
0213T 00	Category III	-	-	RNE	RNE
0214T 00	Category III	-	-	RNE	RNE
0215T 00	Category III	-	-	RNE	RNE
0216T 00	Category III	-	-	RNE	RNE
0217T 00	Category III	-	-	RNE	RNE
0218T 00	Category III	-	-	RNE	RNE
0219T 00	Category III	-	-	RNE	RNE
0220T 00	Category III	-	-	RNE	RNE
0221T 00	Category III	-	-	RNE	RNE
0222T 00	Category III	-	-	RNE	RNE
0228T 00	Category III	-	-	RNE	RNE
0229T 00	Category III	-	-	RNE	RNE
0230T 00	Category III	-	-	RNE	RNE
0231T 00	Category III	-	-	RNE	RNE
0232T 00	Category III	-	-	RNE	RNE
0234T 00	Category III	-	-	RNE	RNE
0235T 00	Category III	-	-	RNE	RNE
0236T 00	Category III	-	-	RNE	RNE
0237T 00	Category III	-	-	RNE	RNE
0238T 00	Category III	-	-	RNE	RNE
0249T 00	Category III	-	-	RNE	RNE
0253T 00	Category III	-	-	RNE	RNE
0254T 00	Category III	-	-	RNE	RNE
0263T 00	Category III	-	-	RNE	RNE
0264T 00	Category III	-	-	RNE	RNE
0265T 00	Category III	-	-	RNE	RNE
0266T 00	Category III	-	-	RNE	RNE
0267T 00	Category III	-	-	RNE	RNE
0268T 00	Category III	-	-	RNE	RNE
0269T 00	Category III	-	-	RNE	RNE
0270T 00	Category III	-	-	RNE	RNE
0271T 00	Category III	-	-	RNE	RNE
0272T 00	Category III	-	-	RNE	RNE
0273T 00	Category III	-	-	RNE	RNE
0274T 00	Category III	-	-	RNE	RNE
0275T 00	Category III	-	-	RNE	RNE
0278T 00	Category III	-	-	RNE	RNE
0290T 00	Category III	-	-	RNE	RNE
0295T 00	Category III	-	-	RNE	RNE
0296T 00	Category III	-	-	RNE	RNE
0297T 00	Category III	-	-	RNE	RNE
0298T 00	Category III	-	-	RNE	RNE

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE
CATEGORY III CODES 2019-2020

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0308T 00	Category III	-	-	RNE	RNE
0312T 00	Category III	-	-	RNE	RNE
0313T 00	Category III	-	-	RNE	RNE
0314T 00	Category III	-	-	RNE	RNE
0315T 00	Category III	-	-	RNE	RNE
0316T 00	Category III	-	-	RNE	RNE
0317T 00	Category III	-	-	RNE	RNE
0329T 00	Category III	-	-	RNE	RNE
0330T 00	Category III	-	-	RNE	RNE
0331T 00	Category III	-	-	RNE	RNE
0332T 00	Category III	-	-	RNE	RNE
0333T 00	Category III	-	-	RNE	RNE
0335T 00	Category III	-	-	RNE	RNE
0338T 00	Category III	-	-	RNE	RNE
0339T 00	Category III	-	-	RNE	RNE
0341T 00	Category III	-	-	RNE	RNE
0342T 00	Category III	-	-	RNE	RNE
0345T 00	Category III	-	-	RNE	RNE
0347T 00	Category III	-	-	RNE	RNE
0348T 00	Category III	-	-	RNE	RNE
0349T 00	Category III	-	-	RNE	RNE
0350T 00	Category III	-	-	RNE	RNE
0351T 00	Category III	-	-	RNE	RNE
0352T 00	Category III	-	-	RNE	RNE
0353T 00	Category III	-	-	RNE	RNE
0354T 00	Category III	-	-	RNE	RNE
0355T 00	Category III	-	-	RNE	RNE
0356T 00	Category III	-	-	RNE	RNE
0357T 00	Category III	-	-	RNE	RNE
0358T 00	Category III	-	-	RNE	RNE
0362T 00	Category III	-	-	RNE	RNE
0373T 00	Category III	-	-	RNE	RNE
0375T 00	Category III	-	-	RNE	RNE
0376T 00	Category III	-	-	RNE	RNE
0377T 00	Category III	-	-	RNE	RNE
0378T 00	Category III	-	-	RNE	RNE
0379T 00	Category III	-	-	RNE	RNE
0380T 00	Category III	-	-	RNE	RNE
0381T 00	Category III	-	-	RNE	RNE
0382T 00	Category III	-	-	RNE	RNE
0383T 00	Category III	-	-	RNE	RNE
0384T 00	Category III	-	-	RNE	RNE
0385T 00	Category III	-	-	RNE	RNE

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

CATEGORY III CODES 2019-2020

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0386T 00	Category III	-	-	RNE	RNE
0394T 00	Category III	-	-	RNE	RNE
0395T 00	Category III	-	-	RNE	RNE
0396T 00	Category III	-	-	RNE	RNE
0397T 00	Category III	-	-	RNE	RNE
0398T 00	Category III	-	-	RNE	RNE
0399T 00	Category III	-	-	RNE	RNE
0400T 00	Category III	-	-	RNE	RNE
0401T 00	Category III	-	-	RNE	RNE
0402T 00	Category III	-	-	RNE	RNE
0403T 00	Category III	-	-	RNE	RNE
0404T 00	Category III	-	-	RNE	RNE
0405T 00	Category III	-	-	RNE	RNE
0408T 00	Category III	-	-	RNE	RNE
0409T 00	Category III	-	-	RNE	RNE
0410T 00	Category III	-	-	RNE	RNE
0411T 00	Category III	-	-	RNE	RNE
0412T 00	Category III	-	-	RNE	RNE
0413T 00	Category III	-	-	RNE	RNE
0414T 00	Category III	-	-	RNE	RNE
0415T 00	Category III	-	-	RNE	RNE
0416T 00	Category III	-	-	RNE	RNE
0417T 00	Category III	-	-	RNE	RNE
0418T 00	Category III	-	-	RNE	RNE
0419T 00	Category III	-	-	RNE	RNE
0420T 00	Category III	-	-	RNE	RNE
0421T 00	Category III	-	-	RNE	RNE
0422T 00	Category III	-	-	RNE	RNE
0423T 00	Category III	-	-	RNE	RNE
0424T 00	Category III	-	-	RNE	RNE
0425T 00	Category III	-	-	RNE	RNE
0426T 00	Category III	-	-	RNE	RNE
0427T 00	Category III	-	-	RNE	RNE
0428T 00	Category III	-	-	RNE	RNE
0429T 00	Category III	-	-	RNE	RNE
0430T 00	Category III	-	-	RNE	RNE
0431T 00	Category III	-	-	RNE	RNE
0432T 00	Category III	-	-	RNE	RNE
0433T 00	Category III	-	-	RNE	RNE
0434T 00	Category III	-	-	RNE	RNE
0435T 00	Category III	-	-	RNE	RNE
0436T 00	Category III	-	-	RNE	RNE
0437T 00	Category III	-	-	RNE	RNE

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE
CATEGORY III CODES 2019-2020

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0439T 00	Category III	-	-	RNE	RNE
0440T 00	Category III	-	-	RNE	RNE
0441T 00	Category III	-	-	RNE	RNE
0442T 00	Category III	-	-	RNE	RNE
0443T 00	Category III	-	-	RNE	RNE
0444T 00	Category III	-	-	RNE	RNE
0445T 00	Category III	-	-	RNE	RNE
0446T 00	Category III	-	-	RNE	RNE
0447T 00	Category III	-	-	RNE	RNE
0448T 00	Category III	-	-	RNE	RNE
0449T 00	Category III	-	-	RNE	RNE
0450T 00	Category III	-	-	RNE	RNE
0451T 00	Category III	-	-	RNE	RNE
0452T 00	Category III	-	-	RNE	RNE
0453T 00	Category III	-	-	RNE	RNE
0454T 00	Category III	-	-	RNE	RNE
0455T 00	Category III	-	-	RNE	RNE
0456T 00	Category III	-	-	RNE	RNE
0457T 00	Category III	-	-	RNE	RNE
0458T 00	Category III	-	-	RNE	RNE
0459T 00	Category III	-	-	RNE	RNE
0460T 00	Category III	-	-	RNE	RNE
0461T 00	Category III	-	-	RNE	RNE
0462T 00	Category III	-	-	RNE	RNE
0463T 00	Category III	-	-	RNE	RNE
0464T 00	Category III	-	-	RNE	RNE
0464T 00	Category III	-	-	RNE	RNE
0465T 00	Category III	-	-	RNE	RNE
0465T 00	Category III	-	-	RNE	RNE
0466T 00	Category III	-	-	RNE	RNE
0466T 00	Category III	-	-	RNE	RNE
0467T 00	Category III	-	-	RNE	RNE
0467T 00	Category III	-	-	RNE	RNE
0468T 00	Category III	-	-	RNE	RNE
0468T 00	Category III	-	-	RNE	RNE
0469T 00	Category III	-	-	RNE	RNE
0470T 00	Category III	-	-	RNE	RNE
0471T 00	Category III	-	-	RNE	RNE
0472T 00	Category III	-	-	RNE	RNE
0473T 00	Category III	-	-	RNE	RNE
0474T 00	Category III	-	-	RNE	RNE
0475T 00	Category III	-	-	RNE	RNE
0476T 00	Category III	-	-	RNE	RNE

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

CATEGORY III CODES 2019-2020

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0477T 00	Category III	-	-	RNE	RNE
0478T 00	Category III	-	-	RNE	RNE
0479T 00	Category III	-	-	RNE	RNE
0480T 00	Category III	-	-	RNE	RNE
0481T 00	Category III	-	-	RNE	RNE
0482T 00	Category III	-	-	RNE	RNE
0483T 00	Category III	-	-	RNE	RNE
0484T 00	Category III	-	-	RNE	RNE
0485T 00	Category III	-	-	RNE	RNE
0486T 00	Category III	-	-	RNE	RNE
0487T 00	Category III	-	-	RNE	RNE
0488T 00	Category III	-	-	RNE	RNE
0489T 00	Category III	-	-	RNE	RNE
0490T 00	Category III	-	-	RNE	RNE
0491T 00	Category III	-	-	RNE	RNE
0492T 00	Category III	-	-	RNE	RNE
0493T 00	Category III	-	-	RNE	RNE
0494T 00	Category III	-	-	RNE	RNE
0495T 00	Category III	-	-	RNE	RNE
0496T 00	Category III	-	-	RNE	RNE
0497T 00	Category III	-	-	RNE	RNE
0498T 00	Category III	-	-	RNE	RNE
0499T 00	Category III	-	-	RNE	RNE
0500T 00	Category III	-	-	RNE	RNE
0501T 00	Category III	-	-	RNE	RNE
0502T 00	Category III	-	-	RNE	RNE
0503T 00	Category III	-	-	RNE	RNE
0504T 00	Category III	-	-	RNE	RNE
0505T 00	Category III	-	-	RNE	RNE
0506T 00	Category III	-	-	RNE	RNE
0506T 26	Category III	-	-	RNE	RNE
0506T TC	Category III	-	-	RNE	RNE
0507T 00	Category III	-	-	RNE	RNE
0507T 26	Category III	-	-	RNE	RNE
0507T TC	Category III	-	-	RNE	RNE
0508T 00	Category III	-	-	RNE	RNE
0508T 26	Category III	-	-	RNE	RNE
0508T TC	Category III	-	-	RNE	RNE
0509T 00	Category III	-	-	RNE	RNE
0509T 26	Category III	-	-	RNE	RNE
0509T TC	Category III	-	-	RNE	RNE
0510T 00	Category III	-	-	RNE	RNE
0511T 00	Category III	-	-	RNE	RNE

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

CATEGORY III CODES 2019-2020

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0512T 00	Category III	-	-	RNE	RNE
0513T 00	Category III	-	-	RNE	RNE
0514T 00	Category III	-	-	RNE	RNE
0515T 00	Category III	-	-	RNE	RNE
0516T 00	Category III	-	-	RNE	RNE
0517T 00	Category III	-	-	RNE	RNE
0518T 00	Category III	-	-	RNE	RNE
0519T 00	Category III	-	-	RNE	RNE
0520T 00	Category III	-	-	RNE	RNE
0521T 00	Category III	-	-	RNE	RNE
0521T 26	Category III	-	-	RNE	RNE
0521T TC	Category III	-	-	RNE	RNE
0522T 00	Category III	-	-	RNE	RNE
0522T 26	Category III	-	-	RNE	RNE
0522T TC	Category III	-	-	RNE	RNE
0523T 00	Category III	-	-	RNE	RNE
0524T 00	Category III	-	-	RNE	RNE
0525T 00	Category III	-	-	RNE	RNE
0526T 00	Category III	-	-	RNE	RNE
0527T 00	Category III	-	-	RNE	RNE
0528T 00	Category III	-	-	RNE	RNE
0528T 26	Category III	-	-	RNE	RNE
0528T TC	Category III	-	-	RNE	RNE
0529T 00	Category III	-	-	RNE	RNE
0529T 26	Category III	-	-	RNE	RNE
0529T TC	Category III	-	-	RNE	RNE
0530T 00	Category III	-	-	RNE	RNE
0531T 00	Category III	-	-	RNE	RNE
0532T 00	Category III	-	-	RNE	RNE
0533T 00	Category III	-	-	RNE	RNE
0533T 26	Category III	-	-	RNE	RNE
0533T TC	Category III	-	-	RNE	RNE
0534T 00	Category III	-	-	RNE	RNE
0534T 26	Category III	-	-	RNE	RNE
0534T TC	Category III	-	-	RNE	RNE
0535T 00	Category III	-	-	RNE	RNE
0535T 26	Category III	-	-	RNE	RNE
0535T TC	Category III	-	-	RNE	RNE
0536T 00	Category III	-	-	RNE	RNE
0536T 26	Category III	-	-	RNE	RNE
0536T TC	Category III	-	-	RNE	RNE
0537T 00	Category III	-	-	RNE	RNE
0538T 00	Category III	-	-	RNE	RNE

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE

CATEGORY III CODES 2019-2020

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0539T 00	Category III	-	-	RNE	RNE
0540T 00	Category III	-	-	RNE	RNE
0541T 00	Category III	-	-	RNE	RNE
0542T 00	Category III	-	-	RNE	RNE

Historical Note

New Appendix A, Category III Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019;
Appendix A, Category III Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3).

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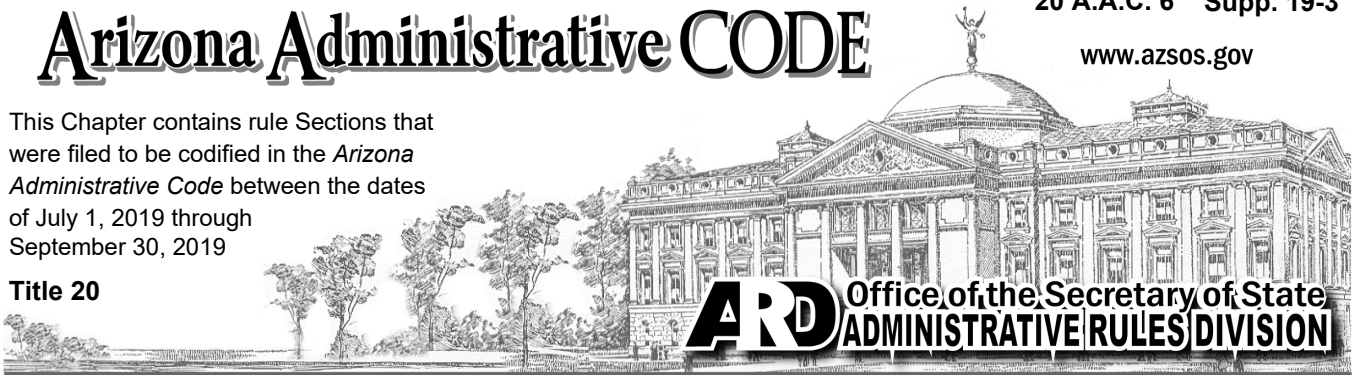
Arizona Administrative CODE

20 A.A.C. 6 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 20



TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 6. DEPARTMENT OF INSURANCE

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

[R20-6-1101. Incorporation by Reference and Modifications . 79](#) [R20-6-401. Proxies, Consents, and Authorizations of Domestic Stock Insurers 26](#)

Questions about these rules? Contact:

Department: Arizona Department of Insurance
Name: Mary E. Kosinski
Regulatory Legal Affairs Officer
Address: 100 N. 15th Ave., Suite 102
Phoenix, AZ 85007-2624
Telephone: (602) 364-3476
E-mail: mkosinski@azinsurance.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 19-1, 1-132 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE**CHAPTER 6. DEPARTMENT OF INSURANCE**

Authority: A.R.S. § 20-101 et seq.

20 A.A.C. 6, consisting of R20-6-101 through R20-6-159, R20-6-201 through R20-6-218, R20-6-301 through R20-6-308, R20-6-401 through R20-6-409, R20-6-501, R20-6-601 through R20-6-607, R20-6-701 through R20-6-709, R20-6-801 through R20-6-802, R20-6-901, R20-6-1001 through R20-6-1016, R20-6-1101 through R20-6-1120, R20-6-1201 through R20-6-1205, R20-6-1401 through R20-6-1408, R20-6-1601 through R20-6-1607, and R20-6-1701 through R20-6-1704 recodified from 4 A.A.C. 14, consisting of R4-14-101 through R4-14-159, R4-14-201 through R4-14-218, R4-14-301 through R4-14-308, R4-14-401 through R4-14-409, R4-14-501, R4-14-601 through R4-14-607, R4-14-701 through R4-14-709, R4-14-801 through R4-14-802, R4-14-901, R4-14-1001 through R4-14-1016, R4-14-1101 through R4-14-1120, R4-14-1201 through R4-14-1205, R4-14-1401 through R4-14-1408, R4-14-1601 through R4-14-1607, and R4-14-1701 through R4-14-1704, pursuant to R1-1-102 (Supp. 95-1).

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Article 11, consisting of Sections R4-14-1101 through R4-14-1120 and Appendices A through E, adopted again by emergency effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1).

Article 11, consisting of Sections R4-14-1101 through R4-14-1120 and Appendices A through E, adopted by emergency effective

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December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). R20-6-1101 through R20-6-1120 recodified from R4-14-1101 through R4-14-1120 (Supp. 95-1).

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CHAPTER 6. DEPARTMENT OF INSURANCE

ARTICLE 1. HEARING PROCEDURES AND RULEMAKING PETITIONS**R20-6-101. Scope of Article; Definitions**

- A.** Scope. This Article and Title 20 of the Arizona Revised Statutes govern contested cases before the Department. Except as otherwise provided in R20-6-160 for rulemaking petitions, this Article does not apply to rulemaking or investigative proceedings before the Department. Unless expressly applicable by rule or statute, the Arizona Rules of Civil Procedure do not apply to contested cases.
- B.** Definitions. In this Article, the following definitions apply:
1. "Attorney General" means the Attorney General of Arizona, and the Attorney General's assistants or special agents.
 2. "Contested case" means any proceeding in which the legal rights, duties or privileges of a party are required by law to be determined by the Director after an opportunity for hearing.
 3. "Department" means the Arizona Department of Insurance.
 4. "Hearing Officer" means a person appointed by the Director to hear a contested case and make recommendations.
 5. "Party" has the meaning prescribed in A.R.S. § 41-1001(12).
 6. "Person" has the meaning prescribed in A.R.S. § 41-1001(13).
 7. "Director" means the Director of the Department or a hearing officer or any deputy, assistant or examiner of the Director acting in the Director's name in accordance with A.R.S. § 20-150.

Historical Note

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-101 recodified from R4-14-101 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 618, effective February 4, 1999 (Supp. 99-1).

R20-6-102. Appearance and Practice before the Director

- A.** Any person may appear in his own behalf or through counsel. An insurer may appear through legal counsel or through a duly authorized officer of the corporation.
- B.** When an attorney other than the Attorney General appears or intends to appear before the Director, he shall promptly advise the Director of his name, address and telephone number and the name and address of the person on whose behalf he intends to appear.
- C.** Conduct at any hearing which, in the discretion of the Director, is deemed contemptuous shall be grounds for exclusion from the hearing. Contemptuous conduct shall include willful noncompliance with an order of the Director or hearing officer, willful disruption or obstruction of any hearing, or any other willful conduct during any hearing which lessens the dignity or authority of the Director or hearing officer.

Historical Note

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-102 recodified from R4-14-102 (Supp. 95-1).

R20-6-103. Filing; Service

- A.** No paper shall be deemed filed until received by the Director.
- B.** Unless otherwise provided by these rules, copies of all papers filed shall, at or before the time of filing, be served on the hearing officer, the Attorney General, and all parties to the proceeding.
- C.** Whenever under these rules service is required or permitted to be made upon a party represented by an attorney, the service shall be made upon the attorney.

- D.** Service upon the attorney, or upon a party, shall be made personally in accordance with Rule 5(c) of the Arizona Rules of Civil Procedure, or by mail by enclosing a copy thereof in a sealed envelope and depositing same, postage prepaid, in the United States mail, addressed to the party to be served or his attorney at the address as shown by the records of the Director. Service by mail is complete upon deposit in the United States Mail.
- E.** All notices of hearing and final decisions issued by the Director shall be served by mail.
- F.** Proof of service shall be made by filing with the Director a written statement that service was made.

Historical Note

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-103 recodified from R4-14-103 (Supp. 95-1).

R20-6-104. Expired**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-104 recodified from R4-14-104 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

R20-6-105. Expired**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-105 recodified from R4-14-105 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

R20-6-106. Answer to Notice of Hearing

- A.** In any notice of hearing, the Director may require that one or more parties shall file a written answer to the allegations contained in the notice of hearing. Even if not directed to do so, any party may file such an answer.
- B.** Except where a different period is provided by the notice of hearing, a party directed to file a written answer shall do so within 20 days after issuance of the notice of hearing. Where amendments to the assertions contained in the notice of hearing are made subsequent to service of the notice of hearing, one or more of the parties may be required to answer within a reasonable time the amended assertions.
- C.** Unless otherwise directed by the Director, an answer filed under this rule shall briefly state the party's position or defense to the proceeding and shall specifically admit or deny each of the assertions contained in the notice of hearing. If the answering party is without or is unable to reasonably obtain knowledge or information sufficient to form a belief as to the truth of an assertion, he shall so state, which shall have the effect of a denial. Any assertion not denied shall be deemed to be admitted. When answering party intends in good faith to deny only a part of an assertion, he shall specify so much of it as is true and shall deny only the remainder.
- D.** If a party fails to file an answer required by the Director within the time provided, such person shall be deemed in default and the proceeding may be determined against him by the Director and one or more of the assertions contained in the notice of hearing may be deemed to be admitted.
- E.** Any defenses not raised in the answer shall be deemed to be waived.

Historical Note

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-106 recodified from R4-14-106 (Supp. 95-1).

R20-6-107. Expired

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Historical Note

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-107 recodified from R4-14-107 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

R20-6-108. Expired**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-108 recodified from R4-14-108 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

R20-6-109. Expired**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-109 recodified from R4-14-109 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

R20-6-110. Expired**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-110 recodified from R4-14-110 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

R20-6-111. Expired**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-111 recodified from R4-14-111 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3374, effective May 31, 2016 (Supp. 16-4).

R20-6-112. Expired**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-112 recodified from R4-14-112 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3374, effective May 31, 2016 (Supp. 16-4).

R20-6-113. Expired**Historical Note**

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-113 recodified from R4-14-113 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 1421, effective May 31, 2011 (Supp. 11-3).

R20-6-114. Request for Rehearing or Review

- A. Within 30 days after service of the Director's order on the hearing, any aggrieved party may request a rehearing or review of the order. The request shall be in writing and shall be served upon the Director as provided by R20-6-103, and a copy shall be served upon all other parties to the hearing, including the Attorney General if the Attorney General is not the party filing the request.
- B. A request for rehearing or review shall be based upon one or more of the following grounds which have materially affected the rights of a party:
 1. Irregularity in the hearing proceedings, or any order or abuse of discretion whereby the party seeking rehearing or review was deprived of a fair hearing;
 2. Misconduct by the Director, the hearing officer or any party to the hearing;
 3. Accident or surprise which could not have been prevented by ordinary prudence;

4. Newly discovered material evidence which could not have been discovered with reasonable diligence and produced at the hearing;
 5. Excessive or insufficient sanctions or penalties imposed;
 6. Error in the admission or rejection of evidence, or errors of law occurring at the hearing or during the course of the hearing;
 7. Bias or prejudice of the Director or hearing officer;
 8. That the order, decision, or findings of fact are not justified by the evidence or are contrary to law.
- C. A request for rehearing or review shall specify which of the grounds listed in subsection (B) it is based upon and shall set forth specific facts and laws in support of the request. A request may cite relevant portions of testimony from the hearing by referring to the pages or lines of the reporter's transcript of the hearing and may cite hearing exhibits by reference to the exhibit number.
 - D. A request for rehearing shall specify the relief sought by the request, such as a different finding of fact, conclusion of law or order. A request for rehearing or review may seek multiple forms of relief in the alternative.
 - E. When a request for rehearing is based upon affidavits, they shall be attached to and filed with the request unless leave for later filing of affidavits is granted by the Director or hearing officer. Leave may be granted ex parte.
 - F. A request for rehearing or review of the Director's order on the hearing which is not timely made is deemed waived for the purpose of judicial review. A party who fails to request rehearing or review of the Director's order on the hearing shall be barred from raising a claim in any proceeding in which the Director, the hearing officer or the Department of Insurance is a party, except as otherwise required by law.
 - G. A party may file a written request for a stay of the Director's decision. An order entered by the Director shall not be stayed by the filing of a stay request or a request for rehearing or review. The Director may stay an order pending the resolution of a request for rehearing or review or when justice requires.

Historical Note

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-114 recodified from R4-14-114 (Supp. 95-1). Amended effective June 15, 1998 (Supp. 98-2).

R20-6-115. Response to Request for Rehearing

- A. Each party served with a request for rehearing pursuant to R20-6-114 shall be permitted to file a response within 15 days after the request for rehearing has been filed. This response shall be designated as a "response to request for rehearing or review" and shall be in writing. Affidavits may be attached to and filed with the response. If not filed in this manner, an affidavit shall be filed only if leave for later filing of affidavits is granted by the hearing officer or Director. Leave may be granted ex parte. The original response shall be filed with the Department as provided in R20-6-103, and one copy shall be served upon all other parties to the hearing, including the Attorney General if the Attorney General is not the party filing the response.
- B. The hearing officer or Director has the discretion to convene a hearing or hear oral argument to consider a request for rehearing.

Historical Note

Adopted effective January 23, 1992 (Supp. 92-1). R20-6-115 recodified from R4-14-115 (Supp. 95-1). Amended

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effective June 15, 1998 (Supp. 98-2).

R20-6-116. Reserved
through

R20-6-158. Reserved

R20-6-159. Repealed

Historical Note

Adopted effective February 17, 1977 (Supp. 77-1). R20-6-159 recodified from R4-14-159 (Supp. 95-1). Repealed effective June 15, 1998 (Supp. 98-2).

R20-6-160. Petition for Rulemaking Action

- A.** The following definitions apply in this Section.
1. "Department" means the Arizona Department of Insurance.
 2. "Director" means the Director of the Department of Insurance.
 3. "Petitioner" means a person who petitions the Department for rulemaking action.
 4. "Rulemaking action" means the process for formulation and finalization of a new rule, or amendment or repeal of an existing rule.
- B.** Any person may petition the Department under A.R.S. § 41-1033 for rulemaking action.
- C.** A person who seeks rulemaking action shall file, with the Director, a petition with the following information:
1. The petitioner's name, address, and telephone number;
 2. The name and address of any organization the petitioner represents;
 3. A statement of the rulemaking action the petitioner seeks, including:
 - a. A citation to any existing rule, substantive policy statement, or Department practice to be amended or repealed; and
 - b. The specific language of a proposed new rule or rule amendment;
 4. The reasons for the rulemaking action, including an explanation of why an existing rule, substantive policy statement, or Department practice is inadequate, unreasonable, unduly burdensome, or unlawful; and
 5. The petitioner's dated signature.
- D.** The petitioner may submit additional supporting information, including:
1. Statistical data; and
 2. A list of other persons and entities likely to be affected by the proposed rulemaking action, with an explanation of the likely effects.
- E.** Within 60 days of the date the Department receives the petition, the Department shall send the petitioner a written decision indicating whether the Department is denying the petition or will initiate the requested rulemaking action, with the reasons for the decision.

Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 618, effective February 4, 1999 (Supp. 99-1). Section heading corrected at Department Request, Office File No. M11-401, filed October 27, 2011 (Supp. 11-3).

ARTICLE 2. TRANSACTION OF INSURANCE

R20-6-201. Advertisements of Health

- A.** Definitions. The following definitions apply to this Section and to R20-6-201.01, R20-6-201.02, and R20-6-203:
1. "Advertisement" means materials and information used by an insurer to generate insurance business.

- a. Advertisement includes the following information:
 - i. Printed and published material, audio visual material, or other forms of electronic communication that an insurer uses or displays in direct mail, newspapers, magazines, radio, television, billboards, Internet web sites, and similar media to inform the public about the insurer or its products;
 - ii. Descriptive literature and sales aids an insurer issues or releases for presentation to members of the public, including circulars, leaflets, booklets, depictions, illustrations, and form letters;
 - iii. Prepared sales talks and presentations and material for use by an insurer or prepared by an insurer for use by authorized producers; and
 - iv. Material included with a policy when the policy is delivered and material used in the solicitation of renewals and reinstatements;
 - b. "Advertisement" does not include the following:
 - i. Material used solely for training and educating an insurer's employees or producers;
 - ii. Material used in-house by insurers;
 - iii. Communications within an insurer's own organization not intended for dissemination to the public;
 - iv. Individual communications with current policy holders regarding a member's personal information other than material urging the policyholders to increase or expand coverages;
 - v. Correspondence between a prospective group or blanket policyholder and an insurer in the course of negotiating a group or blanket contract;
 - vi. Court-approved material ordered by a court to be disseminated to policyholders;
 - vii. Material in connection with promotion or sponsorship of a charitable event in which only the name of the insurer is displayed;
 - viii. A general announcement from a group or blanket policyholder to eligible individuals on an employment or membership list that a contract or program has been written or arranged. The announcement shall clearly indicate that it is preliminary to the issuance of a booklet and that does not describe the specific benefits under the contract or program nor the advantages as to the purchase of the contract or program;
 - ix. A general announcement by the sponsor that endorses the program;
 - x. Health and wellness material with general health and wellness information; or
 - xi. Press releases and news releases not intended to generate business.
2. "Disability insurance" has the same meaning prescribed in A.R.S. § 20-253.
 3. "Elimination period" means the time between the date a loss occurs and the date that benefits begin to accrue for that loss.
 4. "Exclusion" means a policy term stating a risk that an insurer has not assumed.
 5. "Health insurance" means:
 - a. Disability insurance;
 - b. Insurance provided by a service corporation regulated under A.R.S. § 20-821 et seq.;

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- c. Insurance provided by a prepaid dental plan organization regulated under A.R.S. § 20-1001 et seq.; and
 - d. Insurance provided by a health care services organization regulated under A.R.S. § 20-1051 et seq.
 - 6. "Insurance administrator" or "administrator" has the meaning prescribed in A.R.S. § 20-485(A)(1).
 - 7. "Insurer" has the same meaning prescribed in A.R.S. § 20-104.
 - 8. "Limitation" means a policy term, other than an exclusion or reduction, that decreases the risk assumed by the insurer or the insurer's obligation to provide benefits.
 - 9. "Person" has the meaning in A.R.S. § 20-105.
 - 10. "Policy" means any plan, certificate, contract, agreement, statement of coverage, evidence of coverage, subscription contract, membership coverage, rider, or endorsement that provides disability benefits, health insurance, medical, surgical or hospital expense benefits, long-term care benefits, or Medicare supplement benefits in the form of a cash indemnity, reimbursement, or service.
 - 11. "Reduction" means a policy term that reduces the amount of an insured's benefits. A reduction means that the insurer has assumed the risk of a particular loss, but the amount or period of the insurer's coverage is less than what the insurer would have paid for the loss without the reduction.
 - 12. "Spokesperson" means a person making a testimonial about or an endorsement of an insurer's product who:
 - a. Has a financial interest in the insurer or a related entity as a stockholder, director, officer, employee, or independent contractor;
 - b. Has been formed by the insurer, is owned or controlled by the insurer or its employees, or is a person who owns or controls an insurer;
 - c. Is in a policy-making position and affiliated with the insurer in any capacity described in subsections (a) or (b); or
 - d. Is directly or indirectly compensated for making the testimonial or endorsement.
- B. Scope.**
- 1. This Section applies to all advertisements for health insurance.
 - 2. This Section applies to the conduct of insurers, producers, and third-party administrators.
- C. General requirements. Insurers, producers, and third-party administrators shall ensure that health insurance advertisements meet the requirements of this Section.**
- 1. Advertisements shall be truthful and not misleading. The insurer shall not use words or phrases, the meaning of which is clear only by implication or by familiarity with insurance terminology.
 - 2. An advertisement shall not omit information or use words, phrases, statements, references, or illustrations if the omission of information or use of words, phrases, statements, references, or illustrations may mislead or deceive purchasers or prospective purchasers.
 - 3. The words and phrases used to describe a policy shall accurately describe the benefits of the policy and not exaggerate any benefit through the use of phrases such as "all," "full," "complete," "comprehensive," "unlimited," "up to," "as high as," "this policy will pay your hospital and surgical bills" or "this policy will replace your income," or similar words and phrases.
 - 4. If a policy covers only one disease or a list of specified diseases, any advertisement for the policy shall not imply coverage beyond the specified diseases.
 - 5. If a policy pays varying amounts for the same loss occurring under different conditions or pays benefits only when a loss occurs under certain conditions, any advertisement for the policy shall disclose the limited conditions.
 - 6. If an advertisement specifies payment of a particular dollar amount for hospital room and board expenses, the advertisement shall also include the maximum daily benefit and the maximum time limit for which those expenses are covered.
 - 7. An advertisement that refers to any dollar amount, period of time for which a benefit is payable, cost of policy, or specific policy benefit or the loss for which a benefit is payable shall also disclose any related exclusions, reductions, and limitations without which the advertisement would have the capacity and tendency to mislead or deceive.
 - 8. An advertisement covered by subsection (C)(7) shall disclose the existence of a waiting period if a policy contains a period between the effective date of the policy and the effective date of coverage under the policy. The advertisement shall disclose the existence of an elimination period.
 - 9. An advertisement shall disclose any exclusion, reduction, or limitation applicable to a pre-existing condition; however, an insurer is not required to make disclosure in an advertisement that does not reference specific product information, benefit level, or dollar amounts.
 - 10. If a policy has an exclusion, reduction, or limitation applicable to a preexisting condition, an advertisement shall not state or imply that the applicant's physical condition or medical history will not affect the issuance of the policy or payment of a claim and shall not use the phrase "no medical examination required" or other similar phrase.
 - 11. If an advertisement refers to renewability, cancellation, or termination of a policy, or states or illustrates time or age in connection with eligibility of applicants or continuation of the policy, the advertisement shall disclose the provisions relating to renewability, cancellation, and termination and any modification of benefits, losses covered, or premiums because of age or for other reasons, in a manner that does not minimize or obscure the qualifying conditions.
 - 12. An advertisement shall not make any offer prohibited under A.R.S. § 20-452(4).
 - 13. An advertisement shall not advertise any health insurance policy or form that has not been approved by the Department, unless the policy or form being advertised is exempt from approval or not subject to approval by order or statute.
 - 14. An advertisement shall not state or imply that a product being offered is an introductory, special, or initial offer that will entitle the applicant to receive advantages not described in the policy by accepting the offer.
 - 15. An advertisement designed to produce leads either by use of a coupon, a request to write or call the company, or subsequent advertisement before contact, shall disclose that a producer may contact the potential applicant.
- D. Method of disclosure of required information. If an insurer is required by law to disclose particular information, the information shall be conspicuous and in close proximity to the statements to which the information relates, or under a prominent caption so that the required disclosure is not minimized, obscured, presented in an ambiguous fashion, or intermingled with the content of the advertisement.**

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E. Testimonials.

1. Testimonials used in advertisements shall be genuine, represent the current opinion of the author, be applicable to the policy advertised, and be accurately reproduced. The insurer shall provide the Department with the full name of the author and a copy of the full testimonial if the advertisement is filed with the Department or requested by the Department. If an insurer uses a testimonial, the insurer adopts the statements in the testimonial as the insurer's own statements. If a testimonial or endorsement is used more than one year after it is given, the insurer shall obtain a written confirmation from the author that the testimonial represents the current opinion of the author.
2. The insurer shall disclose that a spokesperson has a financial interest or the proprietary or representative capacity of a spokesperson in an advertisement in the introductory portion of a testimonial or endorsement in the same form and with equal prominence as the endorsement. If a spokesperson is directly or indirectly compensated for making a testimonial or endorsement, the insurer shall disclose that fact in the advertisement by language that states, "Paid Endorsement," or words of similar import in type, style, and size at least equal to that used for the spokesperson's name or the body of the testimonial or endorsement, whichever is larger. For television or radio advertising, the insurer shall place the required disclosure prominently in the introductory portion of the advertisement.

F. Statistics. An advertisement with information on the dollar amounts of claims paid, the number of persons insured, or similar statistical information relating to any insurer or policy shall not use facts that are irrelevant to the sale of insurance and shall accurately reflect all of the relevant facts specific to the advertised policy or insurer. An advertisement shall not state or imply that statistics are derived from the policy being advertised unless that is true. The insurer shall identify in the advertisement the source of any statistics used.**G. Inspection of policy.** An offer in an advertisement of free inspection of a policy or offer of a premium refund does not cure misleading or deceptive statements in the advertisement.**H. Identification of plan or number of policies.**

1. If an advertisement offers a choice in the amount of benefits the advertisement shall disclose that the amount of benefits depends on the policy selected and that the premium will vary with the amount of the benefits.
2. If an advertisement refers to benefits contained in more than one policy, other than a group master policy, the advertisement shall disclose that the benefits are provided only if multiple policies are purchased.

I. Disparaging comparisons and statements. An advertisement shall not make unfair, incomplete, or unsubstantiated comparisons of other insurers' policies or benefits or falsely disparage other insurers' policies, services, or business methods. A comparison is unsubstantiated if the insurer has no empirical study, analysis, or documentation supporting the comparative statement or comparison of policies or benefits.**J. Jurisdictional limits.** If an insurer has an advertisement that is meant to be seen or heard beyond the limits of the jurisdiction in which the insurer is licensed, the advertisement shall indicate that the insurer is licensed in a specified state or states only, or is not licensed in a specified state or states, by use of language such as "This Company is licensed only in State A" or "This Company is not licensed in State B."**K. Identity of insurer.** The insurer shall state the name of the actual insurer in all of its advertisements. An advertisement

shall clearly identify the insurer and shall not use a trade name, an insurance group designation, name of the parent company of the insurer, name of a particular division of the insurer, service mark, slogan, symbol, or other device that may mislead or deceive the public as to the insurer's identity.

L. Group insurance. An advertisement shall not state or imply that prospective policyholders become group or quasi-group members and enjoy special rates or underwriting privileges, unless it is true. An advertisement to join an association, trust, or group that is also an invitation to contract for insurance coverage shall disclose that the applicant will be purchasing both membership in the association, trust, or group and insurance coverage.**M. Government approval.** An advertisement shall not state or imply any of the following:

1. That a governmental agency or regulator is connected with or has provided or endorsed a policy or endorsed an insurer;
2. That a governmental agency or regulator has examined an insurer's financial condition and found it satisfactory. This subsection does not apply if an insurer is responding to a specific documented, public, false allegation about its financial condition.

N. Endorsements. An advertisement may state that an individual, group, society, association, or other organization has approved or endorsed the insurer or its policy if the organization or group has done so in writing and if any proprietary relationship between the organization and the insurer is disclosed.**O. Claims handling.** An advertisement shall not contain false statements about the time within which claims are paid or statements that imply that claim settlements will be liberal or generous beyond the terms of the policy.**P. Statements about the insurer.** An advertisement shall not contain false or misleading statements about an insurer's assets, corporate structure, financial standing, length of time in business, or relative position in the insurance business.**Historical Note**

Former General Rule Number 2. R20-6-201 recodified from R4-14-201 (Supp. 95-1). Amended by final rulemaking at 13 A.A.R 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-201.01. Insurer Advertising Responsibility and Records**A.** An insurer shall establish, and at all times maintain, a system of control over the content, form, and method of dissemination of all advertisements. The insurer whose policies are advertised is responsible for the advertisements, regardless of who writes, creates, designs, or presents the advertisement, except the insurer is not responsible for any advertisement placed by a person to whom the insurer gave no actual or apparent authority. Before using an advertisement about an insurer or its products, a producer shall get written approval from the insurer for use of advertisements that were not supplied by the insurer.**B.** An insurer shall maintain, at its home or principal office, the following:

1. Advertisements disseminated by the insurer in Arizona or any other state, including:
 - a. Each printed, published, recorded, or prepared advertisement of individual policies; and
 - b. Typical printed, published, recorded, or prepared advertisements of blanket, franchise, and group policies.
2. A notation attached to each advertisement specifying the manner and extent of distribution and the form number of any policy advertised; and

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3. Documentation supporting any testimonials, statistical claims, or comparisons shown in the advertising.
- C. An insurer shall maintain the advertisements, notations, and supporting documentation for at least three years from the date of first dissemination.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-201.02. Procedures for Filing Advertising Materials; Transmittal Form

- A. An insurer that is required to file a health insurance advertisement with the Department as specified in A.R.S. §§ 20-826(T), 20-1018, 20-1057(X), 20-1110(E), or 20-1662 shall file the advertisement with a transmittal form prescribed by the Department.
- B. The transmittal form shall include the following information:
 1. Identifying information of the insurer, including name, address, National Association of Insurance Commissioners' identification number, and type of insurer;
 2. A contact person at the insurer with whom the Department can communicate about the advertisement;
 3. Description of the type of advertisement being filed;
 4. Planned use and dissemination of the advertisement, including date of first use, or a statement that the advertisement will not be used any earlier than a specified date;
 5. Description of product being advertised;
 6. Form number and name for the advertised product;
 7. A certification from an officer of the insurer that the advertisement complies with applicable laws; and
 8. The dated signature of the insurer's officer.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-202. Advertising, Solicitation, and Transaction of Life Insurance

- A. The definitions in R20-6-201(A) and the following definition apply in this Section:

"Life insurance" means a life insurance contract, including all benefits payable under the policy.
- B. Applicability
 1. This Section applies to:
 - a. All persons subject to regulation under A.R.S. Title 20; and
 - b. Advertising, promotion, solicitation, negotiation, and sale of life insurance policies, regardless of the form of dissemination.
 2. This Section does not apply to group insurance, franchise insurance, or to annuities without life contingencies.
- C. General provisions. A life insurance advertisement shall not mislead the public by:
 1. Omitting information that fairly describes the subject matter as a life insurance policy and the benefits available under the policy;
 2. Placing undue emphasis on facts that, even if true, are not relevant to the sale of life insurance; or
 3. Placing undue emphasis on features of incidental or secondary importance to the life insurance aspects of the policy.
- D. The Department deems the following acts misleading and deceptive:
 1. Using any statement, including phrases such as "investment," "investment plan," "founders plan," "charter plan," "expansion plan," "profit," "profits," or "profit sharing," in a context or under circumstances or condi-

- tions that may mislead a purchaser or prospective purchaser to believe that the insurer is selling something other than a life insurance policy or will provide some benefit not included in the policy, or not available to other persons of the same class and equal expectation of life;
2. Using any phrase as the name or title of a life insurance policy if the phrase does not include the words "life insurance," unless other language in the same document expressly provides that the contract is a life insurance policy;
3. Making any statement relating to the growth or earnings of the life insurance industry or to the tax status of life insurance companies in a context that would reasonably be understood as attempting to interest a prospective applicant in the purchase of shares of stock in the insurance company rather than in the purchase of a life insurance policy;
4. Making any statement that reasonably tends to imply that the insured will enjoy a status common to a stockholder or will acquire a stock ownership interest in the insurance company by purchasing the policy, unless the statement is made with reference to policies of domestic life insurers engaged in a program allowed under A.R.S. § 20-453;
5. Providing a policyholder with a premium receipt book, policy jacket, return envelope, or other printed or electronic material referring to the insurer's "investment department," "insured investment department," or similar terminology in a manner implying that the policy is sold, issued, or serviced by the insurer's investment department;
6. Making any statement that reasonably tends to imply that, by purchasing a policy, the purchaser or prospective purchaser will become a member of a limited group of persons who may receive the payment of dividends, special advantages, benefits, or favored treatment unless the insurance contract specifically provides for the described payment of dividend, special advantages, benefits, or favored treatment;
7. Stating or implying that only a limited number of persons or limited class of persons may buy a particular kind of policy, unless the limitation is related to recognized underwriting practices or specifically stated in the policy or rider;
8. Describing premium payments in language that states the payment is a "deposit," unless:
 - a. The payment establishes a debtor-creditor relationship between the insurance company and the policyholder; or
 - b. The term is used with the word "premium" in a manner as to clearly indicate the true character of the payment;
9. Providing any illustration or projection of future dividends that:
 - a. Is not based on the company's actual scale for payment of current dividends, and
 - b. Does not clearly indicate that the dividends are not guarantees;
10. Using the words "dividends," "cash dividends," "surplus," or similar phrases in a manner that states or implies that the payment of dividends is guaranteed or certain to occur;
11. Stating, without qualification, that a purchaser of a policy will share in a stated percentage or portion of the insurer's earnings;
12. Making any statement that projected dividends under a participating policy will be or can be sufficient at any

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future time to assure the receipt of benefits such as a paid-up policy without further payment of premiums unless the statement also explains:

- a. The benefits or coverage that would be provided at the future time, and
 - b. The conditions under which the receipt of benefits without further payment of premiums would occur;
13. Describing a life insurance policy or premium payments in terms of "units of participation," unless accompanied by other language clearly indicating that the references are to a life insurance policy or to premium payments, as applicable.
 14. Advising producers to avoid disclosing that life insurance is the subject of the solicitation or sale;
 15. Stating that an insured is guaranteed certain benefits if the policy is allowed to lapse, without explaining the non-forfeiture benefits;
 16. Using a dollar amount in printed material to be shown to a prospective policyholder, unless the amount is accompanied by language that:
 - a. States the nature of the dollar amount,
 - b. Prohibits including the use of dollar amounts not related to guaranteed values and properly projected dividend figures, and
 - c. Prohibits the use of figures showing growth of stock values, or other values not a part of the life insurance contract.
 17. Stating that a policy provides features not found in any other insurance policy, unless the insurer can demonstrate that other policies do not have the same feature;
 18. Making any statement or implication about an insurance policy that cannot be verified by reference to the policy contract, a sample of the policy being described, or the company's officially published rate book and dividend illustrations;
 19. Stating that life insurance is "loss proof" or "depression proof," except that an insurer may make statements that life insurance benefits, other than dividends, are guaranteed by the company regardless of economic conditions;
 20. Making any statement that a company makes a profit as a result of policy lapses or surrenders;
 21. Making comparisons to the past experience of other life insurance companies as a means of projecting possible experience for the company issuing the advertising; and
 22. Conduct or statements designed to mislead a prospective applicant or purchaser.

Historical Note

Former General Rule Number 68-14. R20-6-202 recodified from R4-14-202 (Supp. 95-1). Amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-203. Form Filings; Translations

- A. An insurer, rate service organization, or rating organization shall provide to the Department, at the time of filing, an English language translation of each form, advertisement, or other document or material that the insurer is required by statute or rule to file with the Department, if the filed document or material contains communication in a language other than English.
- B. The translation filed under subsection (A) shall compare the foreign language version in a side-by-side format with the English language translation. An insurer, rate service organization, or rating organization shall ensure that the translation is performed by a person with formal college-level or specialized

training in the foreign language, including training in grammar and sentence syntax.

- C. With each translation, an insurer, rate service organization, or rating organization shall also provide to the Department a sworn statement signed by the translator who translated the document that includes the qualifications of the translator under subsection (B) and attests that the translation is identical in substance to the English document or material.
- D. If an insurer, rate service organization, or rating organization files a foreign language version of a document or material that the insurer has previously filed in English, the insurer is not required to refile the English version, but shall identify the English version, provide the side-by-side comparison under subsection (B), and file the sworn statement required under subsection (C).

Historical Note

Former General Rule Number 71-23; Repealed effective January 1, 1981 (Supp. 80-6). R20-6-203 recodified from R4-14-203 (Supp. 95-1). New Section made by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-204. Expired**Historical Note**

Former General Rule Number 71-24; Former Section R4-14-204 repealed, new Section R4-14-204 adopted effective January 1, 1981 (Supp. 80-6). R20-6-204 recodified from R4-14-204 (Supp. 95-1). Amended effective July 14, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 475, effective January 5, 2000 (Supp. 00-1). Amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 136, effective December 15, 2016 (Supp. 16-4).

R20-6-205. Local or Regional Retaliatory Tax Information**A. Definitions.**

1. "Addition to the rate of tax" means the tax rate determined under subsection (D) to be applied under A.R.S. 20-230(A) and this Section to foreign or alien insurers domiciled in a foreign country or other state that impose local or regional taxes.
2. "Alien insurer" has the meaning prescribed in A.R.S. § 20-201.
3. "Arizona life insurer" means a domestic insurer authorized to issue life insurance policies in this state within the meaning of A.R.S. § 20-254 or annuities within the meaning of A.R.S. § 20-254.01, regardless of whether the insurer is authorized to transact disability insurance in this state.
4. "Department" means the Arizona Department of Insurance.
5. "Director" has the meaning prescribed in A.R.S. § 20-102.
6. "Domestic insurer" has the meaning prescribed in A.R.S. § 20-203.
7. "Foreign insurer" has the meaning prescribed in A.R.S. § 20-204.
8. "Foreign or alien life insurer" means a foreign or alien insurer authorized to issue life insurance policies in this state within the meaning of A.R.S. § 20-254 or annuities within the meaning of A.R.S. § 20-254.01, regardless of whether the insurer is authorized to transact disability insurance in this state.

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9. "Local or regional taxes" means any tax, license, or other obligation imposed upon domestic insurers or their producers by any:
 - a. City, county, or other political subdivision of a foreign country or other state; or
 - b. Combination of cities, counties, or other political subdivisions of a foreign country or other state.
 10. "Other Arizona insurer" means a domestic insurer authorized to transact one or more lines of insurance in this state but not authorized to transact life insurance or annuities in this state.
 11. "Other foreign or alien insurer" means a foreign or alien insurer authorized to transact one or more lines of insurance in this state but not authorized to transact life insurance or annuities in this state.
 12. "Other state" means any state in the United States, the District of Columbia, and territories or possessions of the United States, excluding Arizona.
 13. "Premium Tax and Fees Report," includes the "Survey of Arizona Domestic Insurers" and the "Retaliatory Taxes and Fees Worksheet," and means the form prescribed by the Director and filed annually by insurers under A.R.S. § 20-224.
- B.** Scope. This Section applies to all foreign, alien, and domestic insurers and to Premium Tax and Fees Reports filed by all insurers.
- C.** Data to be reported by domestic insurers. As a part of its Premium Tax and Fees Report, each domestic insurer shall file a Survey of Arizona Domestic Insurers that reports the following data for the calendar year covered by the insurer's Premium Tax and Fees Report with respect to each foreign country or other state in which the insurer was required to pay any local or regional taxes:
1. Total local or regional taxes paid; and
 2. Total premiums taxed under the premium taxing statute of the foreign country or other state, as reported by the insurer in any premium tax report filed under the laws of the foreign country or other state.
- D.** Computation of statewide and foreign countrywide additions to the rate of tax. For each foreign country or other state having one or more local or regional taxes on domestic insurers, the Department shall compute on a statewide or foreign countrywide basis an addition to the rate of tax. The Department shall compute the addition to the rate of tax payable by Arizona life insurers separately from the addition to the rate of tax payable by other Arizona insurers. The addition to the rate of tax payable by each category of Arizona domestic insurers shall be the quotient of:
1. The aggregate local or regional taxes reported as paid to the foreign country or other state by domestic insurers in each category for the calendar year covered by the Premium Tax and Fees Report divided by,
 2. The aggregate statewide or foreign countrywide premiums taxed under the premium taxing statute of the other state or foreign country reported by domestic insurers in each category for the calendar year covered by the Premium Tax and Fees Report.
- E.** Publication of additions to the rate of tax. The Department shall publish additions to the rate of tax determined under A.R.S. § 20-230(A) and this Section, based upon the survey information gathered from domestic insurers for the preceding calendar year under subsection (C). The Department shall publish the information annually on the Department web site, on or before November 1, and in the Retaliatory Taxes and Fees Worksheet for the next year's Premium Tax and Fees Report.
- F.** Foreign and Alien Insurers' Report of the Effect of Local or Regional Taxes. Each foreign or alien insurer domiciled in a foreign country or other state for which the Department publishes an addition to the rate of tax shall include in the "State or Country of Incorporation" column of its Retaliatory Taxes And Fees Worksheet for the calendar year covered by its Premium Tax and Fees Report an amount equal to:
1. The total premiums received in Arizona that would be taxed under the laws of the domiciliary jurisdiction, as reported in the "State or Country of Incorporation" column of its premium tax and fees report multiplied by,
 2. The applicable addition to the rate of tax published by the Department for the calendar year covered by the insurer's Premium Tax and Fees Report.
- G.** Contesting computation. A foreign or alien insurer subject to this Section may preserve the right to contest the computation of the addition to the rate of tax by submitting a notice of appeal under A.R.S. Title 41, Chapter 6, Article 10 before or at the time the retaliatory tax is paid. Subject to A.R.S. § 20-162, the filing of a notice of appeal to contest the computation of the applicable addition to the rate of tax does not relieve a foreign or alien insurer of the obligation to timely pay the retaliatory tax, and does not stay accrual of any applicable interest and penalties.

Historical Note

Former General Rule Number 71-25; Repealed effective March 19, 1976 (Supp. 76-2). R20-6-205 recodified from R4-14-205 (Supp. 95-1). Section R20-6-205 renumbered from R20-6-206 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-206. Expired**Historical Note**

Former General Rule Number 72-30. Repealed effective February 22, 1993 (Supp. 93-1). R20-6-206 recodified from R4-14-206 (Supp. 95-1). New Section adopted effective December 29, 1995 (Supp. 95-4). Amended effective November 5, 1998 (Supp. 98-4). Former R20-6-206 renumbered to R20-6-205; new R20-6-206 renumbered from R20-6-207 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3374, effective May 31, 2016 (Supp. 16-4).

R20-6-207. Gender Discrimination

- A.** The following definitions apply to this Section:
1. "Applicant" means a person who is applying for a policy.
 2. "Policy" means an insurance policy, plan, contract, certificate, evidence of coverage, subscription contract, or binder, including a rider or endorsement offered by an insurer.
 3. "Insurer" means any company that issues a policy.
- B.** Applicability and scope. This Section applies to any policy or certificate delivered or issued for delivery in this state.
- C.** Availability requirements.
1. An insurer shall not deny availability of any insurance policy on the basis of the gender or marital status of the insured or prospective insured.
 2. An insurer shall not restrict, modify, exclude, reduce, or limit the amount of benefits payable, or any term, conditions or type of coverage on the basis of an applicant's or insured's gender or marital status, except to the extent the amount of benefits, term, conditions, or type of coverage vary as a result of the application of rate differentials permitted under A.R.S. Title 20.

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3. An insurer may consider marital status to determine whether a person is eligible for dependent coverage or benefits.
 - D. Prohibited practices. The following practices and any other practice that treats similarly situated persons differently based on gender unless the different treatment is specifically allowed by law, is prohibited.
 1. Denying coverage to a person of one gender who is self-employed, employed part-time, or employed by relatives, if coverage is offered to a person of the opposite gender who is similarly employed;
 2. Denying a policy rider to a person of one gender if the rider is available to a person of the opposite gender;
 3. Denying maternity benefits to an applicant or insured who buys a policy for individual coverage if the insurer offers comparable family coverage policies with maternity benefits;
 4. Denying, under group policies, dependent coverage to an employee of one gender if dependent coverage is available to an employee of the opposite gender;
 5. Denying a disability income policy to an employed person of one gender if a policy is offered to a person of the opposite gender who is similarly employed;
 6. Treating complications of pregnancy differently from any other illness or sickness covered under a policy;
 7. Restricting, reducing, modifying, or excluding benefits relating to coverage involving the genital organs of only one gender;
 8. Offering lower maximum monthly benefits to a person of one gender than to a person of the opposite gender who is in the same classification under a disability income policy;
 9. Offering more restrictive benefit periods or more restrictive definitions of disability to a person of one gender than to a person of the opposite gender who is in the same classification under a disability income policy;
 10. Establishing different conditions for a policyholder of one gender to exercise benefit options contained in the policy than for a person of the opposite gender;
 11. Limiting the amount of coverage an insured or prospective insured may purchase based upon the insured's or prospective insured's marital status unless the limitation is for the purpose of defining persons eligible for dependent's benefits; and
 12. Otherwise restricting, modifying, excluding or reducing the availability of any insurance contract, the amount of benefits payable, or any term, condition or type of coverage on account of gender or marital status in all lines of insurance.
- Historical Note**
- Former General Rule Number 73-32. R20-6-207 recodified from R4-14-207 (Supp. 95-1). Former R20-6-207 renumbered to R20-6-206; new R20-6-207 renumbered from R20-6-209 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).
- R20-6-208. Group Coverage Discontinuance and Replacement**
- A. Definitions. The following definitions apply in this Section:
1. "Group insurance" means an insurance benefit that meets all the following conditions:
 - a. Coverage is provided through insurance policies or subscriber contracts to classes of employees or members defined in terms of conditions pertaining to employment or membership;
 - b. The coverage is not available to the general public and can be obtained and maintained only because of the covered person's membership in or connection with the particular organization or group;
 - c. Coverage is paid for by bulk payment of premiums to the insurer; and
 - d. An employer, union, or association sponsors the plan.
 2. "Health insurance coverage" means a hospital and medical expense incurred policy, a nonprofit health care service plan contract, a health maintenance organization subscriber contract, or any other health care plan or arrangement that pays for or furnishes medical or health care services whether by insurance or otherwise, but does not include the following:
 - a. Coverage only for accident, or disability income insurance, or any combination of accident and disability income insurance;
 - b. Coverage issued as a supplement to liability insurance;
 - c. Liability insurance, including general liability insurance and automobile liability insurance;
 - d. Workers' compensation or similar insurance;
 - e. Automobile medical payment insurance;
 - f. Credit-only insurance;
 - g. Coverage for onsite medical clinics; and
 - h. Other insurance coverage similar to the coverage specified in subsections (2)(a) through (g), of the Health Insurance Portability and Accountability Act of 1996 (Pub.L.No. 104-191) (HIPAA), under which benefits for medical care are secondary or incidental to other insurance benefits.
 - i. The following benefits, if the benefits are provided under a separate policy, certificate, or contract of insurance or are otherwise not an integral part of the coverage:
 - i. Limited-scope dental or vision benefits;
 - ii. Benefits for long-term care, nursing home care, home health care, community-based care, or any combination of those benefits;
 - iii. Other similar, limited benefits specified in federal regulations issued under HIPAA.
 - j. The following benefits if provided under a separate policy, certificate, or contract of insurance with no coordination between provision of benefits and any exclusion of benefits under a group health plan maintained by the same plan sponsor and if the benefits are paid for an event regardless of whether the benefits are provided under a group health plan maintained by the same plan sponsor:
 - i. Coverage only for a specified disease or illness, or
 - ii. Hospital indemnity or other fixed indemnity insurance.
 - k. The following benefits if the benefits are offered as a separate policy, certificate, or contract of insurance:
 - i. Medicare supplemental policy as defined under § 1882(g)(1) of the Social Security Act, 42 U.S.C. 1395ss;
 - ii. Coverage supplemental to the coverage provided under, 10 U.S.C. Title 10, Chapter 55; or
 - iii. Similar supplemental coverage provided to coverage under a group health plan.
 3. "Health status-related factor" means any of the following:
 - a. Health status;

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- b. Medical condition, including a physical or mental illness;
 - c. Claims experience;
 - d. Receipt of health care;
 - e. Medical history;
 - f. Genetic information;
 - g. Evidence of insurability, including conditions arising out of acts of domestic violence; or
 - h. Disability.
- 4. "Insurer" means an insurer that offers or provides group health insurance coverage, and includes an insurer that issues disability insurance as defined in A.R.S. § 20-253, a medical, dental, or optometric service corporation as defined in A.R.S. § 20-822, and a health care services organization as defined in A.R.S. § 20-1051.
- B.** This Section applies to all group insurance issued by an insurer.
- C.** Effective date of discontinuance for non-payment of premium.
 - 1. If a group insurance policy provides for automatic discontinuance of the policy after a premium remains unpaid through the grace period allowed for payment, the insurer is liable for valid claims for covered losses incurred before the end of the grace period.
 - 2. If the insurer's actions after the end of the grace period indicate that the insurer considers the group insurance policy as continuing in force beyond the end of the grace period the insurer is liable for valid claims for losses beginning before the effective date of written notice of discontinuance to the policyholder or other entity responsible for paying premiums.
 - a. The following actions indicate that the insurer considers the policy in force:
 - i. Continued recognition, acknowledgement, or payment of subsequently incurred claims, or
 - ii. Continued enrollment of employees or dependents.
 - b. The following actions shall not indicate that the insurer considers that policy in force:
 - i. Recognition, payment, or acknowledgement of a claim by an insurer or processing a denial based on eligibility or other denial reasons set forth in the group benefit plan booklet; or
 - ii. Recognition, payment, or acknowledgement of claims due to the group's failure to notify the insurer that the employee or member is no longer eligible for coverage or the group policy is terminated.
 - 3. The effective date of discontinuance shall not be before midnight at the end of the third scheduled work day after the date on which the notice of discontinuance is delivered.
- D.** Requirements for notice of discontinuance.
 - 1. An insurer's notice of discontinuance shall include a request to the group policyholder to notify covered employees of the date when the group policy or contract will discontinue and to advise that, unless otherwise provided in the policy or contract, the insurer is not liable for claims for losses incurred after the date of discontinuance. If the plan involves employee contributions, the notice of discontinuance shall also advise that if the policyholder continues to collect employee contributions beyond the date of discontinuance, the policyholder is solely liable for benefits for the period which contributions were collected.
 - 2. The insurer shall also provide the policyholder with a supply of notice forms that the policyholder can distribute to the covered employees. The notice forms shall explain the discontinuance and the effective date, and advise employees to refer to their certificates or contracts to determine their rights on discontinuance.
- E.** Extension of benefits.
 - 1. A group policy shall provide a reasonable provision for extension of benefits for an employee or dependent who is totally disabled on the date of discontinuance as follows:
 - a. For a group life plan with a disability benefit extension of any type such as a premium waiver extension, extended death benefit in the event of total disability, or payment of income for a specified period during total disability, the discontinuance of the group policy shall not terminate the benefit extension.
 - b. For a group plan providing benefits for loss of time from work or specific indemnity during hospital confinement, discontinuance of the policy during a disability or hospital confinement shall not effect benefits payable for that disability or hospital confinement.
 - c. A hospital or medical expense coverage, other than dental and maternity expense, shall include a reasonable extension of benefits or accrued liability provision. A provision is reasonable if:
 - i. It provides an extension of at least 12 months under "major medical" and "comprehensive medical" type coverage; or
 - ii. Under other types of hospital or medical expense coverage, it provides either an extension of at least 90 days or an accrued liability for expenses incurred during a period of disability or during a period of at least 90 days starting with a specific event that occurred while coverage was in force, such as an accident.
 - 2. An insurer shall ensure that the policy and group insurance certificates includes a description of the extension of benefits or accrued liability provision.
 - 3. An insurer shall ensure that benefits payable during a period of extension or accrued liability are subject to the policy's regular benefit limits, such as benefits ceasing at exhaustion of a benefit period or of maximum benefits.
 - 4. For hospital or medical expense coverage, an insurer may limit benefit payments to payments applicable to the disabling condition only.
- F.** Continuance of coverage in situations involving replacement of one plan by another.
 - 1. When a group policyholder secures replacement coverage with a new insurer, self-insures, or foregoes provision of coverage, the replaced insurer is liable only to the extent of its accrued liabilities and extensions of benefits after the date of discontinuance.
 - 2. The succeeding insurer shall cover each individual who:
 - a. Was eligible for coverage under the prior plan on the date of discontinuance, and
 - b. Is eligible for coverage according to the succeeding insurer's plan of benefits with respect to a class of individuals eligible for coverage.
 - 3. For the purpose of successive health insurance coverage under subsection (F)(2), a succeeding insurer's plan of benefits shall:
 - a. Not have any non-confinement rules; and

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- b. Provide, as to any actively-at-work rules, that absence from work due to a health status-related factor is treated as being actively-at-work.
- 4. Nothing in subsection (F)(2) prohibits an insurer from performing coordination of benefits.
- 5. A succeeding insurer shall cover each individual not covered under the succeeding insurer's plan of benefits under subsection (F)(2) according to subsections (a) and (b) if the individual was validly covered, including benefit extension, under the prior plan on the date of discontinuance and is a member of a class of individuals eligible for coverage under the succeeding insurer's plan. Any reference in subsection (a) or (b) to an individual who was or was not totally disabled is a reference to the individual's status immediately before the effective date of coverage for the succeeding insurer.
 - a. The minimum level of benefits to be provided by the succeeding insurer shall be the level of benefits of the prior insurer's plan reduced by any benefits payable by the prior plan.
 - b. The succeeding insurer shall provide coverage until at least the earliest of the following dates:
 - i. The date the individual becomes eligible under the succeeding insurer's plan as described in subsection (F)(2);
 - ii. The date the individual's coverage would terminate according to the succeeding insurer's plan provisions applicable to individual termination of coverage such as at termination of employment or ceasing to be eligible dependent; or
 - iii. For an individual who was totally disabled, and covered by a type of coverage for which subsection (E) requires an extension of accrued liability, the end of any period of extension of benefits or accrued liability that is required of the prior insurer under subsection (E), or if the prior insurer's policy is not subject to subsection (E), would have been required of the insurer had its policy been subject to subsection (E) at the time the prior plan was discontinued and replaced by the succeeding insurer's plan;
 - c. For health insurance coverage, if an individual who was totally disabled at the time the prior insurer's plan was discontinued and replaced by the succeeding insurer's plan, and if subsection (E) requires an extension of benefits or accrued liability, the minimum level of benefits to be provided by the succeeding insurer shall be the level of benefits of the prior insurer's plan, reduced by any benefits paid by the prior plan.
 - d. If the succeeding insurer's plan has a preexisting conditions limitation, the level of benefits applicable to preexisting conditions of persons becoming covered by the succeeding insurer's plan according to subsection (F) during the period the limitation applies under the new plan shall be the lesser of:
 - i. The benefits of the new plan determined without application of the preexisting conditions limitation, or
 - ii. The benefits of the prior plan.
 - e. The succeeding insurer, in applying any deductibles, coinsurance amounts applicable to out-of-pocket maximums, or waiting periods, shall give credit for the satisfaction or partial satisfaction of the same or similar provisions under a prior plan providing simi-

lar benefits. For deductibles or coinsurance amounts applicable to out-of-pocket maximums, the credit shall apply for the same or overlapping benefit periods and shall be given for expenses actually incurred and applied against the deductible or coinsurance provisions of the prior plan during the 90 days before the effective date of the succeeding insurer's plan but only to the extent these expenses are recognized under the terms of the succeeding insurer's plan and are subject to similar deductible or coinsurance provisions.

- f. If the succeeding insurer is required under this Section to make a determination about the benefits in the prior plan, the succeeding insurer may ask the prior plan to provide a statement of the benefits available or other pertinent information sufficient to permit the succeeding insurer to verify the benefit determination. For the purposes of this Section, all definitions, conditions, and covered-expense provisions of the prior plan shall govern the benefit determination. The benefit determination is made as if the succeeding insurer had not replaced coverage.

Historical Note

Former General Rule Number 73-34, R20-6-208 recodified from R4-14-208 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1). Section R20-6-208 renumbered from R20-6-210 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-209. Life Insurance Solicitation**A. Scope.**

- 1. This Section applies to any solicitation, negotiation, or procurement of life insurance occurring in Arizona. This Section applies to any issuer of life insurance contracts, including fraternal benefit societies.
- 2. Unless otherwise specifically included, the Section does not apply to:
 - a. Annuities,
 - b. Credit life insurance,
 - c. Group life insurance,
 - d. Life insurance policies issued in connection with a pension and welfare plan as defined by and subject to the federal Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 1001 et seq.; or
 - e. Variable life insurance under which the death benefits and cash values vary according to unit values of investments held in a separate account.

B. In this Section, the following apply:

- 1. "Buyer's Guide" means a document that contains the language in the Appendix to this Section or language approved by the Director.
- 2. "Cash dividend" means the current illustrated dividend that can be applied toward payment of the gross premium.
- 3. "Equivalent Level Annual Dividend" is calculated as follows:
 - a. Accumulate the annual cash dividends at 5% interest compounded annually to the end of the 10th and 20th policy years;
 - b. Divide each accumulation in subsection (a) by an interest factor that converts the accumulation into one equivalent level annual amount that, if paid at the beginning of each year, would accrue to the values in subsection (a) over the periods stipulated in

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- subsection (a). If the period is 10 years, the factor is 13.207 and if the period is 20 years, the factor is 34.719.
- c. Divide the results in subsection (b) by the number of thousands of the Equivalent Level Death Benefit to arrive at the "Equivalent Level Annual Dividend."
 4. "Equivalent Level Death Benefit" means the amount of benefit of a policy or term life insurance rider calculated as follows:
 - a. Accumulate the guaranteed amount payable upon death, regardless of the cause of death, at the beginning of each policy year for 10 and 20 years at 5% interest compounded annually to the end of the 10th and 20th policy years, respectively.
 - b. Divide each accumulation in subsection (a) by an interest factor that converts the accumulation into one equivalent level annual amount that, if paid at the beginning of each year, would accrue to the value in subsection (a) over the periods stipulated in subsection (a). If the period is 10 years, the factor is 13.207 and if the period is 20 years, the factor is 34.719.
 5. "Generic name" means a short title that is descriptive of the premium and benefit patterns of a policy or a rider.
 6. "Life Insurance Surrender Cost Index" means the cost index that is calculated as follows:
 - a. Determine the guaranteed cash surrender value, if any, available at the end of the 10th and 20th policy years.
 - b. For policies participating in dividends, add the terminal dividend payable upon surrender, if any, to the accumulation of the annual Cash Dividends at 5% interest compounded annually to the end of the period selected and add this sum to the amount determined in subsection (a).
 - c. Divide the result in subsection (b) (subsection (a) for guaranteed-cost policies) by an interest factor that converts into an equivalent level annual amount that, if paid at the beginning of each year, would accrue to the value in subsection (b) or subsection (a) for guaranteed cost policies, over the periods stipulated in subsection (a)). If the period is 10 years, the factor is 13.207 and if the period is 20 years, the factor is 34.719.
 - d. Determine the equivalent level premium by accumulating each annual premium payable for the basic policy or rider at 5% interest compounded annually to the end of the period stipulated in subsection (a) and dividing the result by the respective factors stated in subsection (c). This amount is the annual premium payable for a level premium plan.
 - e. Subtract the result of subsection (c) from subsection (d).
 - f. Divide the result of subsection (e) by the number of thousands of the Equivalent Level Death Benefit to arrive at the Life Insurance Surrender Cost Index.
 7. The Life Insurance Net Payment Cost Index is calculated in the same manner as the comparable Life Insurance Cost Index except that the cash surrender value and any terminal dividend are set at zero.
 8. "Policy Summary" means a written statement describing elements of the policy, including:
 - a. The following prominently placed title: Statement of Policy Cost and Benefit Information.
 - b. The name and address of the insurance producer, or, if no producer is involved, a statement of the procedure to be followed to receive responses to inquiries regarding the Policy Summary.
 - c. The full name and home office or administrative office address of the company by which the life insurance policy is to be or has been written.
 - d. The generic name of the basic policy and each rider.
 - e. For the first five policy years and representative policy years thereafter sufficient to clearly illustrate the premium and benefit patterns, including the years for which Life Insurance Cost Indexes are displayed and at least one age from 60 through 65 or maturity, whichever is earlier, the following amounts, where applicable:
 - i. The annual premium for the basic policy;
 - ii. The annual premium for each optional rider;
 - iii. Guaranteed amount payable upon death at the beginning of the policy year regardless of the cause of death except for suicide, or other specifically enumerated exclusions provided by the basic policy and each optional rider, with benefits provided under the basic policy and each rider shown separately;
 - iv. Total guaranteed cash surrender values at the end of the year with values shown separately for the basic policy and each rider;
 - v. Cash dividends payable at the end of the year with values shown separately for the basic policy and each rider. Dividends need not be displayed beyond the twentieth policy year; and
 - vi. Guaranteed endowment amounts payable under the policy that are not included under guaranteed cash surrender values in subsection (iv).
 - f. The effective policy loan annual percentage interest rate, if the policy contains this provision, specifying whether the rate is applied in advance or in arrears. If the policy loan interest rate is variable, the Policy Summary shall include the maximum annual percentage rate.
 - g. Life Insurance Cost Indexes for 10 and 20 years but not beyond the premium-paying period. Separate indexes shall be displayed for the basic policy and for each optional term life insurance rider. The indexes need not be included for optional riders that are limited to benefits such as accidental death benefits, disability waiver of premium, preliminary term life insurance coverage of less than 12 months, and guaranteed insurability benefits, nor for basic policies or optional riders covering more than one life.
 - h. The Equivalent Level Annual Dividend in the case of participating policies and participating optional term life insurance riders, under the same circumstances and for the same durations at which Life Insurance Cost Indexes are displayed.
 - i. If the Policy Summary includes dividends, a statement that dividends are based on the insurer's current dividend scale and are not guaranteed and a statement in close proximity to the Equivalent Level Annual Dividend as follows: "An explanation of the intended use of the Equivalent Level Annual Dividend is included in the Life Insurance Buyer's Guide."
 - j. A statement in close proximity to the Life Insurance Cost Indexes as follows: "An explanation of the intended use of these indexes is provided in the Life Insurance Buyer's Guide."

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- k. The date on which the Policy Summary is prepared. The Policy Summary shall consist of a separate document. All information required to be disclosed shall not be minimized or obscure. Any amounts that remain level for two or more years of the policy may be represented by a single number that clearly indicates the amounts that are applicable for each policy year. Amounts in subsection (8)(e) shall be listed in total, not on a per thousand nor per unit basis. If more than one insured is covered under one policy or rider, guaranteed death benefits shall be displayed separately for each insured or for each class of insured if death benefits do not differ within the class. Zero amounts shall be displayed as zero and shall not be displayed as a blank space.
- C. Disclosure requirements.
1. The insurer shall provide to all prospective purchasers, a Buyer's Guide and a Policy Summary before accepting the applicant's initial premium or premium deposit, unless the policy for which application is made contains an unconditional refund provision of at least 10 days or unless the Policy Summary contains an unconditional refund offer, in which case the Buyer's Guide and Policy Summary shall be delivered with the policy or before delivery of the policy.
 2. The insurer shall provide a Buyer's Guide and a Policy Summary to any prospective purchaser upon request.
 3. If the Equivalent Level Death Benefit of a policy does not exceed \$5,000, the requirement for providing a Policy Summary is satisfied by delivery of a written statement containing the information described in subsections (D)(8)(b), (c), (d), (e)(i) through (e)(iii), (f), (g), (j), and (k).
- D. General rules.
1. Each insurer shall maintain at its home office or principal office for at least three years after its last authorized use a copy of each form the insurer authorized for use.
 2. A producer shall inform a prospective purchaser, before commencing a life insurance sales presentation, that the producer is acting as a life insurance producer and inform the prospective purchaser of the full name of the insurance company that the producer is representing. If an insurance producer is not involved in the sale, the insurer shall inform the prospective purchaser of the insurance company's full name.
 3. An insurer or producer shall not use terms such as financial planner, investment advisor, financial consultant, or financial counseling to imply that the insurance producer is generally engaged in an advisory business in which compensation is unrelated to sales unless that is true.
 4. If an insurer or producer refers to policy dividends, the reference shall include a statement that dividends are not guaranteed.
 5. An insurer shall not use a system or presentation that does not recognize the time value of money through the use of appropriate interest adjustments for comparing the cost of two or more life insurance policies unless the system or presentation is used to demonstrate the cash flow pattern of a policy and the presentation is accompanied by a statement disclosing that the presentation does not recognize that, because of interest, a dollar in the future has less value than a dollar today.
 6. In a presentation of benefits, an insurer shall not display guaranteed and non-guaranteed benefits as a single sum unless they are shown separately and in close proximity.
 7. An insurer shall include with a statement regarding the use of the Life Insurance Cost Indexes an explanation that the indexes are useful only for the comparison of the relative costs of two or more similar policies.
 8. An insurer shall include with a Life Insurance Cost Index that reflects dividends or an Equivalent Level Annual Dividend a statement that it is based on the company's current dividend scale and is not guaranteed.
 9. If an insurer reserves the right to change the premium for a basic policy or rider, the annual premium shall be the maximum annual premium.
- E. An insurer's failure to provide or deliver a Buyer's Guide or a Policy Summary as provided in subsection (C) constitutes an omission that misrepresents the benefits, advantages, conditions, or terms of an insurance policy.
- Appendix. Life Insurance Buyers Guide**
- Life Insurance Buyer's Guide
- The face page of the Buyer's Guide shall read as follows:
- Life Insurance Buyer's Guide
- This guide can show you how to save money when you shop for life insurance. It helps you to:
- Decide how much life insurance you should buy,
 - Decide what kind of life insurance policy you need, and
 - Compare the cost of similar life insurance policies.
- Prepared by the National Association of Insurance Commissioners
- Reprinted by (Company Name)
- (Month and year of printing)
- The Buyer's Guide shall contain the following language at the bottom of page 2:
- The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers. You are urged to use this Guide in making a life insurance purchase.
- Buying Life Insurance**
- When you buy life insurance, you want a policy that fits your needs without costing too much. Your first step is to decide how much you need, how much you can afford to pay and the kind of policy you want. Then, find out what various companies charge for that kind of policy. You can find important differences in the cost of life insurance by using the life insurance cost indexes that are described in this guide. A good life insurance producer or company will be able and willing to help you with each of these shopping steps.
- If you are going to make a good choice when you buy life insurance, you need to understand what kinds are available. If one kind does not seem to fit your needs, ask about the other kinds that are described in this guide. If you feel that you need more information than is given here, you may want to check with a life insurance producer or company or books on life insurance in your public library.
- This guide does not endorse any company or policy.
- The remaining text of the buyer's guide shall begin on page 3 as follows:
- Choosing the Amount**
- One way to decide how much life insurance you need is to figure how much cash and income your dependents would need if you were to die. You should think of life insurance as a source of cash needed for

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expenses of final illnesses, paying taxes, mortgages or other debts. It can also provide income for your family's living expenses, educational costs and other future expenses. Your new policy should come as close as you can afford to making up the difference between (1) what your dependents would have if you were to die now, and (2) what they would actually need.

Choosing the Right Kind

All life insurance policies agree to pay an amount of money if you die. But all policies are not the same. There are three basic kinds of life insurance.

1. Term insurance
2. Whole life insurance
3. Endowment insurance

Remember, no matter how fancy the policy title or sales presentation might appear, all life insurance policies contain one or more of the three basic kinds. If you are confused about a policy that sounds complicated, ask the producer or company if it combines more than one kind of life insurance. The following is a brief description of the three basic kinds:

Term Insurance

Term insurance is death protection of a "term" of one or more years. Death benefits will be paid only if you die within that term of years. Term insurance generally provides the largest immediate death protection for your premium dollar.

Some term insurance policies are "renewable" for one or more additional terms even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. You should check the premiums at older ages and the length of time the policy can be continued.

Some term insurance policies are also "convertible." This means that before the end of the conversion period, you may trade the term policy for a whole life or endowment insurance policy even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Whole Life Insurance

Whole life insurance gives death protection for as long as you live. The most common type is called "straight life" or "ordinary life" insurance, for which you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term insurance policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Although you pay higher premiums, to begin with, for whole life insurance than for term insurance, whole life insurance policies develop "cash values" which you may have if you stop paying premiums. You can generally either take the cash, or use it to buy some continuing insurance protection. Technically speaking, these values are called "nonforfeiture benefits." This refers to benefits you do not lose (or "forfeit") when you stop paying premiums. The amount of these benefits depends on the kind of policy you have, its size, and how long you have owned it.

A policy with cash values may also be used as collateral for a loan. If you borrow from the life insurance company, the rate of interest is shown in your policy. Any money that you owe on a policy loan would be deducted from the benefits if you were to die, or from the cash value if you were to stop paying premiums.

Endowment Insurance

An endowment insurance policy pays a sum or income to you – the policyholder – if you live to a certain age. If you were to die before then, the death benefit would be paid to your beneficiary. Premiums and cash values for endowment insurance are higher than the same amount of whole life insurance. Thus endowment insurance gives you the least amount of death protection for your premium dollar.

Finding a Low Cost Policy

After you have decided which kind of life insurance fits your needs, look for a good buy. Your chances of finding a good buy are better if you use two types of index numbers that have been developed to aid in shopping for life insurance. One is called the "Surrender Cost Index" and the other is the "Net Payment Cost Index." It will be worth your time to try to understand how these indexes are used, but in any event, use them only for comparing the relative costs of similar policies. **LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.**

What is Cost?

"Cost" is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the death protection is the premium. If you pay a premium and get something back later on, such as a cash value, your cost is smaller than the premium.

The cost of some policies can also be reduced by dividends; these are called "participating" policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some policies do not pay dividends. These are called "guaranteed cost" or "non participating" policies. Every feature of a guaranteed cost policy is fixed so that you know in advance what your future cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not. Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

What Are Cost Indexes?

In order to compare the cost of policies, you need to look at:

1. Premiums
2. Cash values
3. Dividends

Cost indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add up the premiums you will pay and subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract, multiply and divide many numbers yourself, you just compare the index numbers which you can get from life insurance producers and companies:

1. Life Insurance Surrender Cost Index. This index is useful if you consider the level of the cash values to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.
Life Insurance Net Payment Cost Index. This Index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point

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in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the Equivalent Level Annual Dividend. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy's Equivalent Level Annual Dividend to its cost index allows you to compare total costs of similar policies before deducting dividends. However, if you make any cost comparisons of a participating policy with a non participating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the non participating policy will not change.

How Do I Use Cost Indexes?

The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

- (1) Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.
- (2) Compare index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all types of insurance at all ages and for all amounts of insurance, it is important that you get the indexes for the actual policy, age and amount which you intend to buy. Just because a "Shopper's Guide" tells you that one company's policy is a good buy for a particular age and amount, you should not assume that all of that company's policies are equally good buys.
- (3) Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its producer. Therefore, when you find small differences in cost indexes, your choice should be based on something other than cost.
- (4) In any event, you will need other information on which to base your purchase decision. Be sure you can afford the premiums, and that you understand its cash values, dividends and death benefits. You should also make a judgment on how well the life insurance company or producer will provide service in the future, to you as a policyholder.
- (5) These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned for awhile, in favor of a new one. If such a replacement is suggested, you should ask for information from the company that issued the old policy before you take action.

Important Things To Remember – A Summary

The first decision you must make when buying a life insurance policy is choosing a policy whose benefits and premiums must closely meet your needs and ability to pay. Next, find a policy which is also a relatively good buy. If you compare Surrender Cost Indexes and Net Payment Cost Indexes of similar competing policies, your chances of finding a relatively good buy will be better than if you do not shop. REMEMBER, LOOK FOR POLICIES WITH LOWER COST INDEX NUMBERS. A good life insurance producer can help you to choose the amount of life insurance and kind of policy you want and will give you cost indexes so that you make cost comparisons of similar policies.

Don't buy life insurance unless you intend to stick with it. A policy which is a good buy when held for 20 years can be very costly if you quit during the early years of the policy. If you surrender such a policy

during the first few years, you may get little or nothing back and much of your premium may have been used for company expenses.

Read your new policy carefully, and ask the producer or company for an explanation of anything you do not understand. Whatever you decide now, it is important to review your life insurance program every few years to keep up with changes in your income and responsibilities.

Historical Note

Adopted effective June 13, 1977 (Supp. 77-3). R20-6-209 recodified from R4-14-209 (Supp. 95-1). Former R20-6-209 renumbered to R20-6-207; new R20-6-209 renumbered from R20-6-211 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-210. Readable and Understandable Policy: Private Passenger Automobile, Homeowner, Personal Line Dwelling, and Mobile Homeowner

A. Definitions. The following definitions apply in this Section:

1. "Readable insurance policy" means a policy that can be read and reasonably understood by a person without special knowledge or training.
2. "Policy" means a contract or agreement for insurance, or an insurance certificate regardless of the name used, and includes all clauses, endorsements, and papers attached or incorporated.

B. Scope. This Section applies to private passenger motor vehicle policies, homeowner policies, personal line dwelling policies, for four family units or less, and mobile homeowner policies delivered or issued for delivery in Arizona.

C. Compliance.

1. An insurer shall test the readability of its policy by use of the Flesch Readability Formula as set forth in Rudolf Flesch, *The Art of Readable Writing* (1949, as revised 1974).
2. An insurer shall not use a policy unless the policy has a total readability score of 40 or more on the Flesch scale.
3. An insurer shall include with each policy form filing required to be filed with the Director a checklist for the line of insurance setting forth the Flesch score.

D. Readability guidelines.

1. General organization of text.
 - a. A policy shall be divided into logically arranged sections for ease of locating content.
 - b. Each section shall be self-contained as to provisions relating solely to that section (for example, an exclusion section shall not be mixed with other parts of a policy).
 - c. General policy provisions applying to all or several like coverages shall be located in a common area.
 - d. The policy shall not contain non-essential provisions.
 - e. Defined words and terms shall be placed in a separate section at the beginning of the policy.
2. Visual aids to readability. The insurer shall ensure that each policy meets the following format requirements:
 - a. Type size shall be at least eight point.
 - b. The font shall be block print rather than script, and legible.
 - c. Captions and headings shall be distinguishable from the general text.
 - d. White space separating coverages, policy sections, and columns shall be sufficient to make a distinct separation.
 - e. Defined words and terms shall be distinguishable from the general text.

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3. Language usage. The insurer shall ensure that each policy:
 - a. Is written in everyday, conversational language;
 - b. Uses short, simple sentences and words in common usage;
 - c. Uses an easy-to-read style, personal pronouns, and present tense active verbs.

Historical Note

Adopted effective May 28, 1979 (Supp. 79-1). R20-6-210 recodified from R4-14-210 (Supp. 95-1). Former R20-6-210 renumbered to R20-6-208; new R20-6-210 renumbered from R20-6-212 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-211. Discrimination on the Basis of Blindness or Partial Blindness

- A. Definitions. The following definitions apply in this Section:
 1. "Policy" means a contract or agreement for or effecting insurance, or a certificate of insurance, regardless of the name used, and includes all clauses, riders, endorsements, and attached papers.
 2. "Person" has the same meaning prescribed in A.R.S. § 20-105.
- B. Scope. This Section applies to all policies delivered or issued for delivery in this state.
- C. Prohibition. An insurer shall not engage in the following prohibited acts or practices that constitute unfair discrimination between individuals of the same class:
 1. Refusal to insure or refusal to continue to insure, or limiting the amount, extent, or kind of coverage available to an individual solely because of blindness or partial blindness; or
 2. Charging an individual a different rate for the same coverage solely because of blindness or partial blindness.
- D. In this subsection, "refusal to insure" includes denial by an insurer of disability insurance coverage on the grounds that the policy defines "disability" as being presumed if the insured loses eyesight. An insurer may exclude from coverage disabilities consisting solely of blindness or partial blindness if the insured was blind or partially blind when the policy was issued.
- E. For all other conditions, including the underlying cause of the blindness or partial blindness, a person who is blind or partially blind is subject to the same standards of sound actuarial principles or actual or reasonably anticipated experience as a sighted person.

Historical Note

Adopted effective August 1, 1977 (Supp. 77-4). Amended effective March 27, 1976 (Supp. 78-2). Correction, Historical Note for Supp. 77-4 should read adopted effective January 1, 1979 filed August 1, 1977. Historical Note for Supp. 78-2 should read Appendix amended effective January 1, 1979 filed March 27, 1978 (Supp. 79-5). Editorial correction, (D)(7)(a), title now shown in italics (Supp. 81-1). R20-6-211 recodified from R4-14-211 (Supp. 95-1). Former R20-6-211 renumbered to R20-6-209; new R20-6-211 renumbered from R20-6-213 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-212. Forms for Replacement of Life Insurance Policies and Annuities

An insurer shall use the following forms of the National Association of Insurance Commissioners Model Regulations (and no future editions or amendments), which are incorporated by reference and

available at the Department of Insurance, 2910 N. 44th St., Phoenix, AZ 85018 and the National Association of Insurance Commissioners, Publications Department, 2301 McGee St., Suite 800, Kansas City, MO 64108:

1. For the purpose of meeting the requirements of A.R.S. § 20-1241.03(C): Life Insurance and Annuities Replacement Model Regulation, Appendix A – Important Notice: Replacement of Life Insurance or Annuities, Volume III, pp. 613-11 through 613-12, July 2000.
2. For the purpose of meeting the requirements of A.R.S. § 20-1241.07(A): Life Insurance and Annuities Replacement Model Regulation, Appendix B – Notice Regarding Replacement: Replacing Your Life Insurance Policy or Annuity?, Volume III, pp. 613-13, July 2000.
3. For the purpose of meeting the requirements of A.R.S. § 20-1241.07(B)(2): Life Insurance and Annuities Replacement Model Regulation, Appendix C – Important Notice: Replacement of Life Insurance or Annuities, Volume III, pp. 613-14 through 613-15, 1998.

Historical Note

Adopted effective March 27, 1978 (Supp. 78-2). Editorial correction see subsection (A) citation to A.R.S. (Supp. 78-4). Editorial correction see subsections (B) and (F) citation to A.R.S. (Supp. 78-6). R20-6-212 recodified from R4-14-212 (Supp. 95-1). Former R20-6-212 renumbered to R20-6-210; new R20-6-212 renumbered from R20-6-215 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-212.01. Forms for Buyer's Guide for Annuities

An insurer shall use the following forms of the National Association of Insurance Commissioners Model Regulations (and no future editions or amendments), which are incorporated by reference and available at the Department of Insurance, 2910 N. 44th St., Phoenix, AZ 85018 and the National Association of Insurance Commissioners, Publications Department, 2301 McGee St., Suite 800, Kansas City, MO 64108:

For the purpose of meeting the requirements of A.R.S. § 20-1242.02 regarding a Buyer's Guide: Annuity Disclosure Model Regulation, Appendix - Buyer's Guide to Fixed Deferred Annuities, Volume II, pp. 245-6 through 245-13, 1999, with attached Appendix I - Equity-Indexed Annuities, Volume II, pp. 245-14 through 245-20, 1999.

Historical Note

Section R20-6-212.01 renumbered from R20-6-215.01 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-213. Life and Disability Insurance Policy Language Simplification

- A. Definitions. The following definitions apply in this Section:
 1. "Company" or "insurer" means any life or disability insurance company, benefit insurer, benefit stock insurer, prepaid dental plan organizations, health care service organizations, and all similar type organizations.
 2. "Director" means the Director of Insurance of Arizona.
 3. "Policy" or "policy form" means any policy, contract, plan or agreement of life or disability insurance, including credit life insurance and credit disability insurance, delivered or issued for delivery in the state by any company subject to this rule; and any certificate issued under a group insurance policy delivered or issued for delivery in this state.
- B. Applicability.

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1. This Section and R20-6-212 apply to all life and disability insurance policies delivered or issued for delivery in this state by any company but do not apply to:
 - a. Any policy that is a security subject to federal jurisdiction;
 - b. Any group policy covering a group of 1,000 or more lives at date of issue, other than a group credit life insurance policy or a group credit disability insurance policy however, this shall not exempt any certificate issued under a group policy delivered or issued for delivery in this state; or
 - c. Any group annuity contract that serves as a funding vehicle for pension, profit-sharing, or deferred compensation plans;
 2. Except as provided in R20-6-210, no other rule of this state setting language simplification standards shall apply to any policy forms.
- C. Minimum policy language simplification standards.**
1. Except as stated in subsection (B), an insurer shall not deliver or issue for delivery a policy form that has not been approved by the Director unless:
 - a. The text achieves a minimum score of 40 on the Flesch reading ease test or an equivalent score on any other comparable test as provided in subsection (3);
 - b. It is printed, except for specification pages, schedules, and tables, in no less than 10 point type, one point leaded;
 - c. The style, arrangement and overall appearance of the policy do not give undue prominence to any portion of the text of the policy or to any endorsements or riders; and
 - d. The policy, if the policy has more than 3,000 words printed on three or fewer pages of text or if the policy has more than three pages regardless of the number of words, contains a table of contents or an index of the principal sections of the policy.
 2. An insurer shall measure a Flesch reading ease test score as follows:
 - a. For policy forms containing 10,000 words or less of text, an insurer shall analyze the entire form. For policy forms containing more than 10,000 words, an insurer may analyze the readability of two, 200-word samples per page instead of the entire form. The insurer shall separate the samples by at least 20 printed lines.
 - b. The insurer shall count the number of words and sentences in the text, then divide the total number of words by the total number of sentences, then multiply that figure by a factor of 1.015.
 - c. The insurer shall count and divide the total number of syllables by the total number of words, then multiply that figure by a factor of 84.6.
 - d. The sum of the figures computed under subsections (b) and (c) subtracted from 206.835 equals the Flesch reading ease score for the policy form.
 - e. For subsections (b), (c), and (d), the insurer shall use the following procedures:
 - i. A contraction, hyphenated word, or numbers and letters, when separated by spaces, shall be counted as one word;
 - ii. A unit of words ending with a period, semicolon, or colon, but excluding headings and captions, shall be counted as a sentence; and
 - iii. A syllable means a unit of spoken language consisting of one or more letters of a word as divided by an accepted dictionary. If the dictionary shows two or more equally acceptable pronunciations of a word, the pronunciation containing fewer syllables may be used.
 - f. The term "text" as used in this subsection shall include all printed matter except the following:
 - i. The name and address of the insurer, the name, number or title of the policy, the table of contents or index, captions and subcaptions, specification pages, schedules or tables; and
 - ii. Policy language that is drafted to conform to the requirements of a federal law, regulation, or agency interpretation, policy language required by a collectively bargained agreement, medical terminology, words defined in the policy, and policy language required by law or regulation, if the insurer identifies the language or terminology excepted by this subsection and certifies, in writing, that the language or terminology is entitled to be excepted by this subsection.
 3. Any other reading test may be approved by the Director for use as an alternative to the Flesch reading test if it is comparable in result to the Flesch reading ease test.
 4. Filings subject to this subsection shall be accompanied by a certificate signed by an officer of the insurer stating that the filing meets the minimum reading ease score on the test used or stating that the score is lower than the minimum required but should be approved under subsection (G) of this Section. To confirm the accuracy of any certification, the Director may require the submission of further information to verify the certification in question.
 5. At the option of the insurer, riders, endorsements, applications and other forms made a part of the policy may be scored as separate forms or as part of the policy with which they may be used.
- D. The Director may authorize a lower score than the Flesch reading ease score required in subsection (C)(1)(a) if a lower score:**
1. Provides a more accurate reflection of readability of a policy form;
 2. Is warranted by the nature of a particular policy form or type or class of policy forms; or
 3. Is caused by certain policy language drafted to conform to the requirements of any state statute, rule, or agency interpretation of law.
- Historical Note**
- Adopted effective November 27, 1977 (Supp. 77-6).
 Amended effective March 27, 1978 (Supp. 78-2).
 Amended subsection (E), deleted subsection (F) and added new subsections (F) and (G) effective December 3, 1986 (Supp. 86-6). R20-6-213 recodified from R4-14-213 (Supp. 95-1). Former R20-6-213 renumbered to R20-6-211; new R20-6-213 renumbered from R20-6-216 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2). Corrected error in R20-6-213(D) that referenced subsection (E)(1)(a), which was relabeled as (C)(1)(a) in Supp. 07-2 (Supp. 08-1).
- R20-6-214. Coordination of Benefits**
- A. Applicability.**
1. This Section applies to all:
 - a. Group disability insurance policies;
 - b. Group subscriber contracts of hospital and medical service corporations and health care services organizations;
 - c. Group disability policies of benefit insurers; and

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- d. Group-type contracts that contain a coordination of benefits provision, are not available to the general public, and can be obtained and maintained only because of the covered person's membership in or connection with a particular organization. Group-type contracts that meet this description are included regardless of whether denominated as "franchise," "blanket," or some other designation.
- 2. This Section does not apply to:
 - a. Individual or family policies or individual or family subscriber contracts except as provided for in subsection (A)(1);
 - b. Group or group-type hospital indemnity benefits, written on a non-expense incurred basis, of \$30 per day or less unless characterized as reimbursement-type benefits and designed or administered to give the insured the right to elect indemnity-type benefits, instead of the reimbursement type benefits at the time of claim; or
 - c. School accident type coverages, written on a blanket, group, or franchise basis.
- B. Definitions.** In this Section, the following definitions apply:
 - 1. "Allowable expense" means any necessary, reasonable, and customary item of expense, at least a portion of which is covered under one or more of the plans covering the person for whom claim is made or service provided.
 - a. When a plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered is deemed to be both an allowable expense and a benefit paid.
 - b. A plan that takes Medicare or similar government benefits into consideration when determining the application of its coordination of benefits provision does not expand the definition of an allowable expense.
 - 2. "Claim determination period" means an appropriate period of time such as "calendar year" or "benefit period" as defined in the policy.
 - 3. "Plan," within the coordination of benefits provisions of a group policy or subscriber contract, means the types of coverage that the insurer may consider in determining whether overinsurance exists with respect to a specific claim.
 - 4. "School accident-type coverage" means coverage of grammar school and high school students for accidents only, including athletic injuries, either on a 24-hour basis or "to-and-from school," for which the parent pays the entire premium.
- C. Order-of-benefit determination.**
 - 1. When a claim under a plan with a coordination of benefit provision involves another plan that also has a coordination of benefit provision, the insurer shall make the order-of-benefit determination as follows:
 - a. The plan that covers the person claiming benefits other than as a dependent shall determine benefits before those of the plan that covers the person as a dependent.
 - b. The plan of a parent whose birthday occurs earlier in a calendar year shall cover a dependent child before the benefits of a plan of a parent whose birthday occurs later in a calendar year. The word "birthday" as used in this subsection refers only to month and day in a calendar year, not the year in which the person was born.
 - c. If two or more plans cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in the following order:
 - i. First, the plan of the parent with custody of the child;
 - ii. Then, the plan of the spouse of the parent with custody of the child; and
 - iii. Finally, the plan of the parent not having custody of the child.
 - d. Notwithstanding subsection (c), if the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has actual knowledge of those terms, the benefits of that plan are determined first.
- 2. The benefits of a plan that covers a person as an employee (or as that employee's dependent) are determined before those of a plan that covers that person as a laid off or retired employee (or as that employee's dependent). If the other plan does not have this provision and if, as a result, the plans do not agree on the order of benefits, this subsection does apply.
- 3. If none of the provisions of subsection (C) determines the order of benefits, the benefits of the plan that covered a claimant longer are determined before those of the plan that covered that person for the shorter time.
- 4. If one of the plans is issued out of this state and determines the order of benefits based upon the gender of a parent and, as a result, the plans do not agree on the order of benefits, the plan with the gender rule shall determine the order of benefits.
- D. Excess and other nonconforming provisions.** A plan with an order of benefit determination provision that complies with this Section, a complying plan, may coordinate its benefits with a plan that is "excess" or "always secondary" or that uses an order-of-benefit determination provision that is inconsistent with this Section, a noncomplying plan, on the following basis:
 - 1. If the complying plan is the primary plan, it shall pay or provide its benefits on a primary basis.
 - 2. If the complying plan is the secondary plan, it shall pay or provide its benefits first, as the secondary plan. The payment shall be the limit of the complying plan's liability, except as provided in subsection (4).
 - 3. If the noncomplying plan does not provide the information needed by the complying plan to determine its benefits within a reasonable time after it is requested to do so, the complying plan shall assume that the benefits of the noncomplying plan are identical to its own, and shall pay benefits accordingly. The complying plan shall adjust any payments it makes based on the assumption whether information becomes available as the actual benefits of the noncomplying plan.
 - 4. If the noncomplying plan pays benefits so that the claimant receives less in benefits than the claimant would have received had the noncomplying plan paid or provided its benefits as the primary plan, the complying plan shall advance to or on behalf of the claimant an amount equal to the difference. The complying plan shall not have a right to reimbursement from the claimant.

Historical Note

Adopted effective October 26, 1979 (Supp. 79-5). R20-6-214 recodified from R4-14-214 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1). Section R20-

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6-214 renumbered from R20-6-217 and amended by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-215. Renumbered**Historical Note**

Adopted effective September 7, 1981 (Supp. 81-3). Amended subsections (D) thru (H), deleted Agent's Statement and Exhibit D effective March 30, 1983 (Supp. 83-2). R20-6-215 recodified from R4-14-215 (Supp. 95-1). Amended by exempt rulemaking at 9 A.A.R. 5595, effective January 1, 2004 (Supp. 03-4). Former R20-6-215 renumbered to R20-6-212 by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-215.01. Renumbered**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 5595, effective January 1, 2004 (Supp. 03-4). Former R20-6-215.01 renumbered to R20-6-212.01 by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-216. Renumbered**Historical Note**

Adopted effective as set forth in subsection (H) (Supp. 80-6). R20-6-216 recodified from R4-14-216 (Supp. 95-1). Former R20-6-216 renumbered to R20-6-213 by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

R20-6-217. Renumbered**Historical Note**

Adopted effective September 14, 1982 (Supp. 82-3). Amended subsections (C) and (D), deleted (F) effective January 1, 1987, filed December 16, 1986 (Supp. 86-6). R20-6-217 recodified from R4-14-217 (Supp. 95-1). Former R20-6-217 renumbered to R20-6-214 by final rulemaking at 13 A.A.R. 2061, effective August 4, 2007 (Supp. 07-2).

Editor's Note: The following Section expired under A.R.S. § 41-1056(E) on September 30, 2001 at 8 A.A.R. 491. The Notice of Rule Expiration was not received until January 9, 2002. Therefore, the repeal of the rule noted in the Historical Note is moot (Supp. 02-1).

R20-6-218. Repealed**Historical Note**

Adopted effective November 9, 1984 (Supp. 84-6). R20-6-218 recodified from R4-14-218 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 5443, effective November 16, 2001 (Supp. 01-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1) (see Editor's Note above).

ARTICLE 3. FINANCIAL PROVISIONS AND PROCEDURES**R20-6-301. Expired****Historical Note**

Former General Rule Number 3. R20-6-301 recodified from R4-14-301 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1).

R20-6-302. Expired**Historical Note**

Former General Rule 62-11. R20-6-302 recodified from R4-14-302 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1).

R20-6-303. Termination of Certificate of Authority and Release of Deposit

- A. Domestic Insurers.** To request termination of a certificate of authority and, if applicable, release of statutory deposit, a domestic insurer shall file all of the following with the director:
1. A written request for termination of certificate of authority and release of deposit;
 2. The insurer's original certificate of authority or an affidavit of lost certificate of authority;
 3. A statement of the insurer's financial condition as of a date within 60 days of the filing date of the request for termination that includes a written statement, signed by two officers of the insurer as authorized on the jurat page of the insurer's most recent annual statement, verifying that the statement of financial condition reflects the insurer's financial position as of the date signed.
 4. A plan of extinguishment for its outstanding liabilities that satisfies the requirements of subsection (C) or a sworn affidavit stating that the insurer has no outstanding liabilities to policyholders or claimants under subsection (C);
 5. A certified copy of the insurer's Board of Directors resolution or other documentation of the insurer's official action taken according to the insurer's statutorily required organizational documents approving the insurer's:
 - a. Withdrawal from the insurance business,
 - b. Dissolution of the insurer,
 - c. Merger with an insurer authorized in Arizona to transact the insurer's previously written and active lines of business of the insurer requesting termination, or
 - d. Transfer of domicile to another state or country.
 6. A copy of the insurer's Articles of Dissolution, Articles of Merger, Articles of Amendment, Articles of Redomestication, or other documentation that the insurer intends to file with the Arizona Corporation Commission after issuance of the Director's order as provided in subsection (D)(2);
 7. If requested by the director, a written agreement that guarantees payment of substantially all liabilities of the domestic insurer, other than obligations extinguished under subsection (C).
- B. Foreign and Alien Insurers.** To request termination of its certificate of authority and, if applicable, release of its deposit, a foreign or alien insurer shall file all of the following with the director:
1. A written request for termination of certificate of authority and release of deposit;
 2. The insurer's original certificate of authority or an affidavit of lost certificate of authority;
 3. A statement of the insurer's financial condition as of a date within 60 days of the filing date of the request for termination that includes a written statement, signed by two officers of the insurer as authorized on the jurat page of the insurer's most recent annual statement, verifying that the statement of financial condition reflects the insurer's financial position as of the date signed.
 4. A plan of extinguishment for its Arizona liabilities that satisfies the requirements of subsection (C) or a sworn

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- affidavit stating that the insurer has no Arizona liabilities under subsection (C);
5. A copy of an order issued by the insurance director or other appropriate regulatory authority in the insurer's state or country of domicile that approves or authorizes either the insurer's:
 - a. Withdrawal from the insurance business,
 - b. Dissolution of the insurer,
 - c. Merger (approval of the merger from the states of domicile of the insurers), or
 - d. Transfer of domicile, if applicable.
 6. A copy of the insurer's Articles of Dissolution, Articles of Merger, Articles of Amendment, Articles of Redomestication or other required documentation that the insurer filed in its state of domicile; and
 7. If requested by the director, a written agreement that guarantees payment of substantially all Arizona liabilities of the insurer, other than obligations extinguished under subsection (C).
- C. Insurer's Plan for Extinguishment of Liabilities.**
1. To extinguish substantially all liabilities under subsection (A)(4) or subsection (B)(4) as applicable, an insurer may:
 - a. Reinsure the insurer's business in force with another insurer by entering into an agreement of bulk reinsurance that shall be effective when filed with and approved in writing by the director.
 - i. The agreement shall provide for assumption of all policyholder claims by the reinsurer including claims incurred but unreported as of the effective date of the agreement.
 - ii. The agreement may include recapture provisions exercisable by the insurer in the event the termination of its certificate of authority is not completed.
 - iii. Unless the director otherwise approves, the agreement shall provide that the reinsurer be licensed in Arizona for the particular lines of business reinsured.
 - b. Merge with another insurer that:
 - i. Assumes the liabilities of the non-surviving insurer; and
 - ii. Is authorized in Arizona for the previously written and active lines of business assumed, unless otherwise approved by the director.
 - c. Use its deposit, any additional security deposit or both to secure payment of former policyholder, policyholder, or claimant liabilities that are not reinsured or otherwise secured.
 2. For purposes of this Section, "substantially all liabilities" under Title 20 means all policyholder and claimant obligations reported by the insurer in the statement of financial condition, whether or not liquidated in amount, and shall include former policyholder claims and rights to refunds.
- D. Consideration of the Request for Termination of Certificate of Authority and Release of Deposit under subsections (A) and (B).**
1. If the director determines that the insurer has extinguished substantially all liabilities as required under this Section and has otherwise demonstrated compliance with this Section and A.R.S. Title 20, the director shall grant the request to terminate the certificate of authority and, if appropriate, release the insurer's deposit, provided:
 - a. The insurer has no fees, taxes, assessments or filings outstanding to the Department; and
 - b. The insurer is not subject of any pending investigation or examination under Title 20 by the Department.
 2. The director's order shall condition the release of a domestic insurer's deposit upon receipt by the director of evidence of the official filing with the Arizona Corporation Commission of the documentation described in subsection (A)(6).
 3. If the director determines that the insurer is unable to extinguish substantially all liabilities as required under this Section, or otherwise has not complied with this Section or with A.R.S. Title 20, the director shall notify the insured in writing that the request has been denied and the reasons for the denial.
- E. Exclusions.** This Section does not apply to:
1. An insurer's exchange and substitution of cash or eligible securities under A.R.S. § 20-586;
 2. An insurer's withdrawal of excess deposits, either cash or eligible securities, under A.R.S. §§ 20-587 and 20-588(A)(2); or
 3. Releases of deposits made under A.R.S. § 20-588(A)(3).
- Historical Note**
- Former General Rule 72-29. R20-6-303 recodified from R4-14-303 (Supp. 95-1). Section R20-6-303 repealed; new Section R20-6-303 made by final rulemaking at 14 A.A.R. 3432, effective October 4, 2008 (Supp 08-3).
- R20-6-304. Reserved**
- R20-6-305. Expired**
- Historical Note**
- Adopted effective September 13, 1978, except that it shall apply to the accounting treatment for unearned premium reserves and reinsurance premium receivables for credit life disability insurance on January 1, 1979, and all annual statements filed for periods on or after that date (Supp. 78-5). R20-6-305 recodified from R4-14-305 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 491, effective September 30, 2001 (Supp. 02-1).
- R20-6-306. Reserved**
- R20-6-307. Life and Disability Reinsurance Agreements**
- A. Scope.** This rule applies to all domestic life and disability insurers and reinsurers, and to all other licensed life and disability insurers and accredited reinsurers that are not subject to a substantially similar rule in their jurisdictions of domicile. This rule applies to the disability business of licensed property and casualty insurers. This rule does not apply to assumption reinsurance, yearly renewable term reinsurance, or nonproportional stop loss or catastrophe reinsurance, or similar forms of nonproportional reinsurance.
- B. Definitions**
1. "Agreement" means a reinsurance agreement and any amendment to a reinsurance agreement.
 2. "Credit Quality" means the risk that invested assets supporting the reinsured business will decrease in value but excludes decreases to changes in interest rate.
 3. "Department" means the Arizona Department of Insurance.
 4. "Director" means the Director of the Arizona Department of Insurance.
 5. "Disintermediation" means the risk that interest rates will rise and policy loans and surrenders will increase or maturing contracts will not renew at anticipated rates of renewal.

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6. "Lapse" means the risk that a policy will voluntarily terminate before the recoupment of a statutory surplus strain experienced at issuance of the policy.
7. "Reinvestment" means the risk that interest rates will fall and funds reinvested will therefore earn less than expected.

C. Accounting Requirements

1. Unless authorized by the director, an insurer shall not, for reinsurance ceded, reduce any liability, or establish any asset in any statutory financial statement filed with the Department if, by the terms of the agreement, or in effect, any of the following conditions exist:
 - a. Renewal expense allowances provided or to be provided to the ceding insurer by the reinsurer in any accounting period are not sufficient to cover the ceding insurer's allocable renewal expenses anticipated at the time the business is reinsured on the portion of the business reinsured, unless a liability is established for the present value of the shortfall using assumptions equal to the applicable statutory reserve basis on the business reinsured.
 - b. The ceding insurer is required to reimburse the reinsurer for negative experience under the agreement. Neither the offset of the ceding insurer's experience refunds against current and prior years' losses, nor payment by the ceding insurer of an amount equal to the reinsurer's current and prior years' losses upon voluntary termination of in-force reinsurance by the ceding insurer, shall be considered a reimbursement to the reinsurer for negative experience.
 - c. The ceding insurer may be deprived of surplus or assets at the reinsurer's option or automatically upon the occurrence of a specified event, including the insolvency of the ceding insurer. Termination of the agreement by the reinsurer for nonpayment of reinsurance premiums or other amounts due shall not be considered a deprivation of surplus or assets within the meaning of this subsection.
 - d. The ceding insurer is required, at scheduled times, to terminate the agreement or recapture automatically all or part of the reinsurance ceded.
 - e. The ceding insurer may be required to pay the reinsurer amounts other than from income reasonably expected from the reinsured policies.
 - f. Significant risks inherent in the business reinsured are not transferred to the reinsurer. Table A identifies the risks deemed significant for representative types of business.
 - g. The credit quality, reinvestment, or disintermediation risk is significant for the business reinsured and the ceding company does not transfer the underlying assets to the reinsurer, segregate the underlying assets in a trust or escrow account, or otherwise segregate the underlying assets. The assets that support the reserves for classes of business that do not have a significant credit quality, reinvestment, or disintermediation risk, or for long-term care or long-term disability insurance, traditional non-par permanent, traditional par permanent, adjustable premium permanent, indeterminate premium permanent, or universal life fixed premium with no dump-in

premiums allowed, may be held by the ceding company without segregation. To determine the reserves for classes of business, the supporting assets of which may be held without being segregated, the reserve interest rate adjustment formula shall reflect the ceding company's investment earnings and incorporate all realized and unrealized gains and losses reported in the ceding insurer's statutory financial statement.

- h. Settlements are made less frequently than quarterly or payments due from the reinsurer are not made in cash within 90 days of the settlement date.
 - i. The ceding insurer is required to make representations or warranties unrelated to the business reinsured.
 - j. The ceding insurer is required to make representations or warranties related to future performance of the business reinsured.
2. An agreement entered into after the effective date of this rule to reinsure business issued before the effective date of the agreement shall be filed by the ceding insurer with the Director within 30 days after execution of the agreement. Each filing shall be accompanied by a description of the corresponding reduction in liabilities or other credit for reinsurance, and any other financial impact of the agreement, reported in the ceding insurer's statutory financial statements. When an increase in surplus net of federal income tax results from an agreement falling under this subsection, the ceding insurer shall separately identify the increase as a surplus item in the aggregate write-ins for gains and losses in surplus in the Capital and Surplus account of the ceding insurer's statutory financial statement. As earnings emerge from the business reinsured, the ceding insurer shall report in its statutory financial statement recognition of surplus increase as income on a net of tax basis as reinsurance ceded.

D. Written Agreements

1. A ceding insurer shall not reduce any liability or establish any asset in any statutory financial statement filed with the Department, unless the ceding insurer and the reinsurer have executed an agreement or a binding letter of intent by the "as of" date of the statutory financial statement.
2. A ceding insurer shall not be allowed a credit for the reinsurance ceded based on a letter of intent unless the ceding insurer and the reinsurer execute an agreement within 90 days from the execution date of the letter of intent.
3. The agreement shall provide that:
 - a. The agreement constitutes the entire contract between the parties with respect to the business reinsured, and there are no understandings between the parties other than as expressed in the agreement; and
 - b. Any change or modification to the agreement shall be void unless made by written amendment signed by all parties.

Historical Note

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-307 recodified from R4-14-307 (Supp. 95-1). Amended effective December 7, 1995 (Supp. 95-4).

Table A. Risk Categories

Risk Categories:

- (a). Morbidity (d). Credit Quality

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- (b). Mortality (e). Reinvestment
(c). Lapse (f). Disintermediation

	a	b	c	d	e	f
Disability Insurance, other than long-term care or long-term disability insurance	+	0	+	0	0	0
Long-term care or long-term disability insurance	+	0	+	+	+	0
Immediate Annuities	0	+	0	+	+	0
Single Premium Deferred Annuities	0	0	+	+	+	+
Flexible Premium Deferred Annuities	0	0	+	+	+	+
Guaranteed Interest Contracts	0	0	0	+	+	+
Other Annuity Deposit Business	0	0	+	+	+	+
Single Premium Whole Life	0	+	+	+	+	+
Traditional Non-par Permanent Life	0	+	+	+	+	+
Traditional Non-par Term Life	0	+	+	0	0	0
Traditional Par Permanent Life	0	+	+	+	+	+
Traditional Par Term Life	0	+	+	0	0	0
Adjustable Premium Permanent Life	0	+	+	+	+	+
Indeterminate Premium Permanent Life	0	+	+	+	+	+
Universal Life Flexible Premium	0	+	+	+	+	+
Universal Life Fixed Premium, with dump-in premiums allowed	0	+	+	+	+	+

+ - Significant

0 - Insignificant

Historical Note

Adopted effective December 7, 1995 (Supp. 95-4). Corrected misspelled word “adjustable” as submitted in final rule (Supp. 98-3).

R20-6-308. Expired**Historical Note**

Adopted effective March 22, 1993 (Supp. 93-1). R20-6-308 recodified from R4-14-308 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3374, effective May 31, 2016 (Supp. 16-4).

R20-6-309. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

R20-6-309.01. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

R20-6-309.02. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

R20-6-309.03. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

R20-6-309.04. Expired**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

Appendix A. Expired**Table 1. Expired****Table 2. Expired****Table 3. Expired****Table 4. Expired****Table 5. Expired****Table 6. Expired****Historical Note**

Appendix A adopted by final rulemaking at 6 A.A.R. 255, effective January 1, 2000 (Supp. 99-4). Appendix A (including Tables 1 through 6) expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1278, effective September 30, 2006 (Supp. 07-1).

ARTICLE 4. TYPES OF INSURANCE COMPANIES**R20-6-401. Proxies, Consents, and Authorizations of Domestic Stock Insurers**

A. The Department incorporates by reference National Association of Insurance Commissioners Model Laws, Regulations and Guidelines, Volume III, pp. 490-1 through 490-40, Regulation Regarding Proxies, Consents, and Authorization of Domestic Stock Insurers, April 1995 (and no future editions or amendments), which is on file with and available from the Department of Insurance, 100 N. 15th Ave., Suite 102, Phoenix, AZ 85007-2624 and the National Association of Insurance Commissioners, Publications Department, 1100 Walnut Street, Suite 1500, Kansas City, MO 64106-2197, modified as follows:

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Section 1 A is modified to read: “No domestic stock insurer that has any class of equity securities held of record by 100 or more persons, or any director, officer or employee of that insurer, or any other person, shall solicit, or permit the use of the person’s name to solicit, by mail or otherwise, any proxy, consent, or authorization in respect to any class of equity securities in contravention of this regulation and Schedules A and B, hereby made a part of this regulation.”

- B.** Domestic stock insurance companies shall comply with this Section as required under A.R.S. § 20-143(B).

Historical Note

Former General Rule 57-3. R20-6-401 recodified from R4-14-401 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3). New Section made by final rulemaking at 9 A.A.R. 1086, effective March 6, 2003 (Supp. 03-1). Section amended by final expedited rulemaking with an immediate effective date of September 16, 2019 (Supp. 19-3).

R20-6-402. Expired**Historical Note**

Former General Rule 69-19. R20-6-402 recodified from R4-14-402 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

Exhibit A. Expired**Historical Note**

Former General Rule 69-19. R20-6-402 recodified from R4-14-402 (Supp. 95-1). Exhibit expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

Exhibit B. Expired**Historical Note**

Former General Rule 69-19. R20-6-402 recodified from R4-14-402 (Supp. 95-1). Exhibit expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

R20-6-403. Expired**Historical Note**

Former General Rule 69-21. R20-6-403 recodified from R4-14-403 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

Appendix A. Expired**Historical Note**

R20-6-403, Appendix A recodified from R4-14-403, Appendix A (Supp. 95-1). Appendix expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

Appendix B. Expired**Historical Note**

R20-6-403, Appendix B recodified from R4-14-403, Appendix B (Supp. 95-1). Appendix expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

Appendix C. Expired**Historical Note**

R20-6-403, Appendix C recodified from R4-14-403, Appendix C (Supp. 95-1). Appendix expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

R20-6-404. Repealed**Historical Note**

Former General Rule 73-31; Repealed effective January 1, 1981 (Supp. 80-6). R20-6-404 recodified from R4-14-404 (Supp. 95-1).

R20-6-405. Health Care Services Organization

- A.** Authority. This rule is adopted pursuant to A.R.S. §§ 20-142, 20-143, 20-106 and 20-1051 through 20-1068.
- B.** Purpose. The purpose of this rule is to implement the legislative intent, as expressed in Chapter 128, Laws of 1973, to regulate and control Health Care Services Organizations in the State of Arizona, (including, but not limited to Certificate of Authority, licensing, fees for licensing, disciplinary procedures for agents and control of solicitation of members and evidences of coverage).
- C.** Scope
 1. The scope of this Rule is the scope of A.R.S. Title 20 as it relates to Insurers or Hospital or Medical Service Corporations. As it relates to Health Care Services Organizations, the scope of this rule is the scope of Title 20, Chapter 1 and Title 20, Chapter 4, Article 9, as provided in A.R.S. § 20-1068. This rule is applicable to agents of persons, and persons operating or proposing to operate Health Care Services Organizations in the State of Arizona.
 2. The statutory authority for this rule, A.R.S. Title 20, Chapter 4, Article 9, does not provide for exemptions therefrom for persons or agents of persons subject thereto, and no such exemption is intended or should be presumed by this rule or any provision thereof.
- D.** Repeal. This rule does not repeal any known prior rule, memorandum, bulletin, directive or opinion on this subject matter. If such prior rule or directive exists and is in conflict herewith, the same is repealed hereby.
- E.** Definitions. As used in this rule, unless the context otherwise requires:
 1. “Agent” has the meaning of A.R.S. § 20-282.
 2. “Basic Health Care Services” has the meaning of A.R.S. § 20-1051.
 3. “Certificate of Authority” means a Certificate authorizing operation of a Health Care Services Organization.
 4. “Director” means the Director of Insurance of the State of Arizona.
 5. “Enrollee” has the meaning of A.R.S. § 20-1051.
 6. “Evidence of coverage” has the meaning of A.R.S. § 20-1051.
 7. “Health Care Plan” has the meaning of A.R.S. § 20-1051.
 8. “Health Care Services” has the meaning of A.R.S. § 20-1051.
 9. “Health Care Services Organizations” has the meaning of A.R.S. § 20-1051.
 10. “Hospital Service Corporation” has the meaning of A.R.S. § 20-822.
 11. “Insurer” has the meaning of A.R.S. § 20-106(C).
 12. “License” means the authority to act as an agent of a Health Care Services Organization.
 13. “Medical Service Corporation” has the meaning of A.R.S. § 20-822.

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14. "Net charges" means the total of all sums prepaid by or for all enrollees, less approved refunds, adjustments and deductions, as consideration for Health Care Services of a Health Care Plan under an Evidence of Coverage.
 15. "Person" has the meaning of A.R.S. § 20-1051.
 16. "Physician and patient relationship" has the meaning of A.R.S. § 20-833.
 17. "Prepaid Health Plans" means any Health Care Plan to pay or make reimbursement for Health Care Services on a prepaid basis other than insured plans otherwise authorized and approved under A.R.S. Title 20.
 18. "Prepaid Group Practice Plan" means a person authorized and approved under A.R.S. Title 20.
 19. "Provider" has the meaning of A.R.S. § 20-1051.
 20. "Transact" has the meaning of A.R.S. § 20-106(A) and (B).
 21. "Unqualified agent" means a person directly or indirectly representing or acting for a Health Care Services Organization and not qualified as an agent thereof.
- F. Certificate of Authority**
1. Policy. Persons and agents of persons operating Health Care Services Organizations as of May 7, 1973, shall comply with the application requirements of A.R.S. § 20-1052 on or before August 7, 1973.
 2. A Certificate of Authority shall not be granted until the Director is satisfied that the requirements of A.R.S. §§ 20-1052, 20-1053 and 20-1054 are met and will continue to be met.
 3. An examination of an applicant at the expense of the applicant for a Certificate of Authority may be ordered to be made if the applicant is not a resident, is controlled by a non-resident, or maintains a head or principal office out of its service area, and will be ordered to be made if the applicant contracts with providers, or for services outside a reasonable area, or has contract obligations under its evidence of coverage that are, or appear to be, inequitable or unreasonable as to the enrollees.
- G. Certificate of Authority – Application**
1. A person required to be qualified to do business in this State as a Health Care Services Organization, pursuant to A.R.S. § 20-1052 shall file an application for Certificate of Authority on Department Form E-104.
 2. Applications failing to comply with the requirements of A.R.S. § 20-1053 will be denied without prejudice to the filing of an application complying with such requirements.
 3. Health Care Services Organizations operating in this State as of May 7, 1973, and having submitted a sufficient application for Certificate of Authority as required by this rule, including the disclosure filings of paragraph (7) of this subsection, may continue to operate as an organization until the Director acts upon the application.
 4. The application for Certificate of Authority shall be verified by an authorized and qualified officer of the Health Care Services Organization.
 5. The application for Certificate of Authority shall be accompanied by the fees required for a hospital or medical service corporation by A.R.S. § 20-167 and a tax return or returns on Department Form E-162, for the calendar year previous to the calendar year of application during which the applicant has done business in this State as a Health Care Services Organization, and the amount of tax due thereon after the effective date hereof, if any, as provided by A.R.S. § 20-1060. The filing of such returns or payment of such tax may be adjusted or waived by the Director upon application and affirmative showing in writing therefor justifying the adjustment or waiver.
- H. Certificate of Authority – Application.** The application for Certificate of Authority shall be accompanied by a power of attorney as required by A.R.S. § 20-1053(A)(10) on Department Form E-128.
- I. Certificate of Authority – Grounds for denial**
1. Policy. A Certificate of Authority to operate a Health Care Services Organization shall not be granted until the Director is satisfied by the affirmative showing, verified by the applicant, that all of the requirements of A.R.S. §§ 20-1052, 20-1053 and 20-1054 are met and will continue to be met.
 2. Guidelines. The guidelines and standards for determination of appropriate mechanisms to achieve an effective Health Care Plan include, but are not limited to the following:
 - a. Ability to provide basic Health Care Services without undue restrictions, limitations, discrimination, unreasonable fee schedules, or unreasonable administrative costs; an affirmative showing that the form of organization does not evidence any coercion, duress or other compulsion over members;
 - b. The form of organization does not lend itself to practices prohibited by A.R.S. §§ 20-441 through 20-459, and
 - c. The evidence of coverage does not contain provisions or statements which are unjust, inequitable, misleading, deceptive or untrue or encourage misrepresentation.
 3. Failure to pay obligations. Applications for a Certificate of Authority to operate a Health Care Services Organization may be denied or rejected if the applicant has failed after 30 days from the entry of final judgment, to pay obligations within the provisions of an evidence of coverage issued by such applicant. The provisions of this Section may be waived by the Director upon a clear affirmative showing that the applicant is defending an action or appealing a judgment at law or equity in a court of this state, or is required to obtain a Certificate of Authority so as to maintain such action.
 4. Unauthorized agents. Applications for a Certificate of Authority to operate a Health Care Services Organization may be denied or rejected, after stated cause and opportunity to answer, if the applicant has, 90 days after the effective date, permitted transactions by an unauthorized agent.
- J. Solicitation requirements**

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1. Forms for evidences of coverage, advertising matter, sales material and amendments thereto, will not be approved until the Director is satisfied by filing of Department Form P-107 accompanying the filing of such form and the payment of necessary fees, that the requirements of A.R.S. §§ 20-1057, 20-1054(2), and 20-1061 have been met and will continue to be met.
 2. Each Health Care Services Organization shall maintain at its home or principal office a complete file containing every printed, published or prepared advertisement brochure, form letter of solicitation, evidence of coverage, certificate, agreement or contract, and a copy of all radio and television forms of the above hereafter disseminated in this or any other State with a notation attached to each such solicitation or inducement to indicate the manner and extent of distribution and the date of approval by the Department of such solicitation. Such advertising file shall be maintained for a period of not less than three years.
- K.** Annual report. Each Health Care Services Organization required to file an annual statement, shall, on or before March 1 of each year, file with the Director, together with its annual statement on Department Form E-13, a certificate executed by an authorized officer of the Health Care Services Organization stating that to the best of his knowledge, information and belief, all written solicitations disseminated during the preceding statement year complied or were made to comply with the provisions of Title 20, Chapter 4, Article 9, and this rule, and that no forms of solicitation were disseminated without the prior approval of the Director.
- L.** Taxes
1. All Health Care Services Organizations operating and transacting business in the State of Arizona shall on or before March 1 and with the filing of the Annual Report, file a tax return on Department Form E-162, and pay the tax due on such return pursuant to A.R.S. § 20-1060.
 2. A tax return required to be filed and filed with an application for Certificate of Authority may cover a period of time of less than a calendar year as specified in the return and approved by the Director. Annual tax returns required to be filed coincident with the annual report shall be for the full calendar year next preceding the date of filing the annual report.
 3. Net charges, as in this rule defined, shall represent the net charges received during the calendar year next preceding the date of filing the annual report and tax return.
- M.** Deposit requirements
1. In the event a Health Care Services Organization determines to maintain statutory deposits by a surety bond, such surety bond shall be in form as approved by the Director guaranteeing the payment of Health Care Services furnished to enrollees, and shall be deposited with the State Treasurer.
 2. In the event a Health Care Services Organization determines to maintain the deposit requirements by filing securities with the State Treasurer, a full and complete statement of the securities proposed to be deposited, together with sufficient information to permit a determination of eligibility of such securities shall be filed with the Director on Department Form E-123, and such securities shall not be deposited until such securities are approved by the Director in writing.
 3. No securities deposited as herein provided shall be exchanged or substituted for similar securities, except upon the prior written approval of the Director.
4. Health Care Services Organizations claiming to be exempt from the deposit requirement, pursuant to A.R.S. § 20-1055(f) shall submit to the Director an affirmative showing or certification executed by an authorized federal, state or municipal government or political subdivision thereof, demonstrating operational commitments equivalent to the statutory deposit requirements.
 5. Statutory deposits shall not be withdrawn or a surety bond cancelled until all contingent and perfected liens, including judgments, debts, and other liabilities for payment of Health Care Services to which the enrollee is entitled under the evidence of coverage shall have been paid and the Director has given his authority in writing to withdraw such deposits or cancel such bonds.
- N.** Reserve requirements. Reserves required by A.R.S. § 20-1056 shall be deposited or maintained as cash, as Certificates of Deposit, or as securities eligible for investment of the capital of domestic insurers, pursuant to A.R.S. §§ 20-537 and 20-538.
- O.** Insurers and hospital and medical service corporations – Certificate of Authority
1. Insurers, Hospital Service Corporation, Medical Service Corporations, and Hospital and Medical Service Corporations, holding current Certificates of Authority to do business in this state may organize and operate Health Care Services Organizations jointly or severally without compliance with the deposit and reserve requirements of the statute, if the application contains an affirmative showing that the applicant organization has complied with comparable provisions of Title 20, and is an appropriate mechanism to achieve an effective Health Care Plan.
 2. The provisions of statute and this rule applying to Certificates of Authority and Application therefor, shall apply to all insurers, Hospital Service Corporations, Medical Service Corporations, and Hospital and Medical Service Corporations doing business in this state.
 3. Organizations claiming exemption or partial exemption pursuant to A.R.S. § 20-1063(c) shall file with the Director simultaneously with the application for Certificate of Authority, a statement affirmatively showing that the applicant has complied with provisions of Title 20 A.R.S. comparable to or more restrictive than the provisions of Title 20, Chapter 4, Article 9, and shall have received the written approval of the Director for such exemption or partial exemption.
- P.** Application, examination and licensing of agents
1. No agent of a Health Care Services Organization shall be eligible for transactions of a Health Care Services Organization, unless, prior to making any solicitation or transaction, he has been appointed agent by a Health Care Services Organization holding a current valid Certificate of Authority and has been licensed as herein provided. Persons directly or indirectly representing or acting for a Health Care Services Organization and not licensed as herein provided, or otherwise qualified under A.R.S. Title 20, shall be an unqualified agent.
 2. Any person applying for a license as an agent of a Health Care Services Organization shall do so by filing with the Department of Insurance the following:
 - a. An application for such license on a form approved by the Director of the Department of Insurance;
 - b. The required fees for such license;
 - c. Such additional information as the Director may deem necessary.
 3. The licensing of an agent of a Health Care Services Organization shall not become effective until such applicant

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shall have satisfactorily passed a written examination in accordance with A.R.S. § 20-292 as supplemented by A.R.S. § 20-167.

4. The examination shall be given in such places and at such times as the Director shall from time to time designate.
5. The form of examination and the manual may be altered and amended from time to time, so as to represent a fair test of the applicant's qualifications.
6. Every applicant for license shall satisfactorily complete the examination given with a grade of at least 70%, or such other percentage as may be fixed from time to time by the Director prior to the examination commensurate with the nature of the examination given.
7. License and examination fees shall be in accordance with A.R.S. § 20-167.
8. Report of the results of any examination given pursuant to this rule shall be mailed to the applicant and to the applicant's Health Care Services Organization at the address shown on the application.
9. Except as modified by this rule, the provisions for examination, licensing, annual fees and disciplinary procedures of Chapter 2, Article 3 of Title 20, shall apply.
10. Any agent licensed in this state shall immediately report to the Director any judgment or injunction entered against him on the basis of conduct deemed to have involved fraud, deceit, misrepresentation, or other violation affecting his license and all complaints or charges of misconduct lodged with his employer, any public agency of the state, or another state.
11. The Director may reject any application or suspend or revoke, or refuse to renew any agent's license for inducements or statements which are unjust, unfair, inequitable, misleading or deceptive, or which encourage misrepresentation, or are untrue or misleading.
12. The rules, standards and guidelines governing any proceeding relating to the suspension or revocation of the license of a life insurance agent, where applicable, shall also govern any proceedings for suspension or revocation of the license of an agent of a Health Care Services Organization.
13. Renewal of a license of an agent shall follow the same procedure as heretofore established for renewal of insurance agents' licenses in this state.
14. Renewal of a license of an agent shall follow the same procedure as heretofore established for renewal of insurance agents' licenses in this state.

Q. Forms

1. The forms prescribed by this rule and the instructions applicable thereto are adopted as requirements of the Director and necessary for the protection of citizens of this state. Such forms, instructions, manuals or examinations are those currently in use, but the same may be amended without reference to this rule and when approved as amended are incorporated in this rule by reference. The form of manual or examination of agents, or any form adopted by the Director may be reproduced for the purpose of reporting or for other purposes.
2. For good cause shown, the Director may authorize the filing of forms and reports on dates other than required by this rule, if applied for in writing not less than 10 days prior to the due date of such report and statement, exhibit, return or accounting.

R. Severability. In any provision of this rule or the forms, statements, returns or reports made part of this rule, or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect the provisions of applications of this

rule, which can be given effect without the invalid provision or application, and to this end the provisions of this rule are declared to be severable.

- S.** Effective date. This rule became effective on the 7th day of May, 1973. Amendments to this rule shall become effective upon filing with the Secretary of State.

Historical Note

Former General Rule 73-33; Amended subsections (E), (P), (R), (S), and (T) effective August 12, 1981 (Supp. 81-4). R20-6-405 recodified from R4-14-405 (Supp. 95-1).

R20-6-406. Expired**Historical Note**

Adopted effective May 18, 1978 (Supp. 78-3). R20-6-406 recodified from R4-14-406 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E), filed in the Office of the Secretary of State August 24, 2000 (Supp. 00-3).

R20-6-407. Service Companies

- A.** Scope. This rule shall apply to all service companies except those which are exempt under A.R.S. § 20-1095.02.
- B.** Definitions.
1. "Gray Market" auto means an imported motor vehicle which has not been certified for all safety, emission, and other federal and state standards prior to the arrival of the vehicle into the United States.
 2. "Service" within the meaning of Article 11, Chapter 4, Title 20 includes reimbursement for towing, car rental, lodging or travel breakdown expenses.
 3. The "Contract Holder" means the consumer as defined in A.R.S. § 20-1095(1).
- C.** Application for service company permit.
1. The application for a service company permit under this rule shall be on the form designated by the director which shall contain the following information:
 - a. The name of applicant;
 - b. Arizona address of applicant;
 - c. The home office address of applicant;
 - d. Type of entity (e.g. corporation, partnership);
 - e. Type of equipment to be serviced;
 - f. Fiscal year of applicant;
 - g. A list of suspensions, revocations or other disciplinary or rehabilitative actions against the service company in this or any other jurisdiction. The application form shall be signed under oath and acknowledged by the chief executive officer, chairman of the board of directors, or other person having power of attorney, in which case the power of attorney shall be attached.
 2. The following items shall be attached to the application form and shall complete the application:
 - a. A copy of the service company's most recent financial statement, sworn to and certified by the owner, duly elected officers, or a certified public accountant.
 - b. Evidence of having deposited cash or acceptable securities pursuant to A.R.S. § 20-1095.04.
 - c. Surety bond in lieu of deposit under subparagraph (b) on a form acceptable to the Director.
 - d. Initial nonrefundable permit fee of \$100 with each new application.
 - e. A biographical affidavit, on a form approved by the director, for each officer, director, manager or person owning 25% or more of the service company, and for each officer, director, manager or person owning

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- 25% or more of an entity which owns the service company.
- f. A copy of the service company's service contract, application, claim forms, brochures, and other forms used in connection with the sale.
- D. Deposit.** A service company providing a deposit of cash or alternatives to cash pursuant to A.R.S. § 20-1095.04 shall maintain the deposit in the amount required and such deposit shall not be encumbered. The deposit shall not be released except pursuant to one of the following:
1. The service company provides a bond or mechanical reimbursement policy which covers the outstanding service contract liabilities.
 2. All outstanding service contracts and liabilities thereunder have been assumed by a service company, in good standing, with the approval of the director, acknowledged by the assuming service company's administrator and acknowledged by endorsement by the mechanical reimbursement insurer or surety.
 3. Evidence satisfactory to the director that:
 - a. All outstanding service contracts and liabilities have expired or been cancelled in accordance with the service contract terms,
 - b. That all claims have been settled,
 - c. That there is no reason to believe there are any unreported claims, and
 - d. That the service company is financially able and agrees to be financially responsible for any valid unreported claims.
- E. The service contract, approval of forms.**
1. Each service company holding a service company permit or applying for such permit shall submit all contract, claim and application forms, brochures and other advertising material to the Director for approval not less than 30 days prior to the proposed effective date thereof. No form, brochure or other printed material may be used until approved by the Director or has been on file with the Director more than 30 days.
 2. No service contract shall be approved unless it contains a provision permitting the cancellation of the contract. The cancellation provision shall provide for a pro rata refund after deducting for administrative expenses associated with the cancellation. No claim incurred or paid shall be deducted from the amount to be returned. The cancellation provision shall not contain both cancellation penalty and a cancellation fee.
 3. No service contract or application shall be approved unless it:
 - a. Is written in nontechnical, readily understood language, using words with common everyday meanings;
 - b. Provides for the performance of services within a reasonable period of time of the request for such services by the holder of the contract;
 - c. Discloses on the face of the application and the contract:
 - i. The name, address and telephone number of the service company;
 - ii. The name, address and telephone number of the service contract administrator, if any;
 - iii. The name of the individual who sold the service contract.
 - d. Clearly, conspicuously and plainly states:
 - i. The services to be performed by the service company and the terms and conditions of such performance;
 - ii. The service fee or deductible charge, if any, to be charged, or applied, for service calls and/or each covered repair.
 - iii. Each of the systems, products, appliances and components covered by the contract;
 - iv. The period during which the contract will remain in effect;
 - v. All limitations respecting the performance of services, including any restrictions as to time periods when services may be required or will be performed;
 - vi. The cost of the service contract;
 - vii. Those specific items or components which are excluded from coverage in large bold type;
 - viii. The conditions, if any, under which the service contract or coverage may be reinstated after coverage has been voided by acts or omissions by the service contract holder;
 - ix. The material acts or omissions by the contract holder which cancel or void coverage;
4. No service contract shall be approved if:
- a. The coverage may be cancelled or voided due to acts or omissions of the service company, its assignees or subcontractors for their failure to provide correct information of their failure to perform the services or repairs provided in a timely, competent, workmanlike manner;
 - b. Parts or components repaired or replaced under the service contract are excluded;
 - c. The contract can be cancelled or voided by the service company or its representatives for the following reasons including but not limited to:
 - i. Pre-existing conditions;
 - ii. Prior use or unlawful acts relating to the product;
 - iii. Misrepresentation by either the service company or its subcontractors;
 - iv. Ineligibility for the program, including gray market, high performance and GM diesel autos.
- F. Disapproval of contracts, applications or advertising.** The director may disapprove any service contract, application or advertising material that is in violation of this rule by issuing an order specifying in what respect the service contract, application or advertising material violates this rule. Any person aggrieved by such an order can demand a hearing thereon in accordance with A.R.S. § 20-1095.09.
- G. Permit expiration; renewal.**
1. Each permit issued pursuant to this rule shall expire at midnight on the last day of the service company's fiscal year. Thereafter, the service company shall have 90 days in which to file its completed renewal application including its certified financial statement and pay the renewal fee of \$100. A permit shall remain in effect upon the service company's timely payment of the renewal fee, timely filing of its annual financial statement and completed renewal application. An incomplete application will not be considered received until it is complete.
 2. Any late filing of the renewal application, financial report or late payment of the renewal fee shall be subject to a late fee of \$25 per day. Such late fee shall not release the service company of liability for other violations of these rules or other laws.

Historical Note

Adopted effective April 30, 1981 (Supp. 81-2). Former Section R4-14-407 repealed and a new Section R4-14-407 adopted effective July 2, 1987 (Supp. 87-3). R20-6-

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407 recodified from R4-14-407 (Supp. 95-1).

R20-6-408. Expired**Historical Note**

Former Section R4-14-408 renumbered as Section R4-14-409; a new Section R4-14-408 adopted effective July 15, 1987 (Supp. 87-3). R20-6-408 recodified from R4-14-408 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 24 A.A.R. 3106, effective October 9, 2018 (Supp. 18-4).

R20-6-409. Hospital, Medical, Dental, and Optometric Service Corporations

- A.** Applicability. This rule applies to all subscription contracts issued by hospital, medical, dental and optometric service corporations.
- B.** Subscription contract provision. Subscription contracts of hospital, medical, dental and optometric service corporations subject to the provisions of Article 3, Chapter 4 of Title 20, A.R.S., shall meet the requirements of the following rules:
1. R20-6-201. Advertisements of disability insurance.
 2. R20-6-209. Unfair sex discrimination.
 3. R20-6-210. Group coverage discontinuance and replacement.
 4. R20-6-213. Unfair discrimination on the basis of blindness, partial blindness, or physical disability.
 5. R20-6-216. Life and disability insurance policy language simplification.
 6. R20-6-302. Valuation of reserves for disability policies.
 7. R20-6-606. Medicare supplement insurance disclosure and minimum standards.
 8. R20-6-607. Reasonableness of benefits in relation to premium charged.
- C.** Severability. If any provision of this rule or the application thereof to any person or circumstance is for any reason held invalid, the remainder of the rule and the application of such provision to other persons or circumstances shall not be affected thereby.

Historical Note

Adopted effective July 9, 1982 (Supp. 82-4). Former Sec-

tion R4-14-408 renumbered without change as Section R4-14-409 effective July 15, 1987 (Supp. 87-3). R20-6-409 recodified from R4-14-409 (Supp. 95-1).

ARTICLE 5. THE INSURANCE CONTRACT**R20-6-501. Ten-day Period to Examine Disability Insurance Policy**

For the purpose of implementing A.R.S. §§ 20-442, 20-443, 20-826, 20-1111 and 20-1113 and to make more specific the regulation therein provided relative to policies of individual disability insurance (accident and sickness, hospitalization, medical, surgical and loss of time) issued in the State of Arizona and further to provide satisfactory public remedy against the hazards of misunderstanding by an applicant, of deception and coercion by an agent and of certain policy exclusions and limitations that cheapen the value of coverage, the Insurance Department of Arizona adopts the following rule:

1. Each policy of individual disability insurance, except one for which no provision for renewal is made, issued for delivery in the State of Arizona on or after October 1, 1961, by an insurance company or by a hospital or medical service corporation shall have printed on the first page thereof or attached thereto or endorsed thereupon in prominent style a notice declaring that, during a period of 10 days (or, at the insurer's option, a longer period) from the date of delivery to the policyholder, such policy may be returned for cancellation to the insurer at its home office (or, at the insurer's option, to its branch office or to the agent through whom it was purchased) and declaring further that in the event of such return the insurer will refund the entirety of any premium paid therefor, including any policy fees or other charges, and that the policy shall be deemed void from the beginning and that the parties shall be returned to their original position as if no policy had been issued.
2. The Insurance Department does not specify the particular language the notice shall contain but prefers usage of a phraseology approximately along the lines of either the longer (Form A) or shorter (Form B) sample below:

Sample Form A**NOTICE OF TEN-DAY RIGHT TO EXAMINE POLICY**

The _____ Insurance Company urges you to read this policy carefully and trusts that upon doing so you will fully understand, and will be pleased with, its coverage. If, however, questions arise or information is desired, do not hesitate to consult the selling agent. In addition, should the policy for any reason be unsatisfactory, by surrendering it within ten days following receipt to our office at _____ or to the selling agent, immediately full premium will be refunded and the policy will be cancelled and deemed void and as never in force and effect.

Sample Form B**IMPORTANT NOTICE**

If for any reason this policy is unsatisfactory, it may be returned for cancellation within ten days following receipt – in which case the entire premium will be refunded.

Historical Note

Former General Rule 61-7. R20-6-501 recodified from R4-14-501 (Supp. 95-1).

ARTICLE 6. TYPES OF INSURANCE CONTRACTS**R20-6-601. Regulations Governing Bail Transactions**

- A.** General provisions
1. Effective date

- a. These regulations are effective November 1, 1960. On and after date, no bail transaction or severable portion thereof shall be conducted, directly or indirectly except in full conformity herewith.
- b. No surety insurer shall furnish for use and no bail bond agent shall use any forms or documents which

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contain any provisions contrary to these regulations on or after the effective date hereof.

2. Authority. Authority for these regulations is A.R.S. §§ 20-142, 20-143 and 20-257 and A.R.S. Chapter 2, Article 3.
3. Public interest served. These regulations serve the public interest by prohibiting inequities in bail transactions and by establishing standards of licensing and conduct for bail bond agents.
4. Regulations as severable. These regulations shall be construed as severable, such that, where one or more Sections are held invalid, such remaining Sections will not be adversely affected.
5. Penalty. Violation of these regulations will subject the guilty party to the penalties of A.R.S. §§ 20-114, 20-220 and 20-316 and to the enforcement procedures of A.R.S. §§ 20-152 and 20-160 through 20-166.

B. Definitions

1. "Bail transaction" defined. As used in these regulations, the term "bail transaction" includes solicitation and inducement, preliminary negotiation and effectuation of a contract of surety insurance and the transaction of matters subsequent thereto and arising therefrom – all in connection with the release of persons arrested or confined.
2. "Bail bond agent" defined. As used in these regulations, the term "bail bond agent" means any person who engages in a bail transaction on behalf of a surety insurer or representative thereof.
3. "Arrestee" defined. As used in these regulations, the term "arrestee" means any person arrested or detained whose release on bail is solicited or procured or concerning whose release negotiations are commenced.
4. "Director" defined. As used in these regulations, the term "Director" means the Director of Insurance of the state.

C. Licensing

1. Application for license. Each application for original or renewal license as a bail bond agent shall be on a form furnished by the Director, and each applicant for such license shall furnish such supplementary information and supporting statements as the Director may require.
2. Prohibited associations. A bail bond license shall not be issued to, renewed for or maintained by any person who associates regularly with criminals, gamblers or persons of poor repute – except to the extent such association is required by business or professional duty and responsibility.
3. Transactions by unlicensed persons prohibited. No bail bond agent shall directly or indirectly permit any person on his behalf to solicit or negotiate bail transactions unless such person is duly licensed by the Director.
4. Employees. Employees of bail bond agents performing only clerical duties need not be licensed hereunder and shall be deemed not engaged in bail transactions.

D. Conduct of bail bond agents

1. Disclosure of business. Every bail bond agent shall conduct his business in such a manner that the public and those dealing with him shall be aware of the capacity in which he is acting.
2. Control of employees. A bail bond agent shall exercise direct supervision over his employees and keep informed of their actions as his employees.
3. Prohibited employees. No bail bond agent shall have in his employ at any time any criminal, gambler or person of poor repute.
4. Acting for attorney. No bail bond agent shall receive, or collect for an attorney any money or other item of value

for attorney's fee, costs or any other purpose on behalf of an arrestee, unless a receipt is given therefor.

5. Informants prohibited. No bail bond agent shall for any purpose, directly or indirectly, enter into an arrangement of any kind or have an understanding with a law enforcement officer, with a newspaper employee, with a messenger service or employee thereof, with a trusty in a jail, with other person incarcerated in a jail, or with any person whatever, to inform or notify any bail bond agent directly or indirectly of:
 - a. The existence of a criminal complaint;
 - b. The fact of an arrest; or
 - c. The fact that an arrest of any person is pending or contemplated; or
 - d. Any information pertaining to matters set forth in (a), (b), and (c) hereof or to the persons involved therewith.
6. Compliance with rules of public authority. No bail bond agent shall solicit any person in a bail transaction in a prison or jail or other place of detention, court or public institution connected with the administration of justice unless said bail bond agent has fully complied with every rule, regulation and ordinance issued by each public authority governing the conduct of persons in or about said premises.
7. Representations to public authority
 - a. No bail bond agent shall make any misleading or untrue representation to a court or to a public official with respect to a bail transaction, nor for the purpose of avoiding or preventing a forfeiture of bail or of having set aside a forfeiture which has occurred.
 - b. Every bail bond agent shall truthfully and fully answer every question asked him by the Director or his representative respecting his bail transactions and matters relating to the conduct of his bail business. Any bail bond agent may have his attorney present when he answers any such question.
8. Maintenance of records. Every bail bond agent shall keep complete records of all business done under authority of his license. Such records shall be open to inspection or examination by the Director or his representatives at all reasonable times at the principal place of business of the bail bond agent as designated in his license.

E. Charges, collateral, refunds and rebates

1. Rates
 - a. No bail bond agent shall issue or deliver a bail bond except at the premium rates most recently filed and approved by the Director in accordance with A.R.S. § 20-357.
 - b. Every bail bond agent shall post the premium rates of the surety insurer he represents in a conspicuous manner at his place of business.
2. Charges permitted. No bail bond agent shall, in any bail transaction or in connection therewith, directly or indirectly, charge or collect money or other valuable consideration from any person except for the following purposes:
 - a. To pay the premium at the rates established by the surety insurer and approved by the Director.
 - b. To provide collateral.
 - c. To reimburse himself for actual and reasonable expenses incurred in connection with the individual bail transaction, including:
 - i. Guard fees after the first 12 hours following release of an arrestee on bail;

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- ii. Notary fees, recording fees, necessary long distance telephone expenses, telegram charges, and travel expenses for other than local community travel.
 - iii. Any other actual expenditure necessary to the bail transaction which is not usually and customarily incurred in connection with the ordinary operation and conduct of bail transactions.
- 3. Delivery of documents to arrestee
 - a. Every bail bond agent shall, at the time of obtaining the release of an arrestee on bail or immediately thereafter, deliver to such arrestee or to the principal person with whom negotiations were made, if other than the arrestee, a copy of the bail bond premium agreement, which shall include:
 - i. The name of the surety insurer and the name and business address of the bail bond agent.
 - ii. The amount of bail and the premium thereof.
 - b. The bail bond agent shall also deliver at such time a statement detailing all charges in addition to the premium, the amount received on account, the unpaid balance if any, and a description of and a receipt for any collateral received.
- 4. Collateral
 - a. Any bail bond agent who receives collateral in connection with a bail transaction shall do so in a fiduciary capacity and, prior to any forfeiture of bail, shall keep such collateral separate and apart from any other funds, assets or property of such bail bond agent.
 - b. Any collateral received shall be returned to the person who deposited it with the bail bond agent or any assignee as soon as the obligation, the satisfaction of which was secured by the collateral, is discharged. Where such collateral has been deposited to secure the obligation of a bond, it shall be returned immediately upon the entry of any order by an authorized official by virtue of which liability under the bond is terminated, or, if any bail bond agent fails to cooperate fully with any authorized official to secure the termination of such liability, immediately upon the accrual of any right to secure an order of termination of liability.
 - c. When such collateral has been deposited as security for unpaid premium or charges and, if such premium or charges remained unpaid at the time of exoneration and after demand therefor has thereafter been made by the bail bond agent, collateral other than cash may be levied upon in the manner provided by law and cash collateral up to the amount of such unpaid premium on charges may be applied in payment thereof.
 - d. If collateral received by a bail bond agent is in excess of the bail forfeited, such excess shall be returned to the depositor immediately upon application of the collateral to the forfeiture subject, however, to any claim of the bail bond agent for unpaid premium or charges as provided in subparagraph (c) of paragraph (4) of subsection (E), or as agreed to in writing by the bail bond agent and arrestee or his indemnitor.
- 5. Premium refund upon surrender of arrestee. No bail bond agent shall surrender an arrestee to custody prior to the time specified in the bail bond for the appearance of the arrestee, or prior to any other occasion when the presence of the arrestee in court is lawfully required, without

returning all premium paid therefor, unless as a result of judicial action, or material misrepresentation by the arrestee or his indemnitor with respect to the execution of the bail bond agreement, or a material and substantial increase in the hazard assumed. Failure of the arrestee to pay the premium, or charges permitted under these regulations or any part thereof, and failure to furnish collateral required by the bail bond agent, shall not be considered a material and substantial increase in the hazard assumed.

- 6. Rebating prohibited. No bail bond agent shall pay or allow in any manner, directly or indirectly, to any person who is not also a bail bond agent any commission or valuable consideration on or in connection with a bail transaction. This Section shall not prohibit payments by a bail bond agent to an unlicensed person of charges by such persons for services of the kind specified in paragraph (2) subsection (E) of this Section.

Historical Note

Former General Rule 60-5. R20-6-601 recodified from R4-14-601 (Supp. 95-1).

R20-6-602. Nationwide Inland Marine Definition

- A. Applicability. This rule applies to risks and coverages which may be classified or identified as Marine, Inland Marine or Transportation insurance but shall not be construed to mean that the kinds of risks and coverages are solely Marine, Inland Marine or Transportation insurance in all instances. This rule shall not be construed to restrict or limit in any way the exercise of any insuring powers granted under charters and license whether used separately, in combination or otherwise.
- B. Marine and/or transportation policies may cover under the following conditions:
 - 1. Imports.
 - a. Imports may be covered wherever the property may be and without restriction as to time, provided the coverage of the issuing companies includes hazards of transportation.
 - b. An import, as a proper subject of marine or transportation insurance, shall be deemed to maintain its character as such so long as the property remains segregated in such a way that it can be identified and has not become incorporated and mixed with the general mass of property in the United States, and shall be deemed to have been completed when such property has been:
 - i. Sold and delivered by the importer, factor or consignee; or
 - ii. Removed from place of storage and placed on sale as part of the importer's stock in trade at a point of sale or distribution; or
 - iii. Delivered for manufacture, processing or change in form to premises of the importer or of another for any such purposes.
 - 2. Exports.
 - a. Exports may be covered wherever the property may be located without restriction as to time, provided the coverage of each issuing company includes hazards of transportation.
 - b. An export, as a proper subject of marine or transportation insurance, shall be deemed to acquire its character as such when designated or while being prepared for export and retain that character unless diverted for domestic trade, and when so diverted, the provisions of this rule respecting domestic shipments shall apply, provided, however, that this pro-

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- vision shall not apply to long established methods of insuring certain commodities, e.g., cotton.
3. Domestic shipments.
 - a. Domestic shipments on consignment, for sale or distribution, exhibit, or trial, or approval or auction, while in transit, while in the custody of others and while being returned, provided the coverage of each issuing company includes hazards of transportation, and further provided that in no event shall the policy cover domestic shipments on consignment on premises owned, leased or operated by the consignor.
 - b. Domestic shipments not on consignment, provided the coverage of the issuing companies includes hazards of transportation, beginning and ending within the United States, and further provided that such shipments shall not be covered at manufacturing premises nor after arrival at premises owned, leased or operated by assured or purchaser.
 4. Bridges, tunnels and other instrumentalities of transportation and communication excluding buildings, their improvements and betterments, their furniture and furnishings, fixed contents and supplies held in storage. The foregoing includes:
 - a. Bridges, tunnels, other similar instrumentalities, including auxiliary facilities and equipment attendant thereto.
 - b. Piers, wharves, docks, slips, dry docks and marine railways.
 - c. Pipelines, including on-line propulsion, regulating and other equipment appurtenant to such pipelines, but excluding all property at manufacturing, producing, refining, converting, treating or conditioning plants.
 - d. Power transmission and telephone and telegraph lines, excluding all property at generating, converting or transforming stations, substations and exchanges.
 - e. Radio and television communication equipment in use as such including towers and antennae with auxiliary equipment, and appurtenant electrical operating and control apparatus.
 - f. Outdoor cranes, loading bridges and similar equipment used to load, unload and transport.
 5. Personal Property Floater Risks covering individuals and/or generally
 - a. Personal Effects Floater Policies
 - b. The Personal Property Floater
 - c. Government Service Floater
 - d. Personal Fur Floaters
 - e. Personal Jewelry Floaters
 - f. Wedding Present Floaters for not exceeding 90 days after the date of the wedding.
 - g. Silverware Floaters.
 - h. Fine Arts Floaters, covering paintings, etchings, pictures, tapestries, art glass windows, and other bona fide works of art of rarity, historical value or artistic merit.
 - i. Stamp and Coin Floaters.
 - j. Musical Instrument Floaters. Radios, televisions, record players and combinations thereof are not deemed musical instruments.
 - k. Mobile Articles, Machinery and Equipment Floaters, excluding vehicles designed for highway use and auto homes, trailers and semi-trailers except when hauled by tractors not designed for highway use, covering identified property of a mobile or floating nature pertaining to or usual to a household. Such policies shall not cover furniture and fixtures not customarily used away from premises where such property is usually kept.
 6. Commercial Property Floater Risks covering property pertaining to a business, profession or occupation.
 - a. Radium Floaters.
 - b. Physicians' and Surgeons Instrument Floaters. Such policies may include coverage of such furniture, fixtures and tenant assured's interest in such improvements and betterments of buildings as are located in that portion of the premises occupied by the assured in the practice of his profession.
 - c. Pattern and Die Floaters.
 - d. Theatrical Floaters, excluding buildings and their improvements and betterments, and furniture and fixtures that do not travel about with theatrical troupes.
 - e. Film Floaters, including builders' risk during the production and coverage on completed negatives and positives and sound records.
 - f. Salesmen's Samples Floaters.
 - g. Exhibition Policies on property while on exhibition and in transit to or from such exhibitions.
 - h. Live Animal Floaters.
 - i. Builders Risks and/or Installation Risks covering interest of owner, seller or contractor, against loss or damage to machinery, equipment, building materials or supplies, being used with and during the course of installation, testing, building, renovating or repairing. Such policies may cover at points or places where work is being performed, while in transit and during temporary storage or deposit, of property designated for and awaiting specific installation, building, renovating or repairing.
 - i. Such coverage shall be limited to Builders Risks or Installation Risks where Perils in addition to Fire and Extended Coverage are to be insured.
 - ii. If written for account of owner, the coverage shall cease upon completion and acceptance thereof; or if written for account of a seller or contractor the coverage shall terminate when the interest of the seller or contractor ceases.
 - j. Mobile Articles, Machinery and Equipment Floaters, excluding motor vehicles designed for highway use and auto homes, trailers and semi-trailers except when hauled by tractors not designed for highway use and snow plows constructed exclusively for highway use covering identified property of a mobile or floating nature, not on sale or consignment, or in course of manufacture, which has come into the custody or control of parties who intend to use such property for the purpose for which it was manufactured or created. Such policies shall not cover furniture and fixtures not customarily used

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- away from premises where such property is usually kept.
- k. Property in transit to and from and in custody of bailees not owned, controlled or operated by the bailor. Such policies shall not cover bailee's property at his premises.
 - l. Installment sales and leased property. Policies covering property sold under conditional contract of sale, partial payment contract, installment sales contract, or leased but excluding motor vehicles designed for highway use. Such policies must cover in transit but shall not extend beyond the termination of the seller's or lessor's interest. This Section is not intended to include machinery and equipment under certain "lease-back" contracts.
 - m. Garment Contractors Floaters.
 - n. Furriers or Fur Storer's Customer's Policies, i.e., policies under which certificates or receipt are issued by furriers or fur storers covering specified articles the property of customers.
 - o. Accounts Receivable Policies, Valuable Papers and Records Policies.
 - p. Floor Plan Policies, covering property for sale while in possession of dealers under a Floor Plan or any similar plan under which the dealer borrows money from a bank or lending institution with which to pay the manufacturer, provided:
 - i. Such merchandise is specifically identifiable as encumbered to the bank or lending institution.
 - ii. The dealer's right to sell or otherwise dispose of such merchandise is conditioned upon its being released from encumbrance by the bank or lending institution.
 - iii. That such policies cover in transit and do not extend beyond the termination of the dealer's interest.
 - iv. That such policies shall not cover automobiles or motor vehicles; merchandise for which the dealer's collateral is the stock or inventory as distinguished from merchandise specifically identifiable as encumbered to the lending institution.
 - q. Sign and Street Clock Policies, including neon signs, automatic or mechanical signs, street clocks, while in use as such.
 - r. Fine Arts Policies covering paintings, etchings, pictures, tapestries, art glass windows, and other bona fide works of art of rarity, historical value or artistic merit, for account of museums, galleries, universities, businesses, municipalities and other similar interests.
 - s. Policies covering personal property which, when sold to the ultimate purchaser, may be covered specifically, by the owner, under Inland Marine Policies including:
 - i. Musical Instrument Dealers Policies, covering property consisting principally of musical instruments and their accessories. Radios, televisions, record players and combinations thereof are not deemed musical instruments.
 - ii. Camera Dealers Policies, covering property consisting principally of cameras and their accessories.
 - iii. Furrier's Dealers Policies, covering property consisting principally of furs and fur garments.
 - iv. Equipment Dealers Policies, covering mobile equipment consisting of binders, reapers, tractors, harvesters, harrows, tedders and other similar agricultural equipment and accessories therefor; construction equipment consisting of bulldozers, road scrapers, tractors, compressors, pneumatic tools, and similar equipment and accessories therefor; but excluding motor vehicles designed for highway use.
 - v. Stamp and Coin Dealers covering property of philatelic and numismatic nature.
 - vi. Jewelers' Block Policies.
 - vii. Fine Arts Dealers.

Such policies may include coverage of money in locked safes or vaults on the Assured's premises. Such policies also may include coverage of furniture, fixtures, tools, machinery, patterns, molds, dies and tenant insureds interest in improvements of buildings.

 - t. Wool Growers Floaters.
 - u. Domestic Bulk Liquids Policies, covering tanks and domestic bulk liquids stored therein.
 - v. Difference in Conditions Coverage excluding fire and extended coverage perils.
 - w. Electronic Data Processing Policies.
- C. Unless otherwise permitted, nothing in the foregoing shall be construed to permit MARINE OR TRANSPORTATION POLICIES TO COVER:
1. Storage of assured's merchandise, except as hereinbefore provided.
 2. Merchandise in course of manufacture, the property of and on the premises of the manufacturer.
 3. Furniture and fixtures and improvements and betterments to buildings.
 4. Monies and/or securities in safes, vaults, safety deposit vaults, bank or assured's premises, except while in course of transportation.

Historical Note

Former General Rule 59-4; Amended effective August 30, 1985 (Supp. 85-4). R20-6-602 recodified from R4-14-602 (Supp. 95-1).

R20-6-603. Repealed**Historical Note**

Former General Rule 69-18; Repealed effective July 27, 1981 (Supp. 81-4). R20-6-603 recodified from R4-14-603 (Supp. 95-1).

R20-6-604. Definitions

The definitions in A.R.S. § 20-1603 and this Section apply to R20-6-604 through R20-6-604.10.

"Actual loss ratio" means incurred claims divided by earned premiums at rates in use.

"Actuarially equivalent" means of equal actuarial present value determined as of a given date with each value based on the same set of actuarial assumptions. When used in this Article in reference to rates and coverage, "actuarially equivalent" means a rate or coverage that is actuarially determined to yield loss ratios of 50% for credit life insurance and 60% for credit disability insurance.

"Credit insurance" means credit life insurance, credit disability insurance, or both, but does not include any insurance for which there is no identifiable charge.

"Earned premiums" means earned premiums at prima facie rates and earned premiums at rates in use.

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“Earned premiums at prima facie rates” means an insurer’s actual earned premiums, adjusted to the amount that the insurer would have earned if the insurer’s premium rates had equaled the prima facie rates in effect during the experience period.

“Earned premiums at rates in use” means the premiums that an insurer actually earns on the premium rates the insurer charges during an experience period.

“Evidence of individual insurability” means information about a debtor’s health status or medical history that a debtor provides as a condition of credit insurance becoming effective.

“Experience” means an insurer’s earned premiums and incurred claims during an experience period.

“Experience period” means a period of time for which an insurer reports income and expense information on the insurer’s credit insurance business.

“Final adjusted rates” means the prima facie rates referred to in R20-6-604.04 and R20-6-604.05, subject to any deviations approved under R20-6-604.08.

“Gross debt” means the sum of the remaining payments that a debtor owes a creditor.

“Identifiable charge” means a charge for credit insurance that is imposed on a debtor with credit insurance but not on a debtor without credit insurance, and includes a charge for insurance that is disclosed in the credit or other financial instrument furnished to the debtor, which sets forth the financial elements of a credit transaction, and any difference in finance, interest, service charges, or other similar charges made to a debtor in like circumstances except for the debtor’s status as insured or noninsured.

“Incurred claims” means the total claims an insurer pays during an experience period, adjusted for the change in the claim reserves.

“Net debt” means the amount necessary to liquidate a debt in a single lump-sum payment excluding unearned interest and other unearned finance charges.

“Plan of credit insurance” means an insurance plan based on one of the following rate and coverage categories:

Credit life insurance, other than on revolving accounts, including joint and single life coverage, decreasing and level insurance, and outstanding balance and single premium;

Credit life insurance on revolving accounts;

Credit life insurance on an age-graded basis;

Credit disability insurance, other than on revolving accounts, including outstanding balance and single premium, and each combination of waiting period and retroactive or non-retroactive benefits;

Credit disability insurance on revolving accounts, including each combination of waiting period and retroactive or non-retroactive benefits.

“Preexisting condition” means a condition:

For which a debtor received medical advice, consultation, or treatment within six months before the effective date of credit insurance coverage; and

From which the debtor dies, in the case of life insurance, or becomes disabled, in the case of disability insurance, within six months after the effective date of coverage.

“Prima facie adjusted loss ratio” means incurred claims divided by earned premiums at prima facie rates.

“Prima facie rates” means the rates established by the Director as prescribed in R20-6-604.03.

“Reasonableness standard” means the requirement in A.R.S. § 20-1610(B) that an insurer’s premiums for credit insurance shall not be excessive in relation to the benefits provided under the policy.

“Rule of Anticipation” means the product of the gross single premium per \$100 of indebtedness for a debtor’s remaining term of indebtedness, times the number of hundreds of dollars of remaining indebtedness.

Historical Note

Former General Rule 70-22; Correction, original publication did not include Exhibit C (Supp. 76-1). Amended effective January 8, 1980 (Supp. 80-1). Former Section R4-14-604 repealed, new Section R4-14-604 adopted effective April 1, 1982. See subsection (N) for further detail (Supp. 82-2). Amended subsection (N) and Exhibit A effective March 30, 1983 (Supp. 83-2). R20-6-604 recodified from R4-14-604 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

Exhibit A. Repealed

Historical Note

Former General Rule 70-22; Correction, original publication did not include Exhibit C (Supp. 76-1). Amended effective January 8, 1980 (Supp. 80-1). Former Section R4-14-604 repealed, new Section R4-14-604 adopted effective April 1, 1982. See subsection (N) for further detail (Supp. 82-2). Amended subsection (N) and Exhibit A effective March 30, 1983 (Supp. 83-2). R20-6-604 recodified from R4-14-604 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-604.01. Rights and Treatment of Debtors

A. Creditor Obligations.

1. Multiple plans of insurance. If a creditor makes more than one plan of credit insurance available to debtors, the creditor shall inform each debtor of each plan for which the debtor is eligible and of the premium and charges for each plan.
2. Substitution. If a creditor requires a debtor to have credit insurance as additional security for a debt, the creditor shall inform the debtor in writing of the debtor’s right to obtain alternative coverage as prescribed in A.R.S. § 20-1614 before the loan transaction is completed.
3. Remittance of premiums. If a creditor adds an insurance charge or premium to a debt, the creditor shall remit the insurance charge or premium to the insurer within 60 days after it is added to the debt.

B. Creditor and insurer obligations regarding insurance on refinanced debt.

1. If a debt is discharged because the debtor refinances the debt before the scheduled maturity date, the creditor shall notify the insurer that issued the credit insurance on the discharged debt.

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2. An insurer shall not issue any credit insurance that covers the refinanced debt with an effective date preceding the termination date of the insurance on the original debt.
 3. The insurer issuing the coverage on the discharged debt shall refund to or credit the debtor with all unearned insurance charges or premium according to R20-6-604.06.
 4. If a debt is refinanced, the effective date of the policy provisions in any new insurance covering the refinanced debt shall be the first date on which the debtor became insured under the previous policy. An insurer may apply any new exclusion period or preexisting condition limitation only to the portion of the new loan that exceeds the previous loan.
- C. Required policy provisions.**
1. Termination provisions for group policies. A group credit insurance policy shall provide for continued coverage of debtors covered under the policy if the policy terminates, as follows:
 - a. For a policy with a single premium payment, or any other payment method that prepays coverage for more than one month, a provision requiring continued insurance coverage for the entire period for which the premium has been paid; and
 - b. For a policy with a monthly premium payment, a provision requiring the insurer to send the debtor a termination notice at least 30 days before the effective date of termination, unless an insurer is issuing replacement coverage in at least the same amount, without lapse of coverage.
 2. Maximum aggregate provisions. A provision in an individual policy or group certificate that sets a maximum limit on total claim payments shall apply only to that individual policy or group certificate.
- D. Creditor and insurer obligations when debtor prepays debt.**
1. Except as provided in subsection (D)(2), if a debtor prepays a debt in full, any credit insurance covering the debt shall terminate on the date of prepayment. The creditor and insurer shall refund to or credit the debtor with any unearned premium according to R20-6-604.06.
 2. If a debt is fully prepaid because of the debtor's death or any other lump-sum credit insurance payment, a creditor or insurer is not required to refund premium for the coverage under which the lump sum was paid.
 3. If a claim under credit disability coverage is in progress at the time of prepayment, the insurer:
 - a. May calculate the refund as if the prepayment did not occur until the end of the period for payment of benefits, and
 - b. Is not required to refund premiums for any period for which credit disability benefits are payable.
- E. Benefits payable on revolving account.** If a debtor is paying for credit insurance coverage on a revolving account and dies, the insurer shall pay a benefit amount equal to the amount of indebtedness outstanding on the date of death. The insurer may exclude preexisting conditions occurring within six months of any advance on the revolving account, running separately for each advance or charge.
- B.** An insurer may satisfy the reasonableness standard in A.R.S. § 20-1610(B) if the insurer's premium rate develops a loss ratio of not less than 50% for credit life insurance and not less than 60% for credit disability insurance.
- C.** While in effect, the rates described in R20-6-604.04 and R20-6-604.05, subject to any deviations approved under R20-6-604.08 are conclusively presumed to develop the loss ratios described in subsection (B). For purposes of prospective effect, the Department may rebut this presumption by disappearing or withdrawing approval for the rates as prescribed in A.R.S. § 20-1610.
- D.** An insurer may provide coverage other than the standard coverage described in R20-6-604.04 and R20-6-604.05. An insurer that wishes to provide nonstandard coverage shall:
1. File the nonstandard coverage policy information as prescribed in A.R.S. § 20-1609, and
 2. Demonstrate that the rates for the coverage are reasonably expected to develop a loss ratio of not less than 50% for credit life insurance and not less than 60% for credit disability insurance.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-604.03. Determination of Prima Facie Rates

- A.** The Director shall, by order, establish prima facie rates as prescribed in this Section.
- B.** At least once every three years, the Director shall:
1. Determine the rate of expected claims on a statewide basis;
 2. Compare the rate of expected claims with the rate of actual claims for the past three years determined from the incurred claims and earned premiums at prima facie rates; and
 3. If the Director determines that the prima facie rates require adjustment, issue a notice of hearing and proposed order adjusting the actual statewide prima facie rates. The hearing date on the proposed order shall be no earlier than 45 days from the date of the notice.
- C.** The Director shall mail a copy of the notice and proposed order to:
1. Each insurer that reported transaction of credit insurance on its annual statement immediately preceding the date of the notice, and
 2. Any other person who sends the Director a written request for notice of proceedings to adjust the prima facie rates.
- D.** Any person may submit written comments to the Director or appear at the hearing and provide oral comments on the record. Written comments shall be received no later than the close of record date specified in the notice of hearing.
- E.** The Director shall:
1. Consider written and oral comments; and
 2. Issue a final order setting prima facie rates no later than 30 days after the close of record date specified in the notice of hearing.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-604.04. Credit Life Insurance Rates and Provisions

- A.** Under the process prescribed in R20-6-604.03, the Director shall issue an order establishing prima facie rates for credit life insurance.
- B.** The Department shall presume that an insurer meets the loss ratios prescribed in R20-6-604.02(B) if the insurer uses the

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-604.02. Satisfying the Reasonableness Standard

- A.** An insurer shall comply with all requirements of A.R.S. § 20-1610 regarding premium and insurance charges.

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prima facie rates, subject to the requirements in this Section and R20-6-604.08. An insurer may use the prima facie rates without filing additional actuarial support.

- C. A credit life insurance policy shall meet the requirements listed in this Section. The policy shall:
1. Provide coverage for death, by whatever means caused, to all eligible debtors, with or without evidence of individual insurability for debtors that purchase coverage within 30 days of being eligible;
 2. Have no exclusions other than for:
 - a. Suicide within six months after the effective date of coverage, or
 - b. A preexisting condition;
 3. Have no age restrictions, except the following permissible exclusions:
 - a. An age restriction providing that no insurance will become effective on a debtor on or after the attainment of age 70 and that all insurance shall terminate on a debtor attaining age 70; and
 - b. An age restriction for a revolving credit life insurance policy that:
 - i. Excludes a class of debtors determined by age, or
 - ii. Provides for termination of insurance or reduction in the amount of insurance when a debtor reaches age 70; and
 4. For insurance on revolving accounts, have the date on which an advance or charge occurs as the effective date of coverage for each part of the insurance attributable to a different advance or a charge to the plan account. Any exclusion period or preexisting condition limitation shall run separately for each advance or charge.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-604.05. Credit Disability Insurance Rates and Provisions

- A. Under the process prescribed in R20-6-604.03, the Director shall issue an order establishing prima facie rates for credit disability insurance.
- B. The Department shall presume that an insurer meets the loss ratios prescribed in R20-6-604.02(B) if the insurer uses the prima facie rates, subject to the requirements in this Section and R20-6-604.08. An insurer may use the prima facie rates without filing additional actuarial support.
- C. A credit disability insurance policy shall meet the requirements listed in this Section. The policy shall:
1. Provide coverage for disability, by whatever means caused, to all eligible debtors, with or without evidence of individual insurability for debtors that purchase coverage within 30 days of becoming eligible;
 2. Include a definition of disability that is no more restrictive than the following:
 - a. For the first 12 months of disability, the inability of the insured to perform the essential functions of the insured's occupation; and
 - b. After the first 12 months of disability, the inability of the insured to perform the essential functions of any occupation for which the insured is reasonably suited by virtue of education, training, or experience;
 3. Not include any employment requirement that a debtor be employed more than full-time on the effective date of coverage, with a definition of "full-time" as a regular work week of at least 30 hours;

4. Have no exclusions other than for disabilities resulting from:
 - a. Normal pregnancy,
 - b. Intentionally self-inflicted injury, or
 - c. A preexisting condition;
5. For insurance on revolving accounts, have the date on which an advance or charge occurs as the effective date of coverage for each part of the insurance attributable to a different advance or a charge to the plan account. Any exclusion period or preexisting condition limitation shall run separately for each advance or charge;
6. Have no age restrictions, except the following permissible exclusion:

An age restriction providing that no insurance will become effective on a debtor on or after the attainment of age 65 and that all insurance shall terminate on a debtor attaining age 66; and
7. Include a provision for a daily benefit of not less than one-thirtieth of the monthly benefit payable under the policy.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-604.06. Refund Methods

- A. When refunding premiums as prescribed in A.R.S. § 20-1611, an insurer shall use the following methods:
1. For insurance paid by a single premium, the Rule of Anticipation method; and
 2. For insurance paid by other than a single premium, a method that refunds at least the pro rata gross unearned amount charged to the debtor.
- B. The Director may approve other refund methods similar to those described in subsection (A), that are actuarially equivalent to the type of coverage the debtor purchased.
- C. An insurer's refund method may recognize adjustments to a daily basis for interest or payments if the adjustments are consistent with the underlying credit transaction.
- D. An insurer is not required to refund any amount less than \$5.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-604.07. Experience Reports

- A. By April 1 of each year, an insurer that transacts credit insurance in this state shall file with the Director an experience report, on a form specified by the Director, for each class of business that the insurer transacts as provided in this Section.
1. In this Section, a "class of business" means:
 - a. Credit unions;
 - b. Banks, savings and loan institutions, and mortgage companies;
 - c. Finance companies, small loan companies, and consumer lenders defined in A.R.S. § 6-601(5);
 - d. Dealers, including auto, truck, and boat dealers, retail stores, and other persons selling financed goods; and
 - e. All other persons selling credit insurance not specifically listed in subsection (A)(1)(a) through (d).
 2. The report shall include the following information:
 - a. Mode of premium payment,
 - b. Plan of benefits description,
 - c. Earned premiums,
 - d. Incurred claims,
 - e. Loss ratios, and
 - f. For credit life insurance, mean insurance in force.

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- B. For each day a report is late, the Director may assess a penalty as prescribed in A.R.S. § 20-223.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-604.08. Use of Prima Facie Rates; Rate Deviations

- A. Use of rates greater than prima facie rates. An insurer may file for approval and use of any deviated rates that are higher than the prima facie rates referred to in R20-6-604.04 and R20-6-604.05 as prescribed in A.R.S. § 20-1610.
1. The deviated rates shall meet the minimum loss ratio standards and other requirements prescribed by R20-6-604.02.
 2. The filing shall specify the accounts to which the rates apply.
 3. The rates may be:
 - a. Applied uniformly to all accounts of the insurer; or
 - b. Applied on an equitable basis approved by the Director to accounts of the insurer for which the insurer's experience has been less favorable than expected.
- B. Approval period of deviated rates. An insurer may use a deviated rate for the same period of time as the experience period used to establish the rate, not to exceed a period of three years from the date of approval. An insurer may file for a new deviated rate before the end of the approval period, but not more often than once in any 12 month period.
- C. Approval is non-transferable. The Director's approval of a deviated rate is not transferable to another insurer. If an insurer acquires an account for which another insurer obtained a deviated rate, the successor insurer may not charge the deviated rate without obtaining approval for the deviated rate as prescribed in subsection (B).
- D. Use of rates lower than filed rates. An insurer may use a rate that is less than its filed rate without notice to the Director.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-604.09. Supervision of Consumer Credit Insurance Operations

- A. At least once every three years, an insurer transacting credit insurance in Arizona shall review the credit insurance operations of each creditor with whom the insurer does business to ensure that each creditor is complying with applicable credit insurance laws. The insurer shall review the following:
1. The creditor does not charge rates in excess of the prima facie rates or any deviated rates for which the insurer obtains approval;
 2. The creditor makes benefit payments as prescribed in the policy; and
 3. The creditor refunds unearned premiums as prescribed in R20-6-604.06.
- B. The insurer shall maintain for the Director's inspection a written record of each review and action the insurer takes to address any creditor noncompliance found by the insurer, for at least three years following the end of the review.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-604.10. Prohibited Transactions

- A. The practices listed in this Section are deemed unfair trade practices under A.R.S. § 20-442. An insurer that commits any

of the following practices is subject to penalties as prescribed in A.R.S. § 20-456:

1. Offering or providing a creditor with any special advantage or any service not set out in either the group insurance contract or in the agency contract, other than payment of commissions;
 2. Agreeing to deposit with a bank or financial institution, the insurer's money or securities as a substitute for a deposit of money or securities that the financial institution would otherwise require from the creditor as a compensating balance or deposit offset for a loan or other advancement; or
 3. Depositing money or securities without interest or at a lesser rate of interest than the creditor, bank, or financial institution is currently paying on other similar deposits.
- B. This Section does not prohibit an insurer from maintaining demand deposits or premium deposit accounts that are reasonably necessary for use in the ordinary course of the insurer's business.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2725, effective June 7, 2002 (Supp. 02-2).

R20-6-605. Emergency Expired**Historical Note**

Former General Rule 72-26. Repealed effective December 4, 1986 (Supp. 86-6). Adopted as an emergency effective January 9, 1990, pursuant to A.R.S. § 41-1026 valid for only 90 days; re-adopted as an emergency with changes effective March 26, 1990, pursuant to A.R.S. § 41-1026 valid for only 90 days (Supp. 90-1). Re-adopted as an emergency without change effective June 20, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. R20-6-605 recodified from R4-14-605 (Supp. 95-1).

R20-6-606. Repealed**Historical Note**

Adopted effective July 1, 1980 (Supp. 80-3). Amended effective June 1, 1981. See also subsection (G) (Supp. 81-1). Amended subsections (D), (E)(3)(a), (F)(2)(b), (3)(a), (4)(e), (G), and (H) effective January 11, 1982 (Supp. 82-1). Amended subsections (G) and (H) as an emergency effective August 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Amended and readopted as an emergency effective November 18, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Corrected and readopted as an emergency effective February 10, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Amended effective August 4, 1989 (Supp. 89-3). Amended and adopted as an emergency effective September 13, 1989 (Supp. 89-3). Emergency expired (Supp. 89-4). Amended effective November 19, 1990 (Supp. 90-4). Repealed by emergency action effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Repealed again by emergency action effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Repealed effective May 28, 1992 (Supp. 92-2). R20-6-606 recodified from R4-14-606 (Supp. 95-1).

R20-6-607. Reasonableness of Benefits in Relation to Premium Charged

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- A.** Applicability. This rule shall apply to individual disability insurance (as defined in A.R.S. § 20-253) policy forms and rates.
- B.** When rate filing is required. Every individual policy form, rider or endorsement form affecting benefits which is submitted for approval shall be accompanied by a rate filing unless such rider or endorsement form does not require a change in the rate. Any subsequent addition to or change in rates applicable to such policy, rider or endorsement form shall also be filed.
- C.** General contents of all rate filings. Each rate submission shall include an actuarial memorandum describing the basis on which rates were determined and shall indicate and describe the calculation of the ratio, hereinafter called "anticipated loss ratio," of the present value of the expected benefits to the present value of the expected premiums over the entire period for which rates are computed to provide coverage. Each rate submission must also include a certification by a qualified actuary that to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this state and that the benefits are reasonable in relation to the premiums.
- D.** Previously approved forms. Filings of rate revisions for a previously approved policy, rider or endorsement form shall also include the following:
1. A statement of the scope and reason for the revision, and an estimate of the expected average effect on premiums including the anticipated loss ratio for the form.
 2. A statement as to whether the filing applies only to new business, only to in-force business, or both, and the reasons.
 3. A history of the experience under existing rates, including at least the data indicated in subsection (E). The history may also include, if available and appropriate, the ratios of actual claims to the claims expected according to the assumptions underlying the existing rates. All additional data must be reconciled, as appropriate, to the required data. Additional data might include:
 - a. Substitution of actual claim run-offs for claim reserves and liabilities,
 - b. Determination of loss ratios with the increase in policy reserves (other than unearned premium reserves) added to benefits rather than subtracted from premiums,
 - c. Substitution of net level policy reserves for preliminary term policy reserves,
 - d. Adjustment of premiums to an annual mode basis, or
 - e. Other adjustments or schedules suited to the form and to the records of the company.
 4. The date and magnitude of each previous rate change, if any.
- E.** Experience records. Insurers shall maintain records of earned premiums and incurred benefits for each calendar year for each policy form, including data for rider and endorsement forms which are used with the policy form, on the same basis, including all reserves, as required for the Accident and Health Policy Experience Exhibit to the NAIC annual statement convention blank. Separate data may be maintained for each rider or endorsement form to the extent appropriate. Experience under forms which provide substantially similar coverage may be combined. The data shall be for all years of issue combined, for each calendar year of experience since the year the form was first issued, except the data for calendar years prior to the most recent five years may be combined.
- F.** Evaluation experience data. In determining the credibility and appropriateness of experience data, due consideration must be given to all relevant factors, such as:
1. Statistical credibility of premiums and benefits, e.g., low exposure, low loss frequency.
 2. Experienced and projected trends relative to the kind of coverage, e.g., inflation in medical expenses, economic cycles affecting disability income experience.
 3. The concentration of experience at early policy durations where select morbidity and preliminary term reserves are applicable and where loss ratios are expected to be substantially lower than at later policy durations.
 4. The mix of business by risk classification.
- G.** Anticipated loss ratio standard. With respect to a new form or a currently approved form, except currently approved non-cancelable policy forms, under which the average annual premium (as defined below) is expected to be at least \$700, benefits shall be deemed reasonable in relation to premiums provided the anticipated loss ratio is at least as great as shown in the following table:
- | Type of Coverage | Renewal Clause | | | |
|--------------------------|----------------|-----|-----|-----|
| | OR | CR | GR | NC |
| Medical expense | 60% | 55% | 55% | 50% |
| Loss of income and other | 60% | 55% | 50% | 45% |
- For a policy form including riders and endorsements, under which the expected average annual premium per policy is \$200 or more but less than \$700, subtract 5 percentage points from the numbers in the table above, or if less than \$200, subtract 10 percentage points.
- The average annual premium per policy shall be computed by the insurer based on an anticipated distribution of business by all applicable criteria having a price difference, such as age, sex, amount, dependent status, rider frequency, etc., except assuming an annual mode for all policies (i.e., the fractional premium loading shall not affect the average annual premium or anticipated loss ratio calculation.)
- The above anticipated loss ratio standards do not apply to a class of business which is regulated by specific statutes or regulations mandating loss ratios for such business, e.g., Medicare Supplement and Credit Life and Disability.
- Definitions of Renewal Clause**
- OR – Optionally Renewable: renewal is at the option of the insurance company.
- CR – Conditionally Renewable: renewal can be declined by the insurance company only for stated reasons other than deterioration of health.
- GR – Guaranteed Renewable: renewal cannot be declined by the insurance company for any reason, but the insurance company can revise rates on a class basis.
- NC – Non-Cancelable: renewal cannot be declined nor can rates be revised by the insurance company.
- H.** Rate revisions. With respect to filings of rate revisions for a previously approved form, benefits shall be deemed reasonable in relation to premiums provided both the following loss ratios meet the standards in subsection (G) above.
1. The anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage;
 2. The anticipated loss ratio derived by dividing (a) by (b) where:
 - a. Is the sum of the accumulated benefits, from the original effective date of the form or the effective date of this regulation, whichever is later, to the

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effective date of the revision, and the present value of future benefits; and

- b. Is the sum of the accumulated premiums from the original effective date of the form or the effective date of the regulation, whichever is later, to the effective date of the revision, and the present value of future premiums. Such present values shall be taken over the entire period for which the revised rates are computed to provide coverage, and such accumulated benefits and premiums to include an explicit estimate of the actual benefits and premiums from the last date as of which an accounting has been made to the effective date of the revision. Interest shall be used in the calculation of these accumulated benefits and premiums and present values only if it is a significant factor in the calculation of this loss ratio.

I. Anticipated loss ratios lower than those indicated in subsections (H)(1) and (H)(2) will require justification based on the special circumstances that may be applicable.

1. Examples of coverages requiring special consideration are as follows:
 - a. Accident only;
 - b. Short term nonrenewable, e.g., airline trip, student accident;
 - c. Specified peril, e.g., common carrier; and
 - d. Other special risks.
2. Examples of other factors requiring special consideration are as follows:
 - a. Marketing methods, giving due consideration to acquisition and administration costs and to premium mode;
 - b. Extraordinary expenses;
 - c. High risk of claim fluctuation because of the low loss frequency of the catastrophic, or experimental nature of the coverage;
 - d. Product features such as long elimination periods, high deductibles and high maximum limits;
 - e. The industrial or debit method of distribution; and
 - f. Forms issued prior to the effective date of this rule. Companies are urged to review their experience periodically and to file rate revisions, as appropriate, in a timely manner to avoid the necessity of later filing of exceptionally large rate increases.
3. Notwithstanding the foregoing paragraphs to the contrary, hospital indemnity and cancer and other dread diseases policies shall develop the loss ratios pursuant to subsection (G).

J. Severability provision. If any provision of this rule or the application thereof to any person or circumstances is held invalid, the remainder of the rule and the application of such provision to other persons or circumstances shall not be affected thereby.

K. Effective date. This rule shall become effective upon filing with the Secretary of State and shall apply to all individual disability policy form and rate filings submitted on and after said date.

Historical Note

Adopted effective July 14, 1981 (Supp. 81-1). R20-6-607 recodified from R4-14-607 (Supp. 95-1). Amended by final rulemaking at 24 A.A.R. 103, effective February 17, 2018 (Supp. 17-4).

ARTICLE 7. LICENSING PROVISIONS AND PROCEDURES

R20-6-701. Repealed

Historical Note

Former General Rule 56-1; Repealed effective January 1, 1981 (Supp. 80-6). R20-6-701 recodified from R4-14-701 (Supp. 95-1).

R20-6-702. Expired

Historical Note

Former General Rule 56-2. R20-6-702 recodified from R4-14-702 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

R20-6-703. Expired

Historical Note

Former General Rule 61-6. R20-6-703 recodified from R4-14-703 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

R20-6-704. Expired

Historical Note

Former General Rule 6-19. R20-6-704 recodified from R4-14-704 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

R20-6-705. Expired

Historical Note

Former General Rule 66-13. R20-6-705 recodified from R4-14-705 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

R20-6-706. Expired

Historical Note

Former General Rule 69-15; Repealed effective February 22, 1977 (Supp. 77-1). New Section R4-14-706 adopted effective November 5, 1980 (Supp. 80-5). R20-6-706 recodified from R4-14-706 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

R20-6-707. Expired

Historical Note

Former General Rule 69-18; Amended effective March 17, 1981 (Supp. 81-2). R20-6-707 recodified from R4-14-707 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 2115, effective April 30, 2003 (Supp. 03-2).

R20-6-708. Licensing Time-frames

A. Definitions. The definitions listed below apply in this Section.

1. "Administrative completeness review time frame" means the number of days from the Department's receipt of an application for a license until the Department determines that the application contains all components required by statute or rule, including all information required to be submitted by other government agencies A.R.S. § 41-1072 (1).
2. "License" has the meaning prescribed in A.R.S. § 41-1001(10).
3. "Overall time frame" means the number of days after the Department's receipt of an application for a license during which the Department determines whether to grant or deny a license. The overall time frame consists of both the administrative completeness review time

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frame and the substantive review time frame A.R.S. § 41-1072 (2).

4. *"Substantive review time frame" means the number of days after the completion of the administrative completeness review time frame during which the Department determines whether an application or applicant for a license meets all substantive criteria required by state or rule* A.R.S. § 41-1072(3).
- B. The time-frames listed in Table A apply to licenses issued by the Department. The licensing time-frames consist of an administrative completeness review, a substantive review, and an overall review.
- C. Within the time-frame for the administrative completeness review set forth in Table A, the Department shall notify the applicant in writing of whether the application is complete or incomplete. If the application is incomplete, the Department shall issue a notice of deficiency to the applicant specifying what information or component is required to make the application administratively complete.
 1. If the Department determines that an application for a license is not administratively complete, the Department shall include a comprehensive list of the specific deficiencies in the written notice provided under subsection (C). If the Department issues a written notice of deficiency within the administrative completeness review time-frame, the administrative completeness review time-frame and the overall review time-frame are suspended from the date the notice is issued until the date that the Department receives the missing information from the applicant.
 2. If an applicant does not make some response to each specific deficiency in a notice of deficiency issued during an administrative completeness review, the Department may issue a notice to the applicant within 10 days after receipt of the applicant's response, stating that the response is inadequate. The notice of inadequate response shall identify each specified deficiency to which the applicant did not make some response.
 - a. If the Department issues a notice of inadequate response under this subsection, the suspension of the administrative completeness review time-frame and the overall time-frame is not terminated.
 - b. If the Department does not issue a notice of inadequate response under this subsection, the Department is not precluded from issuing additional notices of deficiency during an administrative completeness review.
 3. If an applicant does not make some response to each specified deficiency in a notice of deficiency issued under subsection (C)(2) within 60 days after the date of a notice of deficiency or within 60 days after a notice of inadequate response issued under subsection (C)(2), the application is deemed withdrawn, and the Department is not required to take further action with respect to the application.
- D. Within the time-frame for the substantive review set forth in Table A, the Department may issue one comprehensive written request for additional information to the applicant specifying each component or item of information required.
 1. If the Department issues a comprehensive written request for additional information within the substantive review time-frame, the substantive review time-frame and the overall time-frame are suspended from the date the written request is issued until the date that the Department receives the additional information from the applicant.
 2. If an applicant does not make some response to each component or item of information requested in a comprehensive written request for additional information, the Department may issue a notice to the applicant within 10 days after receipt of the applicant's response stating that the response is inadequate. The notice of inadequate response shall identify each component or item of information required, to which the applicant did make some response.
 - a. If the Department issues a notice of inadequate response under this subsection, the suspension of the substantive review time-frame and overall time-frame is not terminated.
 - b. If the Department does not issue a notice of inadequate response under this subsection, the Department is not precluded from later issuing supplemental requests by mutual agreement for additional information, during the substantive review.
 3. If an applicant does not make some response to each component or item of information required in a comprehensive written request or a supplemental request for additional information, within 60 days after the date of a comprehensive written request or within 60 days after the date of the supplemental request, the application is deemed withdrawn, and the Department is not required to take further action with respect to the application.
- E. Within the overall time-frames set forth in Table A, unless extended by mutual agreement under A.R.S. § 41-1075, the Department shall notify the applicant in writing that the application is granted or denied. If the application is denied, the Department shall provide written justification for the denial and a written explanation of the applicant's right to a hearing or the applicant's right to appeal.
- F. In computing the time periods prescribed in these time-frame rules, the last day of a notice period is included in the computation, unless it is a Saturday, Sunday, or legal holiday.
- G. This rule applies to applications filed on or after January 1, 1999.

Historical Note

Former General Rule 70-22; Correction, original publication did not include Exhibit C. (Supp. 76-1). Repealed effective January 8, 1980 (Supp. 80-1). R20-6-708 recodified from R4-14-708 (Supp. 95-1). Amended effective January 1, 1999; filed in the Office of the Secretary of State December 4, 1998 (Supp. 98-4).

R20-6-709. Repealed**Historical Note**

Former General Rule 71-23; Repealed effective January 1, 1981 (Supp. 80-6). R20-6-709 recodified from R4-14-709 (Supp. 95-1).

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Table A. Licensing Time-frames Table

License	Relevant A.R.S.	Administrative Completeness	Substantive Review	Overall Time-frame
Certificate of Authority*	§ 20-216	210	90	300
Certificate of Exemption	§ 20-401.05	92	30	122
Reinsurance Intermediary	§ 20-486.01	120	60	180
Hospital, Medical, Dental, and Optometric Service Corporation	§ 20-825	210	90	300
Prepaid Dental Plan Organization	§ 20-1004	210	90	300
Life Care Provider Permit*	§ 20-1803	60	30	90
Health Care Services Organization	§ 20-1052	210	90	300
Mechanical Reimbursement Reinsurer	§ 20-1096.04	210	90	300
Prepaid Legal Insurer*	§ 20-1097.02	45	15	60
Service Representative	§ 20-285	120	60	180
Managing General Agent-Firm	§ 20-284	120	60	180
Managing General Agent-Individual	§ 20-288	120	60	180
Risk Management Consultant	§ 20-289	120	60	180
Agent, Broker and Solicitor	§ 20-291	120	60	180
Nonresident Agent and Broker	§ 20-303	120	60	180
Vending Machine	§ 20-306	120	60	180
Limited Travel Agent	§ 20-306.01	120	60	180
Adjuster	§ 20-312	120	60	180
Bail Bond Agent	§ 20-319	120	60	180
Surplus Lines Broker	§ 20-411	120	60	180
Title Insurance Agent	§ 20-1580	120	60	180
Credit Life and Disability Agents	§ 20-1612	120	60	180
Variable Contract Agent	§ 20-2662	120	60	180
Utilization Review Agent	§ 20-2505	30	90	120
Rating Organization*	§ 20-361	30	30	60
Rate Service Organization	§ 20-389	60	60	120
Qualifying Surplus Lines Insurer	§ 20-413	45	30	75
Third Party Administrator	§ 20-485.12	45	45	90
Service Companies	§ 20-1095.01	30	30	60
Risk Retention Group (Foreign)*	§ 20-2403	60	0	60
Risk Purchasing Groups	§ 20-2407	30	30	60

* Statutory time-frames

Historical Note

Table 1 adopted effective January 1, 1999; filed in the Office of the Secretary of State December 4, 1998 (Supp. 98-4).

ARTICLE 8. PROHIBITED PRACTICES, PENALTIES

R20-6-801. Unfair Claims Settlement Practices

- A.** Applicability. This rule applies to all persons and to all insurance policies, insurance contracts and subscription contracts except policies of Worker's Compensation and title insurance. This rule is not exclusive, and other acts not herein specified, may also be deemed to be a violation of A.R.S. § 20-461, The Unfair Claims Settlement Practices Act.
- B.** Definitions

1. "Agent" means any individual, corporation, association, partnership or other legal entity authorized to represent an insurer with respect to a claim.
2. "Claimant" means either a first party claimant, a third party claimant, or both and includes such claimant's designated legal representative and includes a member of the claimant's immediate family designated by the claimant.
3. "Director" means the Director of Insurance of the State of Arizona.

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4. "First party claimant" means an individual, corporation, association, partnership or other legal entity asserting a right to payment under an insurance policy or insurance contract arising out of the occurrence of the contingency of loss covered by such policy or contract.
 5. "Insurance policy or insurance contract" has the meaning of A.R.S. § 20-103.
 6. "Insurer" has the meaning of A.R.S. § 20-106(C).
 7. "Investigation" means all activities of an insurer directly or indirectly related to the determination of liabilities under coverages afforded by an insurance policy or insurance contract.
 8. "Notification of claim" means any notification, whether in writing or other means, acceptable under the terms of any insurance policy or insurance contract, to an insurer or its agent, by a claimant, which reasonably apprises the insurer of the facts pertinent to a claim.
 9. "Person" has the meaning of A.R.S. § 20-105.
 10. "Third party claimant" means any individual, corporation, association, partnership or other legal entity asserting a claim against any individual, corporation, association, partnership or other legal entity insured under an insurance policy or insurance contract of an insurer.
 11. "Worker's compensation" includes, but is not limited to, Longshoremen's and Harbor Worker's Compensation.
- C.** File and record documentation. The insurer's claim files shall be subject to examination by the Director or by his duly appointed designees. Such files shall contain all notes and work papers pertaining to the claim in such detail that pertinent events and the dates of such events can be reconstructed.
- D.** Misrepresentation of policy provisions
1. No insurer shall fail to fully disclose to first party claimants all pertinent benefits, coverages or other provisions of an insurance policy or insurance contract under which a claim is presented.
 2. No agent shall conceal from first party claimants benefits, coverages or other provisions of any insurance policy or insurance contract when such benefits, coverages or other provisions are pertinent to a claim.
 3. No insurer shall deny a claim on the basis that the claimant has failed to exhibit the damaged property to the insurer, unless the insurer has requested the claimant to exhibit the property and the claimant has refused without a sound basis therefor.
 4. No insurer shall, except where there is a time limit specified in the policy, make statements, written or otherwise, requiring a claimant to give written notice of loss or proof of loss within a specified time limit and which seek to relieve the company of its obligations if such a time limit is not complied with unless the failure to comply with such time limit prejudices the insurer's rights.
 5. No insurer shall request a first party claimant to sign a release that extends beyond the subject matter that gave rise to the claim payment.
 6. No insurer shall issue checks or drafts in partial settlement of a loss or claim under a specific coverage which contain language that releases the insurer or its insured from its total liability.
- E.** Failure to acknowledge pertinent communications
1. Every insurer, upon receiving notification of a claim shall, within 10 working days, acknowledge the receipt of such notice unless payment is made within such period of time. If an acknowledgment is made by means other than writing, an appropriate notation of such acknowledgment shall be made in the claim file of the insurer and dated.
- Notification given to an agent of an insurer shall be notification to the insurer.
2. Every insurer, upon receipt of any inquiry from the Department of Insurance respecting a claim shall, within fifteen working days of receipt of such inquiry, furnish the Department with an adequate response to the inquiry.
 3. An appropriate reply shall be made within 10 working days on all other pertinent communications from a claimant which reasonably suggest that a response is expected.
 4. Every insurer, upon receiving notification of claim, shall promptly provide necessary claim forms, instructions, and reasonable assistance so that first party claimants can comply with the policy conditions and the insurer's reasonable requirements. Compliance with this paragraph within 10 working days of notification of a claim shall constitute compliance with paragraph (1) of this subsection.
- F.** Standards for prompt investigation of claims. Every insurer shall complete investigation of a claim within 30 days after notification of claim, unless such investigation cannot reasonably be completed within such time.
- G.** Standards for prompt, fair and equitable settlements applicable to all insurers
1. Notice of acceptance or denial of claim.
 - a. Within fifteen working days after receipt by the insurer of properly executed proofs of loss, the first party claimant shall be advised of the acceptance or denial of the claim by the insurer. No insurer shall deny a claim on the grounds of a specific policy provision, condition, or exclusion unless reference to such provision, condition or exclusion is included in the denial. The denial must be given to the claimant in writing and the claim file of the insurer shall contain a copy of the denial.
 - b. If the insurer needs more time to determine whether a first party claim should be accepted or denied, it shall also notify the first party claimant within fifteen working days after receipt of the proofs of loss, giving the reasons more time is needed. If the investigation remains incomplete, the insurer shall, 45 days from the date of the initial notification and every 45 days thereafter, send to such claimant a letter setting forth the reasons additional time is needed for investigation.
 - c. Where there is a reasonable basis supported by specific information available for review by the Director for suspecting that the first party claimant has fraudulently caused or contributed to the loss by arson, the insurer is relieved from the requirements of subparagraphs (a) and (b) above. Provided, however, that the claimant shall be advised of the acceptance or denial of the claim by the insurer within a reasonable time for full investigation after receipt by the insurer of a properly executed proof of loss.
 2. If a claim is denied for reasons other than those described in subparagraph (a) above, and is made by any other means than writing, an appropriate notation shall be made in the claim file of the insurer.
 3. Insurers shall not fail to settle first party claims on the basis that responsibility for payment should be assumed by others, except as may otherwise be provided by policy provisions.
 4. Insurers shall not continue negotiations for settlement of a claim directly with a claimant who is neither an attorney nor represented by an attorney until the claimant's rights may be affected by a statute of limitations or a policy or

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contract time limit, without giving the claimant written notice that the time limit may be expiring and may affect the claimant's right. Such notice shall be given to first party claimants 30 days and to third party claimants 60 days before the date on which such time limit may expire.

5. No insurer shall make statements which indicate that the rights of a third party claimant may be impaired if a form or release is not completed within a given period of time unless the statement is given for the purpose of notifying the third party claimant of the provision of a statute of limitations.

H. Standards for prompt, fair and equitable settlements applicable to automobile insurance

1. When the insurance policy provides for the adjustment and settlement of first party automobile total losses on the basis of actual cash value or replacement with another of like kind and quality, one of the following methods must apply:
 - a. The insurer may elect to offer a replacement automobile which is a specific comparable automobile available to the insured, with all applicable taxes, license fees and other fees incident to transfer of evidence of ownership of the automobile paid, at no cost other than any deductible provided in the policy. The offer and any rejection thereof must be documented in the claim file.
 - b. The insurer may elect a cash settlement based upon the actual cost, less any deductible provided in the policy, to purchase a comparable automobile including all applicable taxes, license fees and other fees incident to transfer of evidence of ownership of a comparable automobile. Such cost may be determined by:
 - i. The cost of a comparable automobile in the local market area when a comparable automobile is available in the local market area.
 - ii. One of two or more quotations obtained by the insurer from two or more qualified dealers located within the local market area when a comparable automobile is not available in the local market area.
 - c. When a first party automobile total loss is settled on a basis which deviates from the methods described in subparagraphs (a) and (b) above, the deviation must be supported by documentation giving particulars of the automobile condition. Any deductions from such cost, including deduction for salvage, must be measurable, discernible, itemized and specified as to dollar amount and shall be appropriate in amount. The basis for such settlement shall be fully explained to the first party claimant.
2. Where liability and damages are reasonably clear, insurers shall not recommend that third party claimants make claim under their own policies solely to avoid paying claims under such insurer's policy or insurance contract.
3. Insurers shall not require a claimant to travel unreasonably either to inspect a replacement automobile, to obtain a repair estimate or to have the automobile repaired at a specific repair shop.
4. Insurers shall, upon the claimant's request, include the first party claimant's deductible, if any, in subrogation demands. Subrogation recoveries shall be shared on a proportionate basis with the first party claimant, unless the deductible amount has been otherwise recovered. No deduction for expenses can be made from the deductible recovery unless an outside attorney is retained to collect

such recovery. The deduction may then be for only a pro rata share of the allocated loss adjustment expense.

5. If an insurer prepares an estimate of the cost of automobile repairs, such estimate shall be in an amount for which it may be reasonably expected the damage can be satisfactorily repaired. The insurer shall give a copy of the estimate to the claimant and may furnish to the claimant the names of one or more conveniently located repair shops.
6. When the amount claimed is reduced because of betterment or depreciation all information for such reduction shall be contained in the claim file. Such deductions shall be itemized and specified as to dollar amount and shall be appropriate for the amount of deductions.
7. When the insurer elects to repair and designates a specific repair shop for automobile repairs, the insurer shall cause the damaged automobile to be restored to its condition prior to the loss at no additional cost to the claimant other than as stated in the policy and within a reasonable period of time.
8. The insurer shall not use as a basis for cash settlement with a first party claimant an amount which is less than the amount which the insurer would pay if the repairs were made, other than in total loss situations, unless such amount is agreed to by the insured.
- I. Severability.** If any provision of this rule or the application thereof to any person or circumstances is held invalid, the remainder of the rule and the application of such provision to other persons and circumstances shall not be affected.
- J. Effective date.** This rule shall become effective 90 days from the date of filing with the Secretary of State.

Historical Note

Adopted effective January 12, 1982 (Supp. 81-5). R20-6-801 recodified from R4-14-801 (Supp. 95-1).

R20-6-802. Emergency Expired

Historical Note

Emergency rule adopted effective May 31, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Emergency rule readopted without change effective September 5, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired. R20-6-802 recodified from R4-14-802 (Supp. 95-1).

ARTICLE 9. TERMINATION OR DISSOLUTION

R20-6-901. Reserved

ARTICLE 10. LONG-TERM CARE INSURANCE

R20-6-1001. Applicability and Scope

Except as otherwise specifically provided, this Article applies to all long-term care insurance policies, including qualified long-term care contracts and life insurance policies that accelerate benefits for long-term care, delivered or issued for delivery in this state by insurers; fraternal benefit societies; nonprofit health, hospital and medical service corporations; prepaid health plans; health care service organizations and all similar organizations.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1001 recodified from R4-14-1001 (Supp. 95-1). Amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1002. Definitions

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The definitions in A.R.S. § 20-1691 and the following definitions apply in this Article.

- A. "Benefit trigger," for purposes of a tax-qualified long-term care insurance contract, as defined in Section 7702B(b) of the Internal Revenue Code of 1968, as amended, "benefit trigger" shall include a determination by a licensed health care practitioner that an insured is a chronically ill individual.
- B. "Exceptional increase" means only those rate increases that an insurer has filed as exceptional and that the Director determines the need for the premium rate increase is justified due to changes in laws or regulations applicable to long-term care coverage in this state; or due to increased and unexpected utilization that affects the majority of insurers of similar products.
 - 1. Except as provided in Sections R20-6-1014 and R20-6-1015, exceptional increases are subject to the same requirements as other premium rate schedule increases.
 - 2. The Director may request independent actuarial review on the issue of whether an increase should be deemed an exceptional increase.
 - 3. The Director may also determine whether there are any potential offsets to higher claims costs.
- C. "Incidental," as used in R20-6-1014(L) and R20-6-1015(L), means that the value of the long-term care benefits provided is less than 10% of the total value of the benefits provided over the life of the policy, with value measured as of the date of issue.
- D. "Licensed health care professional" means an individual qualified by education and experience in an appropriate field, to determine, by record review, an insured's actual functional or cognitive impairment.
- E. "Long-term care benefit classification" means one of the following:
 - 1. Institutional long-term care – benefits only;
 - 2. Non-institutional long-term care – benefits only; or
 - 3. Comprehensive long-term care benefits.
- F. "Managed care plan" means a health care or assisted living arrangement designed to coordinate patient care or control costs through utilization review, case management, use of specific provider networks, or a combination of these methods.
- G. "Personal information" has the same meaning prescribed in A.R.S. § 20-2102(19).
- H. "Privileged information" has the same meaning prescribed in A.R.S. § 20-2102(22).
- I. "Qualified actuary" means a member in good standing of the American Academy of Actuaries.
- J. "Similar policy forms" means all long-term care insurance policies and certificates that are issued by a particular insurer and that have the same long-term care benefit classification as a policy form being reviewed.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1002 recodified from R4-14-1002 (Supp. 95-1).

Amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1003. Policy Terms

- A. A long-term care insurance policy delivered or issued for delivery in this state shall not use the terms set forth below, unless the terms are defined in the policy and the definitions satisfy the following requirements:
 - 1. "Activities of daily living" means eating, toileting, transferring, bathing, dressing, or continence.
 - 2. "Acute condition" means that an individual is medically unstable and requires frequent monitoring by medical

- professionals, such as physicians and registered nurses, to maintain the individual's health status.
- 3. "Adult day care" means a program of social and health-related services for six or more individuals, that is provided during the day in a community group setting, for the purpose of supporting frail, impaired, elderly, or other disabled adults who can benefit from the services and care in a setting outside the home.
- 4. "Agent" means an insurance producer as defined in A.R.S. § 20-281(5).
- 5. "Bathing" means washing oneself by sponge bath, or in a tub or shower, and includes the act of getting in and out of the tub or shower.
- 6. "Chronically ill individual" has the meaning prescribed for this term by A.R.S. § 20-1691(3) and Section 7702B(c)(2) of the Internal Revenue Code of 1986, as amended.
 - a. Under this provision, a chronically ill individual means any individual who has been certified by a licensed health care practitioner as:
 - i. Being unable to perform (without substantial assistance from another individual) at least 2 activities of daily living for a period of at least 90 days due to loss of functional capacity; or
 - ii. Requiring substantial supervision to protect the individual from threats to health and safety due to severe cognitive impairment.
 - b. The term "chronically ill individual" does not include an individual otherwise meeting these requirements unless within the preceding twelve-month period a licensed health care practitioner has certified that the individual meets these requirements.
- 7. "Cognitive impairment" means a deficiency in a person's:
 - a. Short or long-term memory;
 - b. Orientation as to person, place, or time;
 - c. Deductive or abstract reasoning; or
 - d. Judgment as it relates to safety awareness.
- 8. "Continence" means the ability to maintain control of bowel and bladder function, or when unable to maintain control, the ability to perform associated personal hygiene, such as caring for a catheter or colostomy bag.
- 9. "Dressing" means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- 10. "Eating" means feeding oneself by getting food into the body from a receptacle such as a plate, cup, or table, or by a feeding tube or intravenously.
- 11. "Guaranteed renewable" means the insured has the right to continue a long-term-care insurance policy in force by the timely payment of premiums and the insurer has no unilateral right to make any change in any provision of the policy or rider while the insurance is in force, and cannot decline to renew, except that the insurer may revise rates on a class basis.
- 12. "Hands-on assistance" means physical help to an individual who could not perform an activity of daily living without help from another individual, and includes minimal, moderate, or maximal help.
- 13. "Home health services" means the services described at A.R.S. § 36-151.
- 14. "Level premium" means that an insurer does not have any right to change the premium, even at renewal.
- 15. "Licensed health care practitioner" has the same meaning as A.R.S. § 20-1691(7).

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16. "Maintenance or personal care services" has the same meaning as A.R.S. § 20-1691(10).
17. "Medicare" means "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended," or "Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof," or words of similar import.
18. "Noncancellable" means the insured has the right to continue the long-term care insurance in force by the timely payment of premiums during which period the insurer has no right to unilaterally cancel or make any change in any provision of the insurance or in the premium rate.
19. "Personal care" means the provision of hands-on assistance to help an individual with activities of daily living in relation to the level of skill required, the nature of the care, and the setting in which the care must be delivered.
20. "Qualified long-term care services" has the meaning prescribed for this term under A.R.S. § 20-1691(14) and means services that meet the requirements of Section 7702B(c)(1) of the Internal Revenue Code of 1986, as amended, as follows: necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services which are required by a chronically ill individual, and are provided pursuant to a plan of care prescribed by a licensed health care practitioner.
21. "Toileting" means getting to and from the toilet, getting on and off the toilet, and performing tasks associated with personal hygiene.
22. "Transferring" means moving into or out of a bed, chair, or wheelchair.

- B.** Any long-term care policy delivered or issued for delivery in this state shall include the following policy terms and provisions as specified in this subsection:
1. "Home care" shall be defined in relation to the level of skill required, the nature of the care, and the setting in which the care must be delivered.
 2. "Intermediate care" shall be defined in relation to the level of skill required, the nature of the care, and the setting in which the care must be delivered.
 3. "Mental or nervous disorder" shall not be defined to include more than neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.
 4. "Skilled nursing care," "specialized care," "assisted living care" and other services shall be defined in relation to the level of skill required, the nature of the care and the setting in which care is delivered.
 5. Service providers, including "skilled nursing facility," "extended care facility," "convalescent nursing home," "personal care facility," "specialized care providers," "assisted living facility" and "home care agency" shall be defined in relation to the services and facilities required to be available and the licensure, certification, registration or degree status of those providing or supervising the services. When the definition requires that the provider be appropriately licensed, certified or registered, it shall also state what requirements a provider must meet in lieu of licensure, certification or registration when the state in which the service is to be furnished does not require a provider of these services to be licensed, certified or registered, or when the state licenses, certifies or registers the provider of services under another name.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1003 recodified from R4-14-1003 (Supp. 95-1). Amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1004. Required Policy Provisions**A. Renewability**

1. An individual long-term care insurance policy shall contain a renewability provision which shall be either "guaranteed renewable" or "noncancellable." The renewability provision shall be appropriately captioned, shall appear on the first page of the policy, and shall state that the coverage is guaranteed renewable or noncancellable. This requirement does not apply to a long-term care insurance policy that is part of or combined with a life insurance policy that does not contain a renewability provision and that reserves the right not to renew solely to the policyholder.
2. An insurer shall not use the terms "guaranteed renewable" and "noncancellable" in any individual long-term care insurance policy without further explanatory language according to the disclosure requirements of this Article.
3. A qualified long-term care insurance policy shall have the guaranteed renewability provisions specified in Section 7702B(b)(1)(C) of the Internal Revenue Code of 1986, as amended, in the policy.
4. A long-term care insurance policy or certificate shall include a statement that premium rates are subject to change, unless the policy does not afford the insurer the right to raise premiums.

B. Limitations and Exclusions

1. If a long-term care insurance policy or certificate contains any limitations with respect to preexisting conditions, the limitations shall appear as a separate paragraph of the policy or certificate and shall be labeled as "Preexisting Condition Limitations."
2. A long-term care insurance policy or certificate containing any limitations or conditions for eligibility not prohibited by A.R.S. §§ 20-1691.03 and 20-1691.05 shall describe the limitations or conditions, including any required number of days of confinement, in a separate paragraph of the policy or certificate and shall label the paragraph "Limitations or Conditions on Eligibility for Benefits."
3. A policy shall not be delivered or issued for delivery in this state as long-term care insurance if the policy limits or excludes coverage by type of illness, treatment, medical condition or accident, except as follows:
 - a. Preexisting conditions or disease;
 - b. Mental or nervous disorders; however, this shall not permit exclusion or limitation of the benefits on the basis of Alzheimer's Disease;
 - c. Alcoholism and drug addiction;
 - d. Illness, treatment or medical condition arising out of:
 - i. War, declared or undeclared, or act of war;
 - ii. Participation in a felony, riot or insurrection;
 - iii. Service in the armed forces or auxiliary units;
 - iv. Suicide, attempted suicide, or intentionally self-inflicted injury; or
 - v. Aviation, if non-fare-paying passenger;
 - e. Treatment provided in a government facility, unless otherwise required by law;

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- f. Services for which benefits are available under Medicare or other governmental program, except Medicaid;
 - g. Any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;
 - h. Services provided by a member of the covered person's immediate family and services for which no charge is normally made in the absence of insurance;
 - i. Expenses for services or items available or paid under another long-term care insurance or health insurance policy; or
 - j. In the case of a qualified long-term care insurance policy, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act or would be reimbursable but for the application of a deductible or coinsurance amount;
4. Subsection (B) does not prohibit exclusions and limitations by type of provider or territorial limitations. No long-term care issuer may deny a claim because services are provided in a state other than the state of policy issued under the following conditions:
- a. When the state other than the state of policy issue does not have the provider licensing, certification or registration required in the policy, but where the provider satisfies the policy requirements outlined for providers in lieu of licensure, certification or registration; or
 - b. When the state other than the state of policy issue licenses, certifies or registers the provider under another name.
5. "State of policy issue" means the state in which the insurer issued the individual policy or certificate.
- C. Extension of benefits.** A long-term care insurance policy shall provide that termination of long-term care insurance is without prejudice to any benefits payable for institutionalization if the institutionalization began while the long-term care insurance was in force and continues without interruption after termination. An insurer may limit this extension of benefits period to the duration of the benefit period, if any, or to payment of the maximum benefits and the insurer may still apply any policy waiting period and all other applicable provisions of the policy.
- D. Reinstatement.** A long-term care insurance policy shall include a provision for reinstatement of coverage if a lapse occurs if the insurer receives proof that the insured was cognitively impaired or had a loss of functional capacity before expiration of the grace period in the policy. The option to reinstate shall be available to the insured for at least five months after the date of termination and shall allow for the collection of past due premiums, as appropriate. The standard of proof of cognitive impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria for these conditions set forth in the original long-term care policy.
- E. Continuation or conversion.**
- 1. A group long-term care insurance policy shall provide covered individuals with a basis for continuation or conversion of coverage as specified in this subsection.
 - 2. The policy shall include a provision that maintains coverage under the existing group policy when the coverage would otherwise terminate, subject only to the continued timely payment of premiums when due. A group policy that restricts provision of benefits and services to, or has incentives to use certain providers or facilities, may provide continuation benefits that are substantially equivalent to the benefits of the existing group policy. The Director shall make a determination as to the substantial equivalency of benefits and, in doing so, shall take into consideration the differences between managed care and non-managed care plans, including provider system arrangements, service availability, benefit levels and administrative complexity.
- 3. The policy shall include a provision that an individual, whose coverage under the group policy would otherwise terminate or has been terminated for any reason, including discontinuation of the group policy in its entirety or with respect to an insured class, who has been continuously insured under the group policy (and any group policy which it replaced) for at least six months immediately prior to termination, is entitled to the issuance of a converted policy by the insurer under whose group policy the individual is covered, without evidence of insurability.
 - 4. A converted policy shall be an individual policy of long-term care insurance providing benefits identical to or benefits that the Director determines to be substantially equivalent to or in excess of those provided under the group policy from which conversion is made. Where the group policy from which conversion is made restricts provision of benefits and services to, or contains incentives to use certain providers or facilities, the Director, in making a determination as to the substantial equivalency of benefits, shall take into consideration the differences between managed care and non-managed care plans, including, but not limited to, provider system arrangements, service availability, benefit levels and administrative complexity, and other plan elements.
 - 5. An insurer may require an individual seeking a conversion policy to make a written application for the converted policy and pay the first premium due, if any, as directed by the insurer not later than 31 days after termination of coverage under the group policy. The insurer shall issue the converted policy effective on the day following the termination of coverage under the group policy. The converted policy shall be renewable annually.
 - 6. Unless the group policy from which conversion is made replaced previous group coverage, the insurer shall calculate the premium for the converted policy on the basis of the insured's age at inception of coverage under the group policy from which conversion is made. If the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age at inception of coverage under the group policy replaced.
 - 7. An insurer is required to provide continuation of coverage or issuance of a converted policy as provided in this subsection, unless:
 - a. Termination of group coverage resulted from an individual's failure to make any required payment of premium or contribution when due; or
 - b. The terminating coverage is replaced not later than 31 days after termination, by group coverage that:
 - i. Is effective on the day following the termination of coverage;
 - ii. Provides benefits identical to or benefits the Director determines to be substantially equivalent to or in excess of those provided by the terminating coverage; and
 - iii. Has a premium calculated in a manner consistent with the requirements of subsection (E)(6).
 - 8. Notwithstanding any other provision of this Section, a converted policy that an insurer issues to an individual

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who at the time of conversion is covered by another long-term care insurance policy providing benefits on the basis of incurred expenses, may contain a provision that reduces benefits payable if the benefits provided under the additional coverage, together with the full benefits provided by the converted policy, would result in payment of more than 100% of incurred expenses. An insurer may include this provision in the converted policy only if the converted policy also provides for a premium decrease or refund that reflects the reduction in payable benefits.

9. The converted policy may provide that the benefits payable under the converted policy, together with the benefits payable under the group policy from which conversion is made, shall not exceed those that would have been payable had the individual's coverage under the group policy remained in force and effect.
 10. Notwithstanding any other provision of this Section, an insured individual whose eligibility for group long-term care coverage is based upon the individual's relationship to another person, is entitled to continuation of coverage under the group policy if the qualifying relationship terminates by death or dissolution of marriage.
- F. Discontinuance and replacement.** If a group long-term care policy is replaced by another group long-term care policy issued to the same policyholder, the succeeding insurer shall offer coverage to all persons covered under the previous group policy on its date of termination. Coverage provided or offered to individuals by the insurer and premiums charged to persons under the new group policy:
1. Shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced; and
 2. Shall not vary or otherwise depend on the individual's health or disability status, claim experience, or use of long-term care services.
- G. Premium Increases.**
1. An insurer shall not increase the premium charged to an insured because of:
 - a. The increasing age of the insured at ages beyond 65, or
 - b. The duration of coverage under the policy.
 2. Purchase of additional coverage is not considered a premium rate increase, however, for the calculation required under R20-6-1019, an insurer shall add to and consider the portion of the premium attributable to the additional coverage as part of the initial annual premium.
 3. A reduction in benefits is not considered a premium change, however, for the calculation required under R20-6-1019, an insurer shall base the initial annual premium on the reduced benefits.
- H. Electronic enrollment for group policies.**
1. For coverage offered to a group defined in A.R.S. § 20-1691(5)(a), any requirement that an insurer or insurance producer obtain an insured's signature is satisfied if:
 - a. The group policyholder or insurer obtains the insured's consent by telephonic or electronic enrollment, and provides the enrollee with verification of enrollment information within five business days of enrollment; and
 - b. The telephonic or electronic enrollment process has necessary and reasonable safeguards to assure the accuracy, retention, and prompt retrieval of records, and the confidentiality of individually identifiable and privileged information.

2. If the Director requests, the insurer shall make available records showing the insurer's ability to confirm enrollment and coverage amounts.

- I. Minimum standards for home health and community care benefits.**
1. If an insurer issues a long-term care insurance policy or certificate that provides benefits for home-health or community care, the policy or certificate shall not limit or exclude benefits by any of the following:
 - a. Requiring that the insured would need skilled care in a skilled nursing facility if home health services are not provided;
 - b. Requiring that the insured first or simultaneously receive nursing or therapeutic services, or both, in a home, community or institutional setting before home health services are covered;
 - c. Requiring that eligible services be provided by a registered nurse or licensed practical nurse;
 - d. Requiring that a nurse or therapist provide services covered by the policy that can be provided by a home health aide or other licensed or certified home care worker acting within the scope of licensure or certification;
 - e. Requiring that the insured or claimant have an acute condition before home health services are covered;
 - f. Limiting benefits to services provided by Medicare-certified agencies or providers;
 - g. Excluding coverage for personal care services provided by a home health aide;
 - h. Requiring that home health care services be provided at a level of certification or licensure greater than that required by the eligible service; or
 - i. Excluding coverage for adult day care services.
 2. If a long-term care insurance policy provides benefits for home health or community care services, it shall provide home health or community care coverage that equals a dollar amount equivalent to at least one-half of one year's missing home benefit coverage available at the time covered home health or community care services are being received. This requirement does not apply to policies or certificates issued to residents of continuing care retirement communities.
 3. An insurer may apply home health care coverage to non-home health care benefits in the policy or certificate when determining maximum coverage under the terms of the policy or certificate.
- J. Appeals.** Policy shall include a clear description of the process for appealing and resolving benefit determinations.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1004 recodified from R4-14-1004 (Supp. 95-1). Amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1005. Unintentional Lapse

- A.** An insured may designate in writing at least one person to receive notice of lapse or termination of a long-term care insurance policy for nonpayment of premium, in addition to the insured. Designation shall not constitute acceptance of any liability by the third-party notice recipient for services provided to the insured.
- B.** An insurer shall not issue an individual long-term care insurance policy or certificate until the applicant has provided either a written designation of at least one person, in addition

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to the applicant, who shall receive notice of lapse or termination of the policy or certificate for nonpayment of premium, with the person's full name and home address, or the applicant's written waiver, dated and signed, indicating that the applicant chooses not to designate a notice recipient.

- C. The insurer shall use a form for written designation or waiver that provides space clearly delineated for the designation. The insurer shall include the following language on the form for waiver of the right to name a designated recipient: "Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that this notice will not be given until 30 days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice."
- D. At least once every two years, an insurer shall notify the insured of the right to change the person designated to receive notice in subsection (A). An insured may add, delete, or change a designated recipient or change a designated recipient at any time by notifying the insurer in writing, and providing the name and home address for the new designated recipient or the designated recipient to be deleted.
- E. If the insured pays premiums for the long-term care insurance policy or certificate through a payroll or pension deduction plan, the insurer is not required to comply with the requirements in subsections (A) through (D) until 60 days after the insured is no longer on the payment plan.
- F. An individual long-term care insurance policy shall not lapse or be terminated for nonpayment of premium unless the insurer gives the insured and any recipient designated under subsections (A) through (D) written notice at least 30 days before the effective date of termination or lapse, by first class mail, postage prepaid, at the address provided by the insured for purposes of receiving notice of lapse or termination. An insurer shall not give notice until 30 days after the date on which a premium is due and unpaid. Notice is deemed given five days after the date of mailing.
- G. Reinstatement. In addition to the requirement in subsections (A) through (D), a long-term care insurance policy or certificate shall include a provision that provides for reinstatement of coverage in the event of a lapse if the insurer is provided proof that the policyholder or certificateholder was cognitively impaired or had a loss of functional capacity before the grace period contained in the policy expired. This option shall be available to the insured if requested within five months after termination and shall allow for the collection of past due premium, where appropriate. The standard of proof of cognitive impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria on cognitive impairment or the loss of functional capacity contained in the policy or certificate. Reinstatement after termination for other than unintentional lapse shall be governed by A.R.S. § 20-1348.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1005 recodified from R4-14-1005 (Supp. 95-1). Section R20-6-1005 renumbered to R20-6-1006; new Section R20-6-1005 made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1006. Inflation Protection

- A. An insurer shall not offer a long-term care insurance policy unless the insurer offers to the policyholder, at the time of pur-

chase, in addition to any other inflation protection, the option to purchase a policy with an inflation protection provision that provides for benefit levels to increase with benefit maximums or reasonable durations which are meaningful to account for reasonably anticipated increases in the costs of long-term care services covered by the policy. The terms of the required provision shall be no less favorable than one of the following:

1. A provision that provides for annual increases in benefit levels compounding annually at a rate of not less than 5%;
 2. A provision that guarantees an insured the right to periodically increase benefit levels without providing evidence of insurability or health status, if the insured did not decline the option for the previous period. The increased benefit shall be no less than the difference between the existing policy benefit and that benefit compounded annually at a rate of at least 5% for the period beginning from the purchase of the existing benefit and extending until the year in which the offer is made; or
 3. A provision for coverage of a specified percentage of actual or reasonable charges that is not subject to a maximum specified indemnity amount or limit.
- B. If the policy is issued to a group, the insurer shall extend the offer required by subsection (A) to the group policyholder; except, if the policy is issued under A.R.S. § 20-1691.04(C) to a group, other than to a continuing care retirement community, the insurer shall make the offer to each proposed certificateholder.
 - C. An insurer is not required to make the offer in subsection (A) for life insurance policies or riders with accelerated long-term care benefits.
 - D. An insurer shall include the information listed in this subsection in or with the outline of coverage.
 1. A graphic comparison of the benefit levels of a policy that increases benefits over the policy period with a policy that does not increase benefits. The graphic comparison shall show benefit levels over at least a 20-year period.
 2. Any expected premium increases or additional premiums to pay for automatic or optional benefit increases. If premium increases or additional premiums will be based on the attained age of the applicant at the time of the increase, the insurer shall provide a revised schedule of attained-age premiums. An insurer may use a reasonable hypothetical or a graphic demonstration for this disclosure.
 - E. Inflation-protection benefit increases shall continue without regard to an insured's age, claim status, claim history, or length of time the person has been insured under the policy.
 - F. An insurer's offer of inflation protection that provides for automatic benefit increases shall include an offer of a premium that the insurer expects to remain constant. The insurer shall disclose in the offer in a conspicuous manner that the premium may change in the future unless the premium is guaranteed to remain constant.
 - G. An insurer shall include in a long-term care insurance policy inflation protection as provided in subsection (A)(1) unless the insurer obtains a rejection of inflation protection signed by the insured as required in subsection (H). The rejection may be either on the application form or on a separate form.
 - H. A rejection of inflation protection is deemed part of an application and shall state: "I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of this policy with and without inflation protection. Specifically, I reviewed Plans [insert description of plans], and I reject inflation protection."

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Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1006 recodified from R4-14-1006 (Supp. 95-1). R20-6-1006 renumbered to R20-6-1007; new Section R20-5-1006 renumbered from R20-6-1005 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1007. Required Disclosure Provisions

- A.** Riders and endorsements. Except for riders or endorsements by which an insurer effectuates a request made in writing by the insured under an individual long-term care insurance policy, if an insurer adds a rider or endorsement to an individual long-term care insurance policy after date of issue or at reinstatement or renewal that reduces or eliminates benefits or coverage in the policy, the insurer shall require signed acceptance by the individual insured. After the date of policy issue, any rider or endorsement that increases benefits or coverage with a concomitant increase in premium during the policy term shall require the signed written agreement of the insured unless the increased benefits or coverage are required by law. If the insurer charges a separate additional premium for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy, rider, or endorsement.
- B.** Payment of Benefits. A long-term care insurance policy that provides for the payment of benefits based on standards described as “usual and customary,” “reasonable and customary” or words of similar import shall define the terms and explain them in its accompanying outline of coverage.
- C.** Disclosure of tax consequences. For life insurance policies that provide an accelerated benefit for long-term care, an insurer shall provide a disclosure statement at the time of application for the policy or rider and at the time the accelerated benefit payment request is submitted, that receipt of these accelerated benefits may be taxable, and that assistance should be sought from a personal tax adviser. The disclosure statement shall be prominently displayed on the first page of the policy or rider and any other related documents. This subsection shall not apply to qualified long-term care insurance contracts.
- D.** Benefit triggers. A long-term care insurance policy shall use activities of daily living and cognitive impairment to measure an insured’s need for long-term care. The long-term care insurance policy shall describe these terms and provisions in a separate paragraph in the policy labeled “Eligibility for the Payment of Benefits” that includes and explains:
 - 1. Any additional benefit triggers,
 - 2. Benefit triggers that result in payment of different benefit levels, and
 - 3. Any requirement that an attending physician or other specified person certify a certain level of functional dependency for the insured to be eligible for benefits.
- E.** A long-term care insurance contract shall contain a disclosure statement in the policy and in the outline of coverage indicating whether it is intended to be a qualified long-term care insurance contract as specified in the outline of coverage in Appendix J, paragraph 3. The contract shall also include a Specification Page which shall include the benefits, amounts, durations, the premium rate including all optional benefits selected by the insured, and any other benefit data applicable to the insured.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1007 recodified from R4-14-1007 (Supp. 95-1). Former

Section R20-6-1007 renumbered to R20-6-1010; new Section R20-6-1007 renumbered from R20-6-1006 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1008. Required Disclosure of Rating Practices to Consumers

- A.** This Section applies as follows:
 - 1. Except as provided in subsection (A)(2), this Section applies to any long-term care policy or certificate issued in this state on or after May 10, 2005.
 - 2. For certificates issued under an in-force, long-term care insurance policy issued to a group as defined in A.R.S. § 20-1691(5)(a), the provisions of this Section apply on the first policy anniversary that occurs on or after November 10, 2005.
- B.** Unless a policy is one for which an insurer cannot increase the applicable premium rate or rate schedule, the insurer shall provide the information listed in this subsection to the applicant at the time of application or enrollment. If the method of application does not allow for delivery at that time, the insurer shall provide the information to the applicant no later than at the time of delivery of the policy or certificate.
 - 1. A statement that the policy may be subject to rate increases in the future.
 - 2. An explanation of potential future premium rate revisions, and the policyholder’s or certificateholder’s option if a premium rate revision occurs.
 - 3. The premium rate or rate schedules applicable to the applicant that will be in effect until the insurer makes a request for an increase.
 - 4. A general explanation for applying premium rate or rate schedule adjustments that includes:
 - a. A description of when premium rate or rate-schedule adjustments will be effective (e.g., next anniversary date, next billing date); and
 - b. The insurer’s right to a revised premium rate or rate schedule as provided in subsection (B)(3) if the premium rate or rate schedule is changed.
 - 5. Information regarding each premium rate increase on this policy form or similar policy form over the past 10 years for this state or any other state that, at a minimum, identifies:
 - a. The policy forms for which premium rates have been increased;
 - b. The calendar years when the form was available for purchase; and
 - c. The amount or percent of each increase, which may be expressed as a percentage of the premium rate before the increase, or as minimum and maximum percentages if the rate increase is variable by rating characteristics.
 - 6. The insurer may, in a fair manner, provide explanatory information related to the rate increases in addition to the information required under subsection (B)(5).
- C.** An insurer may exclude from the disclosure required under subsection (B)(5), premium rate increases applicable to:
 - 1. Blocks of business acquired from other nonaffiliated insurers, and
 - 2. Policies acquired from other nonaffiliated insurers if the increases occurred before the acquisition.
- D.** If an acquiring insurer files for a rate increase on a long-term care insurance policy form or a block of policy forms acquired from a nonaffiliated insurer on or before the later of the January 10, 2005, or the end of a 24-month period following the

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acquisition of the policies or block of policies, the acquiring insurer may exclude that rate increase from the disclosure required under subsection (B)(5). However, the nonaffiliated insurer that sells the policy form or a block of policy forms shall include that rate increase in the disclosure required under subsection (B)(5). If the acquiring insurer files for a subsequent rate increase, even within the 24-month period, on the same policy form acquired from a nonaffiliated insurer or block of policy forms acquired from nonaffiliated insurers, the acquiring insurer shall make all disclosures required by subsection (B)(5), including disclosure of the earlier rate increase.

- E. Unless the method of application does not allow an insured to sign an acknowledgement that the insurer made the disclosures required under subsection (B) at the time of application, the applicant shall sign an acknowledgement of disclosure at that time. Otherwise, the applicant shall sign a disclosure acknowledgement no later than at the time of delivery of the policy or certificate.
- F. An insurer shall use the forms in Appendix A and Appendix B to comply with the requirements of subsections (B) through (E). The text and format of an insurer's forms shall be substantially similar to the text and format of Appendices A and B.
- G. An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificateholders, if applicable, at least 45 days before the effective date of the increase. The notice shall include the information required by subsection (B).

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1008 recodified from R4-14-1008 (Supp. 95-1). Former Section R20-6-1008 renumbered to R20-6-1011; new Section R20-6-1008 made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1009. Initial Filing Requirements

- A. This Section applies to any long-term care policy issued in this state on or after May 10, 2005.
- B. At the time of making a filing under A.R.S. § 20-1691.08, an insurer shall provide to the Director a copy of the disclosure documents required under R20-6-1008 and an actuarial certification that includes the following:
 - 1. The initial premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated;
 - 2. The policy design and coverage provided have been reviewed and taken into consideration;
 - 3. The underwriting and claims adjudication processes have been reviewed and taken into consideration;
 - 4. The premiums contain at least the minimum margin for moderately adverse experience as defined in subsection (4)(a) or the specification of and justification for a lower margin as required by subsection (4)(b).
 - a. A composite margin shall not be less than 10% of lifetime claims.
 - b. A composite margin that is less than 10% may be justified in uncommon circumstances. The proposed amount, full justification of the proposed amount and methods to monitor developing experience that would be the basis for withdrawal of approval for such lower margins must be submitted.
 - c. A composite margin lower than otherwise considered appropriate for the stand-alone long-term care

policy may be justified for long-term care benefits provided through a life policy or an annuity contract. Such lower composite margin, if utilized, shall be justified by appropriate actuarial demonstration addressing margins and volatility when considering the entirety of the product.

- d. A greater margin may be appropriate in circumstances where the company has less credible experience to support its assumptions used to determine the premium rates.
- 5. A statement that the premium rate schedule:
 - a. Is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits, or
 - b. A comparison of the premium schedules for similar policy forms that are currently available from the insurer with an explanation of the differences; and
- 6. A statement that reserve requirements have been reviewed and considered. Support for this statement shall include:
 - a. Sufficient detail or sample calculations provided so as to have a complete depiction of the reserve amounts to be held; and
 - b. A statement that the difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses; or if such a statement cannot be made, a complete description of the situations where this does not occur. An aggregate distribution of anticipated issues may be used as long as the underlying gross premiums maintain a reasonably consistent relationship.
- C. An actuarial memorandum shall be included that is signed by a member of the Academy of Actuaries and that addresses and supports each specific item required as part of the actuarial certification and provides at least the following:
 - 1. An explanation of the review performed by the actuary prior to making the statements in subsections (B)(2) and (B)(3);
 - 2. A complete description of pricing assumptions;
 - 3. Sources and levels of margins incorporated into the gross premiums that are the basis for the statement in subsection (B)(1) of the actuarial certification and an explanation of the analysis and testing performed in determining the sufficiency of the margins. The actuary shall clearly describe deviations in margins between ages, sexes, plans or states. Deviations in margins required to be described are other than those produced utilizing generally accepted actuarial methods for smoothing and interpolating gross premium scales; and
 - 4. A demonstration that the gross premiums include the minimum composite margin specified in subsection (B)(4).
- D. In any review of the actuarial certification and actuarial memorandum, the Director may request review by an actuary with experience in long-term care pricing who is independent of the insurer. In the event the Director asks for additional information as a result of any review, the period in A.R.S. § 20-1691.08 does not include the period during which the insurer is preparing the requested information.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1009 recodified from R4-14-1009 (Supp. 95-1). Section R20-6-1009 renumbered to R20-6-1012; new Section R20-6-1009 made by final rulemaking at 10 A.A.R. 4661,

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effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1010. Requirements for Application Forms and Replacement Coverage; Prohibition Against Preexisting Conditions and Probationary Periods in Replacement Policies or Certificates; Reporting Requirements

- A.** An insurer's application form for a long-term care insurance policy shall include the questions listed in this Section to elicit information as to whether, as of the date of the application, the applicant has another long-term care insurance policy or certificate in force or whether a long-term care policy or certificate is intended to replace any other health or long-term care policy or certificate presently in force. An insurer may include the questions in a supplementary application or other form to be signed by the applicant and insurance producer, except where the coverage is sold without an insurance producer. For a replacement policy issued to a group as defined in A.R.S. § 20-1691(5)(a), the insurer may modify the questions only to the extent necessary to elicit information about health or long-term care insurance policies other than the group policy being replaced if the certificateholder has been notified of the replacement.
1. Do you have another long-term care insurance policy or certificate in force (including health care service contract, health maintenance organization contract)?
 2. Did you have another long-term care insurance policy or certificate in force during the last 12 months?
 - a. If so, with which company?
 - b. If that policy lapsed, when did it lapse?
 3. Are you covered by Medicaid?
 4. Do you intend to replace any of your medical or health insurance coverage with this policy or certificate?
- B.** The application or enrollment form for such policies or certificates shall clearly indicate the payment plan the applicant selects.
- C.** An insurance producer shall list any other health insurance policies the insurance producer has sold to the applicant, including:
1. Policies that are still in force, and
 2. Policies sold in the past five years that are no longer in force.
- D.** Solicitations Other than Direct Response. On determining that a sale will involve replacement, an insurer, other than an insurer using direct response solicitation methods, or its insurance producer, shall furnish the applicant, before issuing or delivering the individual long-term care insurance policy, a notice that substantially conforms to the form prescribed in Appendix C or D regarding replacement of health or long-term care coverage. The insurer shall:
1. Give one copy of the notice to the applicant, and
 2. Keep an additional copy signed by the applicant.
- E.** Direct Response Solicitations. Insurers using direct response solicitation methods as defined in A.R.S. § 20-1661 shall deliver a notice that substantially conforms to the form prescribed in Appendix C or D regarding replacement of health or long-term care coverage to the applicant upon issuance of the policy.
- F.** If replacement is intended, the replacing insurer shall send the existing insurer written notice of the proposed replacement within five working days from the date the replacing insurer receives the application or issues the policy, whichever is sooner. The notice shall identify the existing policy by name of the insurer and the insured, and policy number or insured's address including zip code.
- G.** A life insurance policy that accelerate benefits for long-term care shall comply with this Section if the policy being replaced is a long-term care insurance policy. If the policy being replaced is a life insurance policy, the insurer shall comply with the replacement requirements of Title 20, Chapter 6, Article 1.1. If a life insurance policy that accelerates benefits for long-term care is replaced by another such policy, the replacing insurer shall comply with the requirements of this Section and with A.R.S. Title 20, Chapter 6, Article 1.1.
- H.** Prohibition against preexisting conditions and probationary periods in replacement policies or certificates. If a long-term care insurance policy or certificate replaces another long-term care policy or certificate, the replacing insurer shall waive any time periods applicable to preexisting conditions and probationary periods in the new long-term care policy for similar benefits if similar exclusions are satisfied under the original policy.
- I.** Reporting requirements.
1. An insurer shall maintain the following records for each insurance producer:
 - a. The amount of the insurance producer's replacement sales as a percent of the insurance producer's total annual sales, and
 - b. The amount of lapses of long-term care insurance policies sold by the insurance producer as a percent of the insurance producer's total annual sales.
 2. No later than June 30 of each year, on the forms specified in Appendix E and Appendix F, an insurer shall report the following information for the preceding calendar year to the Department:
 - a. The 10% of its insurance producers licensed in Arizona with the greatest percentages of lapses and replacements as measured by subsection (I)(1);
 - b. The number of lapsed policies as a percent of the total annual sales and as a percent of the insurer's total number of policies in force as of the end of the preceding calendar year;
 - c. The number of replacement policies sold as a percent of the insurer's total annual sales and as a percent of its total number of policies in force as of the end of the preceding calendar year; and
 - d. For qualified long-term care insurance contracts, the number of claims denied for each class of business, expressed as a percentage of claims denied.
- J.** In subsection (I):
1. "Claim" means a request for payment of benefits under an in-force policy, regardless of whether the benefit claimed is covered under the policy or any terms or conditions of the policy have been met.
 2. "Denied" means the insurer refuses to pay a claim for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.
 3. "Policy" means only long-term care insurance.
 4. "Report" means on a statewide basis.
- K.** Reported replacement and lapse rates do not alone constitute a violation of insurance laws or necessarily imply wrongdoing. The reports are for the purpose of reviewing more closely agent activities regarding the sale of long-term care insurance. Reports required under this Section shall be filed with the Director.
- L.** Annual rate certification requirements. This subsection applies to any long-term care policy issued in Arizona on or after November 10, 2017. The following annual submission requirements apply subsequent to initial rate filings for indi-

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vidual long-term care insurance policies made under this Section:

1. An actuarial certification prepared, dated and signed by a member of the American Academy of Actuaries which contains a statement of the sufficiency of the current premium rate schedule, including:
 - a. For the rate schedules currently marketed, that the premium rate schedule continues to be sufficient to cover anticipated costs under moderately adverse experience and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated or a statement that margins for moderately adverse experience may no longer be sufficient. For a statement that margins for moderately adverse experience may no longer be sufficient, the insurer shall provide to the Director, within 60 days of the date the actuarial certification is submitted to the Director, a plan of action, including a time frame, for the re-establishment of adequate margins for moderately adverse experience so that the ultimate premium rate schedule would be reasonably expected to be sustainable over the future life of the form with no future premium increases anticipated. Failure to submit a plan of action to the Director within 60 days or to comply with the time frame stated in the plan of action constitutes grounds for the Director to withdraw or modify approval of the form for future sales pursuant to A.R.S. § 20-1691.08.
 - b. For the rate schedules that are no longer marketed, that the premium rate schedule continues to be sufficient to cover anticipated costs under best estimate assumptions or that the premium rate schedule may no longer be sufficient. If the premium rate schedule is no longer sufficient, the insurer shall provide to the Director, within 60 days of the date the actuarial certification is submitted to the Director, a plan of action, including time frame, for the re-establishment of adequate margins for moderately adverse experience;
2. A description of the review performed that led to the statement; and
3. An actuarial memorandum dated and signed by a member of the American Academy of Actuaries who prepares the information shall be prepared to support the actuarial certification and provide at least the following information:
 - a. A detailed explanation of the data sources and review performed by the actuary prior to making the statement in subsection (L)(1),
 - b. A complete description of experience assumptions and their relationship to the initial pricing assumptions,
 - c. A description of the credibility of the experience data, and
 - d. An explanation of the analysis and testing performed in determining the current presence of margins.
4. The actuarial certification required pursuant to subsection (L)(1) must be based on calendar year data and submitted annually starting in the second year following the year in which the initial rate schedules are first used. The actuarial memorandum required pursuant to subsection (L)(3) must be submitted at least once every three years with the certification.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1010 recodified from R4-14-1010 (Supp. 95-1). R20-6-

1010 renumbered to R20-6-1013; new Section R20-6-1010 renumbered from R20-6-1007 and amended by final by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1011. Prohibition Against Post-claims Underwriting

- A. An application for a long-term care insurance policy or certificate that is not guaranteed issue shall meet the requirements of this Section.
 1. The application shall contain clear and unambiguous questions designed to ascertain the applicant's health condition.
 - a. If the application has a question asking whether the applicant has had medication prescribed by a physician, the application shall also ask the applicant to list the prescribed medication.
 - b. If the insurer knew or reasonably should have known that the medications listed in the application are related to a medical condition for which coverage would otherwise be denied, the insurer shall not rescind the policy or certificate for that condition.
 2. The application shall include the following language which shall be set out conspicuously and in close conjunction with the applicant's signature block: **"Caution: If your answers on this application are incorrect or untrue, [company] has the right to deny benefits or rescind your policy."**
 3. The policy or certificate shall contain, at the time of delivery, the following language, or language substantially similar to the following, set out conspicuously: **"Caution: The issuance of this long-term care insurance [policy] [certificate] is based on your responses to the questions on your application. A copy of your [application] [enrollment form] [is enclosed] [was retained by you when you applied]. If your answers are incorrect or untrue, the company has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the company at this address: [insert address]."**
- B. Before issuing a long-term care insurance policy or certificate that is not guaranteed issue to an applicant age 80 or older, the insurer shall obtain one of the following:
 1. A report of a physical examination,
 2. An assessment of functional capacity,
 3. An attending physician's statement, or
 4. Copies of medical records.
- C. The insurer or its insurance producer shall deliver a copy of the completed application or enrollment form, as applicable, to the insured no later than at the time of delivery of the policy or certificate unless the insurer gave a copy to the applicant it at the time of application.
- D. An insurer selling or issuing long-term care insurance benefits shall maintain a record of all policy or certificate rescissions, both state and country-wide, except those which the insured voluntarily effectuated.
- E. On or before March 31 of each year, an insurer shall report the following information to the Director for the preceding calendar year, using the form prescribed in Appendix G:
 1. Insurer name, address, phone number;
 2. As to each rescission except those voluntarily effectuated by the insured:
 - a. Policy form number,
 - b. Policy and certificate number,
 - c. Name of the insured,

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- d. Date of policy issuance,
 - e. Date claim submitted,
 - f. Date of rescission, and
 - g. Detailed reason for rescission; and
3. Signature, name and title of the preparer, and date prepared.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1011 recodified from R4-14-1011 (Supp. 95-1). R20-6-1011 renumbered to R20-6-1014; new Section R20-6-1011 renumbered from R20-6-1008 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1012. Reserve Standards

- A. If long-term care benefits are provided through the acceleration of benefits under group or individual life policies or riders, an insurer shall determine policy reserves for long-term care benefits under A.R.S. § 20-510. An insurer shall also establish claim reserves for a policy or rider in claim status.
- B. An insurer shall base reserves for policies and riders under subsection (A) on the multiple decrement model using all relevant decrements except for voluntary termination rates. An insurer may use single decrement approximations if the calculation produces essentially similar reserves, if the reserve is clearly more conservative, or if the reserve is immaterial. The insurer, when calculating reserves, may take into account the reduction in life insurance benefits due to the payment of long-term care benefits. The insurer shall not set the reserves for the long-term care benefit and the life insurance benefit to be less than the reserves for the life insurance benefit assuming no long-term care benefit.
- C. In the development and calculation of reserves for policies and riders subject to this Section, an insurer shall give due regard to the applicable policy provisions, marketing methods, administrative procedures and all other considerations which impact projected claim costs including the following:
 - 1. Definition of insured events,
 - 2. Covered long-term care facilities,
 - 3. Existence of home convalescence care coverage,
 - 4. Definition of facilities,
 - 5. Existence or absence of barriers to eligibility,
 - 6. Premium waiver provision,
 - 7. Renewability,
 - 8. Ability to raise premiums,
 - 9. Marketing method,
 - 10. Underwriting procedures,
 - 11. Claims adjustment procedures,
 - 12. Waiting period,
 - 13. Maximum benefit,
 - 14. Availability of eligible facilities,
 - 15. Margins in claim costs,
 - 16. Optional nature of benefit,
 - 17. Delay in eligibility for benefit,
 - 18. Inflation protection provisions,
 - 19. Guaranteed insurability option, and
 - 20. Other similar or comparable factors affecting risk.
- D. A member of the American Academy of Actuaries shall certify an insurer's use of any applicable valuation morbidity table as appropriate as a statutory valuation table.
- E. When long-term care benefits are provided other than as described in subsection (A), an insurer shall determine reserves under A.R.S. § 20-508.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-

1012 recodified from R4-14-1012 (Supp. 95-1). R20-6-1012 renumbered to R20-6-1016; new Section R20-6-1012 renumbered from R20-6-1009 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Section repealed; new Section renumbered from R20-6-1013 and amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1013. Loss Ratio

- A. This Section applies to policies and certificates issued any time prior to May 10, 2005.
- B. Benefits under an individual long-term care insurance policy are deemed reasonable in relation to premiums if the expected loss ratio is at least 60% calculated in a manner that provides for adequate reserving of the long-term care insurance risk. In evaluating the expected loss ratio, the director shall consider all relevant factors, including:
 - 1. Statistical credibility of incurred claims experience and earned premiums;
 - 2. The period for which rates are computed to provide coverage;
 - 3. Experienced and projected trends;
 - 4. Concentration of experience within early policy duration;
 - 5. Expected claim fluctuation;
 - 6. Experience refunds, adjustments, or dividends;
 - 7. Renewability features;
 - 8. All appropriate expense factors;
 - 9. Interest;
 - 10. Experimental nature of the coverage;
 - 11. Policy reserves;
 - 12. Mix of business by risk classification; and
 - 13. Product features such as long elimination periods, high deductibles, and high maximum limits.
- C. A premium rate schedule or proposed revision to a premium rate schedule that is expected to produce, over the lifetime of the long-term care insurance policy, benefits that are less than 60% of the proposed premium rate schedule is deemed to be unreasonable.
- D. Subsections (B) and (C) do not apply to life insurance policies that accelerate benefits for long-term care. A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is deemed to provide reasonable benefits in relation to premiums paid if the policy complies with all of the following:
 - 1. The interest credited internally to determine cash value accumulations, including long-term care, if any, is guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;
 - 2. The portion of the policy that provides life insurance benefits complies with the nonforfeiture requirements of A.R.S. § 20-1231;
 - 3. The policy complies with the disclosure requirements of A.R.S. § 20-1691.06(A) through (E);
 - 4. At the time of making a filing under A.R.S. § 20-1691.08, the insurer files an actuarial memorandum that includes the following information:
 - a. A description of the basis on which the long-term care rates were determined;
 - b. A description of the basis for the reserves;
 - c. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;
 - d. A description and a table of each actuarial assumption used; for expenses, an insurer shall include per-

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- cent of premium dollars per policy and dollars per unit of benefits, if any;
- e. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;
- f. The estimated average annual premium per policy and the average issue age;
- g. A statement as to whether underwriting is performed, including:
 - i. Time of underwriting;
 - ii. A description of the type of underwriting used, such as medical underwriting or functional assessment underwriting; and
 - iii. For a group policy, whether an enrollee's dependents are subject to underwriting; and
- h. A description of the effect of the long-term care policy provisions on the required premiums, nonforfeiture values, and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1013 recodified from R4-14-1013 (Supp. 95-1). Section R20-6-1013 renumbered to R20-6-1017; new Section R20-6-1013 renumbered from R20-6-1010 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Section R20-6-1013 renumbered to R20-6-1012; new Section R20-6-1013 renumbered from R20-6-1014 and amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1014. Premium Rate Schedule Increase

- A. This Section applies to any long-term care policy or certificate issued in this state on or after May 10, 2005 and prior to November 10, 2017.
- B. An insurer shall notify the Director of a proposed premium rate schedule increase, including an exceptional increase, at least 60 days before issuing notice to its policyholders. The notice to the Director shall include:
 - 1. Information required by R20-6-1008;
 - 2. Certification by a qualified actuary that:
 - a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated;
 - b. The premium rate filing complies with the provisions of this Section; and
 - c. The insurer may request a premium rate schedule increase less than what is required under this Section and the Director may approve the premium rate schedule increase, without submission of the certification required by subsection (B)(2)(a), if the actuarial memorandum discloses the premium rate schedule increase necessary to make the certification required by subsection (B)(2)(a), the premium rate schedule increase filing satisfies all other requirements of this Section, and is, in the opinion of the Director, in the best interest of the policyholders.
 - 3. An actuarial memorandum justifying the rate schedule change request that includes:
 - a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase; and the method and assumptions used in determining the projected values, including the following:
 - i. Any assumptions that deviate from those used for pricing other forms currently available for sale;
 - ii. Annual values for the five years preceding and the three years following the valuation date, provided separately;
 - iii. Development of the lifetime loss ratio, unless the rate increase is an exceptional increase; and
 - iv. A demonstration of compliance with subsection (C).
 - b. For exceptional increases, the actuarial memorandum shall also include:
 - i. The projected experience that is limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and
 - ii. If the Director determines under Section R20-6-1002(B)(3) that offsets may exist, the insurer shall use appropriate net projected experience;
 - c. Disclosure of how reserves have been incorporated in this rate increase when the rate increase will trigger contingent benefit upon lapse;
 - d. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and any other actions of the insurer on which the actuary has relied;
 - e. A statement that the actuary has considered policy design, underwriting, and claims adjudication practices;
 - f. Composite rates reflecting projections of new certificates in the event it is necessary to maintain consistent premium rates for new certificates and certificates receiving a rate increase; and
 - g. A demonstration that actual and projected costs exceed costs anticipated at the time of the initial pricing under moderately adverse experience and that the composite margin specified in R20-6-1009(B)(4) is projected to be exhausted;
- 4. A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless the insurer provides the Director with documentation justifying the greater rate; and
- 5. Upon the Director's request, other similar and related information the Director may require to evaluate the premium rate schedule increase.
- C. All premium rate schedule increases shall be determined in accordance with the following requirements:
 - 1. The insurer shall return 70% of the present value of projected additional premiums from an exceptional increase to policyholders in benefits;
 - 2. The sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, shall not be less than the sum of the following:
 - a. The accumulated value of the initial earned premium times 58%;
 - b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;
 - c. The present value of future projected initial earned premiums times 58%; and

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- d. 85% of the present value of future projected premiums not in subsection (C)(2)(c) on an earned basis;
3. If a policy form has both exceptional and other increases, the values in subsections (C)(2)(b) and (C)(2)(d) shall also include 70% for exceptional rate increase amounts; and
4. All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in the NAIC Accounting Practices and Procedures Manual to which insurers are subject under A.R.S. § 20-223. The actuary shall disclose the use of any appropriate averages in the actuarial memorandum required under subsection (B)(3).
- D.** For each rate increase that is implemented, the insurer shall file for approval by the Director updated projections, as defined in subsection (B)(3)(a), annually for the next three years and shall include a comparison of actual results to projected values. The Director may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection (M), the insurer shall provide the projections required by this subsection to the policyholder in lieu of filing with the Director.
- E.** If any premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the insurer shall file lifetime projections, as defined in subsection (B)(3)(a), for the Director's approval every five years following the end of the required period in subsection (D). For group insurance policies that meet the conditions in subsection (M), the insurer shall provide the projections required by this subsection to the policyholder instead of filing with the Director.
- F.** If the Director finds that the actual experience following a rate increase does not adequately match the projected experience and that the current projections under moderately adverse conditions demonstrate that incurred claims will not exceed proportions of premiums specified in subsection (C), the Director may require the insurer to implement premium rate schedule adjustments or other measures to reduce the difference between the projected and actual experience. In determining whether the actual experience matches the projected experience, the Director shall consider subsection (B)(3)(f), if applicable.
- G.** If the majority of the policies or certificates to which the increase applies are eligible for the contingent benefit upon lapse, the insurer shall file:
 1. A plan, subject to Director approval, for improved administration or claims processing designed to eliminate the potential for further deterioration of the policy form experience requiring further premium rate schedule increases, or both, or to demonstrate that appropriate administration and claims processing have been implemented or are in effect; otherwise the Director may impose the conditions in subsections (H) through (J); and
 2. The original anticipated lifetime loss ratio, and the premium rate schedule increase that would have been calculated according to subsection (C) had the greater of the original anticipated lifetime loss ratio or 58% been used in the calculations described in subsections (C)(2)(a) and (C)(2)(c).
- H.** For a rate increase filing that meets the criteria listed in this subsection, the Director shall review, for all policies included in the filing, the projected lapse rates and past lapse rates during the 12 months following each increase to determine if lapsation in excess of projected lapsation has occurred or is anticipated:
 1. The rate increase is not the first rate increase requested for the specific policy form or forms,
 2. The rate increase is not an exceptional increase, and
 3. The majority of the policies or certificates to which the increase applies are eligible for the contingent benefit upon lapse.
- I.** If the Director finds excess lapsation under subsection (H) has occurred, is anticipated in the filing or is evidenced in the actual results as presenting in the updated projections provided by the insurer following the requested rate increase, the Director may find that a rate spiral exists and may require the insurer to offer, without underwriting, to all in-force insureds subject to the rate increase, the option to replace existing coverage with one or more reasonably comparable products being offered by the insurer or its affiliates. The information communicating the offer is subject to the Director's approval. The offer shall:
 1. Be based on actuarially sound principles, but not on attained age;
 2. Provide that maximum benefits under any new policy accepted by an insured shall be reduced by comparable benefits already paid under the existing policy; and
 3. Allow the insured the option of retaining the existing coverage.
- J.** The insurer shall maintain the experience of the insureds whose coverage was replaced under subsection (I) separate from the experience of insureds originally issued the policy forms. If the insurer requests a rate increase on the policy form, the rate increase shall be limited to the lesser of:
 1. The maximum rate increase determined based on the combined experience; and
 2. The maximum rate increase determined based only on the experience of the insureds originally issued the form, plus 10%.
- K.** If the Director finds that an insurer has exhibited a history or pattern of filing inadequate initial premium rates for long-term care insurance, after considering the total number of policies filed over a period of time and the percentage of policies with inadequate rates, the Director may, in addition to remedies available under subsections (H) through (J), prohibit the insurer from the following:
 1. Filing and marketing comparable coverage for a period of up to five years, and
 2. Offering all other similar coverages and limiting marketing of new applications to the products subject to recent premium rate schedule increases.
- L.** Subsections (A) through (K) shall not apply to a policy for which long-term care benefits provided by the policy are incidental, as defined under R20-6-1002(C), if the policy complies with all of the following provisions:
 1. The interest credited internally to determine cash value accumulations, including long-term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;
 2. The portion of the policy that provides insurance benefits other than long-term care coverage meets the applicable nonforfeiture requirements under state law, including A.R.S. §§ 20-1231, 20-1232 and 20-2636;
 3. The policy meets the disclosure requirements of A.R.S. § 20-1691.06;
 4. The portion of the policy that provides insurance benefits other than long-term care coverage meets the disclosure requirements as applicable in the following:
 - a. A.R.S. Title 20, Chapter 6, Article 1.2; and
 - b. A.R.S. Title 20, Chapter 16, Article 2;

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5. At the time of making a filing under A.R.S. § 20-1691.08, the insurer files an actuarial memorandum that includes:
 - a. Description of the bases on which the actuary determined the long-term care rates and the reserves;
 - b. A summary of the type of policy, benefits, renewability provisions, general marketing method, and limits on ages of issuance;
 - c. A description and a table of each actuarial assumption used, with the percent of premium dollars per policy and dollars per unit of benefits, if any, for expenses;
 - d. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;
 - e. The estimated average annual premium per policy and the average issue age;
 - f. A statement as to whether the insurer performs underwriting at the time of application with an explanation of the following:
 - i. Whether underwriting is used, and if used, a description of the type of underwriting, such as medical underwriting or functional assessment underwriting; and
 - ii. For a group policy, whether the enrollee or any dependent will be underwritten and when underwriting occurs; and
 - g. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values, and reserves on the underlying insurance policy, both for active lives and those in long-term care claim status.
- M.** Subsections (F) and (H) through (J) shall not apply to group insurance as defined in A.R.S. § 20-1691(6) where:
1. The policies insure 250 or more persons and the policyholder has 5,000 or more eligible employees of a single employer; or
 2. The policyholder, and not the certificateholder, pays a material portion of the premium, which shall not be less than 20% of the total premium for the group in the calendar year prior to the year a rate increase is filed.
- Historical Note**
- Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1014 recodified from R4-14-1014 (Supp. 95-1). Section repealed; R20-6-1014 renumbered from R20-6-1011 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Section R20-6-1014 renumbered to R20-6-1013; new Section R20-6-1014 renumbered from R20-6-1015 and amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).
- R20-6-1015. Premium Rate Schedule Increases for Policies Subject to Loss Ratio Limits Related to Original Filings**
- A.** This Section applies to any long-term care policy or certificate issued in this state on or after November 10, 2017.
- B.** An insurer shall notify the Director of a proposed premium rate schedule increase, including an exceptional increase, at least 60 days before issuing notice to its policyholders. The notice to the Director shall include:
1. Information required by R20-6-1008;
 2. Certification by a qualified actuary that:
 - a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated;
 - b. The premium rate filing complies with the provisions of this Section; and
 - c. The insurer may request a premium rate schedule increase less than what is required under this Section and the Director may approve the premium rate schedule increase, without submission of the certification required by subsection (B)(2)(a), if the actuarial memorandum discloses the premium rate schedule increase necessary to make the certification required by subsection (B)(2)(a), the premium rate schedule increase filing satisfies all other requirements of this Section, and is, in the opinion of the Director, in the best interest of the policyholders.
3. An actuarial memorandum justifying the rate schedule change request that includes:
- a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase; and the method and assumptions used in determining the projected values, including the following:
 - i. Any assumptions that deviate from those used for pricing other forms currently available for sale;
 - ii. Annual values for the five years preceding and the three years following the valuation date, provided separately;
 - iii. Development of the lifetime loss ratio, unless the rate increase is an exceptional increase; and
 - iv. A demonstration of compliance with subsection (C).
 - b. For exceptional increases, the actuarial memorandum shall also include:
 - i. The projected experience that is limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and
 - ii. If the Director determines under Section R20-6-1002(B)(3) that offsets may exist, the insurer shall use appropriate net projected experience;
 - c. Disclosure of how reserves have been incorporated in this rate increase when the rate increase will trigger contingent benefit upon lapse;
 - d. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and any other actions of the insurer on which the actuary has relied;
 - e. A statement that the actuary has considered policy design, underwriting, and claims adjudication practices;
 - f. Composite rates reflecting projections of new certificates in the event it is necessary to maintain consistent premium rates for new certificates and certificates receiving a rate increase; and
 - g. A demonstration that actual and projected costs exceed costs anticipated at the time of the initial pricing under moderately adverse experience and that the composite margin specified in R20-6-1009(B)(4) is projected to be exhausted.
4. A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless the insurer provides the Director with documentation justifying the greater rate; and

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5. Upon the Director's request, other similar and related information the Director may require to evaluate the premium rate schedule increase.
- C. All premium rate schedule increases shall be determined in accordance with the following requirements:
 1. Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;
 2. The insurer shall calculate premium rate increases such that the sum of the lesser of either the accumulated value of the actual incurred claims (without the inclusion of active life reserves) or the accumulated value of historic expected claims (without the inclusion of active life reserves) plus the present value of the future expected incurred claims (projected without the inclusion of active life reserves) will not be less than the sum of the following:
 - a. The accumulated value of the initial earned premium times the greater of 58% or the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;
 - b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;
 - c. The present value of future projected initial earned premiums times the greater of 58% or the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and
 - d. 85% of the present value of future projected premiums not in subsection (C)(2)(c) on an earned basis;
 3. Historic expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Historic expected claims are calculated for each calendar year based on the in-force at the beginning of the calendar year. Historic expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;
 4. In the event that a policy form has both exceptional and other increases, the values in subsections (C)(2)(b) and (C)(2)(d) will also include 70% for exceptional rate increase amounts; and
 5. All present and accumulated values used to determine rate increases, including the lifetime loss ratio consistent with the original filing reflecting margins for moderately adverse experience, shall use the maximum valuation interest rate for contract reserves as specified in A.R.S. § 20-508. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.
- D. For each rate increase that is implemented, the insurer shall file for approval by the Director updated projections, as defined in subsection (B)(3)(a), annually for the next three years and shall include a comparison of actual results to projected values. The Director may extend the reporting period beyond three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection (M), the projections required by this subsection shall be provided to the policyholder in lieu of filing with the Director.
- E. If any premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the insurer shall file lifetime projections, as defined in subsection (B)(3)(a), for the Director's approval every five years following the end of the required period in subsection (D). For group insurance policies that meet the conditions in subsection (M), the insurer shall provide the projections required by this subsection to the policyholder instead of filing with the Director.
- F. If the Director finds that the actual experience following a rate increase does not adequately match the projected experience and that the current projections under moderately adverse conditions demonstrate that incurred claims will not exceed proportions of premiums specified in subsection (C), the Director may require the insurer to implement premium rate schedule adjustments or other measures to reduce the difference between the projected and actual experience. In determining whether the actual experience matches the projected experience, the Director shall consider subsection (B)(3)(f), if applicable.
- G. If the majority of policies or certificates to which the increase is applicable are eligible for the contingent benefit upon lapse, the insurer shall file a plan, subject to approval by the Director, for improved administration or claims processing designed to eliminate the potential for further deterioration of the policy form experience requiring further premium rate schedule increases, or both, or to demonstrate that appropriate administration and claims processing have been implemented or are in effect. Otherwise, the Director may impose the conditions in subsections (H) through (J).
- H. For a rate increase filing that meets the criteria listed in this subsection, the Director shall review, for all policies included in the filing, the projected lapse rates and past lapse rates during the 12 months following each increase to determine if lapsation in excess of projected lapsation has occurred or is anticipated:
 1. The rate increase is not the first rate increase requested for the specific policy form or forms;
 2. The rate increase is not an exceptional increase; and
 3. The majority of the policies or certificates to which the increase applies are eligible for the contingent benefit upon lapse.
- I. If the Director finds excess lapsation under subsection (H) has occurred, is anticipated in the filing or is evidenced in the actual results as presenting in the updated projections provided by the insurer following the requested rate increase, the Director may find that a rate spiral exists and may require the insurer to offer, without underwriting, to all in-force insureds subject to the rate increase, the option to replace existing coverage with one or more reasonably comparable products being offered by the insurer or its affiliates. The information communicating the offer is subject to the Director's approval. The offer shall:
 1. Be based on actuarially sound principles, but not on attained age; and
 2. Provide that maximum benefits under any new policy accepted by an insured shall be reduced by comparable benefits already paid under the existing policy; and
 3. Allow the insured the option of retaining the existing coverage.
- J. The insurer shall maintain the experience of the insureds whose coverage was replaced under subsection (I) separate from the experience of insureds originally issued the policy forms. If the insurer requests a rate increase on the policy form, the rate increase shall be limited to the lesser of:
 1. The maximum rate increase determined based on the combined experience; and

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2. The maximum rate increase determined based only on the experience of the insureds originally issued the form, plus 10%.
- K.** If the Director finds that an insurer has exhibited a history or pattern of filing inadequate initial premium rates for long-term care insurance, after considering the total number of policies filed over a period of time and the percentage of policies with inadequate rates, the Director may, in addition to remedies available under subsections (H) through (J), prohibit the insurer from the following:
1. Filing and marketing comparable coverage for a period of up to five years; and
 2. Offering all other similar coverages and limiting marketing of new applications to the products subject to recent premium rate schedule increases.
- L.** Subsections (A) through (K) shall not apply to a policy for which long-term care benefits provided by the policy are incidental, as defined under R20-6-1002(C), if the policy complies with all of the following provisions:
1. The interest credited internally to determine cash value accumulations, including long-term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;
 2. The portion of the policy that provides insurance benefits other than long-term care coverage meets the applicable nonforfeiture requirements under state law, including A.R.S. §§ 20-1231, 20-1232 and 20-2636;
 3. The policy meets the disclosure requirements of A.R.S. § 20-1691.06;
 4. The portion of the policy that provides insurance benefits other than long-term care coverage meets the disclosure requirements as applicable in the following:
 - a. A.R.S. Title 20, Chapter 6, Article 1.2; and
 - b. A.R.S. Title 20, Chapter 16, Article 2.
 5. At the time of making a filing under A.R.S. § 20-1691.08, the insurer files an actuarial memorandum that includes:
 - a. Description of the bases on which the actuary determined the long-term care rates and the reserves;
 - b. A summary of the type of policy, benefits, renewability provisions, general marketing method, and limits on ages of issuance;
 - c. A description and a table of each actuarial assumption used, with the percent of premium dollars per policy and dollars per unit of benefits, if any, for expenses;
 - d. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;
 - e. The estimated average annual premium per policy and the average issue age;
 - f. A statement as to whether the insurer performs underwriting at the time of application with an explanation of the following:
 - i. Whether underwriting is used, and if used, a description of the type of underwriting, such as medical underwriting or functional assessment underwriting; and
 - ii. For a group policy, whether the enrollee or any dependent will be underwritten and when underwriting occurs; and
 - g. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values, and reserves on the underlying insurance policy, both for active lives and those in long-term care claim status.
- M.** Subsections (F) and (H) through (J) shall not apply to group insurance as defined in A.R.S. § 20-1691(6) where:
1. The policies insure 250 or more persons and the policyholder has 5,000 or more eligible employees of a single employer; or
 2. The policyholder, and not the certificateholder, pays a material portion of the premium, which shall not be less than 20% of the total premium for the group in the calendar year prior to the year a rate increase is filed.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1015 recodified from R4-14-1015 (Supp. 95-1). Section R20-6-1015 renumbered to R20-6-1022; new Section R20-6-1015 made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Section R20-6-1015 renumbered to R20-6-1014; new Section R20-6-1015 made by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1016. Filing Requirements for Group Policies

- A.** Out-of-State Policies. Before an insurer or similar organization may offer group long-term care insurance to a resident of this state under A.R.S. § 20-1691.02(D), the insurer or organization shall file with the Director evidence that a state with statutory or regulatory long-term care insurance requirements substantially similar to those of this state has approved the group policy or certificate for use in that state.
- B.** Associations. For long-term policies marketed or issued to associations, the insurer or organization shall file with the insurance department the policy, certificate, and corresponding outline of coverage.

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). R20-6-1016 recodified from R4-14-1016 (Supp. 95-1). Section R20-6-1016 renumbered to R20-6-1023; new Section R20-6-1016 renumbered from R20-6-1012 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4).

R20-6-1017. Standards for Marketing

- A.** Every insurer marketing long-term care insurance coverage in this state, directly or through an insurance producer shall:
1. Establish marketing procedures to assure that any comparison of policies by its insurance producers is fair and accurate, and that excessive insurance is not sold or issued;
 2. Display prominently by type, stamp or other appropriate means, on the first page of the outline of coverage and policy, the following language: "Notice to buyer: This policy may not cover all of the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations;"
 3. Provide the applicant with copies of the disclosure forms in Appendices A and B;
 4. Inquire and otherwise make every reasonable effort to identify whether a prospective applicant or enrollee for long-term care insurance already has health or long-term care insurance and the types and amounts of any such insurance;
 5. Provide an explanation of contingent benefit upon lapse as provided for in R20-6-1019(D)(3);
 6. Provide written notice to an applicant or prospective policyholder or certificateholder advising of this state's senior insurance counseling program (SHIP), and the

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name, address, and phone number for the SHIP, at the time of solicitation; and

7. Establish auditable procedures for verifying compliance with this subsection (A).

B. In addition to the practices prohibited in A.R.S. § 20-441 et seq., the following acts and practices are prohibited:

1. Twisting. Knowingly making any misleading representation or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing, or tending to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, or convert any insurance policy or to take out a policy of insurance with another insurer.
2. High pressure tactics. Employing any method of marketing having the effect of or tending to induce the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance.
3. Cold lead advertising. Making use directly or indirectly or any method of marketing that fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be made by an insurance producer or insurance company.
4. Misrepresentation. Misrepresenting a material fact in selling or offering to sell a long-term care insurance policy.

C. An insurer shall not market or issue a long-term care policy or certificate to an association unless the insurer files the information required under R20-6-1016(B) and annually certifies that the association has complied with the requirements of this Section.

Historical Note

New section R20-5-1017 renumbered from R20-6-1013 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1018. Suitability

- A.** This Section does not apply to life insurance policies that accelerate benefits for long-term care.
- B.** Every insurer or other person marketing long-term care insurance, including an insurance producer or managing general agent, (the “issuer”) shall:
 1. Develop and use suitability standards to determine whether the purchase or replacement of long-term care insurance is appropriate for the needs of the applicant,
 2. Train its insurance producers in the use of its suitability standards, and
 3. Maintain a copy of its suitability standards and make them available for inspection upon the Director’s request.
- C.** To determine whether an applicant meets an issuer’s suitability standards, the insurance producer and issuer shall develop procedures that take the following into consideration:
 1. The applicant’s ability to pay for the proposed coverage and other pertinent financial information related to the purchase of the coverage;
 2. The applicant’s goals or needs with respect to long-term care and the advantages and disadvantages of insurance to meet these goals or needs; and
 3. The values, benefits, and costs of the applicant’s existing insurance, if any, when compared to the values, benefits, and costs of the recommended purchase or replacement.
- D.** The issuer shall make reasonable efforts to obtain the information set out in subsection (C), including giving the applicant the “Long-Term Care Insurance Personal Worksheet” pre-

scribed in Appendix A, to complete before or at the time of application. The issuer shall use a personal worksheet that contains, at a minimum, the information contained in Appendix A, in substantially the same text and format, in not less than 12 point type. The issuer may ask the applicant to provide additional information to comply with its suitability standards. An issuer shall file a copy of its personal worksheet with the Director.

- E.** An issuer shall not consider an applicant for coverage until the issuer has received the applicant’s completed personal worksheet, except the personal worksheet need not be returned for sales of employer group long-term care insurance to employees and their spouses.
- F.** No one shall sell or disseminate information obtained through the personal worksheet outside the issuer that obtains the worksheet.
- G.** The issuer shall use its suitability standards to determine whether issuance of long-term care insurance coverage to a particular applicant is appropriate.
- H.** An insurance producer shall use the suitability standards developed by the issuer in marketing long-term care insurance.
- I.** When giving an applicant a personal worksheet, the issuer shall also provide the applicant with a disclosure form entitled “Things You Should Know Before You Buy Long-Term Care Insurance.” The form shall be in substantially the same format and text contained in Appendix H, in not less than 12 point type.
- J.** If the issuer determines that the applicant does not meet its financial suitability standards, or if the applicant has declined to provide the information, the issuer may reject the application. In the alternative, the issuer shall send the applicant a letter that is substantially similar to Appendix I. However, if the applicant has declined to provide financial information, the issuer may use some other method to verify the applicant’s intent to purchase the long-term care policy. The issuer shall have either the applicant’s returned Appendix I letter or a record of the alternative method of verification as part of the applicant’s file.
- K.** The issuer shall report annually to the Director the total number of applications received from residents of this state, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards, and the number of those who chose to confirm after receiving a suitability letter as prescribed in subsection (J).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1019. Nonforfeiture Benefit Requirement

- A.** This Section does not apply to life insurance policies or riders containing accelerated long-term care benefits.
- B.** To comply with the requirement to offer a nonforfeiture benefit pursuant to the provisions of A.R.S. § 20-1691.11, an insurer shall meet the following requirements:
 1. A policy or certificate offered with nonforfeiture benefits shall have the same coverage elements, eligibility, benefit triggers and benefit length as a policy or certificate issued without nonforfeiture benefits. The nonforfeiture benefit included in the offer shall be the benefit described in subsection (E); and
 2. The offer shall be in writing if the nonforfeiture benefit is not otherwise described in the Outline of Coverage or other materials given to the prospective policyholder.

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- C. If the offer required to be made under A.R.S. § 20-1691.11 is rejected, the insurer shall provide the contingent benefit upon lapse described in this Section. Even if the non-forfeiture benefit offer is accepted for a policy with a fixed or limited premium paying period, the contingent benefit on lapse in subsection (D)(4) shall still apply.

D. Contingent Benefit Upon Lapse.

1. If a prospective policyholder rejects the offer of a nonforfeiture benefit, the insurer shall provide the contingent benefit upon lapse described in this Section for individual and group policies without the nonforfeiture benefit, issued after January 10, 2005.
2. If a group policyholder elects to make the nonforfeiture benefit an option to a certificateholder, the certificate shall provide either the nonforfeiture benefit or the contingent benefit upon lapse.
3. The contingent benefit on lapse is triggered when:
 - a. An insurer increases the premium rates to a level that results in a cumulative increase of the annual premium equal to or exceeding the percentage of the insured's initial annual premium set forth in the chart below, based on the insured's issue age; and
 - b. The policy or certificate lapses within 120 days of the due date of the increased premium.
 - c. Unless otherwise required, an insurer shall notify policyholders at least 30 days before the due date of the premium reflecting the rate increase.

Triggers for a Substantial Premium Increase	
Issue Age	Percent Increase Over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%

80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

4. A contingent benefit on lapse is also triggered for policies with a fixed or limited premium paying period when:
 - a. An insurer increases the premium rates to a level that results in a cumulative increase of the annual premium equal to or exceeding the percentage of the insured's initial annual premium set forth in the chart below, based on the insured's issue age; and
 - b. The policy or certificate lapses within 120 days of the due date of the increased premium; and
 - c. The ratio in subsection (D)(6)(b) is 40% or more.
 - d. Unless otherwise required, an insurer shall notify policyholders at least 30 days before the due date of the premium reflecting the rate increase.

Triggers for a Substantial Premium Increase on policies with a fixed or limited premium paying period	
Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

- e. This provision shall be in addition to the contingent benefit provided by subsection (D)(3) and where both are triggered, the benefit provided shall be at the option of the insured.
5. On or before the effective date of a substantial premium increase as defined in subsection (D)(3), an insurer shall:
 - a. Offer the insured the option of reducing policy benefits under the current coverage consistent with the requirements of R20-6-1025 so that required premium payments are not increased;
 - b. Offer to convert the coverage to a paid-up status with a shortened benefit period according to the terms of subsection (E), which the insured may elect at any time during the 120-day period referenced in subsection (D)(3); and
 - c. Notify the policyholder or certificateholder that a default or lapse at any time during the 120-day period referenced in subsection (D)(3) is deemed to be the election of the offer to convert under subsection (5)(b) unless the automatic option in subsection (D)(6)(c) applies.
6. On or before the effective date of a substantial premium increase on policies with a fixed or limited premium paying period as defined in subsection (D)(4), an insurer shall:
 - a. Offer the insured the option of reducing policy benefits under the current coverage consistent with the requirements of R20-6-1025 so that required premium payments are not increased;

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- b. Offer to convert the coverage to paid-up status where the amount payable for each benefit is 90% of the amount payable in effect immediately prior to lapse times the ratio of the number of completed months of paid premiums divided by the number of months in the premium paying period. The insured may elect this option at any time during the 120-day period referenced in subsection (D)(4); and
 - c. Notify the policyholder or certificateholder that a default or lapse at any time during the 120-day period referenced in subsection (D)(4) is deemed to be the election of the offer to convert under subsection (D)(6)(b) if the ratio is 40% or more.
- 7. For any long-term care policy issued on or after November 10, 2017, that an insurer issued at least 20 years prior to the effective date of a substantial premium increase, the insurer shall use a rate increase value of 0% in place of all values in the above tables.
- E. Benefits continued as nonforfeiture benefits, including contingent benefits upon lapse in accordance with subsection (D)(3) but not subsection (D)(4), mean any of the following:
 - 1. Attained age rating is defined as a schedule of premiums starting from the issue date that increases age at least 1% per year before age 50, and at least 3% per year beyond age 50.
 - 2. For purposes of this subsection, the nonforfeiture benefit shall be of a shortened benefit period providing paid-up long-term care insurance coverage after lapse. The same benefits (amounts and frequency in effect at the time of lapse but not increased thereafter) will be payable for a qualifying claim, but the lifetime maximum dollars or days of benefits shall be determined as specified in subsection (E)(3).
 - 3. The standard nonforfeiture credit equals 100% of the sum of all premiums paid, including the premiums paid before any change in benefits. The insurer may offer additional shortened benefit period options, as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. The minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse. In either event, the calculation of the nonforfeiture credit is subject to the limitation of subsection (F).
 - 4. When the nonforfeiture benefit begins.
 - a. The nonforfeiture benefit shall begin not later than the end of the third year following the policy or certificate issue date. The contingent benefit upon lapse shall be effective during the first three years, and thereafter.
 - b. Notwithstanding subsection (E)(4)(a), for a policy or certificate with attained age rating, the nonforfeiture benefit shall begin on the earlier of:
 - i. The end of the tenth year following the policy or certificate issue date, or
 - ii. The end of the second year following the date the policy or certificate is no longer subject to attained age rating.
 - 5. Nonforfeiture credits may be used for all care and services qualifying for benefits under the terms of the policy or certificate, up to the limits specified in the policy or certificate.
- F. All benefits paid by the insurer while the policy or certificate is in premium-paying status and in the paid-up status shall not exceed the maximum benefits that would be payable if the policy or certificate had remained in premium-paying status.
- G. There shall be no difference in the minimum nonforfeiture benefits for group and individual policies.
- H. The requirements in this Section are effective on or after November 10, 2005 and shall apply as follows:
 - 1. Except as provided in subsection (H)(2) and (H)(3), this Section applies to any long-term care policy issued in this state on or after January 10, 2005.
 - 2. The provisions of this Section do not apply to certificates issued on or after January 10, 2005, under a group long-term care insurance policy as defined in A.R.S. § 20-1691(5)(a), that was in force on January 10, 2005.
 - 3. The provisions of this Section that apply to fixed or limited premium paying period policies shall only apply to policies issued on or after November 10, 2017.
- I. Premiums charged for a policy or certificate containing nonforfeiture benefits or a contingent benefit on lapse shall be subject to the loss ratio requirements of R20-6-1013, R20-6-1014 or R20-6-1015, whichever is applicable, treating the policy as a whole.
- J. To determine whether contingent nonforfeiture upon lapse provisions are triggered under subsection (D)(3) or (D)(4), a replacing insurer that purchased or otherwise assumed a block or blocks of long-term care insurance policies from another insurer shall calculate the percentage increase based on the initial annual premium the insured paid when first buying the policy from the original insurer.
- K. An insurer shall offer a nonforfeiture benefit for a qualified long-term care insurance contract that is a level premium contract and the benefit shall meet the following requirements:
 - 1. The nonforfeiture provision shall be separately captioned using the term "nonforfeiture benefit" or a substantially similar caption;
 - 2. The nonforfeiture provision shall provide a benefit available in the event of a default in the payment of any premiums and shall state that the insurer may adjust the amount of the benefit initially granted only as needed to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the Director under to A.R.S. § 20-1691.08 for the same contract form; and
 - 3. The nonforfeiture provision shall provide at least one of the following:
 - a. Reduced paid-up premiums,
 - b. Extended term insurance,
 - c. Shortened benefit period, or
 - d. Other similar offerings that the Director has approved.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1020. Standards for Benefit Triggers

- A. A long-term care insurance policy shall condition the payment of benefits on a determination of the insured's ability to perform activities of daily living and on cognitive impairment. Except as otherwise provided in R20-6-1021, eligibility for the payment of benefits shall not be more restrictive than requiring either a deficiency in the ability to perform not more than three of the activities of daily living or the presence of cognitive impairment.
- B. Activities of daily living shall include at least the following as defined in R20-6-1003(A)(1) and in the policy:
 - 1. Bathing,
 - 2. Continence,

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3. Dressing,
 4. Eating,
 5. Toileting, and
 6. Transferring.
- C. An insurer may use additional activities of daily living to trigger covered benefits if the activities are defined in the policy.
- D. An insurer may use additional provisions to determine when benefits are payable under a policy or certificate; however the provisions shall not restrict, and are not in lieu of, the requirements in subsections (A), (B) and (C).
- E. For purposes of this Section the determination of a deficiency shall not be more restrictive than:
1. Requiring the hands-on assistance of another person to perform the prescribed activities of daily living; or
 2. If the deficiency is due to the presence of a cognitive impairment, requiring supervision or verbal cueing by another person to protect the insured or others.
- F. Licensed or certified professionals, such as physicians, nurses or social workers, shall perform assessments of activities of daily living and cognitive impairment.
- G. The requirements in this Section are effective on and after November 10, 2005 and shall apply as follows:
1. Except as provided in subsection (G)(2), the provisions of this Section apply to a long-term care policy issued in this state on or after January 10, 2005.
 2. The provisions of this Section do not apply to certificates issued on or after January 10, 2005, under a long-term care insurance policy issued to a group as defined in A.R.S. § 20-1691(5)(a), which policy was in force on January 10, 2005.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1021. Additional Standards for Benefit Triggers for Qualified Long-term Care Insurance Contracts

- A. A qualified long-term care insurance contract shall pay only for qualified long-term care services received by a chronically ill individual provided under a plan of care prescribed by a licensed health care practitioner, which is not subject to approval or modification by the insurer.
- B. A qualified long-term care insurance contract shall condition the payment of benefits on a certified determination of the insured's inability to perform activities of daily living for an expected period of at least 90 days due to a loss of functional capacity or to severe cognitive impairment.
- C. Licensed health care practitioners shall perform the certified determinations regarding activities of daily living and cognitive impairment required under subsection (B).
- D. Certified determinations required under subsection (B) may be performed at the direction of the carrier as is reasonably necessary with respect to a specific claim, except that when a licensed health care practitioner has certified that an insured is unable to perform activities of daily living for an expected period of at least 90 days due to a loss of functional capacity and the insured is in claim status, the certified determination may not be rescinded and additional certified determinations may not be performed until after the expiration of the 90-day period.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective

November 10, 2017 (Supp. 17-2).

R20-6-1022. Standard Format Outline of Coverage

- A. The outline of coverage prescribed in A.R.S. § 20-1691.06 shall be a free-standing document, using no smaller than 10 point type, and shall contain no advertising or promotional material.
- B. Text that is capitalized or underscored in the standard format outline of coverage may be emphasized by other means that give prominence equivalent to capitalization or underscoring.
- C. An insurer shall use the text and sequence of text in the standard format outline of coverage prescribed in Appendix J, unless otherwise specifically indicated.

Historical Note

New Section R20-6-1022 renumbered from R20-6-1015 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4).

R20-6-1023. Requirement to Deliver Shopper's Guide

- A. All prospective applicants of a long-term care insurance policy or certificate shall receive a long-term care insurance shopper's guide approved by the Director. This requirement may be satisfied by delivery of the current edition of the long-term care insurance shopper's guide in the format developed by the National Association of Insurance Commissioners.
1. In the case of insurance producer solicitation, an insurance producer shall deliver the shopper's guide before presenting an application or enrollment form.
 2. In the case of direct response solicitations, the insurer shall provide the shopper's guide with any application or enrollment form.
- B. A prospective applicant for a life insurance policy or rider containing accelerated long-term care benefits is not required to receive the guide described in subsection (A), but shall receive the policy summary required under A.R.S. § 20-1691.06.

Historical Note

New Section R20-6-1023 renumbered from R20-6-1016 and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1024. Availability of New Health Care Services or Providers

- A. An insurer shall notify policyholders of the availability of a new long-term policy series that provides coverage for new long-term care services or health care providers material in nature and not previously available through the insurer to the general public. The notice shall be provided within 12 months of the date the new policy series is made available for sale in this state.
- B. Notwithstanding subsection (A), notification is not required for any policy issued prior to the effective date of this Section or to any policyholder or certificateholder who is currently eligible for benefits, within an elimination period or on a claim, or who previously had been in claim status, or who would not be eligible to apply for coverage due to issue age limitations under the new policy. The insurer may require that policyholders meet all eligibility requirements, including underwriting and payment of the required premium to add such new services or providers.
- C. The insurer shall make the new coverage available in one of the following ways:
1. By adding a rider to the existing policy and charging a separate premium for the new rider based on the insured's attained age:

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2. By exchanging the existing policy or certificate for one with an issue age based on the present age of the insured and recognizing past insured status by granting premium credits toward the premiums for the new policy or certificate. The premium credits shall be based on premiums paid or reserves held for the prior policy or certificate;
 3. By exchanging the existing policy or certificate for a new policy or certificate in which consideration for past insured status shall be recognized by setting the premium for the new policy or certificate at the issue age of the policy or certificate being exchanged. The cost for the new policy or certificate may recognize the difference in reserves between the new policy or certificate and the original policy or certificate; or
 4. By an alternative program developed by the insurer that meets the intent of this Section if the program is filed with and approved by the Director.
- D.** An insurer is not required to notify policyholders of a new proprietary policy series created and filed for use in a limited distribution channel. For purposes of this subsection, "limited distribution channel" means through a discrete entity, such as a financial institution or brokerage, for which specialized products are available that are not available for sale to the general public. Policyholders who purchased such a new proprietary policy shall be notified when a new long-term care policy series that provides coverage for new long-term care services or providers material in nature is made available to that limited distribution channel.
- E.** Policies issued pursuant to this Section shall be considered exchanges and not replacements. These exchanges shall not be subject to R20-6-1010(A), (C) through (G) and R20-6-1018 and are not subject to the reporting requirements of R20-6-1010(I)(1), (I)(2)(a) through (I)(2)(c).
- F.** Where an employer, labor organization, professional, trade or occupational association offers the policy, the required notification in subsection (A) shall be made to the offering entity. However, if the policy is issued to a group defined in A.R.S. § 20-1691(5), the notification shall be to each certificateholder.
- G.** Nothing in this Section shall prohibit an insurer from offering any policy, rider, certificate or coverage change to any policyholder or certificateholder. However, upon request, any policyholder may apply for currently available coverage that includes the new services or providers. The insurer may require that policyholders meet all eligibility requirements, including underwriting and payment of the required premium, to add such new services or providers.
- H.** This Section does not apply to life insurance policies or riders containing accelerated long-term care benefits.
- I.** This Section shall become effective on or after November 10, 2017.
- B.** The insurer may also offer other reduction options that are consistent with the policy or certificate design or the carrier's administrative processes.
- C.** In the event the reduction in coverage involves the reduction or elimination of the inflation protection provision, the insurer shall allow the policyholder to continue the benefit amount in effect at the time of the reduction.
- D.** The provision in subsection (A) shall include a description of the process for requesting and implementing a reduction in coverage.
- E.** The premium for the reduced coverage shall:
1. Be based on the same age and underwriting class used to determine the premium for the coverage currently in force, and
 2. Be consistent with the approved rate table.
- F.** The issuer may limit any reduction in coverage to plans or options available for that policy form and to those for which benefits will be available after consideration of claims paid or payable.
- G.** If a policy or certificate is about to lapse, the insurer shall provide a written reminder to the policyholder or certificateholder of his or her right to reduce coverage and premiums in the notice required by R20-6-1005(F).
- H.** This Section does not apply to life insurance policies or riders containing accelerated long-term benefits.
- I.** The requirements of subsections (A) through (H) shall apply to any long-term care policy issued in this state on or after November 10, 2017.
- J.** A premium increase notice required by R20-6-1008(G) shall include:
1. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of this Section;
 2. A disclosure stating that all options available to the policyholder may not be of equal value; and
 3. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.
- K.** The requirements of subsection (J) shall apply to any rate increase implemented in this state on or after November 10, 2017.

Historical Note

New Section R20-6-1025 made by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1026. Instructions for Appendices

Information that is designated as a "Drafting Instruction" in a form appended to this Article is not required to be included as part of the form. Any person using the form shall abide by the instructions when drafting, preparing, or completing the form.

Historical Note

New Section R20-6-1026 renumbered from R20-6-1024 by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

Historical Note

New Section made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Section R20-6-1024 renumbered to R20-6-1026; new Section R20-6-1024 made by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

R20-6-1025. Right to Reduce Coverage and Lower Premiums

- A.** Every long-term care insurance policy and certificate shall include a provision that allows the policyholder or certificateholder to reduce coverage and lower the policy or certificate premium in at least one of the following ways:
1. Reducing the maximum benefit; or
 2. Reducing the daily, weekly or monthly benefit amount.

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Appendix A. Long-term Care Insurance Personal Worksheet

Long-term Care Insurance
Personal Worksheet

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information

Policy Form Numbers _____

The premium for the coverage you are considering will be [\$_____ per month, or \$_____ per year,] [a one-time single premium of \$_____.]

Type of Policy (noncancellable/guaranteed renewable): _____

The Company's Right to Increase Premiums:

[The company cannot raise your rates on this policy.] [The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.] [Insurers shall use appropriate bracketed statement. Rate guarantees shall not be shown on this form.]

Rate Increase History

The company has sold long-term care insurance since [year] and has sold this policy since [year]. [The company has never raised its rates for any long-term care policy it has sold in this state or any other state.] [The company has not raised its rates for this policy form or similar policy forms in this state or any other state in the last 10 years.] [The company has raised its premium rates on this policy form or similar policy forms in the last 10 years. Following is a summary of the rate increases.]

(Drafting Instruction: A company may use the first bracketed sentence above only if it has never increased rates under any prior policy forms in this state or any other state. The issuer shall list each premium increase it has instituted on this or similar policy forms in this state or any other state during the last 10 years. The list shall provide the policy form, the calendar years the form was available for sale, and the calendar year and the amount (percentage) of each increase. The insurer shall provide minimum and maximum percentages if the rate increase is variable by rating characteristics. The insurer may provide, in a fair manner, additional explanatory information as appropriate.)

Questions Related to Your Income

How will you pay each year's premium?

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

[☐ Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 50%?]

(Drafting Instruction: The issuer is not required to use the bracketed sentence if the policy is fully paid up or is a noncancellable policy.)

What is your annual income? (check one) ☐ Under \$10,000 ☐ \$[10-20,000] ☐ \$[20-30,000] ☐ \$[30-50,000] ☐ Over \$50,000

(Drafting Instruction: The issuer may choose the numbers to put in the brackets to fit its suitability standards.)

How do you expect your income to change over the next 10 years? (check one)

☐ No change ☐ Increase ☐ Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) ☐ Yes ☐ No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

The national average annual cost of care in [insert year] was [insert \$ amount], but this figure varies across the country. In ten years the national average annual cost would be about [insert \$ amount] if costs increase 5% annually.

(Drafting Instruction: The projected cost can be based on federal estimates in a current year. In the above statement, the second figure equals 163% of the first figure.)

What elimination period are you considering? Number of days _____ Approximate cost \$ _____ for that period of care.

How are you planning to pay for your care during the elimination period? (check one)

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

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Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

☐ Under \$20,000 ☐ \$20,000-\$30,000 ☐ \$30,000-\$50,000 ☐ Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

☐ Stay about the same ☐ Increase ☐ Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

Disclosure Statement

☐ The answers to the questions above describe my financial situation.

or

☐ I choose not to complete this information.

(Check one.)

☐ I acknowledge that the carrier and/or its insurance provider (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. [For direct mail situations, use the following: I acknowledge that I have reviewed this form including the premium, premium rate increase history and potential for premium increases in the future.] **I understand the above disclosures. I understand that the rates for this policy may increase in the future.** (This box must be checked).

Signed: _____

(Applicant)

(Date)

☐ I explained to the applicant the importance of completing this information.

Signed: _____

(Insurance Producer)

(Date)

Insurance Producer's Printed Name: _____]

[In order for us to process your application, please return this signed statement to [name of company], along with your application.]

[My insurance provider has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.]

Signed: _____

(Applicant)

(Date)

(Drafting Instruction: Choose the appropriate sentences depending on whether this is a direct mail or insurance producer sale.)

The company may contact you to verify your answers.

(Drafting Instruction: When the Long-term Care Insurance Personal Worksheet is furnished to employees and their spouses under employer group policies, the text from the heading "Disclosure Statement" to the end of the document may be removed.)

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). Former Appendix A renumbered to Appendix C; new Appendix A made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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Appendix B. Long-term Care Insurance Potential Rate Increase Disclosure Form

Instructions:

This form provides information to the applicant regarding premium rate schedules, rate schedule adjustments, potential rate revisions, and policyholder options in the event of a rate increase.

Insurers shall provide all of the following information to the applicant:

**Long-term Care Insurance
Potential Rate Increase Disclosure Form**

1. **[Premium Rate] [Premium Rate Schedules]:** [Premium rate] [Premium rate schedules] that [is][are] applicable to you and that will be in effect until a request is made and [approved] for an increase [is][are] [on the application][(\$_____)]
2. **The [premium] [premium rate schedule] for this policy [will be shown on the schedule page of] [will be attached to] your policy.**

3. **Rate Schedule Adjustments:**

The company will provide a description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.) (fill in the blank): _____.

4. **Potential Rate Revisions:**

This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- ☐ Pay the increased premium and continue your policy in force as is.
- ☐ Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- ☐ Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- ☐ Exercise your contingent nonforfeiture rights.* (This option may be available if you do not purchase a separate nonforfeiture option.)

***Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you have paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy.)

Contingent Nonforfeiture Cumulative Premium Increase over Initial Premium That qualifies for Contingent Nonforfeiture	
(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)	
Issue Age	Percent Increase Over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%

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63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). Former Appendix B renumbered to Appendix D; new Appendix B made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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Appendix C. Notice to Applicant Regarding Replacement of Individual Health or Long-term Care Insurance

NOTICE TO APPLICANT REGARDING REPLACEMENT OF INDIVIDUAL HEALTH OR LONG-TERM CARE INSURANCE

[Insurance company's name and address]

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to [your application] [information you have furnished], you intend to lapse or otherwise terminate existing health or long-term care insurance and replace it with an individual long-term care insurance policy to be issued by [company name] Insurance Company. Your new policy provides thirty (30) days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all health or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

STATEMENT TO APPLICANT BY [INSURANCE PRODUCER OR OTHER REPRESENTATIVE]:

Use additional sheets, as necessary.)

I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations which I call to your attention:

1. Health conditions that you may presently have (preexisting conditions), may not be immediately or fully covered under your new policy. This could result in denial or delay in payment of benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions or probationary periods. The insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all of the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

(Signature of Insurance Producer or Other Representative)

(Typed Name and Address of Insurance Producer)

The above "Notice to Applicant" was delivered to me on:

(Date)

(Applicant's Signature)

Historical Note

Adopted effective August 10, 1992 (Supp. 92-3). New Appendix C renumbered from Appendix A and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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Appendix D. Notice to Applicant Regarding Replacement of Health or Long-term Care Insurance

NOTICE TO APPLICANT REGARDING REPLACEMENT OF HEALTH OR LONG-TERM CARE INSURANCE

[Insurance company's name and address]

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE

According to [your application] [information you have furnished], you intend to lapse or otherwise terminate existing health or long-term care insurance and replace it with the long-term care insurance policy being delivered and issued by [company name] Insurance Company. Your new policy gives you thirty (30) days to decide, without cost, whether you want to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all health or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

1. Health conditions which you may presently have (preexisting conditions), may not be immediately or fully covered under the new policy. This could result in denial or delay in payment of benefits under the new policy, even though a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions or probationary periods. The insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its insurance producer regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. [To be included only if the application is attached to the policy.] If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, read the copy of the application attached to your new policy and be sure that all questions are answered fully and correctly. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to [company name and address] within thirty (30) days if any information is not correct and complete, or if any past medical history has been left out of the application.

Historical Note

New Appendix D renumbered from Appendix B and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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Appendix E. Long-Term Care Insurance Replacement and Lapse Reporting Form

**Long-term Care Insurance
Replacement and Lapse Reporting Form**

For the State of _____
For the Reporting Year of _____

Company Name: _____ Due: June 30 annually
Company Address: _____ Company NAIC Number: _____
Contact Person: _____ Phone Number: (____) _____

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Every insurer shall maintain the following records for each insurance producer: (1) the amount of long-term care insurance replacement sales as a percent of the insurance producer's total annual sales and (2) the amount of lapses of long-term care insurance policies sold by the insurance producer as a percent of the insurance producer's total annual sales. The tables below should be used to report the 10% of the insurer's insurance producers with the greatest percentages of replacements and lapses.

Listing of the 10% of Insurance Producers with the Greatest Percentage of Replacements

Insurance Producer's Name	Number of Policies Sold By This Insurance Producer	Number of Policies Replaced By This Insurance Producer	Number of Replacements as % of Number of Policies Sold By This Insurance Producer

Listing of the 10% of Insurance Producers with the Greatest Percentage of Lapses

Insurance Producer's Name	Number of Policies Sold By This Insurance Producer	Number of Policies Lapsed By This Insurance Producer	Number of Lapses As % of Number Sold By This Insurance Producer

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales ____ %
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) ____ %
Percentage of Lapsed Policies to Total Annual Sales ____ %
Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) ____ %

Historical Note

New Appendix E made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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Appendix F. Long-term Care Insurance Claims Denial Reporting Form

Long-term Care Insurance
Claims Denial Reporting FormFor the State of _____
For the Reporting Year of _____Company Name: _____ Due: June 30 annually
Company Address: _____Company NAIC Number: _____
Contact Person: _____ Phone Number: _____
Line of Business: Individual Group**Instructions**

The purpose of this form is to report all long-term care claim denials under in-force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

- ☐ Per Claimant - counts each individual who makes one or a series of claim requests
☐ Per Transaction - counts each claim payment request

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data

	State Data	Nationwide Data ¹
Total Number of Inforce Policies [Certificates] as of December 31st		

Claims & Denial Data

	State Data	Nationwide Data ¹
1	Total Number of Long-Term Care Claims Reported	
2	Total Number of Long-Term Care Claims Denied/Not Paid	
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	
7	Number of Long-Term Care Claim Denied due to:	
8	• Long-Term Care Services Not Covered under the Policy ²	
9	• Provider/Facility Not Qualified under the Policy ³	
10	• Benefit Eligibility Criteria Not Met ⁴	
11	• Other	

- The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
- Example—home health care claim filed under a nursing home only policy.
- Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
- Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

Historical Note

New Appendix F made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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Appendix G. Rescission Reporting Form for Long-term Policies

RESCISSION REPORTING FORM FOR
LONG-TERM CARE POLICIESFOR THE STATE OF _____
FOR THE REPORTING YEAR _____

Company Name _____

Address: _____

Phone Number: _____

Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance	Date/s Claim/s Submitted	Date of Rescission

Detailed reason for rescission:

Signature_____
Name and Title (please type)_____
Date**Historical Note**

New Appendix G made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4).

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Appendix H. Things You Should Know Before You Buy Long-term Care Insurance

Things You Should Know Before You Buy
Long-term Care Insurance**Long-Term
Care
Insurance**

- A long-term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.

- **[WARNING!** You should **not** buy this insurance policy unless you can afford to pay the premiums every year. You are making a multi-year financial commitment.] [Remember that the company can increase premiums in the future.]

(Drafting Instruction: For single premium policies, delete this bullet; for noncancellable policies, delete the second sentence only.)

- The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.

Medicare

- Medicare does **not** pay for most long-term care.

Medicaid

- Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should not buy this policy if you are now eligible for Medicaid.

- Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services.

- When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.

- Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

**Shopper's
Guide**

- Make sure the insurance company or agent gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long-Term Care Insurance." Read it carefully. If you have decided to apply for long-term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.

Counseling

- Free counseling and additional information about long-term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

Facilities

- Some long-term care insurance contracts provide for benefit payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move into a different state from where they purchased their long-term care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy.

Historical Note

New Appendix H made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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Appendix I. Long-term Care Insurance Suitability Letter

Long-term Care Insurance Suitability Letter

Dear [Applicant]:

Your recent application for long-term care insurance included a “personal worksheet,” which asked questions about your finances and your reasons for buying long-term care insurance. For your protection, state law requires us to consider this information when we review your application, to avoid selling a policy to those who may not need coverage.

[Your answers indicate that long-term care insurance may not meet your financial needs. We suggest that you review the information provided along with your application, including the booklet “Shopper’s Guide to Long-Term Care Insurance” and the page titled “Things You Should Know Before Buying Long-Term Care Insurance.” Your state insurance department also has information about long-term care insurance and may be able to refer you to a counselor free of charge who can help you decide whether to buy this policy.]

[You chose not to provide any financial information for us to review.]

(Drafting Instruction: Choose the paragraph that applies.)

We have suspended our final review of your application. If, after careful consideration, you still believe this policy is what you want, check the appropriate box below and return this letter to us within the next 60 days. We will then continue reviewing your application and issue a policy if you meet our medical standards.

If we do not hear from you within the next 60 days, we will close your file and not issue you a policy. You should understand that you will not have any coverage until we hear back from you, approve your application and issue you a policy.

Please check one box and return in the enclosed envelope.

☐ **Yes**, [although my worksheet indicates that long-term care insurance may not be a suitable purchase,] I wish to purchase this coverage. Please resume review of my application.

Drafting Instruction: Delete the phrase in brackets if the applicant did not answer the questions about income.

☐ **No**. I have decided not to buy a policy at this time.

APPLICANT’S SIGNATURE

DATE

Please return to [issuer] at [address] by [date].

Historical Note

New Appendix I made by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

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Appendix J. Long-term Care Insurance Outline of Coverage

[COMPANY NAME]
 [ADDRESS - CITY & STATE]
 [TELEPHONE NUMBER]
 LONG-TERM CARE INSURANCE

OUTLINE OF COVERAGE
 [Policy Number or Group Master Policy and Certificate Number]

[Except for policies or certificates which are guaranteed issue, the following caution statement, or language substantially similar, shall appear as follows in the outline of coverage.]

Caution: The issuance of this long-term care insurance [policy] [certificate] is based upon your responses to the questions on your application. A copy of your [application] [enrollment form] [is enclosed] [was retained by you when you applied]. If your answers are incorrect or untrue, the company has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the company at this address: [insert address]

1. This policy is [an individual policy of insurance] [a group policy] which was issued in the [indicate jurisdiction in which group policy was issued].
2. PURPOSE OF OUTLINE OF COVERAGE. This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual or group policy contains governing contractual provisions. This means that the policy or group policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY (OR CERTIFICATE) CAREFULLY!
3. FEDERAL TAX CONSEQUENCES
 This [POLICY] [CERTIFICATE] is intended to be a federally tax-qualified long-term care insurance contract under Section 7702(B)(b) of the Internal Revenue Code of 1986, as amended.

OR

Federal Tax Implications of this [POLICY] [CERTIFICATE]. This [POLICY] [CERTIFICATE] is not intended to be a federally tax-qualified long-term care insurance contract under Section 7702(B)(b) of the Internal Revenue Code of 1986, as amended. Benefits received under the [POLICY] [CERTIFICATE] may be taxable as income.

4. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED
 - (a) [For long-term care health insurance policies or certificates describe one of the following permissible policy renewability provisions:
 - (1) Policies and certificates that are guaranteed renewable shall contain the following statement:] RENEWABILITY: THIS POLICY [CERTIFICATE] IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, [certificate] to continue this policy as long as you pay your premiums on time. [Company Name] cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.
 - (2) [Policies and certificates that are noncancellable shall contain the following statement:] RENEWABILITY: THIS POLICY [CERTIFICATE] IS NONCANCELLABLE. This means that you have the right, subject to the terms of your policy, to continue this policy as long as you pay your premiums on time. [Company Name] cannot change any of the terms of your policy on its own and cannot change the premium you currently pay. However, if your policy contains an inflation protection feature where you choose to increase your benefits, [Company Name] may increase your premium at that time for those additional benefits.
 - (b) [For group coverage, specifically describe continuation/conversion provisions applicable to the certificate and group policy:]
 - (c) [Describe waiver of premium provisions or state that there are not such provisions:]
5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.
 [In bold type larger than the maximum type required to be used for the other provisions of the outline of coverage, state whether or not the company has a right to change the premium, and if a right exists, describe clearly and concisely each circumstance under which the premium may change.]
6. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED.
 - (a) [Provide a brief description of the right to return - "free look" provision of the policy.]
 - (b) [Include a statement that the policy either does or does not contain provisions providing for a refund or partial refund of premium upon the death of an insured or surrender of the policy or certificate. If the policy contains such provisions, include a description of them.]
7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurance company.
 - (a) [For insurance producers] Neither [insert company name] nor its [agents or insurance producers] represent Medicare, the federal government or any state government.
 - (b) [For direct response] [insert company name] is not representing Medicare, the federal government or any state government.
8. LONG-TERM CARE COVERAGE. Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute-care unit of a hospital, such as in a nursing home, in the community or in the home.
 This policy provides coverage in the form of a fixed dollar indemnity benefit for covered long-term care expenses, subject to policy [limitations] [waiting periods] and [coinsurance] requirements. [Modify this paragraph if the policy is not an indemnity policy.]
9. BENEFITS PROVIDED BY THIS POLICY.
 - (a) [Covered services, related deductible(s), waiting periods, elimination periods and benefit maximums.]
 - (b) [Institutional benefits, by skill level.]
 - (c) [Non-institutional benefits, by skill level.]
 - (d) Eligibility for Payment of Benefits
 [Activities of daily living and cognitive impairment shall be used to measure an insured's need for long-term care and shall be defined

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and described as part of the outline of coverage.]

[Any additional benefit triggers shall be explained in this Section. If these triggers differ for different benefits, explanation of the triggers shall accompany each benefit description. If an attending physician or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too must be specified.]

10. LIMITATIONS AND EXCLUSIONS.

[Describe:

- (a) Preexisting conditions;
- (b) Non-eligible facilities and providers;
- (c) Non-eligible levels of care (e.g., unlicensed providers, care or treatment provided by a family member, etc.);
- (d) Exclusions and exceptions;
- (e) Limitations.]

[This Section shall provide a brief specific description of any policy provisions which limit, exclude, restrict, reduce, delay, or in any other manner operate to qualify payment of the benefits described in paragraph 6 above.]

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. [As applicable, indicate the following:

- (a) That the benefit level will not increase over time;
- (b) Any automatic benefit adjustment provisions;
- (c) Whether the insured will be guaranteed the option to buy additional benefits and the basis upon which benefits will be increased over time if not by a specified amount or percentage;
- (d) If there is such a guarantee, include whether additional underwriting or health screening will be required, the frequency and amounts of the upgrade options, and any significant restrictions or limitations;
- (e) Describe whether there will be any additional premium charge imposed, and how that is to be calculated.]

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.

[State that the policy provides coverage for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses. Specifically describe each benefit screen or other policy provision which provides preconditions to the availability of policy benefits for such an insured.]

13. PREMIUM.

- (a) State the total annual premium for the policy;
- (b) If the premium varies with an applicant's choice among benefit options, indicate the portion of annual premium which corresponds to each benefit option.]

14. ADDITIONAL FEATURES.

- (a) Indicate if medical underwriting is used;
- (b) Describe other important features.]

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE.

Historical Note

New Appendix J renumbered from Appendix C and amended by final rulemaking at 10 A.A.R. 4661, effective January 3, 2005 (Supp. 04-4). Amended by final exempt rulemaking at 23 A.A.R. 1119, effective November 10, 2017 (Supp. 17-2).

ARTICLE 11. MEDICARE SUPPLEMENT INSURANCE**R20-6-1101. Incorporation by Reference and Modifications**

- A. The Department incorporates by reference the Model Regulation to Implement the National Association of Insurance Commissioners (NAIC) Medicare Supplement Insurance Minimum Standards Model Act, August 2016 (Model Regulation), and no future editions or amendments, which is on file with the Department of Insurance, 100 N. 15th Ave., Suite 102, Phoenix, AZ 85007-2624 and available from the National Association of Insurance Commissioners, Publications Department, 1100 Walnut Street, Suite 1500, Kansas City, MO 64106-2197.
- B. The Model Regulation is modified as follows:

- 1. In addition to the terms defined in the Model Regulation, the following definitions apply:
 - a. "Agent" means an insurance producer as defined in A.R.S. § 20-281(5).
 - b. "Commissioner" means the Director of the Arizona Department of Insurance.
 - c. "HMO" and "health maintenance organization" mean a health care services organization as defined in A.R.S. § 20-1051(7).
 - d. "Regulation" means Article.
- 2. Section 3(A)(2) reads:
 - (2) All certificates issued under group Medicare supplement policies, which certificates have been delivered or issued for delivery in this state including association plans.
- 3. Section 8(A)(7)(c) reads:

- c. Each Medicare supplement policy shall provide that benefits and premiums under the policy shall be suspended (for any period that may be provided by federal regulation) at the request of the policyholder if the policyholder is entitled to benefits under Section 226(b) of the Social Security Act and is covered under a group health plan (as defined in Section 1862(b)(1)(A)(v) of the Social Security Act). If suspension occurs and if the policyholder or certificate holder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss of the group health plan and pays the premium attributable to the supplemental policy period, effective as of the date of termination of enrollment in the group health plan.

- 4. Section 8.1 is revised to insert the citation to A.R.S. § 20-1133 as follows:

The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state on or after June 1, 2010. No policy or certificate may be advertised, solicited, delivered, or issued for delivery in this state as a Medicare supplement policy or certificate unless it complies with these benefit standards. No issuer may offer any [1990 Standardized Medicare supplement benefit plan] for sale on or after June 1, 2010. Benefit standards applicable to Medicare supplement policies and certificates issued before June 1,

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2010 remain subject to the requirements of A.R.S. § 20-1133.

5. Section 8.1(A)(7)(c) is revised to read as follows:
Each Medicare supplement policy shall provide that benefits and premiums under the policy shall be suspended (for any period that may be provided by federal regulation) at the request of the policyholder if the policyholder is entitled to benefits under Section 226(b) of the Social Security Act and is covered under a group health plan (as defined in Section 1862(b)(1)(A)(v) of the Social Security Act). If suspension occurs and if the policyholder or certificate holder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
6. Section 9.1 is revised to insert the citation to A.R.S. § 20-1133 as follows:
The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state on or after June 1, 2010. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate unless it complies with these benefit plan standards. Benefit plan standards applicable to Medicare supplement policies and certificates issued before June 1, 2010 remain subject to the requirements of A.R.S. § 20-1133.
7. Section 9.2 is revised to insert the citation to A.R.S. § 20-1133 as follows:
The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires the following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state to individuals newly eligible for Medicare on or after January 1, 2020. No policy or certificate that provides coverage of the Medicare Part B deductible may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate to individuals newly eligible for Medicare on or after January 1, 2020. All policies must comply with the following benefit standards. Benefit plan standards applicable to Medicare supplement policies and certificates issued to individuals eligible for Medicare before January 1, 2020, remain subject to the requirements of A.R.S. § 20-1133.
8. Section 15(G) is revised as follows:
An insurer shall not file or request approval of a rate structure for its Medicare supplement policies or certificates based upon attained-age rating as a structure or methodology.
9. Section 23 is revised as follows:
 - A. If a Medicare supplement policy or certificate replaces another Medicare supplement policy or certificate, the replacing issuer shall waive any time periods applicable to preexisting conditions, waiting periods, elimination periods and probationary periods in the new Medicare supplement policy or certificate to the extent such time was spent under the original policy.
 - B. If a Medicare supplement policy or certificate replaces another Medicare supplement policy or certificate which has been in effect for at least six months, the replacing policy shall not provide any time period applicable to preexisting conditions,

waiting periods, elimination periods and probationary periods.

Historical Note

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1101 recodified from R4-14-1101 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed; new Section made by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 15 A.A.R. 996, effective June 2, 2009 (Supp. 09-2). Amended by final rulemaking at 25 A.A.R. 1923, effective September 8, 2019 (Supp. 19-3).

R20-6-1102. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted with changes effective May 28, 1992 (Supp. 92-2). R20-6-1102 recodified from R4-14-1102 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by final rulemaking at 5 A.A.R. 618, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 910, effective March 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1102.01 Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 618, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 910, effective March 3, 1999 (Supp. 99-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1103. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1103 recodified from R4-14-1103 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1104. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for

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only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1104 recodified from R4-14-1104 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1105. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1105 recodified from R4-14-1105 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1106. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1106 recodified from R4-14-1106 (Supp. 95-1). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 910 effective March 3, 1999 (Supp. 99-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1107. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted with changes effective May 28, 1992 (Supp. 92-2). R20-6-1107 recodified from R4-14-1107 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1108. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1108 recodified from R4-14-1108 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended by final rulemaking at 5 A.A.R. 910 effective March 3, 1999 (Supp. 99-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1109. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991,

pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1109 recodified from R4-14-1109 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1110. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1110 recodified from R4-14-1110 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended effective June 15, 1998 (Supp. 98-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1111. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1111 recodified from R4-14-1111 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1112. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1112 recodified from R4-14-1112 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1113. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1113 recodified from R4-14-1113 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 910 effective March 3, 1999 (Supp. 99-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1114. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991,

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pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1114 recodified from R4-14-1114 (Supp. 95-1). Amended effective August 16, 1996 (Supp. 96-3). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1115. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1115 recodified from R4-14-1115 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1116. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1116 recodified from R4-14-1116 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1117. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1117 recodified from R4-14-1117 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1118. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1118 recodified from R4-14-1118 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1119. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1119 recodified from R4-14-1119 (Supp. 95-1). Section repealed by final rulemaking

at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1120. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). R20-6-1120 recodified from R4-14-1120 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

R20-6-1121. Repealed**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 910, effective March 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Section repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

Appendix A. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again and correction made to heading of form on last page of Appendix A effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). Appendix A repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

Appendix B. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again and corrections made to Plan C (Medicare (Part B) - Medical Services - Per Calendar Year) and Plan J (Other Benefits) effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). Amended effective August 16, 1996 (Supp. 96-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 910, effective March 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 2454, effective May 13, 2002 (Supp. 02-2). Appendix B repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

Appendix C. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). Amended effective August 16, 1996 (Supp. 96-3). Appendix C repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005

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(Supp. 05-3).

Appendix D. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). Amended effective August 16, 1996 (Supp. 96-3). Appendix D repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

Appendix E. Repealed**Historical Note**

Emergency rule adopted effective December 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective March 17, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Adopted effective May 28, 1992 (Supp. 92-2). Appendix E repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

Appendix F. Repealed**Historical Note**

Appendix F adopted effective August 16, 1996 (Supp. 96-3). Amended effective June 15, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 910, effective March 3, 1999 (Supp. 99-1). Appendix F repealed by final rulemaking at 11 A.A.R. 3671, effective November 12, 2005 (Supp. 05-3).

ARTICLE 12. HIV/AIDS: PROHIBITED AND REQUIRED PRACTICES**R20-6-1201. Definitions**

- A. "AIDS" means Acquired Immune Deficiency Syndrome.
- B. "Applicant" means an applicant for a life or disability insurance policy or coverage under a health care plan, as well as any potential certificate holder or dependent covered under such policy or plan.
- C. "Insurer" means life and disability insurers (including but not limited to health insurers), hospital and medical service corporations, and health care services organizations, including all employees, contractors, and agents thereof.
- D. "Person" means any individual, company, insurer, association, organization, society, reciprocal or inter-insurance exchange, partnership, syndicate, business trust, corporation, or entity.

Historical Note

Adopted effective March 7, 1994 (Supp. 94-1). R20-6-1201 recodified from R4-14-1201 (Supp. 95-1).

R20-6-1202. Applications for Insurance

- A. Insurers shall not use questions on applications for life or disability policies or health care plans that inquire directly or indirectly about:
 - 1. The sexual orientation of an applicant;
 - 2. An applicant's receipt of transfusions of blood or blood products; or
 - 3. Whether or not the applicant has had any HIV-related test, except as provided in subsection (B) of this rule.
- B. Insurers may include specific questions on applications for life or disability insurance policies or health care plans asking if the applicant has ever been diagnosed or treated for AIDS or AIDS-related conditions or tested positive for the presence of

HIV antibodies, antigens, or the virus. No adverse underwriting decision shall be made on the basis of any prior positive HIV-related test or tests unless the insurer has verified that the prior test(s) consisted of both a positive screening test such as enzyme-linked immunoassay (ELISA) and a positive supplemental test such as a Western Blot. All such tests used shall be approved and licensed by the Food and Drug Administration and conducted in accordance with the manufacturer's directions for use, including but not limited to the manufacturers' specified interpretation of positivity.

Historical Note

Adopted effective March 7, 1994 (Supp. 94-1). R20-6-1202 recodified from R4-14-1202 (Supp. 95-1).

R20-6-1203. Testing for HIV; Consent Form

- A. An insurer may test for HIV infection in the same way that the insurer tests for other conditions that affect mortality and morbidity. No adverse underwriting decision shall be made on the basis of a positive result to an HIV-related test unless the result consists of both a positive screening test such as enzyme-linked immunoassay (ELISA) and a positive supplemental test such as a Western Blot. All such tests used shall be approved and licensed by the Food and Drug Administration and conducted in accordance with the manufacturers' directions for use, including but not limited to the manufacturers' specified interpretation of positivity.
- B. If an applicant is requested to take an HIV-related test in connection with an application for a life or disability insurance policy or a health care plan, the insurer shall reveal the use of such test to the applicant and shall obtain the written consent of the applicant prior to the administration of such test. The insurer shall allow the applicant up to 10 days within which to decide whether or not to sign the consent form, and no adverse underwriting decision may be made on the basis of the applicant's delay during this time period. Insurers need not provide pretest counseling to applicants but shall advise applicants of the availability of counseling in accordance with subsection (C) of this rule.
- C. The written consent form, which shall be approved by the Director in advance of its use, shall contain the following information:
 - 1. Purpose of the consent form. The form shall contain a clear disclosure that the test to be performed is a test for the presence of HIV antibodies, antigens, or the virus, and that underwriting decisions will be based on the results of such test. The form shall further provide notice of a period of not less than 10 days during which the applicant may decide whether or not to sign the form, along with a disclosure that the applicant's refusal to be tested may be used as a reason to deny coverage.
 - 2. Information on HIV. The form shall provide clear, concise, and accurate information on how the disease is spread and what behavior places persons at risk of contracting the virus.
 - 3. Pretest counseling considerations. The written consent form shall contain information advising the applicant that counseling is recommended by many public health organizations and that the applicant may obtain such counseling at the applicant's own expense. The form shall contain current information as provided by the Department regarding the availability in Arizona of free confidential or anonymous counseling through county health departments and through other governmental or government-funded agencies.
 - 4. Disclosure of test results. The form shall advise the applicant that all test results shall be treated confidentially and

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that results shall be released only to the applicant and the named insurer or upon the applicant's written consent or as otherwise required or allowed by law, including but not limited to the release of information to the Department of Health Services as provided by law.

5. Meaning of positive test results. The form shall advise the applicant of the type of test (including but not limited to antibody, antigen, or viral culture) to be used, and that a positive test result indicates that the applicant has been infected with HIV but does not necessarily have AIDS. The form shall explain that a positive test result will adversely affect the application for insurance.
6. Consent. The consent form shall contain an attestation to be signed by the applicant or, if the applicant lacks legal capacity to consent, a person authorized pursuant to law to consent on behalf of the applicant, that he or she has read and understands the written consent form and voluntarily consents to the performance of a test for HIV and to the disclosure of the test results as described in the consent form. The applicant or the applicant's legal representative shall have the right to request and receive a copy of the written consent form. A photocopy of the form shall be as valid as the original.
7. Optional release of information to personal physician. In addition to the release of information to the insurer provided in the consent form, the applicant may, at the applicant's option, consent to the release of information to the applicant's personal physician. The form shall provide for such release to be separately signed and dated by the applicant, or if the applicant lacks legal capacity to consent, by a person authorized pursuant to law to consent on behalf of the applicant.
8. Time period during which release of information is effective. The consent form shall specify the time period during which any and all release provisions of the consent form shall be effective, but in no case shall such time period exceed 180 days from the date the consent form is signed by the applicant or the applicant's legal representative. No HIV-related information shall be released to any person after the expiration of that time period unless the insurer obtains the express written consent, pursuant to R20-6-1204, of the applicant or, if the applicant lacks legal capacity to consent, by a person authorized by law to consent on behalf of the applicant.

Historical Note

Adopted effective March 7, 1994 (Supp. 94-1). R20-6-1203 recodified from R4-14-1203 (Supp. 95-1).

R20-6-1204. Release of Confidential HIV-related Information; Release Form

- A. Except as required by law or authorized pursuant to a written consent to be tested, an insurer shall not disclose confidential HIV-related information to any person unless a written release form is executed by the applicant or, if the applicant lacks legal capacity to consent to such release, by a person authorized by law to consent to the release of information on behalf of the applicant. The applicant or the applicant's legal representative shall be entitled to receive a copy of the release. A photocopy shall be as valid as the original.
- B. Such written release form shall contain the following information:
 1. The name and address of the person to whom the information shall be disclosed;
 2. The specific purpose for which disclosure is to be made; and

3. The time period during which the written release is to be effective but in no case shall such time period exceed 180 days from the date the release is signed by the applicant or the applicant's legal representative;
4. The signature of the applicant or of the person authorized by law to consent to such release, and the date the release form was signed.

Historical Note

Adopted effective March 7, 1994 (Supp. 94-1). R20-6-1204 recodified from R4-14-1204 (Supp. 95-1).

R20-6-1205. Benefits; Prohibited Practices

- A. Life and disability insurance policies or health care plans that provide benefits for prescription drugs shall provide benefits for any and all drugs and pharmaceutical forms of treatment for HIV and/or AIDS approved by the Food and Drug Administration pursuant to 21 U.S.C. Chapter 9 or licensed by the Food and Drug Administration pursuant to 42 U.S.C. Chapter 6A, including but not limited to Zidovudine, formerly Azidothymidine ("AZT"), Didanosine (ddI) and Zalcitabine (ddC), to the same extent as other prescription drugs and treatments.
- B. Insurers shall provide benefits for HIV, AIDS, and AIDS-related conditions in the same manner and to the same extent as those benefits provided for all other diseases.

Historical Note

Adopted effective March 7, 1994 (Supp. 94-1). R20-6-1205 recodified from R4-14-1205 (Supp. 95-1).

ARTICLE 13. RESERVED**ARTICLE 14. INSURANCE HOLDING COMPANY****R20-6-1401. Definitions**

- A. "The Act" means the Insurance Holding Company Systems Act, A.R.S. §§ 20-481 through 20-481.32.
- B. "Executive officer" means chief executive officer, chief operating officer, chief financial officer, treasurer, secretary, controller, and any other individual performing functions corresponding to those performed by the foregoing officers under whatever title.
- C. "Ultimate controlling person" means that person which is not controlled by any other person.
- D. Unless the context otherwise requires, other terms found in these regulations and in A.R.S. § 20-481 are used as defined in the Act. Other nomenclature or terminology is according to Title 20, A.R.S. or industry usage if not defined by Title 20, A.R.S.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1401 recodified from R4-14-1401 (Supp. 95-1). Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

R20-6-1402. Acquisition of Control – Statement Filing

- A. A person required to file a statement pursuant to A.R.S. § 20-481.02 shall furnish the required information on Form A, attached hereto as Appendix A and on Form E, attached hereto as Appendix E, and described in subsections (D) and (E) of this section.
- B. The applicant shall promptly advise the Director of any changes in the information furnished on Form A arising subsequent to the date upon which the information was furnished but prior to the Director's disposition of the application.
- C. If the person being acquired is deemed to be a "domestic insurer" solely because of the provisions of A.R.S. § 20-481.02(G), the name of the domestic insurer on the cover page should be indicated as follows: "[ABC Insurance Company), a

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subsidiary of [XYZ Holding Company].” Where a A.R.S. § 20-481.02(G) insurer is being acquired, references to “the insurer” contained in Form A shall refer to both the domestic subsidiary insurer and the person being acquired.

- D. If a domestic insurer, including any person controlling a domestic insurer, is proposing a merger or acquisition pursuant to A.R.S. § 20-481.02(A), that person shall file a pre-acquisition notification form, Form E, which was developed pursuant to A.R.S. § 20-481.25(C).
- E. Additionally, if a non-domiciliary insurer licensed to do business in this state is proposing a merger or acquisition pursuant to A.R.S. § 20-481.25, that person shall file a pre-acquisition notification form, Form E. No pre-acquisition notification form need be filed if the acquisition is beyond the scope of A.R.S. § 20-481.25 as set forth in A.R.S. § 20-481.25(B).
- F. In addition to the information required by Form E, the Director may wish to require an expert opinion as to the competitive impact of the proposed acquisition.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1402 recodified from R4-14-1402 (Supp. 95-1).
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

R20-6-1403. Annual Registration of Insurers – Statement Filing

- A. An insurer required to file an annual registration statement pursuant to A.R.S. § 20-481.09 shall furnish the required information on Form B, attached hereto as Appendix B, in accordance with the instructions contained in Appendix G.
- B. Amendments to Form B shall be filed in the Form B format with only those items which are being amended reported. Each such amendment shall include at the top of the cover page “Amendment No. (insert number) to Form B for (insert year)” and shall indicate the date of the amendment and not the date of the original filings.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1403 recodified from R4-14-1403 (Supp. 95-1).
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

R20-6-1404. Summary of Registration – Statement Filing

An insurer required to file an annual registration statement pursuant to A.R.S. § 20-481.09 is also required to furnish information required on Form C, attached hereto as Appendix C.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1404 recodified from R4-14-1404 (Supp. 95-1).
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

R20-6-1405. Alternative and Consolidated Registrations

- A. Any authorized insurer may file a registration statement on behalf of any affiliated insurer or insurers which are required to register under A.R.S. § 20-481.09. A registration statement may include information not required by the Act regarding any insurer in the insurance holding company system even if such insurer is not authorized to do business in this state. In lieu of filing a registration statement on Form B, the authorized insurer may file a copy of the registration statement or similar report which it is required to file in its state of domicile, provided:
 1. The statement or report contains substantially similar information required to be furnished on Form B; and
 2. The filing insurer is the principal insurance company in the insurance holding company system.

- B. The question of whether the filing insurer is the principal insurance company in the insurance holding company system is a question of fact and an insurer filing a registration statement or report in lieu of Form B on behalf of an affiliated insurer, shall set forth a brief statement of facts which will substantiate the filing insurer’s claim that it, in fact, is the principal insurer in the insurance holding company system.
- C. With the prior approval of the Director, an unauthorized insurer may follow any of the procedures which could be done by an authorized insurer under subsection (A) above.
- D. Any insurer may take advantage of the provisions of A.R.S. §§ 20-481.15 or 20-481.16 without obtaining the prior approval of the Director. The Director, however, reserves the right to require individual filings if he or she deems such filings necessary in the interest of clarity, ease of administration or the public good.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1405 recodified from R4-14-1405 (Supp. 95-1).
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

R20-6-1406. Disclaimers and Termination of Registration

- A. A disclaimer of affiliation or a request for termination of registration claiming that a person does not, or will not upon the taking of some proposed action, control another person, hereinafter referred to in this rule as the “subject,” shall contain the following information:
 1. The number of authorized, issued and outstanding voting securities of the subject;
 2. With respect to the person whose control is denied and all affiliates of such person, the number and percentage of shares of the subject’s voting securities which are held of record or known to be beneficially owned, and the number of shares concerning which there is a right to acquire, directly or indirectly;
 3. All material relationships and bases for affiliation between the subject and the person whose control is denied and all affiliates of such person;
 4. A statement explaining why the person should not be considered to control the subject.
- B. A request for termination of registration shall be deemed to have been granted unless the director, within 30 days after receipt of the request, notifies the registrant otherwise.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1406 recodified from R4-14-1406 (Supp. 95-1).
Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

R20-6-1407. Transactions Subject to Prior Notice – Notice Filing

- A. An insurer required to give notice of a proposed transaction pursuant to A.R.S. § 20-481.12 shall furnish the required information on Form D, attached hereto as Appendix D, in accordance with the instructions in Appendix G.
- B. Agreements for cost sharing services and management services shall at a minimum and as applicable:
 1. Identify the person providing services and the nature of such services;
 2. Set forth the methods to allocate costs;
 3. Require timely settlement, not less frequently than on a quarterly basis, and compliance with the requirements in the Accounting Practices and Procedures Manual;
 4. Prohibit advancement of funds by the insurer to the affiliate except to pay for services defined in the agreement;

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5. State that the insurer will maintain oversight for functions provided to the insurer by the affiliate and that the insurer will monitor services annually for quality assurance;
 6. Define books and records of the insurer to include all books and records developed or maintained under or related to the agreement;
 7. Specify that all books and records of the insurer are and remain the property of the insurer and are subject to control of the insurer;
 8. State that all funds and invested assets of the insurer are the exclusive property of the insurer, held for the benefit of the insurer and are subject to the control of the insurer;
 9. Include standards for termination of the agreement with and without cause;
 10. Include provisions for indemnification of the insurer in the event of gross negligence or willful misconduct on the part of the affiliate providing the services;
 11. Specify that, if the insurer is placed in receivership or seized by the Director under the Arizona Receivership Act:
 - a. All of the rights of the insurer under the agreement extend to the receiver or Director; and,
 - b. All books and records will immediately be made available to the receiver or the Director, and shall be turned over to the receiver or Director immediately upon the receiver or Director's request;
 12. Specify that the affiliate has no automatic right to terminate the agreement if the insurer is placed in receivership pursuant to the Arizona Receivership Act; and
 13. Specify that the affiliate will continue to maintain any systems, programs, or other infrastructure notwithstanding a seizure by the Director under the Arizona Receivership Act, and will make them available to the receiver, for so long as the affiliate continues to receive timely payment for services rendered.
- a. The amounts, dates and form of payment of all dividends or distributions, including regular dividends but excluding distributions of the insurer's own securities, paid within the period of 12 consecutive months ending on the date fixed for payment of the proposed dividend for which approval is sought and commencing on the day after the same day of the same month in the last preceding year;
 - b. Surplus as regards policyholders, total capital and surplus, as of the 31st day of December next preceding;
 - c. If the insurer is a life insurer, the net gain from operations for the 12-month period ending the 31st day of December next preceding;
 - d. If the insurer is not a life insurer, the net income, net realized capital gains for the 12-month period ending the 31st day of December next preceding and the two preceding 12-months periods; and
 - e. If the insurer is not a life insurer, the dividends paid to stockholders excluding distributions of the insurer's own securities in the preceding two calendar years.
5. A balance sheet and statement of income for the period intervening from the last annual statement filed with the Director and the end of the month preceding the month in which the request for dividend approval is submitted; and
 6. A brief statement as to the effect of the proposed dividend upon the insurer's surplus and the reasonableness of surplus in relation to the insurer's outstanding liabilities and the adequacy of surplus relative to the insurer's financial needs.
- B.** Subject to A.R.S. § 20-481.19, each registered insurer shall report to the Director all dividends and other distributions to shareholders within 5 business days following the declaration thereof and at least 10 business days before payment of the dividend or distribution, including the same information required by subsection (A)(4)(a) through (e) of this rule.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1407 recodified from R4-14-1407 (Supp. 95-1).

Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

R20-6-1408. Enterprise Risk Report

The ultimate controlling person of an insurer required to file an enterprise risk report pursuant to A.R.S. § 481.10(D) shall furnish the required information on Form F, attached hereto as Appendix F.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1408 recodified from R4-14-1408 (Supp. 95-1). R20-6-1408 repealed; new Section R20-6-1408 made by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

R20-6-1409. Extraordinary Dividends and Other Distributions

- A.** Requests for approval of extraordinary dividends or any other extraordinary distribution to shareholders shall include the following:
1. The amount of the proposed dividend;
 2. The date established for payment of the dividend;
 3. A statement as to whether the dividend is to be in cash or other property and, if in property, a description thereof, its cost, and its fair market value together with an explanation of the basis for valuation;
 4. A copy of the calculations determining that the proposed dividend is extraordinary. The work paper shall include the following information:

Historical Note

New Section made by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4). Amended by final rulemaking at 23 A.A.R. 3311, effective January 16, 2018 (Supp. 17-4).

R20-6-1410. Adequacy of Surplus

The factors set for in A.R.S. §§ 20-481.01(F) and 20-481.24 are not intended to be an exhaustive list. In determining the adequacy and reasonableness of an insurer's surplus no single factor is necessarily controlling. The Director instead will consider the net effect of all of these factors plus other factors bearing on the financial condition of the insurer. In comparing the surplus maintained by other insurers, the Director will consider the extent to which each of these factors varies from company to company and in determining the quality and liquidity of investments in subsidiaries, the Director will consider the individual subsidiary and may discount or disallow its valuation to the extent that the individual investments so warrant.

Historical Note

New Section made by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

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Appendix A. Form A - Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer

**STATEMENT REGARDING THE ACQUISITION OF CONTROL OF OR MERGER
WITH A DOMESTIC INSURER**

[Name of Domestic Insurer]

By

[Name of Acquiring Person (Applicant)]

Filed with the Arizona Department of Insurance

Dated: _____, 20____

Name, Title, address and telephone number of Individual to Whom Notices and Correspondence Concerning
this Statement Should be Addressed:

ITEM 1. METHOD OF ACQUISITION

[State the name and address of the domestic insurer to which this application relates and a brief description of how control is to be acquired. State the federal identification number and the NAIC number of the domestic insurer.]

ITEM 2. IDENTITY AND BACKGROUND OF THE APPLICANT

- [(a) State the name and address of the applicant seeking to acquire control over the insurer.]
- [(b) If the applicant is not an individual, state the nature of its business operations for the past five years or for such lesser period as such person and any predecessors thereof shall have been in existence. Briefly describe the business intended to be done by the applicant and the applicant's subsidiaries.]
- [(c) Furnish a chart or listing clearly presenting the identities of the inter-relationships among the applicant and all affiliates of the applicant, including NAIC numbers for all insurers. No affiliate need be identified if its total assets are equal to less than 1/2 of 1% of the total assets of the ultimate controlling person affiliated with the applicant. Indicate in such chart or listing the percentage of voting securities of each such person which is owned or controlled by the applicant or by any other such person. If control of any person is maintained other than by the ownership or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing indicate the type of organization (e.g. corporation, trust, partnership) and the state or other jurisdiction of domicile. If court proceedings involving a reorganization or liquidation are pending with respect to any such person, indicate which person, and set forth the title of the court, nature of proceedings and the date when commenced.]

ITEM 3. IDENTITY AND BACKGROUND OF INDIVIDUALS ASSOCIATED WITH THE APPLICANT

[On the biographical affidavit, include a third party background check, and state the following with respect to (1) the applicant if (s)he is an individual, or (2) all persons who are directors, executive officers or owners of 10% or more of the voting securities of the applicant if the applicant is not an individual.

- (a) Name and business address;
- (b) Present principal business activity, occupation or employment including position and office held and the name, principal business and address of any corporation or other organization in which such employment is carried on;
- (c) Material occupations, positions, officer or employment during the last 5 years, giving the starting and ending dates of each and the name, principal business and address of any business corporation or other organization in which each such occupation, position, office or employment was carried on: if any such occupation, position, office or employment required licensing by or registration with any federal, state or municipal governmental agency, indicate such fact, the current status of such licensing or registration, and an explanation of any surrender, revocation, suspension or disciplinary proceedings in connection therewith;
- (d) Whether or not such person has ever been convicted in a criminal proceeding (excluding minor traffic violations) during the last 10 years and, if so, give the date, nature of conviction, name and location of court, and penalty imposed or other disposition of the case;

Such persons may also submit fingerprints and the fingerprint processing fee in accordance with A.R.S. § 20-481.03(B).]

ITEM 4. NATURE, SOURCE AND AMOUNT OF CONSIDERATION

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- [(a) Describe the nature, source and amount of funds or other considerations used or to be used in effecting the merger or other acquisition of control. If any part of the same is represented or is to be represented by funds or other consideration borrowed or otherwise obtained for the purpose of acquiring, holding or trading securities, furnish a description of the transaction, the names of the parties thereto, the relationship, if any, between the borrower and the lender, the amounts borrowed or to be borrowed, and copies of all agreements, promissory notes and security arrangements relating thereto.]
- [(b) Explain the criteria used in determining the nature and amount of such consideration.]
- [(c) If the source of the consideration is a loan made in the lender's ordinary course of business and if the applicant wishes the identity of the lender to remain confidential, he must specifically request that the identity be kept confidential.)

ITEM 5. FUTURE PLANS OF INSURER

[Describe any plans or proposals which the applicant may have to declare an extraordinary dividend, to liquidate such insurer, to sell its assets to or merge it with any person or persons or to make any other material change in its business operations or corporate structure or management.]

ITEM 6. VOTING SECURITIES TO BE ACQUIRED

[State the number of shares of the insurer's voting securities which the applicant, its affiliates and any person listed in Item 3 plan to acquire, and the terms of the offer, request, invitation, agreement or acquisition, and a statement as to the method by which the fairness of the proposal was arrived at.]

ITEM 7. OWNERSHIP OF VOTING SECURITIES

[State the amount of each class of any voting security of the insurer which is beneficially owned or concerning which there is a right to acquire beneficial ownership by the applicant, its affiliates or any person listed in Item 3.]

ITEM 8. CONTRACTS, ARRANGEMENTS, OR UNDERSTANDINGS WITH RESPECT TO VOTING SECURITIES OF THE INSURER

[Give a full description of any contracts, arrangements or understandings with respect to any voting security of the insurer in which the applicant, its affiliates or any person listed in Item 3 is involved, including but not limited to transfer of any of the securities, joint ventures, loan or option arrangements, puts or calls, guarantees of loans, guarantees against loss or guarantees of profits, division of losses or profits, or the giving or withholding of proxies. Such description shall identify the persons with whom the contracts, arrangements or understandings have been entered into.]

ITEM 9. RECENT PURCHASES OF VOTING SECURITIES

[Describe any purchases of any voting securities of the insurer by the applicant, its affiliates or any person listed in Item 3 during the 12 calendar months preceding the filing of this statement. Include in the description the dates of purchase, the names of the purchasers, and the consideration paid or agreed to be paid therefore. State whether any such shares so purchased are hypothecated.]

ITEM 10. RECENT RECOMMENDATIONS TO PURCHASE

[Describe any recommendations to purchase any voting security of the insurer made by the applicant, its affiliates or any person listed in Item 3, or by anyone based upon interviews or at the suggestion of the applicant, its affiliates or any person listed in Item 3 during the 12 calendar months preceding the filing of this statement.)

ITEM 11. AGREEMENTS WITH BROKER-DEALERS

[Describe the terms of any agreement, contract or understanding made with any broker-dealer as to solicitation of voting securities of the insurer for tender and the amount of any fees, commissions or other compensation to be paid to broker-dealers with regard thereto.]

ITEM 12. FINANCIAL STATEMENTS AND EXHIBITS

- [(a) Financial statements, exhibits, and three-year financial projections of the insurer(s) shall be attached to this statement as an appendix, but list under this item the financial statements and exhibits so attached.]
- [(b) The financial statements shall include the annual financial statements of the persons identified in Item 2(c) for the preceding five fiscal years (or for such lesser period as such applicant and its affiliates and any predecessors thereof shall have been in existence), and similar information covering the period from the end of such person's last fiscal year, if such information is available. The statements may be prepared on either an individual basis, or, unless the Director otherwise requires, on a consolidated basis if consolidated statements are prepared in the usual course of business.

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The annual financial statements of the applicant shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the applicant and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the applicant is an insurer which is actively engaged in the business of insurance, the financial statements need not be certified, provided they are based on the Annual Statement of the person filed with the insurance department of the person's domiciliary state and are in accordance with the requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of the state.]

- [(c) File as exhibits copies of all tender offers for, requests or invitations for, tenders of, exchange offers for, and agreements to acquire or exchange any voting securities of the insurer and (if distributed) of additional soliciting material relating thereto, any proposed employment, consultation, advisory or management contracts concerning the insurer, annual reports to the stockholders of the insurer and the applicant for the last two fiscal years, and any additional documents or papers required by Form A or Appendix G.)

ITEM 13. AGREEMENT REQUIREMENTS FOR ENTERPRISE RISK MANAGEMENT

Applicant agrees to provide, to the best of its knowledge and belief, the information required by Form F within fifteen (15) days after the end of the month in which the acquisition of control occurs.

ITEM 14. SIGNATURE AND CERTIFICATION

[Signature and certification required as follows:]

SIGNATURE

Pursuant to the requirements of A.R.S. § 20-481.02 _____ has caused this application to be duly signed on its behalf in the City of _____ and State of _____ on the _____ day of _____, 20____.

(SEAL)

Name of Applicant

BY _____
(Name)

(Title)

Attest:

(Signature of Officer)

(Title)

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached application dated _____, 20____, for and on behalf of _____; that (s)he is the _____
(Name of Applicant) (Title of Officer)

of such company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with the instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature)

(Type or print name beneath)

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

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Appendix B. Form B - Insurance Holding Company System Annual Registration Statement
INSURANCE HOLDING COMPANY SYSTEM ANNUAL REGISTRATION STATEMENT

Filed with the Insurance Department of the State of Arizona

By

[Name of Registrant]

On Behalf of Following Insurance Companies

Name

Address

_____	_____
_____	_____
_____	_____

Date: _____, 20____

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

ITEM 1. IDENTITY AND CONTROL OF REGISTRANT

[Furnish the exact name of each insurer registering or being registered (hereinafter called "the Registrant"), the federal identification number and the NAIC number of each, the home office address and principal executive offices of each; the date on which each Registrant became part of the insurance holding company system; and the method(s) by which control of each Registrant was acquired and is maintained.]

ITEM 2. ORGANIZATIONAL CHART

[Furnish a chart or listing clearly presenting the identities of and interrelationships among all affiliated persons within the insurance holding company system. The chart or listing should show the percentage of each class of voting securities of each affiliate which is owned, directly or indirectly, by another affiliate. If control of any person within the system is maintained other than by the ownership or control of voting securities, indicate the basis of control. As to each person specified in the chart or listing, indicate the type of organization (e.g., - corporation, trust, partnership) and the state or other jurisdiction of domicile.]

ITEM 3. THE ULTIMATE CONTROLLING PERSON

[As to the ultimate controlling person in the insurance holding company system furnish the following information:

- (a) Name;
- (b) Home office address;
- (c) Principal executive office address;
- (d) The organizational structure of the person, i.e., corporation, partnership, individual, trust, etc.;
- (e) The principal business of the person;
- (f) The name and address of any person who holds or owns 10% or more of any class of voting security, the class of such security, the number of shares held of record or known to be beneficially owned, and the percentage of class so held or owned; and
- (g) If court proceedings involving a reorganization or liquidation are pending, indicate the title and location of the court, the nature of proceedings and the date when commenced.]

ITEM 4. BIOGRAPHICAL INFORMATION

[If the ultimate controlling person is a corporation, an organization, a limited liability company, or other legal entity, furnish the following information for the directors and executive officers of the ultimate controlling person: the individual's name and address, his or her principal occupation and all offices and positions held during the past 5 years, and any conviction of crimes other than minor traffic violations. If the ultimate controlling person is an individual, furnish the individual's name and address, his

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or her principal occupation and all offices and positions held during the past 5 years, and any conviction of crimes other than minor traffic violations.]

ITEM 5. TRANSACTIONS AND AGREEMENTS

[Briefly describe the following agreements in force, and transactions currently outstanding or which have occurred during the last calendar year between the Registrant and its affiliates:

- (a) Loans, other investments, or purchases, sales or exchanges of securities of the affiliates by the Registrant or of the Registrant by its affiliates;
- (b) Purchases, sales or exchanges of assets;
- (c) Transactions not in the ordinary course of business;
- (d) Guarantees or undertakings for the benefit of an affiliate which result in an actual contingent exposure of the Registrant's assets to liability, other than insurance contracts entered into in the ordinary course of the Registrant's business;
- (e) All management agreements, service contracts and all cost-sharing arrangements;
- (f) Reinsurance agreements;
- (g) Dividends and other distributions to shareholders;
- (h) Consolidated tax allocation agreements; and
- (i) Any pledge of the Registrant's stock and/or of the stock of any subsidiary or controlling affiliate, for a loan made to any member of the insurance holding company system.

No information need be disclosed if such information is not material for purposes of A.R.S. § 20-481.09.

Sales, purchases, exchanges, loans or extensions of credit, investments or guarantees involving 1/2 of 1% or less of the Registrant's admitted assets as of the 31st day of December next preceding shall not be deemed material.

The description shall be in a manner as to permit the proper evaluation thereof by the Director and shall include at least the following: the nature and purpose of the transaction, the nature and amounts of any payments or transfers of assets between the parties, the identity of all parties to the transaction, and relationship of the affiliated parties to the Registrant.]

ITEM 6. LITIGATION OR ADMINISTRATIVE PROCEEDINGS

[A brief description of any litigation or administrative proceedings of the following types, either then pending or concluded within the preceding fiscal year, to which the ultimate controlling person or any of its directors or executive officers was a party or of which the property of any such person is or was the subject; give the names of the parties and the court or agency in which the litigation or proceeding is or was pending:

- (a) Criminal prosecutions or administrative proceedings by any government agency or authority which may be relevant to the trustworthiness of any party thereto; and
- (b) Proceedings which may have a material effect upon the solvency or capital structure of the ultimate holding company including, but not necessarily limited to, bankruptcy, receivership or other corporate reorganizations.]

ITEM 7.a. STATEMENT REGARDING PLAN OR SERIES OF TRANSACTIONS

[The insurer shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions, the purpose of which is to avoid statutory threshold amounts and the review that might otherwise occur.]

ITEM 7.b. STATEMENT REGARDING CORPORATE GOVERNANCE AND INTERNAL CONTROLS

[The insurer shall furnish a statement that the insurer's board of directors oversees corporate governance and internal controls of the insurer and that the insurer's officers or senior management have approved, implemented and maintain and monitor corporate governance and internal control procedures.]

ITEM 8. FINANCIAL STATEMENTS AND EXHIBITS

- [(a) Financial statements and exhibits shall be attached to this statement as an appendix, but list under this item the financial statements and exhibits so attached.
- (b) If the ultimate controlling person is a corporation, an organization, a limited liability company, or other legal entity, the financial statements shall include the annual financial statements of the ultimate controlling person in the insurance holding company system as of the end of the person's latest fiscal year.

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If at the time of the initial registration, the annual financial statements for the latest fiscal year are not available, annual statements for the previous fiscal year may be filed and similar financial information shall be filed for any subsequent period to the extent such information is available. Such financial statements may be prepared on either an individual basis; or, unless the Director otherwise requires, on a consolidated basis if consolidated statements are prepared in the usual course of business.

Other than with respect to the foregoing, such financial statement shall be filed in a standard form and format adopted by the National Association of Insurance Commissioners, unless an alternative form is accepted by the Director. Documentation and financial statements filed with the Securities and Exchange Commission or audited GAAP financial statements shall be deemed to be an appropriate form and format.

Unless the Director otherwise permits, the annual financial statements shall be accompanied by the certificate of an independent public accountant to the effect that the statements present fairly the financial position of the ultimate controlling person and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the ultimate controlling person is an insurer which is actively engaged in the business of insurance, the annual financial statements need not be certified, provided they are based on the Annual Statement of the insurer's domiciliary State and are in accordance with requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of that state.

Any ultimate controlling person who is an individual may file personal financial statements that are reviewed rather than audited by an independent public accountant. The review shall be conducted in accordance with standards for review of personal financial statements published in the Personal Financial Statements Guide by the American Institute of Certified Public Accountants. Personal financial statements shall be accompanied by the independent public accountant's Standard Review Report stating that the accountant is not aware of any material modifications that should be made to the financial statements in order for the statements to be in conformity with generally accepted accounting principles.

- (c) Exhibits shall include copies of the latest annual reports to shareholders of the ultimate controlling person and proxy material used by the ultimate controlling person; and any additional documents or papers required by Forms B and G.]

ITEM 9. FORM C REQUIRED

[A Form C, Summary of Registration Statement, must be prepared and filed with this Form B.]

ITEM 10. SIGNATURE AND CERTIFICATION

[Signature and certification required as follows:]

SIGNATURE

Pursuant to the requirements of A.R.S. § 20-481.09, Registrant _____ has caused this annual registration statement to be duly signed on its behalf in the City of _____ and State of _____ on the _____ day of _____, 20____.

(SEAL)

Name of Applicant

BY _____
(Name)

(Title)

Attest:

(Signature of Officer)

(Title)

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CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached application dated _____, 20____, for and on behalf of _____; that (s)he is the _____
(Name of Applicant) (Title of Officer)
of such company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with the instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature)

(Type or print name beneath)

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

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Appendix C. Form C - Summary of Registration Statement

SUMMARY OF CHANGES TO REGISTRATION STATEMENT

Filed with the Insurance Department of the State of Arizona

By

[Name of Registrant]

On Behalf of Following Insurance Companies

Name Address

Dated: _____, 20____

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

[Furnish a brief description of all items in the current annual registration statement which represent changes from the prior year's annual registration statement. The description shall be in a manner as to permit the proper evaluation thereof by the Director, and shall include specific references to Item numbers in the annual registration statement and to the terms contained therein.]

Changes occurring under Item 2 of Form B insofar as changes in the percentage of each class of voting securities held by each affiliate is concerned, need only be included where such changes are ones which result in ownership or holdings of 10% or more of voting securities, loss or transfer of control, or acquisition or loss of partnership interest.

Changes occurring under Item 4 of Form B need only be included where: an individual is, for the first time, made a director or executive officer of the ultimate controlling person; a director or executive officer terminates his or her responsibilities with the ultimate controlling person; or in the event an individual is named president of the ultimate controlling person.

If a transaction disclosed on the prior year's annual registration statement has been changed, the nature of such change shall be included. If a transaction disclosed on the prior year's annual registration statement has been effectuated, furnish the mode of completion and any flow of funds between affiliates resulting from the transaction.

The insurer shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions whose purpose it is to avoid statutory threshold amounts and the review that might otherwise occur.]

SIGNATURE AND CERTIFICATION

[Signature and certification required as follows:]

Pursuant to the requirements of A.R.S. § 20-481.09, Registrant _____ has caused this annual registration statement to be duly signed on its behalf in the City of _____ and State of _____ on the _____ day of _____, 20____.

(SEAL)

Name of Applicant

BY _____
(Name)_____
(Title)

Attest:

(Signature of Officer)_____
(Title)

CERTIFICATION

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The undersigned deposes and says that (s)he has duly executed the attached annual registration statement dated _____, 20____, for and on behalf of _____; that (s)he is the _____

(Name of Applicant)

(Title of Officer)

of such company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with the instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature)

(Type or print name beneath)

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

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Appendix D. Form D - Prior Notice of a Transaction

PRIOR NOTICE OF A TRANSACTION

Filed with the Insurance Department of the State of Arizona

By

[Name of Registrant]

On Behalf of Following Insurance Companies

Name Address

Dated: _____, 20____

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

ITEM 1. IDENTITY OF PARTIES TO TRANSACTION

[Furnish the following information for each of the parties to the transaction:

- (a) Name;
- (b) Home office address;
- (c) Principal executive office address;
- (d) The organizational structure, i.e. corporation, partnership, individual, trust, etc.;
- (e) A description of the nature of the parties' business operations;
- (f) Relationship, if any, of other parties to the transaction to the insurer filing the notice, including any ownership or debtor/creditor interest by any other parties to the transaction in the insurer seeking approval, or by the insurer filing the notice in the affiliated parties;
- (g) Where the transaction is with a non-affiliate, the name(s) of the affiliate(s) which will receive, in whole or in substantial part, the proceeds of the transaction.]

ITEM 2. DESCRIPTION OF THE TRANSACTION

[Furnish the following information for each transaction for which notice is being given:

- (a) A statement as to whether notice is being given under A.R.S. § 20-481.12(B);
- (b) A statement of the nature of the transaction;
- (c) If a notice for amendments or modifications, the reasons for the change and the financial impact on the domestic insurer;
- (d) A statement of how the transaction meets the "fair and reasonable" standard of A.R.S. § 20-481.12(A)(1); and
- (e) The proposed effective date of the transaction.]

ITEM 3. SALES, PURCHASES, EXCHANGES, LOANS, EXTENSIONS OF CREDIT, GUARANTEES OR INVESTMENTS

[Furnish a brief description of the amount and source of funds, securities, property or other consideration for the sale, purchase, exchange, loan, extension of credit, guarantee, or investment, whether any provision exists for purchase by the insurer filing notice, by any party to the transaction, or by any affiliate of the insurer filing notice, a description of the terms of any securities being received, if any, and a description of any other agreements relating to the transaction such as contracts or agreements for services, consulting agreements and the like. If the transaction involves other than cash, furnish a description of the consideration, its cost and its fair market value, together with an explanation of the basis for evaluation.

If the transaction involves a loan, extension of credit or a guarantee, furnish a description of the maximum amount which the insurer will be obligated to make available under such loan, extension of credit or guarantee, the date on which the credit or guarantee will terminate, and any provisions for the accrual of or deferral of interest.

If the transaction involves an investment, guarantee or other arrangement, state the time period during which the investment, guarantee or other arrangement will remain in effect, together with any provisions for extensions or renewals of such investments, guarantees or arrangements. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.

CHAPTER 6. DEPARTMENT OF INSURANCE

No notice need be given if the maximum amount which can at any time be outstanding or for which the insurer can be legally obligated under the loan, extension of credit or guarantee is less than (a) in the case of non-life insurers, the lesser of 3% of the insurer's admitted assets or 25% of surplus as regards policyholders, or (b) in the case of life insurers, 3% of the insurer's admitted assets, each as of the 31st day of December next preceding.]

ITEM 4. LOANS OR EXTENSIONS OF CREDIT TO A NON-AFFILIATE

[If the transaction involves a loan or extension of credit to any person who is not an affiliate, furnish a brief description of the agreement or understanding whereby the proceeds of the proposed transaction, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase the assets of, or to make investments in, any affiliate of the insurer making such loans or extensions of credit, and specify in what manner the proceeds are to be used to loan to, extend credit to, purchase assets of or make investments in any affiliate. Describe the amount and source of funds, securities, property or other consideration for the loan or extension of credit and, if the transaction is one involving consideration other than cash, a description of its cost and its fair market value together with an explanation of the basis for evaluation. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given if the loan or extension of credit is one which equals less than, in the case of non-life insurers, the lesser of 3% of the insurer's admitted assets or 25% of surplus as regards policyholders or, with respect to life insurers, 3% of the insurer's admitted assets, each as of the 31st day of December next preceding.]

ITEM 5. REINSURANCE

[If the transaction is a reinsurance agreement or modification thereto, as described by A.R.S. § 20-481.12(B)(3)(b), or a reinsurance pooling agreement or modification thereto as described by A.R.S. § 20-481.12(B)(3)(a), furnish a description of the known and/or estimated amount of liability to be ceded and/or assumed in each calendar year, the period of time during which the agreement will be in effect, and a statement whether an agreement or understanding exists between the insurer and non-affiliate to the effect that any portion of the assets constituting the consideration for the agreement will be transferred to one or more of the insurer's affiliates. Furnish a brief description of the consideration involved in the transaction, and a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given for reinsurance agreements or modifications thereto if the reinsurance premium or a change in the insurer's liabilities, or the projected reinsurance premium or change in the insurer's liabilities in any of the next three years, in connection with the reinsurance agreement or modification thereto is less than 5% of the insurer's surplus as regards policyholders, as of the 31st day of December next preceding. Notice shall be given for all reinsurance pooling agreements including modifications thereto.]

ITEM 6. MANAGEMENT AGREEMENTS, SERVICE AGREEMENTS AND COST-SHARING ARRANGEMENTS

[For management and service agreements, furnish:

- (a) A brief description of the managerial responsibilities, or services to be performed;
- (b) A brief description of the agreement, including a statement of its duration, together with brief descriptions of the basis for compensation and the terms under which payment or compensation is to be made.]

[For cost-sharing arrangements, furnish:

- (a) A brief description of the purpose of the agreement;
- (b) A description of the period of time during which the agreement is to be in effect;
- (c) A brief description of each party's expenses or costs covered by the agreement;
- (d) A brief description of the accounting basis to be used in calculating each party's costs under the agreement;]
- (e) A brief statement as to the effect of the transaction upon the insurer's policyholder surplus;
- (f) A statement regarding the cost allocation methods that specifies whether proposed charges are based on "cost or market." If market based, rationale for using market instead of cost, including justification for the company's determination that amounts are fair and reasonable; and
- (g) A statement regarding compliance with the NAIC Accounting Practices and Procedure Manual regarding expense allocation.]

ITEM 7. SIGNATURE AND CERTIFICATION

[Signature and certification required as follows:]

SIGNATURE

Pursuant to the requirements of A.R.S. § 20-481.09, _____ has caused this application to be duly signed on its behalf in the City of _____ and State of _____ on the _____ day of _____, 20____.

CHAPTER 6. DEPARTMENT OF INSURANCE

(SEAL)

By _____
Name of Applicant_____
(Title)

Attest:

(Signature of Officer)_____
(Title)**CERTIFICATION**

The undersigned deposes and says that (s)he has duly executed the attached application dated _____, 20____, for and on behalf of _____; that (s)he is the _____
(Name of Applicant) (Title of Officer)

of such company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with the instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature) _____

(Type or print name beneath) _____

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). Amended by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

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Appendix E. Form E - Pre-acquisition Notification Form Regarding the Potential Competitive Impact of a Proposed Merger or Acquisition by a Non-domiciliary Insurer Doing Business in this State or by a Domestic Insurer

**PRE-ACQUISITION NOTIFICATION FORM
REGARDING THE POTENTIAL COMPETITIVE IMPACT
OF A PROPOSED MERGER OR ACQUISITION BY A
NON-DOMICILIARY INSURER DOING BUSINESS IN THIS
STATE OR BY A DOMESTIC INSURER**

Name of Applicant

Name of Other Person Involved in Merger or Acquisition

Filed with the Arizona Department of Insurance

Dated: _____, 20____

Name, title, address and telephone number of person completing this statement:

ITEM 1. NAME AND ADDRESS

[State the name and addresses of the persons who hereby provide notice of their involvement in a pending acquisition or change in corporate control.]

ITEM 2. NAME AND ADDRESSES OF AFFILIATED COMPANIES

[State the names and addresses of the persons affiliated with those listed in Item 1. Describe their affiliations.]

ITEM 3. NATURE AND PURPOSE OF THE PROPOSED MERGER OR ACQUISITION

[State the nature and purpose of the proposed merger or acquisition.]

ITEM 4. NATURE OF BUSINESS

[State the nature of the business performed by each of the persons identified in response to Item 1 and Item 2.]

ITEM 5. MARKET AND MARKET SHARE

[State specifically what market and market share in each relevant insurance market the persons identified in Item 1 and Item 2 currently enjoy in this state. Provide historical market and market share data for each person identified in Item 1 and Item 2 for the past five years and identify the source of such data. Provide a determination as to whether the proposed acquisition or merger, if consummated, would violate the competitive standards of the state as stated in A.R.S. § 20-481.25(D). If the proposed acquisition or merger would violate competitive standards, provide justification of why the acquisition or merger would not substantially lessen competition or create a monopoly in the state.]

For purposes of this question, market means direct written insurance premium in this state for a line of business as contained in the annual statement required to be filed by insurers licensed to do business in this state.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). Appendix E. *Instructions on Forms*, renumbered to Appendix G; new Appendix E. Form E made by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

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Appendix F. Form F - Enterprise Risk Report

ENTERPRISE RISK REPORT

Filed with the Arizona Department of Insurance

Name of Registrant/Applicant

On Behalf of/Related to Following Insurance Companies

Name Address

Dated: _____, 20____

Name, Title, Address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should be Addressed:

_____**ITEM 1. ENTERPRISE RISK**

[The Registrant/Applicant, to the best of its knowledge and belief, shall provide information regarding the following areas that could produce enterprise risk as defined in A.R.S. § 20-481(4), provided such information is not disclosed in the Insurance Holding Company System Annual Registration Statement filed on behalf of itself or another insurer for which it is the ultimate controlling person:

Any material developments regarding strategy, internal audit findings, compliance or risk management affecting the insurance holding company system;

Acquisition or disposal of insurance entities and reallocating of existing financial or insurance entities with the insurance holding company system;

Any changes of shareholders of the insurance holding company system exceeding ten percent (10%) or more of voting securities;

Developments in various investigations, regulatory activities or litigation that may have a significant bearing or impact on the insurance holding company system'

Business plan of the insurance holding company system and summarized strategies for next 12 months;

Identification of material concerns of the insurance holding company system raised by supervisory college, if any, in last year;

Identification of insurance holding company system capital resources and material distribution patterns;

Identification of any negative movement, or discussions with rating agencies which may have caused, or may cause, potential negative movement in the credit ratings and individual insurer financial strength ratings assessment of the insurance holding company system (include both the rating score and outlook);

Information on corporate or parental guarantees throughout the holding company and the expected source of liquidity should such guarantees be called upon; and

Identification of any material activity or development of the insurance holding company system that, in the opinion of senior management, could adversely affect the insurance holding company system.

[The Registrant/Applicant may attach the appropriate form most recently filed with the U.S. Securities and Exchange Commission, provided the Registrant/Applicant includes specific references to those areas listed in Item 1 for which the form provides responsive information. If the Registrant/Applicant is not domiciled in the U.S., it may attach its most recent public audited financial statement filed in its country of domicile, provided the Registrant/Applicant includes specific references to those areas listed in Item 1 for which the financial statement provides responsive information.]

ITEM 2. OBLIGATION TO REPORT

[If the Registrant/Applicant has not disclosed any information pursuant to Item 1, the Registrant/Applicant shall include a statement affirming that, to the best of its knowledge and belief, it has not identified enterprise risk subject to disclosure pursuant to Item 1.]

Historical Note

Appendix F, Form F made by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

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Appendix G. Instructions on Forms A, B, C, D, E and F

INSTRUCTIONS ON FORMS A, B, C, D, E AND F**FORMS - GENERAL REQUIREMENTS**

Forms A, B, C, D, E and F are intended to be guides in the preparation of the statements required by A.R.S. §§ 20-481.02, 20-481.09, 20-481.12 and 20-481.25. They are not intended to be blank forms which are to be filled in. The statements filed shall contain the numbers and captions of all items, but the text of the items may be omitted provided the answers thereto are prepared in such a manner as to indicate clearly the scope and coverage of the items. All instructions, whether appearing under the items of the form or elsewhere therein, are to be omitted. Unless expressly provided otherwise, if any item is inapplicable or the answer thereto is in the negative, an appropriate statement to that effect shall be made.

One original paper statement excluding exhibits, and all other papers and documents shall be filed with the Director. The statement shall be signed in the manner prescribed on the form. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of such power of attorney or other authority shall also be filed with the statement. All paper filings shall be by personal delivery or mail addressed to: Arizona Department of Insurance, Financial Affairs Division.

In addition to the filed paper statement, a copy of the statement, including exhibits, and all other papers and documents filed as a part thereof, shall be filed electronically.

All filed documents shall be easily readable and suitable for review and reproduction. Debits in credit categories and credits in debit categories shall be designated so as to be clearly distinguishable as such on photocopies. Statements shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper or document filed with the statement is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency normally shall be converted into United States currency.

If an applicant requests a hearing on a consolidated basis under A.R.S. § 20-481.07, in addition to filing the Form A with the Director, the applicant shall file a copy of Form A with the National Association of Insurance Commissioners (NAIC) in electronic form.

FORMS - INCORPORATION BY REFERENCE, SUMMARIES AND OMISSIONS

Information required by any item of Form A, Form B, Form D, Form E or Form F may be incorporated by reference in answer or partial answer to any other item. Information contained in any financial statement, annual report, proxy statement, statement filed with a governmental authority, or any other document may be incorporated by reference in answer or partial answer to any item of Form A, Form B, Form D, Form E or Form F provided the document is filed as an exhibit to the statement. Excerpts of documents may be filed as exhibits if the documents are extensive. Documents currently on file with the Director which were filed within three years need not be attached as exhibits. References to information contained in exhibits or in documents already on file shall clearly identify the material and shall specifically indicate that such material is to be incorporated by reference in answer to the item. Matter shall not be incorporated by reference in any case where such incorporation would render the statement incomplete, unclear or confusing.

Where an item requires a summary or outline of the provisions of any document, only a brief statement shall be made as to the pertinent provisions of the document. In addition to the statement, the summary or outline may incorporate by reference particular parts of any exhibit or document currently on file with the Director which was filed within three years and may be qualified in its entirety by such reference. In any case where two or more documents required to be filed as exhibits are substantially identical in all material respects except as to the parties thereto, the dates of execution, or other details, a copy of only one of the documents need be filed with a schedule identifying the omitted documents and setting forth the material details in which the documents differ from the documents, a copy of which is filed.

FORMS - INFORMATION UNKNOWN OR UNAVAILABLE AND EXTENSION OF TIME TO FURNISH

If it is impractical to furnish any required information, document or report at the time it is required to be filed, there may be filed with the Director as a separate document:

- (1) Identifying the information, document or report in question;
- (2) Stating why the filing thereof at the time required is impractical; and
- (3) Requesting an extension of time for filing the information, document or report to a specified date. The request for extension shall be deemed granted unless the Director within 60 days after receipt thereof enters an order denying the request.

FORMS - ADDITIONAL INFORMATION AND EXHIBITS

In addition to the information expressly required to be included in Form A, Form B, Form C, Form D, Form E and Form F, the Director may request such further information, if any, as may be necessary to make the information contained therein not misleading. The person filing may also file such exhibits as it may desire in addition to those expressly required by the forms. The exhibits shall be so marked as to indicate clearly the subject matters to which they refer. Changes to Forms A, B, C, D, E or F shall include on the top of the cover page the phrase: "Change No. (insert number) to" and shall indicate the date of the change and not the date of the original filing.

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Historical Note

Appendix G. *Instructions on Forms*, renumbered from Appendix E. *Instructions on Forms*, with heading amended to include new Appendix F, by exempt rulemaking at 21 A.A.R. 54, effective February 14, 2015 (Supp. 14-4).

ARTICLE 15. RESERVED**ARTICLE 16. CREDIT FOR REINSURANCE****R20-6-1601. Credit for Reinsurance – Reinsurer Licensed in Arizona**

Pursuant to A.R.S. § 20-261.05(B), the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that was licensed in Arizona as of any date on which statutory financial statement credit for reinsurance is claimed.

Historical Note

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1601 recodified from R4-14-1601 (Supp. 95-1).
Amended effective October 9, 1998 (Supp. 98-4).
Amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

R20-6-1602. Credit for Reinsurance – Accredited Reinsurers

- A. Pursuant to A.R.S. § 20-261.05(C), the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that is accredited as a reinsurer in Arizona as of the date on which statutory financial statement credit for reinsurance is claimed.
- B. An accredited reinsurer must:
 1. File a properly executed Form AR-1, attached as Appendix A to this Article, as evidence of its submission to the Director's jurisdiction and to the Director's authority to examine its books and records;
 2. File with the Director a certified copy of a certificate of authority or other acceptable evidence that it is licensed to transact insurance or reinsurance in at least one state, or, in the case of a U.S. branch of an alien assuming insurer, is entered through and licensed to transact insurance or reinsurance in at least one state;
 3. File annually with the Director a copy of its annual statement filed with the insurance department of its state of domicile or, in the case of an alien assuming insurer, with the state through which it is entered and in which it is licensed to transact insurance or reinsurance, and a copy of its most recent audited financial statement; and
 4. Maintain a surplus as regards policyholders in an amount not less than \$20 million, or obtain the affirmative approval of the Director upon a finding that it has adequate financial capacity to meet its reinsurance obligations and is otherwise qualified to assume reinsurance from domestic insurers.
- C. If the Director determines that the assuming insurer has failed to meet or maintain any of these qualifications, the Director may upon written notice and opportunity for hearing, suspend or revoke the accreditation. Credit shall not be allowed a domestic ceding insurer under this Section if the assuming insurer's accreditation has been revoked by the Director, or if the reinsurance was ceded while the assuming insurer's accreditation was under suspension by the Director.

Historical Note

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1602 recodified from R4-14-1602 (Supp. 95-1). R20-6-1602 renumbered to R20-6-1607; new Section made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

R20-6-1603. Credit for Reinsurance – Reinsurer Domiciled in Another State

- A. Pursuant to A.R.S. § 20-261.05(D), the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that as of any date on which statutory financial credit for reinsurance is claimed:
 1. Is domiciled in (or, in the case of a U.S. branch of an alien assuming insurer, is entered through) a state that employs standards regarding credit for reinsurance substantially similar to those applicable under A.R.S. §§ 20-261.01 through 20-261.08 and this Article;
 2. Maintains a surplus as regards policyholders in an amount not less than \$20 million; and
 3. Files a properly executed Form AR-1 (Exhibit A) with the Director as evidence of the submission to the Director's authority to examine its books and records.
- B. The provisions of this Section relating to surplus as regards policyholders shall not apply to reinsurance ceded and assumed pursuant to pooling arrangements among insurers in the same holding company system. As used in this Section, "substantially similar" standards means credit for reinsurance standards that the Director determines equal or exceed the standards of A.R.S. §§ 20-261.01 through 20-261.08 and this Article.

Historical Note

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1603 recodified from R4-14-1603 (Supp. 95-1). R20-6-1603 renumbered to R20-6-1608; new Section made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

R20-6-1604. Credit for Reinsurance – Reinsurers Maintaining Trust Funds

- A. Pursuant to A.R.S. § 20-261.05(E), the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer which, as of any date on which statutory financial statement credit for reinsurance is claimed, and thereafter for so long as credit for reinsurance is claimed, maintains a trust fund in an amount prescribed below in a qualified U.S. financial institution as defined in A.R.S. § 20-261.03, for the payment of the valid claims of its U.S. domiciled ceding insurers, their assigns and successors in interest. The assuming insurer shall report annually to the Director substantially the same information as that required to be reported on the National Association of Insurance Commissioners (NAIC) annual statement form by licensed insurers, to enable the Director to determine the sufficiency of the trust fund.
- B. The following requirements apply to the following categories of assuming insurer:
 1. The trust fund for a single assuming insurer shall consist of funds in trust in an amount not less than the assuming insurer's liabilities attributable to reinsurance ceded by U.S. domiciled insurers, and in addition, the assuming insurer shall maintain a trustee surplus of not less than \$20 million, except as provided in subsection (B)(2) of this Section.
 2. At any time after the assuming insurer has permanently discontinued underwriting new business secured by the trust for at least three full years, the commissioner with principal regulatory oversight of the trust may authorize a reduction in the required trustee surplus, but only after a finding, based on an assessment of the risk, that the new required surplus level is adequate for the protection of

CHAPTER 6. DEPARTMENT OF INSURANCE

- U.S. ceding insurers, policyholders and claimants in light of reasonably foreseeable adverse loss development. The risk assessment may involve an actuarial review, including an independent analysis of reserves and cash flows, and shall consider all material risk factors, including when applicable the lines of business involved, the stability of the incurred loss estimates and the effect of the surplus requirements on the assuming insurer's liquidity or solvency. The minimum required trusted surplus may not be reduced to an amount less than 30% of the assuming insurer's liabilities, attributable to reinsurance ceded by U.S. ceding insurers covered by the trust.
3. The trust fund for a group including incorporated and individual unincorporated underwriters:
 - a. Shall consist of:
 - i. For reinsurance ceded under reinsurance agreements with an inception, amendment or renewal date on or after January 1, 1993, funds in trust in an amount not less than the respective underwriters' several liabilities attributable to business ceded by U.S. domiciled ceding insurers to any underwriter of the group;
 - ii. For reinsurance ceded under reinsurance agreements with an inception date on or before December 31, 1992, and not amended or renewed after that date, notwithstanding the other provisions of this Article, funds in trust in an amount not less than the respective underwriters' several insurance and reinsurance liabilities attributable to business written in the United States; and
 - iii. In addition to these trusts, the group shall maintain a trusted surplus of which \$100 million shall be held jointly for the benefit of the U.S. domiciled ceding insurers of any member of the group for all the years of account.
 - b. The incorporated members of the group shall not be engaged in any business other than underwriting as a member of the group and shall be subject to the same level of regulation and solvency control by the group's domiciliary regulator as are the unincorporated members. The group shall, within ninety days after its financial statements are due to be filed with the group's domiciliary regulator, provide to the Director:
 - i. An annual certification by the group's domiciliary regulator of the solvency of each underwriter member of the group; or
 - ii. If a certification is unavailable, a financial statement, prepared by independent public accountants, of each underwriter member of the group.
 4. The trust fund for a group of incorporated insurers under common administration, whose members possess aggregate policyholders surplus of \$10 billion (calculated and reported in substantially the same manner as prescribed by the annual statement instructions and Accounting Practices and Procedures Manual of the NAIC) and which has continuously transacted an insurance business outside the United States for at least three years immediately prior to making application for accreditation, shall:
 - a. Consist of funds in trust in an amount no less than the assuming insurers' several liabilities attributable to business ceded by U.S. domiciled ceding insurers to any members of the group pursuant to reinsurance contracts issued in the name of such group;
 - b. Maintain a joint trusted surplus of which \$100 million shall be held jointly for the benefit of U.S. domiciled ceding insurers of any member of the group; and
 - c. File a properly executed Form AR-1 (Exhibit A) as evidence of the submission to the Director's authority to examine the books and records of any of its members and shall certify that any member examined will bear the expense of any such examination.
 - d. Within ninety days after the statements are due to be filed with the group's domiciliary regulator, the group shall file with the Director an annual certification of each underwriter member's solvency by the member's domiciliary regulators, and financial statements, prepared by independent public accountants, of each underwriter member of the group.
 - C. Credit for reinsurance shall not be granted unless the form of the trust and any amendments to the trust have been approved by either the commissioner of the state where the trust is domiciled or the commissioner of another state who, pursuant to the terms of the trust instrument, has accepted responsibility for regulatory oversight of the trust. The form of the trust and any trust amendments also shall be filed with the commissioner of every state in which the ceding insurer beneficiaries of the trust are domiciled.
 1. The trust instrument shall provide that:
 - a. Contested claims shall be valid and enforceable out of funds in trust to the extent remaining unsatisfied thirty days after entry of the final order of any court of competent jurisdiction in the United States;
 - b. Legal title to the assets of the trust shall be vested in the trustee for the benefit of the grantor's U.S. ceding insurers, their assigns and successors in interest;
 - c. The trust shall be subject to examination as determined by the commissioner;
 - d. The trust shall remain in effect for as long as the assuming insurer, or any member or former member of a group of insurers, shall have outstanding obligations under reinsurance agreements subject to the trust; and
 - e. No later than February 28 of each year the trustee of the trust shall report to the commissioner in writing setting forth the balance in the trust and listing the trust's investments at the preceding year-end, and shall certify the date of termination of the trust, if so planned, or certify that the trust shall not expire prior to the following December 31.
 2. Notwithstanding any other provisions in the trust instrument:
 - a. If the trust fund is inadequate because it contains an amount less than the amount required by this Section or if the grantor of the trust has been declared insolvent or placed into receivership, rehabilitation, liquidation or similar proceedings under the laws of its state or country of domicile, the trustee shall comply with an order of the commissioner with regulatory oversight over the trust or with an order of a court of competent jurisdiction directing the trustee to transfer to the commissioner with regulatory oversight over the trust or other designated receiver all of the assets of the trust fund.
 - b. The assets shall be distributed by and claims shall be filed with and valued by the commissioner with regulatory oversight over the trust in accordance with

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the laws of the state in which the trust is domiciled applicable to the liquidation of domestic insurance companies.

- c. If the commissioner with regulatory oversight over the trust determines that the assets of the trust fund or any part thereof are not necessary to satisfy the claims of the U.S. beneficiaries of the trust, the commissioner with regulatory oversight over the trust shall return the assets, or any part thereof, to the trustee for distribution in accordance with the trust agreement.
 - d. The grantor shall waive any right otherwise available to it under U.S. law that is inconsistent with this provision.
- D.** For purposes of this Section, the term “liabilities” shall mean the assuming insurer’s gross liabilities attributable to reinsurance ceded by U.S. domiciled insurers excluding liabilities that are otherwise secured by acceptable means, and, shall include:
1. For business ceded by domestic insurers authorized to write accident and health, and property and casualty insurance:
 - a. Losses and allocated loss expenses paid by the ceding insurer, recoverable from the assuming insurer;
 - b. Reserves for losses reported and outstanding;
 - c. Reserves for losses incurred but not reported;
 - d. Reserves for allocated loss expenses; and
 - e. Unearned premiums.
 2. For business ceded by domestic insurers authorized to write life, health and annuity insurance:
 - a. Aggregate reserves for life policies and contracts net of policy loans and net due and deferred premiums;
 - b. Aggregate reserves for accident and health policies;
 - c. Deposit funds and other liabilities without life or disability contingencies; and
 - d. Liabilities for policy and contract claims.
- E.** Assets deposited in trusts established pursuant to A.R.S. § 20-261.05 and this Section shall be valued according to their current fair market value and shall consist only of cash in U.S. dollars, certificates of deposit issued by a U.S. financial institution as defined in A.R.S. § 20-261.03, clean, irrevocable, unconditional and “evergreen” letters of credit issued or confirmed by a qualified U.S. financial institution as defined in A.R.S. § 20-261.03, and investments of the type specified in this subsection (E), but investments in or issued by an entity controlling, controlled by or under common control with either the grantor or beneficiary of the trust shall not exceed 5% of total investments. No more than 20% of the total of the investments in the trust may be foreign investments authorized under subsections (E)(1)(c), (E)(3), (E)(6)(b) or (E)(7) of this Section, and no more than 10% of the total of the investments in the trust may be securities denominated in foreign currencies. For purposes of applying the preceding sentence, a depository receipt denominated in U.S. dollars and representing rights conferred by a foreign security shall be classified as a foreign investment denominated in a foreign currency. The assets of a trust established to satisfy the requirements of A.R.S. § 261.05 shall be invested only as follows:
1. Government obligations that are not in default as to principal or interest, that are valid and legally authorized and that are issued, assumed or guaranteed by:
 - a. The United States or by any agency or instrumentality of the United States;
 - b. A state of the United States;
 - c. A territory, possession or other governmental unit of the United States;
 - d. An agency or instrumentality of a governmental unit referred to in subsections (E)(1)(b) and (E)(1)(c) of this Section if the obligations shall be by law (statutory or otherwise) payable, as to both principal and interest, from taxes levied or by law required to be levied or from adequate special revenues pledged or otherwise appropriated or by law required to be provided for making these payments, but shall not be obligations eligible for investment under this subsection (E)(1)(d) if payable solely out of special assessments on properties benefited by local improvements; or
 - e. The government of any other country that is a member of the Organization for Economic Cooperation and Development and whose government obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC;
 2. Obligations that are issued in the United States, or that are dollar denominated and issued in a non-U.S. market, by a solvent U.S. institution (other than an insurance company) or that are assumed or guaranteed by a solvent U.S. institution (other than an insurance company) and that are not in default as to principal or interest if the obligations:
 - a. Are rated A or higher (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC, or if not so rated, are similar in structure and other material respects to other obligations of the same institution that are so rated;
 - b. Are insured by at least one authorized insurer (other than the investing insurer or a parent, subsidiary or affiliate of the investing insurer) licensed to insure obligations in Arizona and, after considering the insurance, are rated AAA (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC; or
 - c. Have been designated as Class One or Class Two by the Securities Valuation Office of the NAIC;
 3. Obligations issued, assumed or guaranteed by a solvent non-U.S. institution chartered in a country that is a member of the Organization for Economic Cooperation and Development or obligations of U.S. corporations issued in a non-U.S. currency, provided that in either case the obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC;
 4. An investment made pursuant to the provisions of subsections (E)(1), (E)(2) or (E)(3) of this Section shall be subject to the following additional limitations:
 - a. An investment in or loan upon the obligations of an institution other than an institution that issues mortgage-related securities shall not exceed 5% of the assets of the trust;
 - b. An investment in any one mortgage-related security shall not exceed 5% of the assets of the trust;
 - c. The aggregate total investment in mortgage-related securities shall not exceed 25% of the assets of the trust; and
 - d. Preferred or guaranteed shares issued or guaranteed by a solvent U.S. institution are permissible investments if all of the institution’s obligations are eligible as investments under subsections (E)(2)(a) and (E)(2)(c) of this Section, but shall not exceed 2% of the assets of the trust.

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5. As used in this Section:
 - a. "Mortgage-related security" means an obligation that is rated AA or higher (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC and that either:
 - i. Represents ownership of one or more promissory notes or certificates of interest or participation in the notes (including any rights designed to assure servicing of, or the receipt or timeliness of receipt by the holders of the notes, certificates, or participation of amounts payable under, the notes, certificates or participation), that: (1) Are directly secured by a first lien on a single parcel of real estate, including stock allocated to a dwelling unit in a residential cooperative housing corporation, upon which is located a dwelling or mixed residential and commercial structure, or on a residential manufactured home as defined in 42 U.S.C.A. 5402(6), whether the manufactured home is considered real or personal property under the laws of the state in which it is located; and (2) Were originated by a savings and loan association, savings bank, commercial bank, credit union, insurance company, or similar institution that is supervised and examined by a federal or state housing authority, or by a mortgagee approved by the Secretary of Housing and Urban Development pursuant to 12 U.S.C.A. 1709 and 1715-b, or, where the notes involve a lien on the manufactured home, by an institution or by a financial institution approved for insurance by the Secretary of Housing and Urban Development pursuant to 12 U.S.C.A. 1703; or
 - ii. Is secured by one or more promissory notes or certificates of deposit or participations in the notes (with or without recourse to the insurer of the notes) and, by its terms, provides for payments of principal in relation to payments, or reasonable projections of payments, or notes meeting the requirements of subsection (E)(5)(a)(i) of this Section;
 - b. "Promissory note," when used in connection with a manufactured home, shall also include a loan, advance or credit sale as evidenced by a retail installment sales contract or other instrument.
6. Equity interests.
 - a. Investments in common shares or partnership interests of a solvent U.S. institution are permissible if:
 - i. Its obligations and preferred shares, if any, are eligible as investments under this Section; and
 - ii. The equity interests of the institution (except an insurance company) are registered on a national securities exchange as provided in the Securities Exchange Act of 1934, 15 U.S.C. 78a - 78kk or otherwise registered pursuant to that Act, and if otherwise registered, price quotations for them are furnished through a nationwide automated quotations system approved by the Financial Industry Regulatory Authority, or successor organization. A trust shall not invest in equity interests under this Section an amount exceeding 1% of the assets of the trust even though the equity interests are not so registered and are not issued by an insurance company;
 - b. Investments in common shares of a solvent institution organized under the laws of a country that is a member of the Organization for Economic Cooperation and Development, if:
 - i. All its obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC; and
 - ii. The equity interests of the institution are registered on a securities exchange regulated by the government of a country that is a member of the Organization for Economic Cooperation and Development;
 - c. An investment in or loan upon any one institution's outstanding equity interests shall not exceed 1% of the assets of the trust. The cost of an investment in equity interests made pursuant to this subsection (E)(6), when added to the aggregate cost of other investments in equity interests then held pursuant to this subsection (E)(6), shall not exceed 10% of the assets in the trust;
7. Obligations issued, assumed or guaranteed by a multinational development bank, provided the obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC.
8. Investment companies
 - a. Securities of an investment company registered pursuant to the Investment Company Act of 1940, 15 U.S.C. 80a, are permissible investments if the investment company:
 - i. Invests at least 90% of its assets in the types of securities that qualify as an investment under subsection (E)(1), (E)(2) or (E)(3) of this Section or invests in securities that are determined by the Director to be substantively similar to the types of securities set forth in subsection (E)(1), (E)(2) or (E)(3) of this Section; or
 - ii. Invests at least 90% of its assets in the types of equity interests that qualify as an investment under subsection (E)(6)(a) of this Section;
 - b. Investments made by a trust in investment companies under this subsection (E)(8) shall not exceed the following limitations:
 - i. An investment in an investment company qualifying under subsection (E)(8)(a)(i) of this Section shall not exceed 10% of the assets in the trust and the aggregate amount of investment in qualifying investment companies shall not exceed 25% of the assets in the trust, and
 - ii. Investments in an investment company qualifying under subsection (E)(8)(a)(ii) of this Section shall not exceed 5% of the assets in the trust and the aggregate amount of investment in qualifying investment companies shall be included when calculating the permissible aggregate value of equity interests pursuant to subsection (E)(6)(a) of this Section.
9. Letters of Credit
 - a. In order for a letter of credit to qualify as an asset of the trust, the trustee shall have the right and the obligation pursuant to the deed of trust or some other binding agreement (as duly approved by the Director), to immediately draw down the full amount of the letter of credit and hold the proceeds in trust for

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- the beneficiaries of the trust if the letter of credit will otherwise expire without being renewed or replaced.
- b. The trust agreement shall provide that the trustee shall be liable for its negligence, willful misconduct or lack of good faith. The failure of the trustee to draw against the letter of credit in circumstances where such draw would be required shall be deemed to be negligence and/or willful misconduct.

- F. A specific security provided to a ceding insurer by an assuming insurer pursuant to Section R20-6-1606 shall be applied, until exhausted, to the payment of liabilities of the assuming insurer to the ceding insurer holding the specific security prior to, and as a condition precedent for, presentation of a claim by the ceding insurer for payment by a trustee of a trust established by the assuming insurer pursuant to this Section.

Historical Note

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1604 recodified from R4-14-1604 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4). R20-6-1604 renumbered to R20-6-1609; new Section made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

R20-6-1605. Credit for Reinsurance – Certified Reinsurers

- A. Pursuant to A.R.S. §§ 20-261.05(F), (G) and (H), the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that has been certified as a reinsurer in Arizona at all times for which statutory financial statement credit for reinsurance is claimed under this Section. The credit allowed shall be based upon the security held by or on behalf of the ceding insurer in accordance with a rating assigned to the certified reinsurer by the Director. The security shall be in a form consistent with the provisions of A.R.S. §§ 20-261.05(F), (G) and (H), 20-261.06 and Sections R20-6-1608, R20-6-1609 or R20-6-1610. The amount of security required in order for full credit to be allowed shall correspond with the following requirements:

1.

Ratings	Security Required
Secure-1	0%
Secure-2	10%
Secure-3	20%
Secure-4	50%
Secure-5	75%
Vulnerable-6	100%
2. Affiliated reinsurance transactions shall receive the same opportunity for reduced security requirements as all other reinsurance transactions.
3. The Director shall require the certified reinsurer to post 100%, for the benefit of the ceding insurer or its estate, security upon the entry of an order of rehabilitation, liquidation or conservation against the ceding insurer.
4. In order to facilitate the prompt payment of claims, a certified reinsurer shall not be required to post security for catastrophe recoverables for a period of one year from the date of the first instance of a liability reserve entry by the ceding company as a result of a loss from a catastrophic occurrence as recognized by the Director. The one year deferral period is contingent upon the certified reinsurer continuing to pay claims in a timely manner. Reinsurance recoverables for only the following lines of business as reported on the NAIC annual financial statement related specifically to the catastrophic occurrence will be included in the deferral:
 - a. Line 1: Fire
 - b. Line 2: Allied Lines
 - c. Line 3: Farmowners multiple peril

- d. Line 4: Homeowners multiple peril
- e. Line 5: Commercial multiple peril
- f. Line 9: Inland Marine
- g. Line 12: Earthquake
- h. Line 21: Auto physical damage

5. Credit for reinsurance under this Section shall apply only to reinsurance contracts entered into or renewed on or after the effective date of the certification of the assuming insurer. Any reinsurance contract entered into prior to the effective date of the certification of the assuming insurer that is subsequently amended after the effective date of the certification of the assuming insurer, or a new reinsurance contract, covering any risk for which collateral was provided previously, shall only be subject to this Section with respect to losses incurred and reserves reported from and after the effective date of the amendment or new contract.
6. Nothing in this Section shall prohibit the parties to a reinsurance agreement from agreeing to provisions establishing security requirements that exceed the minimum security requirements established for certified reinsurers under this Section.

B. Certification Procedure

1. The Director shall post notice on the insurance department's website promptly upon receipt of any application for certification, including instructions on how members of the public may respond to the application. The Director may not take final action on the application until at least thirty days after posting the notice required by this subsection (B)(1).
2. The Director shall issue written notice to an assuming insurer that has made application and been approved as a certified reinsurer. Included in such notice shall be the rating assigned the certified reinsurer in accordance with subsection A of this Section. The Director shall publish a list of all certified reinsurers and their ratings.
3. In order to be eligible for certification, the assuming insurer shall meet the following requirements:
 - a. The assuming insurer must be domiciled and licensed to transact insurance or reinsurance in a Qualified Jurisdiction, as determined by the Director pursuant to subsection C of this Section.
 - b. The assuming insurer must maintain capital and surplus, or its equivalent, of no less than \$250 million calculated in accordance with subsection (B)(4)(h) of this Section. This requirement may also be satisfied by an association including incorporated and individual unincorporated underwriters having minimum capital and surplus equivalents (net of liabilities) of at least \$250 million and a central fund containing a balance of at least \$250 million.
 - c. The assuming insurer must maintain financial strength ratings from two or more rating agencies deemed acceptable by the Director. These ratings shall be based on interactive communication between the rating agency and the assuming insurer and shall not be based solely on publicly available information. These financial strength ratings will be one factor used by the Director in determining the rating that is assigned to the assuming insurer. Acceptable rating agencies include the following:
 - i. Standard & Poor's;
 - ii. Moody's Investors Service;
 - iii. Fitch Ratings;
 - iv. A.M. Best Company; or

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- v. Any other Nationally Recognized Statistical Rating Organization.
- d. The certified reinsurer must comply with any other requirements reasonably imposed by the Director.
- 4. Each certified reinsurer shall be rated on a legal entity basis, with due consideration being given to the group rating where appropriate, except that an association including incorporated and individual unincorporated underwriters that has been approved to do business as a single certified reinsurer may be evaluated on the basis of its group rating. Factors that may be considered as part of the evaluation process include, but are not limited to, the following:
 - a. The certified reinsurer's financial strength rating from an acceptable rating agency. The maximum rating that a certified reinsurer may be assigned will correspond to its financial strength rating as outlined in the table below. The Director shall use the lowest financial strength rating received from an approved rating agency in establishing the maximum rating of a certified reinsurer. A failure to obtain or maintain at least two financial strength ratings from acceptable rating agencies will result in loss of eligibility for certification:

Rat-ings	Best	S&P	Moody's	Fitch
Secure – 1	A++	AAA	Aaa	AAA
Secure – 2	A+	AA+, AA, AA-	Aa1, Aa2, Aa3	AA+, AA, AA-
Secure – 3	A	A+, A	A1, A2	A+, A
Secure – 4	A-	A-	A3	A-
Secure – 5	B++, B+	BBB+, BBB, BBB-	Baa1, Baa2, Baa3	BBB+, BBB, BBB-
Vulner-able – 6	B, B-C++, C+, C, C-, D, E, F	BB+, BB, BB-, B+, B, B-, CCC, CC, C, D, R	Ba1, Ba2, Ba3, B1, B2, B3, Caa, Ca, C	BB+, BB, BB-, B+, B, B-, CCC+, CC, CCC-, DD

- b. The business practices of the certified reinsurer in dealing with its ceding insurers, including its record of compliance with reinsurance contractual terms and obligations;
- c. For certified reinsurers domiciled in the U.S., a review of the most recent applicable NAIC Annual Statement Blank, either Schedule F (for property/casualty reinsurers) or Schedule S (for life and health reinsurers);
- d. For certified reinsurers not domiciled in the U.S., a review annually of Form CR-F (instructions attached as Exhibit C) (for property/casualty reinsurers) or Form CR-S (instructions attached as Exhibit D) (for life and health reinsurers);
- e. The reputation of the certified reinsurer for prompt payment of claims under reinsurance agreements, based on an analysis of ceding insurers' Schedule F reporting of overdue reinsurance recoverables,

- including the proportion of obligations that are more than ninety days past due or are in dispute, with specific attention given to obligations payable to companies that are in administrative supervision or receivership;
- f. Regulatory actions against the certified reinsurer;
- g. The report of the independent auditor on the financial statements of the insurance enterprise, on the basis described in subsection (B)(4)(h) below;
- h. For certified reinsurers not domiciled in the U.S., audited financial statements (audited U.S. GAAP basis if available, audited IFRS basis statements are allowed but must include an audited footnote reconciling equity and net income to a U.S. GAAP basis, or, with the permission of the Director, audited IFRS statements with reconciliation to U.S. GAAP certified by an officer of the company), regulatory filings, and actuarial opinion (as filed with the non-U.S. jurisdiction supervisor). Upon the initial application for certification, the Director will consider audited financial statements for the last three years filed with its non-U.S. jurisdiction supervisor;
- i. The liquidation priority of obligations to a ceding insurer in the certified reinsurer's domiciliary jurisdiction in the context of an insolvency proceeding;
- j. A certified reinsurer's participation in any solvent scheme of arrangement, or similar procedure, which involves U.S. ceding insurers. The Director shall receive prior notice from a certified reinsurer that proposes participation by the certified reinsurer in a solvent scheme of arrangement; and
- k. Any other information deemed relevant by the Director.
- 5. Based on the analysis conducted under subsection (B)(4)(e) of this Section of a certified reinsurer's reputation for prompt payment of claims, the Director may make appropriate adjustments in the security the certified reinsurer is required to post to protect its liabilities to U.S. ceding insurers, provided that the Director shall, at a minimum, increase the security the certified reinsurer is required to post by one rating level under subsection (B)(4)(a) of this Section if the Director finds that:
 - a. more than 15% of the certified reinsurer's ceding insurance clients have overdue reinsurance recoverables on paid losses of ninety days or more which are not in dispute and which exceed \$100 thousand for each cedent; or
 - b. the aggregate amount of reinsurance recoverables on paid losses which are not in dispute that are overdue by ninety days or more exceeds \$50 million.
- 6. The assuming insurer must submit a properly executed Form CR-1 (attached as Exhibit B) as evidence of its submission to the jurisdiction of Arizona, appointment of the Director as an agent for service of process in Arizona, and agreement to provide security for 100% of the assuming insurer's liabilities attributable to reinsurance ceded by U.S. ceding insurers if it resists enforcement of a final U.S. judgment. The Director shall not certify any assuming insurer that is domiciled in a jurisdiction that the Director has determined does not adequately and promptly enforce final U.S. judgments or arbitration awards.
- 7. The certified reinsurer must agree to meet applicable information filing requirements as determined by the Director, both with respect to an initial application for certification and on an ongoing basis. All information

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submitted by certified reinsurers which are not otherwise public information subject to disclosure shall be exempted from disclosure under A.R.S. § 20-158 and shall be withheld from public disclosure. The applicable information filing requirements are, as follows:

- a. Notification within ten days of any regulatory actions taken against the certified reinsurer, any change in the provisions of its domiciliary license or any change in rating by an approved rating agency, including a statement describing such changes and the reasons therefore;
 - b. Annually, Form CR-F or CR-S, as applicable;
 - c. Annually, the report of the independent auditor on the financial statements of the insurance enterprise, on the basis described in subsection (B)(7)(d) below;
 - d. Annually, audited financial statements (audited U.S. GAAP basis if available, audited IFRS basis statements are allowed but must include an audited footnote reconciling equity and net income to a U.S. GAAP basis, or, with the permission of the Director, audited IFRS statements with reconciliation to U.S. GAAP certified by an officer of the company), regulatory filings, and actuarial opinion (as filed with the certified reinsurer's supervisor). Upon the initial certification, audited financial statements for the last three years filed with the certified reinsurer's supervisor;
 - e. At least annually, an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers;
 - f. A certification from the certified reinsurer's domestic regulator that the certified reinsurer is in good standing and maintains capital in excess of the jurisdiction's highest regulatory action level; and
 - g. Any other information that the Director may reasonably require.
8. Change in Rating or Revocation of Certification.
- a. In the case of a downgrade by a rating agency or other disqualifying circumstance, the Director shall upon written notice assign a new rating to the certified reinsurer in accordance with the requirements of subsection (B)(4)(a) of this Section.
 - b. The Director shall have the authority to suspend, revoke, or otherwise modify a certified reinsurer's certification at any time if the certified reinsurer fails to meet its obligations or security requirements under this Section, or if other financial or operating results of the certified reinsurer, or documented significant delays in payment by the certified reinsurer, lead the Director to reconsider the certified reinsurer's ability or willingness to meet its contractual obligations.
 - c. If the rating of a certified reinsurer is upgraded by the Director, the certified reinsurer may meet the security requirements applicable to its new rating on a prospective basis, but the Director shall require the certified reinsurer to post security under the previously applicable security requirements as to all contracts in force on or before the effective date of the upgraded rating. If the rating of a certified reinsurer is downgraded by the Director, the Director shall require the certified reinsurer to meet the security requirements applicable to its new rating for all business it has assumed as a certified reinsurer.
 - d. Upon revocation of the certification of a certified reinsurer by the Director, the assuming insurer shall

be required to post security in accordance with Section R20-6-1607 in order for the ceding insurer to continue to take credit for reinsurance ceded to the assuming insurer. If funds continue to be held in trust in accordance with Section R20-6-1604, the Director may allow additional credit equal to the ceding insurer's pro rata share of such funds, discounted to reflect the risk of uncollectibility and anticipated expenses of trust administration. Notwithstanding the change of a certified reinsurer's rating or revocation of its certification, a domestic insurer that has ceded reinsurance to that certified reinsurer may not be denied credit for reinsurance for a period of three months for all reinsurance ceded to that certified reinsurer, unless the reinsurance is found by the Director to be at high risk of uncollectibility.

C. Qualified Jurisdictions.

1. If, upon conducting an evaluation under this Section with respect to the reinsurance supervisory system of any non-U.S. assuming insurer, the Director determines that the jurisdiction qualifies to be recognized as a qualified jurisdiction, the Director shall publish notice and evidence of such recognition in an appropriate manner. The Director may establish a procedure to withdraw recognition of those jurisdictions that are no longer qualified.
2. In order to determine whether the domiciliary jurisdiction of a non-U.S. assuming insurer is eligible to be recognized as a qualified jurisdiction, the Director shall evaluate the reinsurance supervisory system of the non-U.S. jurisdiction, both initially and on an ongoing basis, and consider the rights, benefits and the extent of reciprocal recognition afforded by the non-U.S. jurisdiction to reinsurers licensed and domiciled in the U.S. The Director shall determine the appropriate approach for evaluating the qualifications of such jurisdictions, and create and publish a list of jurisdictions whose reinsurers may be approved by the Director as eligible for certification. A qualified jurisdiction must agree to share information and cooperate with the Director with respect to all certified reinsurers domiciled within that jurisdiction. Additional factors to be considered in determining whether to recognize a qualified jurisdiction, in the discretion of the Director, include but are not limited to the following:
 - a. The framework under which the assuming insurer is regulated.
 - b. The structure and authority of the domiciliary regulator with regard to solvency regulation requirements and financial surveillance.
 - c. The substance of financial and operating standards for assuming insurers in the domiciliary jurisdiction.
 - d. The form and substance of financial reports required to be filed or made publicly available by reinsurers in the domiciliary jurisdiction and the accounting principles used.
 - e. The domiciliary regulator's willingness to cooperate with U.S. regulators in general and the Director in particular.
 - f. The history of performance by assuming insurers in the domiciliary jurisdiction.
 - g. Any documented evidence of substantial problems with the enforcement of final U.S. judgments in the domiciliary jurisdiction. A jurisdiction will not be considered to be a qualified jurisdiction if the Director has determined that it does not adequately and

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promptly enforce final U.S. judgments or arbitration awards.

- h. Any relevant international standards or guidance with respect to mutual recognition of reinsurance supervision adopted by the International Association of Insurance Supervisors or successor organization.
- i. Any other matters deemed relevant by the Director.
- 3. A list of qualified jurisdictions shall be published through the NAIC Committee Process. The Director shall consider this list in determining qualified jurisdictions. If the Director approves a jurisdiction as qualified that does not appear on the list of qualified jurisdictions, the Director shall provide thoroughly documented justification with respect to the criteria provided under subsections (C)(2)(a) through (i) of this Section.
- 4. U.S. jurisdictions that meet the requirements for accreditation under the NAIC financial standards and accreditation program shall be recognized as qualified jurisdictions.
- D. Recognition of Certification Issued by an NAIC Accredited Jurisdiction.
 - 1. If an applicant for certification has been certified as a reinsurer in an NAIC accredited jurisdiction, the Director has the discretion to defer to that jurisdiction's certification, and to defer to the rating assigned by that jurisdiction, if the assuming insurer submits a properly executed Form CR-1 (Exhibit B) and such additional information as the Director requires. The assuming insurer shall be considered to be a certified reinsurer in Arizona.
 - 2. Any change in the certified reinsurer's status or rating in the other jurisdiction shall apply automatically in Arizona as of the date it takes effect in the other jurisdiction. The certified reinsurer shall notify the Director of any change in its status or rating within ten days after receiving notice of the change.
 - 3. The Director may withdraw recognition of the other jurisdiction's rating at any time and assign a new rating in accordance with subsection (B)(8) of this Section.
 - 4. The Director may withdraw recognition of the other jurisdiction's certification at any time, with written notice to the certified reinsurer. Unless the Director suspends or revokes the certified reinsurer's certification in accordance with subsection (B)(8) of this Section, the certified reinsurer's certification shall remain in good standing in this State for a period of three months, which shall be extended if additional time is necessary to consider the assuming insurer's application for certification in Arizona.
- E. Mandatory Funding Clause. In addition to the clauses required under Section R20-6-1611, reinsurance contracts entered into or renewed under this Section shall include a proper funding clause, which requires the certified reinsurer to provide and maintain security in an amount sufficient to avoid the imposition of any financial statement penalty on the ceding insurer under this Section for reinsurance ceded to the certified reinsurer.
- F. The Director shall comply with all reporting and notification requirements that may be established by the NAIC with respect to certified reinsurers and qualified jurisdictions.

Historical Note

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1605 recodified from R4-14-1605 (Supp. 95-1). R20-6-1605 renumbered to R20-6-1610; new Section made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3,

effective November 30, 2015 (Supp. 15-4).

R20-6-1606. Credit for Reinsurance Required by Law

Pursuant to A.R.S. § 20-261.05(I), the Director shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of A.R.S. §§ 20-261.05(B) through (H) but only as to the insurance of risks located in jurisdictions where the reinsurance is required by the applicable law or regulation of that jurisdiction. As used in this Section, "jurisdiction" means state, district or territory of the United States and any lawful national government.

Historical Note

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1606 recodified from R4-14-1606 (Supp. 95-1). R20-6-1606 renumbered to R20-6-1611; new Section made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

R20-6-1607. Asset or Reduction from Liability for Reinsurance Ceded to an Unauthorized Assuming Insurer not Meeting the Requirements of Sections R20-6-1601 through R20-6-1606

- A. Pursuant to A.R.S. § 20-261.06, the Director shall allow a reduction from liability for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of A.R.S. § 20-261.05 in an amount not exceeding the liabilities carried by the ceding insurer. The reduction shall be in the amount of funds held by or on behalf of the ceding insurer, including funds held in trust for the exclusive benefit of the ceding insurer, under a reinsurance contract with such assuming insurer as security for the payment of obligations under the reinsurance contract. The security shall be held in the United States subject to withdrawal solely by, and under the exclusive control of, the ceding insurer or, in the case of a trust, held in a qualified United States financial institution as defined in A.R.S. § 20-261.03. This security may be in the form of any of the following:
 - 1. Cash;
 - 2. Securities listed by the Securities Valuation Office of the NAIC, including those deemed exempt from filing as defined by the Purposes and Procedures Manual of the Securities Valuation Office, and qualifying as admitted assets;
 - 3. Clean, irrevocable, unconditional and "evergreen" letters of credit issued or confirmed by a qualified United States institution, as defined in A.R.S. § 20-261.03, effective no later than December 31 of the year for which filing is being made, and in the possession of, or in trust for, the ceding insurer on or before the filing date of its annual statement. Letters of credit meeting applicable standards of issuer acceptability as of the dates of their issuance (or confirmation) shall, notwithstanding the issuing (or confirming) institution's subsequent failure to meet applicable standards of issuer acceptability, continue to be acceptable as security until their expiration, extension, renewal, modification or amendment, whichever first occurs; or
 - 4. Any other form of security acceptable to the Director.
- B. An admitted asset or a reduction from liability for reinsurance ceded to an unauthorized assuming insurer pursuant to this Section shall be allowed only when the requirements of Section R20-6-1611 and the applicable portions of Sections R20-6-1608, R20-6-1609 or R20-6-1610 have been satisfied.

Historical Note

Adopted effective February 3, 1993 (Supp. 93-1). R20-6-1607 recodified from R4-14-1607 (Supp. 95-1). Section R20-6-1607 renumbered to R20-6-1612; new Section R20-6-1607 renumbered from R20-6-1602 and amended

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by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

R20-6-1608. Trust Agreements Qualified under Section R20-6-1607

A. As used in this Section:

1. "Beneficiary" includes any successor by operation of law of the named beneficiary, including without limitation any liquidator, rehabilitator, receiver or conservator.
2. "Grantor" means the entity that has established a trust for the sole benefit of the beneficiary. When established in conjunction with a reinsurance agreement, the grantor is the unlicensed, unaccredited assuming insurer.
3. "Obligations," as used in subsection (B)(11) of this Section, means:
 - a. Reinsured losses and allocated loss expenses paid by the ceding company but not recovered from the assuming insurer;
 - b. Reserves for reinsured losses reported and outstanding;
 - c. Reserves for reinsured losses incurred but not reported; and
 - d. Reserves for allocated reinsured loss expenses and unearned premiums.

B. Required conditions.

1. The trust agreement shall be entered into between the beneficiary, the grantor and a trustee, which shall be a qualified United States financial institution as defined in A.R.S. § 20-261.03.
2. The trust agreement shall create a trust account into which assets shall be deposited.
3. All assets in the trust account shall be held by the trustee at the trustee's office in the United States.
4. The trust agreement shall provide that:
 - a. The beneficiary shall have the right to withdraw assets from the trust account at any time, without notice to the grantor, subject only to written notice from the beneficiary to the trustee;
 - b. No other statement or document is required to be presented in order to withdraw assets, except that the beneficiary may be required to acknowledge receipt of withdrawn assets;
 - c. It is not subject to any conditions or qualifications outside of the trust agreement; and
 - d. It shall not contain references to any other agreements or documents except as provided for in subsections (B)(11) and (12) of this Section.
5. The trust agreement shall be established for the sole benefit of the beneficiary.
6. The trust agreement shall require the trustee to:
 - a. Receive assets and hold all assets in a safe place;
 - b. Determine that all assets are in such form that the beneficiary, or the trustee upon direction by the beneficiary, may whenever necessary negotiate any such assets, without consent or signature from the grantor or any other person or entity;
 - c. Furnish to the grantor and the beneficiary a statement of all assets in the trust account upon its inception and at intervals no less frequent than the end of each calendar quarter;
 - d. Notify the grantor and the beneficiary within ten days, of any deposits to or withdrawals from the trust account;
 - e. Upon written demand of the beneficiary, immediately take any and all steps necessary to transfer absolutely and unequivocally all right, title and interest in the assets held in the trust account to the beneficiary and deliver physical custody of the assets to the beneficiary; and
- f. Allow no substitutions or withdrawals of assets from the trust account, except on written instructions from the beneficiary, except that the trustee may, without the consent of but with notice to the beneficiary, upon call or maturity of any trust asset, withdraw such asset upon condition that the proceeds are paid into the trust account.
7. The trust agreement shall provide that at least thirty days, but not more than forty-five days, prior to termination of the trust account, written notification of termination shall be delivered by the trustee to the beneficiary.
8. The trust agreement shall be made subject to and governed by the laws of the state in which the trust is domiciled.
9. The trust agreement shall prohibit invasion of the trust corpus for the purpose of paying commission to, or reimbursing the expenses of, the trustee. In order for a letter of credit to qualify as an asset of the trust, the trustee shall have the right and the obligation pursuant to the deed of trust or some other binding agreement (as duly approved by the Director), to immediately draw down the full amount of the letter of credit and hold the proceeds in trust for the beneficiaries of the trust if the letter of credit will otherwise expire without being renewed or replaced.
10. The trust agreement shall provide that the trustee shall be liable for its negligence, willful misconduct or lack of good faith. The failure of the trustee to draw against the letter of credit in circumstances where such draw would be required shall be deemed to be negligence and/or willful misconduct.
11. Notwithstanding other provisions of this Section, when a trust agreement is established in conjunction with a reinsurance agreement covering risks other than life, annuities and accident and health, where it is customary practice to provide a trust agreement for a specific purpose, the trust agreement may provide that the ceding insurer shall undertake to use and apply amounts drawn upon the trust account, without diminution because of the insolvency of the ceding insurer or the assuming insurer, only for the following purposes:
 - a. To pay or reimburse the ceding insurer for the assuming insurer's share under the specific reinsurance agreement regarding any losses and allocated loss expenses paid by the ceding insurer, but not recovered from the assuming insurer, or for unearned premiums due to the ceding insurer if not otherwise paid by the assuming insurer;
 - b. To make payment to the assuming insurer of any amounts held in the trust account that exceed 102% of the actual amount required to fund the assuming insurer's obligations under the specific reinsurance agreement; or
 - c. Where the ceding insurer has received notification of termination of the trust account and where the assuming insurer's entire obligations under the specific reinsurance agreement remain unliquidated and undischarged ten days prior to the termination date, to withdraw amounts equal to the obligations and deposit those amounts in a separate account, in the name of the ceding insurer in any qualified United States financial institution as defined in A.R.S. § 20-261.03 apart from its general assets, in trust for such uses and purposes specified in subsections (11)(a) and (b) above as may remain executory after such

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withdrawal and for any period after the termination date.

12. Notwithstanding other provisions of this Section, when a trust agreement is established to meet the requirements of Section R20-6-1607 in conjunction with a reinsurance agreement covering life, annuities or accident and health risks, where it is customary to provide a trust agreement for a specific purpose, the trust agreement may provide that the ceding insurer shall undertake to use and apply amounts drawn upon the trust account, without diminution because of the insolvency of the ceding insurer or the assuming insurer, only for the following purposes:

- a. To pay or reimburse the ceding insurer for:
 - i. The assuming insurer's share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurer, to the owners of policies reinsured under the reinsurance agreement on account of cancellations of the policies; and
 - ii. The assuming insurer's share under the specific reinsurance agreement of surrenders and benefits or losses paid by the ceding insurer, but not yet recovered from the assuming insurer, under the terms and provision of the policies reinsured under the reinsurance agreement.
- b. To pay to the assuming insurer amounts held in the trust account in excess of the amount necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer, or
- c. Where the ceding insurer has received notification of termination of the trust and where the assuming insurer's entire obligations under the specific reinsurance agreement remain unliquidated and undischarged ten days prior to the termination date, to withdraw amounts equal to the assuming insurer's share of liabilities, to the extent that the liabilities have not yet been funded by the assuming insurer, and deposit those amounts in a separate account, in the name of the ceding insurer in any qualified U.S. financial institution apart from its general assets, in trust for the uses and purposes specified in subsections (12)(a) and (b) above as may remain executory after withdrawal and for any period after the termination date.

13. Either the reinsurance agreement or the trust agreement must stipulate that assets deposited in the trust account shall be valued according to their current fair market value and shall consist only of cash in United States dollars, certificates of deposit issued by a United States bank and payable in United States dollars, and investments permitted by the Insurance Code or any combination of the above, provided investments in or issued by an entity controlling, controlled by or under common control with either the grantor or the beneficiary of the trust shall not exceed 5% of total investments. The agreement may further specify the types of investments to be deposited. If the reinsurance agreement covers life, annuities or accident and health risks, then the provisions required by this subsection must be included in the reinsurance agreement.

C. Permitted conditions

1. The trust agreement may provide that the trustee may resign upon delivery of a written notice of resignation, effective not less than ninety days after the beneficiary and grantor receive the notice and that the trustee may be removed by the grantor by delivery to the trustee and the

beneficiary of a written notice of removal, effective not less than ninety days after the trustee and the beneficiary receive the notice, provided that no such resignation or removal shall be effective until a successor trustee has been duly appointed and approved by the beneficiary and the grantor and all assets in the trust have been duly transferred to the new trustee.

2. The grantor may have the full and unqualified right to vote any shares of stock in the trust account and to receive from time to time payments of any dividends or interest upon any shares of stock or obligations included in the trust account. Any interest or dividends shall be either forwarded promptly upon receipt to the grantor or deposited in a separate account established in the grantor's name.
 3. The trustee may be given authority to invest, and accept substitutions of, any funds in the account, provided that no investment or substitution shall be made without prior approval of the beneficiary, unless the trust agreement specifies categories of investments acceptable to the beneficiary and authorizes the trustee to invest funds and to accept substitutions that the trustee determines are at least equal in current fair market value to the assets withdrawn and that are consistent with the restrictions in subsection (D)(1)(b) of this Section.
 4. The trust agreement may provide that the beneficiary may at any time designate a party to which all or part of the trust assets are to be transferred. Transfer may be conditioned upon the trustee receiving, prior to or simultaneously, other specified assets.
 5. The trust agreement may provide that, upon termination of the trust account, all assets not previously withdrawn by the beneficiary shall, with written approval by the beneficiary, be delivered over to the grantor.
- D. Additional conditions applicable to reinsurance agreements:**
1. A reinsurance agreement may contain provisions that:
 - a. Require the assuming insurer to enter into a trust agreement and to establish a trust account for the benefit of the ceding insurer, and specifying what the agreement is to cover;
 - b. Require the assuming insurer, prior to depositing assets with the trustee, to execute assignments or endorsements in blank, or to transfer legal title to the trustee of all shares, obligations or any other assets requiring assignments, in order that the ceding insurer, or the trustee upon the direction of the ceding insurer, may whenever necessary negotiate these assets without consent or signature from the assuming insurer or any other entity;
 - c. Require that all settlements of account between the ceding insurer and the assuming insurer be made in cash or its equivalent; and
 - d. Stipulate that the assuming insurer and the ceding insurer agree that the assets in the trust account, established pursuant to the provisions of the reinsurance agreement, may be withdrawn by the ceding insurer at any time, notwithstanding any other provisions in the reinsurance agreement, and shall be utilized and applied by the ceding insurer or its successors in interest by operation of law, including without limitation any liquidator, rehabilitator, receiver or conservator of such company, without diminution because of insolvency on the part of the ceding insurer or the assuming insurer, only for the following purposes:

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- i. To pay or reimburse the ceding insurer for the assuming insurer's share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurer, to the owners of policies reinsured under the reinsurance agreement because of cancellations of such policies; and
 - ii. To pay or reimburse the ceding insurer for the assuming insurer's share of surrenders and benefits or losses paid by the ceding insurer pursuant to the provisions of the policies reinsured under the reinsurance agreement; and
 - iii. To pay or reimburse the ceding insurer for any other amounts necessary to secure the credit or reduction from liability for reinsurance taken by the ceding reinsurer; or
 - iv. To make payment to the assuming insurer of amounts held in the trust account in excess of the amount necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer.
- 2. The reinsurance agreement also may contain provisions that:
 - a. Give the assuming insurer the right to seek approval from the ceding insurer, which shall not be unreasonably or arbitrarily withheld, to withdraw from the trust account all or any part of the trust assets and transfer those assets to the assuming insurer, provided:
 - i. The assuming insurer shall, at the time of withdrawal, replace the withdrawn assets with other qualified assets having a current fair market value equal to the market value of the assets withdrawn so as to maintain at all times the deposit in the required amount, or
 - ii. After withdrawal and transfer, the current fair market value of the trust account is no less than 102% of the required amount.
 - b. Provide for the return of any amount withdrawn in excess of the actual amounts required for subsection (D)(1)(d) of this Section, and for interest payments at a rate not in excess of the prime rate of interest on such amounts;
 - c. Permit the award by any arbitration panel or court of competent jurisdiction of:
 - i. Interest at a rate different from that provided in subsection (D)(2)(b) of this Section;
 - ii. Court or arbitration costs;
 - iii. Attorney's fees; and
 - iv. Any other reasonable expenses.
- E. Financial reporting. A trust agreement may be used to reduce any liability for reinsurance ceded to an unauthorized assuming insurer in financial statements required to be filed with the Director in compliance with the provisions of this Article when established on or before the date of filing of the financial statement of the ceding insurer. Further, the reduction for the existence of an acceptable trust account may be up to the current fair market value of acceptable assets available to be withdrawn from the trust account at that time, but such reduction shall be no greater than the specific obligations under the reinsurance agreement that the trust account was established to secure.
- F. Existing agreements. Notwithstanding the effective date of this Article, any trust agreement or underlying reinsurance agreement in existence and approved by the Director prior to the effective date of this Article will continue to be acceptable until December 31, 2016, at which time the agreements will have to fully comply with this Section for the trust agreement to be acceptable.
- G. The failure of any trust agreement to specifically identify the beneficiary as defined in subsection (A)(1) of this Section shall not be construed to affect any actions or rights that the Director may take or possess pursuant to the provisions of the laws of Arizona.

Historical Note

New Section R20-6-1608 renumbered from R20-6-1603 and amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

R20-6-1609. Letters of Credit Qualified under Section R20-6-1607.

- A. The letter of credit must be clean, irrevocable, unconditional and issued or confirmed by a qualified United States financial institution as defined A.R.S. § 20-261.03. The letter of credit shall contain an issue date and expiration date and shall stipulate that the beneficiary need only draw a sight draft under the letter of credit and present it to obtain funds and that no other document need be presented. The letter of credit also shall indicate that it is not subject to any condition or qualifications outside of the letter of credit. In addition, the letter of credit itself shall not contain reference to any other agreements, documents or entities, except as provided in subsection (H)(1) of this Section. As used in this Section, "beneficiary" includes any successor by operation of law of the named beneficiary, including without limitation any liquidator, rehabilitator, receiver or conservator. If a court of law appoints a successor in interest to the named beneficiary, then the named beneficiary includes and is limited to the court appointed domiciliary receiver (including conservator, rehabilitator or liquidator).
- B. The heading of the letter of credit may include a boxed section containing the name of the applicant and other appropriate notations to provide a reference for the letter of credit. The boxed section shall be clearly marked to indicate that such information is for internal identification purposes only.
- C. A letter of credit shall contain a statement to the effect that the obligation of the qualified United States financial institution under the letter of credit is in no way contingent upon reimbursement with respect thereto.
- D. The term of the letter of credit shall be for at least one year and shall contain an "evergreen clause" that prevents the expiration of the letter of credit without due notice from the issuer. The "evergreen clause" shall provide for no less than thirty days' notice prior to expiration date or nonrenewal.
- E. The letter of credit shall state whether it is subject to and governed by the laws of Arizona or the Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce Publication 600 (UCP 600) or International Standby Practices of the International Chamber of Commerce Publication 590 (ISP98). This incorporation by reference contains no future additions or amendments. All drafts of letters of credit drawn according to UCP 600 or ISP98 shall be presentable at an office in the United States of a qualified United States financial institution.
- F. If the letter of credit is made subject to the Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce Publication 600 (UCP 600) or International Standby Practices of the International Chamber of Commerce Publication 590 (ISP98), then the letter of credit shall specifically address and provide for an extension of time to draw against the letter of credit in the event that one or more of the occurrences specified in Article 36 of UCP 600 occur.

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- G.** If the letter of credit is issued by a financial institution authorized to issue letters of credit, other than a qualified United States financial institution as described in subsection A of this Section, then the following additional requirements shall be met:
1. The issuing financial institution shall formally designate the confirming qualified United States financial institution as its agent for the receipt and payment of the drafts; and
 2. The “evergreen clause” shall provide for thirty days notice prior to expiration date or nonrenewal.
- H.** Reinsurance agreement provisions.
1. The reinsurance agreement in conjunction with which the letter of credit is obtained may contain provisions that:
 - a. Require the assuming insurer to provide letters of credit to the ceding insurer and specify what they are to cover;
 - b. Stipulate that the assuming insurer and ceding insurer agree that the letter of credit provided by the assuming insurer pursuant to the provisions of the reinsurance agreement may be drawn upon at any time, notwithstanding any other provisions in the agreement, and shall be utilized by the ceding insurer or its successors in interest only for one or more of the following reasons:
 - i. To pay or reimburse the ceding insurer for the assuming insurer’s share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurers, to the owners of policies reinsured under the reinsurance agreement on account of cancellations of such policies;
 - ii. To pay or reimburse the ceding insurer for the assuming insurer’s share, under the specific reinsurance agreement, of surrenders and benefits or losses paid by the ceding insurer, but not yet recovered from the assuming insurers, under the terms and provisions of the policies reinsured under the reinsurance agreement; and
 - iii. To pay or reimburse the ceding insurer for any other amounts necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer;
 - iv. Where the letter of credit will expire without renewal or be reduced or replaced by a letter of credit for a reduced amount and where the assuming insurer’s entire obligations under the reinsurance agreement remain unliquidated and undischarged ten days prior to the termination date, to withdraw amounts equal to the assuming insurer’s share of the liabilities, to the extent that the liabilities have not yet been funded by the assuming insurer and exceed the amount of any reduced or replacement letter of credit, and deposit those amounts in a separate account in the name of the ceding insurer in a qualified U.S. financial institution apart from its general assets, in trust for such uses and purposes specified in subsections (H)(1)(b)(i), (ii) and (iii) of this Section as may remain after withdrawal and for any period after the termination date.
 - c. All of the provisions of subsections (H)(1)(a) and (b) of this Section shall be applied without diminution because of insolvency on the part of the ceding insurer or assuming insurer.
 2. Nothing contained in subsection (H)(1) of this Section shall preclude the ceding insurer and assuming insurer from providing for:
 - a. An interest payment, at a rate not in excess of the prime rate of interest on the amounts held pursuant to subsection (H)(1)(b) of this Section; or
 - b. The return of any amounts drawn down on the letters of credit in excess of the actual amounts required for the above or any amounts that are subsequently determined not to be due.
- Historical Note**
New Section R20-6-1609 renumbered from R20-6-1604 and amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).
- R20-6-1610. Other Security**
A ceding insurer may take credit for unencumbered funds withheld by the ceding insurer in the United States subject to withdrawal solely by the ceding insurer and under its exclusive control.
- Historical Note**
New Section R20-6-1610 renumbered from R20-6-1605 by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).
- R20-6-1611. Reinsurance Contract**
Credit will not be granted, nor an asset or reduction from liability allowed, to a ceding insurer for reinsurance effected with assuming insurers meeting the requirements of Sections R20-6-1601 through R20-6-1605 or R20-6-1607 of this Article or otherwise in compliance with A.R.S. § 20-261.05 after the adoption of this Article unless the reinsurance agreement:
1. Includes a proper insolvency clause, which stipulates that reinsurance is payable directly to the liquidator or successor without diminution regardless of the status of the ceding company, pursuant to A.R.S. § 20-261(C);
 2. Includes a provision pursuant to A.R.S. § 20-261.05 whereby the assuming insurer, if an unauthorized assuming insurer, has submitted to the jurisdiction of an alternative dispute resolution panel or court of competent jurisdiction within the United States, has agreed to comply with all requirements necessary to give the court or panel jurisdiction, has designated an agent upon whom service of process may be effected, and has agreed to abide by the final decision of the court or panel; and
 3. Includes a proper reinsurance intermediary clause, if applicable, which stipulates that the credit risk for the intermediary is carried by the assuming insurer.
- Historical Note**
New Section R20-6-1611 renumbered from R20-6-1606 and amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).
- R20-6-6012. Contracts Affected**
All new and renewal reinsurance transactions entered into after the effective date of this Article shall conform to the requirements of A.R.S. §§ 20-261.01 through 20-261.08 and this Article if credit is to be given to the ceding insurer for such reinsurance.
- Historical Note**
New Section R20-6-1612 renumbered from R20-6-1607 and amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

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Exhibit A. Form AR-1, Certificate of Assuming Insurer**FORM AR-1, CERTIFICATE OF ASSUMING INSURER**

I, _____, _____,
(name of officer) (title of officer)

of _____, the assuming insurer
(name of assuming insurer)

under a reinsurance agreement with one or more insurers domiciled in

_____, hereby certify that
(name of state)

_____, (“Assuming Insurer”):
(name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in

(ceding insurer's state of domicile)

for the adjudication of any issues arising out of the reinsurance agreement, agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement to arbitrate their disputes if such an obligation is created in the agreement.

2. Designates the Director of Insurance of the State of Arizona as its lawful attorney upon whom may be served any lawful process in any action, suit or legal proceeding arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.
3. Submits to the authority of the Insurance Director of Arizona to examine its books and records and agrees to bear the expense of any such examination.
4. Submits with this form a current list of insurers domiciled in

_____ reinsured by Assuming Insurer and
(ceding insurer's state of domicile)

undertakes to submit additions to or deletions from the list to the Insurance Director at least once per calendar quarter.

Dated: _____

(name of assuming insurer)

BY: _____
(name of officer)

(title of officer)

Historical Note

Adopted effective February 3, 1993 (Supp. 93-1). Exhibit A amended by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

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Exhibit B. Form CR-1, Certificate of Certified Reinsurer**FORM CR-1, CERTIFICATE OF CERTIFIED REINSURER**

I, _____,
(name of officer) (title of officer)

of _____, the assuming insurer under
(name of assuming insurer)

a reinsurance agreement with one or more insurers domiciled in _____
(name of state)

in order to be considered for approval in this state, hereby certify that _____ (“Assuming Insurer”):
(name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in _____ for the adjudication of any issue arising out of the (ceding insurer's state of domicile) reinsurance agreement, agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement to arbitrate their disputes if such an obligation is created in the agreement.

2. Designates the Insurance Commissioner of _____ (ceding insurer's state of domicile) as its lawful attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.

3. Agrees to provide security in an amount equal to 100% of liabilities attributable to U.S. ceding insurers if it resists enforcement of a final U.S. judgment or properly enforceable arbitration award.

4. Agrees to provide notification within 10 days of any regulatory actions taken against it, any change in the provisions of its domiciliary license or any change in its rating by an approved rating agency, including a statement describing such changes and the reasons therefore.

5. Agrees to annually file information comparable to relevant provisions of the NAIC financial statement for use by insurance markets in accordance with this Article.

6. Agrees to annually file the report of the independent auditor on the financial statements of the insurance enterprise.

7. Agrees to annually file audited financial statements, regulatory filings, and actuarial opinion in accordance with this Article.

8. Agrees to annually file an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers.

9. Is in good standing as an insurer or reinsurer with the supervisor of its domiciliary jurisdiction.

Dated:

(name of assuming insurer)

(name of officer)

(title of officer)

Historical Note

Adopted effective February 3, 1993 (Supp. 93-1). Exhibit B repealed; new Exhibit B made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

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Exhibit C. Form CR-F Instructions**Form CR-F Instructions****Part 1 - Assumed Reinsurance as of December 31, Current Year (000 Omitted)**

Create a spreadsheet with the following columns (total each column 5 through 15):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Name of Reinsured
4. Domiciliary Jurisdiction
5. Assumed Premium
6. Reinsurance on Paid Losses and Loss Adjustment Expenses
7. Reinsurance on Known Case Losses and LAE
8. Cols. 6 + 7
9. Contingent Commissions Payable
10. Assumed Premium Receivable
11. Unearned Premium
12. Funds Held By or Deposited With Reinsured Companies
13. Letters of Credit Posted
14. Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit
15. Amount of Assets Pledged or Collateral Held in Trust

Each row shall list each insurer for which reinsurance is assumed for the calendar year.

Part 2 - Ceded Reinsurance as of December 31, Current Year (000 Omitted)

Create a spreadsheet with the following columns (total each column 6 through 19):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Name of Reinsurer
4. Domiciliary Jurisdiction
5. Reinsurance Contracts Ceding 75% or More of Direct Premiums Written
6. Reinsurance Premiums Ceded
7. Reinsurance Recoverable on Paid Losses
8. Reinsurance Recoverable on Paid LAE
9. Reinsurance Recoverable on Known Case Loss Reserves
10. Reinsurance Recoverable on Known Case LAE Reserves
11. Reinsurance Recoverable on IBNR Loss Reserves
12. Reinsurance Recoverable on IBNR LAE Reserves
13. Reinsurance Recoverable on Unearned Premiums
14. Reinsurance Recoverable on Contingent Commissions
15. Cols. 7 through 14 Totals
16. Reinsurance Payable Ceded Balances Payable
17. Reinsurance Payable Other Amounts Due to Reinsurers
18. Net Amount Recoverable From Reinsurers, Cols. 15 – [16 + 17]
19. Funds Held by Company Under Reinsurance Treaties

Each row shall list each insurer to whom reinsurance was ceded for the calendar year.

Historical Note

Exhibit C made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

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Exhibit D. Form CR-S Instructions**Form CR-S Instructions**

Part 1 – Section 1. Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

Create a spreadsheet with the following columns (total each column 7 through 12):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Effective Date
4. Name of Reinsured
5. Location
6. Type of Reinsurance Assumed
7. Amount of In Force at End of Year
8. Reserve
9. Premiums
10. Reinsurance Payable on Paid and Unpaid Losses
11. Modified Coinsurance Reserve
12. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was assumed (life insurance, annuities, deposit funds and other liabilities without life or disability contingencies, and related benefits) for the calendar year.

Part 1 – Section 2. Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

Please create a spreadsheet with the following columns (total columns 7 through 12):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Effective Date
4. Name of Reinsured
5. Domiciliary Jurisdiction
6. Type of Reinsurance Assumed
7. Premiums
8. Unearned Premiums
9. Reserve Liability Other Than For Unearned Premiums
10. Reinsurance Payable on Paid and Unpaid Losses
11. Modified Coinsurance Reserve
12. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was assumed (accident and health insurance) for the calendar year.

Part 2. Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

Create a spreadsheet with the following columns (total each column 6 and 7):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Effective Date
4. Name of Company
5. Location
6. Paid Losses
7. Unpaid Losses

Each row shall list each insurer for which reinsurance on paid and unpaid losses is recoverable.

Part 3 – Section 1. Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

Create a spreadsheet with the following columns (total each column 7 through 14):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Effective Date

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4. Name of Company
5. Location
6. Type of Reinsurance Ceded
7. Amount in Force at End of Year
8. Reserve Credit Taken Current Year
9. Reserve Credit Taken Prior Year
10. Premiums
11. Outstanding Surplus Relief Current Year
12. Outstanding Surplus Relief Prior Year
13. Modified Coinsurance Reserve
14. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was ceded (life insurance, annuities, deposit funds and other liabilities without life or disability contingencies and related benefits).

Part 3 – Section 2. Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year
Create a spreadsheet with the following columns (total each column 7 through 13):

1. ID Number/Company Code
2. This column is intentionally left blank
3. Effective Date
4. Name of Company
5. Location
6. Type
7. Premiums
8. Unearned Premiums (Estimated)
9. Reserve Credit Taken other than for Unearned Premiums
10. Outstanding Surplus Relief Current Year
11. Outstanding Surplus Relief Prior Year
12. Modified Coinsurance Reserve
13. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was ceded (accident and health insurance).

Historical Note

Exhibit D made by final exempt rulemaking, under Laws 2015, Ch. 119, § 3, effective November 30, 2015 (Supp. 15-4).

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ARTICLE 17. EXAMINATIONS**R20-6-1701. Definitions**

- A. "Company" means any person engaging in or proposing or attempting to engage in any transaction or kind of insurance or surety business and any person or group of persons who may otherwise be subject to the administrative, regulatory or taxing authority of the Director.
- B. "Examination" shall be defined for purposes of this Article to mean any examination relating to the financial condition of a company.
- C. "Examiner" means any individual or firm having been authorized by the Director to conduct an examination under this Article.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1701 recodified from R4-14-1701 (Supp. 95-1).

R20-6-1702. Authority, Scope, and Scheduling of Examinations

- A. The Director shall examine an insurer under A.R.S. § 20-156(A) at least once every five years.
- B. Instead of the examination under subsection (A), the Director may accept the most recent examination report prepared by the National Association of Insurance Commissioners insurance regulatory authority of another state on any foreign or alien insurer if:
 - 1. The insurance regulatory authority was accredited under the National Association of Insurance Commissioners' Financial Regulation Standards and Accreditation Program at the time of the examination,
 - 2. A National Association of Insurance Commissioners accredited insurance regulatory authority supervised the examination, or
 - 3. At least one examiner employed or contracted by a National Association of Insurance Commissioners accredited insurance regulatory authority:
 - a. Participated in and reviewed the examination work papers and report, and
 - b. Signed an affidavit stating that the examination was performed in a manner consistent with the standards and procedures required by the National Association of Insurance Commissioners accredited insurance regulatory authority.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1).
 Amended effective October 27, 1993 (Supp. 93-4). R20-6-1702 recodified from R4-14-1702 (Supp. 95-1).
 Amended by final rulemaking at 11 A.A.R. 2975, effective September 10, 2005 (Supp. 05-3).

R20-6-1703. Conduct of Examinations

- A. Upon determining that an examination should be conducted, the Director or the Director's designee shall issue an examination warrant appointing one or more examiners to perform the examination and instructing them as to the scope of the examination.
- B. Nothing contained in this Article shall be construed to limit the Director's authority to terminate or suspend any examination in order to pursue other legal or regulatory action pursuant to the insurance laws of this state or to pursue such action concurrent with the examination.
- C. The Director may disclose the content of an examination report, preliminary examination report or results, or any matter relating thereto, to the insurance department of any other state or country or to law enforcement officials of this or any other state or agency of the federal government at any time. Prior to

making such disclosure, the Director may require such other department or office to agree in writing to hold as confidential the examination report, preliminary examination report or results or any matter relating thereto until such time as the examination report, preliminary examination report or results or matter relating thereto are made public by the Director.

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1703 recodified from R4-14-1703 (Supp. 95-1).

R20-6-1704. Examination Reports

- A. All examination reports shall be comprised of only facts appearing upon the books, records, or other documents of the company, its agents or other persons examined, or as ascertained from the testimony of its officers or agents or other persons examined concerning its affairs, and such conclusions and recommendations as the examiners find warranted from the facts.
- B. No later than 60 days following completion of the examination, the examiner in charge shall submit to the Department a verified written report of examination under oath. Upon receipt of the verified report, the Department shall transmit the report to the company examined, together with a notice which shall afford the company examined a reasonable opportunity of not less than 10 days nor more than 30 days to make a written submission or rebuttal with respect to any matters contained in the examination report.
- C. Within 30 days after the end of the period allowed for the receipt of written submissions or rebuttals, the Director shall fully consider and review the report, together with any written submissions or rebuttals and any relevant portions of the examiner's workpapers and shall:
 - 1. File the examination report as submitted or with modification or corrections. If the examination report reveals that the company is operating in violation of any law, regulation or prior order of the Director, the Director may order the company to take any action necessary and appropriate to cure such violation; or
 - 2. Reject the examination report with directions to the examiners to reopen the examination for purposes of obtaining additional data, documentation or information, and resubmission pursuant to subsection (B).

Historical Note

Adopted effective February 22, 1993 (Supp. 93-1). R20-6-1704 recodified from R4-14-1704 (Supp. 95-1).

ARTICLE 18. PREPAID DENTAL PLAN ORGANIZATIONS**R20-6-1801. Definitions**

In this Chapter, the following definitions apply:

"Appointment" means a first-available, initial, non-emergent, diagnostic visit to a dentist.

"Board certified" means a dentist who is recognized by the appropriate specialty board of the Commission on Accreditation of Dental Education of the American Dental Association.

"Board eligible" means a dentist who successfully completes an approved training program in a specialty field recognized by the American Dental Association.

"Chief executive officer" means the person who has the authority and responsibility for the operation of a prepaid dental plan Organization according to applicable legal requirements and policies approved by the governing authority.

"Dental hygienist" means a person who is licensed to practice dental hygiene under A.R.S. § 32-1281 et seq.

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“Dentist” means a person who is licensed to practice dentistry under A.R.S. § 32-1201 et seq.

“Department” means the Arizona Department of Insurance.

“Diagnostic service” means a dental service intended to identify a dental abnormality, and includes a radiograph and a clinical exam.

“Director” means the director of the Arizona Department of Insurance.

“Emergency dental service” means a dental service intended to evaluate and stabilize a dental condition of recent onset, control bleeding, and relieve pain, and includes the provision of local anesthesia, and elimination of acute infection, but does not mean a medication that is prescribed by the dentist.

“General dentist” means a dentist whose practice is not limited to a specific area and who is not board certified.

“Governing authority” means the persons, including a board of trustees or board of directors, who have the ultimate authority and responsibility for the direction of a prepaid dental plan Organization.

“Organization” means a prepaid dental plan organization as defined in A.R.S. § 20-1001.

“Patient” means a person who is being attended by a dentist or dental hygienist to receive an examination, diagnosis, or dental treatment, or a combination of an examination, diagnosis, and dental treatment.

“Preventive service” means dental care intended to maintain dental health and prevent dental disease, including any combination of oral hygiene education, routine prophylaxis, and application of fluorides.

“Prophylaxis” means cleaning the teeth of a patient with healthy tissue using mild abrasives and dental instruments to remove plaque, calculus, and stains above the gum line.

“Provider directory” means an Organization’s published listing of all contracted network dentists.

“Radiograph” means a picture produced on a sensitive surface by a form of radiation other than light, including x-ray.

“Restorative service” means the use of a metal or composite filling or crown.

“Specialist” means a dentist whose practice is limited to one of the nine specialty categories recognized by the American Dental Association: endodontics, oral and maxillofacial surgery, oral and maxillofacial radiology, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, oral pathology, or dental public health.

“Treatment plan” means a statement of the services to be performed to eliminate or alleviate a patient’s symptoms or disease, based on a dentist’s assessment of the patient’s dental history, the clinical examination, and the dentist’s diagnosis.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1802. Application for Certificate of Authority

- A. A person who wishes to operate as prepaid dental plan organization in Arizona shall file an application for certificate of authority under A.R.S. § 20-1003 for the director’s review and approval under A.R.S. § 20-1004. The application shall contain all the information required in A.R.S. § 20-1003 and R20-6-1802.

- B. An authorized insurer shall issue the fidelity bond required under A.R.S. § 20-1004(A)(4).
- C. An Organization shall not commence operation of, or service under, a prepaid dental plan without approval of the director under A.R.S. § 20-1004.
- D. An application is deemed filed with the director when the director receives it. The applicant shall include fees under A.R.S. § 20-167 with the application.
- E. An applicant not domiciled in this state shall file a power of attorney as required by A.R.S. § 20-1003(A)(11) on a Department-prescribed form, with the application.
- F. Within 180 days after the director issues a certificate of authority to an Organization, the Organization shall notify the director in writing of each member appointed to the board of directors for the Organization under A.R.S. § 20-1003(A)(4).
- G. At the time it submits its application for certificate of authority, an Organization shall submit a written program of compliance with supporting documents that specify how the Organization will comply with the provisions of this Article. The written program of compliance shall contain the following:
1. The responsibilities of and qualifications for the following positions:
 - a. The Organization’s chief executive officer, and
 - b. The Organization’s dental director;
 2. A plan for provision of basic dental services required under R20-6-1806(A) and a copy of the schedule of benefits required under R28-6-1806(B);
 3. A description of the system for delivery of services under R20-6-1807;
 4. A description of the geographic area designated under R20-6-1808;
 5. A plan for compliance with contract requirements under R20-6-1809 and a copy of a contract with a general dentist and a specialist;
 6. A plan for compliance with records requirements under R20-6-1810; and
 7. The Organization’s quality improvement plan under R20-6-1811.
- H. An application shall include the following information:
1. The proposed number of members, and
 2. A copy of a letter from each network dentist that documents the dentist’s intent to contract with the Organization to provide services to patients under the Organization’s prepaid dental plan.
- I. The director may require that an applicant for a certificate of authority under A.R.S. § 20-1003(A)(14) submit information that discloses biographical, employment and business financial history, criminal activity, fingerprints, or any information that relates to the ability to operate a prepaid dental plan for principals, principal officers, controlling persons, and insurance producers of the applicant, if necessary for the protection of residents of this State.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1803. Chief Executive Officer

- A. The governing authority shall appoint a chief executive officer (CEO). The CEO shall have:
1. The education and experience to manage the Organization, and
 2. Responsibility for the geographic area in Arizona that the Organization serves, including:
 - a. Implementing the policies of the governing authority, and

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- b. Maintaining adequate personnel to ensure compliance with applicable Arizona statutes and rules.
- B. The governing authority shall notify the Department within ten days after the effective date of a change in the appointment of the CEO.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1804. Dental Director

- A. The governing authority or CEO shall appoint as the Organization's dental director a dentist licensed to practice dentistry in any state or territory of the United States or the District of Columbia.
- B. The dental director shall perform at least the following functions for the Organization's geographic area in Arizona:
 - 1. Participate on the Organization's quality improvement committee required under R20-6-1811;
 - 2. Oversee the Organization's program and processes for:
 - a. Maintaining and improving clinical quality of care, including continuity of care;
 - b. Provider relations;
 - c. Facility and dental record reviews; and
 - d. Provider credentialing and recredentialing;
 - 3. Be knowledgeable about and participate in decisions regarding the Organization's operations;
 - 4. Comply with A.R.S. § 20-2510(B) and (C) when directly denying, on the basis of medical necessity, a health care provider's request for prior authorization; and
 - 5. Timely respond to matters within the Organization's Arizona geographic area that require personal onsite attention or ensure that a designee who meets the requirements specified in subsection (D) timely responds to those matters.
- C. Matters that require personal onsite attention include:
 - 1. Urgent patient care issues that require examination of dental records or X-rays;
 - 2. Prompt personal discussion with a provider of urgent concerns relating to credentialing, disciplinary problems, access to care, or quality of care.
- D. Any designee acting under subsection (B)(5) shall:
 - 1. Be a dentist licensed to practice dentistry in any state or territory of the United States or the District of Columbia;
 - 2. Have expedient access to the dental director, the CEO, and other organization management personnel as necessary to resolve any matter requiring personal onsite attention; and
 - 3. Have the education, experience, and Organizational knowledge required to address the matter requiring personal onsite attention.
- E. The Organization shall notify the Department in writing within ten days after the effective date of a change in the appointment of the dental director or any designee.
- F. The requirements for a designee under subsections (B)(5), (D), and (E) shall not apply to an Organization with fewer than 2,000 members in Arizona.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1805. Required Reporting

- A. An Organization shall submit to the Department in writing for review any proposed change to the program of compliance. The Department shall notify the Organization in writing within 30 days of receipt of the proposed change whether the submission is administratively complete. The Department shall com-

plete its substantive review and notify the Organization of approval or disapproval of the proposed change within 60 days of notification of administrative completeness.

- B. An Organization shall provide the following information about the prepaid dental plan to the Department quarterly:
 - 1. The total number of members and the number of members assigned to each general dentist's office;
 - 2. A list of all contracted network general dentists and specialists that notes those who have been added or deleted since the previous quarterly report;
 - 3. Verification that each specialist added to the network since the last quarterly report has graduated from a specialty graduate program accredited by the American Dental Association; Documentation of the Organization's quality improvement activities, including the number of providers who have been credentialed or re-credentialed since the last quarterly report, the number of facility reviews, and the number of chart reviews;
 - 4. The average wait time measured in weeks for an appointment for each network dentistry office;
 - 5. A copy of the current provider directory; and
 - 6. A complaint log with a summary of Organization responses by complaint category.
- C. An Organization shall submit the following information to the Department at least annually:
 - 1. Member satisfaction survey results and supporting data;
 - 2. Results of a survey of network general dentistry offices with supporting data confirming a recall system under R20-6-1809(B)(2);
 - 3. An electronic database that lists the name, address, and telephone number of each provider and whether the provider is accepting new members. The Organization shall submit the database for general dentists and specialists separately. The Organization shall submit any changes to this database to the Department quarterly; and
 - 4. A report that compiles all the copays listed in all the schedules of benefits offered by the Organization, with comparisons of the copays to the usual, customary, and reasonable fees, as determined by the Organization, for the procedures listed on the schedule of benefits.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1806. Basic Dental Services

- A. A prepaid dental plan shall provide the basic dental services listed below:
 - 1. Emergency dental services on a 24-hour-per-day basis,
 - 2. Diagnostic services,
 - 3. Preventive services, and
 - 4. Restorative services.
- B. An Organization shall publish and make available to its members and purchasers a schedule of benefits that includes the dental plan's basic dental services and other available dental services and any associated copays.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1807. System for Delivery of Services

- A. An Organization shall have a system for delivery of services that includes:
 - 1. An adequate network of general dentists. To determine network adequacy, the Department shall consider the following:

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- a. Geographic distribution of network general dentists' offices,
 - b. The number of dental offices accepting new members,
 - c. The percentage of all network members who are able to schedule an appointment within nine weeks,
 - d. The availability of trained clinical support staff in the Arizona geographic area,
 - e. The ratio of population growth to the increase or decrease in the number of dentists in the Arizona geographic area, and
 - f. Current availability for appointments in all general dentist practices in Arizona; and
2. Provision for using specialists for dental services that cannot be provided by the Organization's network of contracted specialists, if the services are covered benefits.
- B.** If a network dental office that is open to new members has an appointment wait time of longer than nine weeks, for three consecutive calendar quarters, the director may require the Organization to close the office to new members until the wait time is less than nine weeks.
- C.** If more than 15% of the network offices that are open to new members have an appointment wait time of longer than nine weeks, the Organization shall submit a plan to the Department under which the Organization will, within 90 days, reduce the wait time to less than nine weeks. If the Organization does not reduce the wait time to less than nine weeks within the 90 day period the Organization shall refer the members who are waiting for an appointment to another network general dentist or a non-network general dentist who can schedule the member for an appointment in less than nine weeks. The member may choose to continue dental care under the prepaid dental plan with the referred dentist for the remainder of the member's enrollment period. The Organization shall provide the non-network services to the referred member at a cost that is no greater than if the services are provided by the member's assigned network dentist.
- D.** An Organization shall pay for emergency dental services provided to a member by a dentist licensed in the jurisdiction where the services are provided, subject to plan limitations disclosed in the dental care plan, including emergency dental services that occur:
1. Within the geographic area served by the member's designated provider but the provider is unavailable, or
 2. Occurs outside of the member's designated geographic service area.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1808. Geographic Areas

- A.** An Organization shall designate the geographic areas in Arizona in which the Organization intends to provide dental services that are reasonably convenient to the prospective members. The Organization shall provide a description of the geographic areas and locations of all facilities in which dental care will be provided under the prepaid dental plan. This information shall accompany or be included in any advertisements or sales materials provided to prospective employer groups and prospective members.
- B.** An Organization shall define its geographic areas by citing at least one of the following:
1. Local government jurisdictions, such as cities or counties;
 2. Street boundaries; or
 3. Area within a specified radius of an intersection.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1809. Contract Requirements

- A.** An Organization shall have a written contract with each provider that documents the requirements for providing services under the prepaid dental plan and the terms of the agreements between the parties. The Organization shall ensure that the provider complies with all contract requirements.
- B.** In addition to the requirements in subsection (A), an Organization shall ensure that its contract with a provider includes the following provisions:
1. That the Organization has authority to review the provider's records,
 2. That the provider is responsible to implement and maintain a process to inform assigned members of the need to schedule periodic preventive dental services based on the member's oral health status, and
 3. That the provider is responsible to complete any procedure undertaken upon a member if the contract is terminated or expires.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1810. Records

- A.** Dental records are the property of the provider and shall not be removed from the provider's possession, except:
1. With the patient's permission, including for routing records to a dental or medical practitioner for consultation or evaluation; or
 2. When subpoenaed by a court or BODEX.
- B.** An Organization shall maintain at its principal office a copy of each issued or delivered advertising matter or sales material, letter of solicitation, evidence of coverage, provider directory, certificate, agreement, or contract. The Organization shall note the date each advertising matter or sales material is filed with the Department and the date of distribution to any person. The advertising matter or sales material shall be maintained for at least three years.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1811. Quality Improvement

- A.** An Organization shall have a governing authority.
- B.** The governing authority shall appoint a quality improvement committee that consists of the chief executive officer or designee, the dental director, the person who manages the Organization's quality improvement process, and at least one dental health professional. The committee may also include network allied health professionals and members of the plan.
- C.** The quality improvement committee shall:
1. Meet at least quarterly,
 2. Review and evaluate dental services delivered under the Organization's plan, and
 3. Establish procedures for recordkeeping and distribution of committee reports.
- D.** An Organization shall provide the director with a copy of the minutes of each quality improvement committee meeting within 30 days of the quality improvement committee meeting.
- E.** An Organization shall maintain a written quality improvement plan that contains procedures for each of the following:

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1. Ensuring that a dentist licensed in any state or territory of the United States or District of Columbia reviews and evaluates dental care and services provided by each contracted general dentist at least once every three years;
2. Allocation of the Organization's resources to analyze a problem or any identified deficiency;
3. Implementing a corrective action plan and methods for monitoring improvement;
4. Notifying a member in writing of the member's responsibility to cooperate with those providing dental care services and of the member's rights to:
 - a. Voice concerns about the Organization or care provided;
 - b. Be provided with information about the Organization, its services, providers, and member rights and responsibilities;
 - c. Participate in decisions about the member's dental care; and
 - d. Be treated with respect and have the right to privacy recognized;
5. Monitoring and improving membership satisfaction;
6. Maintaining an accurate provider directory that meets at least the following requirements:
 - a. Lists only credentialed providers who are currently scheduling members for diagnosis and treatment; and
 - b. Clearly designates providers who are not accepting new members;
7. Review by the dental director of the following for initial credentialing of network providers:
 - a. Query to the National Practitioner Data Bank;
 - b. Query to BODEX;
 - c. Valid United States Drug Enforcement Administration certificate, if applicable;
 - d. Evidence of current malpractice insurance; and
 - e. Documentation that each specialist has graduated from an accredited specialty graduate program as required by BODEX.
8. Recredentialing, at least every three years, that updates information obtained in subsections (E)(7)(b) through (d), for the dental director's review.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1812. Confidentiality of Records

An Organization shall not disclose information obtained pertaining to the diagnosis, treatment, or health of a member to any person except:

1. To the extent necessary to carry out this Article;
2. Upon the express written consent of the member, applicant, provider, or Organization, as appropriate; or
3. Under statute or court order for the production or discovery of evidence or as part of a civil or criminal investigation.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

R20-6-1813. Assignment of Members

- A. Within 30 days of enrollment, an Organization shall assign a member to the provider the member chooses. The Organization, however, shall choose and assign a provider to a member within 30 days of any of the following:

1. Receipt of a member enrollment form that does not designate a provider, or receipt of a member enrollment form that designates a provider who is unavailable;
 2. The date of the notice that the member's assigned provider intends to cease providing services; or
 3. The date the member's assigned provider becomes unavailable, for any reason.
- B. An Organization shall give each member the option of selecting a network provider other than the provider assigned by the Organization under subsection (A).
 - C. An Organization shall maintain a continuous assignment process in compliance with subsection (A) and (B), allowing no more than 4% of members to be unassigned at any time.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 463, effective January 10, 2002 (Supp. 02-1).

ARTICLE 19. HEALTH CARE SERVICES ORGANIZATIONS OVERSIGHT**R20-6-1901. Applicability**

- A. This Article applies to:
 1. All proposed and existing health care services organizations (HCSOs), and
 2. Each product offered by an HCSO under the HCSO's certificate of authority.
- B. The Department shall not issue a certificate of authority to an HCSO unless the HCSO meets the requirements of this Article.
- C. The Department shall not require an existing HCSO to re-file information already on file with the Department, but the HCSO shall modify its operations and procedures as may be necessary to comply with this Article and file with the Department all additional information necessary to make statements complete and current.
- D. This Article applies to inpatient emergency care, but does not apply to emergency services.
- E. This Article applies only to covered services.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1902. Definitions

In this Article, the following definitions apply:

"Access" or "accessibility" means the extent to which an enrollee can obtain timely covered services from a contracted provider at the appropriate level of care, and appropriate location.

"Adult" means an enrollee in the age group the HCSO has designated for an adult.

"Adult PCP" means a primary care provider practicing in any specialty the HCSO designates as adult primary care.

"Ancillary provider" means a provider of laboratory, radiology, pharmacy or rehabilitative services, physical therapy, occupational therapy, or speech therapy, home health services, dialysis, and durable medical equipment or medical supplies dispensed by order or prescription of a provider with the appropriate prescribing authority.

"Available" or "availability" means the extent to which the plan has contracted providers of the appropriate type and numbers at geographic locations to afford members access to timely covered services.

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“Chief executive officer” or “CEO” means the person who has the authority and responsibility for the operation of the health care services organization according to applicable legal requirements and policies approved by the governing authority.

“Child” means an enrollee in the age group the HCSO has designated for children.

“Contracted” means a provider has a current written agreement or an employment arrangement with an HCSO to provide covered services to an enrollee, or a current written agreement or an employment arrangement with a contracted provider to provide covered services to an enrollee.

“Covered” or “covered services” means the health care services described as covered benefits in the HCSO’s evidence of coverage.

“Day” means calendar day unless specified otherwise.

“Department” means the Department of Insurance.

“Effective process” means written policies and procedures that:

- Outline the steps that the HCSO implements and consistently follows internally,
- The HCSO subjects to internal quality improvement, and
- The HCSO communicates to providers when established or changed.

“Emergency services” has the meaning in A.R.S. § 20-2801(3).

“Enrollee” means an individual who is enrolled in a health plan operated by an HCSO.

“Facility” means an institution that is licensed or authorized to furnish health care services in this state, including general hospitals, special hospitals, residential treatment centers, residential rehabilitation centers, skilled nursing facilities, urgent care centers, and ambulatory surgical treatment centers.

“Governing authority” means a person or body such as a board of trustees or board of directors in whom the ultimate authority and responsibility for the direction of the HCSO is vested.

“HCSO” means a health care services organization.

“Health care services” has the meaning in A.R.S. § 20-1051(6).

“High profile” means one of no fewer than four specialties designated by the HCSO, and does not include obstetrics-gynecology. An HCSO may designate a specialty as high profile on the basis of high volume or other basis the HCSO reasonably determines is directly related to providing covered services to a member.

“Hospital” means a facility that provides inpatient care, medical services, and continuous nursing services for the diagnosis and treatment of patients.

“Inpatient care” means the covered services that an enrollee who is admitted to a hospital receives for at least 24 consecutive hours.

“Inpatient emergency care” means covered services that would be emergency services if provided in a licensed hospital emergency facility.

“License” means documented authorization issued by the appropriate state of Arizona agency to operate a facility in Arizona, or to practice a health care profession in Arizona.

“Medically necessary” has the meaning set forth in the HCSO’s evidence of coverage.

“Network” means the group of providers contracted with an HCSO to provide covered services to an enrollee covered under the HCSO’s health benefit plan.

“Network exception” means an enrollee receives covered services from a non-contracted provider either:

Because there is no contracted provider accessible or available that can provide the enrollee timely covered services, or

For any reason the HCSO determines it is in the enrollee’s best interests to receive care from a non-contracted provider.

“Non-contracted” means a provider that does not have a contract with an HCSO to provide services to an enrollee.

“Normal business hours” means 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding state or national holidays.

“Outpatient care” means covered services that an enrollee who is not an inpatient receives.

“Pediatric primary care provider” means a physician or practitioner practicing in any specialty the HCSO designates as pediatric primary care.

“Physician” means a licensed doctor of allopathic, chiropractic, optometric, osteopathic, or podiatric medicine.

“Practitioner” means any individual other than a physician who is licensed to furnish health care services, including behavioral health care services, in this state.

“Preventive care” means health maintenance care the HCSO provides or arranges to prevent illness and to improve the general health of an enrollee, including:

- Immunizations,
- Health education,
- Health evaluation and follow-up,
- Early disease detection,
- Screening tests appropriate for a person’s age and gender, and
- Periodic health care examinations.

“Primary care” means any specialty the HCSO designates as primary care.

“Primary care physician” or “PCP” means a physician or practitioner practicing in a specialty the HCSO designates as primary care.

“Provider” means any physician, practitioner, ancillary provider, or facility.

“Quality improvement” means an HCSO’s system for assessing and improving the level of performance of key process and outcomes.

“Routine care” means covered primary care for an enrollee’s non-urgent, symptomatic condition.

“Rural” means a zip code area with fewer than 1,000 persons per square mile as calculated annually by a population data gathering service designated by the Director.

“Service area” means any geographic area designated by any HCSO and approved by the Director under A.R.S. § 20-1053(A)(11).

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“Specialty care provider” or “SCP” means a physician or practitioner who has education, training, or qualifications in a specialty, other than primary care, beyond the education or qualifications required for the license.

“Specialty” or “specialty care” means a specific area of medicine practiced by a physician or practitioner who has education, training, or qualifications in that specific area of medicine in addition to the education or qualifications required for the physician’s or practitioner’s license.

“Special hospital” means a hospital that is licensed to provide hospital services within a specific area of medicine, or limits patient admission according to age, gender, type of disease, or medical condition.

“Suburban area” means any zip code area with 1,000-3,000 persons per square mile, as calculated annually by a population data gathering service designated by the Director.

“Telemedicine” means diagnostic, consultation, and treatment services that occur in the physical presence of an enrollee on a real-time basis through interactive audio, video, or data communication.

“Timely” means services are provided at the time when medically necessary.

“Travel expenses” has the meaning set forth in writing by an HCSO.

“Urban area” means a zip code with more than 3,000 persons per square mile as calculated annually by a population data gathering service designated by the Director.

“Urgent care” means unscheduled services for an enrollee’s condition that requires medical attention not amenable to scheduling in order to avoid a serious risk of harm.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1903. Documentation

The CEO shall ensure that the HCSO’s policies, procedures, plans, class specifications, orders, reports, minutes of meetings, contracts, agreements, records, and duty schedules are in writing, compiled and indexed in one or more manuals, and readily available for inspection by the Director.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1904. Health Care Plan

- A. An HCSO shall submit a statement to the Department that describes the proposed health care plan.
- B. The HCSO shall have an organized system for the delivery of health care services contained in subsection (D) that includes the following:
 1. Contracted providers that provide services under the plan;
 2. An effective process to promote a continuing relationship between an enrollee and the same PCP; and
 3. An effective process for referrals that ensures continuity of care to an enrollee.
- C. The HCSO shall list:
 1. The proposed or actual enrollment;

2. The number and names of contracted, employed, or HCSO-owned providers that will serve the enrollees and the board eligibility or certification of each physician, if applicable; and
 3. The plan for providing covered services to enrollees as required under this Article.
- D. The HCSO’s health care plan shall provide within the geographic area served the following basic health care services covered by the monthly charges in the evidence of coverage:
 1. Emergency care that includes emergency services and inpatient emergency care;
 2. Inpatient care;
 3. Specialty care, primary care, or ancillary care that includes diagnostic and therapeutic services;
 4. Outpatient care;
 5. Preventive care; and
 6. Emergency ambulance services under A.R.S. § 20-2801(2), and other ambulance services when approved by a plan physician.
 - E. The HCSO shall provide appropriate coverage for out-of-area emergency care to an enrollee traveling outside the area served by the HCSO.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). R20-6-1904 repealed; new Section R20-6-1904 renumbered and amended from R20-6-1906 by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1905. Geographic Area

- A. An applicant shall describe the proposed geographic area in at least one of the following ways:
 1. Legal description,
 2. Local governmental jurisdiction such as city or county,
 3. Census tracts,
 4. Street boundaries, or
 5. Area within a specified radius of a specified intersection or a specified primary care center.
- B. An applicant shall submit a map that shows the boundaries for the proposed geographic area.
- C. An applicant shall submit a description of the proposed network including the data required under R20-6-1913(A)(2) and (A)(3).
- D. All advertising matter and sales material provided a prospective enrollee shall include a description of the geographic area in terms readily understandable by the general public.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). R20-6-1905 repealed; new Section R20-6-1905 renumbered and amended from R20-6-1907 by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1906. Chief Executive Officer

- A. The governing authority shall appoint a CEO who has appropriate education and experience to manage the HCSO. The governing authority shall define the authority and duties of the CEO in writing. The CEO is the appointed representative of the governing authority and is the executive officer of the HCSO.
- B. The CEO shall have at least the following duties and responsibilities:
 1. Manage the HCSO;
 2. Establish and implement policies, procedures, and effective processes of the HCSO;

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3. Act as liaison between the governing authority and the providers of healthcare and other services to the HCSO; and
 4. Establish a written plan of authority that will be in place in the CEO's absence.
- C. When there is a change of CEO, the governing authority shall notify Department within 10 days after the effective date of change.
- D. The HCSO shall ensure that all HCSO employees and contracted providers are knowledgeable about and qualified to perform the duties assigned to them through employment or by contract.
- E. The HCSO shall designate a central place of business within the major geographic area served at which the CEO shall be based and from which the HCSO shall direct administrative activities.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Section R20-6-1906 renumbered to R20-6-1904; new Section R20-6-1906 renumbered and amended from R20-6-1908 by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1907. Medical Director

- A. The HCSO shall designate a physician as medical director.
- B. The medical director shall be responsible for planning and implementing the method for the continuing review and evaluation of health care provided by the HCSO and the continuing education of its providers of health care services. The medical director may also serve as the CEO if the medical director has appropriate education and experience to manage the HCSO.
- C. The medical director responsibilities include:
 1. Supervising medical staff;
 2. Performance planning and evaluating medical staff;
 3. Coordinating medical staff activities; and
 4. Developing medical care policies.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Section R20-6-1907 renumbered to R20-6-1905; new Section R20-6-1907 renumbered and amended from R20-6-1909 by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1908. Quality Assurance

- A. The HCSO shall provide an effective process for a continuing review and evaluation of the covered services it provides to enrollees to ensure that:
 1. Treatment and level of covered services are appropriate and adequate and
 2. The quality of covered services is acceptable to the HCSO.
- B. The HCSO shall have a quality assurance committee that includes at least the CEO or designee, the medical director, and representative network providers. The quality assurance committee shall:
 1. Arrange for physicians or practitioners to review and evaluate covered services provided by others physicians or practitioners within the respective disciplines.
 2. Adopt administrative procedures covering frequency of meetings, recordkeeping, committee reports, and disseminating the reports.
- C. The HCSO's effective process in subsection (A) shall include the following:
 1. Standards for health care;

2. Monitoring of care;
3. Analysis of any deficiency;
4. Correcting a deficiency including submitting a schedule for correcting the deficiency, requiring continuing education for the provider, if appropriate, and follow-up and periodic reassessment of the deficiency.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Section R20-6-1908 renumbered to R20-6-1906; new Section R20-6-1908 renumbered and amended from R20-6-1911, by final rulemaking at 11 A.A.R. 4861, effective December 31, 2006 (Supp. 05-4).

R20-6-1909. Evaluation of Network

Each HCSO shall have an effective process to evaluate the adequacy of its network to provide an enrollee with timely covered services.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Former R20-6-1909 renumbered to R20-6-1907; new Section R20-6-1909 made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1910. Process for Referral, Prior Authorization, Precertification, or Network Exception

- A. An HCSO shall have an effective process for assisting an enrollee to obtain timely covered services when the enrollee or enrollee's referring provider cannot find a contracted provider who is timely accessible or available.
- B. An HCSO shall have an effective process during normal business hours for handling referrals, prior authorizations, precertifications, or network exceptions necessary for timely routine care. This process may include the HCSO's procedure for standing referrals required in A.R.S. § 20-1057.01.
- C. Each HCSO shall have an effective process to handle referrals or network exceptions necessary for timely urgent care seven days a week.
- D. An HCSO that requires prior authorization or precertification for urgent care shall have an effective process to handle requests for prior authorization or precertification 24 hours a day, seven days a week.
- E. An HCSO shall have an effective process for handling network exceptions that ensures the HCSO reimburses an enrollee for any out-of-network cost the enrollee incurs that the enrollee would not have incurred if the enrollee had received the services in-network.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1911. HCSO Communication with Providers

An HCSO shall have an effective process for communicating with contracted providers regarding the following:

1. The providers in the network,
2. Contractual or administrative changes relating to enrollee access or provider availability, and
3. Procedures for handling claims and grievances submitted by providers.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 2769, effective July 1, 2001 (Supp. 01-2). Former R20-6-

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1911 renumbered to R20-6-1908; new R20-6-1911 made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1912. Network Directories

- A.** An HCSO shall publish a provider network directory as follows:
1. An HCSO shall list the name, address, telephone number, specialty, and hospital affiliation for all in-area contracted physicians or practitioners.
 2. An HCSO may list ancillary providers by corporate or group name and is not required to list individual physicians or practitioners.
 3. An HCSO is not required to list physicians or practitioners in the following areas of specialties or areas of practice:
 - a. Emergency medicine;
 - b. Anesthesiology, except anesthesiologists who provide pain management services;
 - c. Hospital-based pathology;
 - d. Hospital-based radiology; and
 - e. Hospitalists.
 4. An HCSO that lists any of the physicians or practitioners in subsections R20-6-1912(A)(3)(a) through (A)(3)(e) may list by corporate or group name and is not required to list individual physicians or practitioners.
 5. An HCSO that uses hospitalists is not required to list the hospital affiliations of PCPs who do not admit or attend hospitalized members.
 6. An HCSO shall publish a provider network directory that lists all its contracted facilities and contains:
 - a. The name, address, and telephone number of each facility;
 - b. For each hospital at which the HCSO uses hospitalists, if any, a statement that the HCSO uses hospitalists at that hospital;
 - c. For an HCSO that uses hospitalists and does not list them in the directory, information on how an enrollee can find out what hospitalists or group of hospitalists it uses at each hospital;
- B.** The network directory shall conspicuously state in the directory the following:
1. Changes occur in the network after the directory is published and some providers listed in the directory may no longer be contracted,
 2. Enrollee coverage may depend on the contract status of the provider,
 3. Where the enrollee can obtain more recent directory information,
 4. The effective date of the network directory, and
 5. The method for an enrollee or prospective enrollee to find out which PCPs are accepting new enrollees from the HCSO.
- C.** Each HCSO shall make its network directory available on paper to enrollees or prospective enrollees requesting it. The HCSO shall:
1. Publish the paper directory at least once a year;
 2. Update or supplement the information in the paper directory at least every six months;
 3. Explain in the paper directory how an enrollee or prospective enrollee can use or get assistance using the HCSO's online or telephone directories, if any; and
 4. Have discretion to list physicians' or practitioners' hospital affiliations in its paper directory.
- D.** Each HCSO that has an online network directory shall:
1. Update the online directory at least monthly;

2. Make the online directory easy to use and user friendly; and
3. Explain, in the online directory, how an enrollee or prospective enrollee can obtain a paper directory.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1913. Demographic Information Reports

- A.** An HCSO shall report the following data to the Department:
1. For each enrollee, report annually:
 - a. Street address,
 - b. Zip code,
 - c. Gender, and
 - d. Year of birth.
 2. For all contracted providers, report semiannually:
 - a. Provider name,
 - b. Street address or addresses at which the provider provides covered services,
 - c. Zip code, and
 - d. Arizona license number,
 3. For all contracted physicians or practitioners, report semiannually:
 - a. Specialty, and
 - b. Medical or other applicable degree or information that designates the type of physician or practitioner.
- B.** The HCSO shall report the information in subsection (A) to the Department by the following deadlines:
1. For information in subsection (A)(1) as of December 31 of each calendar year, by February 15 of the next calendar year.
 2. For information in subsection (A)(2) as of June 30, by August 15 of the same calendar year.
 3. For information in subsection (A)(2) as of December 31, by February 15 of the next calendar year.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1914. Access

- An HCSO shall provide to or arrange for its enrollees services or appointments for services as follows:
1. For preventive care services from a contracted PCP, an appointment date within 60 days of the enrollee's request, or sooner if necessary, for the enrollee to be immunized on schedule.
 2. For routine-care services from a contracted PCP, an appointment date within 15 days of the enrollee's request to the PCP or sooner if medically necessary.
 3. For specialty care services from a contracted SCP, an appointment date within 60 days of the enrollee's request or sooner if medically necessary.
 4. In-area urgent care services from a contracted provider seven days per week.
 5. Timely non-emergency inpatient care services from a contracted facility.
 6. Timely services from a contracted physician or practitioner in a contracted facility including inpatient emergency care.
 7. Services from a contracted ancillary provider during normal business hours, or sooner if medically necessary.

Historical Note

New Section made by final rulemaking at 11 A.A.R. 4861, effective December 31, 2005 (Supp. 05-4).

R20-6 1915. Alternative Access

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- A. As an alternative to providing access to covered services from a physician, an HCSO may provide access to covered services from an appropriately licensed practitioner.
- B. As an alternative to providing access to covered services at a hospital under R20-6-1914, an HCSO may provide access to covered services at another appropriately licensed facility.
- C. As an alternative to providing access to covered services from a physician or practitioner who sees an enrollee in person under R20-6-1914, an HCSO may provide access to necessary covered services through:
 - 1. Telephone calls and messages,
 - 2. Electronic mail,
 - 3. Communication with the physician's or practitioner's staff,
 - 4. Coverage by another physician or practitioner, or
 - 5. Telemedicine,
- D. An HCSO that panels enrollees to PCPs may panel enrollees to appropriately licensed practitioners.

Historical Note

New Section made by final rulemaking at 11 A.A.R.
4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1916. Availability Ratios

- A. An HCSO shall maintain a ratio of contracted adult PCPs to adults that is adequate to provide those adults with covered services. An HCSO with a Medicare Advantage (MA) plan may have one ratio that applies to both its insured and MA populations, or a separate ratio for each.
- B. An HCSO shall maintain a ratio of contracted pediatric PCPs to children that is adequate to provide those children enrollees with covered services.
- C. An HCSO shall maintain a ratio of contracted high profile SCPs to enrollees that is adequate to provide those enrollees with covered services that include services at contracted facilities. An HCSO with a MA plan may have one ratio that applies to both its insured and MA populations, or a separate ratio for each.

Historical Note

New Section made by final rulemaking at 11 A.A.R.
4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1917. Geographic Availability in an Urban Area

An HCSO shall provide each enrollee living in an urban area of the HCSO's service area the following:

- 1. Primary care services from a contracted PCP located within 10 miles or 30 minutes of the enrollee's home;
- 2. High profile specialty care services from a contracted SCP located within 15 miles or 45 minutes of the enrollee's home; and
- 3. Inpatient care in a contracted general hospital, or contracted special hospital, within 25 miles or 75 minutes of the enrollee's home.

Historical Note

New Section made by final rulemaking at 11 A.A.R.
4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1918. Geographic Availability in a Suburban Area

Each HCSO shall provide each enrollee member living in a suburban area within the HCSO's service area the following:

- 1. Primary care from a contracted PCP located within 15 miles or 45 minutes of the enrollee's home;
- 2. High profile specialty care services from a contracted SPC within 20 miles or 60 minutes of the enrollee's home; and

- 3. Inpatient care in a contracted hospital, or a contracted special hospital within 30 miles or 90 minutes of the enrollee's home.

Historical Note

New Section made by final rulemaking at 11 A.A.R.
4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1919. Geographic Availability in a Rural Area

An HCSO shall provide each enrollee living in a rural area with primary care services from a contracted physician or practitioner within 30 miles or 90 minutes of the enrollee's home.

Historical Note

New Section made by final rulemaking at 11 A.A.R.
4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1920. Travel Requirements

- A. An HCSO may require an enrollee to travel a greater distance in-area to obtain covered services from a contracted provider than the enrollee would have to travel to obtain equivalent services from a non-contracted provider, except where a network exception is medically necessary. Nothing in this Section creates an exception to R20-6-1918 through R20-6-1920.
- B. If the HCSO prior-authorizes services that require an enrollee to travel outside the HCSO service area because the services are not available in the area, the HCSO shall reimburse the enrollee for travel expenses. Except as provided under R20-6-1904(E)(6), an HCSO is not required to reimburse an enrollee for travel expenses the enrollee incurs to obtain covered services in-area.

Historical Note

New Section made by final rulemaking at 11 A.A.R.
4861, effective December 31, 2005 (Supp. 05-4).

R20-6-1921. Enforcement Consideration

In determining the appropriate enforcement action or penalties for failure to comply with these rules, the Department shall consider any documentation the HCSO provides regarding:

- 1. Whether seasonal shifts in demand affect access and availability of covered services;
- 2. Whether the HCSO's demographic information has changed significantly since the HCSO's most recent report;
- 3. Whether an enrollee has refused to accept covered services the HCSO has offered in the time-frames or locations required of the HCSO by this Article;
- 4. Whether an enrollee has requested and obtained covered services from a contracted provider whose location, or appointment availability, or capacity result in the HCSO's non-compliance; and
- 5. Whether market factors indicate that on a short-term basis, compliance is not possible. Market factors include shortage of providers, enrollee or provider location, and provider practice or contracting patterns.

Historical Note

New Section made by final rulemaking at 11 A.A.R.
4861, effective December 31, 2005 (Supp. 05-4).

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ARTICLE 20. CAPTIVE INSURERS**R20-6-2001. Reserved****R20-6-2002. Fees; Examination Costs**

- A. A corporation applying for a license to do business as a captive insurer, under A.R.S. § 20-1098, shall pay a nonrefundable fee of \$1,000.00 to the Department for issuance of the license. A captive insurer that is a protected cell captive insurer, as defined in A.R.S. § 20-1098, also shall pay to the Department a nonrefundable fee of \$1,000 for each participant contract application that establishes a protected cell under A.R.S. § 20-1098.05(B)(9). The fee is payable in full at the time the applicant submits the application for license to the Department under A.R.S. § 20-1098.01.
- B. A captive insurer shall pay a nonrefundable annual renewal fee of \$5,500.00 to the Department at the time of filing its annual report under A.R.S. § 20-1098.07. Under A.R.S. § 20-1098.01(J), a captive insurer that is a protected cell captive insurer also shall pay to the Department a nonrefundable annual renewal fee of \$2,500.00 for each protected cell at the time of filing its annual report under A.R.S. § 20-1098.07.
- C. A captive insurer shall pay a nonrefundable fee of \$200.00 to the Department at the time of filing for issuance of an amended certificate of authority.
- D. In addition to the fees prescribed in subsections (A) and (B), an applicant for a captive insurer license or a licensed captive insurer shall pay the costs of any examination the Director conducts, under A.R.S. § 20-1098.08.

Historical Note

New Section made by final rulemaking at 8 A.A.R. 2478, effective July 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 2977, effective September 13, 2005 (Supp. 05-3). Subsection (A) corrected at request of the Department, Office File No. M11-252, filed July 20, 2011 (Supp. 11-3).

ARTICLE 21. CUSTOMER INFORMATION SECURITY PROGRAM

Article 21, consisting of R20-6-2101 through R20-6-2104, made by final rulemaking at 10 A.A.R. 2260, effective July 13, 2004 (Supp. 04-2).

R20-6-2101. Definitions

The following definitions apply in this Article:

1. "Consumer" means an individual, or the individual's legal representative, who seeks to obtain, obtains, or has obtained an insurance product or service from a licensee that is to be used primarily for personal, family, or household purposes, and about whom the licensee has nonpublic personal information. Consumer can include a prospective applicant, policyholder, certificateholder, insured, or claimant.
2. "Customer" means a consumer who has a continuing relationship with a licensee under which the licensee provides one or more insurance products or services to the consumer that are used primarily for personal, family, or household purposes.
3. "Customer information" means nonpublic personal information and privileged information about a customer whether in paper, electronic, or other form, that is maintained by or on behalf of an insurance institution, insurance producer, or insurance support organization.
4. "Customer information systems" means the electronic, or physical methods used to access, collect, store, use, transmit, protect, or dispose of customer information.
5. "Insurance institution" has the meaning prescribed in A.R.S. § 20-2102(10).

6. "Insurance producer" means a person required to be licensed under A.R.S. Title 20, Chapter 2, Article 3 to sell, solicit, or negotiate insurance and includes a managing general agent as defined in A.R.S. § 20-311.
7. "Insurance support organization" has the meaning prescribed in A.R.S. § 20-2102(13).
8. "Licensee" means an insurance institution, insurance producer, or insurance support organization, but does not include a purchasing group or an unauthorized insurer in regard to the excess line business conducted under Title 20, Chapter 2, Article 5.
9. "Personal information" has the meaning prescribed in A.R.S. § 20-2102(19).
10. "Privileged information" has the meaning prescribed in A.R.S. § 20-2102(22).
11. "Service provider" means a person that maintains, processes, or otherwise is permitted access to customer information through its provision of services directly to a licensee.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2260, effective July 13, 2004 (Supp. 04-2).

R20-6-2102. Customer Information Security Program

A licensee shall implement a comprehensive written customer information security program that includes administrative, technical, and physical safeguards for the protection of customer information. The administrative, technical, and physical safeguards included in the information security program shall be appropriate to the size and complexity of the licensee and the nature and scope of its activities.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2260, effective July 13, 2004 (Supp. 04-2).

R20-6-2103. Objectives of Customer Information Security Program

A licensee's customer information security program shall be designed to:

1. Ensure the security and confidentiality of customer information;
2. Protect against any anticipated threats or hazards to the security or integrity of the information; and
3. Protect against unauthorized access to or use of the information.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2260, effective July 13, 2004 (Supp. 04-2).

R20-6-2104. Guidelines for Methods of Development and Implementation

A licensee may implement the requirements of R20-6-2102 and R20-6-2103 by the actions and procedures prescribed in this Section, which are non-exclusive illustrations:

1. A licensee may assess risk by:
 - a. Identifying reasonably foreseeable internal or external threats that could result in unauthorized disclosure, misuse, alteration, or destruction of customer information or customer information systems;
 - b. Assessing the likelihood and potential damage of these threats, taking into consideration the sensitivity of customer information; and
 - c. Assessing the sufficiency of policies, procedures, customer information systems, and other safeguards in place to control risks.
2. A licensee may manage and control risk by:

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- a. Designing its information security program to control the identified risks, commensurate with the sensitivity of the information, as well as the complexity and scope of the licensee's activities;
 - b. Training staff to implement the licensee's information security program; and
 - c. Regularly testing or otherwise regularly monitoring the key controls, systems and procedures of the information security program. The licensee shall determine the frequency and nature of these tests or other monitoring practices by the licensee's risk assessment.
3. A licensee may oversee service provider arrangements by:
 - a. Exercising appropriate due diligence in selecting its service providers; and
 - b. Requiring its service providers to implement measures designed to meet the objectives of this Article, and, where indicated by the licensee's risk assessment, taking appropriate steps to confirm that its service providers have satisfied these obligations.
 4. A licensee may monitor, evaluate, and adjust, as appropriate, its information security program in light of any relevant changes in technology, the sensitivity of its customer information, internal or external threats to information, and the licensee's own changing business arrangements, such as mergers and acquisitions, alliances and joint ventures, outsourcing arrangements, and changes to customer information systems.

Historical Note

New Section made by final rulemaking at 10 A.A.R. 2260, effective July 13, 2004 (Supp. 04-2).

ARTICLE 22. MILITARY PERSONNEL**R20-6-2201. Military Sales Practices**

- A. The Department incorporates by reference the National Association of Insurance Commissioners (NAIC) Military Sales Practices Model Regulation June 2007 (Model Regulation), and no future editions or amendments, which is on file with the Department of Insurance, 2910 N. 44th St., Phoenix, AZ 85018 and available from the National Association of Insurance Commissioners, Publications Department, 2301 McGee St., Suite 800, Kansas City, MO 64108.
- B. The Model Regulation is modified as follows:
 1. In addition to the terms defined in the Model Regulation, the following definitions apply:
 - a. "Commissioner" means the Director of the Arizona Department of Insurance.
 - b. "Regulation" means Article.
 2. Section 3 is modified to insert "A.R.S. § 20-106, 20-142 and 20-143" after "of."
 3. Section 7(E)(5)(b) is modified to insert "A.R.S. § 20-1241 et seq., R20-6-202, and R20-6-209" after "requirements of."
 4. Subsection 7(F)(5) of the Model Regulation is excluded from this Section.

Historical Note

New Section made by final rulemaking at 13 A.A.R. 4215, effective January 5, 2008 (Supp. 07-4).

ARTICLE 23. THRESHOLD RATE REVIEW – INDIVIDUAL HEALTH INSURANCE**R20-6-2301. Applicability; Definitions**

- A. This Article applies to rates charged by health insurers for individual health insurance. This Article does not apply to rates charged by health insurers for the following:
 1. Health insurance that a health insurer issues to an employer or to any group described in either A.R.S. § 20-1401 or A.R.S. § 20-1404(A), except health insurance issued to an association or its individual members as described in R20-6-2301(B)(7)(b);
 2. Grandfathered health plan coverage as defined in 45 CFR 147.140; or
 3. Health insurance that covers excepted benefits as described in section 2791(c) of the PHS Act, 42 U.S.C. 300gg-91(c).
- B. In this Article, the following definitions apply:
 1. "Department" means the Arizona Department of Insurance.
 2. "Blanket disability insurance" has the meaning prescribed in A.R.S. § 20-1404(A).
 3. "CMS" means the Centers for Medicare & Medicaid Services.
 4. "Federal medical loss ratio standard" means the applicable medical loss ratio standard determined under 45 CFR 158, Subpart B.
 5. "Health insurance" means disability insurance as defined in A.R.S. § 20-253, a health care plan as defined in A.R.S. § 20-1051(5) and disability insurance or a health care plan offered by a hospital service corporation, medical service corporation or hospital, medical, dental and optometric service corporation as defined in A.R.S. § 20-822(3).
 6. "Health insurer" means an insurer, as that term is defined in A.R.S. § 20-104, authorized to transact disability insurance in Arizona, a health care services organization as defined in A.R.S. § 20-1051(7) or a hospital service corporation, medical service corporation or hospital, medical, dental and optometric service corporation as defined in A.R.S. § 20-822(3).
 7. "Individual health insurance" means health insurance that a health insurer issues to either:
 - a. An individual, to cover:
 - i. The individual, or
 - ii. The individual's dependents, or
 - iii. The individual and the individual's dependents.
 - b. An association or its individual members to cover the individual members and their dependents, and which the Department would regulate under A.R.S. Title 20, Chapter 6 as individual health insurance if the health insurer did not issue it to an association or individual members of an association.
 8. "PHS Act" means Part A of Title XXVII of the Public Health Service Act, 42 U.S.C. Chapter 6A.
 9. "Product" means a package of health insurance benefits with a discrete set of rating and pricing methodologies that a health insurer offers as individual insurance in Arizona.
 10. "Preliminary justification" means a justification that consists of the parts described in R20-6-2302(A).
 11. "Rate increase" means an increase of the rates for an individual health insurance product that a health insurer offers in Arizona that:
 - a. Results from a change to the underlying rate structure of the product, and
 - b. May result in premium changes for the product.
 12. "Secretary" means the Secretary of the United States Department of Health and Human Services.

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13. "Threshold rate increase" means a rate increase that meets or exceeds an Arizona-specific threshold as noticed by the Secretary in 45 CFR 154.200, provided:
 - a. The average increase for all enrollees weighted by premium volume meets or exceeds the applicable threshold; and
 - b. If a rate increase that does not otherwise meet or exceed the Arizona-specific threshold meets or exceeds the Arizona-specific threshold when combined with a previous increase or increases during the 12-month period preceding the date on which the rate increase would become effective, then the rate increase must be considered to meet or exceed the Arizona-specific threshold and is subject to threshold rate review that shall include a review of the aggregate rate increases during the applicable 12-month period.
14. "Threshold rate review" means the review by the Department under this Article of a threshold rate increase.
15. "Unreasonable rate increase" means a rate increase that results in benefits that are not reasonable in relation to the premium the health insurer charges for the product. The following factors are relevant in determining whether a rate increase results in benefits that are unreasonable in relation to premium:
 - a. The rate increase results in a projected medical loss ratio below the federal medical loss ratio standard after accounting for any adjustments allowable under federal law;
 - b. One or more of the assumptions on which the health insurer based the rate increase is not supported by sound actuarial reasoning, data and analysis;
 - c. The choice of assumptions or combination of assumptions on which the insurer based the rate increase is unreasonable;
 - d. The health issuer provides data or documentation that is incomplete, inadequate or otherwise does not provide a basis upon which the Department can determine the reasonableness of a rate increase; or
 - e. The increase results in premium differences between insureds within similar risk categories that are unfairly discriminatory under A.R.S. Title 20, Chapter 2, Article 6.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 2721, effective October 3, 2012 (Supp. 12-4).

R20-6-2302. Disclosure of Preliminary Justification

- A. Preliminary Justification. For each threshold rate increase for each affected product, a health insurer shall submit to the Department and to CMS, on a form and in the manner prescribed by the Secretary in 45 CFR 154.215, a preliminary justification that contains all of the following:
 1. Preliminary Justification Part I. A summary of the content of the threshold rate increase that includes:
 - a. Historical and projected claims experience;
 - b. Trend projections related to utilization, and service or unit cost;
 - c. Any claims assumptions related to benefit changes;
 - d. Allocation of the overall rate increase to claims and non-claims costs;
 - e. Per enrollee per month allocation of current and projected premium; and
 - f. Three year history of rate increases for the product associated with the rate increase.

2. Preliminary Justification Part II. A written description that justifies the rate increase and that contains a simple and brief narrative describing the data and assumptions the health insurer used to develop the rate increase, and includes the following:
 - a. An explanation of the most significant factors causing the rate increase, including a brief description of the relevant claims and non-claims expense increases reported in subsection (A)(1); and
 - b. A brief description of the overall experience of the policy, including historical and projected expenses, and loss ratios.
- B. A health insurer may submit a single, combined preliminary justification that contains all the information in subsections (A)(1) and (2) for threshold rate increases that affect more than one product if the health insurer has aggregated the claims experience of all products to calculate the rate increases and the rate increases are the same for all products.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 2721, effective October 3, 2012 (Supp. 12-4).

R20-6-2303. Timing for Submission of Preliminary Justification

- A. If R20-6-607 applies to a threshold rate increase, the health insurer shall submit its preliminary justification to the Department and to CMS on the date on which the health insurer files the rate increase request under R20-6-607.
- B. If R20-6-607 does not apply to a threshold rate increase, the health insurer shall submit the preliminary justification to the Department and to CMS at least 60 days prior to the date the health insurer intends to implement the threshold rate increase in Arizona.
- C. The Department shall provide access from its website to the Parts I and II of the Preliminary Justifications of the proposed rate increases that it reviews and have a mechanism for receiving public comments on those proposed rate increases.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 2721, effective October 3, 2012 (Supp. 12-4).

R20-6-2304. Response to Unreasonableness Determination

If the health insurer receives from CMS a notice that the Department has determined that the health insurer's threshold rate increase is unreasonable, the health insurer shall select one of the following three options:

1. Option to not implement the rate increase determined unreasonable. Within 30 days of receiving from CMS the Department's determination, the health insurer shall notify the Department and CMS that it will not implement the rate increase and request the Department to withdraw the rate increase request;
2. Option to implement a smaller rate increase than the rate determined unreasonable. Within 30 days of receiving from CMS the Department's determination, the health insurer shall notify the Department and CMS, on a form and in the manner prescribed by the Secretary, that it intends to implement a rate increase that is smaller than the one determined unreasonable. One of the following shall apply to this option:
 - a. If the health insurer selects this option and the smaller rate increase is not a threshold rate increase, the smaller rate increase is not subject to this Article;
 - b. If the health insurer selects this option, and R20-6-607 applied to the rate increase the Department determined to be unreasonable, the health insurer

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- shall revise the rate increase filing to reflect the smaller rate increase or file a new rate increase. If the smaller rate increase is a threshold rate increase, the health insurer shall submit a new preliminary justification on the date the health insurer revises the rate increase filing or files a new rate increase; or
- c. If the health insurer selects this option, and R20-6-607 did not apply to the rate increase the Department determined to be unreasonable, and the smaller increase is a threshold rate increase, the health insurer shall submit to the Department and to CMS a new preliminary justification at least 60 days prior to the date the health insurer intends to implement the smaller increase in Arizona.
3. Option to implement the rate increase determined unreasonable. Within 10 business days after the health insurer either implements the rate increase that the Department determined unreasonable, or receives from CMS the Department's determination, the health insurer shall:
 - a. Submit, to the Department and to CMS, a final justification in response to the Department's determination. The information in the final justification shall be the same as the information submitted by the insurer under R20-6-2302(A)(1) and (2) in the preliminary justification supporting the rate increase; and
 - b. Prominently post on its website, on a form and in the manner prescribed by the Secretary under 45 CFR 154.230 the following information:
 - i. The Department's determination that the rate increase is unreasonable and Department's explanation of the Department's analysis of the relevant factors set forth in R20-6-2305(A)(1) and (2), and
 - ii. The health insurer's final justification for implementing the rate increase.
 - c. Continue to make the information in subsection (3)(b) available to the public on its website for at least three years.
6. The impact of any overestimate or underestimate of medical trend for prior year periods related to the rate increase;
 7. The impact of changes in reserve needs;
 8. The impact of changes in administrative costs related to programs that improve health care quality;
 9. The impact of changes in other administrative costs;
 10. The impact of changes in applicable taxes, licensing or regulatory fees;
 11. Medical loss ratio;
 12. The health insurance insurer's capital and surplus; and
 13. Other relevant documentation at the discretion of the Director.
- C. A health insurer shall submit all documentation required under subsection (A) or (B) at the same time that:
 1. The health insurer submits the preliminary justification required under R20-6-2302, or
 2. The health insurer submits any new preliminary justification required under R20-6-2304(2)(b) and (c).

Historical Note

New Section made by final rulemaking at 18 A.A.R.
2721, effective October 3, 2012 (Supp. 12-4).

ARTICLE 24. OUT-OF-NETWORK CLAIM DISPUTE RESOLUTION**R20-6-2401. Definitions**

The definitions in A.R.S. § 20-3111 and this Section apply to this Article.

1. "Allowed Amount" is the amount reimbursable for a covered service under the terms of the enrollee's benefit plan. The allowed amount includes both the amount payable by the insurer and the amount of the enrollee's cost sharing requirements.
2. "Alternative Arbitrator" is an individual who is mutually agreeable to the health insurer and health care provider to act as the arbitrator of a surprise out-of-network billing dispute. If the person is contracted with the State of Arizona to conduct arbitration proceedings, the provisions of that contract shall apply. Department staff may not serve as an Alternative Arbitrator.
3. "Amount of the enrollee's cost sharing requirements" means the amount determined by the insurer prior to the dispute resolution process to be owed by the enrollee for out-of-network copayment, coinsurance and deductible pursuant to the enrollee's health care policy.
4. "Arbitrator" has the same meaning as A.R.S. § 20-3111(2) and may include a mediator, arbitrator or other alternative dispute resolution professional who is contracted with the Department to arbitrate a surprise out-of-network billing dispute. Department staff may not serve as an Arbitrator.
5. "A.R.S. § 20-3113 Disclosure" means a written, dated document that contains the following information:
 - a. The name of the billing health care provider;
 - b. A statement that the health care provider is not a contracted provider;
 - c. The estimated total cost to be billed by the health care provider or the provider's representative for the health care services being provided;
 - d. A notice that the enrollee or the enrollee's authorized representative is not required to sign the A.R.S. § 20-3113 Disclosure to obtain health care services;
 - e. A notice that if the enrollee or the enrollee's authorized representative signs the A.R.S. § 20-3113 Disclosure, they may have waived any rights to request

Historical Note

New Section made by final rulemaking at 18 A.A.R.
2721, effective October 3, 2012 (Supp. 12-4).

R20-6-2305. Threshold Rate Increase Documentation Requirements

- A. For a threshold rate increase, a health insurer shall submit to the Department documentation that is sufficient to allow the Department to assess:
 1. The reasonableness of the assumptions used by the health insurer to develop the proposed rate increase and the validity of the historical data underlying the assumptions, and
 2. The health insurer's data related to past projections and actual experience.
- B. To the extent applicable to the submission under review by the Department, the health insurer shall submit documentation that includes all of the following:
 1. The impact of medical trend changes by major service categories;
 2. The impact of utilization changes by major service categories;
 3. The impact of cost-sharing changes by major service categories;
 4. The impact of benefit changes;
 5. The impact of changes in enrollee risk profile;

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- arbitration of a qualifying surprise out-of-network bill.
6. "Balance bill" means all charges that exceed the enrollee's cost sharing requirements and the amount paid by the insurer.
 7. "Date of service" means the latest date on which the health care provider rendered a related health care service that is the subject of a qualifying surprise out-of-network bill.
 8. "Days" as used in this Article means calendar days unless specified as business days and does not include the day of the filing of a document.
 9. "Department" means the Arizona Department of Insurance or an entity with which it contracts to administer the out-of-network claim dispute resolution process.
 10. "Enrollee's authorized representative" means a person to whom an enrollee has given express written consent to represent the enrollee, the enrollee's parent or legal guardian, a person appointed by the court to act on behalf of the enrollee or the enrollee's legal representative. An enrollee's authorized representative shall not be someone who represents the provider's interests.
 11. "Final resolution of a health care appeal" means that a member has a final decision under the review process provided by A.R.S. Title 20, Chapter 15, Article 2.
 12. "Informal Settlement Teleconference" means a teleconference arranged by the Department that is held to settle the enrollee's qualifying surprise out-of-network bill prior to an Arbitration being scheduled. The parties to the Informal Settlement Teleconference are: (a) the enrollee or the enrollee's authorized representative; (b) the health insurer; and (c) the provider or the provider's representative.
 13. "Qualifying surprise out-of-network bill" is a surprise out-of-network bill for health care services provided on or after January 1, 2019, that is disputed by the enrollee and:
 - a. Is for health care services covered by the enrollee's health plan;
 - b. Is for health care services provided in a network health care facility;
 - c. Is for health care services performed by a provider who is not contracted to participate in the network that serves the enrollee's health plan;
 - d. The enrollee has resolved any health care appeal pursuant to A.R.S. Title 20, Chapter 15, Article 2, that the enrollee may have had against the insurer following the health insurer's initial adjudication of the claim;
 - e. The enrollee has not instituted a civil lawsuit or other legal action against the insurer or health care provider related to the surprise out-of-network bill or the health care services provided;
 - f. The amount of the surprise out-of-network bill for which the enrollee is responsible for all related health care services provided by the health care provider whether contained in one or multiple bills, after deduction of the enrollee's cost sharing requirements and the insurer's allowable reimbursement, is at least \$1,000.00; and
 - g. One of the following applies:
 - i. The bill is for emergency services, including under circumstances described by A.R.S. § 20-2803(A);
 - ii. The bill is for health care services directly related to the emergency services that are provided during an inpatient admission to any network facility;
 - iii. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider's representative did not provide the enrollee a written dated A.R.S. § 20-3113 Disclosure;
 - iv. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider's representative did not provide the enrollee a written dated A.R.S. § 20-3113 Disclosure within a reasonable amount of time before the enrollee received the service;
 - v. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider's representative provided the enrollee a written dated A.R.S. § 20-3113 Disclosure ("Disclosure") and the enrollee or the enrollee's authorized representative chose not to sign the Disclosure;
 - vi. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider's representative provided the enrollee a written dated A.R.S. § 20-3113 Disclosure ("Disclosure") and the enrollee or the enrollee's authorized representative signed the Disclosure but the amount actually billed to the enrollee is greater than the estimated cost provided in the signed Disclosure.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).

R20-6-2402. Request for Arbitration

- A. Request for Arbitration. An enrollee may request dispute resolution of a surprise out-of-network bill by filing a timely Request for Arbitration with the Department on a Request for Arbitration form available on the Department's website.
- B. Deadline for filing a Request for Arbitration with the Department. A Request for Arbitration must be received by the Department within one year after the date of service listed on the surprise out-of-network bill. If the enrollee filed a health care appeal pursuant to A.R.S. Title 20, Chapter 15, Article 2, the one year deadline is tolled from the date the enrollee filed the health care appeal to the date of the final resolution of the appeal.
- C. Evaluation of the Request for Arbitration by the Department. Within 15 days after receipt of a Request for Arbitration, the Department shall do one of the following:
 1. Determine that the surprise out-of-network bill is a qualifying surprise out-of-network bill and notify the enrollee, health insurer and health care provider that the Request for Arbitration qualifies for Arbitration;
 2. Determine that the surprise out-of-network bill is not a qualifying surprise out-of-network bill and notify the enrollee of the reason for the Department's determination;
 3. Determine that the Request for Arbitration is incomplete; or
 4. Return the Request for Arbitration to the enrollee without making a determination if the enrollee's request should instead be filed as a health care appeal within the meaning of A.R.S. Title 20, Chapter 15, Article 2.

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- D. Request for additional information for an incomplete Request for Arbitration. If the Department determines that the Request for Arbitration is incomplete, the Department may send a written request for additional information to the enrollee, health insurer, health care provider or health care provider's billing company.
 - E. Time to respond to the Department's Request for Additional Information. The enrollee, health insurer, health care provider or the health care provider's billing company shall have 15 days from the date of the request to respond to the Department's Request for Additional Information.
 - F. Failure to respond to the Department's Request for Additional Information.
 1. If the enrollee fails to respond to the Department's Request for Additional Information, the Department shall deny the enrollee's Request for Arbitration.
 2. If either the health insurer or the health care provider or health care provider's billing company fail to respond to the Department's Request for Additional Information, the Department shall deem that the enrollee's Request for Arbitration qualifies for arbitration.
 - G. Receipt of Additional Information. Upon receipt of the additional information requested by the Department under subsection (D) of this Section, the Department shall determine, within seven days, whether the enrollee's Request for Arbitration qualifies for Arbitration and send the notice required under subsection (C)(1) or subsection (C)(2) of this Section, whichever applies.
 - H. Final Determination. The Department's determination whether an enrollee's Request for Arbitration qualifies for Arbitration is a final decision and not an appealable agency action within the meaning of A.R.S. § 41-1092(3). A claim that is the subject of a qualifying surprise out-of-network bill is not subject to the timely payment of claims law during the pendency of the Arbitration.
 - I. Enrollee's payment responsibility.
 1. Notwithstanding any informal settlement or Arbitrator's Final Written Decision, the enrollee is responsible for only the following:
 - a. The amount of the enrollee's cost sharing requirements; and
 - b. Any amount received by the enrollee from the enrollee's health insurer as payment for the health care services at issue in a qualifying surprise out-of-network bill.
 2. A health care provider may not issue, either directly or indirectly through its billing company, any additional balance bill to the enrollee for the same health care services.
- tive informing them of the date, time and instructions on how to participate in the Informal Settlement Teleconference.
- C. Health Insurer documentation. On or before the Informal Settlement Teleconference, the health insurer shall provide to the parties the enrollee's cost sharing requirements under the enrollee's health plan based on the qualifying surprise out-of-network bill.
 - D. Consequences of non-participation in the Informal Settlement Teleconference. If a party fails to participate in the Informal Settlement Teleconference, it shall be subject to the following consequences:
 1. If the health insurer, provider or provider's representative fails to participate in an Informal Settlement Teleconference scheduled by the Department, the participating party may notify the Department which shall promptly schedule the Arbitration. The non-participating party shall pay the entire cost of the Arbitration.
 2. If the enrollee or the enrollee's authorized representative fails to participate in the original Informal Settlement Teleconference, the original Informal Settlement Teleconference is terminated.
 3. If the enrollee or the enrollee's authorized representative fails to participate in a rescheduled Informal Settlement Teleconference, the enrollee's Request for Arbitration is terminated.
 - E. One-time opportunity for the enrollee to reschedule the Informal Settlement Teleconference. If the enrollee or the enrollee's representative fails to participate in the Informal Settlement Teleconference originally scheduled by the Department, the enrollee may request that the Department reschedule the Informal Settlement Conference. The enrollee's request to reschedule must be received by the Department within 14 days after the originally scheduled Informal Settlement Teleconference. Failure to submit a request to the Department to reschedule the Informal Settlement Teleconference within the 14 day period terminates the enrollee's Request for Arbitration.
 - F. Notification to the Department after the Informal Settlement Teleconference. Within seven days after the date of the Informal Settlement Teleconference, the health insurer shall:
 1. Notify the Department whether a settlement was reached between the parties; and
 2. If a settlement was reached, notify the Department of the terms of the settlement on a form prescribed by the Department.
 - G. Failure to settle. If the parties fail to settle the qualifying surprise out-of-network bill at the Informal Settlement Teleconference, the Department shall arrange for the Arbitration.
 - H. Settlement. If the parties settle the qualifying surprise out-of-network bill at the Informal Settlement Teleconference, the health insurer shall remit its portion of the payment to the health care provider within 30 days after the Informal Settlement Teleconference. A claim that is reprocessed by a health insurer as a result of informal settlement is not in violation of A.R.S. § 20-3102(L).

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).

R20-6-2403. Informal Settlement Teleconference

- A. Deadline to arrange the Informal Settlement Teleconference. Upon a determination that an enrollee has made a Request for Arbitration that qualifies for Arbitration, the Department shall arrange an Informal Settlement Teleconference between the parties within 30 days of notifying the enrollee that the enrollee's Request for Arbitration qualifies for Arbitration required by Section R20-6-2402(C)(1).
- B. Notice of Informal Settlement Teleconference. At least 14 days prior to the scheduled date, the Department shall send a Notice of Informal Settlement Teleconference to the enrollee, the enrollee's authorized representative, the health insurer, the health care provider and the health care provider's representa-

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).

R20-6-2404. Arbitrators

- A. Contracted entities. The Department shall contract with one or more persons to provide Arbitrators. The Department must have a list of at least four Arbitrators to assign to Arbitrations. The Department shall publish the list of contracted entities and a list of each entity's qualified Arbitrators on its website.

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- B. Arbitrator Qualifications.** Any person contracting with the Department must be able to provide Arbitrators who possess at least three years of experience in health care services claims.
- C. Alternative Arbitrators.** A health insurer and provider may mutually agree to use an Alternative Arbitrator if either the health insurer or the health care provider objects to an Arbitrator appointed by the Department.
- D. Appointment of an Arbitrator.**
1. The Department shall appoint an Arbitrator for each Arbitration.
 2. If the health insurer and health care provider do not agree to the Arbitrator appointed by the Department, they shall either:
 - a. Mutually agree to use an Alternative Arbitrator; or
 - b. Participate in the following procedure:
 - i. The Department shall assign three Arbitrators.
 - ii. The health insurer shall strike one Arbitrator.
 - iii. The health care provider shall strike one Arbitrator.
 - iv. If one Arbitrator remains, the Department shall appoint the remaining Arbitrator to the Arbitration.
 - v. If the health insurer and health care provider strike the same Arbitrator, the Department shall randomly assign the Arbitrator from the remaining two Arbitrators.
- C. Allowable Evidence.** The Arbitrator or Alternative Arbitrator shall allow each party to provide relevant information for evaluating the qualifying surprise out-of-network bill including:
1. The average contracted amount that the health insurer pays for the health care services at issue in the county where the health care provider performed the health care services;
 2. The average amount that the health care provider has contracted to accept for the health care services at issue in the county where the health care provider performed the services;
 3. The amount Medicare and Medicaid pay for the health care services at issue;
 4. The health care provider's direct pay rate for the health care services at issue, if any, under A.R.S. § 32-3216;
 5. Any information that would be evaluated in determining whether a fee is reasonable under title 32 and not excessive for the health care services at issue, including the usual and customary charges for the health care services at issue performed by a health care provider in the same or similar specialty and provided in the same geographic area; and
 6. Any other reliable sources of information, including databases, that provide the amount paid for the health care services at issue in the county where the health care provider performed the services.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).

R20-6-2405. Before the Arbitration

- A. Enrollee's duties.** Before the Arbitration, the enrollee shall:
1. Pay or make arrangements in writing to pay to the health care provider the amount stated by the health insurer in the Informal Settlement Teleconference which shall be the total amount of the enrollee's cost sharing requirements due for the health care services that are the subject of the qualifying surprise out-of-network bill.
 2. Pay to the health care provider any amount that the enrollee has received from the health insurer as payment for the health care services that are the subject of the qualifying surprise out-of-network bill.
- B. Health insurer's duties.** Before the Arbitration, the health insurer shall remit any amount due to the health care provider if the health care insurer pays for out-of-network services directly to health care providers and the health insurer has not remitted any amounts due.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).

R20-6-2406. The Arbitration

- A. Conduct of Arbitration.** An Arbitration of a qualifying out-of-network surprise bill shall be conducted:
1. Telephonically unless the parties agree otherwise;
 2. With or without the enrollee's participation;
 3. Within 120 days after the Department's Notice of Arbitration unless agreed otherwise by the parties; and
 4. For a maximum duration of four hours unless agreed otherwise by the parties.
- B. Arbitrator's Determination.** The Arbitrator or Alternative Arbitrator shall determine the amount the health care provider is entitled to receive as payment for the health care services that are the subject of the qualifying surprise out-of-network bill.
- C. Confidentiality.** In connection with the Arbitration of a qualifying surprise out-of-network bill, all of the following apply:
1. All pricing information provided by a health insurer or health care provider is confidential.
- D. Final Written Decision.** Within 10 business days following the Arbitration, the Arbitrator or Alternative Arbitrator shall issue a Final Written Decision and provide a copy to the enrollee, the health insurer, the health care provider, the health care provider's billing company (if applicable) and the health care provider's authorized representative (if applicable).
- E. Payment of the claim.** The health insurer shall remit its portion of the payment awarded by the Arbitrator or Alternative Arbitrator to the health care provider within 30 days of the date of the Final Written Decision. A claim that is reprocessed by a health insurer as a result of the Arbitration is not in violation of A.R.S. § 20-3102(L).
- F. Payment of the Costs of Arbitration.** The health insurer and health care provider shall make payment arrangements with the Arbitrator or Alternative Arbitrator to pay their respective shares of the costs of the Arbitration within 30 days after the date of the Final Written Decision. The respective shares of the costs of Arbitration are determined as follows:
1. The enrollee is not responsible for any portion of the cost of the Arbitration.
 2. The health insurer and the health care provider shall share the costs of the Arbitration equally unless one of the following exceptions applies:
 - a. The health insurer and health care provider agree to share the costs of the Arbitration in non-equal portions.
 - b. The health insurer pays the entire cost of the Arbitration for failing to participate in the Informal Settlement Teleconference after receiving proper notice from the Department.
 - c. The health care provider or the health care provider's representative pays the entire cost of the Arbitration for failing to participate in the Informal Settlement Teleconference after receiving proper notice from the Department.

CHAPTER 6. DEPARTMENT OF INSURANCE

2. Pricing information provided by a health insurer or health care provider may not be disclosed by the Arbitrator, Alternative Arbitrator or any other party participating in the Arbitration.
 3. Pricing information provided by a health insurer or health care provider may not be used by anyone, except the party providing the information, for any purpose other than to resolve the qualifying surprise out-of-network bill.
 4. All information received by the Department in connection with the Arbitration is confidential and may not be disclosed to any person except the Arbitrator or Alternative Arbitrator.
- H. Arbitrator's Report.** At the conclusion of each Arbitration, the Arbitrator shall produce a report to the Department that contains the following information:
 1. Date of Arbitration;
 2. Date the Arbitrator issued the Final Written Decision;
 3. Whether the parties settled the qualifying surprise out-of-network bill during the Arbitration;
 4. The initial amount billed by the health care provider;
 5. The payment amount awarded to the health care provider; and
 6. Any other information the Department may request an Arbitrator to report prior to an Arbitration.

Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 155, effective January 2, 2019 (Supp. 19-1).

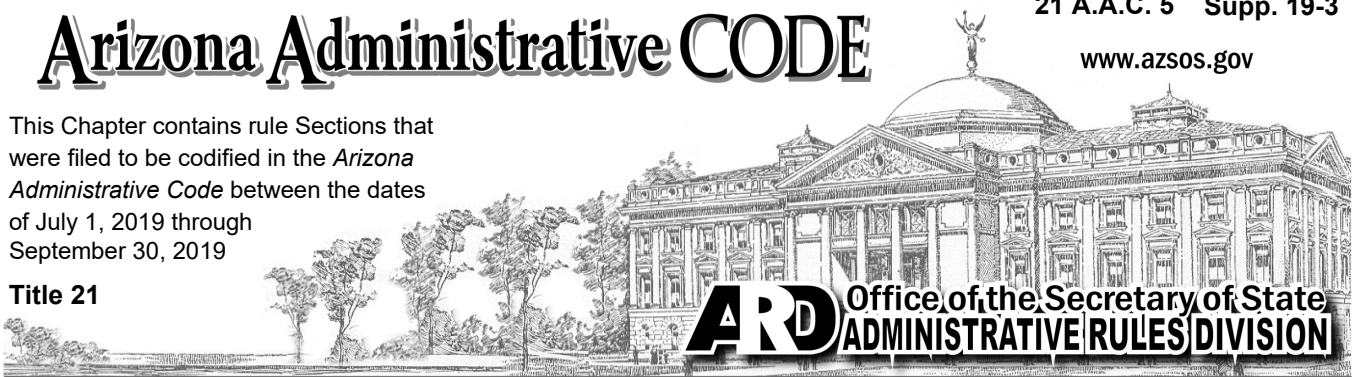
Arizona Administrative CODE

21 A.A.C. 5 Supp. 19-3

www.azsos.gov

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2019 through September 30, 2019

Title 21



TITLE 21. CHILD SAFETY

CHAPTER 5. DEPARTMENT OF CHILD SAFETY - PERMANENCY AND SUPPORT SERVICES

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

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Questions about these rules? Contact:

Department: Department of Child Safety

Address: 3003 N. Central Ave.
Phoenix, AZ 85012

[Web site:](https://dcs.az.gov/about/dcs-rules-rulemaking) <https://dcs.az.gov/about/dcs-rules-rulemaking>

Name: Shawn Fuller, General Counsel

Telephone: (602) 255-2554

[E-mail:](mailto:Shawn.Fuller@azdcs.gov) Shawn.Fuller@azdcs.gov

Or:

Name: Angie Trevino,
Rules Development and Policy Specialist

Telephone: (602) 255-2569

[E-mail:](mailto:Angelica.Trevino@azdcs.gov) Angelica.Trevino@azdcs.gov

The release of this Chapter in Supp. 19-3 replaces Supp. 19-1, 1-23 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

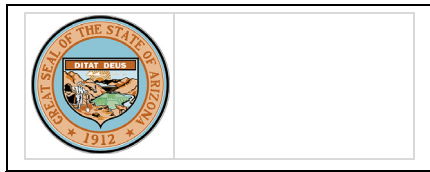
EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

This chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

TITLE 21. CHILD SAFETY

CHAPTER 5. DEPARTMENT OF CHILD SAFETY - PERMANENCY AND SUPPORT SERVICES

Authority: A.R.S. § 8-453(A)(5)

Editor's Note: Chapter 5 contains rules which were exempt from the regular rulemaking process under Laws 2014, 2nd Special Session, Ch. 1, Sec. 158. The law required the Department to post on its website proposed exempt rulemakings for a minimum of 30 days, at which time the public could provide written comments. In addition, at least two public hearings were held prior to the filing of the final exempt rules. Because the Department solicited comments on its proposed exempt rules, the rules filed with the Office of the Secretary of State are considered final exempt rules (Supp. 15-4).

ARTICLE 1. INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Article 1, consisting of Sections R21-5-101 through R21-5-107, made by final exempt rulemaking at 21 A.A.R. 2979, effective January 2, 2016 (Supp. 15-4).

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ARTICLE 2. INDEPENDENT LIVING AND TRANSITIONAL INDEPENDENT LIVING PROGRAMS

Article 2, consisting of Sections R21-5-201 through R21-5-209, made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

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CHAPTER 5. DEPARTMENT OF CHILD SAFETY - PERMANENCY AND SUPPORT SERVICES

ARTICLE 1. INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN**R21-5-101. Definitions**

The definitions contained in A.R.S. § 8-548 and the following definitions apply in this Article:

1. "Child" means any person less than the age of 18 years.
2. "Compact" or "ICPC" means the Interstate Compact on the Placement of Children.
3. "Compact Administrator" means the same as A.R.S. § 8-548.
4. "Compact State" means a state that is a member of the Interstate Compact on the Placement of Children.
5. "Department" or "DCS" means the Arizona Department of Child Safety.
6. "Interstate placement" means any movement of a child from one state to another state for the purpose of establishing a suitable living environment and providing necessary care.
7. "Intra-state placement" means the placement of a child within a state by an agency of that state.
8. "Placement" means the same as in A.R.S. § 8-548.
9. "Receiving state" means the same as in A.R.S. § 8-548.
10. "Sending agency" means the same as in A.R.S. § 8-548.
11. "Sending state" means the state where the sending agency is located, or the state in which the court holds exclusive jurisdiction over a child, which causes, permits, or enables the child to be sent to another state.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 2979, effective January 2, 2016 (Supp. 15-4).

R21-5-102. Authority

The ICPC is governed by A.R.S. §§ 8-548 through 8-548.06 and the ICPC regulations. ICPC regulations are posted on the Association of Administrators of the Interstate Compact on the Placement of Children website. These regulations supplement those authorities and must be read in conjunction with them.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 2979, effective January 2, 2016 (Supp. 15-4).

R21-5-103. Conditions of Placement

No person, court, or public or private agency in a Compact State shall place a child in another Compact State until the Compact Administrator in the receiving state has notified the Compact Administrator in the sending state, on a prescribed form, that such placement does not appear to be contrary to the interests of the child and does not violate any applicable laws of the receiving state.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 2979, effective January 2, 2016 (Supp. 15-4).

R21-5-104. Financial Responsibility

The sending person, court, or public or private agency shall be held financially responsible for:

1. Sending the child to the receiving state;
2. Returning the child to the sending state; and
3. Treatment of the child during the period of placement.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 2979, effective January 2, 2016 (Supp. 15-4).

R21-5-105. Applicability

A. Except as listed in subsection B, the ICPC applies to the placement of:

1. Children in another Compact State by an agency, court or person, which has care or custody of the children.
 2. Foreign-born children who are brought under the jurisdiction of a Compact State by an international child placing agency.
- B. In addition to the children listed in statute that are not subject to ICPC, the ICPC does not apply:
1. When a child is placed in an institution caring for the mentally ill, mentally impaired, epileptic, or in any institution primarily educational in character or in any hospital or other medical facility.
 2. To the placement of children into and out of the United States when the other jurisdiction involved is a foreign country.
 3. When a sending court or agency seeks an independent (not ICPC related) courtesy check for placement with a parent from whom the child was not removed, the responsibility for credentials and quality of the courtesy check rests directly with the sending court or agency and the person or party in the receiving state who agrees to conduct the courtesy check without invoking the protection of the ICPC home study process. This does not prohibit a sending state from requesting an ICPC.
 4. The Compact does not apply in court cases of paternity, divorce, custody, and probate pursuant to which or in situations where children are being placed with parents or relatives or non-relatives.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 2979, effective January 2, 2016 (Supp. 15-4).

R21-5-106. Placement Approval

Sending and receiving states must obtain approval from the Compact Administrator in both the sending and receiving states prior to the placement of a child in another Compact State.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 2979, effective January 2, 2016 (Supp. 15-4).

R21-5-107. Operations

In providing services provided under this Article, the sending and the receiving state shall:

1. Maintain all information required by state and federal law.
2. Comply with all federal and their respective state laws and regulations regarding the disclosure and use of confidential health and personal information.
3. Comply with all federal and their respective state non-discrimination laws and regulations.
4. Ensure that interpreters, including assistance for the visually or hearing impaired, are available to those receiving services at no cost.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 2979, effective January 2, 2016 (Supp. 15-4).

ARTICLE 2. INDEPENDENT LIVING AND TRANSITIONAL INDEPENDENT LIVING PROGRAMS**EMERGENCY RULEMAKING****R21-5-201. Definitions**

The following definitions apply to this Article:

1. "Active participation" means the foster youth is demonstrating efforts toward completion of case plan goals such as regular attendance at school or employment that results in school credits or earned wages.

CHAPTER 5. DEPARTMENT OF CHILD SAFETY - PERMANENCY AND SUPPORT SERVICES

2. "Aftercare services" means assistance and support available to eligible, former foster youth living in Arizona after the Department, tribal foster care, or other state foster care case is dismissed, and includes services available through the Transitional Independent Living Program.
3. "Age of majority" means that a person is at least 18 years old.
4. "Approved living arrangement" means a residence that has been reviewed by the assigned Child Safety Worker or other responsible agency staff and approved within the individual case plan.
5. "Arizona Young Adult Program" means a group of programs and services designed to assist eligible youth to make a successful transition to adulthood. The programs and services include Independent Living Services, the Independent Living Subsidy Program, Voluntary Out-of-home Care for Foster Youth 18 through 20 Years of Age, and the Transitional Independent Living Program.
6. "Child placing agency" means the same as in A.R.S. § 8-501(A)(1)(a)(iii), and includes a Child Welfare Agency that OLR licenses as a Placing Agency to place a child in a licensed foster home, or facility.
7. "Child Welfare Agency" means the same as in A.R.S. § 8-501.
8. "Child Safety Worker" means the same as in A.R.S. § 8-801.
9. "Custody of the Department" means that the foster youth:
 - a. Is in out-of-home care under the supervision of the Department while the subject of a dependency petition, as an adjudicated dependent, or placed voluntarily under A.R.S. § 8-806; or
 - b. Is 18, 19, or 20 years of age, a resident of Arizona, and has signed an individual case plan agreement for voluntary out-of-home care. This includes foster youth who were dually adjudicated (dependent and delinquent) and released from a secure setting prior to, or on the foster youth's 19th birthday.
10. "Department" or "DCS" means the Arizona Department of Child Safety.
11. "Eligible youth" means a person who meets the qualifications in A.R.S. § 8-521 for the Independent Living Program, the qualifications in A.R.S. § 8-521.01 for the Transitional Independent Living Program, or is a person who was formerly in another state's child welfare program who would otherwise be eligible.
12. "Employment" means:
 - a. Paid employment;
 - b. Participation in employment-readiness activities, which include career assessment and exploration, and part time enrollment in an employment or career readiness education program;
 - c. Volunteer positions;
 - d. Job-shadowing;
 - e. Internship; or
 - f. Other paid or unpaid employment-related activities.
13. "Extraordinary purchase" means an expenditure by an eligible youth that impedes an eligible youth's ability to meet the financial obligations outlined in the eligible youth's budget.
14. "Foster youth" means a person in the custody of the Department.
15. "Full-time student" means an eligible youth enrolled in an education program identified by the program as being full-time due to the number of credits, credit hours, or other measure of enrollment.
16. "Independent Living Program" means the program authorized by A.R.S. § 8-521 to provide an Independent Living Subsidy and educational case management to a foster youth.
17. "Independent Living Services" or "IL Services" means an array of assistance and support services, including those provided under the Independent Living Program, that the Department provides, contracts, refers, or otherwise arranges that are designed to help a foster youth transition to adulthood by building skills and resources necessary to ensure personal safety, well-being, and permanency into adulthood.
18. "Independent Living Subsidy" or "IL Subsidy" means a monthly stipend provided under the Independent Living Program to a foster youth, to assist in meeting monthly living expenses. This stipend replaces any foster care maintenance payment from the Department for support of the foster youth's daily living expenses.
19. "Individual case plan" means an agreement between an eligible foster youth and the Department, directed by the foster youth that documents specific services and assistance that support the foster youth's goals in relation to:
 - a. Natural supports including permanent connections to and relationships with family and community, including peer and community mentors;
 - b. A safe, stable, desired living arrangement, which may include a permanent arrangement such as guardianship or adoption;
 - c. Daily living skills;
 - d. Secondary and postsecondary education and training;
 - e. Employment and career planning;
 - f. Physical health, including reproductive health;
 - g. Life care planning;
 - h. Emotional health;
 - i. Mental health;
 - j. Spiritual or faith needs;
 - k. Interpersonal relationships; and
 - l. Age-appropriate extra-curricular, enrichment, and social activities.
20. "Individual service plan" means an agreement that is directed by an eligible youth in the TIL Program that documents specific services and assistance to support the eligible youth's goals including, as applicable:
 - a. Financial,
 - b. Housing,
 - c. Counseling,
 - d. Employment,
 - e. Education, and
 - f. Other appropriate support and services.
21. "Life skills assessment" means a measure of an eligible youth's ability to function in a variety of areas such as daily living skills, knowledge of community resources, and budgeting, as determined by a validated assessment tool.
22. "Medical professional" means a doctor of medicine or osteopathy, physician's assistant, or registered nurse practitioner licensed in A.R.S. Title 32, or a doctor of medicine licensed and authorized to practice in another state or foreign country. A medical professional from another state or foreign country must provide verification of valid and current licensure in that state or country.
23. "Misuse of funds" means that an eligible youth has expended money provided by the Department for specific purposes (such as education or living expenses) on an item that is not permitted by law (such as illegal drugs

CHAPTER 5. DEPARTMENT OF CHILD SAFETY - PERMANENCY AND SUPPORT SERVICES

- and alcohol), or on an extraordinary purchase that is not included in an approved budget or individual case or service plan, to the degree that the funds are not available for necessary items and purchases approved within the case plan, service plan, or budget.
24. "Natural supports" means relationships and connections that occur in everyday life, independent of formal services, with people or groups who provide personal or other support during a person's lifetime.
 25. "Out-of-home care" means a placement approved by the Department such as a licensed foster home, residential group care facility operated by a Child Welfare Agency, therapeutic residential facility, independent living setting, approved unlicensed independent living setting, or in a relative or non-relative placement. Out-of-home care excludes a detention facility, forestry camp, training school, or any other facility operated primarily for the detention of a child who is determined delinquent.
 26. "Personal Crisis" means an unexpected event or series of events in an eligible youth's life that prevents or impedes participation in scheduled services or activities.
 27. "Residential group care facility" means a Child Welfare Agency that is licensed to receive more than five children for 24-hour social, emotional, or educational supervised care and maintenance at the request of a child, child placing agency, law enforcement agency, parent, guardian, or court. A residential group care facility provides care in a residential setting for children for an extended period of time.
 28. "Responsible agency staff" means the assigned Child Safety Worker, another identified Department employee, or contracted staff.
 29. "Service team members" means the eligible youth, the youth's attorney(s), the Guardian ad Litem (GAL), the Court Appointed Special Advocate (CASA), tribal child welfare staff, other parties to the dependency case, contract, or other service providers, responsible agency staff, and other adults involved with the youth or supporting the youth's activities or employment.
 30. "Substantial non-compliance" means an eligible youth's:
 - a. Termination from an educational, vocational, or employment program due to lack of attendance or failure to make satisfactory progress as defined by the program for reasons unrelated to physical health including pregnancy, emotional, or mental health;
 - b. Persistent lack of communication during a 60-day period with the assigned Child Safety Worker or other responsible agency staff known to the youth that results in a loss of contact with the eligible youth, or interferes with the Department's ability to provide services and supervision or to document individual case plan or service plan progress;
 - c. Persistent misuse of funds provided to support individual case plan or service plan goals; or
 - d. For an eligible foster youth, failure to communicate unexpected changes in the living arrangement as agreed to in the individual case plan or the Independent Living Subsidy agreement.
 31. "Transitional Independent Living Program" or "TIL Program" means a program of services for residents of Arizona who are eligible youth under A.R.S. § 8-521.01, that provides assistance and support in counseling, education, vocation, employment, and the attainment or maintenance of housing.
 32. "Transitional Independent Living Services" or "TIL Services" means those services the Department provides through the Transitional Independent Living Program under A.R.S. § 8-521.01, and may include assistance and support with health care, money management, housing, counseling, education, vocational training, and employment. The Department or its contractors provide services through a written agreement with the eligible youth.
 33. "Validated assessment tool" means a written or verbal survey tool that can demonstrate empirical evidence for reliability and validity.
 34. "Work day" means Monday through Friday, excluding Arizona state holidays.
 35. "Young Adult Transitional Insurance" means a category of health care coverage under the state Medicaid program (Arizona Health Care Cost Containment System or AHC-CCS) for Medicaid eligible youth who have reached the age of majority in foster care.

Historical Note

Amended by emergency rulemaking at 25 A.A.R. 771, effective March 21, 2019, for 180 days (Supp. 19-1).
Emergency amendments renewed at 25 A.A.R. 2485, for an additional 180 days effective September 18, 2019 (Supp. 19-3).

R21-5-201. Definitions

The following definitions apply to this Article:

1. "Active participation" means the foster youth is demonstrating efforts toward completion of case plan goals such as regular attendance at school or employment that results in school credits or earned wages.
2. "Aftercare services" means assistance and support available to eligible, former foster youth living in Arizona after the Department, tribal foster care, or other state foster care case is dismissed, and includes services available through the Transitional Independent Living Program.
3. "Age of majority" means that a person is at least 18 years old.
4. "Approved living arrangement" means a residence that has been reviewed by the assigned Child Safety Worker or other responsible agency staff and approved within the individual case plan.
5. "Arizona Young Adult Program" means a group of programs and services designed to assist eligible youth to make a successful transition to adulthood. The programs and services include Independent Living Services, the Independent Living Subsidy Program, Voluntary Out-of-home Care for Foster Youth 18 through 20 Years of Age, and the Transitional Independent Living Program.
6. "Child placing agency" means the same as in A.R.S. § 8-501(A)(1)(a)(iii), and includes a Child Welfare Agency that OLR licenses as a Placing Agency to place a child in a licensed foster home, or facility.
7. "Child Welfare Agency" means the same as in A.R.S. § 8-501.
8. "Child Safety Worker" means the same as in A.R.S. § 8-801.
9. "Custody of the Department" means that the foster youth:
 - a. Is in out-of-home care under the supervision of the Department while the subject of a dependency petition, as an adjudicated dependent, or placed voluntarily under A.R.S. § 8-806; or
 - b. Is 18, 19, or 20 years of age, a resident of Arizona, and has signed an individual case plan agreement for voluntary out-of-home care. This includes foster youth who were dually adjudicated (dependent and delinquent) and released from a secure setting prior to, or on the foster youth's 18th birthday.

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10. "Department" or "DCS" means the Arizona Department of Child Safety.
11. "Eligible youth" means a person who meets the qualifications in A.R.S. § 8-521 for the Independent Living Program, the qualifications in A.R.S. § 8-521.01 for the Transitional Independent Living Program, or is a person who was formerly in another state's child welfare program who would otherwise be eligible.
12. "Employment" means:
 - a. Paid employment;
 - b. Participation in employment-readiness activities, which include career assessment and exploration, and part time enrollment in an employment or career readiness education program;
 - c. Volunteer positions;
 - d. Job-shadowing;
 - e. Internship; or
 - f. Other paid or unpaid employment-related activities.
13. "Extraordinary purchase" means an expenditure by an eligible youth that impedes an eligible youth's ability to meet the financial obligations outlined in the eligible youth's budget.
14. "Foster youth" means a person in the custody of the Department.
15. "Full-time student" means an eligible youth enrolled in an education program identified by the program as being full-time due to the number of credits, credit hours, or other measure of enrollment.
16. "Independent Living Program" means the program authorized by A.R.S. § 8-521 to provide an Independent Living Subsidy and educational case management to a foster youth.
17. "Independent Living Services" or "IL Services" means an array of assistance and support services, including those provided under the Independent Living Program, that the Department provides, contracts, refers, or otherwise arranges that are designed to help a foster youth transition to adulthood by building skills and resources necessary to ensure personal safety, well-being, and permanency into adulthood.
18. "Independent Living Subsidy" or "IL Subsidy" means a monthly stipend provided under the Independent Living Program to a foster youth, to assist in meeting monthly living expenses. This stipend replaces any foster care maintenance payment from the Department for support of the foster youth's daily living expenses.
19. "Individual case plan" means an agreement between an eligible foster youth and the Department, directed by the foster youth that documents specific services and assistance that support the foster youth's goals in relation to:
 - a. Natural supports including permanent connections to and relationships with family and community, including peer and community mentors;
 - b. A safe, stable, desired living arrangement, which may include a permanent arrangement such as guardianship or adoption;
 - c. Daily living skills;
 - d. Secondary and postsecondary education and training;
 - e. Employment and career planning;
 - f. Physical health, including reproductive health;
 - g. Life care planning;
 - h. Emotional health;
 - i. Mental health;
 - j. Spiritual or faith needs;
 - k. Interpersonal relationships; and
 - l. Age-appropriate extra-curricular, enrichment, and social activities.
20. "Individual service plan" means an agreement that is directed by an eligible youth in the TIL Program that documents specific services and assistance to support the eligible youth's goals including, as applicable:
 - a. Financial,
 - b. Housing,
 - c. Counseling,
 - d. Employment,
 - e. Education, and
 - f. Other appropriate support and services.
21. "Life skills assessment" means a measure of an eligible youth's ability to function in a variety of areas such as daily living skills, knowledge of community resources, and budgeting, as determined by a validated assessment tool.
22. "Medical professional" means a doctor of medicine or osteopathy, physician's assistant, or registered nurse practitioner licensed in A.R.S. Title 32, or a doctor of medicine licensed and authorized to practice in another state or foreign country. A medical professional from another state or foreign country must provide verification of valid and current licensure in that state or country.
23. "Misuse of funds" means that an eligible youth has expended money provided by the Department for specific purposes (such as education or living expenses) on an item that is not permitted by law (such as illegal drugs and alcohol), or on an extraordinary purchase that is not included in an approved budget or individual case or service plan, to the degree that the funds are not available for necessary items and purchases approved within the case plan, service plan, or budget.
24. "Natural supports" means relationships and connections that occur in everyday life, independent of formal services, with people or groups who provide personal or other support during a person's lifetime.
25. "Out-of-home care" means a placement approved by the Department such as a licensed foster home, residential group care facility operated by a Child Welfare Agency, therapeutic residential facility, independent living setting, approved unlicensed independent living setting, or in a relative or non-relative placement. Out-of-home care excludes a detention facility, forestry camp, training school, or any other facility operated primarily for the detention of a child who is determined delinquent.
26. "Personal Crisis" means an unexpected event or series of events in an eligible youth's life that prevents or impedes participation in scheduled services or activities.
27. "Residential group care facility" means a Child Welfare Agency that is licensed to receive more than five children for 24-hour social, emotional, or educational supervised care and maintenance at the request of a child, child placing agency, law enforcement agency, parent, guardian, or court. A residential group care facility provides care in a residential setting for children for an extended period of time.
28. "Responsible agency staff" means the assigned Child Safety Worker, another identified Department employee, or contracted staff.
29. "Service team members" means the eligible youth, the youth's attorney(s), the Guardian ad Litem (GAL), the Court Appointed Special Advocate (CASA), tribal child welfare staff, other parties to the dependency case, contract, or other service providers, responsible agency staff,

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and other adults involved with the youth or supporting the youth's activities or employment.

30. "Substantial non-compliance" means an eligible youth's:
 - a. Termination from an educational, vocational, or employment program due to lack of attendance or failure to make satisfactory progress as defined by the program for reasons unrelated to physical health including pregnancy, emotional, or mental health;
 - b. Persistent lack of communication during a 60-day period with the assigned Child Safety Worker or other responsible agency staff known to the youth that results in a loss of contact with the eligible youth, or interferes with the Department's ability to provide services and supervision or to document individual case plan or service plan progress;
 - c. Persistent misuse of funds provided to support individual case plan or service plan goals; or
 - d. For an eligible foster youth, failure to communicate unexpected changes in the living arrangement as agreed to in the individual case plan or the Independent Living Subsidy agreement.
31. "Transitional Independent Living Program" or "TIL Program" means a program of services for residents of Arizona who are eligible youth under A.R.S. § 8-521.01, that provides assistance and support in counseling, education, vocation, employment, and the attainment or maintenance of housing.
32. "Transitional Independent Living Services" or "TIL Services" means those services the Department provides through the Transitional Independent Living Program under A.R.S. § 8-521.01, and may include assistance and support with health care, money management, housing, counseling, education, vocational training, and employment. The Department or its contractors provide services through a written agreement with the eligible youth.
33. "Validated assessment tool" means a written or verbal survey tool that can demonstrate empirical evidence for reliability and validity.
34. "Work day" means Monday through Friday, excluding Arizona state holidays.
35. "Young Adult Transitional Insurance" means a category of health care coverage under the state Medicaid program (Arizona Health Care Cost Containment System or AHCCCS) for Medicaid eligible youth who have reached the age of majority in foster care.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-202. Provision of Services

- A. The Department shall provide services and stipends for the IL Services, IL Subsidy, and TIL services to eligible youth in a manner that is fair and equitable.
- B. The Department shall provide Independent Living Services to eligible foster youth based on needs identified by the eligible foster youth, by service team recommendations, or the findings of a life skills assessment. The services shall address needs identified in the eligible foster youth's individual case plan and may include one or more of the following, depending on the individual case plan goals:
 1. Information and assistance to create and maintain a network of natural supports;
 2. Independent living skills training;
 3. Program incentives;
 4. Information and assistance in life care and health care planning, including enrollment in a health plan;

5. Educational, career, and vocational planning;
6. Financial assistance for post-secondary education and training;
7. Out-of-home care for foster youth 18 through 20 years of age; or
8. Aftercare services through the Transitional Independent Living Program.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-203. Denial of Services

The Department shall deny services if a person does not meet the eligibility requirements of A.R.S. §§ 8-806, 8-521, 8-521.01, and R21-5-204.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-204. Eligibility

- A. Independent Living Services. In order to be eligible for IL Services a person shall:
 1. Be at least 16 years of age and less than 21 years of age;
 2. Be in the custody of the Department or tribal child welfare agency;
 3. Reside in out-of-home care;
 4. Be referred by the eligible youth's assigned Child Safety Worker, other Department staff, or a tribal social services representative; and
 5. Be a resident of Arizona if 18, 19, or 20 years of age.
- B. Independent Living Subsidy.
 1. In order to be eligible for the IL Subsidy, a person shall:
 - a. Be at least 17 years of age, in the custody of the Department, and employed or a full-time student.
 - b. With the assistance of the responsible agency staff, complete the Independent Living Subsidy Agreement or other approved forms designated by the Department.
 2. Conditions for approval and continuation in the Independent Living Subsidy Program include:
 - a. Active participation in activities outlined in the individual case plan;
 - b. Adherence to the terms of the IL Subsidy Agreement, including:
 - i. Communication with the Child Safety Worker;
 - ii. Maintenance of a Department-approved living arrangement, including approval of a roommate, except those assigned by school or work; and
 - iii. Participation in scheduled meetings to review progress and update the individual case plan and IL Subsidy Agreement.
 3. Eligible youth 18, 19, and 20 years of age who are temporarily residing out of state for the purpose of education or vocational training, and who maintain Arizona residency, may receive the Independent Living Subsidy under the same conditions as above.
- C. Transitional Independent Living Program. Under A.R.S. § 8-521.01, in order to be eligible for the Transitional Independent Living Program, a person must be less than 21 years of age and have been in out-of-home care and in the custody of the Department, a licensed residential group care facility, or a tribal child welfare agency while 16, 17, or 18 years of age. Persons who were in another state's child welfare agency under the same conditions are also eligible.

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Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

EMERGENCY RULEMAKING**R21-5-205. Out-of-home Care Services for Foster Youth 18 through 20 Years of Age**

- A. The Department may provide out-of-home care services and supervision to a foster youth less than 21 years of age, who reached the age of 18 years while in the custody of the Department, and was either in out-of-home care or in secure care, as defined by A.R.S. § 8-201(31), through a delinquency action, when the foster youth:
1. Requests out-of-home care;
 2. Has residency in the state of Arizona;
 3. Participates in developing an individual case plan agreement for out-of-home care; and
 4. Demonstrates acceptance of personal responsibility for his or her part of the agreement through active participation in the individual case plan.
- B. The foster youth, Child Safety Worker, and involved service team members shall develop the individual case plan for out-of-home care:
1. Within the 90-day period prior to the foster youth's 18th birthday for foster youth continuing in out-of-home care past 18 years of age;
 2. Within ten work days for foster youth who enter out-of-home care during the 90-day period prior to the foster youth's 18th birthday; and
 3. For eligible youth re-entering foster care at 18 years of age or older, within seven work days of the eligible youth's return to Department care and supervision.
- C. The individual case plan shall outline the services and supports to be provided under R21-5-202(B) and include at least one of the following activities:
1. Completion of secondary education or a program leading to an equivalent credential;
 2. Enrollment in an institution that provides post-secondary education or vocational education;
 3. Participation in a program or activity designed to promote or remove barriers to employment; or
 4. Employment of at least 80 hours per month.
- D. Foster youth participating in out-of-home care shall demonstrate acceptance of personal responsibility by actively participating in an individual case plan, unless prevented by a documented behavioral health or medical condition, or other personal crisis or life event, such as pregnancy, birth, necessary maternity leave as determined by a medical professional, adoption, or guardianship of a child.
- E. The Child Safety Worker shall support the foster youth to address any documented condition, crisis, or life event listed in subsection (D), by:
1. Facilitating a youth led discussion that includes a review of the supports and services available as intervention strategies, to assist in resolving the condition, crisis, or concern;
 2. Documenting the foster youth's preferred intervention strategy for addressing the condition, crisis, or concern; and
 3. Expeditiously providing or otherwise arranging the preferred intervention strategy.

Historical Note

Amended by emergency rulemaking at 25 A.A.R. 771, effective March 21, 2019, for 180 days (Supp. 19-1).
Emergency amendments renewed at 25 A.A.R. 2485, for

an additional 180 days effective September 18, 2019 (Supp. 19-3).

R21-5-205. Services for Foster Youth 18 through 20 Years of Age in Out-of-home Care

- A. The Department may provide out-of-home care services and supervision to a foster youth less than 21 years of age, who reached the age of 18 years while in the custody of the Department and in out-of-home care, when the foster youth:
1. Requests out-of-home care;
 2. Has residency in the state of Arizona;
 3. Participates in developing an individual case plan agreement for out-of-home care; and
 4. Demonstrates acceptance of personal responsibility for his or her part of the agreement through active participation in the individual case plan.
- B. The foster youth, Child Safety Worker, and involved service team members shall develop the individual case plan for out-of-home care:
1. Within the 90-day period prior to the foster youth's 18th birthday for foster youth continuing in out-of-home care past 18 years of age;
 2. Within ten work days for foster youth who enter out-of-home care during the 90-day period prior to the foster youth's 18th birthday; and
 3. For eligible youth re-entering foster care at 18 years of age or older, within seven work days of the eligible youth's return to Department care and supervision.
- C. The individual case plan shall outline the services and supports to be provided under R21-5-202(B) and include at least one of the following activities:
1. Completion of secondary education or a program leading to an equivalent credential;
 2. Enrollment in an institution that provides post-secondary education or vocational education;
 3. Participation in a program or activity designed to promote or remove barriers to employment; or
 4. Employment of at least 80 hours per month.
- D. Foster youth participating in out-of-home care shall demonstrate acceptance of personal responsibility by actively participating in an individual case plan, unless prevented by a documented behavioral health or medical condition, or other personal crisis or life event, such as pregnancy, birth, necessary maternity leave as determined by a medical professional, adoption, or guardianship of a child.
- E. The Child Safety Worker shall support the foster youth to address any documented condition, crisis, or life event listed in subsection (D), by:
1. Facilitating a youth led discussion that includes a review of the supports and services available as intervention strategies, to assist in resolving the condition, crisis, or concern;
 2. Documenting the foster youth's preferred intervention strategy for addressing the condition, crisis, or concern; and
 3. Expeditiously providing or otherwise arranging the preferred intervention strategy.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-206. Transitional Independent Living Program

- A. The Transitional Independent Living Program provides services to eligible youth, under A.R.S. § 8-521.01 that complements their own efforts toward becoming self-sufficient. The Department may provide the following assistance, depending on individual service plan goals:

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1. Financial,
 2. Housing,
 3. Counseling,
 4. Employment,
 5. Education, and
 6. Other appropriate support and services.
- B.** The eligible youth requesting services through the Transitional Independent Living Program shall provide the following information to the responsible agency staff:
1. Identifying information including:
 - a. Name (and any aliases); and
 - b. Date of birth;
 2. Information regarding the eligible youth's former foster care status such as the state or tribal child welfare system where the youth was in care, and approximate dates of care, if known; and
 3. Any available contact information for the youth, including:
 - i. Phone number,
 - ii. Friend or family phone number,
 - iii. Email address, and
 - iv. Any other communication method identified by the youth.
- C.** An eligible youth and responsible agency staff shall develop an individual service plan for the eligible youth to receive these services.
- D.** The individual service plan shall address the level of need based on the items noted in subsection (A).

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-207. Re-entry Into Out-of-home Care

- A.** The Department shall facilitate re-entry into out-of-home care for eligible youth participating in the Transitional Independent Living Program.
- B.** On request for re-entry by the eligible youth, the Department shall confirm the eligible youth's request to receive out-of-home care, supervision, and other services with the youth and within ten work days:
1. Facilitate a meeting with the eligible youth to review the requirements under R21-5-205;
 2. Assist the eligible youth to develop an individual case plan that includes an effective date for reopening the Department case;
 3. Identify the name and contact information of the Child Safety Worker or responsible agency staff assigned to the case;
 4. Identify the out-of-home care type selected such as, foster home, residential group care facility, Independent Living Program, or other arrangement;
 5. Notify the identified Child Safety Worker or responsible agency staff assigned to the case; and
 6. Complete all necessary authorizations for out-of-home care and other services to reasonably ensure a smooth transition from the TIL Services to the IL Services.
- C.** If the eligible youth reports he or she is in crisis and unsafe, the Department shall immediately assess the youth's safety and assist the youth to secure a safe living arrangement and to manage the crisis.
- D.** An eligible youth may request to postpone re-entry, decline re-entry at any time, or re-initiate the request any time prior to the eligible youth's 21st birthday. The responsibilities of the Department to process the request for re-entry shall begin upon the Department's receipt of the eligible youth's request for re-entry under subsection (B).
- E.** Supports and services shall continue for youth who re-enter out-of-home care, as outlined in R21-5-205.
- F.** If the Department denies re-entry, the Department shall provide the youth with written notification of the reason for this decision and the youth's grievance and appeal rights within 15 work days of the request for re-entry.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-208. Termination of Services

- A.** The Department may terminate IL Services, including out-of-home care for foster youth 18 through 20 years of age, and TIL services if the eligible youth:
1. Reaches the age of 21 years;
 2. Reaches the age of 18 years and does not desire continued services;
 3. Makes a voluntary decision to terminate services; or
 4. Demonstrates substantial non-compliance or otherwise refuses to meet the requirements of the individual case plan or individual service plan after the responsible agency staff or designee has made active efforts to engage the eligible youth in identifying and resolving issues, including assessing the effectiveness of current services, and identifying and providing additional or different support services.
- B.** The Department shall deny IL Services, including out-of-home care for foster youth age 18 through 20 years, and TIL services if the Department determines the person is:
1. Not eligible;
 2. Unwilling to create an individual case or service plan; or
 3. Not participating in the individual case or service plan.
- C.** The Child Safety Worker or responsible agency staff shall notify the person in writing of the Department's decision to terminate or deny services within ten work days of the person's application for services.
- D.** The notice shall include information on the person's right to grieve any decision to terminate or deny services.
- E.** Within ten work days of the notice to terminate or deny services, the Child Safety Worker or responsible agency staff shall contact the person to:
1. Assist the person through the grievance process including the completion and submittal of any required Department forms; or
 2. Identify and engage a personal advocate to assist the person through the grievance process, including the completion and submittal of any required Department forms.
- F.** When termination of services to a foster youth is planned due to one of the reasons outlined in (A)(1-3) of this Section, the Child Safety Worker or responsible agency staff shall schedule a discharge staffing with the foster youth within ten work days of the foster youth's 21st birthday or the Department's receipt of the foster youth's notice to discontinue services to provide any necessary documents not previously provided, such as a birth certificate, social security card, state identification card, credit report, and a copy of the foster youth's health and education records.
- G.** The Department shall not terminate services for substantial non-compliance under subsection (A)(4) until the Child Safety Worker or responsible agency staff satisfies all responsibilities including:
1. Staffing of the individual case or service plan;
 2. Adhering to the grievance process described in R21-5-209; and

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3. Developing and implementing a discharge plan that provides information on available community resources, and connects the person to those resources.
- H. Services shall remain in effect until the reasons for termination are resolved or the grievance or appeal process is completed.
- I. For Independent Living Subsidy only, if the Department determines that continuation of the Independent Living Subsidy would place the foster youth at risk of immediate harm, the Child Safety Worker or responsible agency staff shall:
 1. Document this fact in the case file progress notes, and
 2. Arrange for a safe living arrangement and sufficient support services to reasonably ensure the foster youth's safety in the interim.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-209. Grievance Process

- A. A person eligible for services under R21-5-204 who disagrees with a Department adverse action decision to reduce, terminate, or deny services for that person may:
 1. File a grievance under this Section;
 2. Choose not to file a grievance and appeal the adverse action under A.A.C. Title 21, Chapter 1, Article 3 by filing a notice of appeal within 20 days after receipt of the adverse action decision reducing, terminating, or denying services; or
 3. File a grievance, and if the person is dissatisfied with the results of the grievance process, appeal under A.A.C. Title 21, Chapter 1, Article 3 by filing a notice of appeal within 20 days after receipt of the grievance response letter.
- B. In the event that a person disagrees with a Department decision to reduce, terminate, or deny services, the Child Safety Worker or responsible agency staff shall:
 1. Inform the person of the formal grievance process;
 2. Provide the person with the Department's grievance form and directions for submittal to the designated Department staff, such as the Department's Ombudsman's Office; and
 3. Offer to assist the person in completing and submitting the form, or referring the person to the appropriate Department staff, such as the Department's Ombudsman, for assistance in completing and submitting the form.
- C. Upon receipt of the grievance form, the Department shall:
 1. Schedule a face-to-face meeting with the person who filed the grievance within seven work days from the date the grievance was received by the Department, or schedule a teleconference if a face-to-face meeting is not possible;
 2. Evaluate the grievance to determine if the grievance can be resolved by the Department to the satisfaction of the person;
 3. Mail a grievance response letter to the person within three work days of the meeting; and
 4. Include an appeal form with the grievance response letter so the person may appeal the adverse action.
- D. If the person agrees with the Department's decision to terminate services, the Child Safety Worker or responsible agency staff shall proceed with case closure including completing a discharge plan with the person that includes information on aftercare services and other community based support.
- E. The Department shall retain documentation of all grievances in the case file according to the Department's retention schedule.

Historical Note

New Section made by final exempt rulemaking at 21

A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

ARTICLE 3. DEPARTMENT ADOPTION SERVICES**R21-5-301. Definitions**

In addition to the definitions in A.R.S. § 8-101, the following definitions apply in this Article, Article 4 of this Chapter, and 21 A.A.C. 9:

1. "Adoptable child" means a child who is legally available for adoption but who has not been placed for adoption.
2. "Adoptee" means a child who is the subject of a legal petition for adoption.
3. "Adoption agency" means an individual or entity, including a corporation, company, partnership, firm, association, or society, other than the Department, licensed by the Department to place a child for adoption.
4. "Adoption entity" or "entity" means the Department and includes an adoption agency, but does not include a private attorney who is licensed to practice law in the state of Arizona and who is only assisting in a direct placement adoption to the extent allowed by A.R.S. § 8-130(C).
5. "Adoption placement" or "placement" means the act of placing an adoptable child in the home of an adoptive parent who has filed, or is contemplating filing, a petition to adopt the child.
6. "Adoption Registry" means the electronic database described in A.R.S. § 8-105.
7. "Adoption services" means activities conducted in furtherance of an adoption and includes the activities listed in A.A.C. R21-5-303 and R21-9-201(B).
8. "Adoptive parent" means an individual who has successfully completed the application process and has been certified by the court to adopt. An adoptive parent includes an individual who does not have a child placed in their home.
9. "Agency placement" means the child is placed in an adoptive home chosen by the adoption agency.
10. "AHCCCS" means the Arizona Health Care Cost Containment System, which is the State's program for medical assistance available under Title XIX of the Social Security Act and state public insurance statutes under A.R.S. Title 36, Chapter 29.
11. "Applicant" means an individual who has applied to become an adoptive parent.
12. "Birth parent" means the biological mother or father of a child.
13. "Central Registry" means the information maintained by the Department of substantiated reports of child abuse or neglect for the purposes of A.R.S. § 8-804.
14. "Certification application" means the form that an applicant submits to an adoption entity or to the court to request a certification investigation to become certified as an adoptive parent.
15. "Certification investigation" means the process referred to in A.R.S. § 8-105(C) by which an adoption entity determines if an applicant is a fit and proper person to adopt.
16. "Certification order" means a judicial determination that an applicant is acceptable to adopt children.
17. "Certification report" or "adoptive home study" means the written report described in A.R.S. § 8-105, in which an adoption entity summarizes the results of a certification investigation and makes a recommendation for or against certification of an applicant.
18. "Child with special needs" means a child who has one of the special needs listed in A.R.S. § 8-141.

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19. "Department" or "DCS" means the Arizona Department of Child Safety.
20. "Developmentally appropriate" means an action that takes into account:
 - a. A child's age and family background;
 - b. The predictable changes that occur in a child's physical, emotional, social, cultural, and cognitive development; and
 - c. A child's pattern and history of growth, personality, and learning style.
21. "Direct placement" means the child is placed in an adoptive home by the birth parent or legal parent.
22. "Final report to the court" means a written report that includes a social study under A.R.S. § 8-112, in which an adoption entity advises the court of the entity's assessment and recommendations about the finalization of a particular adoption.
23. "Foster parent" means the same as in A.R.S. § 8-501.
24. "ICPC" means the Interstate Compact on the Placement of Children described in A.R.S. § 8-548.
25. "ICWA" means the Indian Child Welfare Act described in 25 U.S.C. 1901 et seq.
26. "Legally available" means a child whose birth or legal parents are deceased, have voluntarily relinquished their parental rights, or whose parental rights have been terminated by the court.
27. "License" means a permission granted by the Department to an adoption agency authorizing the adoption agency to perform adoption services in A.A.C. R21-9-201(B).
28. "Open adoption" means an adoption in which the adoptive parent and the birth or legal parent agree to share varying degrees of each other's personal information for future contact.
29. "Out-of-state agency" means any person or entity that is authorized or licensed by a state other than Arizona, or a foreign country, to perform adoption services.
30. "Placed child" means an adoptable child who has been placed with an adoptive parent, and the adoptive parent has not yet filed a petition to adopt the child.
31. "Placement supervision period" means the time period from the date of adoption placement until the court enters a final order of adoption, during which the adoptive parent has the rights under A.R.S. § 8-113.
32. "Reasonable fee" means
 - a. A fee commensurate with:
 - i. The actual cost of providing a specific adoption service or item to a specific individual, or
 - ii. The average cost of a service or item if the adoption entity routinely uses an averaging method to determine the cost of a particular service or item.
 - b. A reasonable fee may include reasonable compensation for officers and employees and a reasonable profit margin above actual or averaged costs.
33. "Service plan" means a written document of developmentally appropriate pre-placement and post-placement services necessary to facilitate a child's transition to an adoptive home.
34. "Social study" means the written report described in A.R.S. § 8-112, after a petition for adoption has been filed, where the adoption entity summarizes the results of its investigation, and makes a definite recommendation for or against the proposed adoption and the reasons for that recommendation.

Historical Note

New Section made by final exempt rulemaking at 21

A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-302. Adoption Registry: Information Maintained; Confidentiality

- A. The Department shall maintain and keep current the Adoption Registry with the information required under A.R.S. § 8-105. The Adoption Registry shall include the following current information for each child or adoptive parent listed on the Adoption Registry:
 1. The child's availability for adoptive placement,
 2. The adoptive parent's certification status,
 3. The adoptive parent's availability for adoptive placement, and
 4. The type of child the adoptive parent is open to considering for adoption including:
 - a. Age;
 - b. Sex; or
 - c. Special needs.
- B. Upon request, the Department shall provide personally identifiable Adoption Registry information to:
 1. The court;
 2. An adoption agency, including a private attorney;
 3. Under a court order, a National or Regional Adoption registry and exchange; and
 4. An out-of-state agency.
- C. Before providing information, the Department shall obtain, from the person requesting the information, the following:
 1. The name and affiliation of the person requesting the information;
 2. The reason for the request; and
 3. If the requesting party is other than a court representative, a signed statement acknowledging that the information is confidential and promising not to release the information to anyone except as allowed by A.R.S. §§ 8-120, 8-121, and 8-105.

Historical Note

New Section made by final exempt rulemaking at 21
A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-303. Department Adoption Services

- A. The Department provides the following adoption services for families and children in accordance with the limitations and provisions of A.R.S. Title 8, Chapter 1, Article 1:
 1. For families:
 - a. Recruiting adoptive parents;
 - b. Informing persons interested in adopting a child about the adoption process;
 - c. Conducting certification investigations of applicants under A.R.S. § 8-105;
 - d. Preparing certification reports under A.R.S. § 8-105; and
 - e. Submitting the names and profiles of adoptive parents for listing in the Adoption Registry.
 2. For children:
 - a. Accepting adoption consents from birth parents;
 - b. Preparing non-identifying, pre-placement information on adoptive children for adoptive parents, as required in A.R.S. § 8-129;
 - c. Submitting the name and profile of an adoptive child for listing in the Adoption Registry;
 - d. Preparing a child for adoptive placement;
 - e. Matching an adoptable child with an adoptive parent;
 - f. Placing an adoptable child in the home of an adoptive parent;

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- g. Investigating and reporting to the court on the acceptability of an adoptive parent under A.R.S. § 8-105(H);
- h. Monitoring an adoption placement during the placement supervision period;
- i. Providing services to a child placed for adoption and the adoptive family to assist with adjustment to the adoption placement;
- j. Conducting a social study under A.R.S. § 8-112 and preparing a final report to the court determining suitability of placement; and
- k. Assisting an attorney by providing legal documents to enable an adoptive parent to complete the adoption process.

- B. When performing adoption services, the Department shall adhere to the standards established for an adoption agency in 21 A.A.C. 9.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-304. Department Procedures for Processing Certification Applications

- A. Upon review of a certification application, the Department shall notify the applicant in writing that the application is either complete or incomplete. An application is complete when it contains the information and supporting documentation described in R21-5-404. If the application is incomplete, the notice shall specify what information is missing.
- B. An applicant with an incomplete application has 30 days from the date of the notice to provide the missing information. If the applicant fails to do so, the Department may close the file. An applicant whose file has been closed and who later wishes to apply for certification may reapply.
- C. Upon review of a complete application, the Department shall decide whether to accept the application, according to the priority schedule listed in R21-5-305, and the availability of the Department's resources. If the Department cannot accept the application, the Department shall return the original application and all supporting documentation to the applicant. The applicant may reapply.
- D. After the Department accepts the completed application, the Department shall provide the applicant written notice of the acceptance. The Department shall complete the certification investigation as specified in R21-5-405 within 90 days of the date of the notice. The Department shall prepare a certification report under R21-5-406.
- E. The Department shall process a renewal application under this Section and R21-5-407.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-305. Department Priorities for Receipt of Services

The Department shall accept and process certification applications and render adoption services according to the following priority schedule:

- 1. An applicant for whom the court has ordered the Department to do a certification investigation and report;
- 2. An applicant seeking to adopt a particular adoptable child with special needs;
- 3. An applicant wishing to adopt a child with special needs;
- 4. An applicant considering adopting a child with special needs; and
- 5. All other applicants.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-306. Department Recruitment Efforts

The Department shall actively recruit persons to adopt children with special needs by:

- 1. Publicizing the need for such adoptive parents;
- 2. Registering adoptable children, as appropriate, with the Adoption Registry or other local, state, regional and national adoption resources;
- 3. Advising prospective adoptive parents of:
 - a. The availability of children with special needs,
 - b. The procedures involved in adopting such children, and
 - c. The support services and subsidies that may be available to persons adopting such children; and
- 4. Other measures similar to those described in this Section.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-307. Fees; Waiver

- A. The Department shall charge the following fees for performing a:
 - 1. Certification investigation and preparing a certification report, \$1,200; and
 - 2. Records search for a confidential intermediary, \$50.00.
- B. The Department shall waive the certification fee in subsection (A)(1) if the applicant adopts a child in the custody of the Department.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-308. Termination of Adoption Services

- A. The Department may terminate services to an applicant or adoptive parent when:
 - 1. The adoption is finalized;
 - 2. The applicant or adoptive parent requests closure before receiving a child for placement;
 - 3. The applicant or adoptive parent ceases to be a resident of Arizona before receiving a child for placement;
 - 4. The court declines to certify the applicant or adoptive parent;
 - 5. The applicant or adoptive parent refuses to comply with the requirements in A.R.S. Title 8, Chapter 1, Article 1, or this Chapter, Articles 3 and 4;
 - 6. The applicant fails to submit a completed certification application within 90 days of the date on which the Department sent the person an application form;
 - 7. The adoptive parent is no longer willing to be an adoptive parent; or
 - 8. The adoptive parent is no longer certified to adopt.
- B. The Department may terminate adoption services to an adoptive child when:
 - 1. The court issues a final adoption order; or
 - 2. The court determines that adoption is no longer the most appropriate case plan for the child, and the Department provides alternate services consistent with the child's new case plan.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

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ARTICLE 4. ADOPTION ENTITY SERVICES**R21-5-401. Definitions**

The definitions in R21-5-301 apply in this Article.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-402. Recruitment

- A. When recruiting applicants, an adoption entity shall comply with the requirements of this Section.
- B. The adoption entity shall conduct recruitment efforts pursuant to a written plan, which shall describe:
 1. Specific recruitment goals, including:
 - a. The number and composition of adoptive parents the entity will serve; and
 - b. The children the entity will accept for placement and any limitations such as:
 - i. Age;
 - ii. Medical special needs;
 - iii. Developmental special needs;
 - iv. Mental health; or behavioral health special needs.
 2. Methods of recruitment;
 3. The number and professional qualifications of staff designated to handle recruitment; and
 4. The means by which the adoption entity shall fund the agency's recruitment efforts.
- C. The adoption entity's recruitment efforts shall be consistent with the personal characteristics of the children the entity has available for adoption and reasonably expects will become available for adoption through the entity.
- D. An adoption entity shall not:
 1. Promise to place more children than the adoption entity's prior history shows it can reasonably expect to place;
 2. Promise to place a child in less time than the average waiting period demonstrated by the adoption entity's past practice;
 3. Promise adoption subsidy prior to the formal approval and receipt of an adoption assistance agreement that meets the requirements of A.R.S. Title 8 Chapter 1 Article 2; or
 4. Make any other statements or promises the entity knows or reasonably should know are false, misleading, or inaccurate.
- E. The Department may take an adverse licensing action against an adoption agency that does not comply with this Section.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-403. Orientation: Persons Interested in Adoption

- A. Prior to accepting a certification application from a person considering the adoption of a child, or an application for placement from a person who intends to seek a placement through the adoption entity, an adoption entity shall provide the person with an adoption orientation, which shall explain the following:
 1. The adoption process, including all legally mandated procedures, and estimated time-frames for completion of such procedures;
 2. The adoption entity's policies and procedures that directly affect services to adoptive parents;
 3. The adoption entity's fee structure and written fee agreement;
 4. The types and number of children the agency typically has had and reasonably expects to have available for

adoption placement and the average length of time between certification and placement;

5. The Department's responsibility for licensing and monitoring agencies, and the public's right to register a complaint about an agency as prescribed in 21 A.A.C. 9, Article 2;
 6. The function of the Adoption Registry and the adoptive parent's right to decide whether to be included in the Adoption Registry; and
 7. Confidentiality requirements, open adoptions, and the confidential intermediary program described in A.R.S. § 8-134.
- B. A person who is already knowledgeable about all or part of the matters listed in subsection (A) may waive orientation on those matters, with the approval of the adoption entity. A person may be knowledgeable due to a prior adoption through an Arizona adoption entity, employment in adoption services, or for other similar reasons.
 - C. An adoption entity shall maintain written documentation showing that any person who has applied to the entity for certification or for placement of a child has received the orientation described in subsection (A), required by R21-9-227, or has obtained a waiver described in subsection (B). If some or all of the adoption orientation is waived, the adoption entity shall document the matters waived and the reasons for the waiver.
 - D. An adoption entity shall not charge a person for anything other than a certification application fee, or enter into an adoption fee agreement with a person, until the person has received the orientation in subsection (A).

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-404. Application for Certification

An applicant who wishes to become certified as an adoptive parent shall apply for certification as provided in A.R.S. § 8-105. An adoption entity shall require an applicant to provide at least the following information:

1. Personally identifying information for each prospective adoptive parent, including:
 - a. Name and date of birth;
 - b. Social Security number;
 - c. Race and ethnicity;
 - d. Physical description;
 - e. Current address and duration of Arizona residency;
 - f. Marital history; and
 - g. The name, address, and phone number of immediate family members, including emancipated adult children;
2. The name, date of birth, and social security number of any person currently residing with the applicant;
3. A listing of the applicant's insurance policies, including:
 - a. Any insurance that may be available to cover the medical expenses of a birth mother or adoptive child; and
 - b. The name of the insured, the insurance policy number, and the effective dates of coverage;
4. A current financial statement describing the applicant's assets, income, debts, and financial obligations;
5. A physician's statement as to the applicant's current physical and mental health;
6. A medical and psychological history on the applicant and the applicant's household members. The history may be a declaration by the applicant of past physical and mental illness for the applicant and any household member;
7. The applicant's employment history;

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8. The applicant's social history;
 9. A statement from the applicant as to the type of child the applicant seeks to adopt and whether the applicant desires to adopt or would consider adopting a child with special needs;
 10. Information on the following legal proceedings in which the applicant has been a party:
 - a. Dependency proceedings,
 - b. Severance or termination of parental rights proceedings,
 - c. Child support enforcement proceedings,
 - d. Proceedings involving allegations of child abuse or neglect,
 - e. Adoption proceedings, or
 - f. All criminal proceedings;
 11. The applicant's prior history of adoption certification, including prior applications for certification and the dates of any certification denials;
 12. Whether the applicant wishes to be listed on the Adoption Registry;
 13. A fingerprint card or fingerprints processed through the Court, meeting the requirements of A.R.S. § 41.1758.07 on each applicant and each adult residing in the home more than the age of 18 years; and
 14. The names, addresses, and phone numbers of five personal references; two references from family members related to the applicant by blood or marriage, and three other references, who have known the applicant at least two years and who can attest to the applicant's character and fitness to adopt.
- a. A physician's statement regarding the physical health of other adult household members and the applicant's children living in the home;
 - b. A statement from a psychiatrist or psychologist regarding the mental health of the applicant and the applicant's other household members;
 - c. Birth certificates;
 - d. Marriage certificate;
 - e. Dissolution of marriage or divorce papers and orders, including child support documentation;
 - f. Military discharge papers;
 - g. Financial statements, tax returns, pay stubs, and W-2 statements;
 - h. Bankruptcy papers;
 - i. Insurance policy information; and
 - j. Documentation showing Arizona residency.
- B.** A person who meets the qualifications listed in 21 A.A.C. 9, Article 2, shall perform the certification investigation and shall document all personal contacts made and all information reviewed and considered during the investigation.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-406. Certification Report and Recommendation

- A.** Upon completion of the certification investigation, the adoption entity shall prepare a certification report under A.R.S. § 8-105.
- B.** In determining whether to recommend certification of an applicant, the adoption entity shall consider all factors bearing on fitness to adopt, including, but not limited to:
 1. The factors listed in A.R.S. § 8-105;
 2. The length and stability of the applicant's marital relationship, if applicable;
 3. The applicant's age and health;
 4. Past, significant disturbances, or events in the applicant's immediate family, such as:
 - a. Involuntary job separation,
 - b. Divorce, or death of spouse, child, or parent, and
 - c. History of child abuse or neglect;
 5. The applicant's ability to financially provide for an adopted child; and
 6. The applicant's history of providing financial support to the applicant's other children, including compliance with court-ordered child support obligations.
- C.** The certification report shall specifically note any instances where an applicant has:
 1. Been charged with, been convicted of, pled no contest to, or is awaiting trial, on charges of an offense listed in A.R.S. § 41-1758.07; or
 2. Been a party to a dependency, guardianship, or termination of parental rights action.
- D.** If the report recommends denial of certification, the adoption entity shall send the applicant written notice of the unfavorable recommendation, the reason for the denial, and an explanation of the applicant's right under A.R.S. § 8-105, to petition the court for review. The adoption entity shall mail the notice to the applicant at least five work days prior to filing the certification report with the Court.
- E.** The adoption entity may notify the adoptive parent of the Court's certification decision if the Court fails to do so.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-405. Certification Investigation

- A.** Following acceptance of a completed certification application, the adoption entity shall conduct a certification investigation that includes:
 1. Personal interviews with the adoptive family. Such interviews shall:
 - a. Occur on at least two separate occasions, at least one of which shall be at the adoptive parent's residence;
 - b. Comprise no less than four hours of in person contact, and at least one hour shall take place at the adoptive parent's residence;
 - c. Include at least one separate interview with each member of the adoptive parent's household who is more than the age of five; and
 - d. Include at least one joint interview with both adoptive parents if they are married;
 2. Written statements from and personal contact (either a face-to-face meeting or a telephone call) with at least three of the applicant's personal references;
 3. An inquiry as to whether the applicant wishes to be listed in the Adoption Registry;
 4. Verification of the applicant's financial condition through a review of one or more of the documents listed in subsection (A)(7)(g) below;
 5. A request to the Department for a check of the Central Registry to determine if the applicant has a past record of substantiated allegations of child abuse or neglect;
 6. An evaluation of the success of the placement of other children adopted by the applicant;
 7. A review of any supporting documentation the adoption entity reasonably deems necessary to determine an applicant's fitness to adopt, including:

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R21-5-407. Renewal of Certification

- A. A certified adoptive parent who has not filed a petition for adoption within one year of the original certification order, may apply for an extension of certification, as provided in A.R.S. § 8-105.
- B. If the Court directs an adoption entity to investigate a certified adoptive parent who has requested a renewal of certification, the entity shall obtain from the adoptive parent seeking renewal:
 1. A copy of the request for renewal of certification;
 2. An updated profile of any changes in the certified adoptive parent's social, family, medical, and financial circumstances;
 3. New fingerprint clearance per Court requirements, following original certification;
 4. A current physical health statement for all members of the adoptive parent's household at least every third year following original certification; and
 5. Other information as the Court may request.
- C. When investigating a request for a renewal of certification, the adoption entity shall, at a minimum, complete the following:
 1. Conduct an in person interview at the applicant's home with the applicant and the applicant's other household members more than the age of five years,
 2. Investigate any change in circumstances described in the request for renewal as necessary to determine continuing fitness to adopt, and
 3. Document all actions.
- D. Upon completion of the renewal investigation, the adoption entity shall prepare and file with the Court a certification investigation that shall contain a recommendation for or against renewal of certification.
- E. If the adoption entity recommends that certification not be renewed, the entity shall send the adoptive parent the notice in R21-5-406(D).

Historical Note

New Section made by final exempt rulemaking at 21
A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-408. Communication with Adoptive Parents Awaiting Placement

Upon request, an adoption entity shall inform an adoptive parent awaiting placement of a child of the following:

1. The status of the adoptive parent's case;
2. The number of children the adoption entity currently has available for adoption;
3. The number of times the adoptive parent has been considered for the placement of a child;
4. The number of approved adoptive parents awaiting placement of a child through the adoption entity; and
5. The number of placements the adoption entity made in the prior year, the number of placements the adoption entity has made to date in the current year, and the number of placements the adoption entity anticipates making during the remainder of the current year.

Historical Note

New Section made by final exempt rulemaking at 21
A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-409. Prohibitions Regarding Birth Parents

An adoption entity shall not:

1. Promise a birth parent that the birth parent shall have future contact with the child or the adoptive parent but may explain the concept of open adoption;
2. Promise a birth parent that the child will be placed with a specific adoptive parent or type of adoptive parent,

except in a direct placement adoption. The adoption entity may advise the parent that it will use the entity's best efforts to honor any placement preferences the birth parent may have, to the extent that such preferences are consistent with the best interests of the child;

3. Promise a birth parent any financial or other consideration prohibited by law; or
4. Do or say anything to coerce or pressure a birth parent to sign a consent to adopt.

Historical Note

New Section made by final exempt rulemaking at 21
A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-410. Information about Birth Parents

- A. Before accepting a child for placement, the adoption entity shall make a good faith effort to obtain the following information described in this Section from the child's birth parent, or person having custody of the child:

1. Information about each birth parent including:
 - a. Name and any aliases used;
 - b. Address, phone number, and residential history;
 - c. Date and place of birth;
 - d. Social security number;
 - e. Race, citizenship, and any Native American tribal affiliation or membership;
 - f. Physical description;
 - g. Name of current employer and employment history;
 - h. Educational history;
 - i. Marital history and status;
 - j. Record of other births and children born to the birth parent;
 - k. Hobbies;
 - l. Future plans;
 - m. Record of arrests or convictions;
 - n. Medical, psychological, and substance use history;
 - o. For the birth mother, history of prenatal care, gestational substance or drug abuse, pregnancy, and delivery;
 - p. Immediate family relationships; and
 - q. Significant family events.
2. An explanation of the birth parent's decision to place the child for adoption, the factors that influenced the decision, and a record of any counseling the birth parent received concerning the decision.
3. A record of the birth parent's contact with the child.
4. A statement of the birth parent's feelings about future contact with the child.
5. A list of the birth parent's preferences regarding an adoptive home for the child.
6. Medical or psychological history on the birth parent's own parents, siblings, grandparents, aunts, uncles, and first cousins.
7. Information on the child being surrendered for adoption, as appropriate to the age of the child and the child's:
 - a. Developmental history,
 - b. Medical and psychological history,
 - c. Family background,
 - d. Educational history, and
 - e. Membership in or affiliation with any Native American tribe.
8. A listing of the birth parent's insurance policies, including:
 - a. Any insurance that may be available to cover the medical expenses of the birth mother or adoptive child; and

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- b. The name of the insured, the insurance policy number, and the effective dates of coverage.
- B. The adoption entity shall document all statements and information in a permanent record.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-411. Pre-consent Conference with Birth Parents

- A. The adoption entity shall have a pre-consent conference with each birth parent who must provide consent to adoption under A.R.S. § 8-106, to explain in a language and form that each birth parent can understand the following:
 - 1. The legal and practical consequences of executing a consent, including:
 - a. Applicable ICWA provisions; and
 - b. The fact that the consent, and all other affidavits executed in connection with an adoption, are executed under penalty of perjury;
 - 2. The irrevocability and inalterability of a consent;
 - 3. The legal prohibition against paying the birth parent to execute a consent;
 - 4. The fact that the birth parent has no obligation to sign the consent; and
 - 5. The provisions of A.R.S. § 8-106, regarding an affidavit of any potential father.
- B. The pre-consent conference shall occur:
 - 1. No earlier than 12 hours after the birth of a child if the conference was not held before the birth under subsection (B)(2);
 - 2. No earlier than 60 days before the anticipated due date, if the conference is held before the child's birth;
 - 3. At least 24 hours before presenting a birth parent with the consent form for signature; and
 - 4. At a time that takes into account the known medical and emotional condition of each available birth parent.
- C. The person conducting the pre-consent conference shall provide the birth parent with a sample consent form and shall convey the information described in subsection (A) in a language and form that the birth parent can understand.
- D. The person conducting the pre-consent conference shall document that the information was given and understood and shall obtain the birth parent's signature on the documentation. If the conference is by telephone under subsection (E), the person may obtain the signature through the mail at a later date. If the conference is not held, the person shall document the reason under subsection (E).
- E. The pre-consent conference may be by telephone and is not required if the birth parent cannot be located or refuses to participate in the conference. The adoption entity shall document the reason why the conference did not occur.
- F. If required to obtain a consent from a birth father under A.R.S. § 8-106, the adoption entity shall, prior to obtaining the birth father's signature, advise the birth father of the matters listed in subsection (A) in a form and language the birth father can understand. The adoption entity shall include the advice listed in subsection (A) on the consent form.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-412. Consent to Adopt; Unknown Birth Parent

- A. A person who obtains a birth parent's signature on a consent shall not do so until the person reasonably determines:
 - 1. That the requirements of R21-5-411 have been met;
 - 2. That the birth parent is not acting under duress;

- 3. That the birth parent is physically and mentally capable of exercising informed consent; and
- 4. That the birth parent has revealed all information known about the identity and location of the other birth parent.
- B. No one shall advise a birth parent to falsely state that he or she does not know the identity or location of the other birth parent.
- C. When a birth parent professes not to know the identity or location of the other birth parent, the person taking the consent shall explain the risks and consequences of this response, including the following:
 - 1. Potential invalidation of the adoption;
 - 2. Potential detriment to the child's social and physical well-being, due to lack of information concerning the unidentified birth parent's social and medical history; and
 - 3. Potential penalties for perjury.
- D. When a birth parent knows, but refuses to disclose, the identity or location of the other birth parent, the adoption entity shall advise the birth parent as provided in subsection (C) and shall also explain that the Court may refuse to finalize the adoption.
- E. The adoption entity shall document all action taken in compliance with this Section.
- F. The adoption entity shall give the birth parent a copy of the consent and retain a copy in the permanent adoption file.
- G. The adoption entity shall request a search of the confidential putative fathers registry of information that the Arizona Department of Health Services maintains under A.R.S. § 8-106.01 when:
 - 1. A birth father's identity is unknown or undisclosed, and
 - 2. The adoption entity believes that a search of the putative fathers registry may prevent disruption of a placement or an adoption.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-413. Adoptable Child: Assessment and Service Plan

- A. Prior to selecting an adoptive placement for an adoptable child, the adoption entity shall:
 - 1. Assess the child's medical, psychological, social, and developmental needs;
 - 2. Design an adoptive family profile consistent with the child's needs and best interests;
 - 3. Develop a written service plan; and
 - 4. Assess whether the child is a potential candidate for an adoption subsidy.
- B. The service plan shall, at a minimum, include:
 - 1. Placing the child on the Adoption Registry if there is no adoptive parent readily available to adopt the child;
 - 2. Giving the child a developmentally appropriate explanation of the adoption process.
- C. The adoption entity shall provide the child with services in accordance with the child's service plan.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-414. Placement Determination

- A. An adoption entity shall have and follow a written policy for making placement recommendations and decisions in both direct placement and adoption placement adoptions.
- B. Except as otherwise provided in subsection (C), in an agency placement adoption a team shall make the placement decision. The team shall at a minimum, include:
 - 1. The case manager or person who assessed the adoptable child, and

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2. The case manager or person who is knowledgeable about the potential adoptive parents for the adoptable child.
- C. In international adoptions, where the case manager or person who assessed the child is out of the country and unavailable, the adoption team shall include the person who is most familiar with the adoptable child's needs.
- D. In an agency placement adoption, an adoption entity shall place an adoptable child in the adoptive setting that best meets the child's safety, social, emotional, physical and mental health needs. In determining who can best meet the needs, the adoption entity shall consider ICWA placement preferences if applicable and the following relevant factors in no order of preference:
 1. The marital status, length and stability of the marital relationship of the adoptive parent;
 2. The family's ability to meet the child's emotional, physical, mental, and social needs;
 3. The family's ability to financially provide for the child;
 4. The wishes of a child who is 12 years of age or more;
 5. Family relationships between the child and the adoptive parent's family members;
 6. The placement of the child's siblings;
 7. The availability of relatives, the adoptable child's former foster parents, or other significant persons to provide support to the adoptive parent and child;
 8. The wishes of the child's birth parent; and
 9. All information in the case files of the child and the adoptive parent.
- E. The adoption entity shall document the placement decision.
 1. For adoptions conducted pursuant to the ICPC, the documentation shall comply with the requirements of the ICPC under A.R.S. § 8-548 et seq.
 2. For all other adoptions, the documentation shall include the following:
 - a. The adoptive child's critical needs and characteristics that weigh most heavily in the placement determination,
 - b. The names and general characteristics of those adoptive parents who most closely match the child's needs and who are seriously considered for placement, and
 - c. The reasons why a particular adoptive parent chosen for placement best meets the child's needs.
- F. For adoptions not covered by the ICPC, the adoption entity may document the placement decision in a file or placement log that is separate from the clients' case files.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-415. Provision of Information on a Placed Child

After selecting an adoptive placement for a child, and before placing the child with the chosen adoptive parent, the adoption entity shall provide the adoptive parent with all non-identifying information available on the child, including, without limitation, the following:

1. All records concerning the child's medical, psychological, social, legal, family, and educational background;
2. All records concerning the birth parents' medical, psychological, social, legal, family, and educational background;
3. The medical and social background on the child's other immediate family members, including siblings and birth grandparents;
4. The child's plan for adoption services, as described in R21-4-413; and

5. Information on adoption subsidy that may be available for the child.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-4-416. Transportation

An adoption entity that transports an adoptive child shall:

1. Ensure that any person who transports an adoptive child is informed of the child's medical needs and is capable of meeting any medical needs that are reasonably likely to arise during transport;
2. Not leave an adoptive child unattended during transportation if the adoptive child:
 - a. Is less than seven years of age;
 - b. Has a developmental disability; and
 - c. Is more than seven years of age if the adoption entity has determined, and documented in the child's record, that the child is physically and emotionally incapable of traveling alone;
3. Require all persons who provide transport to carry personal identification and a written statement from the adoption entity describing the person's authority and responsibilities while performing transport duties;
4. Require proof of driver's license from any person accepting temporary or permanent responsibility for transporting an adoptive child during the course of placement;
5. Document all transportation plans and actual transportation events in the child's record;
6. All vehicles used in transporting adoptive children shall be insured;
7. Ensure that an adoptive child is properly secured in a child restraint system that meets the requirements listed in R21-9-224(E).

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-417. Placement Services

- A. An adoption entity shall make counseling services available to the adoptive parents' family as the entity deems reasonable and necessary to facilitate the child's acceptance into the adoptive parent's family and to preserve stability. The adoption entity may make such services available by advising the adoptive family that such services may be beneficial and referring the adoptive parent and his or her family to community resources and providers.
- B. The adoption entity shall make information on adoption related educational and supportive resources available to adoptive parents.
- C. The adoptive parent must sign a document stating if he or she is declining any form of adoption counseling.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-418. Post-placement Supervision: Non-foster Parent Placement

- A. When a child is placed for adoption with a person who is not the child's foster parent, a case manager from the adoption entity shall visit the home within 30 calendar days of the date of adoptive placement to:
 1. Ensure that the adoptive parent received all available non-identifying information from the adoption entity on the child;

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2. Address any questions or concerns the adoptive parent or child may have about the adoption process or placement;
 3. Ensure that the family has addressed the educational needs of a school-age child; and
 4. Ensure that an adoptive parent who works has made appropriate child care arrangements.
- B.** Following the initial placement visit in subsection (A), a case manager from the adoption entity shall:
1. Visit the adoptive family at least once every three months until the adoption is finalized:
 - a. Except, when the adoptive child is a child with special needs, the visits shall occur at least once a month; and
 - b. During the first six months following the initial placement visit, at least alternating visits shall occur at the adoptive family's home;
 2. Interview all members of the adoptive family's household during the placement supervision period;
 3. Discuss how the child and the adoptive parent's family are adapting, the current relationship among members of the adoptive parent's family, and the following issues with the adoptive parent if appropriate in light of the child's age and development:
 - a. How the presence of the child has changed familial relationships;
 - b. How the child and the extended family view each other;
 - c. The role each family member has assumed regarding child care and discipline;
 - d. How the adoptive parent is coping with the needs and demands of the placed child;
 - e. How the child challenges or tests the placement and how the family reacts to these episodes, including any feelings of insecurity about the propriety of the family members' response;
 - f. How the family perceives the child's sense of identity and the need to fill in gaps in the child's history; and
 - g. How the child has adjusted to the school environment;
 4. If developmentally appropriate, privately interview the child about:
 - a. The child's feelings about the adoption;
 - b. How the child and family are adapting; and
 - c. The child's relationships with the members of the family.
- C.** The case manager shall document all contacts and communications made under this Section.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-419. Post-placement Supervision: Foster Parent Placement

- A.** When a foster parent plans to adopt a foster child who is age 5 years or older, a case manager from the adoption entity shall privately interview the child and all members of the adoptive family household who are age 5 years or older about their feelings towards the adoption, before the adoption consent is signed.
- B.** When a child is placed for adoption with a person who has been a foster parent to the child, a case manager from the adoption entity shall conduct a home visit at least every two months from the time legal consent for adoption has been signed until the finalization of adoption unless the adoptive child is a child with special needs. If the adoptive child is a

child with special needs, the case manager shall visit at least once a month.

- C.** During the visits described in subsection (B), the case manager shall:
1. If developmentally appropriate, privately interview the child to discuss a child's feelings about the adoption; and
 2. Interview all members of the adoptive family household, including children, if developmentally appropriate, to discuss, as described in R21-5-418, how the child and family are adapting, and the current relationship among members of the family.
- D.** The case manager shall document all contacts and communications under this Section.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-420. Protracted Placement

If an adoption is not finalized within two years from the date of consent, and the child is still placed in the adoptive home, the adoption entity handling the adoption shall provide the Department with written documentation explaining the reason why the adoption has not been finalized, no later than 30 calendar days after the two-year period has ended.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-421. Finalizing the Placement

An adoption entity shall cooperate with the adoptive parent and the attorney, if any, retained by the adoptive parent, to finalize the adoption.

1. The entity shall provide all information and documents needed to finalize the adoption and shall file a final written report to the court at least 14 calendar days before the final adoption hearing, or at such other time as the Court may require. The report shall include the information listed in this subsection, unless the entity has already provided this information in an earlier report, and the information has not changed since the earlier report.
 - a. The name and age of each adoptive parent and the relationship, if any, of each adoptive parent to the child to be adopted;
 - b. The name, age, and birthplace of the child to be adopted, and whether any or all of this information is unknown to the adoptive parent;
 - c. The entity or other source from which the adoptive parent received the child to be adopted;
 - d. The circumstances surrounding the surrender of the child to the entity;
 - e. The results of the entity's evaluation of the child and of the adoptive parent, including:
 - i. A description of the care the child is receiving;
 - ii. The adjustment of the child and parent; and
 - iii. A summary statement of the entity's recommendation to the court regarding finalization;
 - f. A full description of any property belonging to the child to be adopted;
2. For children 12 years of age and older, the adoption entity shall solicit and consider the child's wishes concerning adoption.
3. The adoption entity shall notify the AHCCCS Administration of any potential third party payer, as prescribed in A.R.S. § 36-2946, if the entity has not already done so.

Historical Note

New Section made by final exempt rulemaking at 21

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A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-422. Placement Disruption

- A. When a placement fails, the adoption entity shall provide services, including counseling to the adoptive parent and his or her family and child, to help them cope with the loss and separation.
- B. An adoption entity shall have and follow written procedures for an adoptive placement disruption. The procedures shall include:
 1. Provision of counseling services to the adoptive parent, his or her family, and the child as needed; and
 2. Provision for placement of the child in another adoptive home or other developmentally appropriate living arrangement.
- C. The adoptive entity shall document the reasons for the disruption and shall take such information into account when making future placements for the adoptive parent and the child.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-423. Confidentiality

Any person or entity who participates in an adoption or provides adoption services shall comply with the confidentiality requirements under A.R.S. §§ 8-120, 8-121, and 36-2903.01.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

ARTICLE 5. ADOPTION SUBSIDY**R21-5-501. Definitions**

In addition to the definitions in A.R.S. §§ 8-141 and 8-501, the following definitions apply in this Article.

1. "Adoption agency" means an individual or entity, including a corporation, company, partnership, firm, association, or society, other than the Department, licensed by the Department to place a child for adoption.
2. "Adoption Specialist" means the Department of Child Safety Specialist, or adoption agency staff person, who is responsible for managing the child's case prior to the adoption finalization.
3. "Adoption subsidy" means the same as A.R.S. § 8-141, and includes nonrecurring adoption expenses under A.R.S. § 8-161 et seq. If the child qualifies, the adoption subsidy may include one or more of the following:
 - a. Medical, dental, and mental health subsidy;
 - b. Maintenance subsidy;
 - c. Special services subsidy; and
 - d. Reimbursement of nonrecurring adoption expenses.
4. "Adoption subsidy agreement" means the agreement in A.R.S. § 8-144 concerning the Adoption Subsidy Program and includes the agreement in A.R.S. § 8-162 concerning the nonrecurring adoption expense program.
5. "Adoption Subsidy Program" means a unit within the Department of Child Safety that administers the adoption subsidy.
6. "Adoption Subsidy Supervisor" means a Department employee who is responsible for the Adoption Subsidy Program within a defined geographic area, and that the Department has authorized to approve an adoption subsidy agreement.
7. "Adoptive parent" means an adult who the court has certified or approved to adopt a child, or an adult who has adopted a child.
8. "AHCCCS" means the Arizona Health Care Cost Containment System, which is the state's program for medical assistance available under Title XIX of the Social Security Act and state public insurance statutes, A.R.S. Title 36, Chapter 29.
9. "AHCCCS hospital reimbursement system" means the payment structure that AHCCCS uses to pay for inpatient and outpatient hospital services.
10. "Complete adoption subsidy application" means a packet containing the following:
 - a. An "Adoptive Family Subsidy Application" form provided by the Department that the adoptive parent, the Adoption Specialist, and Adoption Specialist supervisor have completed and signed; and
 - b. The supporting documentation and information requested in the "Adoptive Family Subsidy Application."
11. "Debilitating" means a lifelong, progressive, or fatal condition characterized by physical, mental, or developmental impairment that impedes an individual's ability to function independently.
12. "Department" or "DCS" means the Arizona Department of Child Safety.
13. "Developmental disability" means the same as A.R.S. § 8-141.
14. "Diagnose" means to identify a physical, psychological, social, learning, or developmental condition or disability according to the accepted standards of the medical, mental health, or educational professions.
15. "Emergency situation" means a circumstance that, if unaddressed, would be detrimental to a child's life, health, or safety.
16. "Emotional disturbance" means the same as A.R.S. § 8-141.
17. "Lawfully present in the United States" means the child is a U.S. citizen, national, or an alien authorized by an appropriate federal entity or court to be present in the United States.
18. "Legally free" means the parental rights of a child's birth or legal parents have been terminated.
19. "Maintenance subsidy" means a monthly payment paid to a custodial adoptive parent to assist with the costs directly related to meeting some of the adopted child's needs, including child care, health insurance co-payments and deductibles, and supplemental educational services for the adopted child.
20. "Mental disability" means the same as A.R.S. § 8-141.
21. "Nonrecurring adoption expenses" means the same as A.R.S. § 8-161, and are reasonable and necessary expenses directly related to the legal process of adopting a child with special needs. Allowable expenses include adoption fees, court costs, attorney's fees, fingerprinting fees, home study fees, costs for physical and psychological examinations, costs for placement supervision, and travel expenses necessary to complete the adoption.
22. "Physical disability" means the same as A.R.S. § 8-141.
23. "Qualified professional" means a practitioner licensed or certified by the state of Arizona or another state to evaluate and diagnose a condition or disability, or provide medical, dental, mental health services, or approved by the Department to provide educational or respite services.
24. "Sibling relationship" means two or more brothers or sisters who are related by blood or by law, and who are being adopted by the same family.
25. "Special allowance" means funds provided for clothing or personal expenses, therapeutic or personal attendant

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care, and other specialized payments such as emergency clothing, education, and gift allowances.

26. "Special needs" means one or more of the following conditions which existed before the finalization of adoption:
 - a. Physical, mental or developmental disability.
 - b. Emotional disturbance.
 - c. High risk of physical or mental disease.
 - d. High risk of developmental disability.
 - e. Age of six or more years at the time of application for an adoption subsidy.
 - f. Sibling relationship.
 - g. Racial or ethnic factors.
 - h. High risk of severe emotional disturbance if removed from the care of his foster parents.
 - i. Any combination of the special needs described in this paragraph. A.R.S. § 8-141.
27. "Special services subsidy" means financial assistance for extraordinary, infrequent, or uncommon needs related to a special needs condition specified in the adoption subsidy agreement.
28. "Standard of care" means a medical or psychological procedure or process that is accepted as treatment for a specific illness, injury, medical, dental, learning, or psychological condition through custom, peer review, or consensus by the professional medical, dental, educational, or mental health community.
29. "Title IV-E" means section 473 of Title IV of the Social Security Act, 42 U.S.C. 673, which establishes the federal adoption assistance program.
30. "Title XIX" means Medicaid, as defined by Section 1900, Title XIX, of the Social Security Act, 42 U.S.C. 1396.
31. "Title XX" means the Social Services Block Grant, as defined by Section 2001, Title XX, of the Social Security Act, 42 U.S.C. 1397.
32. "Undiagnosed pre-existing special need condition" means a physical, mental or developmental disability or emotional disturbance that existed before a court finalized the child's adoption, and that a qualified professional did not confirm before the child's adoption.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-502. Eligibility Criteria

- A. The Department shall determine if a child qualifies for the Title IV-E adoption assistance program prior to determining whether the child qualifies for the Adoption Subsidy Program.
- B. A child shall qualify for Title IV-E adoption assistance if the child meets the additional eligibility criteria required in 42 U.S.C. 673(a)(2). If the child does not meet the additional criteria in Title IV-E, the child may still be eligible to receive adoption subsidy under subsection (C).
- C. An Arizona child shall be eligible for adoption subsidy when the child is:
 1. In the care, custody, and control of the Department, or an adoption agency licensed in Arizona, or was previously adopted and received Title IV-E or Arizona adoption subsidy;
 2. Legally free for adoption;
 3. Lawfully present in the United States; and
 4. Determined to be a child with special needs as defined by Title IV-E of the Social Security Act, and A.R.S. Title 8, Chapter 1, Articles 2 and 3 as follows:
 - a. The child cannot or should not be returned to the parent's home;

- b. The child cannot be placed with adoptive parents without an adoption subsidy due to a special need of the child; and
- c. A reasonable but unsuccessful effort was made to place the child without an adoption subsidy, unless the Department determined that it was not in the child's best interest to place the child with another family because of the child's significant emotional ties with the prospective adoptive parent while in their care as a foster child.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-503. Application for Adoption Subsidy

- A. The adoptive parent shall submit a complete adoption subsidy application to the Department Adoption Subsidy Program prior to the finalization of the adoption. A complete adoption subsidy application shall include the following:
 1. The child's:
 - a. Name;
 - b. Date of birth;
 - c. Social Security Number; and
 - d. Ethnicity;
 2. The adoptive parents':
 - a. Name;
 - b. Date of birth;
 - c. Social Security Number;
 - d. Ethnicity;
 - e. Marital status;
 - f. Occupation;
 - g. Relationship to the child;
 - h. Adoption certification status;
 3. Information about:
 - a. The child's special needs;
 - b. Whether the child is lawfully present in the U.S.;
 - c. The Department or the adoption agency that has custody of the child;
 - d. Whether the child is free for adoption;
 - e. Efforts to place the child for adoption without adoption subsidy;
 - f. Resources for which the child is eligible; and
 - g. Financial benefits for which the child is eligible; and
 4. Description of:
 - a. The child's pre-existing special need conditions;
 - b. The need for maintenance payments; and
 - c. Nonrecurring expenses.
 5. The adoptive parent shall include the following documentation:
 - a. The child's specific special need identified by a qualified professional;
 - b. The child's need for a maintenance subsidy from:
 - i. The adoptive parent,
 - ii. Adoption Specialist, and
 - iii. A qualified professional;
 - c. The child's lawful presence in the United States if the child is not a U.S. citizen;
 - d. The child's pre-existing medical, dental, and mental health conditions as documented by a qualified professional:
 - i. Current within one year, or
 - ii. Provided in birth records; and
 6. Assurances that the following information is available in the adoption case record:
 - a. The Department or adoption agency that has custody of the child,

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- b. That the child is free for adoption, and
 - c. Efforts to place the child for adoption without adoption subsidy.
- B.** An adoption subsidy application is complete when the Adoption Subsidy Program receives the application and all supporting documentation. Documentation may vary according to the conditions of the child, and may include the recommendations of qualified professionals.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-504. Eligibility Determination

The Department shall review the adoption subsidy application and determine eligibility according to the following:

1. The Department shall approve eligibility for adoption subsidy if a child meets the eligibility criteria listed in R21-5-502 and the adoptive parent submits a complete application. If the Department approves eligibility, the Department shall create an adoption subsidy agreement that the adoptive parent and the Adoption Subsidy Supervisor or designee shall sign before the court enters the final order of adoption.
2. The Department shall deny eligibility for an adoption subsidy if a child does not meet the eligibility criteria listed in R21-5-502. If the Department denies an adoption subsidy, the Department shall send a notice to the adoptive parent that explains the reason for denial, the applicant's right to appeal, and the time-frame to file an appeal.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-505. Adoption Subsidy Agreement

- A.** The Department shall create an adoption subsidy agreement that lists the scope and nature of the subsidies provided, including:
1. The child's documented pre-existing special needs condition,
 2. The types of subsidy approved,
 3. The amount or rates as applicable to the types of subsidy approved, and
 4. The specific terms and conditions of the agreement.
- B.** The adoption subsidy agreement shall become effective if the following occurs prior to the finalization of the adoption:
1. The adoptive parent signs the agreement and returns it to the Department Adoption Subsidy Program, and
 2. The Adoption Subsidy Supervisor or designee signs the agreement.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-506. Medical, Dental, and Mental Health Subsidy

Adoption subsidy provides medical, dental, and mental health subsidies in the form of federal Medicaid coverage to a child in the Adoption Subsidy Program.

1. If the child resides in Arizona, AHCCCS determines eligibility; or
2. If the child resides in another state, the relevant state agency in that state determines Medicaid eligibility.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-507. Maintenance Subsidy

- A.** The maintenance subsidy may not cover all the daily living expenses of the adopted child. The Department and the adoptive parent shall negotiate the amount of maintenance subsidy based on a child's current special needs and the family's circumstances.

1. Under A.R.S. § 8-144(B), the amount of the maintenance subsidy shall not exceed the payments allowable for foster care, not including foster care special allowances.
2. The Department shall deduct private or public monetary benefits, such as benefits received through Title II of the Social Security Act, paid to the child from the monthly maintenance subsidy, as allowed under state or federal law. The adoptive parent shall report the receipt of any private or public monetary benefits for the child to the Adoption Subsidy Program as soon as the benefits are received.

B. Payment of Maintenance Subsidy

1. The Department shall not begin maintenance subsidy payments prior to the effective date of the adoption subsidy agreement.
2. The Department shall issue maintenance subsidy payments monthly to the adoptive parent as specified in the adoption subsidy agreement.

C. Renegotiation of the Maintenance Rate

1. The Department or the adoptive parent may initiate a change in the maintenance subsidy rate if there are changes in the child's needs.
2. The Department may renegotiate the amount of the adoption subsidy; however, the rate shall not exceed the payments allowable for foster care, not including foster care special allowances.
3. The adoptive parent shall provide the Department with documentation supporting the requested change in the maintenance subsidy rate.
4. If the child is in the care or custody of a state agency in Arizona or any other state, an adoption agency, or an individual other than the adoptive parent, the Department shall request, and the adoptive parent shall provide, documentation that the adoptive parent continues to be legally and financially responsible for the child.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-508. Special Services Subsidy

- A.** Special services subsidy shall be:
1. Related to a special needs condition listed in the adoption subsidy agreement; and
 2. Necessary to improve or maintain the adopted child's functioning as documented by an appropriate qualified professional. The Adoption Subsidy Program shall review the documentation at least annually.
- B.** Services approved for the payment of special services subsidy shall be:
1. Provided by a qualified professional;
 2. Provided in the least restrictive environment and as close as possible to the adoptive parent's residence;
 3. In accordance with the "Standard of Care"; and
 4. Not otherwise covered by or provided through maintenance subsidy, medical subsidy, dental subsidy, mental health subsidy, or other resources for which the adopted child is eligible.
- C.** The adoptive parent shall submit the special services request to the Adoption Subsidy Program and receive approval from the

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Adoption Subsidy Program prior to the adoptive parent's incurring the specified expense. The request shall include:

1. Documentation from a qualified professional that the service is necessary; and
2. Documentation that the adoptive parent had requested the service and the service provider had denied the request or documentation that the service is not available from other potential funding sources, such as AHCCCS/Medicaid, private insurance, school district, or other community resources.

D. Special services subsidy shall not include:

1. Payment for services to meet needs other than the pre-existing special needs conditions specifically listed in the adoption subsidy agreement;
2. Payment for medical or dental services usually considered to be routine, such as well-child checkups, immunizations, and other services not related to the child's special needs conditions in the adoption subsidy agreement;
3. Payment for health-related services that are not medically necessary, as determined by a qualified professional;
4. Payment for social or recreational services such as routine child care, dance lessons, sports fees, camps, and similar services; and
5. Payment for educational services that are not necessary to meet the special needs conditions specifically listed in the adoption subsidy agreement, or the services for which the school district is responsible.

E. The Department may request an independent review by a qualified professional of a special services request to determine the necessity for medical, dental, psychological, or psychiatric testing or services, or to evaluate the appropriateness of the treatment plan or placement.

F. The Department may issue reimbursements to the adoptive parent for approved special services, or the Department may pay the service provider directly.

G. Special services subsidy reimbursement is limited as follows:

1. The Department shall reimburse in-state and out-of-state inpatient and outpatient hospital services according to the AHCCCS hospital reimbursement system, as required by A.R.S. § 8-142.01(A), if the adoptive parent has obtained prior approval for the service from the Department. Prior approval is not required in an emergency situation.
2. The Department shall not reimburse special services subsidy amounts in excess of the rates allowed by the Department or AHCCCS. The Department shall use the lowest applicable rates as established by AHCCCS, the Department's Comprehensive Medical and Dental Program (CMDP), or rates established by the Adoption Subsidy Program to be customary and reasonable.
3. The Department shall not pay for requests that the adoptive parent or provider submits more than nine months after the date of service for which the adoptive parent or provider requests payment.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-509. Nonrecurring Adoption Expenses

- A.** Nonrecurring adoption expenses shall not cover expenses related to visiting and placing the child.
- B.** Reimbursement of nonrecurring adoption expenses is subject to the limitations in A.R.S. § 8-164.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-510. Annual Review; Reporting Change

- A.** Each year, the Department shall send a review form to the adoptive parent requesting that the adoptive parent provide:
 1. Information indicating that the parent remains legally and financially responsible for the child;
 2. Information on any change in benefits for the child, such as benefits received through Title II of the Social Security Act;
 3. Information on any change in circumstances, including changes in residence, marital status, educational status, or other similar changes; and
 4. A description of any changes in the child's special needs conditions that are listed in the adoption subsidy agreement.
- B.** The adoptive parent shall provide the Department with the requested information within 30 days of the adoptive parent's receipt of the review form.
- C.** The adoptive parent shall notify the Department in writing within five calendar days when any of the following occurs:
 1. The adoptive parent is no longer legally responsible for the child;
 2. The adoptive parent is no longer providing support to the child;
 3. The child is no longer residing in the adoptive parent's home;
 4. The child has graduated from high school or obtained a general equivalency degree (GED);
 5. The child has married;
 6. The child has joined the military; or
 7. The child dies.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-511. Termination of Adoption Subsidy

The Department shall terminate an adoption subsidy when any of the following occurs:

1. The child turns 18 years old and is not enrolled in and attending high school or a program leading to a high school diploma or general equivalency degree (GED);
2. The child is aged 18 through 21 years, has been continuously enrolled in school, and either drops out of school, graduates from high school, or obtains a general equivalency degree (GED);
3. The child turns 22 years old;
4. The adoptive parent is no longer legally responsible for the child;
5. The adoptive parent is no longer providing support to the child;
6. The child marries;
7. The child joins the military;
8. The special needs conditions of the child no longer exist;
9. The child dies;
10. The adoptive single parent or both adoptive parents die; or
11. The adoptive parent requests termination.

Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-512. New or Amended Adoption Subsidy Agreement

An adoptive parent may apply for a new or amended adoption subsidy agreement after the adoption is final, only upon documentation of an undiagnosed pre-existing special needs condition that existed before the finalization of the adoption.

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1. The adoptive parent shall send the Department a written request for adoption subsidy with documentation from a qualified professional diagnosing the special needs condition and confirming that it existed before the final order of adoption.
2. The adoptive parent and the Department shall follow the procedures in this Article for processing applications and determining eligibility.
3. If the Department finds that the child has an undiagnosed pre-existing special needs condition that, if diagnosed prior to the adoption, would have met the eligibility criteria listed in R21-5-502, the Department shall grant a new subsidy or amend the adoption subsidy agreement to cover this special needs condition.

Historical Note

New Section made by final exempt rulemaking at 21

A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-513. Appeals

Appeals for the Adoption Subsidy Program shall follow the process in 21 A.A.C. 1, Article 3.

Historical Note

New Section made by final exempt rulemaking at 21
A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

R21-5-514. Confidentiality

The Department shall maintain the confidentiality of all information used in the Adoption Subsidy Program according to all applicable federal and state laws.

Historical Note

New Section made by final exempt rulemaking at 21
A.A.R. 3255, effective January 24, 2016 (Supp. 15-4).

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